

# **NORTHERN IRELAND AMBULANCE SERVICE** **TRUST**

TRUST BOARD - TUESDAY 11 OCTOBER 2022 AT 10AM

CONFERENCE ROOM, NIAS NORTH DIVISION HQ, 121-125 ANTRIM ROAD, BALLYMENA  
BT42 2HD

# Agenda

## 1 Welcome, Apologies & Declarations of Conflict of Interest

*For Information*

## 2 Minutes of the previous meeting held on 23 August 2022

*For Approval*

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## 3 Matters Arising

*For Noting*

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## 4 Chair's Update

*For Noting*

## 5 Chief Executive's Update

## 6 Body Worn Video - Phase 2 Consultation Summary

*For Approval*

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## **10 Performance Report - September 2022**

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## **11 Finance Report (Month 5)**

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## **12 Committee Business**

### **12.1 People, Finance & Organisational Development Committee - minutes of 30 June 2022 and report of meeting on 15 September 2022**

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## **13 Date & venue of next meeting: Thursday 15 December 2022 at 10am, Boardroom, NIAS HQ**

## **14 Any Other Business**

# Invitees

Mr. William Abraham

Mr. Dale Ashford

Mr. Michael Bloomfield

Ms. Rosie Byrne

Ms. Lynne Charlton

Mr. Jim Dennison

Mr. Trevor Haslett

Ms. Nicole Lappin

Ms. Michelle Lemon

Mr. Brian McNeill

Carol Mooney

Mr. Paul Nicholson

Ms. Maxine Paterson

Dr. Nigel Ruddell

Mr. Jamie Wilson





# Northern Ireland Ambulance Service Health and Social Care Trust



**Minutes of NIAS Trust Board held on Thursday 25 August 2022 at  
10am in the Lagan Room, the Mount Conference Centre,  
2 Woodstock Link, Belfast BT6 8DD**

<b>Present:</b>	Mrs N Lappin	Chair
	Mr W Abraham	Non Executive Director
	Mr D Ashford	Non Executive Director (left the meeting at 1pm)
	Mr T Haslett	Non Executive Director (left the meeting at 12.20pm)
	Mr M Bloomfield	Chief Executive
	Ms M Lemon	Interim Director of HR
	Mr P Nicholson	Interim Director of Finance
	Dr N Ruddell	Medical Director
<b>In Attendance:</b>	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 J Wilson	Boardroom Apprentice
	Ms J Smylie	Complex Case Team
	Mr A McDonnell	Complex Case Team
	Ms C Hallowell	Complex Case Team
	Ms P Powell	British Red Cross
	Ms A M McStocker	Health and Wellbeing Project Manager (for agenda item 7 only)
	Mr C Thompson	Head of Transformation (for agenda item 10 only)
<b>Apologies:</b>	Mr J Dennison	Non Executive Director
	Ms R Byrne	Director of Operations
	Mr C Carlin	Boardroom Apprentice

## 1 Welcome, Introduction & Apologies

The Chair welcomed members to the meeting and extended a particular welcome to Jamie Wilson who would officially commence as Boardroom Apprentice on 1 September. She thanked Mr Ashford for agreeing to act as Mr Wilson's mentor during his placement with the Trust and said she would be meeting with Mr Wilson in the coming weeks.

The Chair noted that apologies had been received from Ms Byrne, Mr Dennison and Mr Carlin. She said she would like to take this opportunity to extend the sympathies of the Board to Mr Nicholson on the recent loss of his brother, Alan, and to Mr Carlin on the loss of his sister.

She reminded those present that they should declare any conflicts of interest at the outset or as the meeting progressed.

The Chair said that she would like to declare an interest as Chief Commissioner of the Charity Commission NI in relation to agenda item 6.

The meeting was declared as quorate.

## 2 Previous Minutes (TB25/08/2022/01)

The minutes of the previous meeting held on 23 June 2022 were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Nicholson.

## 3 Matters Arising (TB25/08/2022/02)

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

The Chair advised that the work to identify priorities for the Civil Service was ongoing and she would update the meeting as appropriate.

The Board noted that NI launch for the Prince of Wales Nursing Cadet Scheme had been postponed to 2023.

## 4 **Chair's Update**

The Chair reminded members that Mr Carlin had offered his apologies to today's meeting due to a family bereavement and she shared with members a letter which Mr Carlin had written to the Board. She said that she would be in touch with Mr Carlin over the coming days and conveyed the Board's sympathies to him on his loss.

The Chair advised that she and Mr Bloomfield had met with Department of Health (DoH) colleagues at the end of July to update on a number of sponsorship issues as well as discussing issues relating to the work being progressed around handover delays. The Chair said that the development of the improvement trajectories would provide a clear focus in the coming months and added that Ms Paterson had been working closely with Strategic Planning and Performance Group (SPPG) colleagues to ensure there was a real focus on hospital handover delays and to understand clearly what role the other hospital Trusts had to play in improving handover delays for the benefits of patients.

Continuing, the Chair said she had been encouraged to hear of this work and said that members would be very aware from briefings from Mr Bloomfield and Ms Byrne of the risk, not just to the system, but to patients. The Chair indicated that the Audit and Risk Assurance Committee, chaired by Mr Abraham, had considered the risk to the system and she said that a number of Trust and DoH workstreams had focussed on ensuring that handover delays were at the forefront of the DoH's considerations.

The Chair reported that the Clinical Response Model (CRM) business case had also been discussed at the meeting with DoH colleagues and she noted that she had had the opportunity to update members individually. She acknowledged the incredible frustration which must be felt by Mr McNeill and said that regrettably the Trust Board had been advised of a further delay in progress. The Chair said that senior DoH officials acknowledged that, despite NIAS having submitted the business case to the DoH in December 2021 and having received numerous assurances that a response was imminent, these had not been forthcoming. The Trust had now been advised that it would have to resubmit the business case.

The Chair said that, from her perspective, it was regrettable and hugely frustrating in terms of the potential negative impact on the Trust and its ability to roll-out CRM and have it resourced appropriately.

The Chair said she was minded to write to the DoH to advise that the Board would monitor the timely resubmission of the business case as well as seeking confirmation from the DoH around the timescales for consideration. She added that she wished to ensure there was DoH focus in expediting the business case response once it had been submitted and also seek clarification on what support the DoH could offer to ensure the business case was resubmitted in a timely manner. The Chair said she knew that Mr McNeill was keen to commence this work as soon as possible.

The Chair sought colleagues' views.

Mr Abraham said that he would endorse the Chair's intention to write to the DoH in a way which would help in progressing what was a critically important issue for the Trust. He referred to the significant work which had been undertaken by Mr McNeill over the last number of years in developing the various stages of the business case process required by the DoH. Mr Abraham agreed that it would be helpful to clarify the timeframes involved, both from the DoH and the Trust perspectives, and suggested that any deviances from this timeframe should be raised by the Chair in the first instance with a view to further discussion by both parties. He expressed his frustration that there had not been any progress in a critical area for the Trust.

Mr Ashford commended the measured responses from the Chair and Mr Abraham and he expressed his deep disappointment. He endorsed the Chair's intention to write to the DoH to put on record the Trust Board's frustration and disappointment. Mr Ashford emphasised the importance of this issue and agreed that, whatever deviances might occur, this position should not arise again. He referred to the significant amount of work already undertaken and asked whether there had been any indication from the DoH as to the reason why the business case had to be resubmitted.

Mr McNeill updated members on recent discussions with DoH colleagues and said that the Trust had not yet received an explanation as to why it was now necessary to resubmit the



business case nor any indication of when the Trust might expect to receive comments on the business case which had already submitted. Mr McNeill said he was pleased that the Chair intended to write to the DoH to seek clarity around timescales. He also said he would find this helpful to have some feedback from the DoH before any further work was undertaken.

The Chair felt it would be important for the Trust to clarify the timescales involved with the DoH.

Mr Bloomfield acknowledged that, while his initial reaction had been one of frustration, his view now was to ensure the position was addressed. Mr Bloomfield reminded the meeting that the Outline Business Case had been submitted in September 2021 and had been followed by engagement with DoH colleagues. He indicated that, in response to requests from the DoH around the need for additional evidence in certain areas, the business case had increased in size but that this had been done in partnership with the DoH. Mr Bloomfield said that, while he had no difficulty with the DoH indicating that the business case was too long, he did have difficulty with the fact that it had taken eight months to get to this point with the Trust not receiving any meaningful feedback in the interim.

Mr Bloomfield referred to the repeated assurances that DoH comments would be forthcoming and yet the Trust had not received any feedback to date. He said that the focus now needed to be on the Trust receiving the DoH comments as to what they wanted to see in the revised business case and having a process in place to ensure this reached a satisfactory conclusion.

Continuing, Mr Bloomfield advised that the SPPG, another branch of the DoH, had advised of its strong support for the business case. He further advised that the SPPG had confirmed it intended to prioritise the CRM programme for funding from future budget allocations.

Mr Bloomfield was of the view that the letter being proposed by the Chair could only assist in confirming timescales and obtaining DoH commitment to progressing this matter and noted that, to date, there had only been verbal assurances.

Mr Haslett acknowledged Mr McNeill's calm response and expressed his support for the comments made by the Chair and Mr Bloomfield and referred to the apparent frustration felt by the Trust Board. He referred to the fact that the Board recently had discussed the benefits of receiving funding over a three or five year period and members had been of the view that funding over a five year period would be beneficial.

Mr Abraham pointed out that the CRM business case was the largest business case in NIAS' history and suggested that the Chair's letter should also make reference to the fact that members had asked for feedback on the DoH response. Mr Abraham further suggested that the Board should receive regular updates and he referred to the significant impact further delay would have on patients' lives.

Dr Ruddell thanked members for their concern around the impact on patients. He acknowledged the frustration and anger felt, not just by patients and frontline staff but also by Director colleagues. He reflected on their experience as they continued to deal with the impact of pressures on the service. Dr Ruddell said that as the pressures on the service continued, the Trust also continued to receive demands from the DoH, the SPPG, the public and elected representatives as to why the ambulance service was not performing and yet it appeared that the potential for assistance through the CRM business case had now been delayed.

Dr Ruddell advised that ultimately patients were coming to harm because of the current situation and yet scrutiny on the Trust's performance continued when there were many factors outside of the Trust's control. He indicated that the Trust had received significant challenge from the Health Committee and MLAs as to why the business case had not progressed and suggested that the record of the Board meeting would be helpful in demonstrating how the Trust strived to deliver the service the public deserved.

Mr Bloomfield suggested that the Trust's narrative around working closely with DoH colleagues to progress the business case would be increasingly difficult to maintain due to the delay and lack of progress.

Mr Ashford suggested that it would be helpful for members to be clear about what escalation measures might be available to the

Trust should it experience further delays and noted that the Board was keen to move on this issue as quickly as possible.

The Chair agreed that this was an important issue and undertook to discuss this further with Mr Bloomfield at their next update.

The Chair thanked everyone for their input and noted that this discussion had covered item 12 on the agenda.

Continuing with her report, the Chair reported that she had attended two graduation ceremonies at the end of June and she congratulated those students who had graduated following what had been a challenging time for the service.

The Chair referred to the need to reschedule the October Trust Board meeting from 20 October and said she was proposing Tuesday 11 October as the alternative date. She asked members to advise Mrs Mooney of their availability as soon as possible.

Concluding her report, the Chair conveyed her thanks to Mr Abraham for acting as mentor to Mr Carlin during his time with the Trust as Boardroom Apprentice. She also thanked Mr Carlin for his contribution in developing a new induction pack for members.

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

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

Commencing his update to the Board, Mr Bloomfield alluded to discussion at the previous meeting when members noted that performance in NI had deteriorated to a lesser extent compared to the national position. He said that members had been advised of the risk which would exist over the summer months as staff took their annual leave and were less keen to work overtime at this time. Mr Bloomfield said that this had been the case and reported that the Trust had experienced a very challenging few months, particularly over the July bank holiday period. He advised that the Trust had put in place all the necessary escalation measures and had explored a number of other measures including seeking support from the National Ambulance Service (NAS) in the Republic of Ireland. He added that NAS had been unable to assist on that occasion. Other measures included redirecting staff, where possible, to support frontline work as well as pausing the

Foundation Degree paramedic course for one week. Mr Bloomfield said that the impact of doing this had been minimal and students were returned to their course at the end of the week.

Mr Bloomfield indicated that, as restrictions had eased, he had taken the opportunity to engage more with staff. He advised that, at the end of June, he had spent a day shift with a crew from the South East Division. He said he had found it very useful to see at first hand the challenges faced by staff over what turned out to be a 14-hour shift rather than the planned 12-hour shift. Mr Bloomfield said that this was not unusual for staff and added that the crew only had one break during the 14-hour shift which was nine hours after the shift had commenced. He advised that the crew had only responded to three calls during their shift with most of the shift having been spent waiting outside EDs.

Mr Bloomfield acknowledged that, while this was extremely frustrating for the crew involved, it had provided him with the opportunity to speak to other crews. He said he had found the experience interesting and had been able to identify some learning from it.

Continuing, Mr Bloomfield said that, along with Dr Ruddell and Mr Sinclair, he had spent the evening of 11 July with crews at a number of EDs in the greater Belfast areas and said that, at one stage, there were 12 crews waiting at one ED to handover patients. He said that he had then spent the early hours of the morning in the Emergency Ambulance Control (EAC) and added that staff morale appeared to be positive with staff recognising the efforts being made to address the challenges they faced.

Mr Bloomfield acknowledged the pressures felt by staff in the EAC when, despite repeated calls, they were unable to send a response to patients in the community and their awareness of the risks posed to those patients waiting for a response. He said that he and Ms Paterson had met with a group of EAC staff to hear their views and suggestions. Mr Bloomfield said that they had agreed an ongoing process of engagement.

Mr Bloomfield reported that he had also met with the 14<sup>th</sup> cohort of EMTs being trained at Coleraine and said they were a very positive group of staff who looked forward to undertaking operational duties in October.



Mr Bloomfield advised of a number of changes in staffing at the DoH and said that NIAS officers had met with a number of senior DoH staff over the last few weeks. He reported that Mr Jakobsen had joined the NIAS Senior Management Team (SMT) meeting in July at which Mr Jakobsen acknowledged the role played by NIAS in the transformation agenda. Mr Bloomfield said that the Trust's SMT had been encouraged by the support shown by their DoH colleagues.

Continuing, Mr Bloomfield reported that Ms Gallagher, Deputy Secretary of the SPPG, had visited the EAC at the start of August and had spent some time engaging with staff to understand the challenges and pressures within the room. He said that Ms Gallagher had restated her commitment to working with the Trust to address some of the challenges staff had identified.

In addition to Ms Gallagher's visit, Mr Bloomfield advised that Ms McWilliams, Director of Performance Management, SPPG, had visited NIAS HQ to meet with him and Ms Paterson to discuss a number of issues, including the improvement trajectories the DoH required Trusts to deliver. Mr Bloomfield explained that the meeting had provided an opportunity to discuss in greater detail how the improvement trajectories would work particularly around handover delays where it was largely the responsibility of other Trusts to achieve.

Mr Bloomfield reported that these meetings had been open and transparent and it was clear that Ms Gallagher and Ms McWilliams clearly understood the challenges faced by the Trust and were particularly concerned at the safety and quality issues associated with handover delays as well as patients in the community and those waiting in the back of ambulances at EDs.

Mr Bloomfield said he was increasingly aware of a growing recognition that the situation needed to improve and added that he hoped the introduction of the improvement trajectories which would be progressed over the coming months would assist in this regard.

Mr Bloomfield reported that, since the June Board meeting, he had also met with Mr Andy Hearn, the Interim Chief Fire Officer and said Mr Hearn indicated his commitment to working in partnership with NIAS on areas of collaboration. He said that he had agreed with Mr

Hearn that it would be important to identify and focus on those areas which could be delivered and he undertook to keep members apprised.

Mr Bloomfield advised that he had recently attended a workshop hosted by the DoH to look at the new Partnership Agreement which would replace the Management Statement Financial Memorandum (MSFM). Mr Bloomfield explained that the DoH Sponsorship Branch would now work with ALBs to transition from the MSFM to the new Partnership Agreement which would be specific to each ALB.

Mr Bloomfield reported that the Minister had recently visited Enniskillen station to meet with staff and he thanked Dr Ruddell for overseeing the arrangements for the visit.

Mr Bloomfield explained that it was planned to run a campaign called 'Shoctober' during October to promote awareness of the use of defibrillators in the community and said he would share further information with members when it became available.

Concluding his update, Mr Bloomfield advised that Belfast City Council had awarded the freedom of the city to the health service and other key workers some time ago and a concert would be held at the Waterfront Hall later that evening to mark this occasion. Mr Bloomfield said that a number of NIAS staff would be attending as well as key workers from other organisations.

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

## 6 **Collaborative Project between the Complex Case Team and British Red Cross (TB25/08/2022/03)**

The Chair welcomed Ms Joanna Smylie, Mr Aidan McDonnell, Ms Claire Hallowell and Ms Paula Powell, to the meeting and invited them to present on the collaborative project between the Trust's Complex Case Team and the British Red Cross.

The Chair commented that the project would not only benefit patients but also organisations in terms of freeing up those individuals involved in the call.

Ms Charlton commended the work and the success of the team in securing financial support from the NHS Charities Together and referred to the challenges in measuring isolation.

Ms Powell explained that the project would use the UCLA Loneliness Scale to assess how often a person feels disconnected from others. She added that this scale would also allow the measurement of isolation and mental health to show the impact.

Mr Abraham commended the project and was of the view that if the project was able to deal with the issues causing the demand, there would be a correlating effect on the impact.

Responding to a question from Mr Abraham around the intention to establish NIAS as a charity, Mr Nicholson explained that this related to the registration of the Trust's Charitable Trust fund with the Charity Commission NI. It was agreed that he and Mr Abraham would discuss further offline.

Mr Ashford welcomed the project. He referred to the timescale of approximately one year and asked whether it would be possible to put arrangements in place to retain the workforce. Mr Ashford also alluded to the intention for the project to focus on providing assistance to 150 individuals and asked if this would be sufficient numbers

Ms Powell noted that the British Red Cross' focus was on sustainability. She said that the hope would be that funding would be secured, following proof of concept, thereby securing the workforce.

In response to Mr Ashford's question re the numbers involved, Ms Smylie explained that it had been important to conduct a realistic pilot focussing on the appropriate grouping of individuals. She advised that a similar project had been rolled out in Wales with an initial focus on ED attendances and reducing the numbers of frequent callers. However, Ms Smylie said, it had transpired that the individuals chosen were not appropriate for the project and therefore the data collated from the project had not been helpful.

Ms Smylie advised that she had engaged with the DoH, the Trust and the PSNI and explained that only referrals for appropriate individuals to participate in the pilot would be accepted. She added

that the data collated would then enable her to approach the commissioners with a view to securing regional funding to extend the project.

Responding to comment from Mr Ashford, Ms Smylie confirmed that the project would also link with the NI Fire and Rescue Service.

Mr Bloomfield welcomed the project and commended all involved in securing the necessary funding. He referred to the range of other projects attempting to wrap services around vulnerable people and said there was a need to improve in this area.

Mr Bloomfield said that he had mentioned the project at the Public Sector Forum and believed there was a real opportunity over the next 6-12 months to demonstrate the improvements evidenced elsewhere. He alluded to the involvement of the South Eastern and Belfast HSC Trusts and believed that if these Trusts could see reductions in the numbers of individual presenting repeatedly, this would demonstrate the validity and benefits of the project. Mr Bloomfield said he was confident that the project could be rolled out across the region if funding was secured.

Mr Haslett commended the team on their work and believed their enthusiasm was clear. He referred to slide 10 which set out the benefits to NIAS and the wider HSC, in particular the 40% reduction in the number of emergency calls and a 40% reduction in the number of conveyances to hospital, and said that the realisation of this would demonstrate the project had been worthwhile. Mr Haslett indicated his agreement with Ms Charlton's point around mental health around the fact it was not until an individual decided to seek assistance that many background issues were identified.

Ms Paterson said that the project represented a valuable piece of work. She referred to the linkages with unscheduled care and explained that the focus of the Unscheduled Care Group was on the pre-hospital environment and domiciliary care. She believed that the project needed to be profiled at regional meetings with a view to measuring the benefits which could potentially be included in the wider work linked to unscheduled care.

Mr Nicholson noted that the project required the Direct Award Contract to be approved by the Permanent Secretary.



The Chair thanked the team for attending the meeting and said that the Board looked forward to seeing the evaluation. She commended the team's enthusiasm about what could be done for individuals if they were provided with the care they needed. The Chair highlighted that the primary focus was on the impact on the individuals involved and she wished the team well over the duration of the project.

The team withdrew from the meeting.

## **7 NIAS Health and Wellbeing Strategy (TB25/08/2022/04)**

Introducing this agenda item, the Chair noted that those members who attended the People, Finance & Organisational Development (PFOD) Committee would be aware of the significant work which had gone into the Strategy and she conveyed particular thanks to Ms McStocker who had joined the meeting for this discussion.

Ms Lemon explained that the Strategy had been considered by the PFOD Committee on a number of occasions to ensure that it had incorporated members' comments. She advised that further work had been carried out to ensure the Strategy was more outcome focussed and she too commended Ms McStocker on her contribution.

Continuing, Ms Lemon pointed out that the Strategy was evidence-based and based on information available within the service. She alluded in particular to the sickness levels within the performance report and said she hoped the board would take some assurance from the systematic approach to that area of work.

Ms McStocker reiterated that the Strategy was based on research. She said that, while the society had faced one of its most challenging times recently, experiences had brought about a plethora of evidence and research into staff health and wellbeing while at the same time acknowledging that performance, patient care and outcomes for the organisation were linked to the health and wellbeing of colleagues and how they performed. Ms McStocker highlighted the aims and objectives of the Strategy.

Ms Lemon referred to the linkages between the Strategy and the work being progressed around culture. She noted that results from the staff survey referred to staff not feeling looked after or cared for

and referred to the linkages between this and the Strategy. Ms Lemon advised that there was a strong implementation plan which would be worked through in partnership with Trade Union colleagues looking at the infrastructure and resources required to demonstrate that the Strategy was being delivered in a real way. Ms Lemon indicated that progress would be reported through the PFOD Committee.

The Chair said that, when reviewing the Strategy in advance of today's Board meeting, she had again been struck by its clarity, the direction of travel and the clear linkages to the culture work. The Chair explained that it had been hoped to bring the Culture Programme to today's Board meeting as the two areas of work were closely linked. However, she had considered the significance of the Health and Wellbeing Strategy and her preference had been for the Strategy to be considered by the Board in the first instance.

Continuing, the Chair said that the Strategy underpinned many issues which had already been presented to the Board, for example, the impact on sickness absence levels and on the care provided to patients. She stressed the importance of caring for staff and in turn ensuring that staff provided the optimum care for patients.

Mr Abraham referred to earlier discussion around the CRM, in particular the recruitment of additional staff, and commented that, unless there was real and fast progress in this area, the pressures on staff would continue. He referred to Aim 2 of the Strategy around maintaining and developing psychological, emotional and social health and wellbeing, to improve mental health outcomes and sought further detail around the 'moral distress' within 3.2.10 'Research and develop support tools on impact of COVID including Moral distress, fatigue and burnout'.

Ms McStocker explained that this reference came from the psychology comment and originated from veterans returning from war. She described the link between moral distress and the need for an individual to take action because of current circumstances which otherwise would traditionally be against an individual's moral stance. Ms McStocker added that this distress could lead to moral injury and was also linked to Post Traumatic Stress Disorder (PTSD).

Ms McStocker said that some work had been done with EAC colleagues around moral distress and added that presenting the theory of moral distress had provided the opportunity to link to what colleagues were experiencing. She said that colleagues had found that being able to identify experiences had proved helpful and they had been given coping techniques.

Mr Abraham referred to Aim 3 'Maintain and develop physical health' and asked how the development of a musculoskeletal pathway linked to transformation and budgets.

Responding, Ms Lemon explained that the Health and Wellbeing Strategy represented the strategic vision on how the Trust intended to address health and wellbeing and said that the implementation plan would be the delivery of that. Ms Lemon said that some examples had already been provided to members, for example, the work with EAC colleagues around moral distress and added that this was designed to deliver the strategic aims within the Strategy.

Mr Abraham suggested that a spreadsheet setting out the aims, associated timescales and budget allocations might be helpful.

The Chair pointed out that she would expect such detail to come to the PFOD Committee and said she had been encouraged to learn of the implementation plan underpinning the Strategy.

Mr Haslett confirmed that the Strategy had been considered at the PFOD Committee on a number of occasions and the Committee very supportive of its content. He added that the Committee's view had been that the Strategy represented a significantly important piece of work which underpinned other initiatives ongoing within the Trust to support the health and wellbeing of staff.

Ms Lemon acknowledged that there was a real awareness of the critical need to have a robust implementation plan with associated Key Performance Indicators (KPIs) in place and advised that these would be reported through to the PFOD Committee. She added that the balanced scorecard and single improvement plan across the HR programme would also form part of the delivery.

Mr McNeill welcomed the Strategy. He referred to the work to be done around the revision of the CRM business case and explained that this would require a description of the non-monetary benefits realisation and said the Strategy would prove helpful in this regard.

Ms McStocker said that it was her intention that the Strategy would become embedded and considered in everyday work that the implementation plan would be no longer required. However, she acknowledged that support would be required in terms of ensuring progress was maintained.

Ms Charlton thanked Ms McStocker for her outstanding leadership on this work and described the evidence base within the Strategy as impressive. Ms Charlton welcomed the inclusion of the Institute for Healthcare Improvement (IHI) principles around 'Joy in Work'. She said it was clear from the Chief Executive's recent engagements with staff that many enjoy being at work and added that it would be as equally important to have measures to reflect the positive experiences within the Strategy and to learn from these also. Ms Charlton pointed out that the number of compliments received by the Trust outweighed number of complaints and proved that the service was valued by the public it served. She acknowledged that further work was needed to ensure the Trust focused and celebrated what was good also.

Mr Nicholson welcomed the Strategy and was of the view that, while the Trust had previously made efforts around staff health and wellbeing, this area of work had been brought into sharp focus by the pandemic.

Ms Lemon referred to the fact that sickness levels had been endemic in the Trust which led to reduced numbers in frontline capacity and other workplace factors which impacted on staff. She stressed the importance of psychological safety and physical wellbeing. Ms Lemon noted that traditionally the Board had received papers describing work being undertaken at operational level to address these issues. She said that the Strategy would now provide members with assurance around the long-term systematic and evidence-based approach to be taken forward within the Trust.

Ms Lemon said it would be important to mention that the NIAS had secured support from the Belfast HSC Trust through the Occupational Health contract as well as the assistance of Dr Sarah Meekin, Head of Psychology Services at the Belfast HSCT Trust, to work with NIAS on the Trust's approach to psychology. She added that this would enable the Trust to have a robust plan specifically directed at mental health wellbeing.



Following this discussion, the Health and Wellbeing Strategy was **APPROVED** on a proposal from Mr Haslett which was seconded by Mr Ashford.

Concluding the discussion, the Chair said she looked forward to seeing the implementation plan coming to a future PFOD Committee. She added that she was keen to see how this linked with the cultural work and the impact on staff.

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

## 8 **Annual Progress Report to the Equality Commission (TB25/08/2022/05)**

Members **NOTED** the Annual Progress Report in advance of its submission to the Equality Commission.

## 9 **Violence Prevention & Reduction Programme – Body Worn Video (BWV) Highlight Report (TB25/08/2022/06)**

Introducing the update, Ms Paterson commended the efforts and the significant contribution made by Ms Keating and Mr Cochrane in reaching this point and she highlighted key points from the report.

Mr Ashford welcomed the fact that funding was available for Project Support. He sought clarification around the release of BWV footage.

Responding, Ms Paterson explained that the Trust had developed policies and had benchmarked these against other Trusts and users of this type of data and video footage in terms of when it would be appropriate to share information.

She assured members that the Trust had very much focussed on the position of the Information Commissioner's Office (ICO) and the Human Right Commission (HRC) in relation to public privacy and said she believed there were no gaps in the Trust's approach. She advised that there was guidance for crews around the circumstances in which the BWV should be used and said that the Trust would not review the footage unless an assault had been recorded.

Ms Lemon reminded the meeting that a public consultation had been conducted around the use of the video footage and that, within this, it was clear when the footage would be examined.

Mr Abraham pointed out that, in circumstances when a crime had been committed against staff and the Trust was providing evidence to the PSNI, the Trust would in fact be disclosing it. However, should the PSNI need the footage, they would follow the necessary process to request it.

Dr Ruddell confirmed that the Trust would disclose footage as evidence for the prosecution of serious crime.

Ms Lemon indicated that the Trust would share recordings of 999 calls through due process.

Members **NOTED** the update on the BWV programme.

#### 10 **Transformation Portfolio Delivery Report – July 2022** **(TB25/08/2022/07)**

The Chair welcomed Mr Charlie Thompson to the meeting and invited him to highlight the salient points of the Portfolio Delivery Report.

Mr Thompson explained that the Trust Board Portfolio Report was transitioning to a new style of portfolio reporting and provided a detailed update in relation to a number of programmes including the Strategic Review of Education; HR Transformation; Patient Care Services (PCS) Improvement; Computer Aided Dispatch (CAD) Replacement Project; Telephony Integrated Control and Command System (ICCS) and Regional Electronic Ambulance Communications Hub (REACH).

Mr Thompson referred to the corporate roadmap and explained that three programmes, ie CRM, Operations Review and Strategic Workforce Planning, would be removed from the Trust Board Portfolio reporting process and managed in line with the new corporate roadmap evolving programme.

In response to a question from Mr Ashford, Mr Thompson confirmed that, while the three programmes would be removed from the Portfolio report, they would now form part of the roadmap reporting.

Ms Paterson explained that it would be important to surface those strategic issues which Trust Board would focus on moving forward. She assured members that the detail would remain but the overall presentation would be at a higher level.

The Chair welcomed a more streamlined approach and agreed it would be important that Trust Board was aware of the detail.

Mr Abraham agreed with the Chair's comments and stressed the need for appropriate detail to be presented at Trust Board level as the Committees would oversee the operational elements.

Ms Lemon referred to the HR Transformation Programme and explained that elements had been streamlined to the single improvement plan being overseen by the PFOD Committee.

Ms Charlton welcomed this approach and believed that there were a number of important areas of work which sat outside of the transformation plan which the proposal would see included in Trust Board reporting to allow insight in a less complex way with Committees overseeing the detail.

Mr Thompson said the interdependencies between programmes would become clearer moving forward.

Continuing, Mr Thompson reminded Trust Board of its request at the December 2021 meeting for an update on the REACH programme in the summer and he drew the Board's attention to the specific update on REACH included within the papers.

Mr Thompson explained that the REACH programme management had transferred to the Strategic Transformation Team in mid-July 2022, following the resignation of the previous Programme Manager. He advised that the original plan for completion of implementation had been the end of August, however some delays had been experienced in the rollout and it was likely that this would now be early 2023.

Mr Thompson explained that the Trust had experienced operating issues with the tablets which had to be recalled to be re-imaged. He said that usage remained low and reported that a number of hospitals had live ePCR and MobiMed systems installed and ready

for use. He explained that further issues affecting the roll-out included operational pressures; the impact of Covid-19; technical installation compatibility as well as estate and logistics issues. Mr Thompson advised that, while over 697 emergency ambulance staff had been trained, approximately 80 staff still required training.

The Chair noted that the Board had had a number of presentations on the progress of the REACH programme over the last few years and she expressed her concern at the difficulties which had now been identified. She said it had been her understanding that the roll-out of the REACH programme had been successful and expressed concern that this now appeared not to be the case. The Chair indicated that the Board would be keen to monitor progress and requested an update at the October meeting.

Mr Nicholson acknowledged that the REACH programme had been significantly impacted by Covid-19 and reminded the meeting that the programme had been paused at the onset of the pandemic until quite recently.

Mr Bloomfield reminded members that all transformation projects had been delayed to some extent as a result of the pandemic and due to the fact that staff could not be released from frontline duties to undertake training. He explained that, once the roll-out had recommenced, the issues pertaining to the tablets had been identified. However Mr Bloomfield indicated that the devices had been successfully re-imaged.

The Chair acknowledged the comments made by Mr Bloomfield and Mr Nicholson and indicated that the challenges outlined by Mr Thompson could potentially impact on the further roll-out of the programme. She said that she would be keen to give Mr Thompson the opportunity to examine the issues in more detail and asked him to provide an update to the Board.

The Transformation Portfolio Delivery Report, including the update on the REACH programme, was **NOTED** by members.

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



## 11 **Performance Report (TB25/08/2022/08)**

At the Chair's invitation, Ms Charlton referred to call demand and explained that some of these were duplicate calls. She believed that this clearly demonstrated the impact of delayed responses in the community resulting in duplicate calls to the EAC. Ms Charlton suggested that it would be helpful to identify the duplicate calls separately in the next performance report

In terms of the national performance comparison, Ms Charlton pointed out that the demand profile being experienced by NIAS was closely aligned to that being experienced by Trusts in England. She acknowledged that, while NIAS did not have the same significant challenge in terms of the 90<sup>th</sup> centile response in Cats 2 and 3, NIAS continued to be significantly below the standard it would wish to achieve.

Continuing, Ms Charlton advised that the Cat 2 mean response was reported at 39 minutes compared to the national position at 59 minutes. She reported that, in a three month period, 1,200 patients in NI had waited more than 80 minutes for a Cat 2 response and stressed that behind each incident was a patient.

Ms Charlton indicated that Cat 3 responses remained challenging for the Trust. She advised that, in May 2022, there had been 11,227 lost operational hours which was the equivalent of 30 shifts per day.

Ms Charlton referred to Serious Adverse Incidents reported to the SPPG during the reporting period. She acknowledged that there could be instances of potential harm identified at hospitalisation stage of which NIAS would not be aware.

Referring to Covid-19 abstractions, Ms Charlton reported that this had reduced to 13. She indicated that, while the public advice had changed in relation to Covid-19, the change did not apply to healthcare workers and staff continued to be asked to test themselves when symptomatic.

Ms Lemon referred to the earlier discussion around the Health and Wellbeing Strategy and advised that she intended to bring an update on how the Trust intended to address absence management to the next meeting of the PFOD Committee.

Ms Paterson alluded to the improvement trajectories which the Trust had submitted to the SPPG and described these as a 'natural transition' from the recovery work. She explained that the trajectories had fed into the more enhanced NIAS profile in the Unscheduled Care Group which was meeting on a fortnightly basis.

Ms Paterson acknowledged the importance of a regional approach and said that it had been agreed that the various aspects of this work would be brought together in one plan to support the work around improvement trajectories.

She noted that an Early Alert had been submitted to the DoH in December 2019 in relation to an ambulance waiting outside an ED for a considerable period of time.

Ms Charlton said that there were now a number of SAls where a patient had died following a cardiac arrest in the back of an ambulance outside an ED and acknowledged that these incidents were being reported by NIAS and by colleagues in other Trusts to the SPPG.

The Chair accepted that this was an important point on which to reflect. She referred to discussions around increased waiting times and the relevant statistics and said that, as Trust Chair, she wished again to acknowledge the reality that patients were coming to serious harm waiting in the back of ambulances outside EDs.

Ms Charlton referred to a recent FOI request seeking details on those patients who had died while waiting for an ambulance response. She acknowledged the resulting impact for the families involved in such tragic circumstances and also referred to the recognised direct moral impact on staff.

Mr Abraham indicated that this underpinned the earlier discussion in relation to the lack of progress around the CRM business case and suggested that the Chair should make reference to the serious risk posed to patients in the back of ambulances.

The Chair thanked members for their comments on the Performance Report which was **NOTED** by the Board.

## 12 **Clinical Response Model – verbal update (TB25/08/2022/09)**

Discussion at agenda item 4 also refers.

## 13 **Finance Report – verbal update**

Mr Nicholson referred to the recent Finance, Procurement and Logistics (FPL) system outage which resulted in the financial systems for health and social care across Northern Ireland being unavailable. He explained that the issue had resulted in no access to the finance systems for ordering of stock, logistics, payment to suppliers and financial reporting.

The Chair acknowledged the additional work which was created during the FPL outage and she extended her thanks to Mr Nicholson in particular and others for their contributions during this time.

Mr Nicholson advised that, in light of this inability to access the systems, it had been agreed regionally with the DoH and the SPPG that reporting of the financial position at Month 4 (July) would not be possible. He indicated that access to the systems had since been restored on 15 August and normal financial reporting arrangements would resume for Month 5 (August).

Mr Nicholson said that the Trust was currently returning to business as usual and addressing a number of recovery actions from the business continuity arrangements which were enacted during the outage.

He reported that the Trust continued to forecast a breakeven position at year end and noted that there was a number of significant assumptions within this. He said that the Trust Board would be aware from previous Committee meetings that training, Covid-19 and inflation remained significant issues and that this position was further compounded by the current political and budgetary position.

With regard to the capital position, Mr Nicholson reported that the Trust continued to plan over-programme with delivery being subject to additional bids. He referred to the prompt payment of invoices and warned that there was potential that the recent FPL outage would impact on payment of invoices. However he advised that the

Trust did take steps to make payments to suppliers as part of its contingency arrangements.

The Chair acknowledged the particularly difficult time for budget, not only within NIAS but also within the wider HSC, and said that the Minister had made his Executive colleagues aware of the potential impact of delivering services within the HSC.

Mr Abraham said it would be a shame if the FPL outage impacted on prompt payments and acknowledged the time it had taken the Trust to achieve the target.

Mr Bloomfield referred to the Minister's recent statement of the £400 million shortfall for health and social care and said, unlike previous years, the DoH did not appear to be adopting an approach whereby Trusts were expected to identify major savings proposals to address this shortfall. Rather, Mr Bloomfield said, his understanding was that Trusts might be asked to identify additional savings plans.

The Chair advised that she had been approached by colleagues across the Public Sector Chairs' Forum to ascertain the approach being taken by NIAS in relation to the potential development of savings plans. The Chair said she took some comfort from the fact that this issue was greater than NIAS and presumed that the £400 million shortfall was across the entire health and social care system. She indicated that she had hoped to reschedule her meeting with the new Comptroller and Auditor General in the coming weeks to discuss this further.

Mr Bloomfield pointed out that the only potential areas for savings for the Trust were to cease overtime and the provision of voluntary/private ambulances. He indicated that other assumptions on breakeven were in areas such as pay awards being fully funded and energy costs being paid in full.

Mr Nicholson commented that the Ministerial statement had been stark in terms of the implications of the £400 million shortfall not being realised.

The Chair acknowledged that the Trust Board would revisit this when asked to do so. She said it was her intention to speak with other Chairs around the clarity needed between now and the end of



the financial year. The Chair noted that as time progressed, there would be less opportunity to implement any savings plan.

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

14 **NIAS Annual Report and Final Accounts for the year ended 31 March 2022 (TB25/08/2022/09)**

Mr Nicholson drew the Board's attention to the final, audited, certified, approved Annual Accounts and Reports for Public for the year ended 31 March 2022. He noted that this represented the first presentation of these documents in the public domain and said they would subsequently be published on the Trust website.

Members **NOTED** the Annual Report and Accounts.

15 **Committee Business:**

- **Audit & Risk Assurance Committee – minutes of meeting on 12 May 2022 and report of meeting on 23 June 2022;**
- **People, Finance & Organisational Development Committee – report of meeting on 30 June 2022 (TB25/08/2022/10)**

Members **NOTED** the various Committee minutes and reports of meeting.

Mr Abraham advised that he was scheduled to meet with Ms McKeown on 20 September to discuss the current position regarding the outstanding IA recommendations. He pointed out that the Committee had agreed to hold an additional meeting on 8 December to consider the IA recommendations and he added that, if this was no longer required, the meeting could be used to look at handover times.

16 **Date of Next Meeting**

The Chair advised that it had become necessary to reschedule the October Trust Board meeting. She proposed Tuesday 11 October as the alternative date and said that Mrs Mooney would contact members to confirm.

It was agreed that Trust Board meetings should be held face-to-face with Zoom only to be used in exceptional circumstances.

Ms Charlton noted that this would be important as the intention was to invite service users, families and carers to present patient stories to the Board.

## 17 Any Other Business

### (i) **Delays in supply chain**

Mr McNeill advised that the Trust had been approached by the Executive Officer to ascertain if it had experienced any delays in the supply chain. He confirmed that, while he expected delays in the normal pattern of delivery, no significant issues had been identified for the Trust at this time and said he would keep a watching brief and keep members updated accordingly.

### (ii) **Corporate Plan 2022-23**

The Chair reminded those present that the draft Corporate Plan for 2022-23 had been discussed at the June meeting and members had requested the inclusion of those objectives rolled forward from the previous year. The Chair indicated that the draft Plan had subsequently been shared by e-mail for approval and she sought a proposer and seconder.

The draft Corporate Plan for 2022-23 was **APPROVED** on a proposal from Mr Abraham and seconded by Ms Lemon.

### (iii) **Best Wishes**

The Chair extended the Board's best wishes to Ms Charlton on her forthcoming surgery and wished her a speedy recovery.

**THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE  
PUBLIC MEETING AT 2.00 PM.**

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

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



TRUST BOARD – 25 AUGUST 2022

		INDIVIDUAL ACTIONING	UPDATE
	<b>PUBLIC</b>		
1	REACH programme – further update to be provided to the October meeting	MP	Update to be provided at October meeting ACTIONED
2	Consider what escalation measures might be available to the Trust should it experience further delays in relation to the CRM business case – discuss with CX	NL	Update to be provided at October meeting ACTIONED
3	Confirm date of rescheduled October Trust Board to members	CM	E-mail to members on 1/9/22. ACTIONED
4	Provide members with further information around the 'Shoctober' campaign when it becomes available	MB	Reference to be made in CX's report. ACTIONED
5	Performance report: - Identify duplicate calls separately in October performance report	MP	Work is underway to implement this
6	Transformation Portfolio Delivery Report: - KPIs to be brought back to future meeting of Trust Board	MP	These will be brought back to the PFOD Committee in the first instance



## TRUST BOARD

### PRESENTATION OF PAPER

<b>Date of Trust Board:</b>	11 October 2022
<b>Title of paper:</b>	Body Worn Video Consultation – Phase 2 Summary
<b>Brief summary:</b>	<p>The Trust carried out a second full public consultation on the proposed Pilot &amp; Deployment Plan for Body Worn Video (BWV) to help gauge the reaction of the public to the operational deployment of BWV devices and address any concerns they may have in this regard. A summary report is provided. Continued focus on data protection and human rights required. Papers included are as follows:</p> <ul style="list-style-type: none"> <li>• BWV Consultation Phase 2 – Summary</li> <li>• BWV Consultation Response Log (Phase 2) including ICO and HRC</li> <li>• Revised BWV Policy</li> <li>• Revised BWV Deployment Plan</li> <li>• Summary of updates to eLearning package</li> </ul>
<b>Recommendation:</b>	<p><b>For Approval</b> <input checked="" type="checkbox"/> <b>For Noting</b> <input type="checkbox"/></p>
<b>Previous forums:</b>	<p>Circulation via email to John Gow, Donna Heaney (Equality &amp; PPI), Neil Gillan, Demi Moore (Co-Production) and Tracy Avery (Hol). Feedback received and updates made (September 2022) SMT – 4 October 2022</p>
<b>Prepared and presented by:</b>	<p>Katrina Keating, Risk Manager Maxine Paterson, Director of Planning, Performance &amp; Corporate Services (Project SRO)</p>
<b>Date:</b>	4 October 2022



**CLOSED CONSULTATION**

**SUMMARY OF CONSULTATION RESPONSES**

**FOR**

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

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

**PHASE 2 – PILOT & DEPLOYMENT PLAN**

## 1.0 INTRODUCTION:

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

There was a positive and supportive response to this initial consultation. Respondents recognised the importance of the prevention and reduction of violence and aggression, and that NIAS has a statutory duty to keep staff safe. Full details of the initial consultation including a full written summary are available on the NIAS Website at [Body Worn Cameras Consultation | Northern Ireland Ambulance Service Health & Social Care Trust \(hscni.net\)](https://www.hscni.net/body-worn-video-consultation).

As part of this programme of work, NIAS undertook to carry out a second consultation in order to consider in more detail a number of factors such as deployment, usage, governance, policy, procedures and training. This second phase focused on the Body Worn Video Pilot and Deployment Plan.

The second consultation (also known as Phase 2) was launched on the 13 May 2022 with a closing date of 05 August 2022 (12 weeks). This report is a summary of the consultation results and the main themes identified from written feedback.

### 1.1 Strategic Background to the Consultation:

The Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) Strategy to Transform 2020-2026 identifies a number of key priorities and how we intend to transform our service to deliver these and improve the care we provide for our patients.

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

Our Violence Prevention and Reduction Group developed a supporting Violence Prevention and Reduction Strategy in 2021 which set out a range of specific projects and reviews with key actions that will help drive change and reduce risk to staff. One of these projects is to consider the implementation of Body Worn Video (BWV).

### 1.2 Purpose of the Consultation:

On average in Northern Ireland there are around 12 acts of aggression against ambulance staff per week (2021/22).

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

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

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

This second phase of the consultation focuses on the Body Worn Video Pilot and Deployment Plan.

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

The Trust carried out a full Data Protection Impact Assessment (DPIA) in 2021 in order to address any issues raised with regards to the European Convention of Human Rights and Human Rights Act 1998, the Data Protection Act (DPA) 2018, the General Data Protection Regulations and the Freedom of Information Act 2000.

As part of this exercise a number of risks have been identified and mitigated. The Data Protection Impact Assessment (DPIA) is currently under review and will be updated as a result of this second consultation.

The current full Data Protection Impact Assessment (DPIA) is publicly available on the NIAS website with an update to follow during October/November 2022.

### 1.4 Consultation Approach:

Our consultation was designed to examine the Body Worn Video Pilot and Deployment Plan as NIAS recognises the scale of culture shift involved in the proposal that NIAS employees would wear portable recording devices.

Whilst the initial consultation consisted of three elements, a questionnaire, public meetings and a live social media question and answer session (Twitter), this second consultation took the form of a questionnaire only which was circulated to around 400 organisations.

### 1.5 Executive Summary:

We received 7 responses to this second phase of the consultation.

We were particularly pleased to hear from a range of organisations including Health Trusts, Academia, NIAS staff, statutory bodies and regulators.

The consultation questionnaire asked the following four questions:

1. Were you aware that in 2021/22 688 incidents of violence and aggression towards Ambulance Service Staff occurred?
2. Do you agree with our proposed deployment plan to address the issue of violence and aggression towards ambulance staff?

3. Do you have any comments on our proposed arrangements for data protection and information governance?
4. Do you have any further comments to make?

There were a number of positive and supportive response to the second phase of the consultation on the Body Worn Video Pilot and Deployment Plan to address the challenges faced by staff in the delivery of emergency services to the public. Respondents recognised that the prevention and reduction of violence and aggression is an important workstream for the Trust and that NIAS has a statutory duty to keep staff safe.

The Trust will however meet with and respond individually to a number of consultees, giving due consideration to the feedback and in particular address any outstanding concerns around human rights (including rights of the child) information governance and data protection responsibilities.

#### 1.6 Next Steps:

Now that this second consultation exercise is complete on the Body Worn Video Pilot and Deployment Plan, the information gathered will help inform the next stage of the process.

**NIAS will ensure due weight is provided to the responses from key stakeholders and make any necessary updates and amendments to the deployment plan, DPIA, governance arrangements, equality arrangements, policy, procedures and training during October / November 2022.**

Many respondents once again have offered more input and support and we intend to engage further with these organisations and / or other stakeholders as necessary.



## 2.0 HIGHLIGHTS:

### 2.1 Who we heard from...

We received 7 responses in total from the following:

- One health and social care organisation.
- One member of NIAS staff.
- One regulator.
- One governmental advisory body.
- One charitable organisation.
- Two responses from one University.

All of the responses were received via email. A number of respondents used the questionnaire provided (word) or the Easy Read version / questionnaire. Respondents ticked the appropriate boxes and used free text boxes to provide their response(s). Three respondents provided more detailed responses via email and in letter format with the longest response running to six pages.

### 2.2 What we heard...

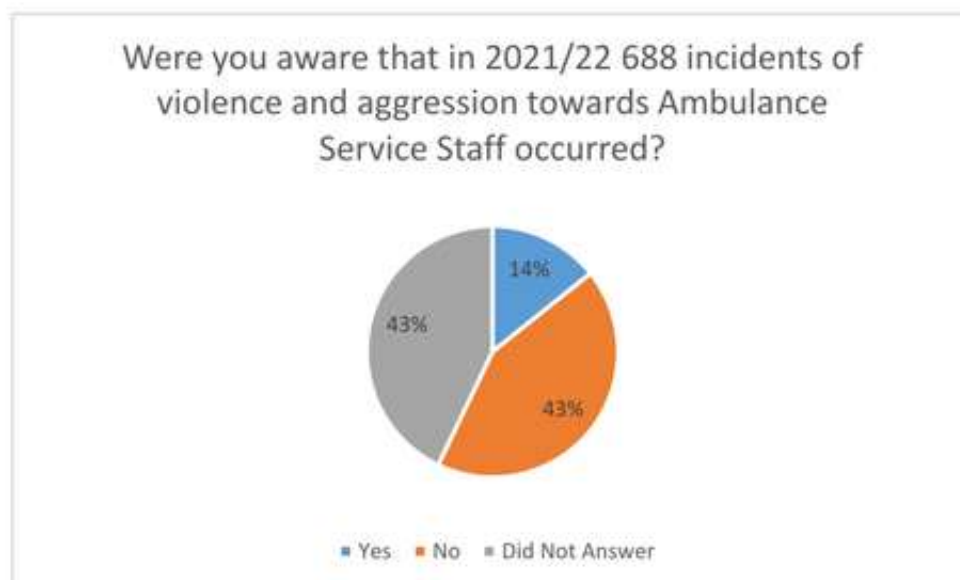
- The majority were not aware of the current levels of violence and aggression.
- The majority were supportive of the deployment plan.
- A number were concerned about compliance with statutory duties, data protection and privacy requirements.
- Some thought that this 'made sense' and was an 'excellent initiative'.
- There may be concerns around the availability of funding.
- A camera won't stop a staff member being assaulted.
- Human rights obligations including the rights of the child need further attention (update to deployment plan, policy and training).
- There are a number of areas within the DPIA that require revision.
- A risk assessment is required.

### 3.0 MORE IN DEPTH RESULTS:

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

#### WE ASKED:

1. Were you aware that in 2021/22 688 incidents of violence and aggression towards Ambulance Service Staff occurred?



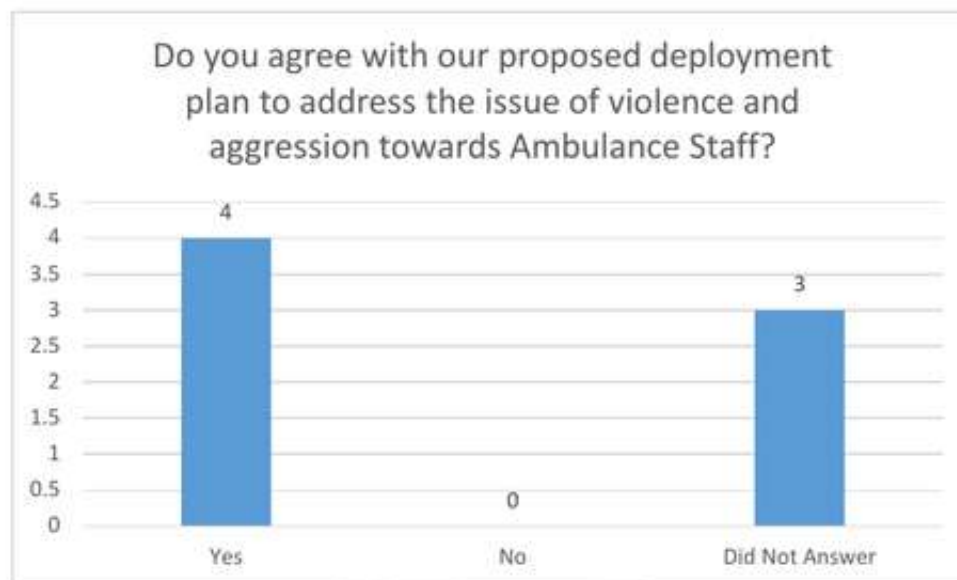
Many respondents were not aware of the current levels of violence and aggression towards Ambulance Service staff.

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

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

## WE ASKED:

2. **Do you agree with our proposed deployment plan to address the issue of violence and aggression towards Ambulance Staff?**



The majority of respondents agreed with our proposed deployment plan to address the issue of violence and aggression towards Ambulance Staff.

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

## WE ASKED:

3. **Do you have any comments on our proposed arrangements for data protection and information governance?**

Six out of the seven respondents provided either an answer to the questionnaire or provided a separate written response to this question. Salient points are as follows:

- I would be concerned about compliance with data protection and privacy requirements for the staff, aggressors and other third parties.
- NIAS needs to be in compliance with its statutory duties including risk assessment, impact assessment of S.75 groups and policy development.
- I think this is an excellent initiative.
- I think it makes complete sense as you are often first responders to a scene. It should be a required safety issue.
- In this Trust any use of Body Worn Video devices is accompanied by a Datix report detailing the specific reason for use.
- I would be concerned about the availability of funding due to the lack of a Northern Ireland Executive.

- De-escalation tactics, advanced interpersonal communication techniques and psychology, I believe have a much greater role to play in safeguarding staff. Simply put, a camera won't stop a staff member being assaulted, but rather if the staff member had noted beforehand that a situation might escalate and made good decisions to deescalate, the assault might never take place.
- We would request that all relevant human rights obligations including the rights of the child are incorporated throughout deployment plans, policy, procedures, training, and governance to provide adequate safeguards and ensure compliance.
- There are a number of areas within the DPIA that require revision.

## **WE ASKED:**

### **4. Do you have any further comments to make?**

Only one respondent completed this section advising that they were supportive of the approach.

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

One respondent has asked to meet with us to clarify a few points raised. This meeting took place mid-September 2022 and NIAS has taken action to address the points.

### **4.0 CONCLUSION:**

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

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

The overarching themes arising from the second phase of the consultation are those pertaining to data protection / privacy and human rights including the rights of the child. As the project moves forward, the Trust will carefully consider matters of compliance with the appropriate legislation and guidance.

We will fully consider data protection obligations including ensuring that:

- The use of BWV is lawful and fair.
- We are transparent about recording.
- We minimise the amount of personal data recorded.
- We maintain security and integrity of recordings.
- We respond appropriately to data Subject Requests and that processes are in place to manage rights for an individual recorded by BWV devices including restriction of personal data.



- We carefully consider the requirement to continue to engage with the relevant stakeholders.

The Trust is committed to the safeguarding and promotion of human rights in all aspects of its work. In addition to the Human Rights Act 1998, the Trust remains committed to its obligations under the UN Convention of the Rights of Children, the Convention on Elimination of All Forms of Discrimination Against Women, and the International Covenant on Economic, Social and Cultural Rights. The Trust is also committed to upholding the principles of the UN Convention on the Rights of Persons with Disability (UNCRPD), which seeks to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity.

The Trust is also mindful of the need to comply with international human rights instruments:

- International Covenant on Civil and Political Rights;
- International Covenant on Economic, Social and Cultural Rights;
- International Convention on the Elimination of All Forms of Racial Discrimination;
- Convention on the Elimination of All Forms of Discrimination against Women; and
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment.

The Trust will make every effort to ensure that respect for human rights is part of its day-to-day work, and is incorporated and reflected as an integral part of its actions and decision making process. The Trust will keep human rights considerations, relevant legislation, and previous judicial reviews at the core of any decisions or considerations.

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

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

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



# Northern Ireland Ambulance Service Health and Social Care Trust



<b>Title:</b>	<b>Body Worn Video (BWV) Policy</b>		
<b>Author(s):</b>	Katrina Keating, Risk Manager Frankie Dillon, Violence Reduction Officer Sheridan Easter, Fire & Security Advisor		
<b>Ownership:</b>	Maxine Paterson, Director of Planning, Performance & Corporate Services		
<b>Date of SMT Approval:</b>	4 <sup>th</sup> September 2022	<b>Date of ARAC Approval:</b>	Pending
<b>Operational Date:</b>	Pending	<b>Review Date:</b>	Pending
<b>Version No:</b>	2.0	<b>Supersedes:</b>	1.0 (June 2022)
<b>Key Words:</b>	Assault, aggression, violence, safety, CCTV, body worn video cameras (BWV), images, evidence, data protection, GDPR, Freedom of Information, Subject Access Request, privacy impact assessment, staff attacks, incidents, legitimate interest assessment.		
<b>Links to Other Policies / Procedures:</b>	Security Policy, Management of Aggression Policy & Procedures, Corporate Risk Management Policy and Strategy, Health and Safety Policy and Procedures, Risk Assessment Procedure, Information Governance Policies and Procedures, PPI Strategy, Learning From Serious Adverse Incidents (SAIs) Procedure, Incident Reporting Procedure.		

Version Control:			
Date:	Version:	Author:	Comments:
September 2022	2.0	Risk Manager	Updates following public consultation & pilot
June 2022	1.0	Risk Manager	New Policy



## 1.0 INTRODUCTION:

This Policy establishes the legal basis and provides guidance for the use of body worn video (BWV) by the Northern Ireland Ambulance Service Health and Social Care Trust.

### 1.1 Background:

The Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) is committed to ensuring, so far as is reasonably practicable, the health, safety and welfare of its staff, service users and anyone else who may be affected by its activities.

The Trust must comply with the minimum legal requirements with regards to health and safety, and wherever possible shall exceed them. Under the Health and Safety at Work (NI) Order 1978, and the Management of Health and Safety Work (NI) Regulations 2000, the Trust is required to assess risk and maintain an environment that is, so far as is reasonably practicable, safe and without risks to health.

The Trust will make every effort to ensure that respect for human rights is part of its day-to-day work, and is incorporated and reflected as an integral part of its actions and decision making process. The Trust will keep human rights considerations, relevant legislation, and previous judicial reviews at the core of any decisions or considerations.

It is an unfortunate fact that whilst caring for others, NIAS staff are exposed to violence and aggression (average of 13 incidents per week 2021/22). The Trust aims to reduce this risk to staff by the implementation of body worn video (BWV) incorporating audio. The use of BWV is on the increase. The technology is now being utilised by a number of Health Trusts in Northern Ireland, the majority of ambulance services in England and many public bodies such as the Police Service of Northern Ireland (PSNI), local authorities and the Department of Agriculture, all in an effort to enhance and improve staff security.

A strategic aim of the Trust is to improve staff health and wellbeing and reduce risk wherever possible. The introduction of BWV is designed to reduce risk to staff with an associated reduction in sickness absence.

### 1.2 Purpose:

The purpose of this Policy is to ensure that the operational use of BWV is proportionate, legitimate and necessary; that it will be only used when deemed necessary for the purposes of violence reduction, by trained staff in accordance with legislation, policy and procedures. It sets out roles and responsibilities, provides staff with the correct procedures for collecting, downloading, processing and presenting video evidence, appropriate retention etc.

### 1.3 Objectives:

This Policy seeks to ensure the following:

- Compliance with the appropriate legislation and guidance including requirements around privacy, Data Protection and Freedom of Information legislation.
- **Compliance with human rights, equality and disability requirements, best practice and legislation.**
- A reduction in the risk of violence and aggression towards staff as BWV devices should act as a deterrent (clearly demonstrating that actions may be recorded).
- That staff are trained and have detailed **policy, procedures** and guidance on the collection, downloading, processing, presentation and retention of video / audio evidence.
- That BWV devices are used correctly to maximise their benefit.
- The provision of compelling, high-quality video / audio footage **to PSNI, Public Prosecution Service, Defence professions and the courts** thereby supporting the likelihood of the successful identification, apprehension and prosecution of offenders in relation to violence and aggression towards staff.
- Safeguarding of public assets.

## 2.0 SCOPE:

This Policy applies to all staff who use BWV devices and / or the associated software along with the subsequent management of any images obtained.

## 3.0 ROLES AND RESPONSIBILITIES:

### 3.1 The Chief Executive is responsible for:

- Ensuring that there are suitable and sufficient arrangements in place for the management of BWV within the Trust, including the necessary resources, monitoring processes and oversight.
- Ensuring the full and effective implementation of this Policy, and satisfying Trust Board of the same.
- Ensuring there are suitable arrangements in place for the review and audit of this Policy document to ensure that the Policy remains fit for purpose and that full policy compliance is achieved.

### 3.2 The Director of Planning, Performance & Corporate Services is responsible for:

- Providing the Chief Executive and Trust Board with information and assurance pertaining to the management of BWV within the Trust.
- Ensuring that NIAS has a robust system and structure in place for the use of BWV.

### 3.3 Director of Human Resources:

- **Ensuring adequate policies, procedures and resources are in place with regards to the safeguarding and promotion of human rights, equality and disability requirements, best practice and legislation.**

### 3.4 Directors & Assistant Directors are responsible for:

- Implementing this Policy and any associated guidance.
- Ensuring arrangements are in place for monitoring and compliance with this Policy.



- Ensuring that there are suitable resources available for the implementation of this Policy.
- Informing the Risk Management Team where there is a significant change in corporate structure or operational practices.
- Ensuring all employees are made aware of this Policy and the requirement for their professional conduct at all times during employment.

### 3.5 Ambulance Service Area Managers (ASAMs) & Station Officers (SOs):

- Implementation of this Policy at divisional level.
- Ensuring all staff are aware of the contents of this Policy.
- Ensuring all person under within their divisions / teams comply with this Policy.
- Ensuring that all incidents are reported and managed via the necessary means and that the Trusts Incident Reporting Procedures are complied with.
- Ensuring that all staff comply with this Policy, any concerns are address, and any deviations from this Policy are investigated and addressed.
- Escalate any concerns that cannot be addressed at a local level to the Risk Management Team.

### 3.6 The Risk Management Team is responsible for:

- Information Asset owner for the Trust's BWV systems (Risk Manager).
- The development of suitable policies and **Standard Operating Procedures (SOPs)** compliant with legislation and guidance relating to the use of BWV.
- Developing and implementing a training strategy for all users of BWV, and ensuring any training is recorded in line with Trust procedures.
- Carrying out and regularly reviewing Data Privacy Impact Assessment(s) (DPIA) in partnership with the Information Team with regards to the use of BWV.
- Procurement of BWV devices and associated hardware.
- Supporting line managers with the relevant training in the use of BWV devices.
- Acting as the single point of contact between NIAS and external parties such as HSENI and PSNI.
- Supporting line managers with the investigation of any incidents, issues or claims pertaining to images and information captured on BWV devices.
- Provide assistance and advice on the use of captured images following incidents.
- Ensuring BWV systems have maintenance/management contracts in place.
- Ensure that adequate signage is in place indicating use of BWV (camera stickers etc.).



- In partnership with the Information Team, ensure that regular audits are carried out to ensure compliance with legislation/policy.

### 3.7 The Data Protection Officer (DPO) is responsible for:

- Ensuring that all the BWV systems are registered with the ICO.
- Ensuring that systems are managed by The Digital System Administrator.
- Delegate the duties of data controller to the DEMS Manager for each upload point.
- Advise appropriate staff on all data protection issues relating to BWV devices.
- Provide advice to authorising senior managers to enable them to make informed decisions on authorisation.
- Take part in the planning and authorisation process for all new BWV devices and systems.
- Liaise with PSNI / local authorities etc. for release of data / information.
- Ensuring that the relevant privacy notices are available and up to date.

### 3.8 All Staff using BWV are responsible for:

- Reporting of any incidents of significance in a timely manner.
- Using the BWV device **for a legitimate purpose and within the** remit of this **Policy, Standard Operating Procedures (SOPs)** and their training.
- Complying with Trust information security policies and procedures. Recorded data must not be used for any purpose other than that which is legitimate under the relevant policies and procedures.
- Ensuring they use their own dynamic risk assessment to determine if a recording of the situation is justified and warranted.
- Not to misuse or abuse the supplied BWV devices in anyway.
- Taking personal responsibility for the security of the BWV device.
- Reporting any concerns regarding the equipment or use.
- Ensuring the BWV devices are signed out at the start of each shift, and subsequently left back to the docking station at the end of same, on charge and in an operational condition.
- The mandatory use of BWV as one of a number of tools provided staff safety.
- Only using BWV whilst on duty / in uniform.



- Ensuring footage from BWV devices is not recorded using mobile cameras or video recorders. This is not an acceptable process.
- Noting that the use of BWV does not replace the need to write statements or complete records of incidents etc.
- Acting in a professional manner at all times and taking personal responsibility for their actions.
- ~~Not discouraging the use of BWV to crew mates.~~
- Not interfering with colleagues dynamic decisions with regards to when to record. Every individual is autonomous as to when they wish to activate BWV. **Colleagues should not discourage other staff from using cameras.**

### 3.9 The Information Assurance Group:

- Oversight of this Policy and its impact within the organisation.
- Ensuring the contents of this Policy do not directly affect or have a conflict of interests with any other Policy or procedure within the trust.
- Consultation with any other agency or Trade Union representatives on the content of this Policy.
- Agree to the final sign off and implementation of this Policy within the Trust.
- Regular audit of processes and review of associated data.
- Consideration of the requirement to develop an 'External Stakeholder Advisory Panel' **(meeting quarterly).**

## 4.0 KEY PRINCIPLES:

### 4.1 Body Worn Video (BWV):

Is a wearable audio and video recording system used to record events in which the wearer is involved. It is typically worn on the torso of the member of staff and on the uniform using a variety of carriage solutions.

The equipment is usually implemented to meet a specific need (violence prevention and reduction in NIAS). There are multiple manufacturers and suppliers of equipment and associated digital evidence management software (DEMS).

### 4.2 Surveillance Camera Systems:

Has the meaning given by Section 29(6) of the 2012 Protection of Freedoms Act and is taken to include: (a) closed circuit television (CCTV) or automatic number plate recognition (ANPR) systems; (b) any other systems for recording or viewing visual images for surveillance purposes; (c) any systems for storing, receiving, transmitting, processing or checking the images or information obtained by (a) or (b); (d) any other systems associated with, or otherwise connected with (a), (b) or (c)1.

### 4.3 Overt Surveillance:

BWV devices are 'overt' meaning that they are visible and obvious. Overt means any use of surveillance for which authority does not fall under the Regulation and Investigatory Powers Act 2000 (Amendment) Order (NI) also known as RIPA. **NIAS Body Worn Video Cameras will not be used for covert recording under any circumstances.**



#### 4.4 Body Worn Video (BWV) – Privacy Impact Assessment:

BWV devices can be intrusive to personal privacy and the decision to implement and use BWV devices within the Trust has been informed by a thorough assessment known as a 'Data Protection Impact Assessment' or DPIA. This DPIA was led by the Risk Management Team and Information Team and has considered the following:

- Justification for implementation and use of BWV.
- Benefits is to be gained from its use now and in the future.
- Responsibility for the system and images under data protection requirements.
- Purpose of the system, and what problems it is going to address.
- Project scope and potential for project creep and addressing these issues.
- Minimising intrusion for those who are not intended to be filmed.
- System authorisation.
- System procured, installed, used/maintained in accordance with requirements.

#### 4.5 Body Worn Video and the Human Rights Act 1998, European Convention of Human Rights, and European Convention on the Rights of the Child:

The Trust is committed to the safeguarding and promotion of human rights in all aspects of its work. In operating BWV, The Trust will adopt a human-rights based approach through adherence to the underlying principles of fairness, respect, equality, dignity and autonomy. In addition to the Human Rights Act 1998, the Trust remains committed to its obligations under the UN Convention of the Rights of Children, the Convention on Elimination of All Forms of Discrimination Against Women, and the International Covenant on Economic, Social and Cultural Rights. The Trust is also committed to upholding the principles of the UN Convention on the Rights of Persons with Disability (UNCRPD), which seeks to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity. The Human Rights Act also makes it unlawful for a public body to act incompatibly with the convention rights. Where a public authority has assumed responsibility for the welfare and safety of individuals, there is a particular duty to guarantee human rights. The Trust is also mindful of the need to comply with international human rights instruments:

- International Covenant on Civil and Political Rights.
- International Covenant on Economic, Social and Cultural Rights.
- International Convention on the Elimination of All Forms of Racial Discrimination.
- Convention on the Elimination of All Forms of Discrimination against Women.
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment.

In terms of the Human Rights Act, under Article 2, public authorities not only have to refrain from intentional and unlawful deprivation of life, but must also take appropriate steps to safeguard the lives of those within their jurisdiction.

#### 4.6 General Principles:



BWV devices are an overt method by which staff can obtain and secure evidence at the scene of incidents. The use of BWV will be:

- Proportionate.
- Legitimate.
- Necessary.
- Justifiable.

These principles are intended to enable staff to comply with all legislative requirements. When used effectively BWV can capture best evidence, modify behaviour, prevent harm and deter people from committing offences and anti-social behaviour. The general principles of operation will include:

- BWV devices will be used overtly, fairly, within the law, and only for the purposes for which it was established.
- Operating BWV with due regard to the principle that everyone has the right to respect for his or her private and family life and their home and that the use BWV must be proportionate, legitimate and necessary.
- The public interest in the operation of the system will be recognised by ensuring the security and integrity of operational procedures and that data will be processed and managed in line with data protection requirements. Data will:
  - Be processed fairly, lawfully and in a transparent manner.
  - Be adequate, relevant and limited to what is necessary.
  - Not be kept for longer than is necessary.
  - Be kept securely.

#### 4.7 Information Commissioner's (ICO) Data Protection Register:

The Trust is appropriately registered with the Information Commissioner's Office, for the collection and processing of data, registration number Z5545963

#### 4.8 Issuing of BWV Devices & Docking Stations:

- BWV devices will be held centrally by the Risk Management Team and allocated to each division / station as necessary.
- Each device will be uniquely identifiable by a serial number. This will ensure all devices are accounted for and their location identified at all times. This information will be stored centrally in a secure electronic format, accessible only by authorised personnel.
- Docking stations will be allocated to each division/station as necessary and proportional to the number of BWV devices issued to same.
- Docking stations will be stored in a secure location accessible only by authorised ambulance personnel. All docking stations will be uniquely identifiable by serial number ensuring accountability and location of each station at all times.
- Spare BWV devices and docking stations will be held centrally in the event of replacements being required due to loss, theft, damage or malfunction of operational units.
- If a replacement device or docking station is required, Risk Management Team should be contacted detailing the reason for exchange. The defective device

MUST be handed back to the responsible person in order to secure a replacement device.

- Only appropriately trained staff will be authorised to receive and use BWV.

#### 4.9 Training In The Use of BWV Devices / Docking Stations:

- All operational staff who have been identified as potential users for BWV devices will be trained in how to use the devices.
- The training will include:
  - Applicable legislation and legal requirements of using BWV devices in a public area, privacy, data protection, information governance etc.
  - **The importance of compliance with human rights, equality and disability requirements, best practice and legislation.**
  - Framework and reasons for implementation of devices throughout the Trust.
  - How to mount the device on the body.
  - How to operate the device, turning on/off and various functions.
  - When to operate the recording function and the parameters of permitted use.
  - Permissions of use, how to alert the public recording is about to commence and reasons why.
  - Maintenance and charging of the device.
  - How to dock the device for information and data upload/transfer.
  - The timeframe for uploading of information and data.
  - How the information and data is stored and erased from the devices.
  - Implications for misuse.
- All personnel must attend a full training session prior to operating the BWV device in an operational environment.
- All personnel must sign to acknowledge they have been trained in the use of BWV devices and understand their legal responsibilities in its use.
- Records of this training will be held centrally for audit and accountability purposes.

#### 4.10 Access To BWV Devices:

- All staff must receive training in all aspects of the BWV devices and have read and understood the Policy and **Standard Operating Procedures (SOPs)** for their use.
- ~~Staff are required to sign in agreement with the terms and conditions of use as detailed within this Policy and confirm training on the devices (form BWV1 – Appendix 1).~~
- 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.
- 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.

#### 4.11 Operational Use of BWV Devices:

- Each device must 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 must **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.
- Activation of the BWV device and recording of an incident is entirely the individual user's decision and each circumstance will require a dynamic risk assessment to justify the use of the device.
- Staff do not require the consent of the service user or other individual/s to begin recording as staff safety is paramount. The staff member must however make the individual/s about to be recorded aware of this by verbal means. At the commencement of any recording the user should, where practicable, make a verbal announcement to indicate why the recording has been activated, such as -

**"I am wearing and using a body worn video camera which is recording both video and sound"**

- If recording has commenced prior to engaging with an individual, they should be informed that recording is on-going, as soon as is reasonably practicable.
- Operators should, when practicable, inform any persons engaging with them, i.e. police, other health and social care staff etc., that they are using their body worn cameras.
- Signage on the cameras will also alert the individuals that recording of images and voice is about to begin.
- It is important to record as much of an incident as possible; therefore recording should begin at the earliest opportunity from the start of an incident.
- In so far as is practicable, users should restrict recording to areas and persons necessary in order to obtain evidence relevant to the incident and should attempt to minimise collateral intrusion for those not involved. Every effort should be made to ensure that personal information of victims or witnesses is not inadvertently recorded on BWV. **Staff may need to consider ending a recording to minimise the capture of sensitive information.**
- **Staff should be aware of and should exercise discretion when recording in** high sensitivity areas such as hospitals, prisons, police stations etc. and avoid recording unnecessarily.
- The recording must cease as soon as reasonably practicable, the incident has been dealt with or de-escalated to a point the staff member, using their own dynamic risk assessment, no longer feels under threat and the incident has come to a conclusion.
- Staff should be cognisant that if they fail to operate the BWV device during an incident of a significant nature, further explanation as to why they did not record the incident may be required.
- Staff must not use the BWV device for any other reason than to record an incident of violence and aggression or what they believe will escalate to an incident of significance.
- Any accidental or unneeded recording of footage should be reported to the Risk Management Team.
- Staff must ensure the device remains with them at all times during their shift.
- Staff must make all reasonable efforts to ensure the device is kept secure, clean and in an operational condition.
- Any losses, defects or malfunctions should be reported to the Risk Management Team.



- When the staff members shift finishes they must place their BWV device in the docking station to ensure it remains charged and ready for operational use.
- There may be occasions where footage or information captured for the prevention and reduction of violence is required to be used for other processes for example employment processes. This will be strictly managed on a case by case basis by the Information Team. This information may only be used to support either parties' claims as evidence to the claim being made or disputed.

#### 4.12 Objections & Requests For / Against Recording:

There may be occasions where a person objects to being recorded. BWV wearers may record overt video and audio without consent if this recording is for violence prevention and reduction purposes as outlined in the Trusts Privacy Notice.

The decision to continue recording should remain with the BWV wearer, who should consider the objections made by the person in respect of the recording. The presumption should be, however, that recording should continue unless the objection(s) made overrides the need to record an evidential encounter. If the BWV wearer decides to continue recording despite objections, **they should explain their reasons for doing so (aggressive incident, reporting to PSNI, risk of reoccurrence etc.)** and record the rationale in DATIX. They should also take steps to advise the individual as to the following:

- The reason for the recording taking place (violence prevention and reduction).
- Material recorded on BWVs will only be retained for a maximum of 31 days, unless required for evidential purposes.
- Footage is subject to the data protection legislation and can be applied for on request in writing.
- Any material is restricted and will only be disclosed to 3rd parties in accordance with the law.
- The recording is being made in order to act as a corroboration of the encounter and thus can be used to back up the accounts of each party.

Equally, BWV wearers may encounter members of the public who specifically request that any encounter or interaction is recorded, even if the BWV wearer does not feel that there is any evidential reason to do so. Unless there are clear reasons to do otherwise, the BWV wearer should record such an encounter, but should remind the person requesting the recording that, unless there is an evidential reason to retain the footage, it will automatically be retained for a maximum of 31 days and deleted thereafter.

#### 4.13 Docking of BWV Device & Upload / Transfer of Information:

- All BWV devices must be returned to a docking station immediately after operational use, where any recorded footage will be automatically downloaded to the secure server. The data will then be deleted from the device, which will be charged for its next use.
- The information will be encrypted and cannot be accessed by the BWV device user.
- All recorded footage will be held on the secure server for 31 days before being automatically deleted.



- Recorded footage which is required for evidential purposes must be marked as an incident and burned to disc by the DEMS Administrator within 31 days. For prosecution cases four discs will be required; one master copy and three working copies. It is the responsibility of the Trust Investigating Officer to ensure that any footage required for evidential purposes is burned to disc before the expiry of the 31 day period.
- Details of the incident must then be recorded on DATIX referencing the BWV device serial number and docking station serial number.
- The BWV device must be swapped for a replacement device and allowed sufficient time to finish the upload and to recharge the battery.
- No BWV device should be used if it still contains data or information from a previous incident.

#### 4.14 Digital Evidence Management System (DEMS):

The Digital Evidence Management System (DEMS) is the encrypted software that allows NIAS staff access to the data captured on the BWV devices. The system is configured so that it will recognise BWV devices from any NIAS location. This will allow authorised staff to view footage from any device and from any location after the device has been docked.

Authorised staff will only be able to access and use the DEMS once they have been trained and setup with a login / password. NIAS authorised staff will have roles assigned to them when users are generated. The following roles/access roles have been generated;

- DEMS System Administrator – full access to the DEMS i.e. view all videos, incident bookmark, burn incidents to disc, setup new users, password resets, amend permissions, removed incidents, delete files (full access).
- DEMS Manager – management roles are setup to have access to all videos and mark incidents. They must notify the Administrator if they require an incident to be burned to disc.
- DEMS User – staff will only be able to view data they have captured. If a user requires recorded footage to be marked as an incident they should report via Datix and contact the Risk Management Team.

#### 4.15 Loss / Theft of BWV Device:

- In the unlikely event of a device being stolen, the information cannot be accessed or viewed by any other person due to the encryption method used to record the information.
- The Risk Management Team, Information Governance and line management must be informed immediately in the event of a theft of a device, so swift action can be taken.
- In the event of a loss of a BWV device all reasonable attempts must be made to trace the device by the staff member. A DATIX must be completed immediately via personal issue tablet or on return to site / station listing the Risk Manager as the line manager and detailing the movement of the staff member and approximate time and location of the loss.
- A report to the PSNI must also be filed stating the loss / theft of the device by the staff member and the Risk Management Team advised of the PSNI Incident

Number (this can be added to the existing DATIX by a line manager or by the Risk Management Team).

#### 4.16 Security & Handling of Information Captured:

Unlike standard CCTV installations, BWV devices do not record continuously. Recording only commences once manually activated by the individual wearing the device (as a result of violence / aggression and / or threat of violence or aggression). The device does however capture the previous 30 seconds of video – with no audio recording, as part of the recording.

- Any non-evidential data is automatically destroyed within 31 days.
- Any data / information recorded / stored will only be kept for as long as necessary to allow for all investigations, legal proceedings and convictions to be finalised and in line with the Trusts retention and disposal arrangements.
- Recorded material will be stored in a way that maintains the integrity of the information and ensures the rights of individuals recorded by BWV devices are protected and that the information can be used as evidence in court.
- The information will be stored in a secure location with restricted access and fully encrypted.
- Images and information will only be accessible by authorised staff.
- Recorded images will only be viewed in a restricted area, such as a designated secure office. This viewing must be carried out under the direct supervision of an authorised officer.
- Where BWV recordings are required for evidential purposes in legal proceedings, they will be properly processed following consultation with the Information Team and DEMS Administrator.
- Information and data will be recorded and stored, in a recognisable and useable format. This will allow ease of transfer if required, to other agencies. Such formats will be of digital standard.
- The recording will be placed in a sealed envelope which is signed, dated and then stored securely until the investigation is complete.
- Most requests from the Police can be dealt with during normal working hours, although there may be occasions where urgent access is sought, particularly when dealing with serious crimes. These requests will be dealt with accordingly.
- The Police and others legitimately requesting access to images should only be given copies of the original data. Copies should be made onto portable media, such as write-only DVDs and handed over against a signature. Images should not be sent by email or other networked systems. The Police will usually provide their own portable media storage devices.
- There may be very rare occasions when the Police require the original recording device, or the hard disk drives from the device. This may be necessary to safeguard forensic data following a serious incident. Release of recording devices or hard disk drives will be actioned by the Information Team in line with existing procedures.
- No secondary recording of images and data is permitted under any circumstances (phone recording a monitor for example).
- Any person found recording of information or data on a secondary device will be referred to the appropriate enforcing authority for investigation.
- Misuse of BWV devices and equipment, unauthorised processing of data may be a criminal offence under the Data Protection Act.



#### 4.17 Disclosure of Information:

- Disclosure of information from any of the Trusts BWV devices will be controlled and consistent with the purpose(s) for which the scheme was established.
- The date of the disclosure along with details of who the information has been provided to (the name of the person and the organisation they represent) will be recorded accordingly.
- Each recording will be viewed and if necessary, images of persons not directly involved in the incident will be obscured to protect their identity and comply with data protection requirements.
- When disclosing images of individuals, consideration will be given to whether or not obscuring of identifying features is necessary. Whether or not it is necessary to obscure will depend on the nature and context of the footage that is being considered for disclosure.
- Judgements about disclosure should be made by the Information Team. They have discretion to refuse any request for information unless there is an overriding legal obligation, such as a court order or information access rights.
- Once the information has been to another body, such as the police, they become the data controller for the copy they hold. It is their responsibility to comply with the Data Protection Act (DPA) and UK GDPR in relation to any further disclosures.
- The method of disclosing information will be secure to ensure they are only seen by the intended recipient/s.
- Under no circumstances should copies of non-evidential material be burned to disc.

#### 4.18 Subject Access Requests (SARs):

Data Protection Legislation provides individuals with a number of rights in relation to the processing of their personal data. One of these rights is the right to be provided with a copy of the information constituting the personal data held about them, in appropriate cases.

- Individuals whose information is recorded have a right to view this information and unless they agree otherwise, to be provided with a copy of that information. This must be provided promptly and within no longer than one month of receiving a request.
- Those who request access must provide details which allow the Trust to identify them as the subject of the information, and also to locate the information on the system.
- All individual subject requests will be logged and suitable records maintained.
- The Information Team will manage any Subject Access Request disclosures.
- A clearly documented process for these requests will consider the following:
  - The details required to find the information. Is it made clear whether an individual will need to supply a photograph of themselves or a description of what they were wearing at the time they believe they were caught on the recording, to aid identification.
  - If details of the date, time and location are required.
  - The information will be provided to the applicant free of charge.

- Has the information been clearly labelled to assist in the identification process.
- How the individual will be provided with a copy of the information.
- As previously mentioned, if the information or images captured contains third party images that are unrelated to the initial request, these images should be obscured under the Data Protection Act (DPA) and UK GDPR.

Video files can be accessed by those employees who record them and are reminded to act in accordance with the 'Confidentiality Code of Conduct'. Video files will only be downloaded and provided on request to support the progress of employment processes / investigations and under Trust Policy / procedures, and can only be provided to employees with a legitimate business need (including Trade Unions), who should act in accordance with the 'Confidentiality Code of Conduct'. NOTE files will only be shared within the HSC domain/secure network.

#### 4.19 Freedom of Information (FOI):

- All requests for information under Freedom of Information will be dealt with on a case by case basis.
- Requestors may only ask for information regarding the general operation of the BWV devices, the allocation of them, or the costs of purchasing, using and maintaining them. If individuals are capable of being identified from the relevant recording, then it is personal information being held about the individual concerned. It is generally unlikely that this information can be disclosed in response to an FOI request as the requester could potentially use the information for any purpose and the individual concerned is unlikely to expect this. This may therefore be unfair processing in contravention of the Data Protection Act (DPA) and UK GDPR.
- However, consideration can be made of the expectations of the individuals involved, what the information considered for disclosure would reveal and the legitimate public interest in the information when deciding on whether disclosure is appropriate.
- Even where footage is exempt from FOIA/FOISA it may be lawful to provide it on a case-by-case basis without breaching the Data Protection Act (DPA) and UK GDPR.

#### 4.20 Complaints:

- Formal complaints received in relation to any issue pertaining to the use of BWV will be managed through the Trust's complaints process with assistance from the local managers, and advice from the Information Team and Risk Management Team.
- Complaints received about processing under the Data Protection Act will be dealt with by the Information Team.
- Where these cannot be resolved, the individual has the right to escalate the complaint to the office of the Information Commissioner (ICO)

### 5.0 **IMPLEMENTATION OF POLICY:**

#### 5.1 Dissemination:



With regards to dissemination this **Policy** will be:

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

## 5.2 Resources:

Information contained within this Policy will be made available to new employees at the commencement of employment, at employee induction programmes, and via information leaflets.

## 5.3 Exceptions:

Non-operational staff, office based staff and non-patient facing roles who are not required to wear BWV devices.

## 6.0 **MONITORING:**

It is the responsibility of the Information Assurance Group to monitor the implementation of and assess the level of compliance with this **Policy**.

Random audit checks by the Information Team and / or the Risk Management Department will be regularly undertaken to ensure compliance with this Policy and the current legislation. This will be in the form of randomised docking of devices and ensuring that no irrelevant or unnecessary data or information has been recorded.

**NIAS Equality Scheme details the Trusts' commitment to implement and comply with the public sector statutory obligations (Section 75 of the NI Act) to promote equality and good relations across its functions in Northern Ireland.**

**The use and impact of BWV will be monitored and kept under review and, where necessary and feasible, further mitigation will be considered and introduced to mitigate any potential adverse impacts identified.**

## 7.0 **EVIDENCE BASE/REFERENCES:**

The above objectives will be met ensuring full compliance with the following legislation, policy and guidance:

- Health and Safety at Work (NI) Order 1978 and associated Regulations.
- UK General Data Protection Regulation (GDPR)
- Data Protection Act 2018.
- Northern Ireland Act 1998.
- ~~Equality Act 2010.~~
- Disability Discrimination Act 1995.
- Race Relations (NI) Order 1997.

- 2012 Protection of Freedoms Act.
- Regulation and Investigatory Powers Act 2000 (Amendment) Order (NI).
- The Freedom of Information Act, 2000.
- Human Rights Act 1998.
- Surveillance Camera Code of Practice 2013.
- Technical Guidance for Body Worn Devices, Home Office, July 2018.
- Encryption Guidance, Information Commissioner's Office.
- CCTV Code of Practice, Information Commissioner's Office, May 2014.
- Guide to Law Enforcement Processing (Part 3 of the DP Act 2018).
- Information Commissioner's Office, 2018.
- Surveillance Camera Code of Practice, Surveillance Camera Commissioner, June 2013.
- The Police and Criminal Evidence (NI) Order 1989.

## 8.0 CONSULTATION PROCESS:

This **Policy** was **initially** developed by the Fire & Security Advisor and the Risk Manager. **It has now been reviewed by the Risk Manager, Violence Reduction Officer and the Equality Team following the second public consultation exercise and pilot.** Consultation took place with the Head of Informatics, Human Resources, Equality & PPI, Trade Unions, Senior Managers, Assistant Directors and Directors within the organisation. The final content of the document was agreed by the Violence Prevention & Reduction Group, Health and Safety Committee and Information Assurance Group, before SMT approval. The **revised** Policy was subsequently agreed by the Audit & Risk Committee.

## 9.0 APPENDICES:

N/A.

~~Appendix 1 — Confirmation of Training and Terms of Use. NOT DEEMED NECESSARY~~

## 10.0 EQUALITY STATEMENT:

- 10.1 In line with duties under Section 75 of the Northern Ireland Act 1998; Disability Discrimination Act 1995 and the Human Rights Act 1998, an initial screening exercise, to ascertain if this Policy should be subject to a full impact assessment, has been carried out.
- 10.2 The outcome of the equality screening for this **Policy** undertaken on 1<sup>st</sup> June 2022 is:

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

- 10.3 **The Trust remains committed to delivering safe, effective and compassionate services, and is assured that the use of body worn video is necessary, proportionate, and justified. An Equality Screening of BWV has been undertaken, and no major adverse impacts on equality and human rights have been identified. BWV will only be activated in specifically defined operational circumstances by**



appropriately trained uniformed staff responding to emergency calls where there is a threat of violence or aggression, with policy and procedures in place to ensure that its use is proportionate, legitimate, necessary and justifiable.

- 10.4 The use of BWV will help the Trust fulfil its duty to staff under Articles 2 and 3 of the Human Rights Act, by acting as a deterrent against acts of violence or aggression towards staff, and by providing a source of evidence when such acts have occurred. Where there is a risk of violence and aggression, there is a genuine purpose which would justify the use of BWV. Information would only be captured and processed to achieve a legitimate aim, and the user would exercise discretion, recording only when it is relevant to the incident and necessary to gather evidence. The operational use of BWV is proportionate, legitimate and necessary, and will only be used when deemed necessary for the purposes of violence reduction, by trained staff in accordance with policy, procedures and legislation.
- 10.5 The use of BWV is considered a proportionate means to achieve a legitimate aim. Its use will be kept under continuous review. Human rights law recognises that restrictions on some rights can be justified when they have a legal basis, are strictly necessary, based on scientific evidence and are neither arbitrary nor discriminatory in application, respectful of human dignity, subject to review, and proportionate to achieve the objective.
- 10.6 Any increase in the capability of surveillance camera system technology has the potential to increase the likelihood of intrusion into an individual's (including a child's) privacy. The Human Rights Act 1998 gives effect in UK law to the rights set out in the European Convention on Human Rights (ECHR). Some of these rights are absolute, whilst others are qualified, meaning that it is permissible for the state to interfere with the right, provided that the interference is in pursuit of a legitimate aim, and is proportionate. Amongst the qualified rights is a person's right to respect for their private and family life, home and correspondence, as provided for by Article 8 of the ECHR. The use of BWV is 'an interference' and must always be justifiable, therefore the actions of the Trust must be justifiable, have a legitimate aim, and the use of video/audio must be proportionate to achieving this. NIAS has introduced safeguards to govern how the Trust deploys BWV in both private and public arenas.
- 10.7 Article 8 of the Human Rights Act is a qualified right to personal and family life. Qualifications include preserving physical and psychological integrity. While individuals have an expectation of privacy in their own home, the right to privacy is balanced against whether granting that privacy would cause physical or psychological harm to others. Under normal circumstances, BWV would not be used in private dwellings. However, where there is a risk of violence and aggression, there is a genuine purpose which would justify the use of BWV.

**11.0 SIGNATORIES:**

Katrina Keating  
Lead Author

Date: TBC 2022

Maxine Paterson  
Lead Director

Date: TBC 2022

DRAFT



# APPENDIX 1 – CONFIRMATION OF TRAINING AND TERMS OF USE FOR BWV:

<b>BWV 1 – Confirmation of training in use of Body Worn Video devices and declaration statement of responsibilities.</b>			
<b>Full Name: (PRINT)</b>			
<b>Date:</b>			
<b>Role/Position:</b>			
<b>Directorate:</b>			
<b>Division:</b>			
<p>1) I have received appropriate training in the use of Body Worn Video equipment, and fully understand the operation, activation and maintenance of the Body Worn Video Device. I understand the reporting mechanism, if required for lost or damaged devices.</p> <p>2) I have read the Body Worn Video Policy and Procedure in full. I fully understand my legal obligations of using the Body Worn Video device under the legislation contained within this Policy and procedure, and fully agree to adhere at all times, to same.</p> <p>3) I understand and accept that it is my responsibility to ensure the body worn video device, when in my possession, is used appropriately and proportionate to the situation. Any deviation from the strict use as detailed within the Policy and procedure may result in disciplinary action.</p> <p>4) I have no further questions or queries in regards to the operational use of Body Worn Video devices.</p> <p>By way of signature below, I agree and acknowledge to the terms and conditions as per the "Northern Ireland Ambulance Service Health and Social Care Trust" Policy and procedure on Body Worn Video use.</p>			
<b>Print Name:</b>		<b>Sign Name:</b>	
<b>Date:</b>		<b>Time:</b>	



Northern Ireland Ambulance Service  
Health and Social Care Trust



# **BODY WORN VIDEO (BWV) PILOT DEPLOYMENT PLAN**

## 1.0 OVERVIEW:

### 1.1 Purpose:

From 6<sup>th</sup> December 2021 until the 14<sup>th</sup> 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 a Body Worn Video (BWV) **public** consultation exercise. This first phase of the **public** 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 **public** consultation, i.e. the Body Worn Video Pilot Deployment Plan. This second phase will take **twelve (12)** 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 **public** 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).**

The Trust will make every effort to ensure that respect for human rights is part of its day-to-day work, and is incorporated and reflected as an integral part of its actions and decision making process. The Trust will keep human rights considerations, relevant legislation, and previous judicial reviews at the core of any decisions or considerations.



### 1.2.1 Body Worn Video and the Human Rights Act 1998, European Convention of Human Rights, and European Convention on the Rights of the Child:

The Trust is committed to the safeguarding and promotion of human rights in all aspects of its work. In operating BWV, The Trust will adopt a human-rights based approach through adherence to the underlying principles of fairness, respect, equality, dignity and autonomy. In addition to the Human Rights Act 1998, the Trust remains committed to its obligations under the UN Convention of the Rights of Children, the Convention on Elimination of All Forms of Discrimination Against Women, and the International Covenant on Economic, Social and Cultural Rights. The Trust is also committed to upholding the principles of the UN Convention on the Rights of Persons with Disability (UNCRPD), which seeks to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity. The Human Rights Act also makes it unlawful for a public body to act incompatibly with the convention rights. Where a public authority has assumed responsibility for the welfare and safety of individuals, there is a particular duty to guarantee human rights. The Trust is also mindful of the need to comply with international human rights instruments:

- International Covenant on Civil and Political Rights.
- International Covenant on Economic, Social and Cultural Rights.
- International Convention on the Elimination of All Forms of Racial Discrimination.
- Convention on the Elimination of All Forms of Discrimination against Women.
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment.

In terms of the Human Rights Act, under Article 2, public authorities not only have to refrain from intentional and unlawful deprivation of life, but must also take appropriate steps to safeguard the lives of those within their jurisdiction.

### 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.

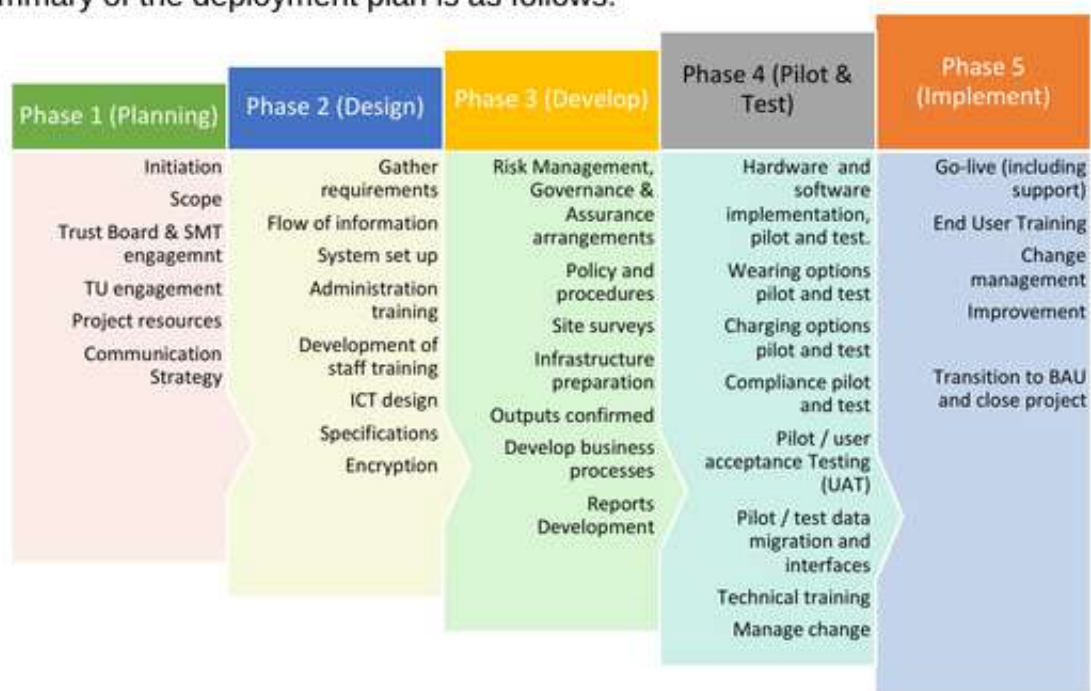
#### 1.5 Project Management Methodology:

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.
- 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 (will be delivered during Conflict Resolution Training).

### 2.3 Constraints:

The following constraints have been identified:

- Funding / financial approvals (budget available).
- 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 human rights, equality and disability requirements, best practice and legislation.**
- 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 were provided with a consultation summary and 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. Regular updates are provided to SMT and Trust Board (most recently October 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.

#### **3.4 Communication Strategy:**

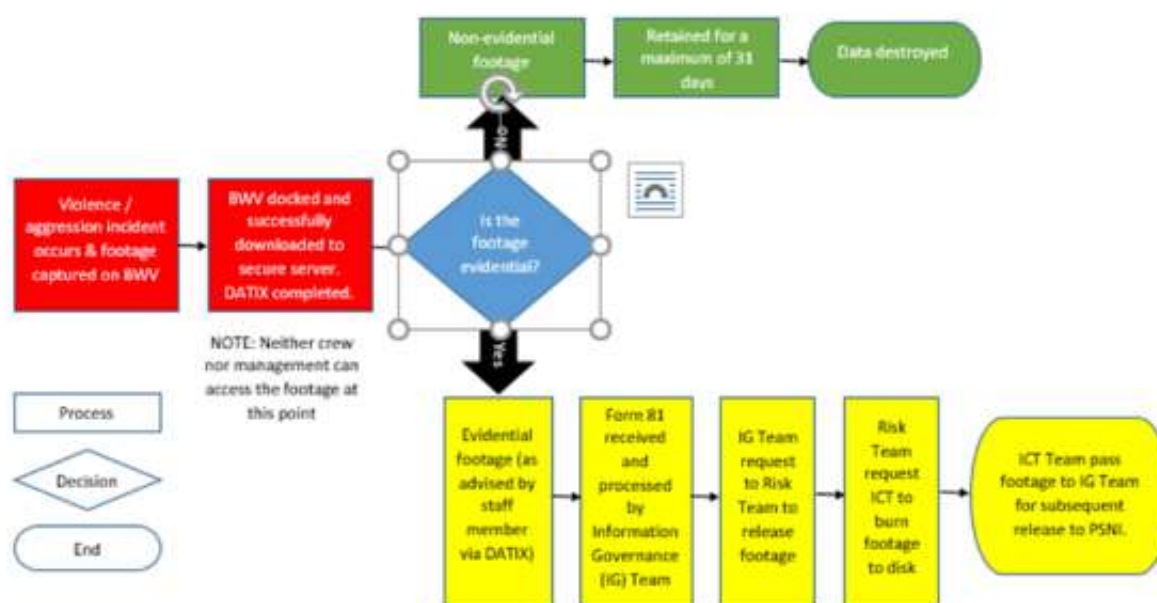
The Body Worn Video Communication Strategy as follows:

- 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 has been set up and is 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 V.2

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 took place in March 2022. Training and included 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, piloted and agreed. IT was tested by operational staff, Regional Ambulance Clinical Training Centre staff and health and safety colleagues. 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 **including human rights**.
- 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.

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:

<b>Motorola VB400</b>	
<b>Dimension</b>	68 x 89 x 25 mm
<b>Weight</b>	160g (incl Mount)
<b>Memory Size</b>	64 GB
<b>Video Quality</b>	Full HD recording capability (1920x1080, 25fps) High Resolution (720p, 30fps) currently configured
<b>Battery Life</b>	Up to 12 Hours (less with X-100 attached)
<b>IP rating</b>	IP 67 MIL-STD-810G
<b>Field of view (H)</b>	120 deg horizontal, 65° vertical, 140° diagonal
<b>Secure Footage</b>	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).
- **Compliance with human rights, equality and disability requirements, best practice and legislation.**
- 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.
- 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 (IGG) and Informatics Assurance Group (IAG). 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.



NIAS Equality Scheme details the Trusts' commitment to implement and comply with the public sector statutory obligations (Section 75 of the NI Act) to promote equality and good relations across its functions in Northern Ireland.

The use and impact of BWV will be monitored and kept under review and, where necessary and feasible, further mitigation will be considered and introduced to mitigate any potential adverse impacts identified.

### 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 over the course of 2022/23. 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).

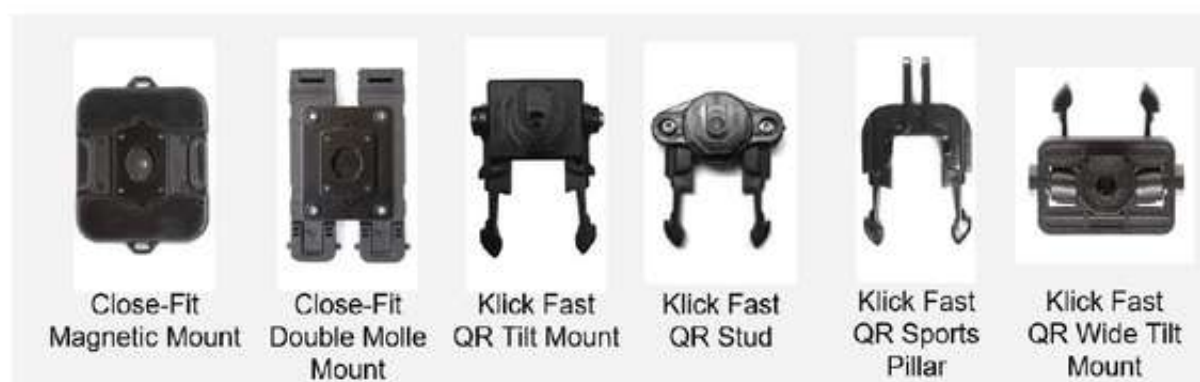
- 44 RFID Readers (for camera assignment – connects to Dock Controller).
- Digital Evidence and Asset Management Software and associated licensing.
- 450 ancillary items (fixings and harnesses for mounting cameras to uniforms).
- Stickers to affix to cameras (advise others of the potential for recording).

## 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. May – August 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. May – August 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. September 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.

## UPDATES TO ELEARNING:




NIAS Body Worn Video



**Considerations for use when recording children**

01. In addition to the Human Rights Act 1998, the Trust remains committed to its obligations under the UN Convention of the Rights of Children.
02. This asks us to pay cognizance to occasions where children may be recorded and to attempt to minimise the occasions where children are recorded.
03. Under Human Rights legislation, a child is any person under the age of 18.


◀ ⚙
◀ PREV NEXT ▶




NIAS Body Worn Video

## Principles for use of BWV


Use of the camera **MUST** always be:




Proportionate



Legitimate



Necessary



Justifiable

These principles are intended to enable staff to comply with all legislative requirements. When used effectively BWV can capture best evidence, modify behaviour, prevent harm and deter people from committing offences and anti-social behaviour.

◀ ⚙
◀ PREV NEXT ▶

## UPDATES TO ELEARNING:



NIAS Body Worn Video

### Article 8 HRA - Right to Privacy

Article 8 of the Human Rights Act is a qualified right to personal and family life. Qualifications include preserving physical and psychological integrity.



While individuals have an expectation of privacy in their own home, the right to privacy is balanced against whether granting that privacy would cause physical or psychological harm to others.

Under normal circumstances, BWV would not be used in private dwellings.

However, where there is a risk of violence and aggression, there is a genuine purpose which would justify the use of BWV.

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NIAS Body Worn Video

### Human Rights Act

The Trust will make every effort to ensure that respect for human rights is part of its day-to-day work, and is incorporated and reflected as an integral part of its actions and decision making process.

The Trust will keep human rights considerations, relevant legislation, and previous judicial reviews at the core of any decisions or considerations.





◀ PREV
NEXT ▶





**TRUST BOARD  
PRESENTATION OF PAPER**

<b>Date of Trust Board:</b>	11 October 2022
<b>Title of paper:</b>	NIAS Flu Vaccination Programme – 2022/23
<b>Brief summary:</b>	<p>The papers will outline the NIAS Strategy and Plan for delivery of the Flu Vaccination Programme for the organisation for 2022/23.</p> <p>The strategy and plan will detail:</p> <ul style="list-style-type: none"> <li>- The vision for delivery for 2022/23 will also explain why flu vaccination is commencing early this year;</li> <li>- Why 2022/23 may be a potentially challenging flu season;</li> <li>- Leadership requirements in relation to flu vaccination;</li> <li>- Purpose, function and set up of a Flu Steering Group;</li> <li>- Designation of a Flu Lead;</li> <li>- The use of Peer Vaccinators to deliver the in-house programme;</li> <li>- Access to vaccination and flexibility in approach</li> <li>- Communication Strategy and Plan;</li> <li>- Data for reporting and improvement;</li> <li>- Inter-Trust Co-operation</li> </ul> <p>Approval is sought for this strategy and plan and for same to progress to the DOH.</p>
<b>Recommendation:</b>	<p><b>For Approval</b> <input checked="" type="checkbox"/> <b>For Noting</b> <input type="checkbox"/></p>
<b>Previous forum:</b>	SMT – 20 September 2022
<b>Prepared and presented by:</b>	Ruth Finn, Asst Director Quality, Safety & Improvement
<b>Date</b>	4 October 2022



Northern Ireland Ambulance Service  
Health and Social Care Trust

## 2022/23 Seasonal Flu Vaccination Strategy

Draft



## **The Northern Ireland Ambulance Service (NIAS) 2022/23 Seasonal Flu Vaccination Strategy**

### **1. Vision for delivery**

The Northern Ireland Department of Health has planned for the 2022/23 Influenza (Flu) vaccination to be administered in parallel with the COVID-19 Autumn Booster Vaccination. During the 2022/23 Flu vaccination programme, the NIAS will utilise the following approaches to support eligible NIAS staff to avail of Flu Vaccination:

1. Administration of Flu vaccination at the same time as the autumn COVID-19-19 (Co-administration) at Acute Trust locations and Community Pharmacies, this will be accessible to all over those over 50 years of age and to frontline Health and Care Workers
2. Administration of Flu vaccination and the autumn COVID-19-19 vaccination to staff in vulnerable categories (by invitation) by their own GP
3. Administration of Flu vaccination and the autumn COVID-19-19 vaccination to staff over the age of 65 (by invitation) by their own GP (will receive a different vaccine which contains adjuvant to stimulate stronger immune system response)

### **2. Potential for a challenging Flu season in 2022/23**

As a result of non-pharmaceutical interventions in place for COVID-19, such as wearing of face coverings, physical/social distancing and restricted international travel, Flu activity levels were extremely low globally for the past 2 years (flu season 21/22 and 20/21 respectively).

It is predicted that more of the population may be susceptible to Flu in this incoming season given the low levels of viral circulation for the past 2 seasons.

With the lifting of COVID-19 restrictions and lower levels of herd immunity, we need to be prepared for potentially high levels of circulating Flu and consequent illness in the 2022/23 season.

### **3. Leadership**

The Senior Management Team (SMT) of NIAS are committed to endorsing and ensuring that the NIAS 'Flu vaccination delivery plan' for 22/23 is in place and they will provide leadership in relation to this and will work to ensure high uptake of Flu vaccinations amongst eligible ambulance staff early in the season. This will protect our staff, their families, our service and our patients.



The NIAS SMT have provided direct resourcing to the delivery of the 2022/23 'Flu vaccination delivery plan' by supporting the dedication of a Senior Paramedic to provide operational leadership in relation to this and by supporting the formation of a Flu Steering Group to provide strategic oversight to the programme. (Shared role with COVID response services).

#### 4. Flu Steering Group

A Flu Steering Group has been formed and has met to:

- Design a 'Flu vaccination delivery plan' for 2022/23
- Ensure that NIAS staff can access Flu vaccination through a variety of channels such as through the use of NIAS peer vaccinators, NIAS bespoke clinics and sign posting to other services such as GPs, Community Pharmacists and other Trusts programmes for co-administration of Flu and COVID-19-19 Autumn booster programmes
- Ensure that NIAS peer vaccinators are trained to the required level to administer Flu vaccine and that there are robust mechanisms for assurance that this training has been undertaken and recorded
- Ensure that the 'Written Instructions' protocol (replacement for previous PGD) is signed off on behalf of NIAS to cover administration of the vaccine by NIAS Paramedics to their peers
- Ensure that there are protocols in place for the procurement of, handling of, storage of and waste management of Flu vaccination
- Ensure that there are clear communications issued to NIAS staff in respect of Flu vaccine and Co-administration of Autumn COVID-19-19 booster programme
- Ensure that NIAS staff are facilitated to attend for Flu vaccine or Flu Vaccine with co-administered COVID-19-19 Autumn booster
- Ensure that there is a system for recording of Flu vaccination such that reports re uptake and breakdown by staff group/ division etc is possible, ensure that the interface with regional Vaccine Management System is explored and that there is access for NIAS to their own data from this system

The Steering Group has representation from HR, NIAS Pharmacy, the Communications Department, Informatics and Information Governance, IPC and Operations. The group will meet on a regular basis to ensure that the 'Flu vaccination delivery plan' is progressing and that there are no barriers to this. The group will monitor uptake of vaccinations focussing on any areas of low uptake and will target resources towards these as required.

#### 5. Flu Lead 2022/23

The NIAS COVID-19 Services Lead, Mr Bert McWilliams, has agreed to lead on the implementation and delivery of the NIAS 'Flu vaccination delivery plan' for 22/23. Mr McWilliams will be supported to do this by the Flu Steering group.

Once the flu programme has formally commenced a weekly update/briefing on vaccine uptake by staff group and Divisional breakdown will be provided by Mr McWilliams to NIAS SMT.

## 6. Peer Vaccinators

Once again, in this Flu season, NIAS will utilise the Peer Vaccination model.

Peer Vaccinators are traditionally drawn from Paramedic staff who are temporarily not able to undertake frontline duties and from those who choose to volunteer for additional duties. We are likely in this season to have fewer Peer Vaccinators available than in previous years as a review of our pool of previously trained Vaccinators has highlighted that they, for the most part, have returned to their substantive posts or are already diverted to alternate duties to cope with the demands of COVID-19, REAP 4 etc. This is not thought to be a threat to the delivery of the programme as it is anticipated that NIAS staff may, if seeking a vaccination, choose co-administration of Flu and the Autumn COVID-19 Booster externally and this may reduce the demand on the NIAS in house stand-alone Flu offer from the levels of demand experienced in previous years.

In order to demonstrate visible commitment to the 'Flu vaccination programme', members of the senior and Divisional management teams and training staff will be asked to contribute this year as Peer Vaccinators.

Building on previous years' success requires an adapted delivery model due to the continuation of service challenges arising from the protracted REAP 4 position, COVID-19 impact and a consequently stretched workforce.

Peer Vaccinators will receive information covering training, Infection Control issues, data collection procedures, vaccine and cold chain information. A dedicated email account is in place to ensure all information is disseminated in a secure and timely manner.

The Trust have ensured that there are adequate supplies of appropriate PPE available for vaccinators and recipients of the vaccine.

## 7. Accessibility and Flexible Flu Vaccinations

Dependent on requirements, each of the five Divisions within NIAS will have dedicated Peer Vaccinators and access to vaccines located at various points throughout Divisions. The Divisional vaccination teams will communicate directly with their staff through email, social media platforms, intranet and noticeboards. The remit of the Divisional Peer Vaccinator is to educate, engage in myth busting and increase vaccination uptake.

Although clinics will be available in named locations throughout divisions, use will also be made of mobile vaccination vehicles. These easily identified vehicles will be located in various locations such as Emergency Departments, training centres etc. at various timings to accommodate staff on differing shift patterns.

Using data from previous years provides information on areas of traditionally lower uptake and enables targeted resources.



Information will be provided to staff about their ability to access Flu vaccinations at COVID-19 vaccination centres (where they can have their flu jab co-administered along with their Autumn COVID-19 booster) GP Surgeries and Community Pharmacies.

## 8. Communication Strategy and Plan

The NIAS has chosen to continue using the Flu Bug branding which has proven successful in previous years. Liveried Flu vehicles (contingent on condition and repair of same) and merchandise will spread the message to HSC staff and members of the public.

Key messages and myth busting materials will be communicated to staff through intranet, social media, screensavers, pop ups, posters and the Trust website along with a list of timings for divisional flu clinics. This will be co-ordinated weekly by the communications team and the Flu Lead. It is anticipated that this strategy will encompass trust staff from all Directorates/Divisions.

The campaign will be launched on the 20.09.22 with the vaccination of the Trust's senior team (uniformed) and will be communicated to staff with key messages sign posting staff to information on the Flu Vaccination programme.

## 9. Data for Reporting and Improvement

Data will be reported through our own Access Database and through the Vaccine Management System (VMS). Mr Paddy Dornan, Assistant Director of ICT is currently representing NIAS on the VMS User Group. Information will be presented to the senior management team for consideration in relation to any additional resources required.

## 10. Inter-Trust Co-operation

Due to the reduced workforce available, it is unlikely that NIAS will be in a position to provide significant additional support to other Trusts with vaccination in this season. Collaboration between Trust Flu Leads will though continue in order to explore opportunities to increase the average rate of uptake amongst frontline HSCWs throughout Northern Ireland. NIAS peer vaccinators, where in position to do so, will as in previous years continue to offer vaccination to other Trusts staff and vice versa.

The NIAS do not underestimate the considerable challenges we are facing this year in coping with winter pressures alongside possible further waves of COVID-19 and a reduced workforce, however, we are committed to achieving the highest possible uptake of flu vaccinations amongst NIAS frontline staff.





NIAS FLU Programme 2022/23 "To consistently show compassion, professionalism and respect to the patients we care for"						
Senior Responsible Officer	Dr Nigel Ruddell, Medical Director	Areas of Focus- Best Practice Guidelines 1. Committed Visible Leadership and ownership 2. Flu Steering Group 3. Peer Vaccinators 4. Accessible and Flexible Flu Vaccinations 5. Communication Strategy and Plan 6. Data for Reporting and Improvement 7. Incentives and Rewards 8. Support to HSC System				
Project Leads	Bert McWilliams, NIAS Covid Lead					
Plan Sign Off	SMT 20.09.22					
Version	0.1					
Last Update	12/09/2022					
Reference	Project Area / Activities 2020-2026	Activity Owner	Target Date	Best Practice Rag Status	Evidence of achievement where required	Comments
1.0	Committed Visible Leadership and ownership					
1.1	Board endorse the strategy and commitment to achieving the highest possible uptake of influenza vaccinations amongst staff.	Dr Nigel Ruddell	20/09/2022		To be recorded in Trust Board Minutes	
1.3	Trust has in place the required resources (adequate supplies of vaccine with cold chain measures, budget, and sufficient numbers of Peer vaccinators) to successfully deliver the Flu programme.	Dr Nigel Ruddell	20/09/2022			Elements of infrastructure already in place including vaccine fridges, portable vaccine carriers, cold chain measures etc from previous years campaign
1.5	All Trust Directors have personal accountability for the implementation of the Flu Programme within their Directorate and achievement of target.	Trust Directors/Carol Mooney	20/09/2022		Recorded in SMT Minutes	Weekly oversight of programme to ensure effective support is provided to delivery team.
1.6	Directors to nominate and have in place Directorate leads responsible for leading the implementation of the Flu programme within the Directorate and sufficient numbers of Peer vaccinators are fully trained to meet the requirements for administering flu vaccination.	Trust Directors/Carol Mooney	20/09/2022		To be recorded in SMT Minutes	Flu steering group members to take this forward on behalf of their Directorate: QSI R.Finn, HR L. Gardner, Ops N.Duncan, Transformation and Planning T.Avery
1.7	A Trust Flu Vaccination Strategy and plan will be submitted to the Department of Health by 19th September 2022.	Flu Steering Group	20/09/2022		Recorded in SMT Minutes	To be submitted after approval of SMT on the 20.09.22.
1.8	Identify lower uptake areas and ensure sufficient numbers of Peer Vaccinators to target these areas.	Bert McWilliams	20/09/2022		To be recorded in SMT Minutes	Weekly oversight of programme to support delivery team in lower uptake areas.
2.0	Flu Steering Group					
2.1	A Trust wide Flu Steering Group is in place including representation from: Human Resources, Communications, Peer Vaccinators, Pharmacy, Infection Prevention Control, IT & Informatics.	Dr Nigel Ruddell	20/09/2022		Weekly report to be prepared for SMT by Mr McWilliams for noting and to be submitted to Carol Mooney on Friday for Tuesday following meeting	To commence being submitted at end of week 3 of programme to ensure data is meaningful. Standing item on SMT agenda wef 4/10/22
2.2	Flu Steering group to meet from September 2022 and to coordinate and report on the Trust Flu Programme.	Flu Steering Group	20/09/2022			
3.0	NIAS Flu Lead 2022/23					
3.1	Designation of NIAS Flu Lead for 22/23 programme	Bert McWilliams	20/09/2022		Bert McWilliams, COVID services Lead requested by NIAS SMT to take on this role, same will be subject to review should COVID case numbers significantly increase	
4.0	Peer Vaccinators					
4.1	Senior NIAS staff, Area Managers and Station Officers etc to be requested to participate as Peer Vaccinators.	Dr Nigel Ruddell	20/09/2022			
4.2	Peer vaccinators, utilising lighter duties and overtime to be identified and released for programme duration from 16.09.22	Bert McWilliams	20/09/2022		Staff on alternate duties/ad hoc OT designated.	
4.3	Peer Vaccinators to have access to and trained in the Trust recording system.	Bert McWilliams	20/09/2022		Use of VMS/NIAS Access Database by named staff. Info gathered by Peer Vaccinators.	
4.4	Peer Vaccinators have the required PPE to undertake vaccinations.	Bert McWilliams	20/09/2022		Appropriate PPE available in all NIAS locations.	Adequate PPE in NIAS Flu Vehicles & mobile Flu Boxes. Additional PPE available in station.
4.5	Weekly updates monitoring performance on the number of vaccinations by peer vaccinator.	Bert McWilliams	20/09/2022		Weekly review of uptake data by Flu Lead in preparation for reporting to SMT.	

4.6	Recognition is provided to all Peer Vaccinators with Top (10) Vaccinators receiving special recognition awards.	Dr Nigel Ruddell	20/09/2022		SEMT to consider how/if this will be progressed internally.
<b>5.0 Accessible and Flexible Flu Vaccinations</b>					
5.1	A full list of Peer Vaccinators published on the staff intranet and within their respective Directorates.	Bert McWilliams	20/09/2022		
5.2	Arrange suitable venues for easy access drop in / roving clinics across all localities to maximise accessibility (Social Distancing and Covid safety measures to be in place).	Bert McWilliams	20/09/2022	Ambulance Stations/Dispatch Points/Eds	
5.3	Schedule for 24-hour mobile vaccinations to be agreed at Directorate/local level to ensure staff (day / night / part-time) have the opportunity to access either pre during or post shift patterns.	Bert McWilliams	20/09/2022		
5.4	Use outreach or mobile services (drive through / NIAS Ambulances) to offer flu vaccinations particularly in hard to reach areas and or staff.	Bert McWilliams	20/09/2022	3 x Flu vehicles available across divisions	
5.5	Identify and target areas that have had low uptake.	Bert McWilliams	20/09/2022	Uptake records from previous years examined	
5.6	Explore the option for off-site and out of hours access, for eg. by providing vouchers for flu vaccination at a community pharmacy.	Bert McWilliams	20/09/2022	Community Pharmacies offer walk in clinics	
<b>6.0 Communication Strategy and Plan</b>					
6.1	A communication strategy and plan is in place setting out the following elements	John McPoland/Bert McWilliams	20/09/2022	Preliminary discussions re use of social media platforms undertaken	
6.2	The branding	Bert McWilliams	20/09/2022	Use of NIAS Flu Bug on vehicles/correspondence/ merchandise	Merchandising complete for pens/stickers etc
6.3	Launch days for campaign	Bert McWilliams	20/09/2022	20.09.22	
6.4	Key messaging / myth busting;	John McPoland/Bert McWilliams	20/09/2022	Initial emails/WhatsApp to alert staff to upcoming campaign	
6.5	Channels of Communication, including social media, screensavers, intranet and internet, website, pod-casts staff brief, leaflets, pop ups, posters, lift wraps, etc.;	John McPoland/Bert McWilliams	20/09/2022		
6.6	Drop in clinics and mobile vaccination schedule published electronically, on social media and on paper;	John McPoland/Bert McWilliams	20/09/2022		
6.7	Weekly communications celebrating uptake, phases of campaign, building awareness, encouraging uptake, key personnel to be featured including Chief Executive, Directors, Peer Vaccinators, Staff Trade Unions;	John McPoland/Bert McWilliams	20/09/2022	Regional work on joint statement with TUs re: Flu Vaccination programme.	
6.80	Use of the power of Networks, Senior Leadership Groups, TJNCF, LNC, Executive Teams, Directorate Teams;	Dr Nigel , Bert McWilliams, Flu steering group	20/09/2022		
6.90	Clear accessible communication on where, how and when staff can access the flu vaccination;	John McPoland/Bert McWilliams	20/09/2022		
<b>7.0 Data for Reporting and Improvement</b>					
7.1	An effective recording and data base system is in place providing real time data on the number, locality, and staff group of Flu vaccinations undertaken.	Tracy Avery/ Bert McWilliams	20/09/2022	Vaccine Management System/NIAS Access Database	
7.2	Data collated and presented on a weekly basis to the Executive Team.	Bert McWilliams	20/09/2022		
7.3	Weekly updates / dashboard are publicised on intranet and staff briefs including the uptake by Directorate and Staff groupings.	John McPoland/Bert McWilliams	20/09/2022		
7.4	Data monitored on ongoing basis to ensure plans are agile and adjusted to target areas as required.	Bert McWilliams	20/09/2022		
7.5	Inter-Trust Co-Operation	Bert McWilliams	20/09/2022		
7.6	NIAS Peer Vaccinator to extend offer of vaccination to frontline staff of other Trusts	Peer Vaccinators	20/09/2022		Will be on adhoc basis, on request and dependent on capacity of Vaccinator at local level
7.7	NIAS Flu Lead to ensure collaboration with Flu Leads from other Trusts	Bert McWilliams	20/09/2022		



# TRUST BOARD

## PRESENTATION OF PAPER

<b>Date of Trust Board:</b>	11 October 2022
<b>Title of paper:</b>	NIAS Operational Improvement Plan 2022-23
<b>Brief summary:</b>	<p>This paper is presented to Trust Board for noting the operational improvement priorities for 2022-23. These priorities have been developed as part of the Trust's Service Improvement Steering Group that meets to develop and implement improvements across our service.</p> <p>The paper not only outlines the priorities for improvements but articulates the challenges and risks to the Trust in the coming months, along with providing some details on a few initiatives that are underway to support the elevation of anticipated pressures on staff and the service.</p>
<b>Recommendation:</b>	<p><b>For Approval</b> <input type="checkbox"/> <b>For Noting</b> <input checked="" type="checkbox"/></p>
<b>Previous forum:</b>	<i>n/a</i>
<b>Prepared and presented by:</b>	<p>Neil Walker, Assistant Director, Planning, Performance &amp; Corporate Services</p> <p>Maxine Paterson, Director, Planning, Performance &amp; Corporate Services</p>
<b>Date:</b>	4 October 2022





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## NIAS Operational Improvement Plan 2022-23

### Introduction

This paper outlines the Trust's service improvement and operational priorities to minimise the impact of winter pressures upon the service.

Due to the increasing pressures within the health system, now more than ever, it is imperative that planning for increased pressure during the upcoming winter period is carried out early and extensively. The winter of 2021-22 was particularly difficult and all evidence would suggest that the winter of 2022-23 will prove equally, if not more pressurised, for our service.

As we emerge from the COVID-19 pandemic, we are still facing the impact that it has had upon our services. We continue to see staff affected by the virus and therefore remain abstracted for a period from duty, along with the impact it continues to have within hospitals and our ability to handover patients within Emergency Departments throughout the region.

Therefore, it is prudent that, as a service, we explore innovative ways to increase our service capacity, maximise our ability to plan for periods of extreme pressure and utilise our resources to best meet the needs of our patients. Thus as a Trust, we have an operational improvement programme running, identifying a list of key priorities that are endeavouring to deliver prior to the winter of 2022-23.



## Challenges

The COVID-19 pandemic has left the health and social care system facing a number of unique challenges, resulting in the system confronting unprecedented pressures, which are reciprocated within our Trust.

The key purpose of our Operational Improvement Plan is to work together to reduce the impact on life preserving services by protecting the following key functions, which will remain the focus of the organisation during the period of sustained pressure and potentially into the delivery of emergency or business continuity.

- Emergency call handling
- Prioritising emergency calls
- Emergency vehicle dispatch
- Emergency vehicle availability (incl. fleet and resourcing)
- Protection of EAC and adequate staffing in both EAC and front line emergency vehicles is paramount
- Staffing in our Resource Management Centre is essential.

In keeping with the Department of Health and HSC best practice, NIAS aims to gather as much intelligence as possible to ensure that planning assumptions remain measured and focused. Some of the key challenges in implementing our surge plans include:

- Intelligence is provided by our Informatics Department in order to **forecast call volume** and the potential impact of 'calming measures'.
- Whilst demand remains unpredictable, we will focus on our **ability and capacity to respond** based on the staff we have available and the other available resources such as Voluntary and Private Ambulance capacity.



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- The increased **ambulance turnaround times** at Emergency Departments is depleting response capacity by over 25% each day and is having a significant impact on the response times.
- Service delivery pressures arising as a consequence of normal winter ailments including **seasonal flu** prevalence have been alleviated through the flu vaccination programme.
- Continuing to maintain effective Covid-19 social distancing in line with updated **Infection Prevention and Control** advice and guidance, e.g. to safely manage contingency spaces for Emergency Ambulance Control.
- Assessing workforce pressures including the ability to **safely and appropriately staff our key services** taking into consideration the impact of outbreaks within the communities.
- We must also continue to ensure our staff are rested, feel supported and valued, along with ensuring the workforce resources required for **Covid-19 specific services** to maintain patient and staff safety in respect of spread of infection.
- Social distancing requirements present challenges particularly for our Patient Care Service and includes **a reduction in carrying capacity** and productivity, which increased reliance on Voluntary and Private Ambulance services.
- We continue, where appropriate, enhanced Vehicle and Station **cleaning** within all Divisions.
- We are mindful of our commitment to **engagement and partnership working** as we implement our winter plans supporting emergency decisions that may need to be taken rapidly in event of a significant pressure.
- Providing **continued support to staff** including those who may be clinically vulnerable and people at risk of harm. Providing Peer Support and other support services will continue to be important.
- NIAS has highlighted **costs incurred** in response to the pressures across our workforce, accommodation and service developments. Depending on the scale of the disruption, we will continue to assess the need to seek additional funding.





## NIAS Operational Improvement Plan Priorities 2022.23

The winter plan priorities have been identified through the Service Improvement Steering Group within the Trust. This group has met on a regular basis since June 22, to not only progress improvement initiatives but also identify the areas that can provide additional capacity, better management of demand and improved planning capability, to allow staff to proactively manage pressure as opposed to being reactive.

It is recognised that the work outlined below in the table is additional to the business as usual priorities faced by our staff on a daily basis. Therefore it is essential that we prioritise the initiatives taken forward in conjunction with the work ongoing across the organisation to maximise the benefits being sought as we approach winter. The Service Improvement Steering Group provides a forum within the organisation where improvement priorities and ongoing business can be discussed and ranked in order to deliver the necessary benefits for the organisation.

As a result of this work, the table below has been developed to outline all the initiatives and workstreams being taken forward to enhance our service response, along with the priority that we are going to progress each initiative before the winter of 2022-23.

Theme	Initiative / Actions	Priority	Operational Impact	Status
Capacity	Automation of Admin Processes (Timesheets)	1	Release time back for operational duties	In Progress
Capacity	Deploy Alternative shift Patterns	1	Abstraction, Cover levels and staff wellbeing	In Progress
Capacity	Hospital Handover process & Digital Handshake	2	Improved Hospital handover delays	In Progress
Capacity	Review Category 1 release policy	2	Improved Cat 1 response Times	In Progress
Capacity	Review Regional Escalation Policy	2	Improved Hospital handover delays	In Progress
Capacity	Crew Relief team Stabilisation	2	Late finishes and Staff wellbeing	In Progress



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Capacity	RRV Utilisation West Initiative	1	Improved Response Times to lower acuity patients	In Progress
Capacity	VCS Task and Finish Group	2	Improved VCS Cover	In Progress
Capacity	CSD Development and utilisation	2	Improved Cover & Improved Hear and Treat	In Progress
Capacity	Deployment of Derogation list throughout Trust	2	Reduced Late Finishes and Improved Staff Wellbeing	In Progress
Capacity	Review of Supervisor roles within Division	3	Improved Cover	To be Commenced
Capacity	HALO Expansion	2	Improve Hospital Handover	To be Commenced
Capacity	Advanced Ordering of IAS A&E Support Services	2	Improve Cover and Response times	In Progress
Communications	Alerting and Tasking Technology Radios & MDTs	2	Improve communications between EAC and Crews	To be Commenced
Demand	Duplicate Call management	3	Improved Call Answering times	To be Commenced
Demand	Clinical Navigator	2	Improved Demand management within EAC	In Progress
Demand	Implementing Text technology to keep patients informed on call progress	2	Improve demand management into EAC and patient communication	To be Commenced
Planning	Review and enhance the clinical safety plan to encompass the entire organisation	2	Improvement in communication and understanding of pressure in the organisation	In Progress
Planning	Overtime, Comp Rest & Lost hrs start of shift	2	Improvement in Cover	To be Commenced



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Planning	Automation of CSP, REAP and Huddle Reporting	2	Release operational Capacity from manual tasks	In Progress
Planning	Redevelopment of the daily Shift Cover matrix	1	Improvement in our ability to cover shifts	In Progress
Planning	Sickness / Staff availability reporting	1	Improve understanding and awareness of staff available	To be Commenced
Planning	Policy Developments <ul style="list-style-type: none"> <li>- Rest Periods</li> <li>- Cancellation of OT</li> <li>- End of Shift Deployment</li> <li>- Management of relief</li> <li>- Overtime Policy</li> </ul>	3	Improve our operational resilience through updated, clear management policy	To be Commenced
Planning	Senior On Call / Out of Hours <ul style="list-style-type: none"> <li>- Capacity</li> <li>- Expectations and responsibilities</li> </ul>	2	Improve operational Resilience in out of hours settings	To be Commenced
Planning	NIAS Structure Review	4	Develop operational delivery structures that support the service delivery model	To be Commenced

#### **Priority Key**

- 1 – immediate within 2 weeks
- 2 – Short term within 8 weeks
- 3 – Medium term within 12 weeks
- 4 – Long term over 12 weeks





## Risks

The key risks to achieving some of the priorities outlined above will be the cost pressures associated with some of the developments along with the organisational workforce capacity to progress at the pace required to deliver key initiatives. Some of the initiatives to increase our capacity to respond to patients will require initial investment to achieve the outcomes sought and, until funding is found, they will remain a cost pressure within the trust. The Trust will make a bid for funding to support these developments through the usual routes within the Department.

## Appendix 1 – Key Priorities undertaken to date.

Below is a brief update on some of the priority 1 workstreams that have been identified to support additional capacity within the service through the winter. A more detailed paper will be presented to SMT before the end of August 2022.

### Roll out of the Derogation list:

It has been agreed, that there is no clinical reason that the call response derogation list within the Trust cannot be rolled out to both day shift and night shift change over.

It is widely recognised, that the utilisation of the derogation list within the Trust deviates from the Clinical Response Model and therefore carries risk for the Trust holding some category 2 calls. Therefore, it is imperative that, from a Trust perspective, we do as much as we can to mitigate the risk associated with this rollout. Two significant ways for the Trust to mitigate these risks are to utilise alternative shift patterns to provide more cover at shift change over time and stabilise the Crew Relief Team supervision and management.

### Alternative Shift Patterns:

We have now received proposals for alternative shifts from three Divisions, Northern, Belfast and South Eastern. The proposals are based upon the ORH roster keys to extend cover within stations to better meet demand within the Divisions into the evenings. These proposals add additional hours into stations and will require investment but the benefits that we expect to see are that



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compensatory rest, overtime and sickness as a result of introduction will decrease compared to last year but we should see an improvement within the staff health and wellbeing. In conjunction with HR, we have carried out a focus group with staff members to capture the health and wellbeing themes and we will carry out several focus groups throughout the trial to understand improvements.

These alternative shift patterns are being implemented in Carrickfergus, The Bridge, Purdysburn, Newtownards and Ballynahinch. The additional cover being implemented within these stations are predominantly bridging shifts to increase the capacity at times of normal shift changeover, along with addressing staff concerns around the standard 12 hour shifts with 2 dayshifts and 2 nightshifts. The benefit that we expect to see from having resources available during day shift and night shift cross over is that late finishes should diminish as a result but capacity is still available within the system to respond to calls on the stack.

These shifts will be introduced on a trial basis within the Divisions over the winter period to gather the evidence that a longer term introduction of such alternative shift patterns will have a positive impact on not only overtime carried out, compensatory rest, sickness experienced and late finishes but also staff health and wellbeing.

#### Crew Relief team Stabilisation:

The Crew Relief Team introduced within the Trust has been carried out using staff who are on light duties. This team have been in operation within the Trust for the past six months and we have received some very positive feedback from our operational crews on being able to get home on time.

The immediate challenge with the team is that it is being managed across the Belfast and South East Divisions on top of current activities and pressures and it is proving extremely difficult to generate a consistent and concise plan for the team to execute. This proposal is to advertise an expression of interest for two CRT HALOs who will take ownership of the CRT team and the plans and responsibilities of the team to provide a consistent approach.

Again, this would be on a trial basis for six months through the winter. The objective is to provide the Trust with the data as to whether such an approach will have a positive impact on the number of late finishes and the additional hours being experienced by the operational crews. It is envisaged that the introduction of these CRT HALOs will allow a road map, along with defining roles and responsibilities for the CRT within the Trust.





Northern Ireland Ambulance Service  
Health and Social Care Trust



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### Utilisation of our Data:

As you can see from the list of priorities and initiatives, there are several that utilise the data we have to either release capacity or improve planning. The Trust has extensive data sources and there has been a programme of work carried out over the past few months accessing and understanding these datasets.

The Informatics Department has undergone significant transformation in the past two years, moving from an information service to that of an advanced analytics and engineering service. Year one has focussed on re-engineering our data architecture, while in parallel developing the skills and capabilities required to support a data driven organisation. Year two has focussed on the development of a "*Self-service Business Insights Reporting Tool*" along with stakeholders across the organisation.

As we continue to develop data maturity and literacy across our Directorates, colleagues from across the organisation are identifying areas of improvement, for example the automation of administrative processes within the operational function. This work is starting with automating the timesheet process. This process, in a best case scenario, based on a small station, can cumulatively take 1,920 hours out of operational delivery hours per year, which equates to one WTE or a financial benefit of £63,000. There is also a parallel workstream looking at utilising data to improve the reporting on how we plan our cover and understand where our resources are within the Operations Directorate.





## TRUST BOARD

### PRESENTATION OF PAPER

<b>Date of Trust Board:</b>	11 October 2022
<b>Title of paper:</b>	Regional Electronic Ambulance Communications Hub (REACH) Update
<b>Brief summary:</b>	Members received an update on the REACH project at the August Trust Board where it was agreed that a further update would be provided in October.
<b>Recommendation:</b>	<div> <b>For Approval</b> <input type="checkbox"/> <b>For Noting</b> <input checked="" type="checkbox"/> </div>
<b>Previous forum:</b>	SMT – 4 October 2022
<b>Prepared and presented by:</b>	Andoni Arandia, Asst Director, Planning, Performance & Corporate Services Maxine Paterson, Director, Planning, Performance & Corporate Services
<b>Date:</b>	4 October 2022



# REACH Update

Trust Board Meeting

11 October 2022



# BACKGROUND

- The project continues to be deployed as per the plan
  - 997 tablets have been rolled out to staff
  - Staff have been trained on REACH
  - The engagement with Trusts has been successful, with seven out of 12 EDs rolled out
  - High level of collaboration between team, our staff and partners
- We expect to have it rolled out by February 2023, as per the plan
- Listening to our staff is helping us shape the deliverables
  - We have listened to staff concerns, taken action and continue to do so
  - When used, REACH delivers its aims towards benefit realisation
- REACH is a key dependency for a range of other projects and programs across the organisation, and it is acknowledge the importance of the successful delivery and benefit realisation associated





# CHALLENGES

The key challenge being faced is the low uptake of the REACH solution among our staff, currently at 5%-10%

- Uptake of the solution is key for the realisation of the benefits in the business case, and for that purpose:
  - A total of 997 devices have been issued to staff
  - Training has been delivered to all staff about how and when to use the tablets
- The hardware is driving the low uptake levels
  - Hardware issues have been reported at project deployment level, via staff feedback and through trade union engagement
  - Battery life is one main factor, where the average device currently lasts around 5-6 hours, insufficient for a full shift
  - Performance has been the second factor (e.g. overheating, power-up issues, crashing, slow / lagging)
- Hybrid working practices: different solutions for different pathways
  - When hardware issues are overcome, the second challenge that is emerging is that REACH is not usable on all patient care pathways
  - During the deployment, EDs have progressively transitioned to REACH, meaning our staff needed to make a decision on whether to use the REACH tablets or manual PRF based on their destination
  - Once REACH is fully deployed, this is expected to become a less important factor, as REACH will be used for all ED conveyances



# BENEFIT REALISATION – An evolving landscape

- The challenges discussed will need to be addressed in order to realise the benefits of the project
- The HSC landscape has significantly evolved, and is expected to continue to do so
  - When the business case was written in 2018/19, 75% of our calls resulted in ED conveyances
  - Due to unprecedented pressures, and to optimise the clinical outcomes of our patients and increase operational performance, alternative patient care pathways are being refreshed and relaunched, which will further reduce the proportion of ED conveyances
  - UK-wide, ambulance services report ED conveyances of 32% to 60%
- REACH impact will be reduced, unless we can broaden the scope
  - As REACH was designed for ED conveyances, the reducing proportion of ED conveyances mean that the new processes will apply to a smaller proportion of NIAS calls, therefore hindering the benefits to be realised
  - We need to explore how we can expand the scope of REACH to increase its usability to alternative care pathways
  - A single solution for all calls we attend, will help deliver not only the benefits associated with a 75% usability, at risk of reducing further, but further increase it
  - A larger scope of REACH will also aid its uptake, as our staff will have a single and consistent way to record clinical data
- Some benefits are already being delivered
  - The project has 11 benefits identified, including improved communication and provision of infrastructure, which are already being delivered



# NEXT STEPS

- We are actively addressing the challenges and the benefits realisation concerns described. The below are different solutions we are assessing. We will conduct a risk assessment and benefit realisation impact for each of them.

Challenge / Concern	Actions Completed	Next Actions
<b>Tablet performance</b>	<ul style="list-style-type: none"> <li>All devices recalled, reimaged and redeployed. Impact on performance and battery life has been noticed, but is still insufficient for a full shift</li> <li>With the approved funding, 103 devices have been procured</li> </ul>	<ul style="list-style-type: none"> <li>A pilot is taking place over the next 1-2 weeks for new in-cab devices</li> <li>The pilot will determine if these devices operate as per their specification</li> <li>If successful, uptake of REACH would then be pushed for all ED conveyances</li> </ul>
<b>Full ED deployment</b>	<ul style="list-style-type: none"> <li>REACH is now fully deployed in seven out of 12 EDs</li> </ul>	<ul style="list-style-type: none"> <li>Deployment will continue in line with the project plan with all EDs to be rolled out by January 2023</li> </ul>
<b>Benefits realisation scope (Non ED conveyances)</b>	<ul style="list-style-type: none"> <li>Overview of all existing alternative care pathways completed</li> </ul>	<ul style="list-style-type: none"> <li>Options paper will be created within 1-2 weeks, together with hardware pilot outcomes, with potential solutions to roll REACH out to further care pathways</li> </ul>
<b>Low uptake levels</b>	<ul style="list-style-type: none"> <li>Continued push, engagement with staff across the organisation</li> </ul>	<ul style="list-style-type: none"> <li>The above actions will aim to deliver:                             <ul style="list-style-type: none"> <li>Tablets without performance issues</li> <li>A single-solution that can be (and must be) used at all calls, regardless of destination</li> </ul> </li> </ul>

- We are confident that by addressing those challenges we can empower our staff with one effective solution that works every time.



## PRESENTATION OF PAPER

<b>Date of Trust Board:</b>	11 October 2022
<b>Title of paper:</b>	Performance Report – September 2022
<b>Brief summary:</b>	<p>This paper is presented to Trust Board for noting the key performance indicators for the Trust.</p> <p>The information contained in this paper applies to data, where applicable, up to and including 31 August 2022.</p>
<b>Recommendation:</b>	<div> <div>For Approval <input type="checkbox"/></div> <div>For Noting <input checked="" type="checkbox"/></div> </div>
<b>Previous forum:</b>	<i>n/a</i>
<b>Prepared and presented by:</b>	<p>Neil Walker, Assistant Director, Planning, Performance &amp; Corporate Services</p> <p>Maxine Paterson, Director, Planning, Performance &amp; Corporate Services</p>
<b>Date:</b>	4 October 2022



# TRUST PERFORMANCE REPORT

NORTHERN IRELAND AMBULANCE SERVICE

September 2022



## NIAS Changes To Operational Actions To Support Pressures

### Resource Escalation Action Plan (REAP)

- Following 12 weeks of the Trust being in REAP 4 Extreme Pressure, Monday 19<sup>th</sup> September saw the Trust revert to REAP 3 Major Pressure.

### Clinical Safety Plan (CSP)

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



## Current Pressures – Volume of 999 Calls Answered



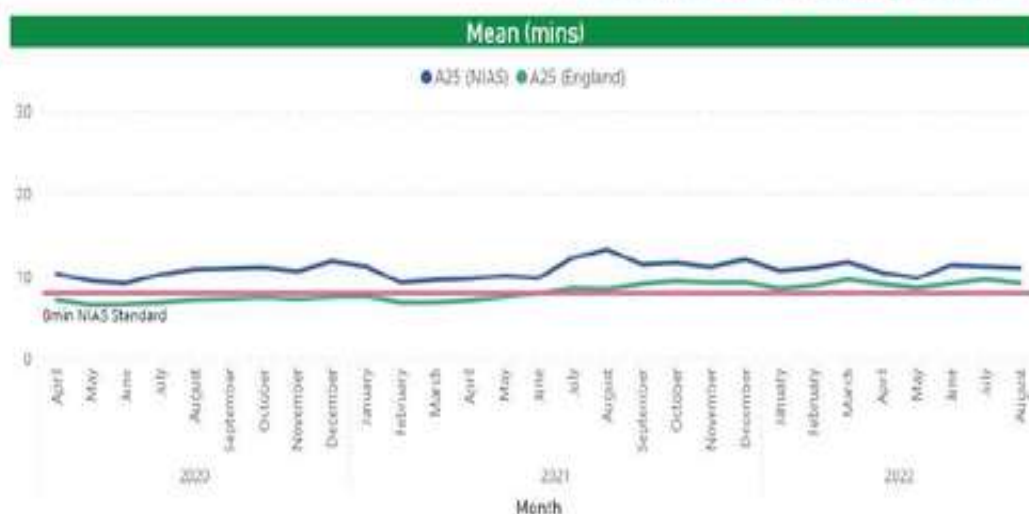
- **August 22** has seen a 10% decrease in demand compared to August 21. YTD demand is down 1% from financial year 2021-22 to financial year 2022-23. However, in the same time period YTD **incidents** have **decreased** by 8.5% from financial year 2021-22 to financial year 2022-23.
- The **Demand Profile** being experienced by **NIAS** remains **tightly aligned** to that being experienced across the Trusts in **England**.
- Call answer performance remains below the **90%** target for the second consecutive month. **August 2022** saw call answer performance achieve **87.7%**.
- **August 2022** has seen a reduction in the number of BT connection delays at 2min, with **301 calls** experiencing delays. This is a 44% decrease from July 2022.



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

- Category 1 Mean and 90<sup>th</sup> 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 90<sup>th</sup> percentile remains a challenge for NIAS as it does for Trusts in England.

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



Mean Category 1	National	NIAS
August 21 (mins)	08:28	13:12
August 22 (mins)	09:08	10:58
21/22 Change (+/-)	+00:49 mm:ss	-03:14 mm:ss
Deviation from Target (August 22)		+02:58 mm:ss

- Category 1 Mean response time has decreased by 3 mins 14secs from May 21
- Our deviation from target however persists at 2mins 58secs for August 22

90 <sup>th</sup> Centile Category 1	National	NIAS
August 21 (mins)	15:07	23:34
August 22 (mins)	16:20	22:10
21/22 Change (+/-)	+01:13 mm:ss	-01:24 mm:ss
Deviation from Target (August 22)		+07:10 mm:ss

- Category 1 90<sup>th</sup> Centile response time has decreased by 1min 24 secs from August 21
- Our deviation from target however persists at over 7mins for August 22

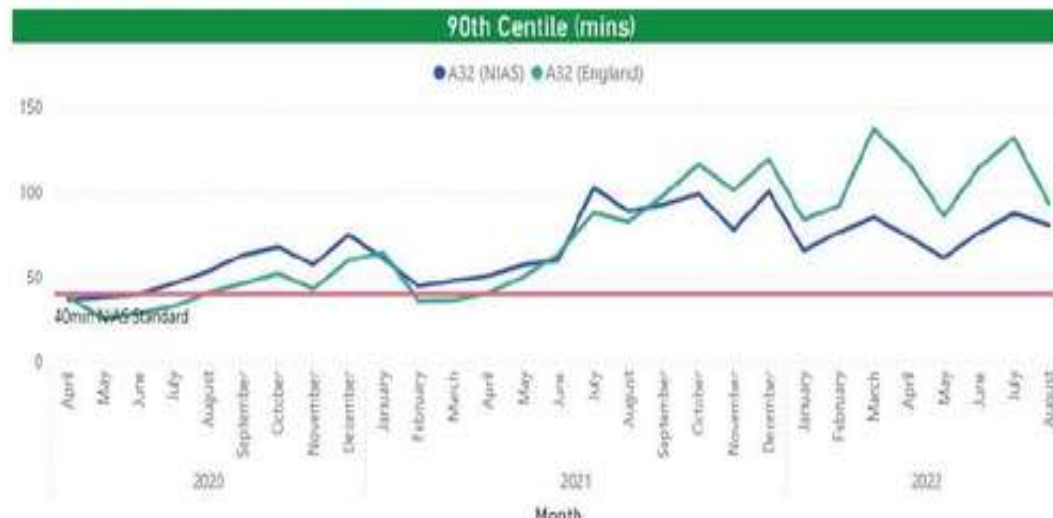
\* Note clock starts for NIAS Cat 1 and England Cat 1 target calls are different



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

- Category 2 Mean and 90<sup>th</sup> percentile have seen a similar increase across the English Trusts to what has been experienced within NIAS.
- NIAS performance has continued to improve since July 21, however it continues to be a significant challenge to achieve either Mean or 90<sup>th</sup> Centile targets.

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



Mean Category 2	National	NIAS
August 21 (mins)	38:39	40:16
August 22 (mins)	42:44	36:40
21/22 Change (+/-)	+04:05 mm:ss	-03:35 mm:ss
Deviation from Target (August 22)		+18:40 mm:ss

- Category 2 Mean Response time has decreased by 3mins 35 secs from August 21 – England has increased.
- Our deviation from target was significant at over 18:40 mins for August 22

90 <sup>th</sup> Centile Category 2	National	NIAS
August 21 (mins)	01:22:44	01:28:36
August 22 (mins)	01:33:20	01:20:31
21/22 Change (+/-)	+10:36 mm:ss	-08:05 mm:ss
Deviation from Target (August 22)		+40:31 mm:ss

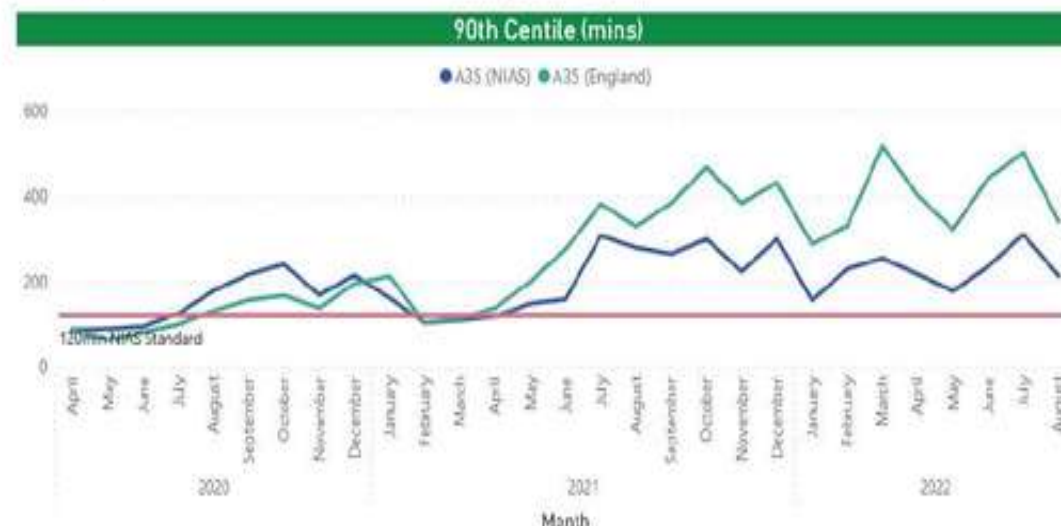
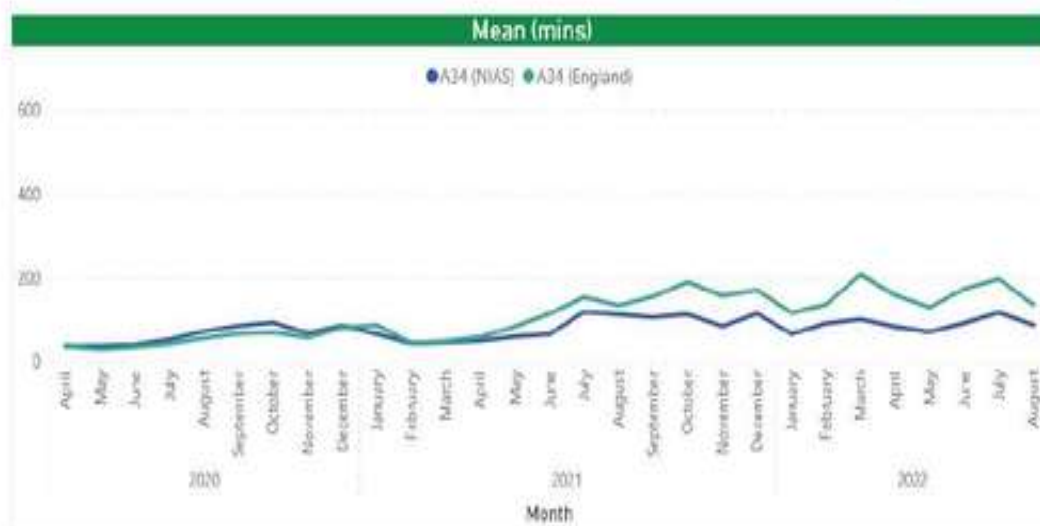
- Category 2 90<sup>th</sup> Centile response time has decreased by 8mins from August 21.
- Our deviation from target was significant at over 40mins for August 22



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

- Category 3 Mean and 90<sup>th</sup> percentiles within NIAS have very similar profiles to the English Trusts.
- The 90<sup>th</sup> Percentile target continues to be a challenge for NIAS and the English Trusts

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



Mean Category 3	National	NIAS
August 21 (mins)	02:14:26	01:58:48
August 22 (mins)	02:16:23	01:57:05
21/22 Change (+/-)	+43:12 mm:ss	-01:04 mm:ss
Deviation from Target (August 22)		

- Category 3 Mean response time has decreased by 1 min from August 21
- This is a significantly better position than the English Trusts that are experiencing mean performance for August 22 over 2hrs

90 <sup>th</sup> Centile Category 3	National	NIAS
August 21 (mins)	05:28:37	04:39:12
August 22 (mins)	05:41:13	03:33:13
21/22 Change (+/-)	+12:36 mm:ss	-01:05:59 hh:mm:ss
Deviation from Target (August 22)		+01:33:13 hh:mm:ss

- Category 3 90<sup>th</sup> Centile response time has decreased over 1hr from August 21
- Our deviation from target is over 1.5hrs for August 22
- NIAS performance for 90<sup>th</sup> Centile is significantly less than those being experienced in Trusts in England by over 2hrs



## Current Pressures – Handover Times Acute Hospitals

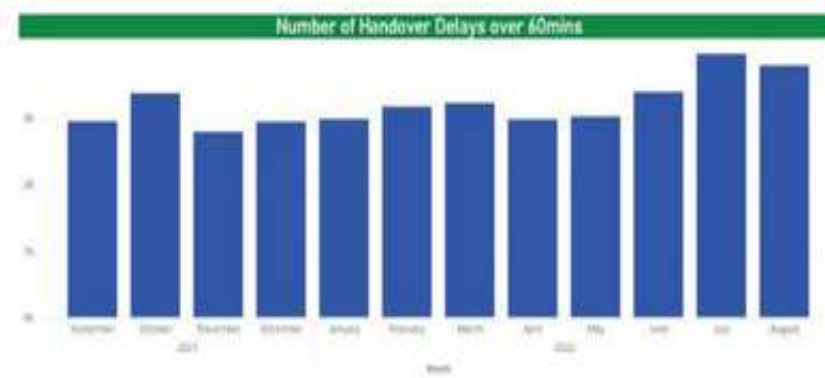
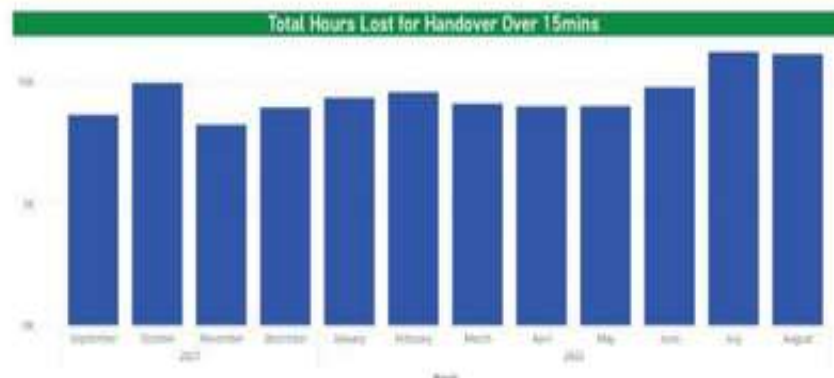
### HANDOVER TIMES

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

In August 2022, NIAS experienced a total of 11,146 lost hours, this is the equivalent of 30 shifts per day, with crews waiting with patients outside EDs, 27% of our planned capacity. These lost hours were experienced from 10,360 instances where our crews waited longer than 15mins to handover their patient at ED. 3,799 of these instances were over 60mins in length.

In August 2022, 71% of the 11,146 lost hours occurred at the 4 ED sites listed below in order of volume of hours lost:

- Ulster Hospital
- Royal Victoria
- Antrim Area Hospital
- Craigavon Hospital



**Number of Handover Delays over 15mins**

Hospital Attended	Total Attendances	Total Handovers	Total Handovers Over 15mins	% Over 15mins	Total Time Lost (Hours)
ALTHAMSELVIN HOSPITAL	15247	15247	12852	84.29%	8,608.35
ANTRIM AREA HOSPITAL	21465	21465	19638	91.49%	18,037.41
CAUSEWAY HOSPITAL	7967	7967	8907	86.70%	8,101.08
CRAIGAVON AREA HOSPITAL	17880	17880	16406	91.75%	17,167.05
DAISYHILL NEWRY	7500	7500	6913	92.17%	6,148.88
MATER INFIRMORUM	7983	7983	7107	89.03%	5,430.50
R/BELF FOR SICK CHILDREN	2031	2031	1242	61.15%	718.58
ROYAL VICTORIA	27754	27754	24885	89.58%	23,789.08
SOUTH WEST ACUTE HOSPITAL	8595	8595	6555	77.43%	3,829.02
ULSTER HOSPITAL	19089	19089	17733	92.90%	22,049.47
<b>Total</b>	<b>135509</b>	<b>135508</b>	<b>120315</b>	<b>88.79%</b>	<b>113,979.20</b>

**Number of Handover Delays over 60mins**

Hospital Attended	Total Attendances	Total Handovers	Total Handovers Over 60mins	% Over 60mins	Total Time Lost (Hours)
ALTHAMSELVIN HOSPITAL	15246	15246	2134	14.00%	3,875.06
ANTRIM AREA HOSPITAL	21432	21432	5888	27.52%	8,992.51
CAUSEWAY HOSPITAL	8065	8065	2871	35.60%	4,446.75
CRAIGAVON AREA HOSPITAL	17971	17971	5459	30.38%	9,324.23
DAISYHILL NEWRY	7501	7501	1904	25.38%	3,779.52
MATER INFIRMORUM	8042	8042	1842	22.90%	2,307.05
R/BELF FOR SICK CHILDREN	2058	2058	87	4.23%	404.80
ROYAL VICTORIA	27919	27919	8453	30.28%	11,094.08
SOUTH WEST ACUTE HOSPITAL	8601	8601	1015	11.92%	1,564.81
ULSTER HOSPITAL	19074	19074	6815	35.73%	12,426.56
<b>Total</b>	<b>135990</b>	<b>135990</b>	<b>37498</b>	<b>27.57%</b>	<b>56,735.21</b>

In the last 12 months (September 2021 – August 22), 89% of the handovers exceeded the 15min target at our acute EDs, resulting in circa 114k hours lost. The lost hours experienced in August 2022 is a 0.7% decrease from July 22, whilst the number of instances of delay handovers increased by 0.2% in the same period.

The 11,146 operational hours being lost (eq. to 929 12-hours shifts per month or 30 12h shifts per day). The number of handover delays in excess of 60mins has decreased in August 22 from a peak in July 22 with 3,799 occurrences during the 31 days of August resulting in 123, 60 minute delays per day during the month.





## Actions Taken To Address Current Pressures & Support Staff

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

- Work is ongoing to safely deploy the derogation list for Category 2 calls across both day and night shifts. The derogation list are group of Category 2 calls that have been identified, from a clinical perspective, as being able to be held for a length of time to prioritise crews being released at the end of shift.
- Additional HALOs supported across 3 of the larger EDs with improved hours of operation & covering of rota gaps provided by Station Officers/Supervisors;
- Additional staff welfare support at EDs with ongoing provision of staff refreshments at Welfare points at EDs;
- Improved utilisation of our data to provide enhanced planning tools across operations and to remove admin processes that take away operational hours for our station officers;
- Continued discussion between HSCB/NIAS colleagues to progress with dedicated ambulance handover areas and discussions regarding alternatives to ED conveyance (including direct access to Urgent Care Centres/Phone First etc);
- A renewed focus on Patient Care Pathways to maximise opportunities, signpost patients appropriately, and contribute to reducing conveyance rates;
- 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;
- 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;
- The Operations Improvement Steering Group continue to drive forward key initiatives outlined above across operations and other Directorates.



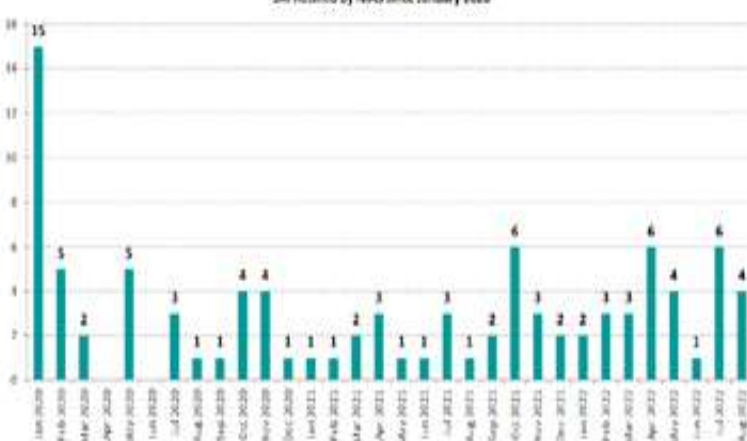


## Service User Feedback & Serious Adverse Incidents

### Serious Adverse Incidents

During August 2022, the Trust notified 2 SAIs. Currently we have 25 open SAIs - of which one is a Level 3 SAI, three are Level 2 and remainder are Level 1.

SAI notified by NIAS since January 2020



\*\* Data includes the notification of workplace accidents

### Themes

The 3 key National Ambulance Risk and Safety Forum themes in Q2 22 are:

- Delays in call answering and dispatch
- Clinical Assessment and or treatment on scene
- Call handling and dispatch incidents

### Shared Learning

Learning from SAIs shared in Q2 22 includes:

- Recognition of Ineffective Breathing for EAC staff;
- Curtain Airbags and obstructed view;
- Learning from previous SAI's was also included in the recent issue of Vital Signs which was disseminated to all staff.

### Family Engagement &

#### Supporting staff involved with SAIs.

When NIAS staff are involved in and leading on Serious Adverse Incidents they can find this a very stressful experience. The SAI team recently submitted and had approved a proposal to enhance the SAI process for all staff concerned, with the emphasis on consistent support in conjunction with the *just culture* guide.

The pilot involves up to 12 operational staff who will undertake additional training and receive additional support in order to provide a standardized and consistent approach within the SAI process.

**Update** - Training has been finalised for October 2022 which will accommodate 25 staff and an EOI will go out to staff in the near future.

### Complaints, Compliments & Care Opinion

During August 2022, **23 complaints** were reported to the Trust. A **decrease of 32%** on the same timeframe as the previous year.

### Themes

The 3 key themes in Q2 22 remain consistent as:

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

### Closed complaints

47 complaints were closed in August 2022, an **increase of 194%** on the same timeframe as the previous year. This is as a result of a new pilot being run by the complaints team to locally resolve staff attitude complaints early, when assurances are

given that the complainants feedback will be provided to the staff member and any learning identified addressed. Staff trends continue to be monitored and the outstanding actions for these types of complaints.

### Learning

Of the 47 complaints closed, 14 complaints resulted in the requirement for reflection exercises or additional support around communicating with patients and their families, driving standards, PRF completion, the use of carry chairs and securing wheelchairs.

### Compliments

During August 2022, the Trust recorded **33 compliments** outlining the compassionate care high standards of clinical care received. An **increase of 106%** on the same timeframe as the previous year.

### Care Opinion

During August 2022, **22 stories** were submitted. On 4 occasions, the authors provided additional information which allowed feedback to be passed to staff. The main areas of feedback were: What's good – cleanliness, paramedics, facilities, nurses; Improvements – ambulance wait, A&E conditions & waiting times; Feelings – comfortable, reassured, well looked after, thankful, appreciation.

### 10K More Voices

Launched 9<sup>th</sup> June seeking experiences from those who have engaged with NIAS as part of an urgent or emergency presentation. As of 8<sup>th</sup> of September, 85 completed survey have been returned of which 7 were strongly negative (re response times).



## Current Pressures - Staffing

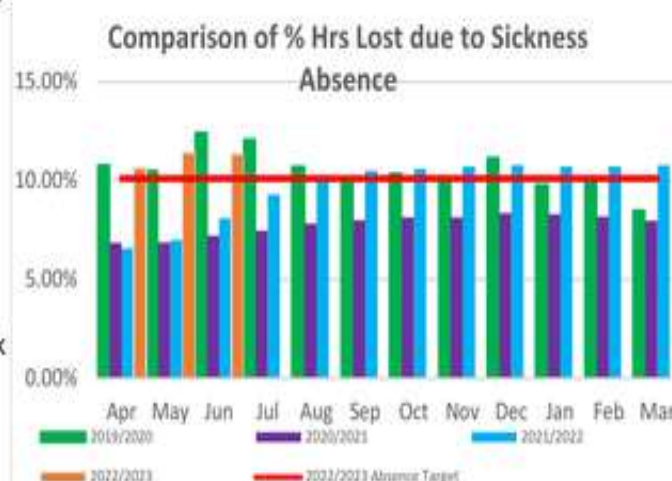
### STAFF ABSTRACTIONS

Figures demonstrate that monthly sickness absence levels for April – June 2022 are higher than figures reported in the same period 2021/2022 with figures for April 22 reported at 10.59% (-v- 6.56% in April 21), May 22 at 10.67% (-v- 7.41% in May 21) and June 22 at 11.34% (-v- 10.34% in June 21). Figures demonstrate therefore that the cumulative sickness absence figure of 10.87% for Qtr 1 (Apr–Jun 22) represents an increase on the 8.09% cumulative figure reported for Qtr 1 (Apr–Jun 21).

Despite improved absence management and health & wellbeing initiatives being in place to support staff to return to work, ongoing extreme pressures continue 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 which 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.

2022/23 Monthly Sickness Absence including Comparators to Previous Reporting Year (2022/23)												
MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
ABSENCE TARGET (2022/23)	10.12% (Pending DOH confirmation- this is a 5% improvement on 2022 position)											
Monthly % hrs lost (21/22)	6.56%	7.41%	10.34%	12.76%	13.19%	12.48%	11.28%	11.39%	11.45%	9.86%	10.66%	11.71%
Cumulative % hrs lost (21/22)	6.56%	6.97%	8.09%	9.28%	10.08%	10.48%	10.59%	10.70%	10.78%	10.69%	10.69%	10.77%
Cumulative % hrs lost (22/23)	10.59%	10.63%	10.87%									
Monthly % hrs lost (22/23)	10.59%	10.67%	11.34%									
Monthly % hrs lost (S/T)	2.36%	1.98%	2.00%									
Monthly % hrs lost (L/T)	8.22%	8.68%	9.34%									
Monthly % hrs lost COVID 19 (Sickness and self-isolation)	4.31%											
Av. days lost (7.5 hrs) per Employee per Mth	2.18	2.08	2.45									
Av. Estimated costs (£'000)	636	644	673									
Cumulative % Hrs Lost 2022/2023:	10.77%											





## Clinical Performance

### PROGRESS

- Clinical action plan has been developed to provide a tangible plan to base the clinical aspirations of the next four years.
- The recruitment of the new Education leadership team is in progress and will be completed w/c 12/09/22. This will provide essential resource to develop and reshape how NIAS delivers all aspects of clinical education. These posts have facilitated the appointment of x2 Consultant Paramedics in NIAS and supports the further delivery of the paramedic career framework in NI.
- The Advanced Paramedics (Critical Care) have all started in post as HEMS. They begin their post graduate education programme September 2022. We have managed to recruit two Advanced Paramedics in Critical Care who are already qualified. This will allow for the development of the scope of independent practice in NIAS to be realised much earlier than anticipated in the programme. Delivery for this stage is anticipated for Early 2023.
- The NIAS Research and Development (R+D) programme has developed with scale and pace, following the appointment of a R+D manager in February 2022. Highlights: R+D oversight group develop and 1<sup>st</sup> meeting held, R+D draft strategy developed, involvement in 25 internal and external projects ongoing.
- As a sub group of the Clinical Data Group, we have established a development group. This group has develop a suite of dashboards to investigate and understand practice relating to hear and treat (clinician lead telephone triage) and see and treat (clinician lead face to face assessment). This will allow for the basis of improvement projects to review and enhance practice to ensure patients are referred to the safest and most appropriate pathway.
- A review of cardiac arrest management has been undertaken with the development of a 10 point strategy to improve outcomes. We have made formal links with the Scottish Ambulance Service who are going to support us to develop our resuscitation education content and resuscitation faculty. Audit for cardiac arrest outcome is key and we have a step wise approach and plan as to how we ensure our audit is as effective as possible.
- AACE is commencing a review of Emergency Planning Arrangements within the Trust.





## SPPG 2022-23 NIAS Submissions

### Strategic context and Background

- As the HSC strives to rebuild services in the wake of the pandemic, there is a need for a renewed focus on performance in order to be assured that HSC resources are being appropriately utilised/maximised and that activity levels return to at least pre-COVID-19 levels.
- The SPPG expects that this service area will return to pre-COVID-19 levels of service provision as a minimum as soon as possible, but before 31 March 2023.
- NIAS are constrained in part by pressures at the hospital front door, but there is a need to reduce conveyance rates, moving towards rates in other parts of the UK. By increasing see and treat rates especially for Category 4 patients, this will ease pressure on NIAS and Emergency Departments.
- There is also a need for NIAS to improve response times and to work with Trusts to improve ambulance handover processes and times, which will help release ambulances to attend to calls.
- The targets for improving response times and reducing handover delays have been set for March 2023 as they are in part outside the control of NIAS and will be dependent on the Trusts making the required improvements to Length of Stay and discharge.
- PPCS are coordinating input across the organisation into Unscheduled Care planning at a regional level. NIAS has a central role to play in delivering the necessary changes required in the delivery of an integrated unscheduled care system and a range of NIAS staff are currently contributing to different sub-groups of USC planning across the region including patient safety, pathways and performance optimisation.
- The following two slides show the submission made by NIAS to SPPG for the month of August 22 across the four key performance areas for NIAS - demand, response times, See and Treat rate and handover delays.
- Trust Board will be kept informed of the performance submitted to SPPG through this Performance Report in 2022-23 and, where possible, indicators are broken down to Divisional level.



## Appendix 1 – SPPG August 22 Submission

### Demand and Response Times

The Trust's second SPPG submission was made on 7 September 2022 for August 2022. Work is still ongoing with SPPG on monitoring of these indicators and inputs from other Trust colleagues.

The following slides outline the performance that was reported by the Trust across the following indicators

- Demand – Call Answer Performance;
- Response Times – Category 1 & 2 (mean and 90<sup>th</sup> Percentile);
- Pre-Hospital Care – See & Treat Rate;
- Handover Performance – within 15mins, 30mins and 60mins. Long waiters >3hrs

### SPPG RAG Key:

RAG KEY	
Percentage Measures:	
Red	>5% from Target
Amber	0 and <=5% from Target
Green	On or better than Target
Response Times:	
Red	> 5mins from Target
Amber	<= 5mins from Target
Green	On or better than Target

Performance Measure	Metric	Target	Trust	July 2022	August 2022
Demand	% of Calls Answered within 5 secs	90%	Region	83.9%	87.7%
Response times	Category 1 Mean	11 mins	Region	00:11:07	00:10:58
	Category 1 90th Percentile	21 mins	Region	00:21:40	00:22:10
	Category 2 Mean	22 mins	Region	00:39:31	00:36:40
	Category 2 90th Percentile	46 mins	Region	01:27:14	01:20:31
	Category 1 Mean	11 mins	Belfast	00:07:32	00:07:14
	Category 1 90th Percentile	21 mins	Belfast	00:12:54	00:12:12
	Category 2 Mean	22 mins	Belfast	00:37:41	00:35:08
	Category 2 90th Percentile	46 mins	Belfast	01:28:01	01:22:50
	Category 1 Mean	11 mins	South East	00:13:16	00:12:38
	Category 1 90th Percentile	21 mins	South East	00:24:03	00:24:49
	Category 2 Mean	22 mins	South East	00:47:53	00:45:58
	Category 2 90th Percentile	46 mins	South East	01:45:09	01:40:44
	Category 1 Mean	11 mins	Northern	00:13:36	00:12:52
	Category 1 90th Percentile	21 mins	Northern	00:23:47	00:25:15
	Category 2 Mean	22 mins	Northern	00:43:31	00:37:09
	Category 2 90th Percentile	46 mins	Northern	01:30:15	01:19:05
	Category 1 Mean	11 mins	Southern	00:13:03	00:13:04
	Category 1 90th Percentile	21 mins	Southern	00:25:20	00:25:08
	Category 2 Mean	22 mins	Southern	00:40:46	00:39:37
	Category 2 90th Percentile	46 mins	Southern	01:26:26	01:19:21
	Category 1 Mean	11 mins	Western	00:09:41	00:09:53
	Category 1 90th Percentile	21 mins	Western	00:18:34	00:20:26
	Category 2 Mean	22 mins	Western	00:26:27	00:26:11
	Category 2 90th Percentile	46 mins	Western	00:57:25	00:54:19





## Appendix 1 – SPPG July 22 Submission

### Pre Hospital Care and Handover Times

Pre-Hospital Care (See & Treat)	% of Patients Seen and treated by NIAS	23%	Region	23.40%	22.91%
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### SPPG RAG Key:

RAG KEY	
Percentage Measures:	
Red	>5% from Target
Amber	0 and <=5% from Target
Green	On or better than Target
Response Times:	
Red	> 5mins from Target
Amber	<= 5mins from Target
Green	On or better than Target

Handover delays continue to be a significant challenge for the Trust and regional work is now ongoing with colleagues in other Trusts to address handovers.

It is recognised that, to address issues with handover delays, Trusts need to work together with NIAS in address these issues.

Further to this, there is recognition at a regional level that indicators within NIAS' gift to deliver are trending in a positive way.

				July 2022	August 2022
Hospital Handovers	<= 15mins	27%	Region	7.94%	8.43%
	<= 30mins	60%	Region	29.92%	32.29%
	<= 60mins	87%	Region	65.69%	67.74%
	> 3hrs	0.25%	Region	5.82%	4.87%
	No. of patients > 3hrs	378 (per Annum) 32 (per month)	Region	667	564
	<= 15mins	31%	Belfast	9.31%	8.93%
	<= 30mins	64%	Belfast	30.01%	30.97%
	<= 60mins	91%	Belfast	64.49%	66.79%
	> 3hrs	0.16%	Belfast	4.28%	1.74%
	No. of patients > 3hrs	45 (per Annum) 4 (per month)	Belfast	138	95
	<= 15mins	19%	South East	6.21%	5.55%
	<= 30mins	54%	South East	26.83%	25.44%
	<= 60mins	85%	South East	61.82%	59.03%
	> 3hrs	1.23%	South East	11.23%	12.13%
	No. of patients > 3hrs	213 (per Annum) 18 (per month)	South East	190	225
	<= 15mins	34%	Northern	5.26%	6.67%
	<= 30mins	76%	Northern	21.74%	27.84%
	<= 60mins	96%	Northern	51.21%	61.74%
	> 3hrs	0.04%	Northern	9.93%	5.82%
	No. of patients > 3hrs	11 (per Annum) 1 (per month)	Northern	238	143
	<= 15mins	23%	Southern	6.67%	7.04%
	<= 30mins	58%	Southern	30.44%	30.56%
	<= 60mins	90%	Southern	71.10%	68.82%
	> 3hrs	0.34%	Southern	3.87%	5.86%
	No. of patients > 3hrs	81 (per Annum) 7 (per month)	Southern	83	124
	<= 15mins	25%	Western	11.75%	14.03%
	<= 30mins	59%	Western	41.60%	48.29%
	<= 60mins	91%	Western	82.45%	83.60%
	> 3hrs	0.13%	Western	0.90%	0.88%
	No. of patients > 3hrs	28 (per Annum) 2 (per month)	Western	18	17





*- End Of Report -*

# Trust Board Finance Report

August 2022 (Month 5)



Northern Ireland Ambulance Service  
Health and Social Care Trust



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





# Executive Summary

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Statutory financial performance targets	RAG status
<p><b>Manage within allocated Revenue Resource Limit (RRL) / Achieve financial break-even</b></p> <p>The Trust is reporting a breakeven position for the five months ending 31 August 2022 and forecasting a breakeven position at year end, subject to a number of assumptions particularly in respect of assumed income, Covid-19 costs and efficiency savings.</p> <p>The Trust continues to work with SPPG and DoH to finalise the resource requirements in relation to these issues and other financial pressures and deficits for the current year and beyond.</p>	
<p><b>Manage within allocated Capital Resource Limit (CRL)</b></p> <p>The Trust has received a Capital Resource Limit (CRL) allocation of £5.943m. This includes allocations for Fleet &amp; Estate, ICT and Backlog Maintenance.</p> <p>The Trust is currently forecasting full spend against the CRL allocation at year end, but there are a number of risks in relation to this. The Trust continually reviews capital schemes to understand and mitigate against these risks.</p>	
<p><b>Prompt payment target-95% of suppliers within 30 days</b></p> <p>Cumulative performance at 95.7% at 31 August 2022 (Month 5). As aged invoices are cleared and paid, performance between months can vary.</p>	



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

The Trust is currently reporting a breakeven position for the five months ending 31 August 2022 (Month 5) and also at year end subject to a number of key risks and assumptions particularly in respect of Covid-19 costs, efficiency savings, Agenda for Change and other investments. Specifically:

- \* The agreed RRL at Month 5 is £96.929m of which £95.941m is recurrent.
- \* Covid-19 Costs - The current forecast £12.977m of Covid-19 costs will be fully funded across the areas of Workforce (£3.66m), Service Delivery (£7.4m), Equipment & Supply (£1.2m), Corporate Cleaning (£0.6m) and Other (£0.317m). With the exception of equipment and supply costs, the Trust was initially advised not to assume Covid allocations beyond the first quarter of the financial year. While no formal allocations have been received to date, subsequent discussions with SPPG/DoH have indicated that the required levels of funding will be made available.
- \* Efficiency Savings – The Trust has been set a target of £2.602m. Initial estimates were that only £1m of this target would be met, and this will only be on a non recurrent basis. Additional non recurrent support has been provided by SPPG/DoH and further non recurrent measures have been identified to achieve the balance of savings required in 2022-23.
- \* The Trust has received subsequent correspondence from DoH/SPPG requesting that Trusts should contain costs in areas that would not have an immediate impact on service delivery. This has been considered by the Senior Management Team, and while opportunities to reduce spend further are limited, proposals totalling just under £3m have been developed (National Insurance Reversal - £0.298m, IFRS 16 - £0.201m, non deliverability of further training £2.400m and reduced non pay expenditure - £0.1m). The SPPG/DoH have also requested Trusts to deliver a reduction in expenditure on Agency staff costs during the rest of the financial year.
- \* Agenda for Change – The costs of regrading, pay awards and holiday pay will be fully funded.
- \* Investment –NIAS Training Cohort 4 Paramedic Course (£2.6m), increased energy costs (£1.58m), Demography (£0.706m), Unscheduled Care (£0.3m) and other investments (£0.208m) remain under discussion.
- \* The Trust continues to work through a process of review with SPPG/DoH to finalise the position in relation to these funds.
- \* Accounting Treatment – Assuming no major in year changes to accounting treatment.



# Directorate Financial Position

- \* Underlying the overall financial forecast is a complex budgetary position within each Directorate. Budget and actual expenditure by Directorate at August 2022 (Month 5) is shown opposite.
- \* The level of underspends against the pay budget has reduced as vacancies across the Trust are filled. Any underspend is used to fund overtime costs to maintain services and provide operational cover. There are also significant levels of sickness absence that can create a financial pressure beyond budgeted levels.
- \* Expenditure on Voluntary and Private Ambulance Services is also being incurred to maintain cover and performance.
- \* The significant additional expenditure, particularly in respect of Covid-19, is included in the financial assumptions in the current year. This additional assumed funding is reflected in these statements as part of the improved Financial Reporting arrangements for 2022-23.

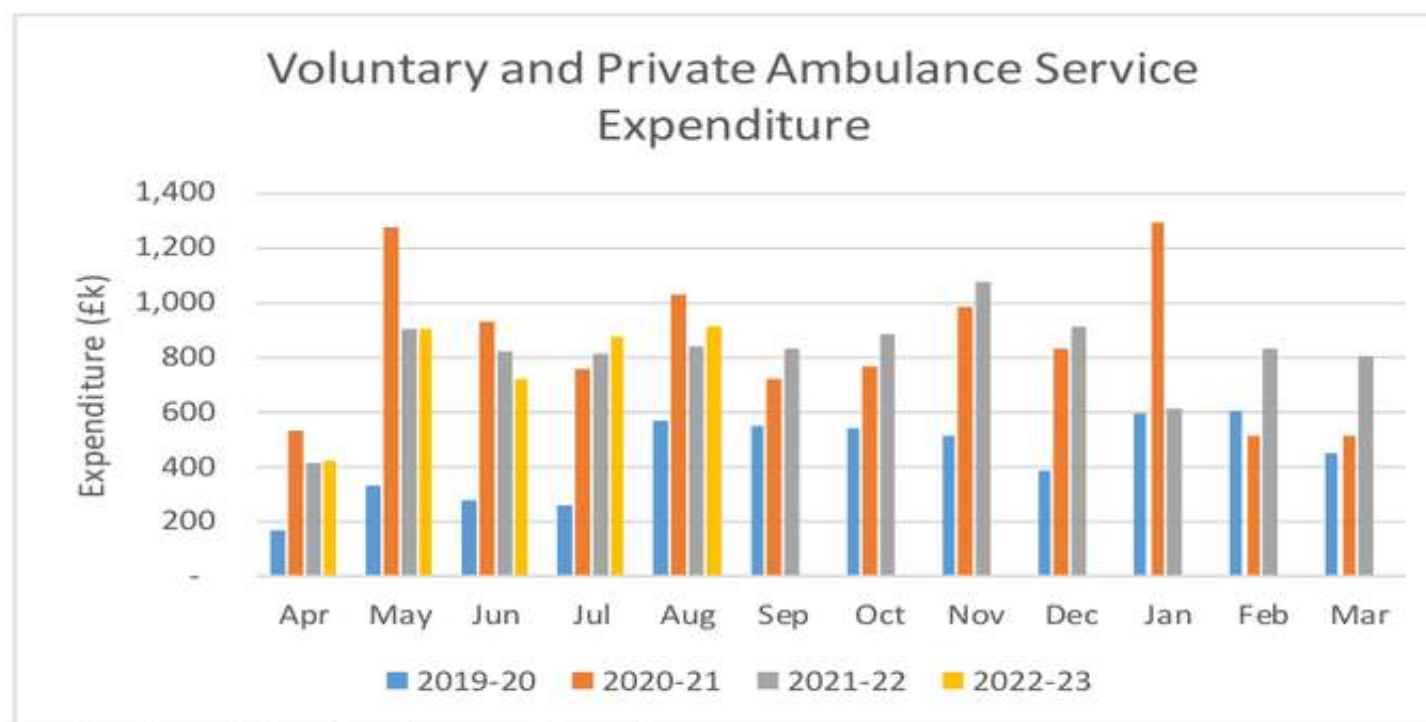
NIAS Trust Board Budget Report at August 2022				
(£ 000s)		Year To Date		
		Full Year Budget	Budget	Actual
				Variance
<b>Chief Executive's Office</b>				
	Payroll	210	97	95
	Non-Payroll	75	52	51
	<b>Chief Executive's Office Total</b>	<b>285</b>	<b>149</b>	<b>146</b>
<b>Director of Finance</b>				
	Payroll	1,162	551	551
	Non-Payroll	426	217	212
	<b>Director of Finance Total</b>	<b>1,588</b>	<b>768</b>	<b>763</b>
<b>Director of HR</b>				
	Payroll	1,525	591	590
	Non-Payroll	628	246	242
	<b>Director of HR Total</b>	<b>2,153</b>	<b>836</b>	<b>832</b>
<b>Dir of Ops (incl Divisions &amp; RCC)</b>				
	Payroll	67,223	29,572	29,556
	Non-Payroll	16,181	9,436	9,430
	<b>Dir of Ops (incl Divisions &amp; RCC) Total</b>	<b>83,405</b>	<b>39,008</b>	<b>38,986</b>
<b>Medical Director</b>				
	Payroll	8,502	4,403	4,441
	Non-Payroll	943	668	670
	<b>Medical Director Total</b>	<b>9,445</b>	<b>5,071</b>	<b>5,111</b>
<b>Director of Safety, Qual &amp; Imp</b>				
	Payroll	2,556	1,345	1,341
	Non-Payroll	118	69	67
	<b>Director of Safety, Qual &amp; Imp Total</b>	<b>2,674</b>	<b>1,414</b>	<b>1,407</b>
<b>Director of CRM, Fleet &amp; Estates</b>				
	Payroll	851	356	359
	Non-Payroll	607	293	293
	<b>Director of CRM, Fleet &amp; Estates Total</b>	<b>1,458</b>	<b>649</b>	<b>652</b>
<b>Director of Plan, Perf &amp; Corp</b>				
	Payroll	2,938	1,190	1,188
	Non-Payroll	1,431	528	528
	<b>Director of Plan, Perf &amp; Corp Total</b>	<b>4,369</b>	<b>1,718</b>	<b>1,716</b>
<b>NIAS Total Payroll</b>				
		<b>84,967</b>	<b>38,105</b>	<b>38,120</b>
<b>NIAS Total Non-Payroll</b>				
		<b>20,409</b>	<b>11,508</b>	<b>11,493</b>
<b>NIAS Total</b>				
		<b>105,376</b>	<b>49,613</b>	<b>49,613</b>



# Voluntary & Private Ambulance Services (VAS/PAS)

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

- \* Expenditure on VAS/PAS in 2019-20 was £5.2m. Expenditure in 2020-21 was £10.1m and in 2021-22 was £9.7m. 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. Expenditure by month in 2022-23 is shown below
- \* The sustained impact of Covid-19 has resulted in the continued reliance on VAS/PAS to maintain services in the current year. Trust remains at the highest level of escalation and VAS/PAS spend remains significant.

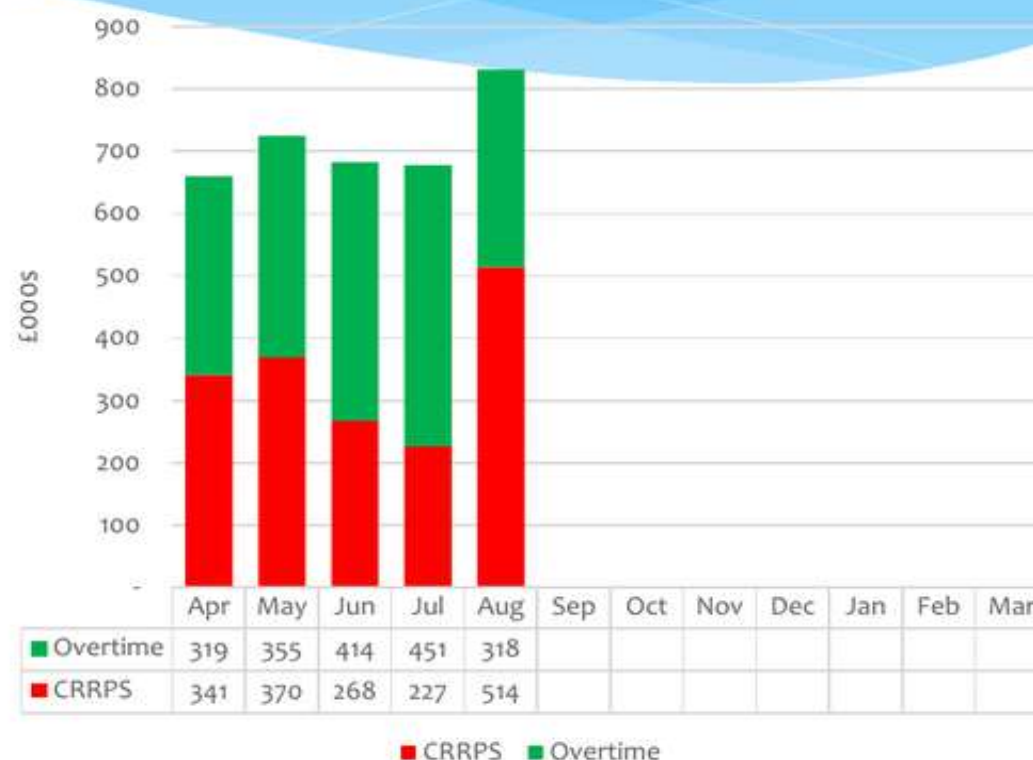


# Overtime Expenditure

## NIAS OVERTIME COST 2022-23

(excluding employers NIC)

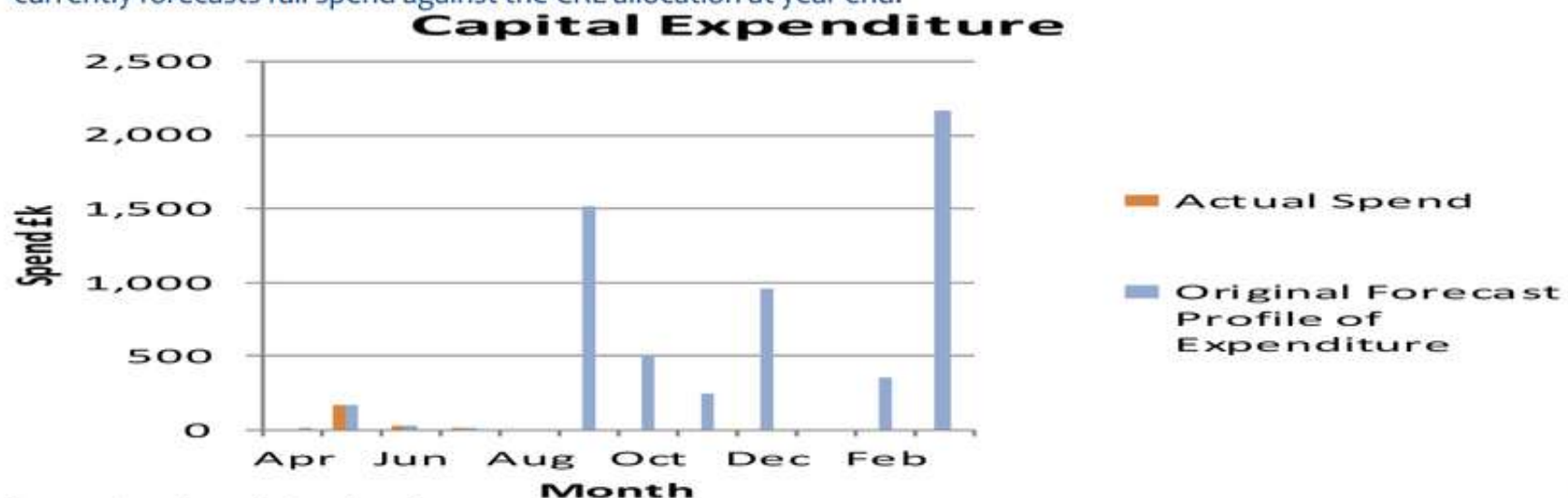
- The Trust relies significantly on the use of overtime for the provision of services, predominantly for the provision of Ambulance cover. This reliance is for a number of reasons including vacancies, planned and unplanned absences and additional cover or programmes of work.
- \* Overtime is payable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





# Manage within allocated Capital Resource Limit (CRL)

- The Trust has received a Capital Resource Limit (CRL) allocation of £5.943m. This includes allocations for Fleet & Estate (£4.700m), ICT (£0.993m) 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 manage the traditional and exceptional risks, there is an element of over programming on the current capital programme. This will be managed through additional bids and funding or the deferral of schemes into 2023-24.
- \* Provisional figures for expenditure at August 2022 (Month 5) is £0.196m against this allocation of £5.943m. The Trust currently forecasts full spend against the CRL allocation at year end.





# Prompt Payment of Invoices

- The Trust is required to pay non HSC trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. The target is to pay 95% of invoices within 30 calendar days of receipt of a valid invoice, or the goods and services, whichever is the latter. A further regional target to pay 70% (increased from 60%) of invoices within 10 working days (14 calendar days) has also been set.
- \* Performance by number of invoices paid for each of these measures is shown below. A range of plans are in place to improve and maintain performance in this area. As aged invoices are cleared and paid, performance between months can vary.
- \* Both the 95% and 70% targets have been achieved in the last two years. 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	2,203	2,929	2,632	2,301	2,565								12,630	
Total bills paid within 30 calendar days of receipt of undisputed invoice	2,124	2,784	2,488	2,232	2,454								12,082	
% bills paid on time 30 days	96.4%	95.0%	94.5%	97.0%	95.7%								95.7%	>95%
Total bills paid within 10 working days (14 calendar days)	1,696	1,926	1,882	1,935	1,561								9,000	
% bills paid on time 10 days	77.0%	65.8%	71.5%	84.1%	60.9%								71.3%	>70%



# End of Report



Northern Ireland Ambulance Service  
Health and Social Care Trust





**Northern Ireland Ambulance Service  
Health and Social Care Trust**



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

<b>PRESENT:</b>	Mr T Haslett	Committee Chair
	Mr J Dennison	Non-Executive Director
	Ms N Lappin	Non-Executive Director
<b>IN</b>		
<b>ATTENDANCE:</b>	Mr M Bloomfield	Chief Executive
	Ms M Lemon	Interim Director of Human Resources
	Mr P Nicholson	Interim Director of Finance
	Ms M Paterson	Director of Planning, Performance & Corporate Services
	Dr N Ruddell	Medical Director
	Mrs C Mooney	Board Secretary
	Ms L Gardner	Asst Director HR
	Mr J Kearney	Asst Director HR
	Ms V Cochrane	Asst Director HR
	Mr F Orr	Asst Director of Education, Learning & Development (for agenda item 7 only)
	Mr C Thompson	Head of Strategic Transformation, Planning, Performance and Corporate Services (for agenda item 8 only)
	Ms R Leonard	Project Development and Implementation Manager, PP&CS (for agenda item 8 only)

**1 Apologies & Opening Remarks**

The Chair welcomed those present to the meeting.



## 2 **Procedure**

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

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

### 2.2 **Quorum**

The Chair confirmed the Committee as quorate.

### 2.3 **Confidentiality of Information**

The Chair emphasised the confidentiality of information.

## 3 **Previous Minutes (PC30/06/22/01)**

The minutes of the previous meeting held on 28 April 2022 were approved on a proposal from Mr Dennison and seconded by the Chair.

## 4 **Matters Arising (PC30/06/22/02)**

Ms Lemon updated the Committee on the recent developments regarding HRPTS.

With regard to actions 3 and 4 around VAS/PAS trigger points for utilisation and ensuring value for money, Mr Bloomfield advised that Mr Thompson had recently updated the Senior Management Team on the progress made with the Patient Care Services (PCS) Improvement Project.

Ms Paterson explained that a current focus on this work was on information, particularly around utilisation, value for money and productivity. She noted that the next meeting of the Committee would be in September and suggested that the draft findings could be presented to members at that time.

Mr Bloomfield highlighted the importance of ensuring that the VAS/PAS provide value for money when used. He pointed out that equally as important was that the PCS provided an efficient service

and greater productivity which would ultimately result in a reduction in need for VAS/PAS.

Ms Paterson emphasised that the Improvement Project would also consider the quality of services provided to patients.

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

## 5 **Draft Financial Plan 2022-23 (PC30/06/22/03)**

The Chair referred to the Draft Financial Plan for 2022-23 which covered both revenue and capital funding and noted that a significant proportion of the Trust's financial position remained unconfirmed.

Mr Nicholson apologised for the lateness of the paper circulated to members. He noted the exceptional year in terms of the absence of a functioning NI Assembly and therefore no agreed budget. He indicated that the Trust had not yet been allocated a formal Revenue Resource Limit (RRL) for the year and explained that the Trust's opening position for 2022-23 was based on the closing recurrent RRL from 2021-22 of £87.7 million.

Continuing, Mr Nicholson clarified that there were a number of indicative allocations for 2022-23, as advised by the Strategic Planning and Performance Group (SPPG), as well as other income assumptions. He indicated that these allocations were categorized as 'assumed ringfenced' and 'assumed earmarked'. Mr Nicholson advised that the assumed ringfenced allocation totalled approximately £13 million, the vast majority of which was made up of Covid-19 income assumptions of £12.9 million. He said that the only income confirmed at this point was £1.2 million in respect of PPE. He added that the bulk of the remaining £12 million would be allocated for workforce in terms of providing and maintaining cover and the use of the Independent Ambulance Services (IAS). Mr Nicholson clarified that, while there was currently no indication that this funding would continue beyond Quarter 1 of 2022-23, it was his understanding that the DoH would consider the need for these Covid-19 related activities to continue, if the ongoing requirement could be clearly identified.

Mr Nicholson said that the Trust had advised the SPPG of its planning assumptions and of the need for the Trust to continue with

the levels of overtime and use of the IAS in order to provide cover. He pointed out that this was incorporated into the Financial Plan.

Referring to the assumed earmarked allocation, Mr Nicholson advised that this allocation comprised indicative and assumed allocations totaling approximately £18 million. He indicated that, of this, £11.2 million had been identified as an indicative allocation and funding could be assumed for planning purposes while the balance of approximately £6 million was subject to ongoing discussions. Mr Nicholson acknowledged that his focus was on the £6 million which included, for example, the Cohort 4 Paramedic Training programme which commenced in 2021-22. He pointed out that the Trust was proceeding at risk with this training at a cost of £2.6 million and said the Trust needed to secure funding for further training to be provided throughout the year.

Mr Nicholson explained that the financial assumptions within the Plan were reviewed and revised on a regular basis and reported to the SPPG/DoH on a monthly basis as part of the requirement to deliver a balanced financial position.

Alluding to savings, Mr Nicholson advised that the Trust's saving position for 2022-23 was similar to that in 2021-22. He reminded members that the Trust's RRL had been reduced by £2.6 million and the Trust would be able to deliver £1 million of savings through non-recurrent initiatives, for example largely non-frontline vacancies.

The Chair acknowledged the challenges associated with not having an agreed budget and said it was a 'nervous position' to be in. He added that he appreciated other Government departments were in a similar position.

Mr Bloomfield acknowledged the predicament of the current position. He said that, on the one level, the Trust could adopt a cautious position and avail of funding when it became available. However, he believed that this would result in missed opportunities. Mr Bloomfield said that, on another level, it was possible that this would be the first year funding would not become available and the Trust would have to limit its developments to how much risk it could proceed with.



Referring to the first meeting of the HSC Performance and Transformation Executive Board, which replaced the former Rebuilding Management Board, Mr Bloomfield advised that the Permanent Secretary had made it clear that neither he nor the Minister wished to cease any activities which would cause harm to patients in terms of service delivery. However, Mr Bloomfield acknowledged the challenging financial circumstances despite the previous budget which had included an increase for health.

Mr Bloomfield said that the Permanent Secretary had recently written to Trust Chief Executives and, whilst acknowledging the difficult circumstances of the last 18-24 months, had emphasised the absolute need for financial discipline. He said the DoH did not intend to set savings targets for organisations and added that it appeared the DoH was heavily involved in discussions with the DF around finalising budgets which would enable the system to work to achieve a breakeven position. Mr Bloomfield pointed out that this meant that Trusts would not have confirmation of the continuation of Covid-19 funding beyond the end of June 2022. He advised that Mr Nicholson continued to liaise regularly with SPPG/DoH colleagues in terms of the level of funding NIAS had committed to.

Mr Bloomfield explained that, in order to adhere to the approach advocated by the Permanent Secretary, the only potential to deliver significant savings within NIAS would be to reduce overtime and the use of the IAS. He advised that, given the amount of capacity being lost due to handover delays, this would impact on patients. He said that the Trust would continue to work closely with SPPG/DoH colleagues in this regard.

Continuing, Mr Bloomfield explained that if it reached the stage where the Trust was forecasting significant risk, he would formally raise the Trust's position with the DoH and seek guidance as to whether the Trust should continue on the understanding of a shared risk around the financial exposure.

Ms Lappin thanked Mr Nicholson for producing the paper, given his recent involvement in producing the Trust's Annual Report and Final Accounts. She referred to the Covid-19 Rapid Response Payment Scheme (CRRPS) and said it was her understanding that funding for this would cease at the end of June. She sought clarification on the position for July and August and noted that there were usually challenges with cover during these months.

In response, Ms Lemon advised that the Trust did not have confirmation of the availability of funding beyond the end of June. She pointed out that other Trusts could rely on other contingencies, for example, use of other schemes such as a crisis payment scheme as well as using nursing agencies and off-contract nursing agencies which tended to be more costly.

Ms Lemon indicated that NIAS did not have that option and in regional discussions, she had advised that it would be NIAS' intention to continue to use the CRRPS where necessary. She emphasised that the Trust did not use the CRRPS lightly and applied certain methodologies in its use, for example targeting the use of the CRRPS where cover had fallen below the required threshold. Ms Lemon said that she had made this known to SPPG and Trade Union colleagues. However she reiterated the fact that the Trust did not have DoH cover to use the CRRPS and would have to identify internal sources of funding to do so.

Ms Lappin welcomed the fact that the DoH had been made aware of the Trust's intention to continue to use the CRRPS when necessary. She sought further clarification around whether the assumption was made based on cover levels last July and August; what such payments might look like and the source of funding for these.

Mr Nicholson clarified that, within the assumed ringfenced funding of approximately £13 million, £3.66 million related to workforce costs. He added that this would also cover overtime costs as well as costs incurred as result of applying the CRRPS. Mr Nicholson said that Ms Lemon had accurately articulated the regional discussions. He clarified that there were two elements to the CRRPS payments. The first related to the Trust having authority to make the payment under terms and conditions and the second relating to the funding to allow the Trust to do so. Mr Nicholson said he was concerned that the DoH would permit the Trust to continue with the CRRPS payments but not provide the necessary funding.

Ms Lappin alluded to Table B 'Forecast Covid Expenditure' and asked if the service delivery of £7.2 million referred to VAS/PAS expenditure.

Mr Nicholson confirmed that this was the case and said the SPPG required this distinction in the detail. He added that the focus was

to look to the NIAS workforce in the first instance, supplemented by the IAS.

Mr Dennison asked whether the budget assumptions had been predicated on history and precedence or whether it was an informal indication of what the finalised budget might look like.

Responding, Mr Nicholson acknowledged that there had been extensive formal and informal engagement with SPPG colleagues. He referred to the cover provided and drew the Committee's attention to the breakdown of assumed earmarked funding. Mr Nicholson added that discussions were ongoing with regard to the £7 million balance. He acknowledged that there would always be a number of planning assumptions at the start of the financial year and said that this had been compounded by Covid-19.

Mr Nicholson referred to recent correspondence from the Permanent Secretary focusing on Financial Management during Covid-19 Recovery/Rebuild and said it was stark. At his request, Mrs Mooney undertook to share a copy of the correspondence with members.

Mr Bloomfield briefly outlined the content of the Permanent Secretary's letter which emphasised the importance of returning to the same level of financial discipline that was exercised prior to the pandemic. He said that the letter reinforced the need to move away from the over-reliance on non-recurrent funding over the next 2-3 years. Mr Bloomfield acknowledged that, as alluded to earlier in the meeting, he could see a point at which it would become necessary to write to the Permanent Secretary to outline the financial exposure being faced by the Trust. He added that to cease certain activities would always be an organisational decision.

Mr Bloomfield said it was his understanding that the funding which would become available would not be similar to last year and that there would be a need for the Trust to reduce activities significantly unless further funding became available.

Moving to the capital programme for 2022-23, Mr Nicholson advised that the Trust was currently going through the process of revising and reprioritising some of the schemes with a view to mitigating against those risks and ensure full utilisation of available resources. He explained that as the Trust went through this process, the



business cases and related procurements would be ready to proceed should potential additional funding become available. Mr Nicholson acknowledged that this was further complicated by the lack of a functioning Assembly as, at this stage in the year, the Trust would have normally availed of the June Monitoring Round.

Mr Dennison referred to the shortfall of £2.6 million and asked whether schemes would not now be taken forward as a result.

Mr Nicholson explained that this would become clearer once the exercise to review and reprioritise schemes had concluded. He acknowledged that it would likely be estate-based schemes which might be impacted and said that IT schemes tended to be specifically funded.

Continuing, Mr Nicholson advised that the Trust had worked hard to ensure its fleet replacement was updated and said there was potential that, if lost in one year, the effect would be felt for the five year rolling replacement cycle.

He said he was confident that the Trust had a range of schemes ready to be delivered subject to the Trust securing some additional funding and capacity to deliver. Mr Nicholson acknowledged the ambitious nature of the programme across all elements. He referred to the increasing costs generally and said it was likely that this could also have an impact on the programme throughout the year.

The Chair acknowledged the difficulties in terms of the increasing costs and said he was aware of Mr McNeill's desire to ensure the fleet and equipment were refreshed on an cyclical basis.

Mr Bloomfield said that the Trust was proud of the quality of its fleet. He agreed that the Trust should continue to prioritise its fleet and be ready to proceed with estate schemes should additional funding become available.

The Chair thanked Mr Nicholson for presenting the Draft Financial Plan for 2022-23 which was **NOTED** by the Committee.

## 6 'Funding to 100' (PC30/06/22/04)

Mr Nicholson explained that 'funding to 100' was new terminology which he was hoping to progress over the next year and, through a presentation, he provided an overview of NIAS services; the geographical spread of services over NI; total commissioned hours; pre- and post-demand capacity reviews and translating numbers into operational cover & performance. Mr Nicholson advised that, as far as the availability of funding would allow, the Trust would continue to build on demand and capacity models with a view to maintaining the link between planned hours of cover and budgets.

He undertook to share the presentation with members following the meeting.

Ms Lappin thanked Mr Nicholson for his presentation and said it had helped her start to understand the terminology. However, she suggested that it might be helpful for Committee members to have a separate meeting with Mr Nicholson to discuss the detail.

The Chair said that he had a number of questions but in the interests of time, he undertook to forward these to Mr Nicholson. He suggested that perhaps his questions could be covered at the next Committee meeting.

Mr Nicholson welcomed this and acknowledged that the challenge was to translate the available resource into cover and subsequently improved performance.

Mr Dennison acknowledged that such figures would be useful as the Committee came to consider KPIs, particularly around the availability of staff. He welcomed the suggestion of a brief meeting with Mr Nicholson to discuss further.

Ms Paterson said that she would be interested in joining this discussion.

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

## 7 **2022-23 Clinical Education Plan (PC30/06/22/05)**

The Chair welcomed Mr Frank Orr to the meeting and noted that today was Mr Orr's last day with the Trust before he retired.

By way of introduction, Dr Ruddell explained that the Plan was before the Committee for noting. He said it clearly reflected the huge amount of work provided by the team in the most challenging circumstances over the past year. Dr Ruddell said that the Plan also looked forward to how the Trust would meet the future challenges presented.

Dr Ruddell took the opportunity of highlighting a particular challenge for the team in terms of assisting the final cohort of the Foundation Degree as well as providing support for those students on the first year of the BSc course and said the latter would become a huge commitment moving forward. He said that, as he had reported at the June Trust Board, the Trust had recently had some success in securing funding for the practice placement co-ordinator in line with that given to other Trusts and he alluded to the significant work involved in this role.

Mr Orr drew members' attention to the Executive Summary within the Plan which set out the various aspects of the core programme being delivered as well as those programmes scheduled to be delivered in the 2022-23 year. He pointed out that courses had been held at the Magee campus and were now being delivered at the Coleraine campus. Mr Orr highlighted the salient points of each course including the number of programmes scheduled as well as the number of students per cohort.

He advised that one of the biggest challenges facing the Training Team related to practice based learning undertaken by NIAS students as well as those students from the Ulster University BSc Honours course. Mr Orr said that this challenge would continue as the BSc course progressed over the three-year period.

Mr Orr explained that the Plan also reported on achievements during the previous year and he advised that, with one exception, the Training Team delivered all its planned programmes. He pointed out that the one exception related to the delivery of the Post Proficiency Evaluation (PPE) course which had been suspended as a result of sustained REAP 4 pressures. Mr Orr said that there



were now plans to roll this course forward with a view to scheduling it for autumn 2022.

Mr Orr presented a spreadsheet which demonstrated the monitoring of progress against the 2022-23 Clinical Education Plan and explained that this had been developed following an Internal Audit recommendation.

Dr Ruddell sought a view from the Committee as to whether it felt the monitoring information was an effective way to demonstrate current progress and met their needs in terms of providing assurance.

Ms Lappin said that she had found the spreadsheet to be clear and helpful. She suggested it might be helpful to include how not having sufficient numbers of practice placement educators might impact on the ability to deliver on newly qualified and placement of BSc students. Ms Lappin said that the Committee would also wish to ensure that the PPE course was rolled forward.

Mr Orr clarified that while it had not been possible to provide the two days, the Training Team had provided one day for all eligible and available clinical frontline staff. He pointed out that remaining staff would be picked up in the 2022-23 year. Mr Orr added that the day had also been used to roll out the REACH devices to staff.

Mr Dennison believed the Plan was clear and comprehensive and said he had no suggestions for improvement.

Dr Ruddell acknowledged the progress which had been made in training. He alluded to Ms Lappin's concerns about not having sufficient practice placement educators and said it would be important to balance this with the provision of continuing clinical education and the ability to maintain clinical governance and oversight and the challenges this presented. Continuing, Dr Ruddell referred to the fact that Clinical Support Officers (CSOs) had been redeployed to other duties including frontline response, IPC training and oversight and now student oversight which had impacted on the Trust's ability to undertake clinical audit which represented a significant risk for the Trust.

Dr Ruddell referred to Mr Orr's retirement and thanked him for his work over the years.

Mr Nicholson clarified that some of the training referred to within the Plan remained subject to the availability of funding. He pointed out that, over the last three years, Mr Orr had been instrumental in the Trust securing significant funding for training and congratulated him on his impending retirement.

Ms Lappin extended her thanks and appreciation to Mr Orr for his significant contribution over many years and she wished him well for his retirement.

Ms Lemon explained that she and Mr Orr had worked closely together as, prior to moving to the Medical Directorate, the clinical education element had fallen within the remit of HR. She said it would be important for members to be aware that Mr Orr had been instrumental in the delivery of the development of the Foundation Degree programme as well as ensuring approval was obtained from the Health and Care Professions Council (HCPC). She added that Mr Orr had also been a member of the working group which delivered the BSc. Ms Lemon said that Mr Orr would leave a huge legacy upon his retirement and she wished him well.

The Chair said that he was honoured as Committee Chair to pay tribute to Mr Orr on his retirement from the service and believed that Mr Orr was responsible, through the delivery of training, for saving countless lives.

The Committee **NOTED** the Clinical Education Plan 2022-23.

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

## 8 **HR & OD Transformation and Performance Update:**

- **Presentation**
- **Progress Report**
- **HR Strategic Plan on a Page and KPIs**
- **HR Improvement Plan (PC30/06/22/06)**

Ms Lemon explained that the papers before the Committee represented the culmination of work undertaken since the April meeting and added that it remained work in progress.

Ms Lemon highlighted various aspects of the work and advised that the strategic plan to transform the HR Directorate was ongoing. She pointed out that the Committee had approved the proposed HR&OD Programme Mandate, the Single Improvement Plan and the HR&OD KPI Scorecard at its April meeting. She added that funding had been confirmed for three senior posts and the recruitment exercise for these was underway. Ms Lemon confirmed that all short and medium term initiatives were currently in progress.

In terms of challenges, Ms Lemon advised that the KPI reporting for the 15 areas agreed by the Committee had not yet been finalised and work was ongoing to develop and maintain ongoing KPI reporting capability. She added that work was also continuing on initiatives in line with the Improvement Plan.

Mr Thompson advised that the balanced scorecard was incomplete and was very much work in progress. He indicated that three workshops had been held with colleagues from BI, Finance and HR with a view to populating the scorecard at a high level against the 15 agreed KPIs.

Continuing, Mr Thompson pointed out that Trust Board and the Committee had sought assurance that it would be possible to have a 'drill down functionality' within the scorecard. He said that work was ongoing to quality assure the data and data source but also to put in place the data capture for the secondary level KPIs. Mr Thompson said that, moving forward, the intention would be to present a high level dashboard but have the capability behind that to drill down to the secondary level KPIs. He added that the intention would also be to include some narrative on a report by exception basis to add value.

Mr Thompson acknowledged that some of the data sources were new and would have to be developed. He reminded members that the KPIs were a combination of annual and six-monthly reporting and said he intended, by the next Committee meeting, to present a completed scorecard, second level KPIs and related narrative which would link the various elements of this work. Mr Thompson said he hoped his summary provided members with the assurance that progress was being made.



Ms Lemon said there was a clear sense of progress. Referring to the secondary indicators and accompanying narrative, she emphasised the need for clarity around interpretation of the data.

Ms Lemon sought views from members as to the proposed approach and said that, by its nature, the reporting would be high level with the ability to drill down for further detail. She cited the example of overtime and suggested the Committee may wish to consider the Trust's reliance on overtime, how many staff were accessing overtime for example. Ms Lemon said she was mindful that members would wish to drill down further into such detail and the position behind the high level figures and acknowledged that some of this work correlated directly with the HR Improvement Plan.

Mr Dennison said that he had been encouraged by the direction of travel. He alluded to detailed discussions which he and Ms Lemon had had recently. He welcomed the KPIs and, while he believed these were now starting to 'take shape', he said that he and Ms Lemon had alluded to the further detail behind these. Mr Dennison acknowledged that the Committee would have the appropriate financial information but would wish to drill down into the underlying issues affecting staff, for example, sickness absence. He alluded to Mr Thompson's intention to have fully populated KPIs by September. Mr Dennison thanked all involved for the significant progress which had been made to date.

Ms Lappin echoed the comments made by Mr Dennison. She acknowledged that the KPIs would be reported at a high level and said that these could change over time. Ms Lappin said that, working with Mr Dennison as co-Chair of the HR element of the Committee would enable Ms Lemon to prioritise which KPIs required further focus at meetings. She believed that this prioritisation would allow better informed decisions to be taken at Board level as well as providing assurance to the Board.

Ms Lemon suggested that it might be helpful for the Committee to have a schedule of planned agenda items, for example those issues which need to be considered by the Committee on an annual basis or a six-monthly basis and she undertook to develop one for consideration.

The Chair noted that this agenda item was to be approved by the Committee.

Ms Lemon explained that she would appreciate the Committee's approval that the work being progressed was in keeping with the Committee's wishes.

The direction of travel was **APPROVED** on a proposal from Mr Dennison and seconded by Ms Lappin.

The Chair said he looked forward to further updates.

Mr Thompson and Ms Leonard withdrew from the meeting at this point.

## 9 **Equality Commission Annual Progress Report (PC30/06/22/07)**

Ms Lemon explained that the report set out details of retrospective compliance on activities already undertaken. She reminded the meeting that the report would be considered by the Trust Board at its next meeting with a view to submitting it to the Equality Commission by the end of August.

Ms Lemon commended Mr Kearney and his team for producing the report, specifically around the delivery of the equality scheme, given the challenges presented by the pandemic.

Mr Kearney explained that it was a factual report which took stock of regional engagement which then translated into regional and local action plans. He cited an example within the local equality action plan to explore the issue of diversity champion status. Mr Kearney commented that the region would be consolidating a range of regional equality action plans for the next five year period. He added that this work would be reported on in next year's report.

Ms Lemon reminded members that Section 75 originated in the Good Friday Agreement and focussed on mainstreaming equality duties in post-conflict society. She explained that there were two elements, namely the policy element looking at how the Trust screened and assessed the impact of policies while the second element was around the promotion of good relations. Ms Lemon advised that of particular importance was the governance around this in terms of ensuring all Trust policies were fully compliant in terms of their consideration of equality duties.

Ms Lappin thanked Mr Kearney for his contribution and was of the view that the report served as an informative record of work carried out within the Trust over the last year. She noted that today was Mr Kearney's last day with the Trust and wished him well as he left to commence a career break.

The Chair echoed Ms Lappin's comments.

Ms Lemon said she would like to take this opportunity to recognise the significant contribution made by Mr Kearney. She commended his commitment to producing the Annual Progress Report and continuing to emphasise the importance of the equality and human rights agenda as well as the health and wellbeing of staff.

Mr Kearney highlighted the commitment shown by NIAS staff particularly over the last number of years and believed that the Trust had led by example.

The Committee **NOTED** the Equality Commission Annual Progress Report and **NOTED** that it would be submitted to the August Trust Board.

#### 10 **Health and Wellbeing Strategy (PC3006/22/08)**

Ms Lemon reminded members that the Health and Wellbeing Strategy had previously been discussed by the Committee at its meeting in December 2021 when there had been significant discussion relating to what would be achieved through the Strategy. Ms Lemon extended her thanks to Ms Lappin for her engagement around some national work that was shared with Chairs and said that this had offered the opportunity to cross-check the Trust's Strategy with other strategies in operation on the mainland.

Ms Lemon said that she hoped the Committee could see the significant work which had taken place since the December meeting to ensure particular focus on the outputs to be delivered.

She clarified that, in relation to achieving a reduction in sickness, a decision had been taken not to state an arbitrary figure. She explained that a separate piece of work was being taken forward to examine sickness issues and examine further workplace factors, the actions being taken and identify outcomes. Ms Lemon said it was



intended to present a more comprehensive report to a future meeting setting out proposed trajectories and improvement targets.

Ms McStocker commented on the intention to undertake a further NIAS/UNISON survey. She reminded members that the survey had last been carried out in 2017 and had provided a poor baseline.

Ms Lemon advised that the NIAS/UNISON partnership was an internationally recognised methodology and said the reporting of that would be an indicator of what had been delivered in terms of the Strategy.

Ms Lemon said that, while the Committee would receive quantitative data, members would recall early discussion around the intention to bring qualitative data in the form of 'stories' to the Committee. She said she hoped that through these stories, members would be able to see the real changes which had been made for staff and added that work was continuing on how best to present these to the Committee.

Ms Lappin acknowledged that it had taken some time to reach this point but commended the Strategy and suggested that it could potentially be used as a template for other organisations. She referred to the extensive evidence base within the Strategy and said this was clear from the extent of the bibliography references. Ms Lappin believed that the Committee could derive assurance and provide assurance to the Trust Board that, not only had the Strategy adopted the right direction, the real result would be in individuals feeling comfortable to attend Committee meetings and talk about sensitive issues relating to health and wellbeing. Ms Lappin said that the Strategy provided huge opportunities for the Committee to hear directly from staff and to see at first-hand how the Strategy had been applied and the results of that application for NIAS staff.

Mr Dennison welcomed the Strategy and thanked all involved in its development. He added that it was clear how it had developed even further from the December meeting and agreed with Ms Lemon's decision not to include arbitrary figures around sickness.

The Chair said it was an excellent piece of work, particularly the infographics.

The Health and Wellbeing Strategy was **APPROVED** on a proposal from Ms Lappin and seconded by Mr Dennison.

11 **Date of next meeting**

The next meeting of the People Committee will take place on Thursday 15 September 2022 at 9.30am in the Boardroom, NIAS HQ.

12 **Any Other Business**

Ms Lemon reminded members that the Committee had approved the Culture Programme at its meeting in December 2021 and said that members had said they were keen to ensure how delivery of the programme would be measured.

Ms Lemon explained that she intended to pick this up through the KPIs and engagement scores. She added that she would be keen to bring the Programme to the August Trust Board with a view to launching it thereafter.

Members indicated that they were content with this proposal.

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 11.50AM.**

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



DATE: 15 September 2022



## **'PEOPLE' COMMITTEE REPORT TO TRUST BOARD 11/10/22**

The People, Finance and Organisational Development Committee met on Thursday 15 September 2022.

Issues discussed included:

1	<p><b><u>HR &amp; OD Scorecard and Monitoring Dashboard</u></b></p> <p>Ms Lemon presented the Committee with a detailed progress update on the Key Performance Indicators (KPIs) covering areas such as long/short term absence; overtime/agency costs; staff count; complaints; Whistleblowing; leavers/turnover rate.</p> <p>Members welcomed the progress made.</p>
2	<p><b><u>HR Improvement Plan – progress update</u></b></p> <p>The Committee noted the progress update on the various HR workstreams as at September 2022. It noted the RAG ratings which had been attributed to the workstreams and, where necessary, the planned mitigations to ensure the workstream remained on track.</p>
3	<p><b><u>Maximising Attendance Update and Plan</u></b></p> <p>The Committee noted the cumulative sickness absence 2022-23 is 11.12% and that, with effect from 1 October, Covid-19 absence would be treated as sickness absence under Terms and Conditions.</p> <p>The Committee approved the Plan to maximise attendance involving a new training approach and methodology based on health and wellbeing principles and HR and management good practice.</p> <p>The Committee noted the intention for a project plan with KPIs and dashboards at Directorate/Departmental/Divisional levels and discussed the need to show metrics which would identify the point at which absence would present challenges to service provision. The Committee noted the potential to use REAP data for this purpose.</p>





	Regular reports would be provided to the Committee.
4	<p><b><u>Finance Update</u></b></p> <p>The Committee received a verbal update on the Trust's financial position and noted that the recent outage of the Finance, Procurement and Logistics (FPL) system had resulted in no access to the finance systems for ordering of stock, logistics, payment to suppliers and financial reporting.</p> <p>It was noted that access to the systems had now been restored and normal financial reporting arrangements would resume for Month 5 (August).</p>