

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

TRUST BOARD - THURSDAY 15 DECEMBER 2022 AT 10AM (via Zoom)


# Agenda

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

*For Information*

## 2 Minutes of the previous meeting held on 11 October 2022

*For Approval*

 2 - mins 111022 draft.pdf

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## 3 Matters Arising

*For Decision*

 3 - Trust Board action list 111022.pdf

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## 4 Chair's Update

*For Noting*

## 5 Chief Executive's Update

*For Noting*

## 6 NIAS Culture Programme

*For Approval*

 6 - 01 - Culture cover paper.pdf

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 6 - 02 - Culture Leadership Charter.pdf

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 6 - 03 - NIAS Employee Recognition Overview.pdf

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## 7 Clinical Plan/Strategy Development & Implementation - presentation by Mr N Sinclair

*For Noting*

 7 - 01 - Clinical Plan Strat update cover.pdf

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 7 - 02 - Clinical Strategy Update Trust Board.pdf

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## 8 NIAS Gifts & Hospitality Policy

*For Noting*

 8 - 01 - Gifts&Hospitality cover.pdf

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 8 - 02 - TW-1-FIN (01) 2022\_Gifts and Hospitality Policy\_v04 Dec 2022.pdf

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## 9 NIAS Corporate Plan 2022-23 Mid-Year Review

*For Noting*

 9 - 01 - Corporate plan cover paper\_Dec22.pdf Page 102

 9 - 02 - NIAS Final Corporate plan 2022-2023\_Mid Year update.pdf Page 103

## 10 NIAS Corporate Risk Register

*For Noting*

 10 - 01 - Corporate Risk Register cover.pdf Page 121

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## 11 Performance Report (November 2022) & Winter Plan

*For Noting*

 11 - 01 - Performance Report cover.pdf Page 132

 11 - 02 - PERFORMANCE REPORT\_FINAL\_Nov22.pdf Page 133

 11 - 03 - NIAS Trust Surge Plan and Winter Resilience 22\_23.pdf Page 148

## 12 Finance Report (Month 7)

*For Noting*

 12 - NIAS Finance Report Month 7 2022-23.pdf Page 168

## 13 NIAS Charitable Trust Fund - Trustees' Annual Report & Accounts for the year ended 31 March 2022

*For Noting*

 13 - 01 - CTF Final Accounts Annual Report cover paper.pdf Page 178

 13 - 02 - 2122 NIAS Trustees Annual ReportTBAprovedLAID\_Final.pdf Not included

## 14 Committee Business:

*For Noting*

- Safety Cttee - report from meeting on 8 December 2022

 14 - 01 - Safety Cttee - report from 080922.pdf Page 179

- PFOD Cttee - minutes of meeting on 15 September & report from meeting on 24 November 2022

 14 - 02 - People Cttee mins 150922 final.pdf

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 14 - 03 - PFOD Cttee report from 241122.pdf

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- ARAC - minutes & report of meeting on 6 October 2022

 14 - 04 - ARAC - report from 061022.pdf

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 14 - 05 - ARAC 061022 mins final.pdf

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**15 Date & venue of next meeting: Thursday 9 February 2022 at 10am. Arrangements to be confirmed.**

**16 Any Other Business**

*For Noting*





# Northern Ireland Ambulance Service Health and Social Care Trust



**Minutes of NIAS Trust Board held on Tuesday 11 October 2022 at  
10am in the Conference Room, NIAS North Division HQ,  
121-125 Antrim Road, Ballymena BT42 2HD**

<b>Present:</b>	Mrs N Lappin Mr W Abraham Mr J Dennison Mr M Bloomfield Mr P Nicholson Dr N Ruddell	Chair Non Executive Director Non Executive Director Chief Executive Interim Director of Finance Medical Director
<b>In Attendance:</b>	Mr B McNeill  Ms M Paterson  Ms R Finn  Ms V Cochrane  Mrs C Mooney Mr J Wilson Ms K Keating	Programme Director - Clinical Response Model (CRM) Director of Performance, Planning & Corporate Services Assisant Director QSI (rep Ms Charlton) Assistant Director HR (rep Ms Lemon)  Board Secretary Boardroom Apprentice Risk Manager (for agenda item 6 only)
<b>Apologies:</b>	Mr D Ashford Mr T Haslett Ms R Byrne Ms L Charlton  Ms M Lemon	Non Executive Director Non Executive Director Director of Operations Director of Quality, Safety & Improvement Director of HR & OD

## 1 Welcome, Introduction & Apologies

The Chair welcomed members to the meeting

The Chair noted that apologies had been received from Mr Ashford, Ms Byrne, Ms Charlton, Mr Haslett and Ms Lemon.

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 (TB11/10/2022/01)**

The minutes of the previous meeting held on 25 August 2022 were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Nicholson.

## 3 **Matters Arising (TB11/10/2022/02)**

Members **NOTED** that the actions arising from the previous meeting had been actioned.

## 4 **Chair's Update**

Commencing her update, the Chair said she wished, at the outset, on behalf of the Trust Board to acknowledge the tragic events in Creeslough on Friday 7 October and conveyed her deepest sympathies to all involved. She said it was a devastating impact for such a small local community in terms of the number of people who had tragically lost their lives.

The Chair said she had been in contact with Mr Bloomfield regarding the NIAS staff who had provided an emergency response and the impact on them and said she had been reassured that the necessary support would be provided.

The Chair said that members had been copied into a series of correspondence between her and Mr Jakobsen, DoH, in relation to the funding of the Clinical Response Model (CRM) business case. She said that, following discussion at the August Trust Board meeting, Non-Executive Director colleagues had agreed to the Chair raising the matter with DoH senior officials in the first instance. The Chair said that it was clear from speaking to DoH colleagues that they, too, were frustrated by the lack of progress. However she added that the Trust had been promised comments by

mid-week and said she would like to have further discussion in the In Committee section of the meeting on further escalation steps should the comments not be forthcoming.

Continuing her update, the Chair advised that, along with Ms Lemon, she had attended a Service of Thanksgiving for HSC staff in Dromore Cathedral on 4 November.

She reported that she also attended the Women in Leadership conference in Birmingham which had been a precursor to the Ambulance Leadership Forum (ALF) conference which had been organised by the Association of Ambulance Chief Executives (AACE). The Chair acknowledged that, while the conference was focussed towards English ambulance services, there were some interesting discussions and shared challenges.

The Chair advised that, along with other Trust Chairs, she met with the Permanent Secretary and said the DoH focus was very much on the Trust improvement trajectories.

The Chair reported that, over recent weeks, she had held separate meetings with Ms Carville, recently appointed as the NI Comptroller and Auditor General, and Ms McKeown, Head of Internal Audit as well as joining other HSC Chairs in a meeting with the Minister for Health where the focus of discussion was on the budget and arrangements post the deadline of the end of October to have a functioning Executive in place.

Continuing, the Chair explained that she had been unable to attend two graduation ceremonies for students from the BSc and AAP14 courses. However she said she intended to meet with the AAP14 students as well as calling into the Non-Emergency Ambulance Control in Altnagelvin later in the week.

The Chair indicated that the recruitment competitions for NIAS Chair and Non-Executive Director positions had not yet commenced. However she advised that she had agreed to stay on to the end of March.

Referring to handover delays, the Chair said that the Board had discussed this issue on numerous occasions and advised that, at her request, Mrs Mooney had collated extracts from Board minutes showing when the issue had been discussed. She explained that

these extracts would provide members with some comfort that the Trust Board had discussed the issue and looked at the various options available and she asked Mrs Mooney to circulate the extracts to members for their information.

The Chair noted that the issue was initially discussed at the Board meeting in August 2021 and said that, as well as providing a record of the discussion, the minutes also provided a record of the actions taken, not just by the Trust Board but by the Chief Executive and other Directors. She acknowledged that one of the difficulties and frustrations shared by members was that, despite everyone's best efforts, the issue of handover delays remained.

Continuing, the Chair acknowledged the significant focus the ARAC had placed on the risks associated with the handover delays most importantly to patients and the impact on the wider HSC system and indicated that Mr Abraham, in his role as the ARAC Chair, had now written to her to escalate the issue to the Trust Board for consideration. The Chair said that she intended to discuss this issue in more detail in the In Committee session.

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

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

Commencing his update, Mr Bloomfield referred to the tragic events in Creeslough on Friday 7 October and conveyed his deepest sympathies to those families who had lost loved ones and those who were injured. He said that he had provided an update to members on the Saturday morning providing details of the NIAS involvement.

He advised that the NIAS Emergency Ambulance Control had received contact on the Friday afternoon to alert the service to a major incident that had taken place in Creeslough. He said that, at that time, the only details provided was that a building had collapsed following an explosion.

Mr Bloomfield advised that the NIAS immediately despatched a number of resources, including two Hazardous Area Response Teams (HART), HEMS, one emergency ambulance and one Station Officer from Altnagelvin. He said that these staff were replaced through the night as well as sending additional staff to the scene.



Mr Bloomfield indicated that the HART teams had particular expertise and training for such circumstances and said that this did result in these staff taking on a difficult part of the work.

Mr Bloomfield acknowledged the incredibly distressing circumstances for staff. He said that the Trust was very mindful of the impact on staff and had ensured the necessary peer support arrangements were put in place, involving interventions at the appropriate time. He added that a focus would continue on this in the coming days and weeks.

Continuing, Mr Bloomfield said that the Trust had also been offered similar support by National Ambulance Service (NAS) colleagues and said it was likely that a cross-border multi-agency debrief would take place in the near future. He stressed the need to ensure that this was properly co-ordinated and assured members that all staff would receive the necessary support.

Mr Bloomfield indicated that the Trust had received numerous messages of thanks and support including from the Health Ministers, North and south, the Permanent Secretary and the Chief Medical Officer. He said that he had requested that the messages were shared with those staff involved in the tragedy.

Mr Bloomfield said he had been very proud of the way in which the NIAS had responded and supported their colleagues in Creeslough and added that he had no doubt that, had the situation been reversed, NAS colleagues would have responded similarly as they had done when the NIAS had been challenged in ensuring cover.

Mr Bloomfield said that he had been honoured in September to represent the Trust at a number of events to mark the death of Her Majesty the Queen, including the Proclamation of Ascension held at Hillsborough; Message of Condolence which had been attended by the King and the Queen Consort; Service of Thanksgiving at St Anne's Cathedral and the Queen's funeral service at Westminster Abbey. Mr Bloomfield said that he normally would ensure that such invitations were shared amongst staff in order to acknowledge their contribution. However, he explained that, on these occasions, the invitations had been non-transferrable and he believed it was fitting that ambulance services had been represented at all events.

Continuing his update, Mr Bloomfield advised that, accompanied by Dr Ruddell and Mr Sinclair, he had recently met with the second cohort of paramedics undertaking the BSc at the University of Ulster. He said they had spent some time with them explaining their vision for the ambulance service and discussing future career opportunities. He added that the Trust would continue to keep in contact with the students as they would undertake placements with the Trust over the next year.

Mr Bloomfield indicated that he had attended the Ambulance Leaders' Forum (ALF) Conference with a number of colleagues and had been delighted when Ms Caitlin Mullan had been awarded the Emergency Medical Despatcher of the Year Award. He conveyed his congratulations and those of Trust Board to Ms Mullan on her award.

Mr Bloomfield reported that he, Dr Ruddell, Ms Paterson and Mr McNeill had recently met with the Interim Chief Executive of the NIFRS and his senior management team to discuss areas of potential collaboration, for example shared use of estates and training facilities. He said that, at the meeting, the NIFRS had restated their commitment to progressing an initiative whereby the NIFRS would respond to cardiac arrest calls in rural areas and perform CPR until the NIAS arrived on scene. He reminded members that this initiative, known as 'Maggie's Call' had been called for following the tragic death of five-year old Maggie Black in December 2021. Mr Bloomfield acknowledged that it was likely to be some time before the initiative was fully operational but said he had made it clear at the meeting that the NIAS was ready to provide the necessary training for NIFRS staff at the appropriate time.

Continuing, Mr Bloomfield advised that he, Dr Ruddell and Ms Paterson would be attending a workshop organised by the DoH to look at service reconfiguration. He reminded the meeting that, before the summer, the Minister had announced his intention to undertake a public consultation in the autumn on service reconfiguration, taking account of which services might be provided from which locations.

Mr Bloomfield explained that the other five Trusts would present their initial views and said that the NIAS attendees would be ensuring the potential impact of the changes on NIAS was made clear. He added that it would also be important to make clear what

the NIAS could and could not do within its existing resources. He believed the workshop would also provide a further opportunity to point out that the facilitation of these potential changes was linked to CRM investment and reminded the meeting that one of the key elements of CRM investment was to enable system-wide transformation.

Mr Bloomfield indicated that, at the August Trust Board meeting, he had briefly mentioned that October would be designated as 'Shoctober' to raise awareness of defibrillators and the importance of registering them and ensuring they were ready for use. He said there had been social media activity in relation to the Shoctober campaign and reminded members that they would receive CPR training following this meeting.

Concluding his update, Mr Bloomfield advised that Ms Lemon had recently been appointed as the Trust's Director of Human Resources and Organisational Development (HR & OD).

He further advised that Mr McNeill had indicated his intention to retire at the end of January. Mr Bloomfield said that Mr McNeill had made a significant contribution through his wide range of roles in the NIAS and added that members would have an opportunity to mark his retirement.

Dr Ruddell advised that he had received an invitation from the Coroner to attend Maggie Black's inquest on 11 November to specifically discuss the issue of ambulance availability and resourcing as well as the family's wish to progress the 'Maggie's Call' petition. He added that the Trust had also been asked to submit a statement ahead of the inquest.

Dr Ruddell said that the Trust had been in touch with Maggie's family last week to go through the detail of the SAI report with them. He said that he continued to be humbled by their understanding and gracious approach and said the family was keen to use the Coroner's inquest to highlight the challenges faced by the NIAS and to push forward with 'Maggie's Call'.

The Chair indicated that Mrs Black continued to be in regular contact with her and the Chief Executive. She acknowledged her frustration in having to advise Mrs Black that the initiative around cardiac arrest had not progressed as much as she would have liked

but the Chair said she was encouraged by the fact that the NIFRS remained committed to this area of collaboration between the two organisations. She acknowledged that, while the inquest would undoubtedly be extremely painful for the Black family, the family would be keen for positive steps to come out of the inquest in terms of progressing the dialogue to ensure 'Maggie's Call' was implemented.

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

## 6 **Body Worn Video – Phase 2 Summary (TB11/10/2022/03)**

The Chair welcomed Ms Katrina Keating, Risk Manager, to the meeting and asked Ms Paterson to introduce this agenda item.

Ms Paterson referred to the significant amount of work which had been undertaken to reach this point, ie the outcome of the second phase of the consultation. She pointed out that the Body Worn Video (BWV) Policy which had been revised slightly following receipt of comments during the consultation had been approved by the ARAC at its recent meeting and she invited Ms Keating to highlight the salient points to members.

Ms Keating reminded members that the first phase of the consultation had taken place between 6 December 2021 and 14 February 2022 and had included the requirement for a second full public consultation to be carried out on the proposed Pilot and Deployment Plan 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. This second phase took place between 13 May and 5 August 2022. Ms Keating advised that seven responses had been received and she drew the meeting's attention to the summary of responses, including written feedback from the Information Commissioner's Office and the Human Rights Commission.

The Chair commended Ms Keating on the clarity of the papers before the Board.

Mr Abraham clarified the role of the Human Rights Commission and asked if they had to approve the documentation before it could progress any further.



In response, Ms Keating explained that the Commission had been very willing to review the documentation and provide feedback to the Trust but had no role in approving its content.

Mr Dennison acknowledged that an element of the consultation alluded to the fact that the use of cameras would not stop attacks and said there was also reference to de-escalation techniques. He asked for further detail on the plans to roll these techniques out to staff.

Ms Keating referred to the Violence Prevention and Reduction Strategy which had been approved by the Trust Board in May 2021. She said that the issue of refresher training for staff had been raised recently at the Education and Learning Development Forum. Ms Keating explained that she had been liaising with the Medical Directorate to have this training refreshed, benchmarked nationally and rolled out to staff. She stressed the importance of staff having all tools to hand to prevent and reduce violent assaults.

The Chair commented that it was encouraging to see that, while only a small number of responses had been received, the responses received had been considered and clearly demonstrated that the documentation had been reviewed in detail.

The Chair also welcomed the fact that, in engagement with the Human Rights Commission, Ms Keating had been able to challenge the Commission's suggestion not to film children by citing the example of a member of staff who had been seriously assaulted by a teenager and therefore a blanket request not to film children could not be applied.

On a proposal from Mr Dennison which was seconded by Dr Ruddell, the Board **APPROVED** the Pilot & Deployment Plan for BWV. It noted that the revisions to the BWV Policy had been approved by the ARAC at its meeting on 6 October 2022.

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

## 7 **NIAS Flu Vaccination Programme 2022-23 (TB11/10/2022/04)**

At the Chair's invitation, Ms Finn highlighted the salient points of the Trust's Flu Vaccination Programme. She explained that the Trust intended to follow a similar format to previous programmes with one significant difference in that administration of the flu vaccination, as well as the Covid-19 vaccine, would be co-ordinated by other Trusts on behalf of NIAS.

Mr Bloomfield pointed out that, for a number of years running, the NIAS had been the only Trust in NI to achieve the target set by the DoH. However last year had seen the NIAS uptake rate reduce to 45%. Mr Bloomfield explained that, as staff could avail of the flu and Covid-19 vaccinations in external settings, it could potentially prove challenging to confirm uptake numbers.

The Chair indicated that this should be borne in mind by the Trust Board when it received progress reports.

The NIAS Flu Vaccination Programme 2022-23 was **APPROVED** on a proposal from Mr Bloomfield. This proposal was seconded by Mr Dennison.

## 8 **NIAS Operational Improvement Plan (TB11/10/2022/05)**

Ms Paterson drew members' attention to the NIAS Operational Improvement Plan and explained that the Plan outlined the Trust's improvement and operational priorities to minimise the impact of winter pressures upon the service. She added that the actions therein were co-ordinated by the Operations Improvement Group which had been meeting since the end of June.

Continuing, Ms Paterson acknowledged that Covid-19 continued to present challenges with regard to capacity. She advised that, while the majority of actions were led by the Operations Directorate, a number were also being progressed by the Medical Directorate. Ms Paterson explained that some of the actions being taken forward would supplement the regional unscheduled care plan which was owned by all Trusts with oversight from the SPPG.

Ms Paterson advised that the regional unscheduled care plan was in effect the regional winter plan and pointed out that aspects of the unscheduled care plan had been presented to the ARAC in terms of

mitigation around handover delays. However, she indicated that the key risk to the delivery of all the initiatives set out in the Operational Improvement Plan was that of funding constraints. Ms Paterson said that, along with Finance colleagues, she was monitoring these as well as the demography funding made available to the Trust.

She pointed to page 4 of the Plan which set out the initiatives and workstreams being progressed to enhance the NIAS' service response as well as identifying the priority attached to each.

Ms Paterson referred in particular to the deployment of the derogation list which provided an opportunity to allow staff to finish their shift on time rather than respond to the next call. She emphasised the need for a careful balance in this regard and advised that the derogation list had been used on 80 occasions since the start of the year. Ms Paterson added that the decision to use the derogation list was reviewed on each occasion to ensure no harm had resulted. She acknowledged that there was more risk attached to using the derogation list in the evenings as opposed to mornings due to the fact that there tended to be less crews than demand in the evenings. Ms Paterson reminded the meeting that the risk associated with the use of the derogation list had been included in the Trust's Corporate Risk Register and focussed on the balance between staff welfare and patient safety, mindful that staff welfare and the availability of staff had the greatest impact on patient safety.

Continuing, Ms Paterson alluded to alternative shift patterns and explained that the Trust was trying to develop overlap shifts with a view to maximising staff capacity when demand was at a peak in order to ameliorate fact that staff were often working beyond their shift finish time. She pointed out that if this proof of concept was successful, it could potentially reduce the use of the derogation list as well as reducing compensatory rest the following day. However, Ms Paterson pointed out the implementation of a new shift pattern had cost implications.

Ms Paterson emphasised the importance of measuring the effectiveness and efficacy of the actions being taken and how they were delivered so the Trust could focus on those actions which resulted in the best return from safety and productivity perspectives whilst simultaneously taking account of the current funding constraints.

Mr Bloomfield welcomed this approach. He said, while the Trust could continue to encourage staff to fill shifts as much as possible, the Operational Improvement Plan clearly set out the supporting work being undertaken. He cited the example of Station Officers and Supervisors undertaking administrative roles and explained that, through implementing the Plan, these officers would be freed up to support staff on difficult calls and manage attendance for example.

Mr Bloomfield believed that the Plan, using the planning and analytical skills of Ms Paterson's team working in conjunction with Operational colleagues and using their experience, knowledge and expertise, would see improvement in capacity over the coming months.

The Chair alluded to changing shift patterns and referred to an AACE presentation which had focussed on the impact of a 12-hour shift on a crew's health and wellbeing as well as the clinical safety aspect and the additional safety aspect of staff driving home after a long shift. She said she would welcome any initiative which would result in alternative shift patterns allowing maximum cover at peak times but which also provide for those staff who did not wish to work 12-hour shifts.

The Chair thanked Ms Paterson for her presentation of the NIAS Operational Improvement Plan which was **NOTED** by members and said she looked forward to future updates.

## 9 **Update on Regional Electronic Ambulance Communications Hub (REACH) (TB11/10/2022/06)**

The Chair reminded members that the Board had received a brief update on the REACH project at its August meeting and she had expressed some concern at the difficulties which had been articulated at that time. She reminded colleagues that she had requested a further update would be provided to the October meeting.

At the Chair's invitation, Ms Paterson reported that the project continued to be deployed as per the plan with 997 tablets having been rolled out to staff who had received training on when and how to use REACH.



Ms Paterson confirmed that engagement with Trusts had been successful, with the system rolled out to seven of 12 EDs.

Ms Paterson alluded to the high level of collaboration between all stakeholders and said the expectation was to have the programme fully rolled out by February 2023 in line with the plan.

However, Ms Paterson advised, there were a number of challenges facing the Trust with a key challenge being the low uptake rate of the REACH solution amongst staff and added that the uptake rate was between 5-10%. She pointed out that, when the original business case was written in 2018-19, 75% of calls resulted in ED conveyances, this figure had since reduced to 70% and added that currently the REACH system was only applicable to those patients with an ED pathway. Therefore, she said, if a patient was not being conveyed to ED, staff used a manual Patient Report Form (PRF).

She acknowledged that a number of hardware issues had also been reported at project deployment level via staff feedback as well as through Trade Union engagement. She pointed out that battery life and performance were key factors in this regard.

Continuing, Ms Paterson explained that listening to staff had assisted greatly in helping to shape the deliverables. She acknowledged that REACH was a key dependency for a range of other projects and programmes across the Trust and stressed the importance of the Trust being able to deliver the REACH programme successfully.

She alluded to her earlier reference that REACH was not applicable on all patient care pathways. She explained that, during the deployment, EDs had progressively transitioned to REACH, meaning NIAS staff needed to make a decision on whether to use the REACH tablets or manual PRF based on their destination. She stressed the importance of ensuring that using the device was made as simple as possible for the member of staff using it. Ms Paterson believed that, once REACH was fully deployed, the option to use REACH or manual PRFs would become less of a factor as REACH would be used for all ED conveyances.

Continuing, Ms Paterson pointed out that the HSC landscape had evolved significantly and this expansion was expected to continue

over the coming years. She explained that alternative patient care pathways were being refreshed and relaunched which would result in further reducing ED conveyances.

Ms Paterson indicated that the impact of REACH would be reduced unless the scope of the project was expanded to increase its application to alternative care pathways and ensuring a single solution for all calls attended by the NIAS would help in delivering not only the benefits associated with a 75% usability, at risk of reducing further, but further increase it.

Ms Paterson explained that a larger scope of REACH would also assist its uptake as staff would have a single and consistent way to record clinical data. She pointed out that data was already being collated from those paramedics using the REACH system.

Mr Abraham referred to the need to operate the two systems in parallel, ie manual PRFs and the REACH system, until staff become fully familiar and comfortable with the electronic system. He suggested that there should then come a point at which the 'old' system was removed, thereby necessitating the use of the electronic system.

Ms Paterson acknowledged that there had been some issues with the hardware which had resulted in staff not being fully supportive of the move to REACH and accepted that it was easier to use the manual PRF. She emphasised that the REACH tablet and delivery of the record to ED was the pathway and was the reason REACH was introduced. She referred to the ultimate goal of using REACH for every call for every patient thereby ensuring a structure for its use. Ms Paterson acknowledged that it was difficult to adhere to structures when there were multiple pathways and the tablet did not operate to its optimum capacity.

Ms Paterson indicated that there was rich data currently being collated through REACH and suggested it might be helpful sharing this data with staff to demonstrate what was being delivered.

Mr Abraham asked if any timeframes/milestones had been identified for the implementation of REACH.

Responding, Ms Paterson explained that the REACH tablet used Bluetooth to transmit data to the receiving ED and advised that full

roll-out was expected by February 2023 ahead of imminent changes to the Vodafone network at that time.

The Chair alluded to the fact that the business case had been written in 2018-19. She noted that, at the time of her appointment as Chair in 2019, the focus had been to increase the incidence of 'See and Treat' and 'Hear and Treat' as well as encouraging the use of alternative care pathways and expressed concern that, despite their existence since 2018-2019, uptake was only 23%.

The Chair sought clarification around the cost implications of re-imaging the devices and the intended uptake of 75% by February 2023.

In response, Ms Paterson confirmed that a 75% uptake would be the maximum and said that the contractor had borne the costs associated with the re-imaging of devices.

The Chair asked if this reflected the fact that issues with the devices had been identified.

Ms Paterson suggested that there was always potential for issues with new devices to be highlighted. She reminded the meeting that 997 devices had been rolled out with approximately 80-100 users identifying issues.

Ms Paterson explained that, in order to better understand the range of issues, a survey had been carried out amongst REACH users and approximately 100 staff had responded to confirm they had experienced difficulties with the device. She confirmed that no additional or new issues had been identified by Trade Union colleagues. Ms Paterson said it would be important to work with Operations colleagues to understand how best to maximise deployment. She added that staff had held roadshows, had visited EDs and met with staff to discuss their experiences of using the devices and said their feedback would be important in moving forward.

Ms Paterson said she was confident that the benefits of the programme could be delivered. She stressed that it was an iterative process but said it was the Trust's role to consider the options as a programme team with a view to presenting options to the strategic group and to Trust Board with a further update.

The Chair welcomed this and emphasised the importance of not losing the goodwill of staff.

Mr Dennison said, while the REACH system was working, it appeared that staff had not been properly trained to operate the system. He questioned the costs involved and asked whether staff saw the benefits of the system in operation.

In response, Ms Paterson confirmed that staff had been trained and said that ongoing training would be provided until staff were comfortable in their use of the REACH system. She reiterated that the main issue lay with the device itself. She added that those individuals who were initially reluctant to transition from manual PRFs to the electronic system now supported its roll-out across the Trust.

Mr Dennison suggested that it would be helpful to identify a number of REACH champions amongst staff.

Mr Nicholson alluded to the additional costs and said that Ms Paterson had referred to the re-imaging of devices and engagement with the contractor. He confirmed that the initial costs for vehicle based devices that provided both elements of contingency and growth had been £250,000. He advised that this funding had been supported by a separate business case and allocation from the DoH.

The Chair accepted that the business case costs had been covered by the DoH allocation and sought clarification on whether the Trust had contributed any additional funding.

In response, Mr Nicholson confirmed that the Trust had contributed approximately £2 million.

Ms Paterson assured the Board that a risk assessment and benefit realisation impact would be conducted for each challenge identified and advised that some progress had already been made in this regard.

The Chair suggested that any escalation of costs should be brought to the attention of the PFOD Committee in the first instance.



The Chair thanked Ms Paterson for her comprehensive update and suggested it would be important for the Trust Board to receive an update at its meeting in March 2023.

Members **NOTED** the update on REACH.

#### 10 **Performance Report – September 2022 (TB11/10/2022/07)**

Ms Paterson explained that Trust continued to develop various Key Performance Indicators (KPIs) set out in the report to support the Trust Board's oversight of the organisation. She added that the Medical Directorate was working to develop Clinical Performance Indicators (CPIs) which would be considered in the future.

Ms Cochrane advised that managing attendance continued to prove challenging and reported a slight monthly reduction in July and August but acknowledged that this reduction had been insufficient to allow the Trust achieve its target.

She pointed out that, with effect from 1 October 2022, Covid-19 absence would now be treated in the same way as normal sickness absence and suggested that this would impact on absence figures moving forward. Ms Cochrane advised that Ms Young and Ms Larkin had attended the PFOD Committee on 15 September to provide a presentation on the 'Maximising Attendance' project. She explained that the focus of the project was on early intervention and stay at work plans in terms of long-term conditions management. Ms Cochrane indicated that long-term absence was significantly greater than short-term absence. She said that the project would provide better training and tailored support for managers in individual cases and added that the 'Maximising Attendance' project would report regularly to the PFOD Committee.

Referring to Serious Adverse Incidents (SAIs), Ms Finn confirmed that the family engagement aspects of SAI investigations had now taken place with one Level 3 SAI investigation being referred to the Coroner. She advised that the key themes in Complaints, Compliments and Care Opinion remained consistent, namely delay in A&E response; staff attitude and concern regarding treatment. Ms Finn explained that, while the focus was on local resolution of staff attitude complaints, any learning identified around more serious areas would be addressed through the provision of additional support and education. Ms Finn indicated that the Trust

continued to collate feedback through Care Opinion. She alluded to further work being undertaken under the auspices of 10,000 More Voices, in particular the survey around 'What Matters to You'. Ms Finn added that a target had been set for 150 responses to the survey, following which consideration would be given to shaping services based on the feedback received.

In response to a question from the Chair on whether the common themes identified in complaints and through Care Opinion aligned with national themes, Ms Finn confirmed that they did.

The Chair drew members' attention to page 13 and 14 of the Performance Report which set out the Trust's July and August submissions to the improvement trajectories set by the SPPG. The Chair expressed concern that one of the targets pertaining to the NIAS related to handover delays and she pointed out that, for the second month, not a single target across Trusts had been achieved. The Chair emphasised the reliance of the NIAS on other Trusts to address the issues around handover delays.

Mr Abraham pointed to page 7 of the Performance Report, in particular the reference that *'In August 2022, NIAS had experienced a total of 11,146 lost hours, this is the equivalent of 30 shifts per days, with crews waiting with patients outside EDs, 27% of our planned capacity...'* and believed that this would inform the discussion later in the In Committee session.

Mr Bloomfield referred to page 3, 'Volume of 999 calls answered' and indicated that call answering performance had been included as one of the Trust's improvement trajectories. He pointed out that the call answering performance had remained below the 90% target for the second consecutive month when August 2022 saw the performance achieve 87.7%.

Continuing, Mr Bloomfield said that members would be aware of the recent BT industrial action and explained that BT call takers answered 999 calls in the first instance prior to transferring them to the appropriate emergency service. He pointed out that the NIAS was performing favourably in relation to picking up calls from BT compared to English Trusts.

Continuing, Mr Bloomfield said that, as the Trust was using the SPPG improvement trajectories to monitor progress, he would be

keen to use these to deliver in other areas, particularly handover delays and Cats 1-3 performance.

Mr Bloomfield referred to Cat 1 response times and explained that, compared to English Trusts where performance had deteriorated by 1 minute, the NIAS' performance had improved by 1 minute 5 seconds; similarly in Cat 2 response times, the NIAS' performance had improved by 3 minutes 35 seconds while English Trusts had deteriorated by 4 minutes 5 seconds.

Mr Bloomfield stressed that there was no room for complacency and said the Trust would continue to strive for improvement in these areas.

The Chair thanked everyone for their contribution to the discussion on the Performance Report which was **NOTED** by members.

## 11 **Finance Report (Month 5) (TB11/10/2022/08)**

Introducing the Finance Report for Month 5, Mr Nicholson advised that the Trust was reporting a breakeven position for the five months ending 31 August 2022 as well as forecasting a breakeven position at year end. He added that this was subject to a number of assumptions, particularly around assumed income, Covid-19 costs and efficiency savings. He said that the Trust continued to liaise with SPPG colleagues to finalise the resource requirements in relation to these issues and other financial pressures and deficits for the current year and beyond.

Continuing, Mr Nicholson pointed out that the Trust had initially been advised not to assume Covid-19 allocations beyond the first quarter of the financial year. However, he added that, while no formal allocations had been received to date, recent correspondence from the SPPG had clarified that the required levels of funding would be made available. Mr Nicholson said that he would undertake further analysis of the SPPG correspondence over the coming days subject to receiving final confirmation.

However, Mr Nicholson emphasised that, while confirmation of the funding had been received, the Trust should continue to exercise cost containment. He pointed out that the expectation was that any unused ringfenced allocations would be returned to the DoH at year end.

Referring to savings, Mr Nicholson reminded the meeting that the Trust had been set a target of £2.6 million but had only been able to identify £1 million from non-frontline non-recurring vacancies. He added that the Trust had received some additional support from the DoH to allow it deliver that £1 million savings on a non-recurrent basis.

Mr Nicholson advised that the Trust had received further correspondence from the DoH asking the Trust to identify any areas where costs could be contained. He explained that, following discussion with the Senior Management Team, the Trust had identified £3 million of potential cost reductions and he drew the Board's attention to page 4 of the report which detailed those areas where savings had been identified.

Mr Nicholson reminded the meeting that the Trust had requested £5 million towards training - £2.6 million for Cohort 4 and £2.4 million for the associated backfill. He said that it was very unlikely, given the current pressures and the fact that these would continue into the winter, that the Trust would be able to deliver on its planned backfill training and therefore it had included this allocation within the funding to be returned to the DoH.

The Chair noted that the Trust's agreed Revenue Resource Limit (RRL) was now £96.9 million and asked if this had increased. She also alluded to the allocations of £2.6 million and £1.58 million for Cohort 4 and energy costs respectively and asked if there would be a significant impact on the Trust should allocations not be forthcoming from the DoH.

Mr Nicholson said that he intended to go through the DoH correspondence in detail and he reminded the meeting that some of the initial allocations had included last year's pay award. He added that, while this had been provided as a non-recurrent allocation last year, some allocations will have been consolidated into the Trust's baseline. He suggested that it was likely that the Trust's RRL would increase from £96 million to £118 million and explained that the difference between the two figures would be the non-recurrent allocations.

Mr Abraham referred to the fact that members had had extensive discussion around the preferred format of the finance report and



was of the view that it provided the detail in a clear and concise manner.

Mr Nicholson drew members' attention to page 5 of the report which set out the Directorate financial position and advised that there had been an overspend within the Medical Directorate. He explained that this had related to support provided by the HART team to operational response and confirmed that the issue had now been resolved. He pointed out that the Operational budget represented approximately 80% of the overall budget.

Referring to page 6, Mr Nicholson advised that reliance on VAS/PAS remained significant and welcomed the fact that the Trust had recently moved to REAP level 3. He alluded to overtime expenditure and reported that this was on average £6 million per year. He added that the Trust continued to pay enhanced rates through the Covid-19 Rapid Response Payment Scheme (CRRPS).

Mr Nicholson referred to the Capital Resource Limit (CRL) and advised that, in an attempt to manage the traditional and exceptional risks, there was an element of over programming on the current capital programme. He explained that this would be managed through additional bids and funding or the deferral of schemes into the 2023-24 year. He advised that provisional figures for expenditure at August 2022 (Month 5) was £0.196 million against this allocation of £5.943 million and he confirmed that the Trust currently forecasted full spend against the CRL allocation at year end.

Mr Nicholson reported that the Trust continued its efforts to maintain its level of performance around the prompt payment of invoices. He acknowledged the fragility of the Trust's performance in this area and said that the recent FPL outage might impact on performance.

Mr Abraham welcomed the performance against the prompt payment of invoices and, whilst recognising the challenges, encouraged the Trust to maintain its efforts.

Ms Paterson referred to the Trust's use of the CRRPS and said it would be important to manage expectations moving forward. She advised that the Trust had not offered the CRRPS in October and did not intend to do so over the next two weeks based on the level of cover. She advised that she had had discussions within the

Operations Directorate about the use of VAS/PAS with a view to seeking to understand better how NIAS' reliance on VAS/PAS could be reduced by the end of the current financial year. Ms Paterson said she intended to discuss further with Senior Management Team colleagues how the Trust could manage this reduction whilst minimising the impact.

The Chair said that concerns had been expressed at previous meetings around reliance on the CRRPS and the impact on Trust overtime expenditure when the CRRPS ceased.

Ms Paterson said that she hoped members would begin to see a reduction in October on the use of the CRRPS.

Mr Dennison echoed Mr Abraham's earlier comments re the format of the Finance Report which, he said, clearly showed the required information. He conveyed his thanks to Mr Nicholson and his team.

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

## 12 **Committee Business:**

- **People, Finance & Organisational Development Committee – minutes of meeting on 30 June 2022 & report of meeting on 15 September 2022**
- **Audit & Risk Assurance Committee – minutes of meeting on 23 June 2022 and report of meeting on 6 October 2022 (TB11/10/2022/09)**

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

Mr Dennison advised that he was pleased with the progress made by the PFOD Committee in consideration of the HR scorecard as well as the single improvement plan.

The Chair echoed these comments and believed that the Committee, which had only been in existence for two years, was now reaching a point whereby the information presented to the Committee provided members with the assurance required by Trust Board.

Mr Abraham reported that the ARAC had met on 6 October. Referring to the IA recommendations, he said the Committee was keen to ensure momentum was maintained in addressing the outstanding recommendations and added that he intended to proceed with the meeting on 8 December 2022.

Mr Abraham advised that the Committee had also received a presentation from Ms Paterson around the work being taken forward by the Trust to revert to business as usual and commended the presentation to those NEDs who were not members of the ARAC. He explained that this issue would remain a standing item on the ARAC agenda until the Trust transitioned to the next phase in the recovery/rebuild journey.

Alluding to Risk 357 around delayed handover times, Mr Abraham was of the view that the Trust had now passed the point of potential risk and had accepted that delayed handovers resulted in harm, injury or death to those patients waiting in the back of ambulances and asked that this continued to be documented appropriately. He also commended the paper prepared by Ms Paterson around Risk 357 and said it would provide an in-depth understanding.

Mr Abraham said he appreciated that the issue would be discussed further in the In Committee session. He was of the view that the duty to care also included the duty or willingness to speak out or articulate a position which might be contrary to common or agreed thinking at a certain point in time. He further suggested there was no point, after a problem had emerged, to discover that a few people had had concerns but had been afraid to raise them. Mr Abraham emphasised that the Trust Board must ensure questions, concerns and views could be raised and heard.

He alluded to a number of recent enquiries and reviews which supported this approach:

- 'A Review of Leadership & Governance in Muckamore Abbey Hospital' (31 July 2020) ('Muckamore Review') - paragraph 5 noted that *'...there was a lack of interest and curiosity at Trust Board level.'*
- 'The Independent Review into the Circumstances of Board Member Resignations in the RQIA' (8 December 2020) criticised the RQIA Board, stating that: *'...the Board was passive and almost reactive in how it was operating.'*

- 'The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry' - Robert Francis QC noted: *'This Inquiry is charged to investigate the deficiencies in the system which allowed the events of Mid Staffordshire to pass unnoticed or without effective reaction for so long...There was a combination of factors, of deficiencies throughout the complexity that is the NHS, which produced the vacuum in which the running of the Trust was allowed to deteriorate.'* Subsequently, in para. 1.1 of 'Summary of Findings', Francis noted: *'...there has been a constant refrain from those charged with managing, leading, overseeing or regulating the Trust's provision of services that no cause for concern was drawn to their attention, or that no one spoke up about concerns.'*
- 'The Report of the Inquiry into Hyponatraemia Related Deaths' – at paragraph 7.15, Professor Scally advised that there was no requirement during the period under review for Boards or Trusts to notify the Department about *'potentially avoidable deaths or other instances of serious clinical failure.'*

Mr Abraham said he had been particularly drawn to comments found at paragraph 7.24 which reflected statements he had made previously: *'As Mr Gowdy observed 'you don't know what you don't know, so you need to have a system to find out.' The Department did not know, did not have a system and did not find out.'*

Mr Abraham commented that blindness, wilful blindness or lack of processes to look at issues did not excuse Boards and organisations.

Mr Abraham said that, following detailed discussion at the ARAC meeting, it was the Committee's view that the situation remained unacceptable. He pointed out that it was important to note that the Committee agreed that NIAS was doing everything possible but the situation remained unacceptable.

Continuing, Mr Abraham pointed out that it was for this reason, the Committee felt that this was no longer an ARAC issue and agreed this should be addressed by the Board as a whole as early as possible. He suggested that a special meeting would be needed where sufficient time could be devoted outside of the normal agenda. Mr Abraham commented that he had suggested the ARAC meeting time in December but the Committee had been of the view that this could not wait until then.



Mr Abraham said that the Committee also agreed to seek independent legal advice, in accordance with its powers, as to whether it was doing all that could be done given the harm being caused to patients as well as to determine if any other actions could be taken in relation to this matter.

The Chair thanked Mr Abraham for his comments and said it would be helpful for members to have a fuller discussion in the In Committee session. As the Board was in public session, she said she wished to record that it was clear the ARAC had interrogated this particular risk in extreme detail by offering suitable challenges and support to colleagues to ensure that all actions had been taken to address this risk and yet the risk remained.

The Chair agreed that it was appropriate that the Trust Board was visible in acknowledging the risk and considering what, if any, further actions needed to be taken to mitigate the risk. She said it would be important to be mindful, when considering possible options in the In Committee session, of the role of the Trust Board while at the same time acknowledging the fact that the NIAS was one of six Trusts and therefore did not have the authority to hold other Trusts to account. The Chair said she very much appreciated the frustration of Non-Executive Directors at NIAS' position in terms of working in partnership with other Trusts when those Trusts had clearly been unable to address the risk. She suggested that the Board may have to accept that addressing the risk fully was outside of its control and accepted that this would be an uncomfortable position.

Continuing, the Chair said it was clear from previous discussions that members of the Trust's Senior Management Team had continued to raise the risks associated with delayed handovers at every opportunity and she was aware from her meeting with Ms McKeown that the risk was being considered across the HSC system.

Mr Abraham reiterated that the ARAC had been content that the Trust was doing everything within its power to raise awareness of the risk and the harm that was caused to patients as a result of delayed handovers. He suggested that the challenge would be to 'think outside the box' about other solutions.

The Chair said she would welcome members' views and said it was important that the Trust would continue to focus on this issue. She acknowledged that the issue would be further discussed in the In Committee session and members should be mindful as to what they wished to achieve from that discussion.

Mr Bloomfield referred to the feedback offered by Mrs Mitchell, ARAC Independent Adviser, to the ARAC and advised that Mrs Mitchell had been of the view that the ARAC had discharged its responsibilities.

Mr Abraham accepted that Mrs Mitchell's feedback had formed the genesis of reverting this risk to Trust Board.

The Chair accepted that Trust Board retained the corporate risks and believed it was appropriate that such a significant risk and one which had a direct impact on patients as well as on the health and wellbeing of staff should be discussed at the Board. She said she was also mindful of the efforts being made by individuals around the Board table who were trying to manage this risk while fully aware of the impact it had on individuals' lives.

### 13 **Date of Next Meeting**

The next NIAS Trust Board will be held on Thursday 15 December 2022 at 10am. Venue to be confirmed.

### 14 **Any Other Business**

#### **(i) Trust Seal**

Mr Nicholson advised that the Trust Seal had been applied in relation to the lease at M1 Business Park (Central Stores, Procurement & Logistics) from 8 May 2022 for five years.

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

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

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



**TRUST BOARD – 11 OCTOBER 2022**

		INDIVIDUAL ACTIONING	UPDATE
	<b>PUBLIC</b>		
1	Share minute extracts minutes with members showing when handover delays were discussed	CM	e-mailed 11/10/22 ACTIONED
2	Share presentation given to the ARAC on rebuilding and recovery	CM	e-mailed 1/11/22 ACTIONED
3	REACH: - further update to be provided to the Trust Board in March 2023; - any further escalation in costs to be brought to attention of PFOD Committee in due course	MP  MP	Listed for March 2023 meeting  Ongoing



# Northern Ireland Ambulance Service Health and Social Care Trust



## TRUST BOARD

### PRESENTATION OF PAPER

<b>Date of Trust Board:</b>	15 December 2022
<b>Title of paper:</b>	NIAS Organisational Culture Programme
<b>Brief summary:</b>	<p>The 'Caring Today, Planning for Tomorrow' Strategy to Reform 2020-2026 states that NIAS will initiate a new Organisational Culture Programme to develop a culture of collective and compassionate leadership.</p> <p>Drivers for change have been identified through various quantitative surveys (Cultural Assessment Tool, HSC Staff Survey) and a number of Staff Engagement methodologies including the UNISON/NIAS health and wellbeing partnership and, most recently, "Make Time for What Matters" engagement events where staff shared suggestions for improving our workplace culture and ideas for inclusion in a Health and Wellbeing Strategy.</p> <p>The "Proud to Work for NIAS" Cultural Improvement Programme Year 1 Action Plan came to the PFOD Committee in July 2021. The actions are aligned to address the findings and recommendations from the above engagement surveys/methodologies, and are reflective of priorities and actions identified by staff in partnership with Senior Management Team in their commitment to making NIAS an Employer of Choice.</p> <p>In accordance with this action plan, the <b>Culture Leadership Charter</b> and <b>Staff Recognition</b></p>

	<p><b>Overview</b> are provided today for members' consideration.</p> <p>The Charter consists of seven values proposed to clarify the purpose, role, behaviours and expectations of all employees as leaders in NIAS (including associated communications plan).</p> <p>The <b>Staff Recognition Overview</b> benchmarks research of current staff recognition processes in place and sets out ideas for future development.</p> <p>These papers will act as the service-wide launch of the programme for culture improvement.</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>	<p>PFOD Committee – 8 July 2021 SMT – 1 December 2021 PFOD Committee – 9 December 2021</p>
<b>Prepared and presented by:</b>	Michelle Lemon, Director of HR & OD
<b>Date:</b>	8 December 2022



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

## **(DRAFT) Culture Leadership Charter**



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## SUMMARY OF PROPOSALS

### Proposal - NIAS Culture Leadership Charter: COURAGE

<b>Collective and Compassionate leaders</b>	<ul style="list-style-type: none"> <li>• We are compassionate and respectful to each other.</li> <li>• We maintain a person-centred approach when dealing with our service users and colleagues.</li> <li>• We work together to ensure our organisation achieves excellence in all areas.</li> <li>• We make decisions collectively.</li> </ul>
<b>Open</b>	<ul style="list-style-type: none"> <li>• We speak up and challenge inappropriate behaviour with integrity and professionalism.</li> <li>• We seek out and provide constructive feedback.</li> <li>• We ask for support if we are struggling.</li> <li>• We promote diversity within our workplace.</li> </ul>
<b>Understanding</b>	<ul style="list-style-type: none"> <li>• We take time to listen to each other so that we can provide the best peer support.</li> <li>• We ask questions if we need clarity.</li> <li>• We promote curiosity.</li> <li>• We seek to understand roles/processes and systems aside from our own team.</li> </ul>
<b>Resilient</b>	<ul style="list-style-type: none"> <li>• We encourage our colleagues to be proactive in looking after their mental and physical health.</li> <li>• We use our mistakes as learning opportunities.</li> <li>• We use our Health &amp; Wellbeing Strategy to help build resilience in our organisation.</li> <li>• We welcome new ideas and challenges as opportunities to grow.</li> </ul>
<b>Autonomy</b>	<ul style="list-style-type: none"> <li>• We strive to achieve a work-life balance that suits us.</li> <li>• If we have a suggestion that would make work better/easier, we enquire about it.</li> <li>• We are confident in our ability.</li> <li>• We take opportunities to engage as collective leaders.</li> </ul>
<b>Greatness</b>	<ul style="list-style-type: none"> <li>• We are confident in our ability as a great service.</li> <li>• We are #ProudtoworkforNIAS.</li> <li>• We celebrate ourselves and each other for the good work we do.</li> <li>• We empower each other.</li> <li>• We embrace vulnerability to achieve further greatness.</li> </ul>
<b>Equality</b>	<ul style="list-style-type: none"> <li>• We are all equal regardless of our role, experience level or background.</li> <li>• We celebrate diversity and learn from each other's differences.</li> <li>• We are proactive in promoting equality at every opportunity.</li> </ul>



## Behaviours - What does this look like in practice?

Collective & Compassionate leadership	<ul style="list-style-type: none"> <li>• I will be a team player and look for opportunities to support others.</li> <li>• I will be considerate to how others around me are feeling and treat them with kindness.</li> <li>• I will look at all of my colleagues as leaders.</li> <li>• I will maintain a person-centred approach.</li> <li>• I will work collectively to ensure NIAS achieves excellence in all areas.</li> </ul>
Openness	<ul style="list-style-type: none"> <li>• I will ask my colleagues for help/support should I need it.</li> <li>• I will speak up if I have a concern.</li> <li>• I am transparent and will develop trusting relationships.</li> </ul>
Understanding	<ul style="list-style-type: none"> <li>• I will actively listen to my colleagues.</li> <li>• I will ask questions when I don't understand something.</li> <li>• I will ask for feedback and learn from my mistakes in a proactive way.</li> </ul>
Resilience	<ul style="list-style-type: none"> <li>• I will be proactive in looking after my mental and physical health.</li> <li>• I will use my mistakes as opportunities to learn.</li> <li>• I will take opportunities for development with a pragmatic attitude.</li> </ul>
Autonomy	<ul style="list-style-type: none"> <li>• I will make suggestions if there is something that could make my work life better/easier.</li> <li>• I will have confidence in my ability – and if I don't I will ask for advice on how to achieve this.</li> <li>• I will be authentic and true to myself as an employee at NIAS.</li> </ul>

	<ul style="list-style-type: none"> <li>• I will be committed and accountable for my actions and behaviours.</li> </ul>
Greatness	<ul style="list-style-type: none"> <li>• I will actively celebrate the achievements of myself and my peers.</li> <li>• I will work to the best of my ability.</li> <li>• I will celebrate the individual differences of my colleagues.</li> <li>• I will take pride in my work and organisation.</li> </ul>
Equality	<ul style="list-style-type: none"> <li>• I will treat everyone as equals and with respect.</li> <li>• I will familiarise myself with policy/procedure regarding equality.</li> <li>• I will engage in every opportunity to promote equality.</li> </ul>

## EMBEDDING THE CULTURE LEADERSHIP CHARTER

*Embedding is continuous – behaviours and values need to be established and constantly reinforced.*

Concept	Operationalisation
Map out employee and service user journeys	<p>Identify various touchpoints and focus on key processes and practices where values and behaviours can be reinforced.</p> <ul style="list-style-type: none"> <li>For example, in the recruitment process, how do you evaluate whether or not potential employees exhibit the values/behaviours you wish to hire for? Interviews should include situational questions which help to assess required behaviours or demonstrate examples of living specific values.</li> </ul>
Role-Model values and behaviours	<p>Leadership needs to be clear about the behaviours and actions they need to uphold and provide role models for these to the organisation.</p> <ul style="list-style-type: none"> <li>Consider pairing new employees with mentors.</li> </ul>
Ask the team to contribute ideas to encourage commitment	<p>Employees should be given opportunities to weigh in, to help build ownership and commitment.</p> <ul style="list-style-type: none"> <li>By encouraging people to take ownership and asking them for ideas of how to put the values into practice, it increases the chance that they will commit to bringing the values to life.</li> </ul>
Consistently story-tell your values in action	<p>From videos that highlight stories of how people have lived and breathed the core values of the organisation, to company newsletters, quarterly meetings and team meetings sharing stories is a great way to embed your values.</p>





## Background to Proposed Culture Leadership Charter

### *Why do we need a Culture Charter?*

Recent recruitment of ACA's highlight the demand to work in NIAS – there were 1034 applicants, over 800 shortlisted and 427 came for interview with just 24 spaces available. Given the public service of which we are part, it can be concluded that many individuals apply because their personal values resonate with their perceived values of the organisation. Feedback from staff engagement focus groups highlight that 'good people who want to make a difference' work in NIAS. Once individuals begin their role, they should feel empowered and part of a Just Culture, however, this is not always the case. It is important to be realistic but ambitious about improving the culture of the organisation, the factors that can enable or inhibit change (internal and external), and the lived experience of employees.

Results from the Cultural Assessment Tool show just 32% of employees would recommend NIAS as a great place to work. Similarly, NIAS employees scored Quality and Innovation at a low 31% with 18% feeling that they were unable to make improvements happen. Combatting fear and fostering courage is one of our greatest challenges (Warrell, 2021), and although this is something employees at NIAS do daily within their roles, seemingly it does not always translate throughout the organisation culturally. Employees report feeling afraid and like they're in constant survival mode with compassion fatigue being punished instead of recognised and understood.

Having analysed and considered feedback from staff engagement workshops (April 2021) the following issues were raised. Employees feel that they are working within an oppressive command and control structure with a 'siloed' approach that limits their awareness and understanding of their colleagues' roles. Non-clinical employees and those with underlying conditions feel missed and would encourage a culture that works on breaking down barriers with strong collective and compassionate leadership. Employees would like to feel more empowered so that they can make suggestions and obtain constructive feedback. Similarly, communication and language are also key issues; NIAS has been described as having a culture of miscommunication, which creates disconnection and discourages openness and honesty, especially when raising concerns. Feedback also highlighted the lack of awareness of what culture actually is; employees explained that it has never been mentioned in training nor during induction programmes. Meanwhile, employees' record feeling like there is lack of clarity of the NIAS vision and therefore associated expectations are unknown. Introducing the Culture Leadership Charter would clearly outline the expected values and behaviours for all employees, regardless of role or experience level.

Previous employee feedback from the NIAS/UNISON Partnership Survey (2018) also highlighted a number of concerns that impact employee and organisational culture. For example, 31% of participants revealed they have been bullied or harassed at work within the previous six months, with 28% saying this happens

'sometimes,' 'often,' or 'always.' Over one third (37%) responded that they were bullied by a manager, just under one third (28%) said this was by a colleague and 19% said it was by a member of control staff. Similarly, 14% state that they are 'often' or 'always' subject to personal harassment in the form of unkind words or behaviour, with 29% agreeing or strongly agreeing that there is often or always friction or anger between colleagues. Nearly half of employees 'agree' or 'strongly agree' that relationships at work are strained. A low proportion of staff state that NIAS does enough to promote positive working to avoid conflict and unacceptable behaviour. Overall, just 41% are satisfied with NIAS as a place to work, and only 7% of employees recorded feeling 'high morale.'

Meanwhile, NIAS employees are not satisfied with support at work, with only 15% recording that they get feedback and just 28% saying they receive encouragement from their manager. Low levels of management engagement may be an impacting factor on employee mental health; overall, there is a low mental health status amongst staff. Many do not bring these concerns to their manager because they either don't feel comfortable to do so, believe they will not receive adequate support as a result, or both. Even when it comes to organisational change, just 23% feel like they are presented with opportunities to ask managers about changes in the organisation. Again, this feedback highlights a picture of disconnect, particularly between employees and managers.

Building a strong cooperative culture requires commitment from everyone involved, challenges to habitual practice, and openness from everyone for new learning (Chinn, 2013). In this paper we will discuss and explore the idea of channelling courage to inspire and drive our new 'Just Culture' here at NIAS. Sickness absence in NIAS has historically been above the regional and national averages, with costs of over £4 million per annum. According to Kaur et al., (2019) introducing a Just Culture is expected to reduce such absenteeism; they suggest having more compassion and support at work may result in less stress related absences. Hence, culture improvement programmes require the introduction of consistent values and behaviours; it is important these are adapted at an individual level in order to transpire collectively. Alongside the staff engagement feedback previously highlighted, we have also conducted external research to ensure not only that our staff are involved in these changes, but that there is an evidence base to our vision as well. Such considerations help demonstrate the rationale for the Culture Leadership Charter, its baseline and its trajectory.

### *Our vision*

Our strategic priority includes engaging and empowering each other to improve our organisational culture. We want to celebrate our successes and learn from our mistakes – but we can only do this if everyone is committed to the Culture Charter. The 'Proud to Work for NIAS' Cultural Improvement programme proposed three strong influencers of culture to which our charter is based on; autonomy, belonging and competence. Research on organisational culture was completed with results highlighting a varied approach in the display of culture charters/strategies. Across our fellow health trusts and emergency service organisations in Northern Ireland,



there were limited official culture charter resources, therefore research from equality schemes/strategies were used as inspiration instead. A list of commonly used key words or phrases from such research is highlighted in the table below. Please see Appendix A for our Culture Charter and Appendix B for how this may translate behaviourally.

Health & Wellbeing	Collaborate	Diversity	Innovation
Effective communication	Equality	Support	Values based
Opportunity for development	Engagement	Understanding	Respect

## Our Charter

### Collective and Compassionate Leadership

At NIAS we aim to create a culture where collective and compassionate leadership is at the forefront of everything we do – not only when working with our service users, but also when working within and across our teams. Francis (2013) reported a culture of fear, staff disengagement and acceptance of poor standards after an investigation was launched in mid-Staffordshire regarding increased unnecessary harm of patients and heightened mortality rates. The emergence of the impact of this toxic culture led to research like the 'Learning not Blaming report' (Department of Health, 2015) which looked at openness, honesty and candour as key in creating 'optimal conditions' in the workplace. Despite this research and advocacy, there are still internal issues wherein blame and fear persists (Stevenson and Moore, 2019). According to Chaffer, Kline and Woodward (2019) fear of being inappropriately blamed following an incident prevents NHS staff from "sharing and learning." Meanwhile, in NIAS the idea of collective leadership scored just 43% on the Cultural Assessment Tool. Having higher levels of collective leadership would boost the confidence of employees to have courage in speaking up therefore contributing to a culture of high quality, compassionate care, and support for all (Health & Social Care, 2017).

Feedback from NIAS employees suggest that a culture of collective leadership is desired; relying on one person to make decisions based on their sole expertise would be unjust, especially given the complex and unpredictable world we live in today (Raelin, 2018). Research suggests we must address the challenges of collective leadership directly to ensure it is properly instilled; we must adapt appropriate reinforcing systems such as activate recognition, and disregard simply delivering training to a group of leaders (Eva, Cox, Herman & Lowe, 2019).

**Aim:** *We will be innovative in our approach to embed collective and compassionate leadership across our organisation. We will work together and maintain a person-centred approach with our service users and colleagues. We will respect each other at all times.*

## Open - Reference regional NIAS being open policy

At NIAS we want to develop a culture of openness and honesty; we should feel like we can speak up and challenge inappropriate behaviour with the confidence that we will be listened to. We will use our effective communication skills to develop connections and trusting relationships with our colleagues and service users. We will use our professionalism and integrity to give constructive feedback when appropriate and praise our colleagues for the good work they do. The Northern HSCT published a Culture Mind Map which mentioned 'strengthening' their teams; they were also the only Trust to mention emotional intelligence (EI). EI is linked to openness and honesty because the premise is based on personal awareness. The best way to learn is to engage in effective communication with colleagues then take time to reflect. Emotional intelligence (EI) is also key in being able to identify and use emotions in a constructive way to reduce stress, fear, negative emotions and resolve conflict hence studies encourage training in EI to increase awareness and efficiency in communication at work (Cui, 2021). Staff report feeling as though they could be listened to more when providing feedback, and would like the opportunity to engage in receiving more as well. Creating awareness of how to seek out or provide feedback in an informal, supportive manner may be a good starting point for actively channelling this value and promoting more open and honest communication. NIAS is introducing a service-wide Being Open policy to ensure open and honest communication between healthcare staff and a patient (and/or their family and carers) when they have suffered harm as a result of their treatment. This policy is based in part on published guidance by the National Patient Safety Agency (NPSA)

**Aim:** *We speak up and challenge inappropriate behaviour with integrity and professionalism. We seek out and provide constructive feedback. We will use open and honest communication to provide good peer support and development opportunities.*

## Understanding

NIAS employees reported wanting to understand each other more therefore we aim to create a culture that promotes asking questions and nurturing our genuine interests at work. Every day is an opportunity to learn something new, whether your new to your role or have been in it for years; learning opportunities should be promoted and supported by everyone. Curiosity should be celebrated, and employees should feel comfortable to seek further information should they want or need to. Our employees reported that their 'siloed' working environment creates a culture of miscommunication, hence we must create more clarity and understanding amongst our teams. We must promote taking time and patience to get to know our colleagues in different teams to increase our organisational knowledge and awareness. Similarly, we must give more consideration to how we share information; staff reported wanting more user-friendly formats to aid understanding.

Meanwhile, staff would like to see 'Culture, Values and Behaviours included in all NIAS induction events.' Hence, this Culture Charter will be embedded into all

employee induction programmes and made readily available to employees electronically. Industry research highlights a consistency in the desire to increase understanding and promote effective communication. For example, the Belfast Trust published an interactive staff toolkit which includes resources on training and general updates; staff can use this to take ownership of their personal and professional development, as well as being kept up to date on current events/initiatives. Meanwhile, the PSNI included a flowchart on the processes taken in creating their Equality, Diversity and Good Relations strategy which helps bolster understanding and transparency. At NIAS we strive for likewise understanding across our organisation. We aim to be transparent in our processes and decision making and want to develop a culture that helps facilitate this.

**Aim:** *We aim to develop a culture of curiosity. We aim for everyone to feel comfortable to ask questions when they don't understand. We aim to be patient and listen to our colleagues and service users with genuine understanding.*

## Resilient

According to Coissard, Ndao, Gilibert and Banovic (2017) 'good quality human relationships' at work serve to be preventive for suffering, whilst collective activity develops team belonging and promotes psychological well-being (Caroly & Barcellini, 2013). In the Western, Southern and South-Eastern HSC Trusts their cultural priorities include supporting staff by creating a health-promoting workplace. Resilience is achieved through good learning and development opportunities; we want our staff to feel confident in their ability to do their job. However, pastoral care and support is equally as important therefore through the introduction of our Health and Wellbeing Strategy, alongside the implementation of our core values, we too at NIAS share this vision of creating a health-promoting workplace. We aim to encourage active participation in social and physical activities to create a sense of social interaction, teamwork and belonging. Although, we also want to highlight the strength in asking for support should it be needed – resilience isn't always about charging through every single challenge, it's also about having the awareness to set personal boundaries and put your individual health and wellbeing needs first. Brown (2011) mentions that in order to achieve optimal joy, wholeheartedness and freedom, we need to explore our vulnerability, as it is during this time wherein we create genuine connections and find our self-worth. Such personal transcendence results in more resilience going forward, as it creates an openness to receiving support and/or feedback. As an organisation we aim to maintain our collective resilience and support our employees to maintain their own personal resilience.

**Aim:** *We encourage our colleagues to be proactive in looking after their mental and physical health. We use our mistakes as learning opportunities and ask for support should we need it. We respect that everyone is resilient in their own way.*



## Autonomy

Our aim to adapt an autonomous working environment relates to the idea that our enthusiasm to engage in the work we do is related to our true interests and values; whether this be through promoting a new ideas or achieving a better work-life balance. It should not be mistaken for working in isolation nor lack of guidance, it is simply having a foundation of trust, integrity, reliability and respect with the organisation. We see every individual role as equal and important and encourage our employees to take ownership of the work they do, as they are the best people for the job. We encourage our employees to welcome new ideas and seek confidence in their ability and skills when faced with new challenges. We believe it is best to acknowledge our biggest setbacks given the attitude that we can overcome anything, as long as we have good communication and collective leadership. Research shows team autonomy should contribute to the individual enhancement of team member exchanges in the hope of creating a more positive organisational climate; Palumbo (2021) suggests introducing management interventions to enrich interpersonal relationships should encourage further engagement. Autonomy at work can also be linked to resilience; employees that have greater ownership of their work tend to develop adequate skills, knowledge and attitudes that contribute to their ability to cope with organisational responsibilities (Leach et al., 2005), particularly when dealing with environmental complexity, as it fosters a proactive attitude and takes advantage of individual capabilities (Cordery et al., 2010). Similarly, it is linked to feelings of competence and self-determination (Ryan & Deci, 2008) meaning higher employee confidence and fulfilment. NIAS aim to support all employees in their personal and professional journey in order to increase individual empowerment and work life autonomy.

Other emergency service organisations in NI have taken a similar approach – the PSNI talk about the importance of actions over words in their Equality, Diversity and Good Relations Strategy, whilst the NIFRS emphasise 'response and resilience' as independent work streams in their new set of corporate values. Although such values/behaviours in both services are explored, there is little mention of how this translates culturally. Feedback from our staff engagement sessions mentions the idea of getting more processes/resources readily available for taking improvement ideas forward. We aim to be proactive when dealing with ideas for improvement in our organisation. We would like all employees to feel their ideas are welcomed, respected, and taken on board. We aspire to promote diversity and quality in NIAS, therefore creating a culture of improvement and feedback would be a huge contribution to this.

**Aim:** *We aim to support our staff in achieving autonomy at work, whether this be through flexible working, training or development opportunities. We will encourage staff to be professionally confident and engage in all opportunities to provide leadership across the organisation.*

## Greatness

At NIAS we believe there is greatness in every one of our employees; we all have different skills, qualities, personalities and interests, but that's what makes for our dynamic environment. The work completed throughout our organisation is exceptional; we have the most hard-working, compassionate, and genuine employees and this should be celebrated more. We aim to create a culture that celebrates every one of our successes; big or small. Although we consistently face high demands and extreme pressure, our good work should never go unnoticed. At NIAS we aim to engage in employee recognition more. Our employees should never shy away from celebrating their work and we aim to engage in more of these inspiring conversations, as they can also serve as great leadership/learning opportunities for others.

Meanwhile, due to our partnership working across the border our research also extended to the National Ambulance Service (NAS) in the Republic of Ireland. NAS strive to embed care, compassion, trust and learning into their work. Interestingly, their HR People Plan (2016-2020) specifically outlines the historical issues the organisation has faced over the years in a bid to show commitment to improving them. They also aim to address issues regarding staff value and recognition and believe in creating a culture that allows them to live by their values every day. Likewise intentions highlight that there can be great learning and development from admitting vulnerability. It shows a genuine commitment to overcoming hardships and creates a culture of respect. The reason this is mentioned under 'greatness' is because it is important to acknowledge the journey in achieving greatness – every challenge and success has led us to this point, and our genuine passion in providing the best possible care for our service users is what keep us going. That in itself is greatness.

**Aim:** *We aim to celebrate our greatness at every possible opportunity. We also aim to take inspiration from being vulnerable whilst being challenged, to achieve further greatness going forward.*

## Equality

At NIAS every employee is supposed to be equal regardless of their role, experience level, skill or background. As an organisation this is something we need to highlight as much as possible so that every individual knows they have the same access to support and development opportunities, and they feel comfortable seeking these out. We want every employee to feel empowered to be a collective and compassionate leader, however we can only achieve this through equality. We seek to create a nurturing environment where employees feel included, valued and supported; we want to break down barriers that inhibit effective communication to ensure our culture is transparent and equal for everyone. As highlighted above, one of our biggest challenges is tackling fear of speaking up; we want to create a Just Culture at NIAS, where everyone is confident seeking advice, help or support if they come across practice below standard, bullying and harassment, or any other problem.



According to the NHS (2019) Being Fair strategy "A Just and learning culture is the balance of fairness, justice, learning – and taking responsibility for actions. It is not about seeking to blame the individuals involved when care in the NHS goes wrong." We need to facilitate these learning experiences to ensure all employees are confident in expressing themselves at work; for example, Kucirka and Baumberger-Henry (2021) created a strategy to build social capital and address conflict in a transformative way called "Courageous Caring Conversations." Results from such conversations have increased empowerment amongst the employees in the nursing academy, ultimately contributing to enhanced wellbeing and equality. Every NIAS employee will have the same support, guidance, development opportunities, respect and compassion shown towards them at all times. We are all personally accountable for treating each other equally.

**Aim:** We aim to ensure every employee at NIAS feels they are equal regardless of their role, experience level or background. *We aim to create a nurturing environment wherein our employees feel empowered, supported, and respected.*

### Conclusion

Having analysed the research, employee feedback and strategic aims of our organisational vision, the overarching theme of courage seemed appropriate as the pioneering value for our culture charter at NIAS. As mentioned above, our staff are courageous daily however, to take this one step further and feel the fulfilment they deserve, we need to inspire them to be courageous when speaking up, asking for support, and empowering themselves and each other. It should be noted that when it comes to psychological safety, the teams most willing to talk about their mistakes are most effective. Interestingly, siloed psychological safety can sometimes highlight a cosiness resulting in a reluctance to go against malpractice (Harvard Business Review, 2019); we aim to avoid this by promoting a culture of candour and courage. Meanwhile, studies show organisational justice and psychological empowerment correlate with courage (Mert, Sen, & Alzghoul, 2021) hence our focus on collective and compassionate leadership, openness, understanding, resilience, autonomy, greatness, and equality.

### Culture Leadership Charter Communications Plan

<b>Desired outcome:</b> All relevant stakeholders understand and have access to the sound evidence base created in the development of the Culture Improvement Plan				
Deliverable	Description	Delivery Method	Frequency	Audience
Culture Charter Background	Launch of 'Proud to Work for NIAS' video, alongside launch of Culture Charter	All internal channels of communication, WhatsApp, email, Sharepoint, PageTiger.	In Q.4 Year-One - monthly	All employees
	Present research paper including: <ul style="list-style-type: none"> <li>❖ The need for a Culture Charter</li> <li>❖ Vision</li> <li>❖ Values explained one by one, with appropriate research as evidence</li> <li>❖ Aim of including each of the values</li> <li>❖ Internal reflection based off employee engagement feedback</li> <li>❖ Conclusion</li> <li>❖ Relevant reference list</li> <li>❖ A copy of the Culture Charter</li> <li>❖ A copy of the associated behaviours</li> </ul>	Presentation – in person using large screen or virtually using Zoom (dependant on organisational pressures/COVID-19 situation)  Paper copies to be made available also	Once	SMT
	As above.	SharePoint	Indefinitely	All employees

<b>Desired outcome:</b> All relevant stakeholders have read, understood and have ongoing access to the Culture Charter and list of associated behaviours for guidance.				
Deliverable	Description	Delivery Method	Frequency	Audience
Courage Culture Charter	Initial announcement of new charter	Email	Once	All employees
	Charter uploaded to ensure widespread accessibility	SharePoint	Indefinitely	All employees
	Announcement of new charter	Social media - Facebook	Once	Public
	Announcement of new charter	Social media - Twitter	Once	Public
	Announcement of new charter	Social media - LinkedIn	Once	Public
	Announcement/discussion of charter	Verbal - Word of mouth	As and when appropriate	All employees
	Charter to be displayed in all NIAS stations and	Posters	To be replaced as	All employees

	departments to ensure it is physically visible		and when appropriate (i.e., if they're damaged)	
	Announcement/discussion of charter	Verbal/paper/electronic - Staff meetings	Announced once, discussed as and when appropriate	All employees
	Charter should be included in initial leadership 'walkround,' then thereafter as and when appropriate	Verbal or paper - Leadership 'walkrounds'	To be developed and agreed by SMT	All employees
	Hyperlink to charter to be included at the end of Proud to Work for NIAS video	Video link	As determined by video dissemination	All employees/public
	To be included in Employee Induction programme	Paper or virtually depending on induction delivery	At all employee inductions	All newly appointed employees
	Corporate welcome	Paper/Virtually	Within all corporate welcomes	All newly appointed employees/other relevant stakeholders
	Charter to be transformed into a Page Tiger document to aid electronic engagement – to be used in dissemination and made widely available on SharePoint	Page Tiger	As a when appropriate – i.e., could be used instead of emailing charter word document	All employees
	Charter announcement via global contacts address list – should include link to charter on SharePoint so that staff can access immediately	Text	Once	All employees with NIAS mobile phone
	Correspondence with UU to ensure charter is made available to students on BSc in Paramedic Science	Email	Once at the beginning of each academic year	All students and staff on BSc in Paramedic Science
	To be included in 'Leadership in Conversations' events	Verbal	To be developed and agreed by SMT	

**Desired outcome:** All relevant stakeholders have read, understood and have ongoing access to the Courage Culture Charter and list of associated behaviours for guidance.

Deliverable	Description	Delivery Method	Frequency	Audience
Culture Values	Value of the month – focus placed on one value each month to include the importance of said value and what this looks like at work	All social media channels – once to announce VOTM, then another to highlight how	Once per month	All employees/Public



		that looks across over workplace. Included in monthly electronic newsletter.		All employees
	'Story-telling' – staff or service users share their experiences and the values are highlighted	Peer support groups/verbal networking Published on all	As and when appropriate	All employees
	Values presented on large display boards and used in training settings, meetings, and as a backdrop.	Physical board/used as backdrop in meetings (including virtual)	As and when appropriate	All employees/any other relevant stakeholders
	To be mentioned at recruitment interviews as part of introductory speech	Verbal	At every interview	All those interviewed for employment at NIAS
	To be mentioned at all training sessions, i.e., as part of opening introduction	Verbal/virtual (i.e., on a PowerPoint slide)	At every training session	All employees engaged in staff training
	Role modelling from SMT/Leadership team(s)	Word of mouth	As and when appropriate	All employees/any other relevant stakeholders
	Values diagram – small diagram/logo that mentions all seven values	Electronically (i.e., on an email signature), on paper documents or on physical merchandise (i.e., a lanyard or pin)	As and when appropriate	All employees/any other relevant stakeholders


**Desired outcome:** All stakeholders in EAC and NEAC have read, understood and have ongoing access to the Culture Charter and list of associated behaviours for guidance.

Deliverable	Description	Delivery Method	Frequency	Audience
Culture Charter	Feedback statement outlining issues, actions, engagement and forward planning re: Culture Audit of EAC/NEAC	Joint Communiqué by DirHR and DirOps and – if required meetings with staff	Immediate	All EAC and NEAC colleagues – including managers
	Dedicated and agreed focus on instilling the Culture Charter values and behaviours within EAC and NEAC	All channels of communication - methods to be agreed with EAC and NEAC. To include dedicated management focus on inculcating the Culture Charter	Urgent - frequent	

DRAFT CULTURE LEADERSHIP CHARTER INFOGRAPHIC – SERVICE-WIDE CIRCULATION


Northern Ireland Ambulance Service

# COURAGE




# Culture Charter


Collective & Compassionate Leadership




Open




Understanding




Resilient




Autonomous




Greatness



Equality



For more information, please search 'Courage Culture Charter' on SharePoint



Northern Ireland Ambulance Service  
Health and Social Care Trust



## APPENDIX 1 – REFERENCE INFORMATION

### 1.1 Embedding the Culture Charter – [Resources from NHS Wales](#)

- **Recruitment:** Values based recruitment: principles include knowing your values, identifying the behaviours which demonstrate the values, pick approaches that allow candidates to demonstrate the behaviours which you can measure, use as many stakeholders as possible to assess/measure the behaviours, make the behaviours the key aspect of selection by weighting scoring appropriately (i.e., at least 50%), and monitor, review and evaluate the impact of introducing values based recruitment. This allows for more comprehensive info about the candidate's suitability for a position.
  - **Advertising** – hyperlinks to values info, HSC values, included in job adverts.
  - **Interviews/shortlisting** – questions should have clear connections to the values.
  - **Job descriptions/person specifications** – include a paragraph on organisational values.
  - **Appointment & contract** – include links/leaflets on organisational values where possible.
- **Induction:** Helping new colleagues understand and live the values can be done at every stage of induction. Employees who have a well thought-out induction are more likely to stay with the organisation, they integrate well into the team, and morale is better along with better productivity and working to their highest potential.
- **Training:** Every time a colleague spends time learning how to do something better, it provides an opportunity to reinforce our values. A true learning culture continuously challenges its own methods and ways of doing things. This ensures continuous improvement and the capacity to change.
  - Value based succession planning is another aspect which is important to ensure the success and sustainability of an organisation. It can support the identification of requirements for the organisation's leadership strategy and support the development of appropriate career pathways.
  - The values and behaviour statements are directly linked to learning and development programmes to ensure the individual and manager can identify the relationship between the learning and the values within the organisation. It also raises awareness of the values and behaviours themselves through a consistent method of communication, for example, there is a statement demonstrating which values are covered within the learning programme highlighted during all training sessions.
- **Personal Appraisal & Development Review:** Ongoing 1:1 discussions with colleagues are the most important part of recognising/challenging positive and negative behaviours.
  - Strong trusting relationships allow both parties to have honest conversations about behaviours both their own and others so this provides an ideal place to explore and reinforce our values.

- Effective two-way conversations allow for everyone to have a real voice and contribution in shaping, planning and delivering better care for service users. Above all it ensures that each of us chooses and owns what we do so it gets the best from us which ensures that we are all committed to delivering all aspects of the best possible patient care.
- **Team meetings:** One of the best ways of living and reinforcing the values is when people are together. Professor Michael West's recommendation is that every single group/team meeting, values and behaviours are part of the discussion. Based on research into Appreciative Inquiry as well as Service Improvement methodology, it is also recommend that every group/team time ends with a similar approach so that any immediate lessons about values are learnt.
  - Always celebrate successes first and as many of them as you can
  - Giving and receiving feedback should be constructive and not attacking/ defensive. Everything that has been done is an opportunity for feedback
  - Involving as many people as appropriate/ possible in reviewing is an important way of improving engagement and ownership
  - It's vital to do something with the feedback – if nothing can/will happen with the feedback, then it's generally better not to ask.
- Case study examples/advice – There is a growing body of evidence to suggest that strong organisational values can lead to real, tangible improvement in performance. The benefits of strong local values are: 1. Improved patient experience 2. Improvements in patient safety 3. More staff satisfied with their jobs and workplace 4. Staff who identify more strongly with their organisation 5. Staff who feel more personally successful, and more supported in that success by the organisation 6. Long term organisational success and impact.

## 1.0 Culture Assessment Tools/Theories

Source: Organisational Culture and Cultural Change | Factsheets | CIPD

Culture is important because it offers a way for employees to understand their organisation, to voice their views, and to develop connections and common purpose. Organisational culture should be continually assessed, but this can be difficult when there is no unified set of measurements. There are however some theoretical frameworks and tools that can help.

- Denison Culture Index** – This includes a mix of organisational and psychological constructs, which are measured through a diagnostic survey. It's a common methodology used for measuring culture. Denison defines four different traits of organisational culture which can be measured:
  - 1. Mission** - Has the organisation a clearly articulated strategic direction and goal, as well as measures of success/key performance indicators.
  - 2. Employee involvement** - Does the organisation rely on employees to make decisions by empowering them and developing them, whilst enabling team working.
  - 3. Internal consistency** - Has the organisation got a set of values that are consistent and to which they visibly adhere.



**Adaptability** - Does the organisation focus on learning from competitors and customers, and how open is it to change.



- **Competing Values Framework and Organisational Culture Assessment Instrument** – This framework was devised in the 1980s; it includes 16 measures that describe business concepts such as training and development, planning and goal setting, evaluation and external entities, and readiness. The measures, termed the Organisational Culture Assessment Instrument (OCAI), were devised to help change the CVF, which originally focused on organisational effectiveness, into an organisational culture measurement framework. However, this measurement system includes other concepts, such as structure, leadership, practices and strategy, and ambiguity across different measures, means that defining a single dominant culture is difficult.
- **Organisational Culture Inventory** – This consists of 10 themes and 120 questions, described as styles that are used to assess two key concepts: a concern for people, and an emphasis on task. These are categorised into three culture clusters: constructive, passive/defensive and aggressive/defensive. Each cluster has sub-themes or norms. The OCI was originally designed with behavioural norms in mind, and not with other measures such as organisational effectiveness. It's considered by academics to be a more sophisticated, purer measure of organisational culture.
- **What is Culture Change? Risks & Solutions:** Avoid creating fanfare around culture change, make small changes, appealing to emotional element by enlisting change champions. Spend time talking about the need for change, employees will feel more confident engaging in the conversation.
  - Use stories that allow employees to connect with the need for change. Allowing members of the wider organisation to understand this should allow them to see the benefits of change, rather than the negatives of upheaval.
  - Do's – have a clear vision of your direction and promote this through storytelling, define the role of managers as enabling their team and drawing on the full capabilities of talented staff.
  - Don't's – just immediately reorganise, instead clarify the vision and ensure there are management roles/systems that support this vision.

### **3.0 Culture Change CIPD Research – CIPD**

#### *Summary of findings:*

- The most commonly cited reasons for people wanting to work in the health sector are what their organisation/profession stands for (30%) and the role the organisation performs (31%).
- Under a third of healthcare employees are actively engaged according to the CIPD employee engagement index.
- The survey suggests many staff working in the health sector are not happy with their work-life balance. Overall, just 50% of employees in the sector say this is the case.

- Just over a quarter of respondents report being under excessive pressure every day, which compares with average levels typically of between 11% and 14%.

#### *Specific findings: Values*

- The vast majority of respondents are aware of their organisation's values to either some extent (58%) or a great extent (32%), with little variation across occupation groups.
- Just 6% of health sector employees say that their organisation's values are very strong and are played out in everything everyone does.
- Among employees that report that organisational values are not influencing the behaviour of staff, the biggest reason identified is that there is one rule for senior managers and another for everyone else, with 54% of respondents saying this is the case.
- Three in ten employees say that organisational values have little effect because there is no recognition when employees do behave in line with values and 28% say that people not being disciplined or dismissed for failing to adhere to values is also a factor in them not influencing staff.
- A fifth of employees report that people not understanding organisation values (19%) and values not being meaningful to employees (20%) are also reasons why values fail to influence the behaviour of staff. Four in ten respondents report that nothing happens to individuals whose behaviour consistently goes against organisational values.

#### *Specific findings: Trust*

- Just 35% of employees agree that their employer is open and up front with them, with a similar proportion disagreeing. About a quarter of respondents agree their employer does not treat them fairly.

#### *Specific findings: Culture Change*

- 44% of respondents say there has been a culture change initiative led by senior managers within the last 12 months to improve patient care in their organisation. Of those respondents that say there has been a culture change initiative led by senior managers to improve patient care, 15% judge it to have been very effective and has effected real change in the way most people behave, with a further 49% saying that the initiative has been moderately effective in changing the behaviour of some people. About a fifth of employees report that the culture change initiative in their organisation has been an ineffective, superficial exercise.
- When asked to identify the biggest obstacles to improving patient care, the two most commonly reported factors are the quality of leadership at board level (35%) and lack of confidence among staff that whistleblowers will be protected (35%).



- The next most frequently identified obstacles are the quality of middle (34%) and line managers (30%), with a further 29% of respondents citing lack of training and development for staff.
- Nearly four in ten employees cite enhanced whistleblowing protection to protect people in the organisation who challenge when something is not right, again with fairly uniform responses from employees across different occupation groups.
- The survey asked employees working in the healthcare sector which of the main recommendations by Robert Francis QC in his report on the public inquiry into the failings at Mid Staffordshire NHS Trust they would most like to see implemented. The two most commonly supported recommendations are that individuals should be supported to report non-compliance and should be protected when they do (supported by 53% of respondents), and that healthcare support workers should undergo consistent training and should be regulated by a registration scheme (53%). 38% think NHS organisations should agree lists of fundamental standards about patient safety, effectiveness and basic care.
- A fifth of respondents say they have been bullied or put under excessive pressure to behave in ways that are counter to patient care within the last two years.
- Only just over half of respondents (58%) say they would be confident in escalating a concern they had over the quality of patient care to senior management. The survey also highlights significant uncertainty among staff working in the health sector over whether any concerns they did raise over patient care quality would be properly investigated and acted upon. Just 57% of respondents are confident this would be the case.

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# NIAS Culture Improvement Programme

## Employee Recognition: Background and Proposals (Draft)





## **CULTURE IMPROVEMENT PROGRAMME: COURAGE CULTURE**

### **1.0 Introduction/Purpose**

#### **1.1 Background**

Organisational culture refers to a set of shared values and beliefs that are used to shape behaviour. At the Northern Ireland Ambulance Service (NIAS) we are committed to ensuring all employees feel valued and are proud to work for our organisation; this can be highlighted through the introduction of our Culture Improvement Programme – Proud to Work for NIAS. Culture is also linked to health and wellbeing; our Health and Wellbeing Strategy outlines how we support our employees mentally and physically whilst at work. Our aim is to ensure that our organisational values radiate through the behaviours and interactions of our employees; that we embody them to ensure we have a culture of collective and compassionate leadership here at NIAS.

#### **1.2 Organisational Development Strategic Priority**

"We will improve our organisational health, by embarking on a programme that will seek to positively change the culture we work in, engaging and empowering our staff by embedding collective and compassionate leadership at all levels."

#### **1.3 Purpose**

This document sets out to effectively communicate the commitment, processes and desired outcomes of our employee recognition systems at NIAS. Success will depend on the commitment of all employees proactively embedding recognition regardless of role or experience. Overall, we aim to continue to strive towards making NIAS an Employer of Choice, alongside the focus on our core standards of public service.

#### **1.4 Objectives**

To create an organisational culture that continuously celebrates employee achievements, milestones and success, reinforcing a positive culture.

### **2.0 Ownership**

It is important that ALL NIAS employees feel ownership of recognising contributions made by their colleagues, regardless of their position/role.

### 3.0 Courage Culture Charter

<b>Collective and Compassionate leaders</b>	<ul style="list-style-type: none"> <li>• We are compassionate and respectful to each other.</li> <li>• We maintain a person-centred approach when dealing with our service users and colleagues.</li> <li>• We work together to ensure our organisation achieves excellence in all areas.</li> <li>• We make decisions collectively.</li> </ul>
<b>Open</b>	<ul style="list-style-type: none"> <li>• We speak up and challenge inappropriate behaviour with integrity and professionalism.</li> <li>• We seek out and provide constructive feedback.</li> <li>• We ask for support if we are struggling.</li> <li>• We promote diversity within our workplace.</li> </ul>
<b>Understanding</b>	<ul style="list-style-type: none"> <li>• We take time to listen to each other so that we can provide the best peer support.</li> <li>• We ask questions if we need clarity.</li> <li>• We promote curiosity.</li> <li>• We seek to understand roles/processes and systems aside from our own team.</li> </ul>
<b>Resilient</b>	<ul style="list-style-type: none"> <li>• We encourage our colleagues to be proactive in looking after their mental and physical health.</li> <li>• We use our mistakes as learning opportunities.</li> <li>• We use our Health &amp; Wellbeing Strategy to help build resilience in our organisation.</li> <li>• We welcome new ideas and challenges as opportunities to grow.</li> </ul>
<b>Autonomy</b>	<ul style="list-style-type: none"> <li>• We strive to achieve a work-life balance that suits us.</li> <li>• If we have a suggestion that would make work better/easier, we enquire about it.</li> <li>• We are confident in our ability.</li> <li>• We take opportunities to engage as collective leaders.</li> </ul>
<b>Greatness</b>	<ul style="list-style-type: none"> <li>• We are confident in our ability as a great service.</li> <li>• We are #ProudtoworkforNIAS.</li> <li>• We celebrate ourselves and each other for the good work we do.</li> <li>• We empower each other.</li> <li>• We embrace vulnerability to achieve further greatness.</li> </ul>
<b>Equality</b>	<ul style="list-style-type: none"> <li>• We are all equal regardless of our role, experience level or background.</li> <li>• We celebrate diversity and learn from each other's differences.</li> <li>• We are proactive in promoting equality at every opportunity.</li> </ul>



## REWARDING AND RECOGNISING NIAS EMPLOYEES

### 1.0 Rewarding and Recognising Employees

#### 1.1 Immediate Recognition

As we are an organisation inspired by collective and compassionate leadership, we can engage in immediately recognising our colleagues for the good work they do. It is just as important to informally thank, congratulate and celebrate each other, as it is through formal recognition. Highlighting our person-centred approach to work, such immediate recognition is a way of supporting and encouraging our colleagues, providing them with a sense of value and appreciation. There are no set lists or rules as to how we may celebrate or recognise another colleague, however, the following considerations can be used guidance:

- ✓ Being creative with a new idea that improves services or systems
- ✓ Meeting a tight deadline
- ✓ Providing good staff support – i.e., offering compassion and kindness
- ✓ Achieving a personal goal, for example, running 5k or stopping smoking
- ✓ Helping a colleague finish a piece of work or covering a shift
- ✓ Maintaining high quality standards of work whilst under pressure
- ✓ Volunteering with the wider community/those in need
- ✓ Completing a training course or further education

There are many ways in which reward and recognition can be expressed. It is understandable that colleagues may not always have time to plan a grand gesture, especially given organisational pressures. However, we should never underestimate the power of a simple thank you card, note or email in making a colleague feel appreciated. The following proposals are indicative of the type of approach we should seek to develop as another strategic arm of the Culture Improvement agenda.

#### 1.2 Service Recognition

##### 1.21 Long Service

*Current arrangements:*

- Award given at annual gala night for 20 years' service

*Proposal:*

At NIAS we wish to recognise the commitment of our long serving employees. Those staff who achieve 20 years working within ambulatory services will receive a medal presented at our annual awards night. Thereafter, special commendation will be awarded at 30 years' service, and an individualised, personal award from the Chief Executive at 40 years, and so on. Each employee will be presented individually with their award at our annual awards

gala. There will also be a photographer present on the night to capture the special milestone.

In the case wherein an employee is approaching one of these milestones during their retirement, i.e., they have completed over 29 years but won't make 30 before they retire, they will be rewarded for their service as if they have achieved this milestone normally.

*Future proposals could include:*

- Organising an official photograph to be taken of each employee in their uniform to celebrate said milestone
- Employees could feature in the Gala's programme on in a year-book – for example, NIAS could include an image of each of the awardees, their role and a section about what life was like the year they joined/stand out memories from throughout their career
- Consideration could be given to those reaching ten years' service – could introduce a commemorative certificate but would not be awarded at annual Gala ceremony
- Consideration could be given to including volunteer's in long service awards

## 1.22 Retirement

*Current arrangements include:*

- Employees retiring from NIAS will receive a certificate of thanks and plaque to commemorate their hard work, dedication and professionalism.

*Proposal:*

All employees retiring from NIAS will receive a letter from the Chief Executive which personally thanks them for their contribution to our services throughout their career. In addition, employees retiring with 10 years or more service will receive a commemorative plaque that acknowledges their hard work, dedication and professionalism.

Meanwhile, managers are encouraged to celebrate retirement of their team members locally as well. This is a great way to show appreciation for the direct impact those employees have had in the workplace. It is important to note that a number of experienced and committed colleagues are currently developing a Retirees Association, and it is envisaged that this work/group would feed directly into the broader approach to employee recognition.

*Future proposals could include:*

- Branded notebook filled with messages from colleagues



### **1.3 Internal Awards**

#### **1.31 Annual Courage Awards Gala**

Each year NIAS seeks to host an Annual Awards Gala to celebrate the exceptional work of individuals and teams within the service. It is expected to take place around March each year, with the confirmed venue based on numbers attending. This is a formal awards evening that includes a sit-down meal and entertainment following the ceremony. All nominees will be invited to bring a plus one with them to celebrate their achievement.

As previously highlighted, those awarded long service recognition will be invited, alongside the top three nominees from each of the award categories (below), with special mention to employees who have been awarded on the UK Honours list (from the previous year). The winner of the individual/team award categories will be announced on the night.

In light of the pandemic, should we enter another lockdown/increased social distancing measures are introduced, this ceremony will take place virtually.

#### **March 2022 proposal:**

One *in situ* option includes availing of the Galgorm (as held over from March 2021). However, capacity would be up to 300 guests. As 2020's awards were cancelled there is a backlog due to Covid. Over 450 employees will be due an award by the time of the March 2022 ceremony.

Current long service statistics from HR are as follows:

2019 – 44 employees  
2020 – 52 employees  
2021 – 34 employees

\*Each attendee would be invited to bring one guest = 260 in total

\*Approximately 180 individual award winners (3 nominees for each award, over the past 3 years, plus one additional guest each)

\*Varied number of QAM/UK Honours special mentions each year – plus one additional guest each.

The logistical details would be considered in consultation with the Media and Communications Manager who has a key role in the event organisation.

**Core award criteria:** All awards share core criteria reflective of the culture charter and behaviours synonymous with NIAS:

- Evidence of professionalism
- An attitude of caring, compassion and equality
- A spirit of teamwork
- A drive towards innovation
- Demonstration of taking responsibility and autonomy
- Being proactive – a can do attitude
- A pride in NIAS
- Evidence of impact on patients, the service and other colleagues

Each individual category will have other suggested criteria to assist with nomination process.

Nomination forms will be forwarded to a judging panel nominated by the Senior Management Team. The panel will shortlist the nominees, based on the information in the nomination, to three front runners for each category via an assessment process based on the following:

- Criteria for core criteria
- Criteria for the specific award
- Compliance with rules and conditions

The shortlisted candidates will be announced to all staff via email.

### **Courage Award Categories - Proposal:**

- **Team of the Year (HSC value: Working Together)** - We work as part of many teams to deliver our objectives as a Trust. This award is to recognise teams that have been outstanding in the last year with clear and measurable goals that they have achieved together in support of the organisation and our vital services. This award covers all operational and non-operational teams. As well as the core criteria, the judging panel will consider other supporting criteria which will include:
  - Demonstrate mutual respect among team members, both as individuals and for the contribution each makes to the team's performance, valuing and respecting their efforts and achievements
  - Have agreed, effective and clear responsibilities and roles and a common set of core values and standards along with a sense of purpose.
- **People's Choice (NIAS Culture Charter: Greatness)** - Nominated by the public and our own staff, the People's Choice Award will be presented to a NIAS member of staff or volunteer who has been recognised by people as going 'above and beyond' the call of duty. As



well as nominating individual staff members or volunteers, members of the public can also nominate a team or group of people who they feel deserve to be celebrated. The reasons for the nomination are completely open; they could nominate an individual or team for:

- Providing excellent treatment, care or advice to the person, a friend, family member, or work colleague
- Working tirelessly in the community to make their local areas safer and bring people together
- Being a real ambassador for NIAS
- Giving up their free time frequently over a long period to help others
- Overcoming adversity to achieve a great success
- Striving to improve the working life of staff

- **Volunteer of the Year (NIAS Culture Charter Value: Compassion and Greatness)**- This award is open to individuals who have made a significant contribution as one of our vital volunteers including volunteer car drivers, community first responders and responding doctors. It is one of the ways NIAS says 'thank you' to those who generously give their time, energy and skills to achieve its objectives and support our vulnerable patients. As well as the core criteria, the judging panel will consider other supporting criteria which could include:

- An exceptional contribution as a volunteer over a significant period of time
- An outstanding commitment to their role as a volunteer
- A demonstrable contribution to the achievement of supporting NIAS in caring for our patients

- **Compassionate leadership award (NIAS Culture Charter Value: Compassion)** – This award is open to all employees at NIAS who display outstanding compassionate leadership. Critically, this is not only for those in managerial roles; it is aimed at those who always maintains a person-centred approach. As well as the core criteria, the judging panel will consider other supporting criteria which could include:

- An exceptional ability to consider colleagues feelings
- Treating everyone they meet with kindness
- Looking at, and treating, all colleagues as leaders
- Exceptional commitment to working collaboratively
- Exercising significant leadership in the service of others

- **The Award for Support and Partnership (NIAS Culture Charter Value: Open and Understanding)** – This award has been developed to celebrate exceptional support provided by an employee or manager. It is open to all NIAS employees and considerations will be given to individuals and team nominations. As well as the core criteria, the judging panel will consider other supporting criteria which could include:

- Provided selfless wellbeing support to others
  - Proactively contributed to improving team wellbeing
  - Championing partnership across boundaries
- **Innovation and Creativity award (NIAS Culture Charter Value: Autonomy)** – This has been opened up to staff enabling them to also have their say on which members of staff/teams should be recognised for developing and implementing new innovations that have patient care at their centre and benefit the overall healthcare of local communities. This category is open to any clinical or non-clinical innovations, including such areas as IT, business intelligence and operational support, that have been implemented between April 2020 and the current day. As well as the core criteria, the judging panel will consider other supporting criteria which could include:

  - Significant evidence of having developed and integrated an innovative idea/solution with measured results and how this has positively improved patient care and overall service delivery
  - Good evidence of working collaboratively across disciplines and across locations where staff have been engaged in the innovation
  - Delivering on core objectives in a challenging environment
- **Role Model award (NIAS Culture Charter Value: Greatness)** - This award has been opened up to staff enabling them to also have their say on which members of staff who should be recognised for their positive attitude and willingness to share skills, knowledge, and expertise whilst acting as a positive role model. This category is open to any clinical or non-clinical member of staff who demonstrate a personal interest in the mentoring relationship and exhibit enthusiasm in their field. As well as the core criteria, the judging panel will consider other supporting criteria which could include:

  - Values ongoing learning and growth in the field
  - Provides guidance and constructive feedback
  - Motivates others by setting a good example
- **Equality, Rights and Inclusion award (NIAS Culture Charter Value: Equality)** – This award is aimed at any employee or team that have made an exceptional contribution to ensuring NIAS is an equal and inclusive place for everyone to work. As well as the core criteria, the judging panel will consider other supporting criteria which could include:

  - Commitment to bringing employees together, particularly across multiple teams/areas
  - A genuine passion for equality, rights and inclusion
  - Innovation in instilling collective leadership



- **Unsung Hero Award (all NIAS Culture Charter Values)** - This award has been opened up to all members of staff. The aim of the award is to celebrate those who demonstrate the behaviours of our Courage Culture Charter consistently. As well as the core criteria, the judging panel will consider other supporting criteria which could include:
  - Consistent support to others in your team
  - Positive attitude
  - Displays a selfless way of working
- **Other possible award proposals:**
  - Special recognition award for a healthier lifestyle
  - Chief Executive Award
  - Trust Board Award

### 1.32 Culture Act of the Month

#### *Proposal:*

In line with our 'NIAS Culture Act of the Month' (highlighted in Courage Culture Charter Delivery Plan) employees have the opportunity to submit a nominee (individual or team) that has demonstrated exceptional behaviour in line with the dedicated value. This will be submitted to management via a dedicated email account where it will be independently screened against the Courage Culture Charter values and behaviours and considered accordingly. The winning individual/team will be mentioned in our monthly newsletter so that we can share our success and create learning for everyone. Any member of staff can nominate another, however this must be specifically related to our culture value/behaviour of the month, and evidence of this should always be provided.

### 1.33 Manager's Commendation Certificate

#### *Proposal:*

It is important that employees are recognised for the good work they do, hence the introduction of this recognition certificate. The criteria for this recognition is not based off a rigid regulated list, however there are some requirements that should be met to ensure the system withholds its value. Managers will use their professional knowledge and experience to determine additional criteria that applies to the specific circumstance however please see the following list for core categories that may be considered:

- Significant professional excellence in difficult circumstances
- Outstanding commitment to overcoming barriers for development, service improvement or peer support
- Exceptional leadership under pressure

- Exceptional consideration to fellow colleagues – i.e., going out of their way to help

This is not open for all staff to nominate, it is a management led recognition system. However, if there has been an exceptional piece of work completed by an employee, colleagues should always feel free to bring this to a manager's attention as inspiration. This system is operationalised as and when appropriate. Staff will be recognised with a commendation certificate signed by their manager and the Chief Executive. Staff stories may also be shared on NIAS social media (pending employee permission) as role models for the organisation.

## **1.4 Learning and Development Recognition**

### **1.5**

At NIAS we always seek to support our employee's learning and development. We understand that this can be difficult to balance alongside everyday work duties and personal responsibilities, therefore we feel it is important to acknowledge employee dedication to professional growth.

### **1.41 Certificate for completion of Training**

Please see individual training courses for more information on this.

### **1.42 Employee Reviews**

This system is currently under review and updates will be included as and when available. For more information on this please contact Gavin Plant.

## **1.6 External Awards**

### **1.51 The Queen's Ambulance Service Medal**

Awarded to members of the NHS Ambulance Service (and equivalents) in the UK. It was introduced on 11 July 2011 and first awarded during the 2012 Birthday Honours. Recipients may use the post-nominal letters "QAM." The UK Department of Health has published guidance on the award of the Medal. Those recommended for the Medal will usually have completed 10 years good conduct and exemplary service, and will have shown distinguished or meritorious service, including service marked by exceptional ability, merit and exemplary conduct. For more information on applications please [click here](#) or visit [cabinetoffice.gov.uk](http://cabinetoffice.gov.uk).

### **1.52 Points of Light Award (for NIAS volunteers)**

The Prime Minister's Points of Light award is given out daily to recognise outstanding individuals who are making a change in their community. Since its inception in 2014, thousands of exceptional volunteers have been recognised. If you know an inspirational volunteer who is making a difference in their community you can tell us about them by writing to the Prime Minister.

### 1.53 Other Awards

#### *Proposal:*

For a list of other external awards our employees may be eligible for, please search 'External Awards List' on SharePoint for the uploaded word document.

## 1.7 UK Honours

### 1.61 Commander of the Order of the British Empire (CBE)

Awarded for having a prominent but lesser role at national level, or a leading role at regional level. You can also get one for a distinguished, innovative contribution to any area.

### 1.62 Officer of the Order of the British Empire (OBE)

Awarded for having a major local role in any activity, including people whose work has made them known nationally in their chosen area.

### 1.63 Member of the Order of the British Empire (MBE)

Awarded for an outstanding achievement or service to the community. This will have had a long-term, significant impact and stand out as an example to others.

### 1.64 British Empire Medal (BEM)

Awarded for 'hands-on' service to the local community. This could be long-term charitable or voluntary activity, or innovative work of a relatively short duration (3-4 years) that has made a significant difference.

*\*Please see [UK Honours System / Nominate someone amazing for a national award in the New Year or Queen's Birthday honours lists \(cabinetoffice.gov.uk\)](#) for more information.*





# Northern Ireland Ambulance Service Health and Social Care Trust



## TRUST BOARD

### PRESENTATION OF PAPER

<b>Date of Trust Board:</b>	15 December 2022
<b>Title of paper:</b>	Clinical Plan/Strategy Development and Implementation - presentation
<b>Brief summary:</b>	<p>NIAS SMT in recent times approved the development of multiple new clinical posts and a clinical plan/strategy.</p> <p>The development of how this evolving team develop tangible elements of the clinical plan/strategy is key.</p> <p>This presentation will outline how we aim to drive the delivery of tangible changes in practice and different outcomes for patients.</p> <p>The presentation to Trust Board will demonstrate how this structure will develop and integrate with other Directorates across 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>	SMT – 27/9/22
<b>Prepared and presented by:</b>	Neil Sinclair, Asst Clinical Director Dr N Ruddell, Medical Director
<b>Date:</b>	8 December 2022



# Northern Ireland Ambulance Service Clinical Strategy Update

Trust Board December 2022



## Northern Ireland Ambulance Service Clinical Strategy 2021 -2026

### Aim

Define tangible strategy themes and the clinical direction of the Northern Ireland Ambulance Service from 2021-2016.

### Background

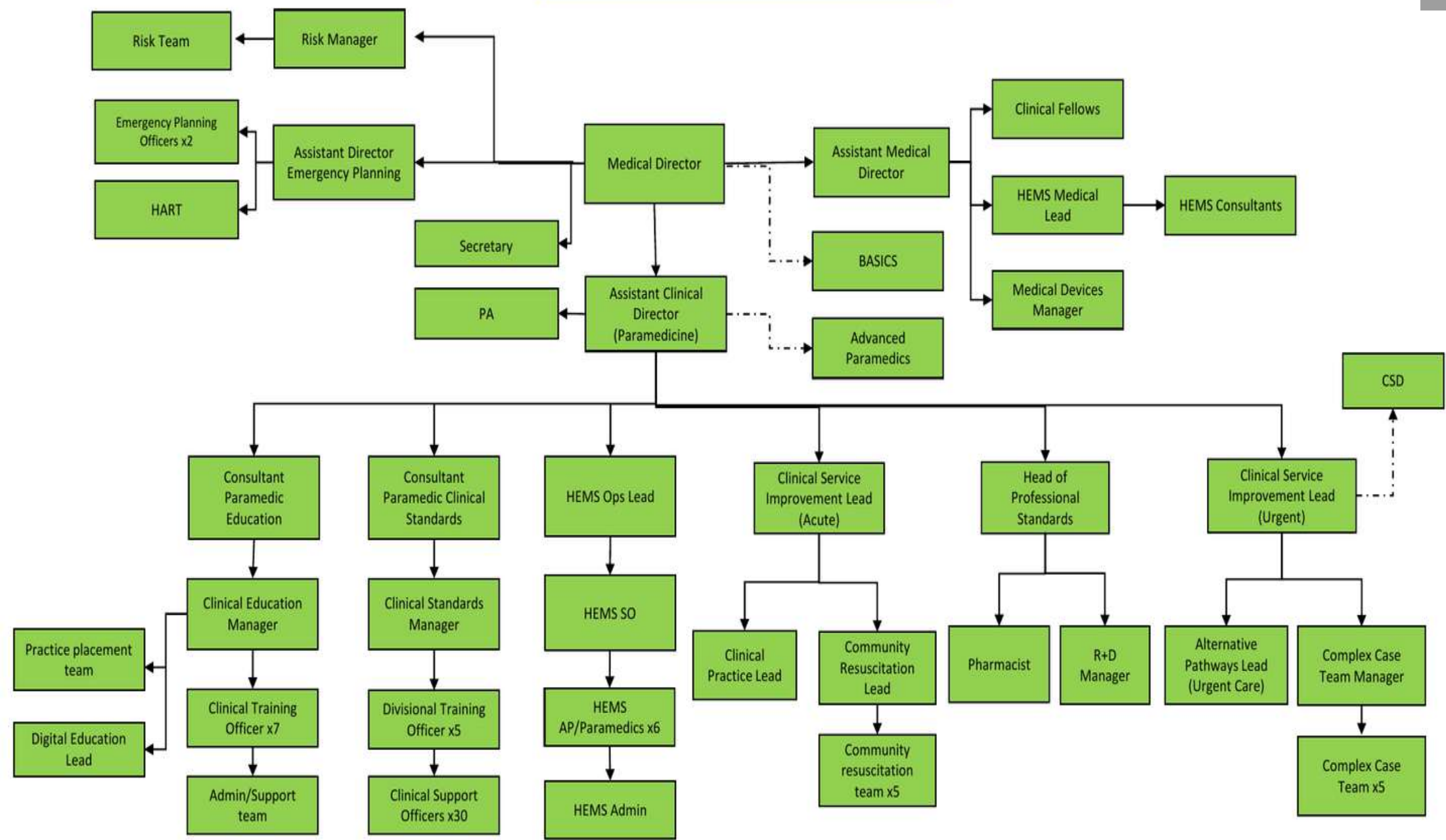
Pre hospital care and Paramedicine have developed a significant amount over the past 20 years and continue to develop at scale and pace. The landscape that we practice in has also changed in the background. Patients are increasing in greater numbers, with an increasing age profile and presenting with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

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

While this strategy has largely a clinical focus, the success of this strategy is dependent on support from the whole of the NIAS organisation as many of the themes are across directorates. This strategy will require executive support to achieve alignment of purpose and positive clinical outcomes.

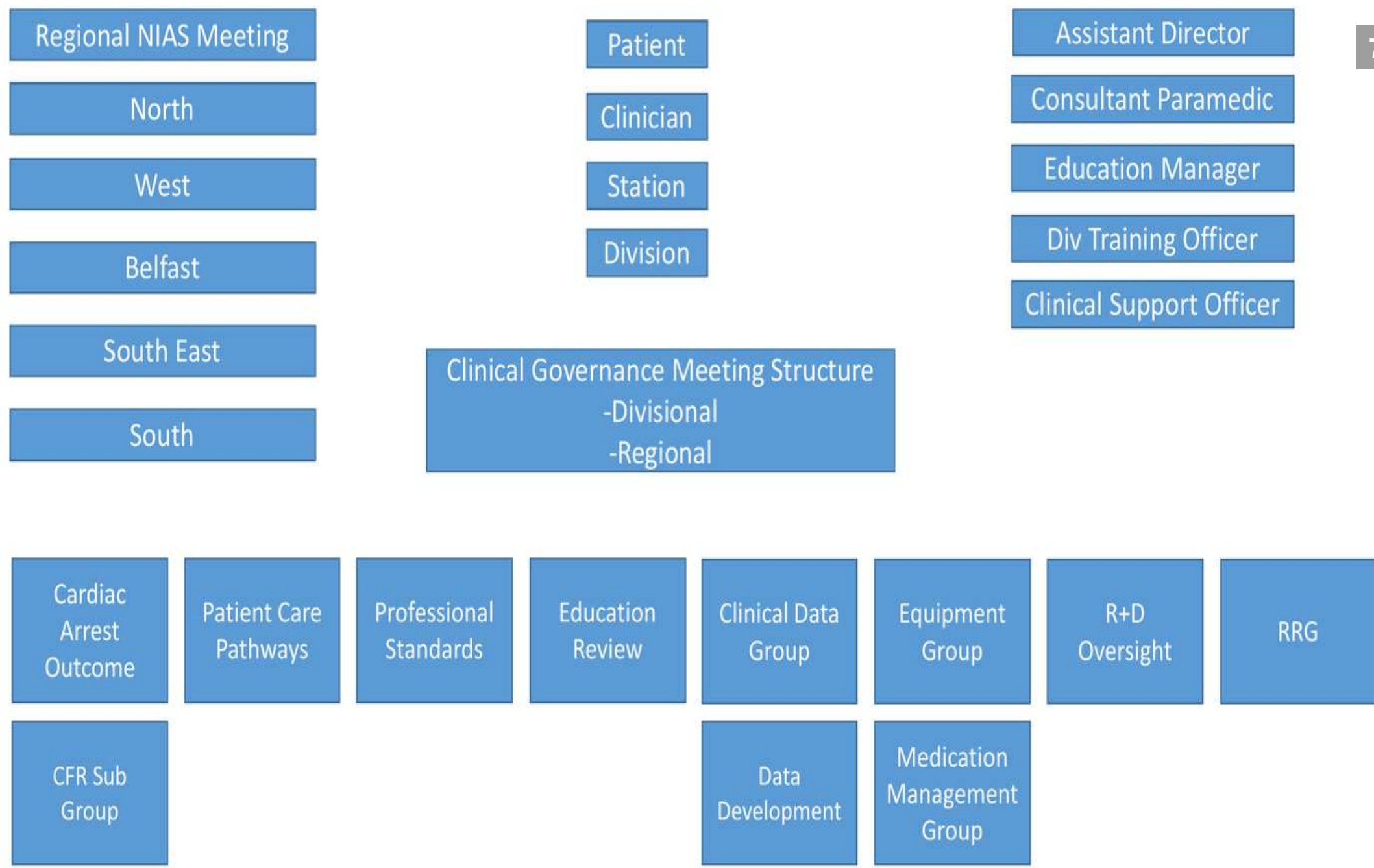
This strategy will outline key areas of development which will be the focus of delivery from now to 2026. There is a developing detailed plan for each area of focus, high level time based deliverables have been provided for high level context.

# Structure July 2022









# Cardiac Arrest

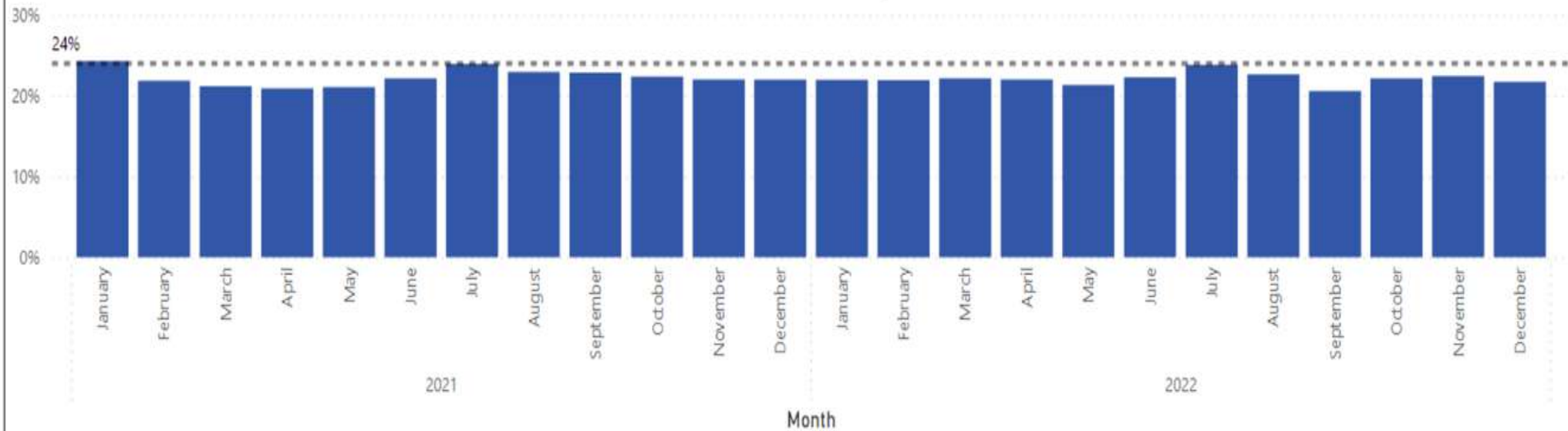
- Cardiac arrest masterclass held November 2022
- Programme for regional resuscitation education in development
- Revised data collection started and ongoing Sep 2022
- Good Sam responder app enhanced use roll out planned early 2023
- Advanced Critical Care Paramedic independent practice early 2023

1/1/2021

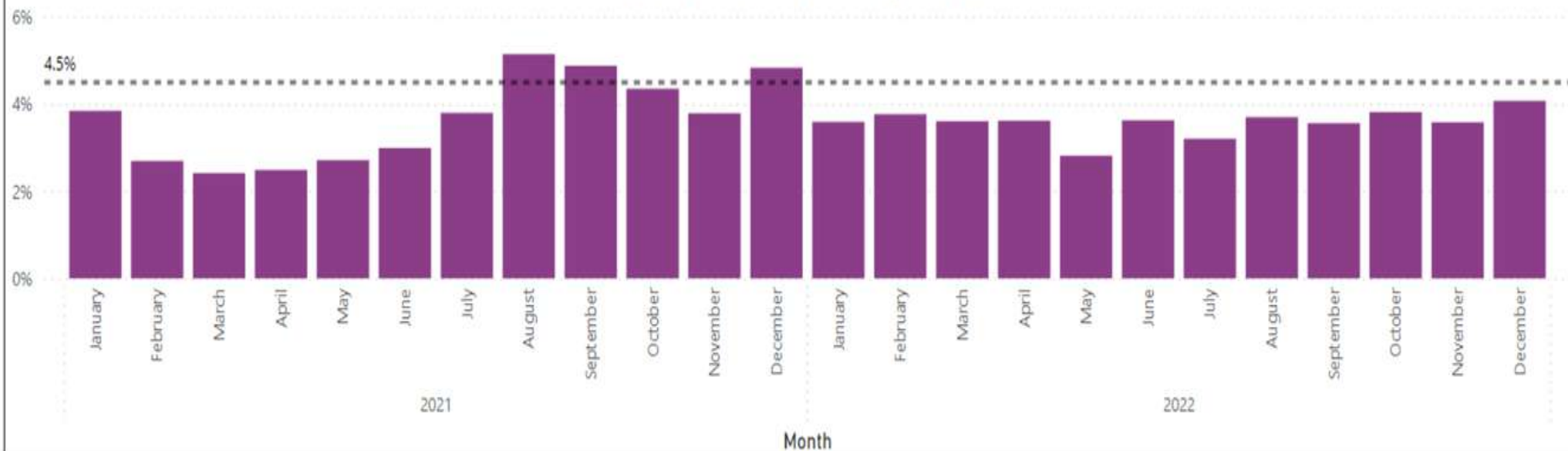
12/6/2022

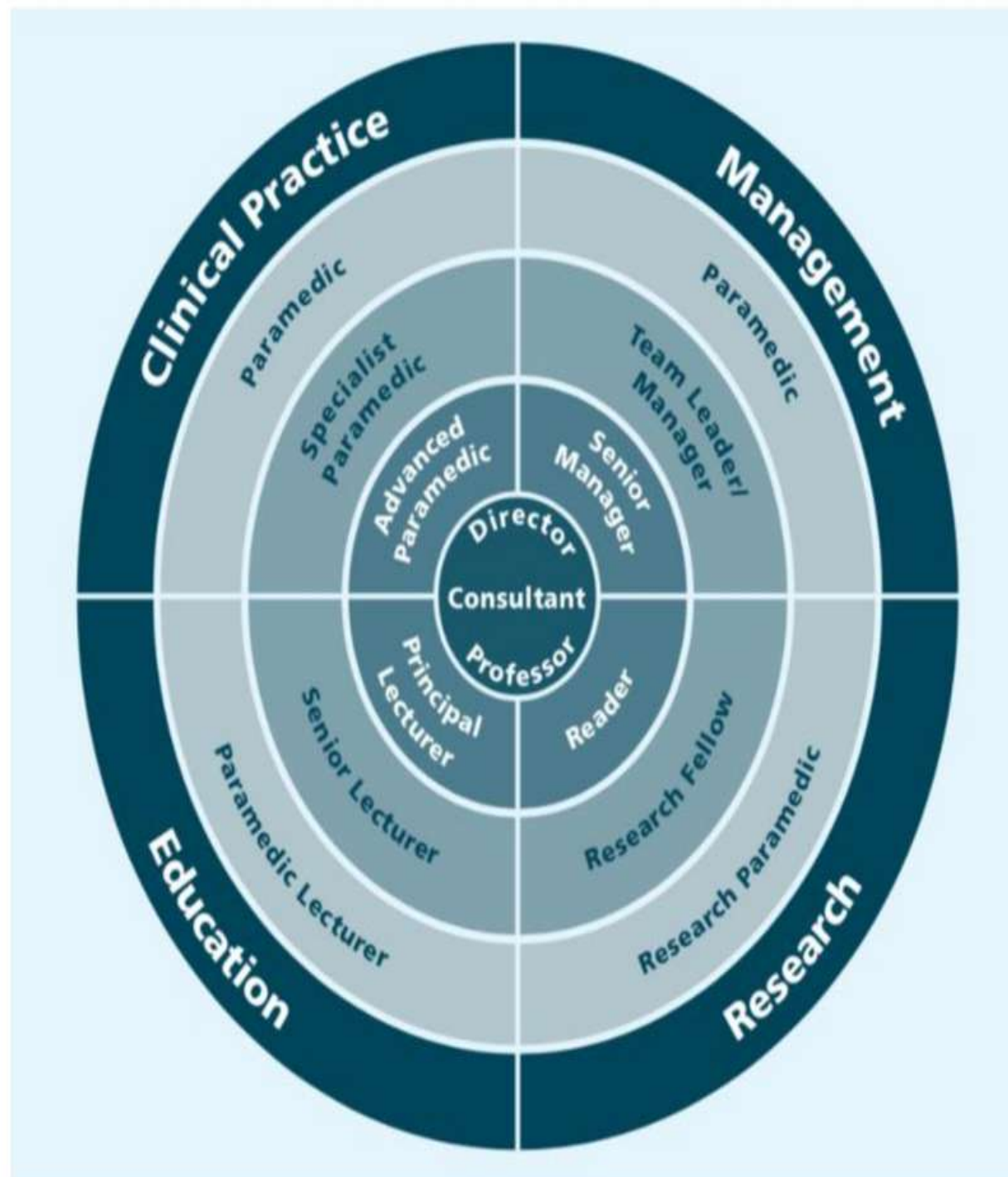
## "Clinical Hear & Treat" and "Clinical See & Treat" Trends

Clinical See & Treat % by month



Clinical Hear & Treat % by month







# Career Framework Developments

- Consultant Paramedics appointed
- Advanced Paramedics Critical Care 3 months into course
- Research and Development Manager in post
- Developing Research Paramedic opportunity
- Developing joint lecturer posts with Ulster University opportunity

# Research and Development

- Draft development plan written
- Research & Development Oversight Group set up
- 32 projects have been considered by NIAS R&D – 20 internal NIAS, 12 external
- 1 study is NIHR Portfolio study (generates funding and accruals for NIAS)
- 1 NIAS publication in JPP from Complex Case Team
- 3 posters presented at national conferences
- 7 NIAS staff members undertaking the Monash “Introduction to Research” course
- 1 funding bid submitted to NICHS for OHCA to fund 1<sup>st</sup> Research Paramedic in NI
- 1<sup>st</sup> OHCA masterclass funded by R&D fund

# Education

- New leadership team appointed and all in post Jan 2023
- Cardiac arrest masterclass held Nov 2022
- Foundation Degree Paramedic course closing Dec 2022
- Associate Ambulance Practitioner (EMT) course ongoing
- BSc (hons) students into second year of NIAS placements
- Detailed action plan for new leadership team to be defined for delivery Jan 2023 onwards

# Tangible Changes and Improvements in Practice

- Alternative Pathway Care

See and Treat 22% > 32% = 60 patients per day treated via a non ED pathway.

Equates to 1800 patient per month, 21,600 patients per year.

- Cardiac Arrest Management

Arrest survival 5% > 10% = 5 patients per month survive to discharge.

Equates to approximately 60 patients per year.



Thank You and Questions



# TRUST BOARD

## PRESENTATION OF PAPER

<b>Date of Trust Board:</b>	15 December 2022
<b>Title of paper:</b>	NIAS Gifts & Hospitality Policy
<b>Brief summary:</b>	<p>This updated policy is intended to provide advice to Trust staff who, in the course of their day to day work or as a result of their employment, either receive offers of gifts and hospitality or provide gifts and hospitality to others on behalf of the Trust.</p> <p>All decisions by Trust staff on the provision or acceptance of gifts and hospitality must be able to withstand both internal and external scrutiny. They must be defensible as being in the direct interest of the organisation, as being proportionate to that interest and within limits that are acceptable to the Trust Board.</p> <p>The ARAC approved the Policy at its meeting on 8 December and, in line with the Trust's Standing Orders, would like to bring this Policy to the attention of the Board.</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>	<p>SMT – 1 November 2022</p> <p>ARAC – 8 December 2022</p>
<b>Prepared and presented by:</b>	<p>Brona McCauley, Asst Director of Finance</p> <p>Ryan Mercer, Graduate Trainee, Finance</p> <p>Paul Nicholson, Director of Finance, Procurement, Fleet &amp; Estates</p>

<b>Date:</b>	8 December 2022
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Policy Code: TW/1/Fin (v04) 2022

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Northern Ireland Ambulance Service  
Health and Social Care Trust

## **GIFTS ANDHOSPITALITY POLICY**

<b>Title:</b>	Gifts and Hospitality Policy		
<b>Author(s):</b>	Mrs Brona McAuley, Assistant Director of Finance		
<b>Ownership:</b>	Finance and IT Directorate		
<b>Date of SEMT Approval:</b>	November 2022	<b>Date of Trust Board Approval:</b>	
<b>Operational Date:</b>	December 2022	<b>Review Date:</b>	November 2025
<b>Version No:</b>	TW/1/Fin (04) 2022	<b>Supersedes:</b>	All previous versions
<b>Key Words:</b>	Gifts and Hospitality		
<b>Other Relevant Policies/Documents:</b>	Whistleblowing Policy Standing Orders, Standing Financial Instructions and Scheme of Delegation. NIAS HSC Trust Management Statement. Code of Conduct for HPSS Managers Standards of Business Conduct for HPSS Staff		

Version Control for Drafts:			
Date	Version	Author	Comments
Sept 2008	01	Paul Nicholson	The Gifts and Hospitality Policy was adopted, subject to benchmarking maximum expenditure limits with other HSC Trusts. Published September 2008
Nov 2009	02	Paul Nicholson	Reviewed and updated in line with HSS(F) 35/2009 and inclusion of Proforma for the acceptance of gifts and hospitality and format of Register of Gifts and Hospitality. Minor amendment to be presented to Audit Committee – 03/12/2009. Published March 2010
Dec 2015	03	Paul Nicholson	Reviewed annually and no material updates required. Updated formally for review by Audit Committee in October 2015 and consideration by Trust Board in December 2015. Main changes to legislative basis and additional information on what hospitality is considered modest. (This policy is based on the Financial Governance Model Documents issues under HSS(F) 13/2007 and as such does not completely follow the format prescribed in the Trust's Policy on Development, Approval and Review of Trust Policies Version 1.0 approved in September 2014).



Nov 2022	04	Brona McAuley	Reviewed and minor amendments made. Value of *£50 for acceptance of Non cash gifts included. Value of *£50 included where an employee presents e.g. at a conference in own time
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## 1.0 INTRODUCTION/PURPOSE OF THE POLICY

### 1.1 Background

- 1.1.1 This policy is intended to provide advice to Trust staff, other personnel and third parties who, in the course of their day to day work or as a result of their employment, either receive offers of gifts and hospitality or provide gifts and hospitality to others on behalf of the Trust.
- 1.1.2 Unpaid Trust staff (volunteers) and external people acting on behalf of the Trust (e.g. consultants, contracted staff etc) must also abide by this policy. If it is believed that an external person may have breached the policy, the matter should be reported to the appropriate Head of Service or Director of Finance who will take the matter forward with the individual or their company.
- 1.1.3 This Policy should also apply to spouses/partners or any other associates if it can be argued or perceived that the gift the spouse/partner or associated person is in fact directly/indirectly benefiting the member of trust staff.
- 1.1.4 All decisions by Trust staff on the provision or acceptance of gifts and hospitality must be able to withstand both internal and external scrutiny. They must be defensible as being in the direct interest of the organisation, as being proportionate to that interest and within limits that are acceptable to the Trust Board.
- 1.1.5 This Policy should be read and applied in conjunction with Trust guidance on conflicts of interest. ***Based on circular HSC (F) 31-2021***

### 1.2 Purpose

- 1.2.1 This policy aims to ensure that all NIAS employees and appointees are not placed in a position in which risks, or apparent risk, may conflict in their progression of business activities. It aims to protect employees and appointees under the Bribery Act 2010 which states it is an offence to receive or offer a bribe (including certain levels of gifts and hospitality). Any breach of rules of conduct can lead to disciplinary action and in certain circumstances can be a criminal offence

## 2.0 SCOPE

- 2.1 This policy applies to all Trust staff, other personnel and third parties.

### **3.0 PRINCIPLES**

- 3.1 The fundamental principle is that no member of staff should do anything which may give rise to the impression that they have been or may be influenced by a gift, hospitality or other consideration to show bias for or against any person or organisation while carrying out official duties.
- 3.2 This policy has been compiled to ensure compliance with the Seven Principles of Public Life drawn up by the Nolan Committee (see Appendix 1). All Trust staff must therefore apply the following principles in the conduct of their employment:
- They must not accept gifts, hospitality or benefits of any kind from a third party which might be perceived as compromising their personal judgement or integrity;
  - They must not make use of their official position to further their private interests or those of others;
  - They must declare any private interests relating to their public bodies
  - They must base all purchasing decisions and negotiations of contracts solely on achieving best value for money for the tax payer;
  - They must refer to their Head of Department when faced with a situation for which there is no adequate guidance;
  - If in any doubt, they must seek advice from the appropriate Line Manager or Director of Finance.

### **4.0 LEGAL OBLIGATIONS**

- 4.1 The Bribery Act 2010, which became effective from 1 July 2011, repeals all existing corruption legislation and has introduced new statutory offences for activities in the public or private sector including a new corporate offence. It also places specific responsibility on organisations to have in place sufficient and adequate procedures to prevent bribery and corruption taking place.
- 4.2 Under the Bribery Act 2010, it is an offence to:
- Pay bribes – to offer or give a financial or other advantage with the intention of inducing that person to perform a relevant function or activity improperly or to reward that person for doing so.
  - Receive bribes – to receive a financial or other advantage intending that a relevant function or activity should be performed improperly as a result.
  - 'Relevant function or activity' includes any function of a public nature and any activity connected with a business.
  - Fail to prevent bribery – an organisation is guilty of an offence if Trust personnel or a third party connected to it bribes another person intending to obtain or retain business or a business advantage.
- 4.3 The prevention, detection and reporting of bribery and other forms of corruption are the responsibility of all those working for the Trust or under its control. The

Trust expects all personnel(1) and third parties(2) to perform their duties impartially, honestly, with integrity, and in good faith. All Trust personnel and third parties are required to comply with the requirements of the Trust's Gifts and Hospitality Policy, which all staff should make themselves familiar with.

- 4.4 If a Trust employee is found to be in breach of the Gifts and Hospitality Policy, he/she may be liable to disciplinary action under the Trust's Disciplinary Procedure, which may result in dismissal for gross misconduct. The Trust also reserves the right to terminate its contractual relationship with other personnel and/or third parties if they breach this policy.
- 4.5 In addition to any disciplinary process and where the breach amounts to a criminal offence, this will be referred to the Police Service of Northern Ireland (PSNI). Conviction under the Bribery Act is punishable by imprisonment for a maximum term of 10 years for individuals and unlimited fines can be imposed both to individuals and the Trust.
- 4.6 Note
  - 4.6.1 "Personnel" includes, for example, senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, i.e. GP's, pharmacists, dental practitioners, opticians, finance professionals, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors or any other person associated with the Trust.
  - 4.6.2 "Third Party", means any individual or organisation's personnel coming into contact with the Trust, for example actual and potential clients, other Trusts, suppliers, distributors, business contacts, agents, advisers and government and public bodies, including their advisors, representatives and officials, politicians and political parties.

## **5.0 ACCEPTANCE OF GIFTS**

### **5.1 *Cash or Cash Equivalents***

- 5.1.1 Offers of cash or cash equivalents (e.g. lottery tickets, gift vouchers or gift cheques) made by suppliers, contractors, service users or their relatives to individual officers of the Trust should be declined. Instead, the supplier, contractor, service user or relative should be made aware of the range of Charitable Funds which are managed by the Trust to receive cash donations for general or specific purposes. Details of the current Charitable Funds are available from the Director of Finance.

### **5.2 *Non Cash gifts***

- 5.2.1 Gifts of a small or inexpensive nature such as calendars or diaries or other simple or inexpensive items such as flowers and chocolates and have an apparent value of less than \*£50 may be accepted by individuals without the need to be reported or approved in advance. This type of gift can be easily distinguishable from more expensive or substantial items which cannot on any

account be accepted. If there is any doubt as to whether the acceptance of such an item is appropriate, the matter should be referred to the Trust's Director of Finance.

- 5.2.2 Apart from trivial/inexpensive seasonal gifts such as diaries etc., no gifts or hospitality of any kind or from any source can be accepted by anyone involved in the procurement or monitoring of a contract. This will ensure that no criticism can be made regarding bias to a particular company or supplier.

### **5.3 Bequests**

- 5.3.1 Gifts whether they be cash or non-cash bequeathed through a will must be declined. Instead the Person who donated gift can be made aware of the range of Charitable Trust Funds which are managed by the Trust to receive cash donations.

### **5.4 Exceptional cases**

- 5.4.1 It is recognised that there are exceptional cases where refusal of a gift will clearly offend a donor, cause embarrassment or appear discourteous. In these cases the donor should be advised that the permission of Trust Management will have to be sought as to whether or not the gift can be accepted. The Trust's Director of Finance should be asked to decide whether to:

- Allow the recipient to accept the gift; or
- Return the gift to the donor with a suitably worded letter explaining why the gift cannot be accepted; or
- Use or dispose of it, if possible, in or by the Trust.
- Donate the gift to a nominated Charity.

### **5.5 Lectures, Conferences and Broadcasts**

- 5.5.1 Where gifts by the way of fees, ex gratia payments or book tokens for lectures, broadcasts or similar occurrences are offered, their acceptance should be based on how much of the preparatory work for the event was done in the employee's own time, how much in official working time and the extent to which the Trust resources, other than for example, use of an officially issued laptop at home, were used in the preparation. The guiding principle is that the Trust will seek to recover the costs of publicly funded resources used for any non-HPSS events. The following illustrations are by way of example:

- If the preparation was carried out entirely in the individual's own time (for example outside fixed sessional commitments for medical or other clinical staff) and the event took place in the employee's own time at no expense to the Trust, it would be acceptable for the individual officer to retain the whole fee, token or other gift;
- If the preparation was performed wholly on Trust time, with the use of Trust resources, the Director of Finance should be consulted to determine the need to charge the organisation or body a fee based on the salary costs of the



individual and/or the use of resources. . If the event is carried out within normal working hours then no gift or fee should be accepted. If the event is carried out in the employee's own time then a gift or token up to the value of \*\*£50 is acceptable;

- If the preparation was carried out and the presentation, delivered in the officer's own time but Trust facilities or equipment were used, then the Director of Finance should be consulted to determine the need to charge the organisation or body a fee based on the use of resources. In addition to (or after deduction for) any charge for use of any Trust resources, the individual officer may retain any fee, token or other gift up to the value of \*£50 for presenting at the event.

5.4.2 If further guidance is needed in this area, the Director of Finance should be consulted. In all instances, employees should be aware of the requirements of the Trust in respect of spare time activities and secondary employment.

## **5.5 Trade or Discount Cards**

5.5.1 Trade or discount cards, other than those negotiated by the Trust on behalf of its staff, by which an officer might benefit from the purchase of goods or services at a reduced price are classified as gifts and should be politely declined and, if already accepted, returned to the sender.

## **6.0 HOSPITALITY RECEIVED FROM THIRD PARTIES**

6.1 The handling of offers of hospitality is recognised as being much more difficult to regulate but it is an area in which staff must exercise careful judgment. It is recognised that it can be as embarrassing to refuse hospitality as it can be to refuse a gift. There is also a need to distinguish between simple, low cost hospitality of a conventional type, for example, a working lunch or evening meal compared with more expensive and elaborate hospitality. There is clearly a need for a sense of balance. There is concern that acceptance of frequent, regular or annual invitations to events or functions, particularly from the same source and where a considerable degree of hospitality is involved, may severely test the principles stated earlier and should be refused. However, there may be instances where staff receive invitations to events run by voluntary organisations such as annual conferences or dinners. Attendance at such events is considered an integral element in building and maintaining relationships with these sectors and any hospitality received is likely to be reasonable and proportionate, and therefore acceptable.

6.2 The main point is that in accepting hospitality staff need to be aware of, and guard against, the dangers of misrepresentation or perception of favouritism by a competitor of the host. It is obviously easier to justify meetings which relate directly to the work of the Trust but where these happen outside working hours and on purely social occasions then they need to be justified as not being a personal gift or benefit. Where a contract is being negotiated, hospitality of any kind, including attendance of staff at seasonal events hosted by suppliers or contractors, should not be accepted.

6.3 As a general rule, invitations of hospitality which are extended to the Trust as a whole, can be accepted by a nominated officer and are less likely to attract criticism than personalised invitations to individual officers.

6.4 When in doubt about accepting hospitality or an invitation you should consult your Line Manager or the Director of Finance. In all instances where anything beyond conventional hospitality is offered, the approval of the Line Manager or the Director of Finance should be sought. It is particularly important to ensure that the Trust is not over represented at an event or function and care should be taken to ensure that this does not happen, for example, by enquiring from the host as to other staff who have received similar invitations.

## 7.0 AWARDS OR PRIZES

7.1 Staff should consult their Line Manager or their Director of Finance if they are offered an award or prize in connection with their official duties. They will normally be allowed to keep it provided:

- There is no risk of public criticism;
- It is offered strictly in accordance with personal achievement;
- It is not in the nature of a gift nor can be construed as a gift, inducement of payment for publication or invention to which other rules apply.

## 8.0 SPONSORSHIP FOR ATTENDANCE AT COURSES AND CONFERENCES

8.1 Circular HSC (F) 10-2016 provides guidance on sponsorship for public bodies. It notes that public bodies should always aim to prevent any actual or perceived conflicts of interest, or favoured treatment whether implied or otherwise. The offer of financial assistance or sponsorship by commercial or other organisations to attend **relevant** courses or conferences must be highlighted to your Line Manager in advance on the appropriate form normally used for applying for permission to attend such events. **Such sponsorship is permitted on the understanding that its acceptance will not compromise in any way future purchasing decisions either directly or indirectly or lead to any other conflict of interest involving the individual or the Trust.** The appropriate Line Manager or Director must review the nature and level of sponsorship being offered before approving applications to attend courses or conferences.

8.2 Any sponsorship that could be construed to be in direct conflict with the aim of promoting the health and social well-being of the Northern Ireland population should not be accepted in any circumstances e.g. from tobacco companies. The Director of Finance should be consulted for advice in cases of uncertainty.

## 9.0 REGISTER OF GIFTS, HOSPITALITY AND INVITATIONS

9.1 In order to counter any possible accusations or suspicions of breach of the rules of conduct, a record will be kept by the Trust of all offers of gifts, awards

and prizes made to members of the Trust Board, directors, senior managers and staff. Invitations to functions or events, where a considerable degree of hospitality is involved should also be recorded. Details should include: where the offer originated, to whom it was made, and a note of the action taken, i.e. accepted/refused/returned. It is the responsibility of the individual Trust officer to forward details of offers to the Director of Finance for inclusion in the Trust's gifts and hospitality register.

- 9.2 The office of the Director of Finance shall maintain the Register of Gifts and Hospitality in the prescribed format
- 9.3 It is the responsibility of the individual Trust officer to forward details in writing of offers of gifts and hospitality (other than non-cash gifts with a value of less than \*£50) to the Office of the Director of Finance whether they have been accepted, declined or returned.
- 9.4 The Register will be subject to audit from time to time and can be viewed under Freedom of Information requests. The Trust's website will refer to the Register and that it can be accessed by contacting the Director of Finance.
- 9.5 Proforma for the documentation of any offer of gifts and hospitality, which must be completed by the individual Trust officer and forwarded to the Director of Finance, are set out in Annex A. The Register will be held in the format outlined in Annex A. Further guidance and template letters are included in HSS(F) 35/2009.

\* It is recognised that estimating the value of some gifts can be difficult. If in any doubt, please declare so that the gift can be recorded on the register

## **10.0 PROVISION OF HOSPITALITY, GIFTS AND AWARDS**

- 10.1 Paragraphs below provide a guide for staff when considering the provision of hospitality, gifts or awards. Appendix 2 sets out maximum expenditure limits that have been prescribed by the Trust Board for such occurrences. If in doubt, the Director of Finance should be consulted before any expenditure is committed.

### **10.2 *Internal Hospitality***

- 10.2.1 This should only be considered in clearly defined circumstances. For example, where meetings outside of normal working hours cannot be avoided (early morning or after normal working hours) or where staff are required to travel to attend meetings in circumstances where a lunch time break is not possible or where the meeting is likely to last for more than 3 hours.
- 10.2.2 The provision of hospitality by the Trust should be modest, for example biscuits not buns, and appropriate to the circumstances. In all instances, the expenditure involved must constitute good value for money. Where hospitality is to be extended for internal meetings, it should be limited to modest light refreshments and written approval should be sought in advance from the

appropriate Line Manager or Director if expenditure is estimated to exceed the maximum limit (currently £5 per head) set out in Appendix 2. A proforma approval form is set out in Appendix 3.

- 10.2.3 In relation to residential training courses/conferences it is normal practice for meals and light refreshments to be provided for delegates. The provision of beverages, including alcohol, is permissible with evening meals up to a limit of one-third of the total cost of the meal.
- 10.2.4 In relation to non-residential events, lunch may be provided where it facilitates the running of the course or where alternative provision is not available. Written approval should be sought in advance from the appropriate Line Manager or Director. Beverages provided with lunches should be restricted to tea, coffee, water or fruit juice. A proforma approval form is set out in Appendix 3.
- 10.2.5 All hospitality expenditure should be allocated specific financial coding to assist in the collation of management information and to facilitate the monitoring and control of the use of this facility.

### **10.3 External Hospitality**

- 10.3.1 The provision of hospitality by the Trust to representatives of other organisations should be modest and appropriate to the circumstances. In all instances, the expenditure involved must constitute good value for money.
- 10.3.2 Hospitality should not be offered solely as a return gesture or be automatically recurrent on a regular basis unless circumstances indicate that it is appropriate to do so. The use of public monies for hospitality purposes at conferences and seminars should be carefully considered. The Trust needs to be able to demonstrate good value in committing public funds. Written approval should be sought in advance from the appropriate Line Manager or Director. A proforma approval form is set out in Appendix 3.
- 10.3.3 Expenditure on external hospitality should be clearly identified as such and charged to a specific hospitality expense code.

### **10.4 Other Circumstances**

- 10.4.1 If situations arise that are not covered by the foregoing guidance, prior approval should be sought from the Chief Executive or Director of Finance before hospitality is provided and such approval should be formally documented.
- 10.4.2 It is recognised that there may be cases when, in the interests of the service, flexibility in interpretation of the rules may be necessary. Prior approval for such situations should be obtained in writing from the Chief Executive. Any request for approval of such instances should state why the request falls outside the boundaries of what is normally allowable and why it is considered necessary to provide such hospitality.



### **10.5 Authorisation and Approval of Hospitality**

10.5.1 The purchase of gifts and hospitality should follow the Trust's normal procurement procedures and should comply with the requirements of mini-code.

10.5.2 Notwithstanding those circumstances indicated above where specific approval is required from the Chief Executive or Director of Finance, authorisation for, and approval of, hospitality expenditure should be obtained in accordance with the Trust's Schedule of Delegated Authority.

**10.5.3 Appropriate approvals should be obtained prior to the hospitality being provided. The provision of external hospitality should have the approval of the relevant Director and be of the form contained in appendix 3.**

### **10.6 Provision of Gifts or Awards**

10.6.1 Occasionally the Trust may wish to make a small presentation to speakers or other volunteers in acknowledgement of services provided to the Trust. Such gifts or awards should be of a token nature. Prior approval for the provision of gifts or awards is required from the appropriate Line Manager and such approval should be formally documented.

## **11.0 IMPLEMENTATION OF THE POLICY**

### **11.1 Dissemination**

11.1.1 This policy will be disseminated to all staff via email and will be included on the Trust's intranet site.

### **11.2 Resources**

11.2.1 There are no identifiable resources required for implementation of this policy.

### **11.3 Exceptions**

11.3.1 There are no exceptions to this policy.

## **12.0 MONITORING**

12.1 All Trust policies will be monitored to ensure compliance with this policy through the policy development and review process.

## **13.0 EVIDENCE BASE/REFERENCES**

13.1 HSS(F) 13/2007 Financial Governance Model Documents  
HSS(F) 35/2009 Hospitality Registers

## 14.0 CONSULTATION PROCESS

- 14.1 Senior Executive Management Team  
Senior managers  
Trade Union Representatives

## 15.0 APPENDICES / ATTACHMENTS

- 15.1 Appendix 1: The Seven Principles of Public Life  
Appendix 2: Prescribed Maximum Expenditure Limits for the Provision of Hospitality  
Appendix 3: Proforma Approval for the Provision of Hospitality  
Annex A Templates Gift/Hospitality Forms and Register

## 16.0 EQUALITY STATEMENT

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

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

## 17.0 SIGNATORIES

\_\_\_\_\_  
Lead Author

Date: \_\_\_\_\_

\_\_\_\_\_  
Lead Director

Date: \_\_\_\_\_

### Review of Policy

This policy will be reviewed every 3 years approval, or sooner in the event of significant changes in legislation, guidance or Trust practices.

**Date of Issue: December 2022**  
**Date for Review: November 2025**



**APPENDIX 1****THE SEVEN PRINCIPLES OF PUBLIC LIFE**

**Selflessness** - Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family or their friends.

**Integrity** - Holders of public office should not place themselves under any financial obligation to outside individuals or organisations that might influence them in the performance of their official duties.

**Objectivity** - In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

**Accountability** - Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

**Openness** - Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

**Honesty** - Holders of public office have a duty to declare any private interests relating to their public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

**Leadership** - Holders of public office should promote and support these principles by leadership and example.



## **APPENDIX 2**

### **PRESCRIBED MAXIMUM EXPENDITURE LIMITS FOR THE PROVISION OF HOSPITALITY.**

#### **1. Hospitality for Internal Meetings:**

Maximum Limit: £5 per head.

#### **2. Residential or Non-Residential Events Organised by the Trust:**

- Lunch - £5 per delegate
- Evening Meal - £15 per delegate
- Beverages supplied with meals - one third of cost of meal.

#### **3. Extension of Hospitality to Individuals External to the Trust:**

- Lunch - £20 per Head
- Evening Meal - £30 per Head
- Beverages - one third of cost of meal

#### **4. Provision of Nominal Gifts to Guest Speakers, Volunteers etc:**

Small gifts or gift tokens may be provided to a maximum value of \*£50.

Where the prescribed maximum expenditure limits are exceeded for genuine business reasons (for example, the choice of venue is beyond the employees control or cheaper venues were not available) additional support may be agreed by the appropriate Line Manager or Director. This should be provided in advance and documented in the approval form.

Expenditure should be supported by receipts.

### **APPENDIX 3**

#### **PROFORMA APPROVAL FOR THE PROVISION OF HOSPITALITY**

This form should be completed IN ADVANCE of hospitality being provided when:

- Hospitality extended for internal meetings is estimated to exceed maximum limits (currently £5 per head)
- Hospitality for non residential events is provided where alternative provision is not available.
- Where hospitality is to be offered to external representatives

1. Requesting Manager: .....

2. Type of hospitality proposed and appropriateness of extending hospitality:

3. The venue, scale and cost of hospitality (please refer to prescribed maximum limits):

4. Delegates/Guest List

Hospitality Approved/Declined (please delete as appropriate):

Signed .....

Date .....

*Guidance on the completion of this form can be found in the Trusts Gifts & Hospitality Policy*  
*Completed, approved forms should be returned to the requesting manager and appended to orders in the Eproc system*

**Annex A**

**Part 1 to be completed by recipient. Part 2 to be completed by approving officer)**

<b>GIFT/HOSPITALITY FORM A1 (Part 1) (AUTHORISATION/OFFER ACCEPTED/OFFER DECLINED)</b>	
Name of recipient:	
Name of ultimate recipient if not as above (i.e. if gift or hospitality passed on to someone else):	
Date of offer:	
Who made the offer:	
Description of offer:	
Estimated/actual value of offer:	
State whether offer was declined:	
Is there a current/potential contract with the donor? If yes provide details:	
Signature of recipient:	Signed: Date:

**Annex A (continued)**

**Part 1 to be completed by recipient. Part 2 to be completed by approving officer)**

<b>GIFT/HOSPITALITY FORM A1 (Part 2)</b> <b>(AUTHORISATION/OFFER ACCEPTED/OFFER DECLINED)</b>	
Reasons why approval has/has not been granted:	
Is gift being returned? If so, a letter should be issued (template at Annex B HSS(F) 35/2009 to be used)	
Has the gift been used or disposed of? If so give details:	
Has the gift been donated to a nominated charity?	
Has the Gifts and Hospitality register been updated?	
Signature of Approving Officer:	Signed: Date:



REGISTER OF GIFTS/HOSPITALITY/AWARDS ETC											
Date of Offer	Offered to	Ultimate recipient (if different)	Offered From	Description of Offer	Reason for Offer	Details of Contracts - current or potential	Est. / actual value of offer £	Action Taken i.e. Accepted / Refused / Returned	Entered by	Entered Date	File Ref:



**Trust Board**

**PRESENTATION OF PAPER**

<b>Date of Trust Board:</b>	15 December 2022
<b>Title of paper:</b>	Corporate Plan 2022-23 Mid-Year Review
<b>Brief summary:</b>	<p>The Mid-Year Corporate Plan is provided to Trust Board for an overview of progress in the financial year 2022-23</p> <p>This paper outlines the objectives of the Trust to be delivered by March 2023, along with the approach we have taken and the progress that has been made to October 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>	SMT – 5/12/22
<b>Prepared and presented by:</b>	<p>Neil Walker, Assistant Director PP&amp;CS</p> <p>Maxine Paterson, Director PP&amp;CS</p>
<b>Date:</b>	8 December 2022



Northern Ireland Ambulance Service  
Health and Social Care Trust



# NIAS Corporate plan 2022-23 Mid-Year Update

## Introduction

The purpose of this report is to provide a mid-year update on progress to NIAS Trust Board on how well the organisation is delivering the key objectives identified within the annual Corporate Plan 2022-23. These objectives are linked to our strategy: Caring Today, Planning for Tomorrow: Our Strategy to Transform 2020-2026.

The Corporate Plan is a critical component for the trust to monitor and measure progress against corporate and operational objectives set for financial year 2022-23.

In 2022-23 the Trust has continued in the same vein as last year by breaking down the Corporate Plan objectives that are applicable to each directorate and created Directorate Plans. It is at this level that monitoring of our delivery of the Corporate Plan is assessed.

The Directorate Plans have been developed using four corporate themes:

1. Trust Corporate objectives
2. Operational Directorate objectives
3. Strategic Improvement Programme objectives
4. Internal Audit recommendations

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

Meetings are held with the senior management team within each directorate, to capture actions on delivery and establish mitigation on any risks and issues identified on delivery.



## Approach

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

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

In October 2022, we met with all directorate senior management. This was to review progress against each deliverable outlined against each of the objectives within their directorate plans. The progress for the deliverables identified against each Objective is summarised in Appendix A. At this mid-year review meeting, actions have been captured that are required to be complete to progress deliverables prior to the end of the financial year.

There will be follow up meetings in February 2023 to conduct a further evaluation of the deliverables. We will also start to work with Directorate at this February meeting to start to build next year's plans for 2023-24. Finally there will be a year-end assessment carried out with all directorates and a final year-end report that will be brought to NIAS Trustboard. This report will provide a Year-End outturn position for the organisation.

The trust is using a BRAG (Blue, Red, Amber, and Green) rating as the method to monitor progress and an indication of the assessment that deliverables identified in the Corporate Plan have been or will be delivered by the completion date. This rating can be seen in the chart summarising progress to date.





Northern Ireland Ambulance Service  
Health and Social Care Trust



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

## Mid-Year Position

Outlined below is the NIAS Corporate Plan Mid-Year assessment summary. The chart summarises the progress of deliverables against the Key outcome areas within the plan. The position outlined is the outturn position for the organisation as of October 2022 and the key highlights are:

Delivering care: **96% of deliverables complete or on track**, with a deliverable requiring progress on management of medical devices.

Our Workforce: **91% of deliverables complete or on track**, with a Requirement to identify a funding source to support the roll out of posts with EAC.

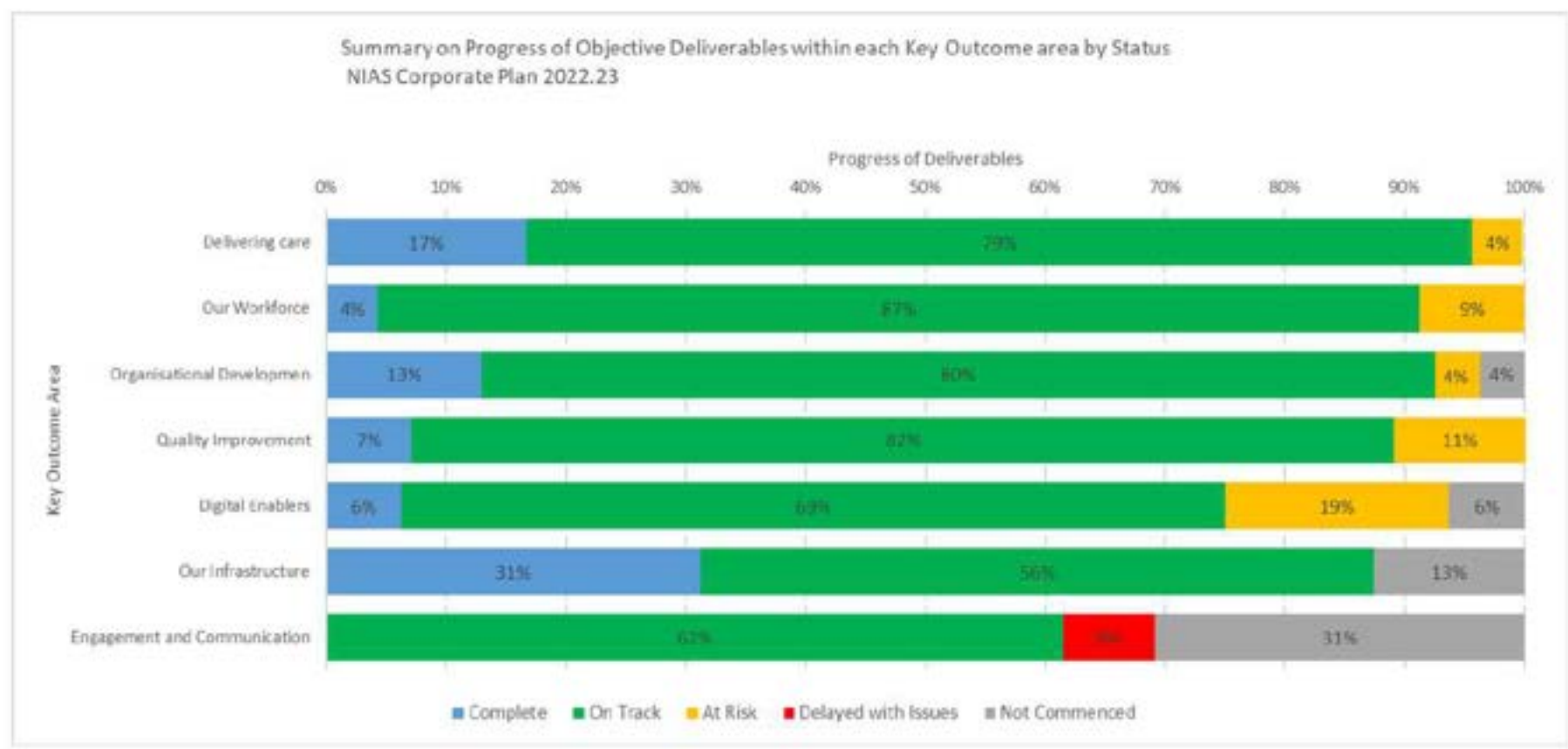
Operational Development: **93% of deliverables complete or on track**, with work planned in the second half of the year will progress the not commenced deliverables.

Quality Improvement: **89% of deliverables complete or on track**, with plans to progress work around our response to falls.

Digital Enablers: **75% of deliverables complete or on track**, with ongoing work on some of the timelines within our technology project portfolio.

Our Infrastructure: **87% of deliverables complete or on track**, with work to commence on sustainability and workforce.

Engagement and Communication: **62% on track**, with work to commence engaging our staff in improvement work. Please not engagement and communication is an ongoing Objective within the organisation.



A summary of progress against each objective can be seen within Appendix A. This outlines the number of deliverables at each of the statuses within the corporate plan for each of the objectives.

## Risks and Issues

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

The impact of COVID 19 continues to be a significant challenge as we enter the winter of 2022-23 and is further compounded by the pending industrial action through the coming months. Therefore as an organisation we are facing a significant risk of experiencing capacity challenges to meet the demands for our service. The ability to free staff for training, participation in strategic transformation programmes and to focus on long term corporate objectives, is essential if we are to deliver the objectives set out in our corporate plan.

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

Through the monitoring process of the corporate plan, both risks and issues identified to deliver objectives will be monitored and managed. The Governance structures put in place as part of this process, will ensure that risks and issues identified are escalated when necessary for resolution.



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## Appendix A: NIAS Corporate Plan Summary of Progress

Key Outcome	Objective	Lead Directorate	No. of Deliverables	Complete	On Track	At Risk	Delayed with Issues	Not Commenced	Rolled over from 2020-21
Delivering Care	We will develop an Improvement Plan to deliver the best possible response times to patients within existing resources, through the improvement opportunities that have been identified.	Operations	5	1	4				Yes
	We will continue to work with Trusts to improve the process of handing patients over at Emergency Departments	Operations	2		2				
	We will increase the capacity and skillset of CSD clinicians.	Operations	2		2				
	We will deliver a Patient Care Service Improvement Programme to improve the quality of our service for this important group of service users.	Operations	3		3				Yes





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	We will deliver a Clinical Safety Plan within EAC to assist in managing periods of high demand.	Operations	2	1	1				
	We will maintain the highest possible standards within EAC and become a reaccruited centre of excellence	Operations	2		2				
	We will continue to embed our Patient Care Pathways developing safe alternatives to ED in order to reduce demand on frontline services increasing the levels of Hear and Treat and See and Treat practice.	Medical	2		2				Yes
	We will improve the governance around medical equipment.	Medical	2	1		1			
	We will improve cardiac arrest survival rates across Northern Ireland.	Medical	1	1					
	We will develop co-responding schemes with our partner organisations	Medical	2		2				
	We will continue to work with Trusts to improve the process of handing patients over at Emergency Departments	Quality, Safety & Improvement	1		1				



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Key Outcome	Objective	Lead Directorate	No. of Deliverables	Complete	On Track	At Risk	Delayed with Issues	Not Commenced	Rolled over from 2020-21
Our Workforce	We will develop a Recruitment and Selection Strategy, which will include the appropriate approach to support the delivery of a skilled and effective workforce.	Human Resources	2		2				Yes
	We will Reduce absence across the organisation.	Human Resources	4		4				Yes
	Design and deliver a Health and Wellbeing strategy and action plan that delivers outcome focused HWB initiatives and improvements.	Human Resources	1		1				Yes
	We will Develop HR Governance to ensure full assurance, statutory compliance and delivery of best practice and effective governance arrangements	Human Resources	2	1	1				
	We will develop workstreams to support the organisations workforce in response to ongoing service pressures	Human Resources	1		1				
	We will undertake a review of our Operations Structure to provide more effective support for staff.	Operations	4		3	1			



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	We will undertake a review of our Emergency Planning function to improve our operational resilience	Operations	3		3				
	We will develop a culture of learning and development within our teams	Operations	3		3				
	Deliver the objectives of Clinical Education strategic transformation programme	Medical	2		2				Yes
	Expansion of clinical career structure with introduction of new clinical posts to complement and enhance clinical care in line with "Vision for our Workforce objective in Strategy to Transform 2020-2026"	Medical	1			1			

Key Outcome	Objective	Lead Directorate	No. of Deliverables	Complete	On Track	At Risk	Delayed with Issues	Not Commenced	Rolled over from 2020-21
Organisational Development	We will develop the planning function within the organisation to support both internal effective planning and external within the wider HSC system.	Planning , Performance & Corporate Services	6	2	4				



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	We will develop the Performance function, to support the organisation in utilising information to draw insight and evidence to support effective decision-making across the organisation.	Planning , Performance & Corporate Services	7	1	5			1	
	We will develop the Organisational Transformation function, along with processes and resources required to support the transformation agenda.	Planning , Performance & Corporate Services	4		4				Yes
	We will transition organisational governance, assurance and risk management to PPC Directorate with an aim of strengthening assurance and scrutiny to support the accountability mechanisms that are in place.	Planning , Performance & Corporate Services	6	2	3	1			
	We will develop corporate team to ensure capacity and capability is in place to manage reconfigured service requirements.	Planning , Performance & Corporate Services	2		1			1	
	Maintain an overall satisfactory internal audit opinion for the	Finance	3	1	2				Yes





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	organisation for 2022/23.								
	Ensure effective management and oversight arrangements of delegated budgets to deliver breakeven position in support of overall organisational financial responsibilities.	Finance	5		5				
	Improve financial engagement at Board level through the implementation of new sub-committee. Work with Chairs of new committees to establish an appropriate oversight of financial issues	Finance	2	1		1			
	To develop and improve arrangements in place in respect of business cases to improve oversight, governance and approvals.	Finance	4		4				
	Review and agree strategy and procedures for the application of NIAS Charitable Trust Funds and grants.	Finance	3		3				
	Continued contribution to the planning for and management of the NIAS recovery from COVID-19	Finance	1		1				



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	We will stabilise and strengthen the Directorate Management	Finance	1		1				
	We will develop the HR delivery Model to support and deliver for a transformation organisation	Human Resources	6		6				Yes
	We will deliver an organisational culture programme.	Human Resources	3		3				Yes
	We will ensure effective management and oversight arrangements of delegated budget to deliver breakeven position in support of overall organisational financial responsibilities.	All Directorates	1		1				

Key Outcome	Objective	Lead Directorate	No. of Deliverables	Complete	On Track	At Risk	Delayed with Issues	Not Commenced	Rolled over from 2020-21
Quality Improvement	We will provide assurances of the appropriate infrastructure, training and protection of staff of the Hazardous Area Response Team (HART).	Medical	3		3				
	We will develop the appropriate Assurance and Governance within	Medical	1		1				



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	the Regional Ambulance Training Centre								
	We will develop a clinical measurement framework to evidence safe and effective practices	Medical	2		2				
	We will roll out an improved response bag for our staff	Medical	1	1					
	We will improve our Governance arrangements for our medical equipment and controlled drugs	Medical	3	1		2			
	We will develop a new Quality and Safety strategy that focuses on continual improvement, measuring and evidencing the quality of our services for our patients.	Quality, Safety & Improvement	3		3				Yes
	We will introduce a robust quality improvement (QI) methodology and increase our QI capabilities	Quality, Safety & Improvement	2		2				
	We will demonstrate an improvement in our measurement against Ambulance Quality Indicators to better	Quality, Safety & Improvement	2		2				Yes



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	evidence the safety and quality of our patient care.								
	We will implement an improvement plan to develop in our processes in Safeguarding, in partnership, with social care services across HSC.	Quality, Safety & Improvement	3		2	1			
	We will improve our response to calls related to falls who are aged over 65.	Quality, Safety & Improvement	4		4				
	We will maintain high standards of vehicle and station cleanliness.	Quality, Safety & Improvement	3		3				
	Provide direction, leadership and support to staff for Trust COVID-19 services	Quality, Safety & Improvement	1		1				

Key Outcome	Objective	Lead Directorate	No. of Deliverables	Complete	On Track	At Risk	Delayed with Issues	Not Commenced	Rolled over from 2020-21
Digital Enablers	We will implement technology to facilitate integrated care. Allowing clinicians to share patient records across care providers	All Directorates	1			1			Yes





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	Implementation of a New Computer Aided Despatch system with EAC and NEAC	Operations	2		1	1			
	We will develop capacity and capability in providing timely and accurate information	Planning , Performance & Corporate Services	3		3				
	We will develop the information governance team to ensure evidence of all aspects of Data Protection and UK GDPR have been implemented within the organisation.	Planning , Performance & Corporate Services	3	1	2				
	We will Consolidate and modernise our technology infrastructure to maintain the service, reduce risk and improve resilience	Planning , Performance & Corporate Services	6		5	1			
	We will explore the use of Technological solutions to support the delivery of our services	Directorate of HR and CRM	1					1	



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Key Outcome	Objective	Lead Directorate	No. of Deliverables	Complete	On Track	At Risk	Delayed with Issues	Not Commenced	Rolled over from 2020-21
Our Infrastructure	Develop Trust Estates Strategy	Directorate of CRM	2		2				
	We will develop a sustainability strategy for the organisation.	Directorate of CRM	1					1	
	Develop plans for the maintenance and upgrade of current NIAS Estate.	Directorate of CRM	3		3				
	We will deliver our capital estates projects to enhance our facilities	Directorate of CRM	2	1	1				
	We will ensure we get value for money from our commercial leases.	Directorate of CRM	1		1				
	We will ensure the right type of vehicle to support the responses we provide.	Directorate of CRM	3	2	1				
	We will plan for the introduction of more sustainable fleet throughout our organisation.	Directorate of CRM	1	1					
	We will stabilise and strengthen the Directorate Management structures.	Directorate of CRM	1		1				



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	We will ensure the Estates Team is suitably organised, resourced and trained to deliver best value to the organisation	Directorate of CRM	2	1				1	
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Key Outcome	Objective	Lead Directorate	No. of Deliverables	Complete	On Track	At Risk	Delayed with Issues	Not Commenced	Rolled over from 2020-21
Engagement and Communication	We will develop the range of ways Service users can give us feedback and be involved in service development.	Quality, Safety & Improvement	4		4				
	Ensure a collective leadership approach, with meaningful and effective staff engagement to encourage staff to feel empowered to initiate improvements and collaborate in new ways of working.	Quality, Safety & Improvement	4					4	
	We will ensure an ongoing effective programme of engagement with staff across the organisation.	All Directorates	1		1				
	We will develop Communication Strategy for delivery of Strategic Plan to ensure partnership and service users are incorporated	Planning, Performance & Corporate Services	4		3		1		Yes



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Ends





## TRUST BOARD

### PRESENTATION OF PAPER

<b>Date of Trust Board:</b>	15 December 2022
<b>Title of paper:</b>	Corporate Risk Register (CRR)
<b>Brief summary:</b>	The Corporate Risk Register is being presented to the Trust Board in line with the Risk Management Strategy which states that the Register should be presented to the Board on an annual basis.
<b>Recommendation:</b>	<div> <b>For Approval</b> <input type="checkbox"/> <b>For Noting</b> <input checked="" type="checkbox"/> </div>
<b>Previous forum:</b>	Directorate Team Workshops/Risk Led Meetings SMT – 29/11/22 ARAC – 8/12/22
<b>Prepared and presented by:</b>  <b>Date:</b>	Katrina Keating, Risk Manager Maxine Paterson, Director PP&CS  8 December 2022

ID	Title	Key Outcome	Description	Likelihood (current)	Consequence (current)	Rating (current)	Risk level (current)	Risk level (Target)	Lead Director	Initial Action Taken to Control/Mitigate Risk	Opened	Review Date	Action Plan to Address /Mitigate Risk
357	Ambulance Turn Around Times at Emergency Departments	Delivering Care	<p>If hospital emergency departments (EDs) are unable to maintain patient flow, ambulance crews may be held for excessive periods of time. This leads to a depletion of resources in the area and an inability to respond to emergency calls. In October 2022, NIAS experienced a total of 13,535 lost hours, this is the equivalent of 37 shifts per day, with crews waiting with patients outside EDs, 34% of our planned capacity. These lost hours were experienced from 10,997 instances where our crews waited longer than 15mins to handover their patient at ED. 4,700 of these instances were over 60mins in length.</p> <p>In the last 12 months (November 2021 – October 22), 89% of the handovers exceeded the 15min target at our acute EDs, resulting in circa 120k hours lost. The lost hours experienced in October 2022 is a 20% increase from September 22, whilst the number of instance of delay handovers increased by 6% in the same period. The 13,535 operational hours being lost (eq. to 1,127 12-hours shifts per month or 38 12h shifts per day). The number of handover delays in terms of minutes has increased in</p>	Almost Certain (5)	Catastrophic (5)	25	Extreme	Low	Byrne, Mrs Rosie	<p>Raising or intertrust incidents with Trust Governance Teams. Risk Manager met with BHSC, WHSC &amp; SEHSC Governance Leads to advise of initiative / expectations. Intertrusts detail cumulative lost production hours, broken down by Trust and ED. August 2021 and ongoing. DATIX Administrator. Continual engagement with Health Trusts highlighting the challenges and risks currently being experienced by NIAS (2021/22). DOPs. Appointment of additional HALOS (October 2021). AD Ops.</p> <p>Installation of decommissioned A&amp;E vehicles at three Health Trusts for the treatment of patients and / staff welfare (December 2021). AD Ops C&amp;C.</p> <p>Regional Unscheduled Care Escalation guidance revised and issued by the HSCB (December 2021). Within this guidance NIAS have the authority and autonomy to direct ambulances across the region, as clinically appropriate. This is based on NIAS activity, including ambulance numbers waiting at EDs to equalise pressures, with the intention to improve turnaround times. DOPs.</p> <p>Matter regularly highlighted by the Chief Executive at the weekly DoH / Trust Chief Executive Meetings. December 2021 and</p>	03/05/2018	21/11/2022	<p>Targets for improving response times and reducing handover delays have been set for March 2023. These targets are partly outside the control of NIAS and will be dependent on the Trusts making the required improvements to Length of Stay and discharge:</p> <ul style="list-style-type: none"> <li>• Increase NIAS See and Treat rates by 5%. Expected completion March 2023. Medical Director.</li> <li>• Achieve NIAS call answering target of 90% in 5 seconds. Expected completion September 2022. AD Ops (C&amp;C).</li> <li>• Achieve NIAS Cat 1 and Cat 2 response time targets. Expected completion March 2023. Operations Director.</li> <li>• Return to NIAS March 2019/20 position for handovers. Expected completion March 2023. Operations Director.</li> <li>• Unscheduled Care Adult Non Elective Discharges (Ex ambulatory, virtual wards, obstetrics and Mental Health): Trusts must discharge more than they admit over a full week, and; average discharge rates at weekends should increase by 5%pts in Q2, 10%pts in Q3 and 15%pts in Q4 relative to baseline weekend discharge rates in 19/20. Expected completion September 2022.</li> </ul>
311	Cyber Security	Our Infrastructure	<p>Information security across the HSC is of critical importance to delivery of care, protection of information assets and many related business processes. If a Cyber incident should occur, without effective security and controls, HSC information, systems and infrastructure may become unreliable, not accessible when required (temporarily or permanently), or compromised by unauthorised 3rd parties including criminals.</p> <p>This could result in unparalleled HSC-wide disruption of services due to the lack of/unavailability of systems that facilitate HSC services (e.g. the ability to dispatch and monitor emergency ambulances, appointments, admissions to hospital, ED attendances) or data contained within. This may result in the need for HSC to cancel appointments and treatments, or divert emergency/essential clinical or other services.</p> <p>The significant business disruption could also lead to increased waiting lists, delayed urgent clinical interventions and ambulance response, substantial clinical outcomes and</p>	Almost Certain (5)	Major (4)	20	Extreme	Low	Paterson, Maxine	<p>• Technical Infrastructure Security, Security Policy and procedures in place, Disaster Recovery Plans (reviewed 2016). AD ICT.</p> <p>• Emergency Planning &amp; Service/Business Continuity Plans (2019). AD EP.</p> <p>• Corporate Risk Management Policy &amp; Strategy (2019). Risk Manager.</p> <p>• "Faux" cyber security exercise (Q3 2017). AD ICT.</p> <p>• Internal Audit assessment – 10 Steps to Cyber Security (Q1 17/18). AD ICT.</p> <p>• ICT Security Monitoring standing agenda item on IGSG. Cyber updates to Trust Board included in ICT Report (Q1 17/18). AD ICT.</p> <p>• ISO 27001 compliance review undertaken by security consultant from DXC (Q1 2018). AD ICT.</p> <p>• Band 5 funding Cyber Security Officer identified 2017/18. AD ICT.</p> <p>• Regional Cyber Security Programme Board established (Q2 18/19). AD ICT.</p> <p>• Business Impact assessments in relation to Business Continuity (2018/19). AD EP.</p> <p>• Regional Cyber Incident Management Response tested Q1 2019/20. AD ICT.</p> <p>• Trusts self-assessed against a range of security requirements to determine where focus should be placed. Q1 2019/20. AD ICT.</p>	09/08/2017	27/10/2022	<ul style="list-style-type: none"> <li>• Forescout Training still to be undertaken by Network Manager. Original spot on regional HSCNI training course Q4 2021/22 was dropped by BSO. Name to be put forward again for next available course (no ETA as yet). AD ICT.</li> <li>• Regional business case to fund improved cyber security for HSC is ongoing. In development Q1 18/19. Delayed. Expected completion Q4 20/21. Delayed again. Expected Completion Q1 22/23. AD ICT.</li> <li>• Scoping work has commenced for Forescout extension to NIAS remote station switches - estimated completion Q2 22/23. Cyber Lead.</li> <li>• Review of AD Privileged Access Accounts commenced Q2 22/23. NIAS and 3rd party Supplier Accounts to be locked down to "Least-Privilege" admin model where possible. Estimated Completion Q3 22/23. Cyber Lead.</li> </ul>

403	Sickness Absence	Our Workforce	If the management of sickness absence is not improved this may impact on service delivery and improvement as well as resulting in an inability to achieve financial balance. This could further exacerbate the potential for detrimental impact upon service.	Likely (4)	Major (4)	16	High	Low	Lemon, Michelle	<p>Capacity to support management of attendance considered and addressed with appointment of five temporary HR Attendance Management Advisors (2019). Director of HR.</p> <p>HSC Leadership Centre Associate appointed to support redeployment programme for those on long term absence or unable to fulfil normal duties (October 2020). Director of HR.</p> <p>Health and well-being arrangements in place including the prioritisation of musculoskeletal and mental health issues (known key priority areas) – for further information refer to corporate risk number 301, health and wellbeing (2021). Director of HR.</p> <p>Direct access to a physio for musculoskeletal related absence, partnership working with Occupational Health (2021). Director of HR.</p> <p>Review of Occupational Health to ensure that it is fit for purpose to support attendance management. Improvement plan in place (2021). Director of HR, 2021.</p> <p>Significant work undertaken to support increased absence and absences associated with Covid including Occupational Health arrangements, related risk assessment and the provision of front-line resources.</p>	13/08/2019	24/11/2022	Ongoing implementation of Health and Wellbeing Strategy and Maximising Attendance Plan with new KPIs. Twelve Month Plan to be reviewed September 2023. Led by Director of HR.
591	Increase Commissioned Hours / Clinical Response Model (CRM)	Organisational Development	If adequate arrangements are not in place to increase commissioned hours in line with future increases in demand, this will further reduce response times, which may result in service users coming to harm.	Likely (4)	Major (4)	16	High	Low	Byrne, Mrs Rosie	<p>Financial resource and activity/performance are issues discussed at Trust Board and with HSCB.</p> <p>Proposed Clinical Response Model (CRM) developed and approved by Trust Board (September 2016).</p> <p>Recruitment programme on-going.</p> <p>Demand / Capacity review carried out (report July 2017).</p> <p>Programme for Foundation degree in science in Paramedic practice (FdSc) developed and approved by UU and HCPC (September 2018).</p> <p>CRM Public Consultation Closed January 2019.</p> <p>Refresh of Capacity Review complete (September 2019).</p> <p>Implementation of NIAS Training Strategy to include Paramedic Education Programme, EMT and ACA programmes (on-going).</p> <p>CRM Outline Business Case (OBC) completed and submitted to the DOH on the 15 December 2021 (case for an additional 4.5K hrs of front line cover per week, to meet new response targets along with additional clinical and non-clinical support staff, fleet and</p>	01/06/2021	25/11/2022	Ongoing DoH discussion with SMT in regards to the reconfiguration of OBC to meet requirements of the Department of Finance. This work is currently underway with CRM Director. Expected completion December 2022, CRM Director.



453	Operational Impact of COVID-19	Delivering Care	As a result of abstractions relating to the COVID-19 pandemic along with increased turnaround times at Emergency Departments, service delivery / capacity to respond has been reduced. This is an increased risk to patient safety.	Likely (4)	Major (4)	16	High	Medium	Byrne, Mrs Rosie	<p>Surge - Establishment of an Incident Management Team (IMT) 31.01.20. Replaced by Strategic, Tactical and Operational structure, March 2020. Participation in Health Silver and other teleconferences (ongoing from 25.02.20). AD Ops. NIAS plan for management of situation as requested by Health Gold, February 2020. DQSI. NIAS Infectious Diseases/Surge Plan completed (March 2020). IPC Lead. NIAS Testing of staff and household implemented (March 2020). DQSI. Programme of fit testing implemented to promote optimal capacity and uptake (March 2020). DQSI. Arrangements in place for procurement, testing/training, stockpiling and distribution of PPE, and are represented on the regional PPE Cell (March 2020). DQSI. Capacity Escalation Plan in place (March 2020). DQSI. CRM Director holds a register of organisations and people who have volunteered offers of help (people and roles). March 2020. HSC Volunteering Scheme in place, Led by HR. March 2020.</p> <p>Recovery - HSC Silver and Doh Gold have since Mon 11 May reduced frequency of HSC Silver and Doh Gold.</p>	07/02/2020	25/11/2022	<p>Doh Strategic Planning and Performance Group (SPPG) has stood down their Silver structure and NIAS Silver has been stood down. NIAS has the ability to stand up a command structure rapidly should a further COVID pandemic wave occur. NIAS continues to hold operational huddles, monitor the situation daily and produce weekly sitreps to the SPPG from Emergency Planning. September 2022. AD Ops / DQSI. Meeting planned for 23rd Nov to review NIAS alignment with regional guidance. Revision of management of COVID guidelines into normal attendance management procedures. AD Ops.</p>
262	Estate Condition	Our Infrastructure	If the Trust does not make suitable arrangements to adequately maintain and improve the overall condition of its estate, this may result in breaches of statutory duty and put staff at risk.	Possible (3)	Major (4)	12	High	Low	McNeill, Brian	<p>Asbestos surveys complete (March 2019). Head of Estates.</p> <p>Estates TSSC Maintenance Contract for PPM, Remedials, Reactive repair works &amp; certain statutory compliance went live on 3rd August 2020, replacing old FM Contract. Led by Head of Estates.</p> <p>Estates Department now has three permanent staff - Office Manager, Project Manager and Helpdesk Operator roles. Five other positions, (HoE, FM, QS &amp; EO's x2) are occupied by agency staff which presents obvious continuity risks. December 2021.</p> <p>CRM Director.</p> <p>Six (6) facet building condition and functional suitability surveys completed in 2021/2022. Head of Estates.</p> <p>Other standalone maintenance statutory compliance contracts through BSO PaLS (CAG's are also live e.g. FWT, PAT, Emergency lighting &amp; Lifts etc., 2021/22. Head of Estates.</p> <p>Doh have allocated £250K for backlog maintenance, 2021/22. Led by Head of Estates.</p> <p>New Modular building adjacent to HQ, provides additional office accommodation.</p>	31/12/2014	25/11/2022	<p>Capital expenditure projects progressed through Emergency Services Consultancy Framework using IBI through CPD from 05.07.2020 until 31.03.2022.</p> <p>A program of minor works and backlog maintenance has realised some improvements across the NIAS Estate. This will continue into 2022/23. Head of Estates.</p> <p>MoU's with associated SLAs/IMAs between NIAS and landlords of HSC Trusts is underway. MoU's have been agreed and signed with NIFRS and NHSCT. Those with the other 4 HSC Trusts are works in progress, but cannot be completed by NIAS in isolation.</p> <p>Expected completion Dec 22. Head of Estates.</p> <p>Estates TSSC Maintenance Contract for PPM, Remedials, Reactive repair works &amp; certain statutory compliance contract will be replaced on 1st April 2023 by a new FM Contract through a NHS SBS Framework, assisted by BSO PaLS. This will include Legionella and Asbestos management. Led by Head of Estates/FM/QS.</p> <p>Sluice program substantially complete with only problematic locations remaining outstanding. Solutions progressing for these. Expected completion March 2023. Head of Estates.</p>



372	Operational Management Structure	Our Workforce	The current operational management arrangements (nine to five) present a risk to effective service delivery and in the necessary support to staff.	Almost Certain (5)	Moderate (3)	15	High	Medium	Byrne, Mrs Rosie	<p>On Call Officer system in place for incident management (October 2018). AD Emergency Planning.</p> <p>Overtime arrangements in place (October 2018). AD Ops</p> <p>Frontline operations supported by (Emergency Ambulance Control (October 2018). AD Ops C&amp;C.</p> <p>AACE Consultant appointed December 2019. DOps.</p> <p>Extended hours for Station Officers. AD Ops (February 2020).</p> <p>A Case For Change paper was shared with SMT 21 May 2021 for noting. DOps.</p> <p>On call arrangements reviewed. DOps (December 2021).</p> <p>Enhanced operational cover across the Division with an increase in Station Officers. Area Managers working and covering weekends. Station Officers extended cover in all areas (Except North) over 9-5 cover.</p> <p>Extension of Supervisor model until at least 28th Feb 2022. Operating within the current funding streams extended cover including daily/weekend huddles. AD Ops.</p>	03/10/2018	25/11/2022	Service delivery model review and subsequent supporting structural review will commence November 2022, expected completion June 2023. Ops Director.
417	Clinical Audit / Clinical Supervision	Our Workforce	There is a reduction in clinical audit and clinical supervision of staff due to the increasing remit and current demand on Clinical Support Officers (CSOs). This may result in increased risks to patients.	Likely (4)	Major (4)	16	High	Medium	Ruddell, Dr Nigel	<p>Assistant Clinical Director appointed (August 2020). Medical Director.</p> <p>CSO Recruitment complete (May 2020 and August 2021). Clinical Training Manager.</p> <p>Full Induction Programmes in place for new cohort of CSOs (July 2020 and most recently September 2021). Clinical Training Manager.</p> <p>Twenty-nine Clinical Support Officers (CSOs) in post (establishment is thirty FTE – a number not in post as a result of secondments and sickness) as at October 2021. AD Education Learning &amp; Development (ELD).</p> <p>Prioritisation of supervision of AAPs / Student EMTs (2021 and on-going). Clinical Training Manager.</p> <p>Five additional CSOs in place (December 2021). AD Education Learning &amp; Development (ELD).</p> <p>Provision of resource from Information Team has allowed development of a specific dashboards to address key areas of audit e.g. cardiac arrest with presentation of findings at Safety Committee. September 2022. Medical Director.</p>	18/07/2019	30/11/2022	<p>Consideration to be given to further new CSO posts to meet CRM requirements and support newly qualified paramedics (NQPs) coming to work in NIAS from other Trusts, led by Medical Director. Expected completion March 2023, delayed expected completion March 2023.</p> <p>Review of Clinical Education to take place (theme specifically dealing with clinical supervision). Expected completion July 2023. Medical Director.</p> <p>Wider scale audit of clinical care will rely heavily on the full implementation of REACH allowing real time data to be collated and easing the burden of manual audit on CSOs consideration is still needed for return of CSOs to observation of front line practice. Expected completion March 2023. Medical Director</p>

719	Use of IAS/PCS on A&E Support	Delivering Care	Due to a lack of available workforce and system wide pressures, the Trust is being forced to task both the Independent Ambulance Sector and Ambulance Care Attendants to high acuity calls. This action may result in increased risks to patient safety, along with risks to the health and wellbeing of responding staff who, through no fault of their own, do not possess the appropriate skills to care for their patients.	Almost Certain (5)	Moderate (3)	15	High	Low	Byrne, Mrs Rosie	Provision of data from the Information Team to Medical Directorate. September 2022. DPP & CS.	19/07/2022	25/11/2022	<p>PCS Project includes sprint 8 - A&amp;E support - T&amp;F group has reviewed dispatch guidance. Updated dispatch guidance to be issued/implemented WC/21st Nov. AD Ops.</p> <p>Workforce has increased however demand still remains higher than available resource = capacity to respond to patients within safe timeframes. CSD to review prior to tasking ICV/IAS to ensure suitability. Daily review of deployment of resource to ensure location mitigates demand/dropped cover. Expected implementation December 2022. AD Ops.</p> <p>A cross directorate group is meeting to review IAS and PCS deployment to calls with the aim of mitigating this risk. Expected completion December 2022. Assistant Clinical Director.</p>
726	Financial Stability - Achieving Financial Balance 2022/23		The Trust may breach its statutory duty to break even if it overspends against core budget, experiences unfunded cost pressures and/or service changes or does not deliver levels of required cash releasing efficiency savings.	Likely (4)	Major (4)	16	High	Low	Nicholson, Paul	<p>Controls are in place to mitigate each of these factors as follows:</p> <p>A. Applying internal budgetary control processes led by Director of Finance reporting monthly to Chief Executive as Accounting Officer. This will continue to be underpinned by detailed budget reports produced by finance to support budget holders. Directors are held accountable to Chief Executive. Financial position is a standing item on SMT agenda for DoF to provide update and test assumptions. Director of Finance, ongoing 2022/23.</p> <p>B. Submission and engagement with Doh/SPPG re any emerging financial implications for HSC in the context of Northern Ireland public sector budgets to be reflected in NIAS Trust Delivery Plan. Ongoing monitoring, review and engagement with stakeholders. Director of Finance, ongoing 2022/23).</p> <p>C. Ongoing monitoring, review and engagement with stakeholders will continue throughout the year to highlight emerging cost pressures and service changes. Director of Finance, ongoing 2022/23.</p> <p>D. Ongoing monitoring, review and engagement with stakeholders will continue.</p>	22/09/2022	24/11/2022	<p>On-going application of actions and controls A to E throughout 2022/23 (Director of Finance, ongoing at September 2022).</p>

531	Management of Independent Sector Resources	Delivering Care	If NIAS continues to steadily increase its reliance on Independent Sector resources, without introducing a more robust performance management framework, there are potential financial, contractual, safeguarding, performance, compliance and patient safety (including issues relating to bariatric capacity) risks to the Trust.	Possible (3)	Major (4)	12	High	Low	Byrne, Mrs Rosie	Independent Ambulance Services Framework in place detailing contract expectations (commenced November 2019). Agency IAS Manager supported by North Area Manager. Independent Ambulance Services quarterly meetings in (commenced November 2019 and continue on a quarterly basis). Meetings are formally recorded and are utilised to communicate best practice with the providers e.g. IPC updates and learning. Agency IAS Manager supported by North Area Manager. Discharge Planning Desk in NEAC oversees the booking of all NEAC Independent Sector (IS) resources and maintains records of crews that operate each day (commenced November 2019). Agency IAS Manager supported by NEAC Manager. IAS Manager manages all EAC orders and administration/contract management of same, including financial and performance. Finance Directorate checking invoices (commenced November 2019). Queries to be resolved/agreed dealt with by IAS Manager. NIAS Information Department monitors high-level non-emergency journey statistics (commenced November 2019). Corporate	28/07/2020	30/11/2022	<p>PCS Improvement Programme commenced February 2022 led by Transformation Team:</p> <ul style="list-style-type: none"> <li>•Relevant workstreams include call types suitable for IAS colleagues to be dispatched to, processes for utilising IAS on behalf of Trusts.</li> <li>•Procurement commenced for new Framework for IAS (summer 2022). Taxi Framework and procurement process planned for Q4 2023/24. NIAS representatives on CAGs to input to framework design and subsequent contracts.</li> <li>•DQSI leading regular audits and quarterly meetings with IAS contractors to monitor performance and quality.</li> <li>•Babix incident reporting and complaints systems utilised to monitor performance and to provide feedback</li> <li>•Development of framework for higher acuity call types deferred pending work of demarcation task and finish group identifying suitable call types for IAS and PCS crews. Expected completion March 2023. AD Ops.</li> </ul>
559	Organisational Culture	Organisational Development	If matters relating to organisational culture, as indicated in the results of the HSC Staff survey (references to bullying culture, staff engagement, health and wellbeing and leadership) are not sufficiently addressed, this may impact on organisational reputation, staff morale, health and wellbeing and potentially performance including service delivery and patient care.	Almost Certain (5)	Moderate (3)	15	High	Low	Lemon, Michelle	<p>Organisational Strategy – strategy to Transform, 2020 – 2026 includes a key priority around Culture programme. DHR. Issued individual letters to all staff (October 2020). DHR.</p> <p>Issued a Chief Executive communication around culture and commitment to addressing (October 2020). CEX.</p> <p>Commissioned 2 days a week from HSC Leadership Centre to provide support to deliver this (November 2020). Led by DHR.</p> <p>Launched HSC Cultural Assessment Tool (November 2020). DHR.</p> <p>Draft Culture Programme of work with identity that gives profile to the culture work and related progress completed (June 2021). DHR.</p> <p>Staff engagement sessions undertaken June 2021. DHR.</p> <p>Draft leadership development programme developed June 2021. DHR.</p> <p>Culture Improvement Strategy and Plan oversight by the People, Finance and Organisational Development (PFOD) Committee (presented June 2021 and December 2021). Led by DHR.</p> <p>Culture programme approved by PFOD December 2021.</p>	06/11/2020	25/11/2022	<p>Ongoing implementation of Culture Programme (approved by PFOD December 2021). Programme with related plans due for presentation to Trust Board December 2022. DHR.</p> <p>Leadership development programme underway (November 22). Progress update due to be presented to Trust Board December 22. Engagement sessions planned for December 2022. Film regarding vision for organisational culture developed.</p> <p>Implementation of new Conflict, Bullying and Harassment Policy planned for Q4 22-23. DHR.</p>

419	Unsupported Trust Telephony System	Digital Enablers	Trust telephony system is end of manufacturer support and currently supported on extended break fix only. The system contains legacy components which are end of life and hosted on unsupported operating systems creating both patient safety and cyber security risks.	Likely (4)	Major (4)	16	High	Medium	Paterson, Maxine	<p>study arrangement in place with Scottish Ambulance Service for emergency call handling (since 2017). EAC Manager. Contingency mobile phones in EAC (2019). AD ICT.</p> <p>Funding identified from HSC EHealth budget 2020/21. (AD ICT, Q3 2019/20). AD ICT.</p> <p>AD ICT, Business Continuity Lead and EAC Manager provided briefing and update to SMT in September 2019.</p> <p>EAC can operate in a limited capacity onsite (Knockbracken Healthcare Park) at Site 5, the Resource Management Centre (RMC) or if onsite recovery not available, Altrigelvin (March 2020). AD ICT.</p> <p>BT provided contractual support until March 2020. AD ICT.</p> <p>Network Manager appointed April 2020. AD ICT.</p> <p>Outline Business Case submitted to DHCN for comment Feb 2020. Comments addressed and resubmitted May 2020. AD ICT.</p> <p>OBC submitted to DOH May 2020. Initial review completed by DOH and comments returned to NIAS July 2020. AD ICT.</p> <p>Addressed OBC comments raised by DOH and returned to DOH for further review. July.</p>	19/07/2019	27/10/2022	<ul style="list-style-type: none"> <li>Build and Test Telephony. Target End Feb 22 - NOW DELAYED TO Q3 22/23. AD ICT.</li> <li>UAT. Target Completion end April 22 - NOW DELAYED TO Q4 22/23. AD ICT.</li> <li>Deployment and Migration. Completion End May 22 - NOW DELAYED TO Q4 22/23. AD ICT.</li> <li>Project Closure End June 22 (Project delayed 3 months - Supply chain, 3rd party contract issues). NOW DELAYED TO Q4 22/23. Being monitored. AD ICT.</li> </ul>
712	Medicines Asset Management & Governance	Delivering Care	If arrangements for medicines asset management and governance are not improved, there is a risk of loss of packs and packs expiring and remaining in the system - risking expired medicines being administered to patients. The location of medicine packs in the system is unknown except at a very local level, due to use of a paper based system. This may lead to regulatory action / involvement of the Medicines Regulatory Group (statutory powers under the Medicines Act and subordinate legislation).	Almost Certain (5)	Moderate (3)	15	High	Low	Ruddell, Dr Nigel	<p>Audit conducted to determine pain pack locations - Spreadsheet created and maintained location by stores through MedD4 data. April 2022. Lead Pharmacist.</p> <p>Planning &amp; Performance Directorate have agreed to assist in development of associated business case September 2022. AD PP &amp; CS.</p> <p>Scoping suppliers available on national frameworks (electronic / RFID options). Medical Devices Lead. August 2022.</p>	20/06/2022	21/11/2022	Ongoing scoping of suppliers and specifications. Meeting taking place 25/11/22 with potential suppliers, Medical Directorate & Estates. Lead Pharmacist.
739	Independent Ambulance Sector - Medicines Administration	Delivering Care	NIAS commissions Independent Ambulance Sector (IAS) resources to transport patients but not to administer medicines. NIAS does not have a framework in place for IAS to check that appropriate protocols, storage, paperwork, training and licences are in place. There are patient safety risks, reputational risks along with a potential breach of statutory duties.	Possible (3)	Major (4)	12	High	Low	Ruddell, Dr Nigel	<p>Memo to IAS outlining their scope of practice does not include administration of medicines. 17th October 2022. Medical Director.</p> <p>Data requested on calls attended by IAS by Assistant Clinical Director. November 2022.</p> <p>Guidance issued to Emergency Ambulance Control (EAC). Assistant Clinical Director. November 2022.</p>	23/11/2022	30/11/2022	<p>A cross directorate group is meeting to review IAS and PCS deployment to calls with the aim of mitigating this risk. Expected completion December 2022. Assistant Clinical Director.</p> <p>Scope requirement for audit at Emergency Departments. Expected completion March 2023. AD Ops / Assistant Clinical Director.</p>



395	Violence & Aggression In The Workplace	Our Workforce	There is a risk that should the trust not develop, implement and resource an holistic, detailed and fit-for-purpose response to acts of aggression towards NIAS employees, there is potential for such aggression to continue to rise. This will adversely affect the health and well-being of staff.	Almost Certain (5)	Moderate (3)	15	High	Medium	Paterson, Maxine	<p>Management of Aggression Working Group established and meets quarterly. Chaired by South Ambulance Service Area Manager (ASAM).</p> <p>NIAS is a member of the regional working group and attends the National Security Group when possible (ASAM &amp; Risk Manager).</p> <p>Introduction of daily 'huddles' to ensure appropriate follow-up action is taken (July 2019). Ops Director.</p> <p>Management of Aggression Group Workshop and Merchandising Session November 2019. Agreement reached on priority workstreams.</p> <p>Risk Manager &amp; Chair.</p> <p>Scoping of BWV with WAS, SEHSCT, PSNI and Translink. ASAM &amp; Risk Manager (December 2019).</p> <p>Body Worn Video Screening forwarded to IG. February 2020. Risk Manager.</p> <p>Body Armour Business Case complete (factory production delayed due to COVID-19) February 2020. Risk Manager.</p> <p>Sample Body Armour received (July 2020), factory production commenced October 2020. Risk Manager.</p> <p>Production of social media video complete September 2020. Risk Manager.</p>	17/12/2018	25/11/2022	Ongoing implementation of strategy, expected completion March 2023. Led by Ambulance Service Area Manager, Risk Manager and Working Group.
301	Staff Health & Wellbeing	Our Workforce	There is a risk to staff and potentially service delivery if the Trust does not improve and sustain arrangements to support staff health and wellbeing.	Possible (3)	Major (4)	12	High	Low	Lemon, Michelle	<p>Services reviewed to enhance scope of psychological support and interventions.</p> <p>Establishment of Peer Support Pilot Project (2017). HWB Manager.</p> <p>Staff Satisfaction and Wellbeing Partnership Survey Project with Trade Unions conducted (Q4 17/18). AD HR.</p> <p>Stress management and addiction workshops (Q2/Q3 2018/19). AD HR.</p> <p>Attachment of INSPIRE counsellor to EAC (commenced in 2017). EAC Manager.</p> <p>Flexible working/reasonable adjustments in place (2017). HR Director.</p> <p>Staff Resilience Module Paramedic Degree (commenced Q1 2018/19). Clinical Training Manager.</p> <p>Regular Trust-wide health checks programme established (Q1 18/19). AD HR.</p> <p>People, Finance and Organisational Development (PFOO) committee established providing scrutiny and challenge at board level for HR and workforce issues (2021). HR Director.</p> <p>Consultant Clinical Psychologist appointed on a part time basis and one year action plan agreed and confirmed 130211. HR Director.</p>	03/10/2018	24/11/2022	Ongoing implementation of Health and Wellbeing Strategy and Maximising Attendance Plan with new KPIs. Expected completion March 2023.

708	Derogation List - NIAS Specific Approach to National Response Standards	Delivering Care	The implementation of the Derogation List (NIAS Specific Approach to National Response Standards) to reduce the likelihood of staff incurring a late finish, reduce impact on compensatory rest and ensure staff are physically / mentally able to treat patients to the best of their ability, has increased clinical risk to service users.	Likely (4)	Moderate (3)	12	Medium	Low	Ruddell, Dr Nigel	Initial review of Category 2 cases in order to identify those which are likely to have a time-sensitive element, December 2021, Medical Director. Two Staff communications issued (14th January and 28th January 2022). Medical Director. Robust training course developed and implemented in EAC to support the implementation approach, February 2022, AD C&C. Cat 2 Derogation List Update paper presented to SMT on 15 March and the Safety and Quality Committee on 7 April 2022, Medical Director. Cat 2 Derogation List Sub Group reports to Operational Service Improvement Steering Group. July 2022, Medical Director. Regular review monitoring meetings took place initially weekly from 28 Jan – 10 June 2022 and then reduced in frequency to fortnightly thereafter given the evidence base from the newly established automated Power BI System. All incidents have been reviewed by either email communications or via a zoom sub group call by members. No adverse incidents/impacts have been highlighted to date 13/2 September 2022.	10/06/2022	30/11/2022	Reporting via SQIP Committee to be considered. Head of Performance and Medical Director to liaise with Chair of the Committee. Expected completion October 2022, delayed expected completion December 2022.
575	Attracting & Retaining Suitably Qualified Staff	Our Workforce	As an employer NIAS adheres to national terms and conditions. This may impact upon the Trust's ability to attract and retain staff with the required skills and experience to effectively deliver its Strategy to Transform and achieve the associated benefits.	Possible (3)	Moderate (3)	9	Medium	Low	Bloomfield, Michael	Matter raised with the Chief Executive at Remuneration Committee - July 2020, December 2020 and February 2021. Chair. Implementation of regional and local strategy, policies and procedures which include a new Recruitment Strategy, the Review of Clinical Education, training and development arrangements, succession planning (February 2021) SMT. Workforce Plan developed. December 2021. Programme Director, Workforce Planning.	16/03/2021	25/11/2022	Matter is subject to ongoing discussions with HSC Chairs. Expected completion March 2022, delayed expected completion March 2023. CEX.

663	Expiration of Cleaning Service Contract H&J Martin Group 06.05.22	Delivering Care	<p>Risk cause: Cleaning Services contract with H&amp;J Martin group due to expire on the 06.07.22. 13 areas in NIAS serviced by this contract, including 12 stations.</p> <p>Risk Event: Cleaning services to these areas through this contract provision will cease on this date.</p> <p>Risk effect: If these areas are not effectively cleaned there is a risk of slippage in terms of cleanliness standards and risk in terms of increased risk of transmission of infection. The COVID-19 pandemic is ongoing and this is the main organism of concern at this time but there is potential for spread of other infections too. Increased risk of transmission of infection can lead to increased incidents associated with infection and outbreaks of infection. These increases can pose a risk to staff and patient safety. There is a potential for response times and service delivery to be impacted where there is increased levels of staff absence due to infection.</p>	Unlikely (2)	Moderate (3)	6	Medium	Low	Charlton, Lynne	<p>Internal discussion and planning within the QSI Directorate. February 2022, DQSI. Presentation of risk and options RE next steps to Trust SMT on 01.03.22. Agreement to progress option of directly employed NIAS domestic cleaning staff to undertake this function. Agreement through SMT that this is time critical and needs to be key work stream for QSI and supporting teams. March 2022, SMT. Baseline service scoping by QSI determined 6 WTE cleaning operatives and 1 WTE equivalent Supervisor required. NIAS HR supporting with HR aspects / TUPE considerations. April 2022, DQSI. Only if required reduction of NIAS vehicle 'deep' cleans to once per month from once per fortnight and movement of NIAS vehicle cleaners to environmental cleanliness function for a period to allow direct recruitment to take place and for service to be established. April 2022, DQSI. DAC in place with Transformation Team support and recruitment underway (including supervisor). May 2022, DQSI. Recruitment exercise and TUPE exercise complete. Ten staff formerly employed by H&amp;J Martin Group have been recruited to NIAS.</p>	04/03/2022	29/11/2022	<p>Risk from contract expiration has now been fully addressed through the migration of TUPE'd staff from Mount Charles Group and a successful recruitment campaign for additional domestic cleaning staff and is no longer an issue. Adequate cleaning provision now in permanent place in 13 previously affected areas. Propose closure at December SMT. November 2022, AD QSI.</p>
655	Wearing of PPE During COVID-19 Pandemic	Our Workforce	<p>Compliance with usage of Personal Protective Equipment (PPE) assessed during IPC audits from April 2021 to Dec 2021 has been inconsistent with audits scores ranging from 40 to 80% but with variation between EDs. Average result achieved 72%.</p> <p>The use of PPE is an important control in the management of COVID-19 and is a key mitigation in controlling both the acquisition of and transmission of COVID-19.</p> <p>Acquisition of and transmission of COVID-19 can result in patient and staff harm and may result in outbreaks or increased incidences of COVID-19.</p> <p>Significant case numbers of, outbreaks of or increased incidences of COVID-19 can impact the ability of NIAS to deliver service.</p>	Possible (3)	Moderate (3)	9	Medium	Medium	Charlton, Lynne	<p>Leadership of the Director of Finance and DQSI. Support function provided by PPE Cell to the organisation in the form of clinical support (Clinical Improvement Lead) and supply and logistics (Stores Manager). Streamlined process for ordering of PPE devised and implemented. Systems for stock assurance put in place April 2020. DQSI/ PPE Cell. NIAS Operational guidance for the management of COVID-19 developed and circulated, March 2020, same updated as guidance changed, now up to version 11 of same. Guidance on SharePoint and shared via email, what's app, IRCALC and messaging via MDT. DQSI and Emergency Planning team. Train the trainer PPE update provided for NIAS Station Officers and Halos March 2020. SO to then cascade training to Station teams. DQSI/ Emergency Planning. IRCALC updated with all PPE guidance as per AACE as guidance changes. April 2020, DQSI. (Ongoing) IPC Newsletters utilised to share information around PPE with all NIAS staff, first issue re PPE April 2020. DQSI. Social media messages coordinated and shared via</p>	11/01/2022	29/11/2022	<p>A product evaluation project is planned to commence in April 2022 in relation to hand sanitiser and aprons. April 2022. IPC Lead. Details of NIAS bespoke pop up signage to be shared with area managers and station officers with request where space will allow for same to be ordered at station level. April 2022, IPC Lead. Communicate to be prepared and shared with NIAS explaining process for management of staff in relation to PPE as per regional FAQs from PHA. April 2022. IPC Lead.</p> <p>06.05.22 Continued adherence to above mitigations. DQSI</p> <p>Revised guidance developed for NIAS staff in relation to management of patients, no longer a requirement for blanket PPE use for all patients, now PPE can be used on a risk assessed basis. Operational guidance and guidance for meetings, events and celebrations updated to reflect new guidance, V12 Grey and V3 Grey respectively. Same sent to all staff using usual comms channels and also being hosted on COVID and IPC SharePoint sites. Clinical distancing</p>



# Northern Ireland Ambulance Service Health and Social Care Trust



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## TRUST BOARD

### PRESENTATION OF PAPER

<b>Date of Trust Board:</b>	15 December 2022
<b>Title of paper:</b>	Trust Board Performance Report and Winter Plan
<b>Brief summary:</b>	<p>This paper is presented to Trust Board for noting the key performance indicators for the Trust, along with the 2022-23 winter plan.</p> <p>The information contained in this paper applies to data where applicable up to and including 30 October 2022.</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>	SMT – 22/11/22
<b>Prepared and presented by:</b>	<p>Neil Walker, Asst Director PP&amp;CS Maxine Paterson, Director PP&amp;CS</p>
<b>Date:</b>	8 December 2022





# TRUST PERFORMANCE REPORT

NORTHERN IRELAND AMBULANCE SERVICE

November 2022

for October 2022 Data and Performance



## NIAS Changes To Operational Actions To Support Pressures

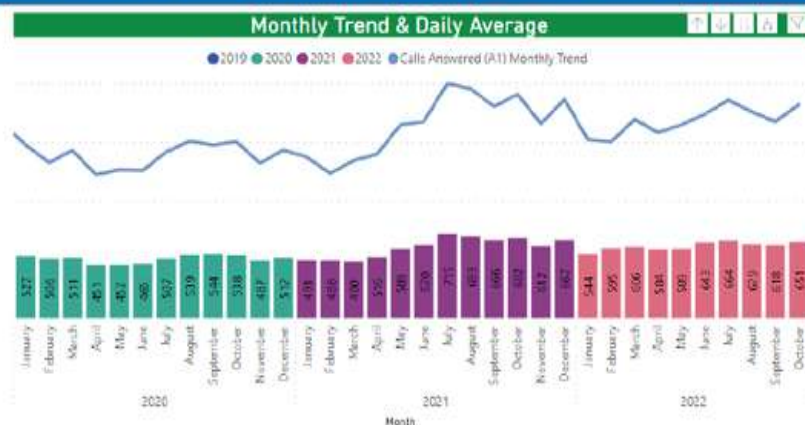
### Resource Escalation Action Plan (REAP)

- At the time of writing of this report the Trust remains operating within 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



- **October 22** has seen a 5% decrease in demand compared to October 21. YTD demand is down 2% from fin year 2021-22 to fin year 2022-23. However, in the same time period YTD, **incidents** have **decreased** by 8% from fin year 2021-22 to fin year 2022-23
- **The Demand Profile** being experienced by **NIAS** remains **tightly aligned** to that being experienced across Trusts in **England**
- **Call answer performance** remains above the **90%** target for the second consecutive month. October **2022** saw call answer performance achieve **91.5%**
- **October 2022** has seen an upturn in the number of BT connection delays at 2min, with **225 calls** experiencing delays. This is a **58%** decrease from a high in July 2022.

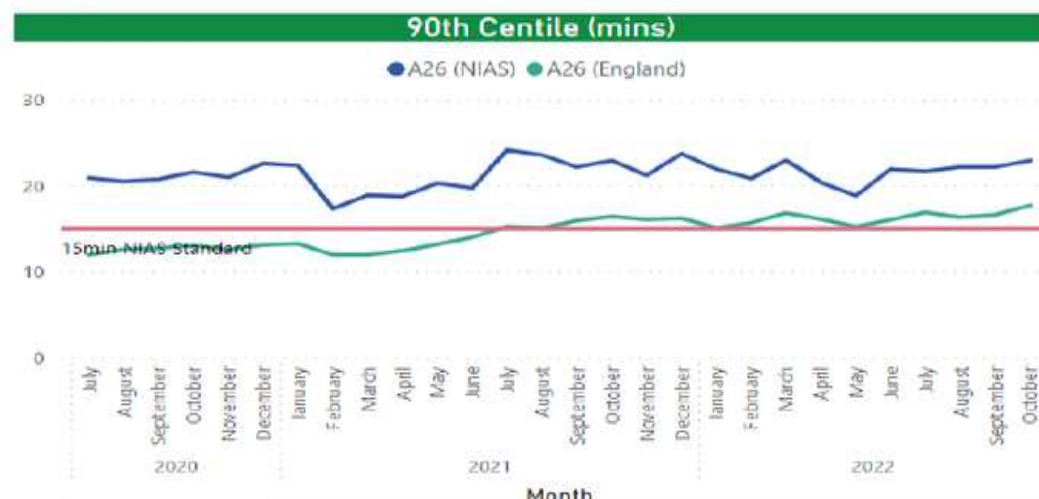
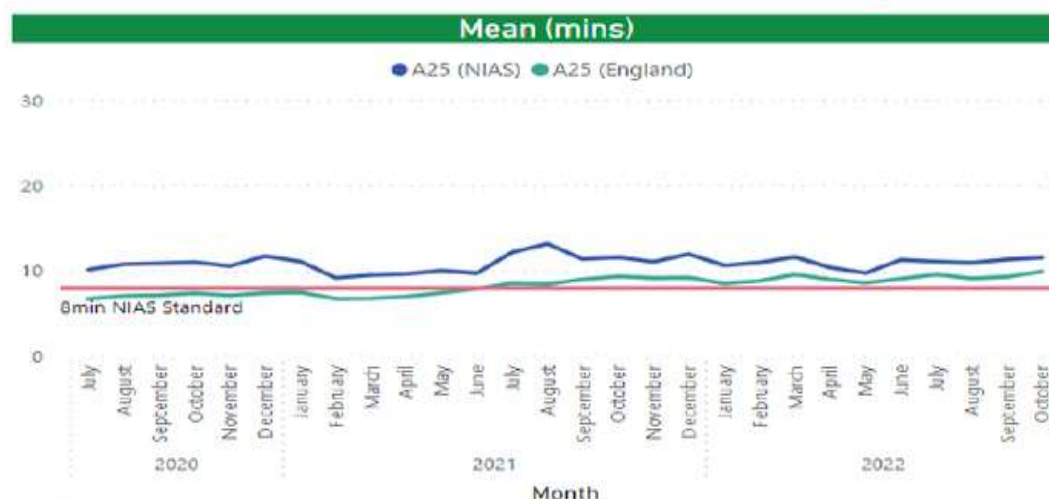




## Current Pressures – Impact on Response Time Performance Category 1

- 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 within England

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



Mean Category 1	National	NIAS
Oct 21 (mins)	09:22	11:36
Oct 22 (mins)	09:56	11:34
21/22 Change (+/-)	+00:34 mm:ss	-00:02 mm:ss
Deviation from Target (Oct 22)		+03:36 mm:ss

- Category 1 Mean Response time has decreased by <1min from Oct 21
- Our deviation from target however persists at >3mins for Oct 22

90 <sup>th</sup> Centile Category 1	National	NIAS
Oct 21 (mins)	16:26	22:56
Oct 22 (mins)	17:42	22:56
21/22 Change (+/-)	+01:16 mm:ss	-00:00 mm:ss
Deviation from Target (Oct 22)		+07:56 mm:ss

- Category 1 90<sup>th</sup> Centile Response time has remained the same as Oct 21
- Our deviation from target however persists at over 7mins for Oct 22

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

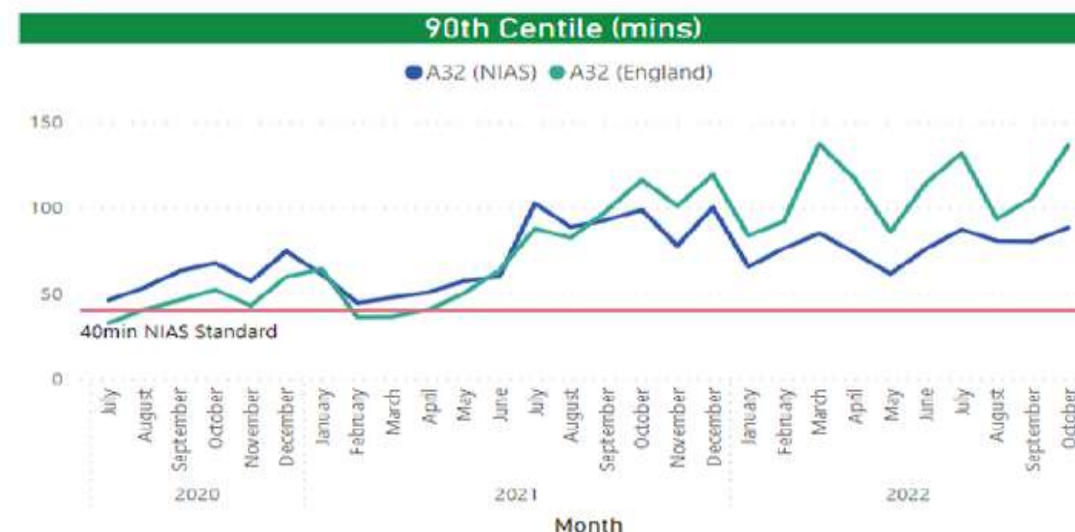
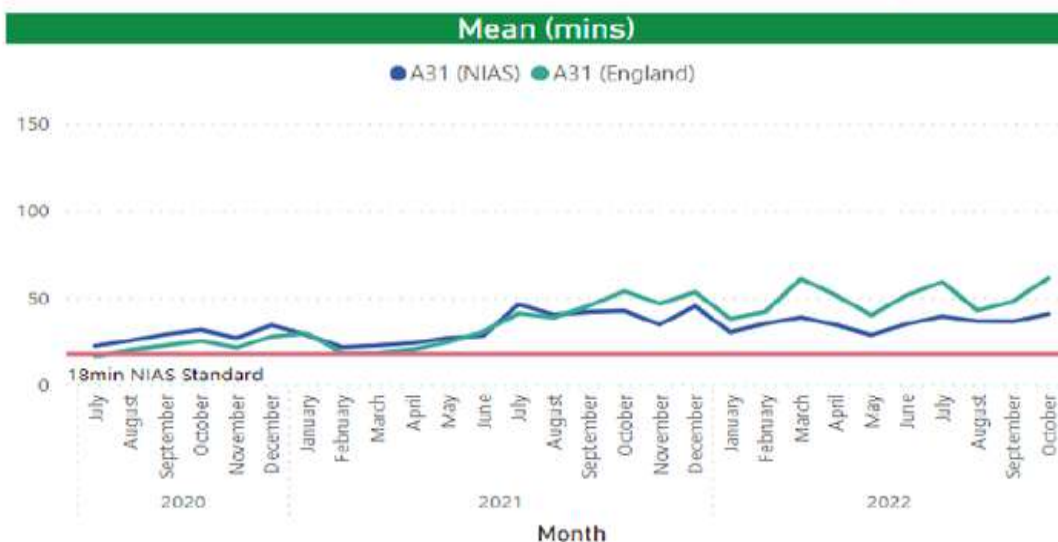




## Current Pressures – Impact on Response Time Performance Category 2

- 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
Oct 21 (mins)	53:55	42:38
Oct 22 (mins)	01:01:19	40:43
21/22 Change (+/-)	+07:24 mm:ss	-01:55 mm:ss
Deviation from Target (Oct 22)		+22:43 mm:ss

- Category 2 Mean Response time has decreased by just under 2mins from Oct 21.
- Our deviation from target was significant at over 22 mins for Oct 22

90 <sup>th</sup> Centile Category 2	National	NIAS
Oct 21 (mins)	01:56:15	01:38:47
Oct 22 (mins)	02:16:11	01:28:18
21/22 Change (+/-)	+19:56 mm:ss	-10:29 mm:ss
Deviation from Target (Oct 22)		+48:18 mm:ss

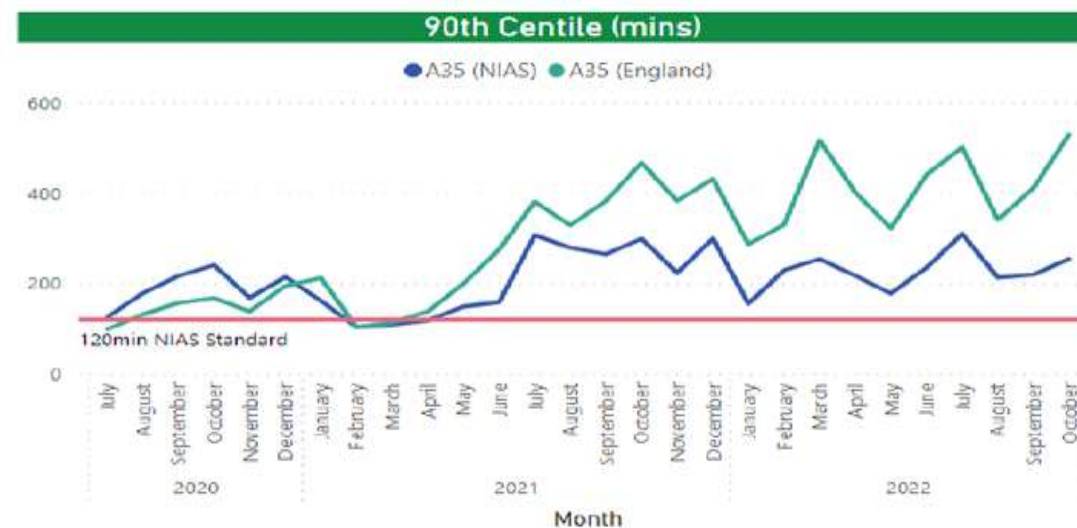
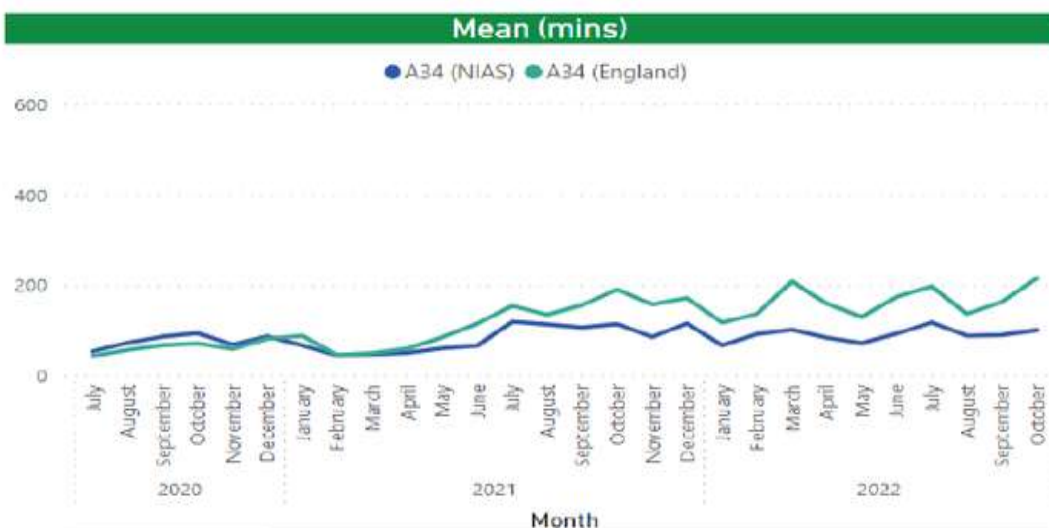
- Category 2 90<sup>th</sup> Centile Response time has decreased by over 10mins from Oct 21.
- Our deviation from target was significant at over 48mins for Oct 22



## 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
Oct 21 (mins)	03:09:54	01:53:34
Oct 22 (mins)	03:34:34	01:40:07
21/22 Change (+/-)	+24:40 mm:ss	-13:47 mm:ss
Deviation from Target (Oct 22)		

- Category 3 Mean Response time has decreased by over 13 mins from Oct 21
- This is a significantly better position than the English Trusts that are experiencing mean performance for Oct 22 over 3hrs

90 <sup>th</sup> Centile Category 3	National	NIAS
Oct 21 (mins)	07:47:11	04:59:11
Oct 22 (mins)	08:49:35	04:14:34
21/22 Change (+/-)	+01:02:24 hh:mm:ss	-44:37 mm:ss
Deviation from Target (Oct 22)		+02:14:34 hh:mm:ss

- Category 3 90<sup>th</sup> Centile response time has decreased over 44mins from Oct 21
- Our deviation from target remains a significant challenge at over 2hrs for Oct 22





## Current Pressures – Handover Times Acute Hospitals

### HANDOVER TIMES

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

In October 2022, NIAS experienced a total of 13,535 lost hours. This is the equivalent of 37 shifts per day, with crews waiting with patients outside EDs, 34% of our planned capacity. These lost hours were experienced from 10,997 instances where our crews waited longer than 15mins to handover their patient at ED. 4,700 of these instances were over 60mins in length.

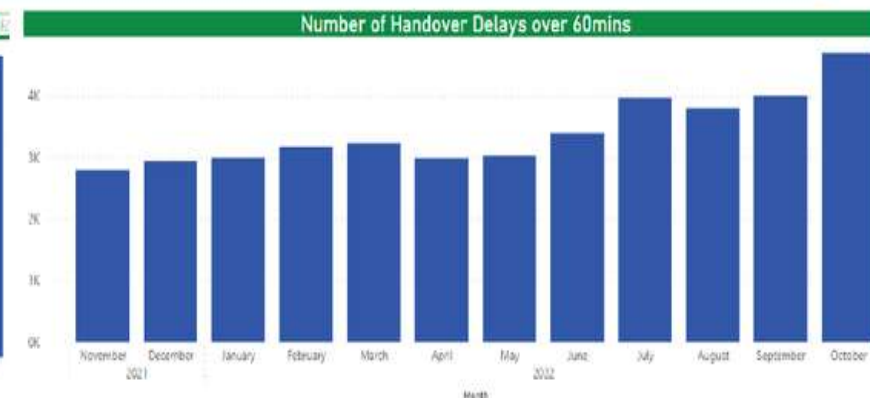
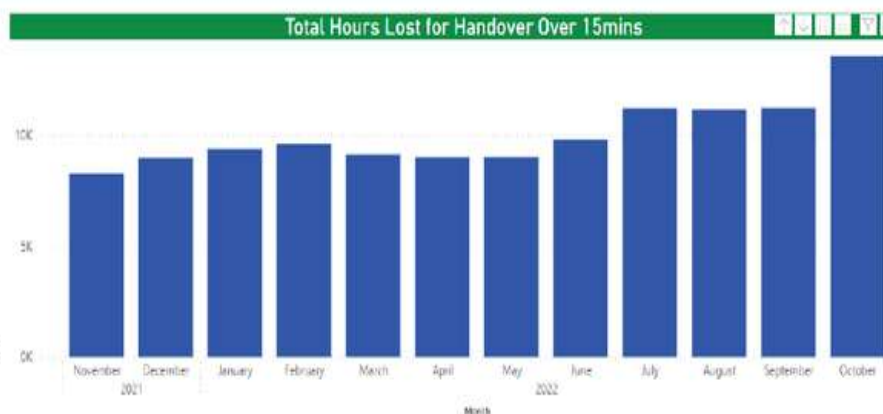
In October 2022, 72% of the 13,353 lost hours occurred at the four ED sites listed below in order of volume of hours lost:

*Ulster Hospital*

*Royal Victoria*

*Antrim Area Hospital*

*Craigavon Hospital*



**Number of Handover Delays over 15mins**

Hospital Attended	Total Attendances	Total Handovers	Total Handovers Over 15mins	% Over 15mins	Total Time Lost (Hours)
ALTNAGELVIN HOSPITAL	15286	15286	12950	84.72%	8,624.85
ANTRIM AREA HOSPITAL	21564	21562	19815	91.89%	19,578.95
CAUSEWAY HOSPITAL	7928	7928	6953	87.70%	8,606.37
CRAIGAVON AREA HOSPITAL	17982	17982	16562	92.10%	18,335.31
DAISYHILL NEWRY	7519	7519	6956	92.51%	6,184.80
MATER INFIRMORUM	8092	8092	7256	89.67%	5,800.78
R/BELF FOR SICK CHILDREN	2033	2033	1288	63.35%	794.24
ROYAL VICTORIA	27547	27546	24810	90.06%	24,243.53
SOUTH WEST ACUTE HOSPITAL	8566	8566	6684	78.03%	3,799.64
ULSTER HOSPITAL	19313	19312	17985	93.12%	24,154.91
<b>Total</b>	<b>135830</b>	<b>135826</b>	<b>121259</b>	<b>89.27%</b>	<b>120,123.40</b>

**Number of Handover Delays over 60mins**

Hospital Attended	Total Attendances	Total Handovers	Total Handovers Over 60mins	% Over 60mins	Total Time Lost (Hours)
ALTNAGELVIN HOSPITAL	15286	15286	2239	14.65%	3,750.20
ANTRIM AREA HOSPITAL	21564	21562	6807	31.57%	10,207.78
CAUSEWAY HOSPITAL	7928	7928	3111	39.24%	4,976.43
CRAIGAVON AREA HOSPITAL	17982	17982	6016	33.46%	10,239.22
DAISYHILL NEWRY	7519	7519	1994	26.52%	2,995.65
MATER INFIRMORUM	8092	8092	2032	25.11%	2,596.48
R/BELF FOR SICK CHILDREN	2033	2033	104	5.12%	455.03
ROYAL VICTORIA	27547	27546	9922	36.02%	11,458.19
SOUTH WEST ACUTE HOSPITAL	8566	8566	903	10.54%	1,307.95
ULSTER HOSPITAL	19313	19312	7672	39.72%	14,889.40
<b>Total</b>	<b>135830</b>	<b>135826</b>	<b>40800</b>	<b>30.04%</b>	<b>63,076.34</b>

In the last 12 months (November 2021 – October 22), 89% of the handovers exceeded the 15min target at our acute EDs, resulting in circa 120k hours lost. The lost hours experienced in October 2022 is a 20% increase from September 22, whilst the number of instance of delay handovers increased by 6% in the same period.

The 13,535 operational hours being lost (eq. to 1,127 12-hours shifts per month or 38 12h shifts per day). The number of handover delays in excess of 60mins has increased in October 22 peaking at 4,700 occurrences during the 30 days of September resulting in 157 x 60 minute delays per day during the month. The 60 minute delays experienced in October 22 has increased by 18% from September 22



## 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:

- Stabilisation of the Operational management structure is a key priority for delivery in the coming weeks.
- 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.
- Improving CSD cover and resilience is a key priority to deliver the most appropriate care to patients in the most appropriate setting.
- Alternative shift patterns continue to be worked on to bolster cover further into the evening. These alternative shifts are being targeted across the greater Belfast area.
- Additional HALOs supported across three 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.



## Current Pressures - Staffing

### STAFF ABSTRACTIONS

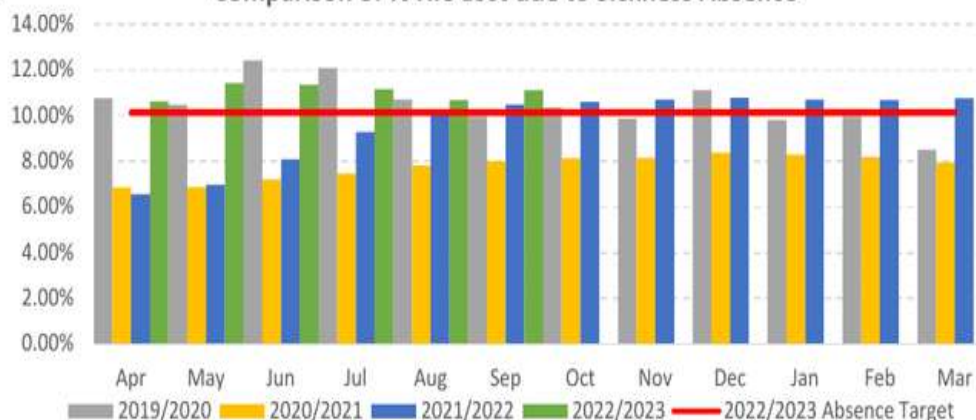
Figures demonstrate that monthly and cumulative sickness absence levels between 2022/2023 are lower than figures in the same period in 2021/2022. Cumulative figures in the last three months have decreased July 22 11.13% (vs. 12.76% 2021) Aug 22 11.03% (vs. 13.19% 2021) and Sept 22 11.04% (vs 12.48% 2021) .

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

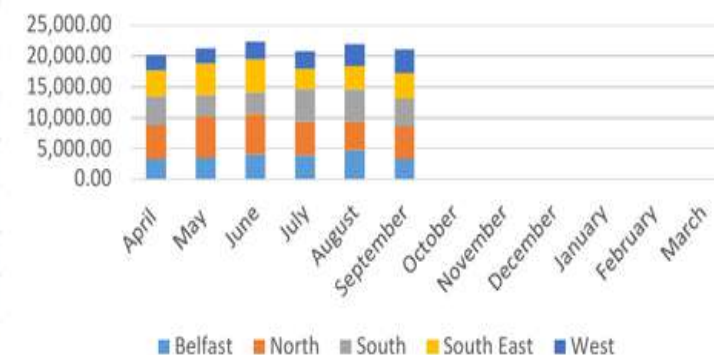
Figures reported are for all staff (excluded Bank Staff and Non-Executive Directors) and demonstrate hours lost, with average days lost based on a standard 7.5 hour day, consistent with Regional HSC Reporting of Sickness Absence. HRPTS figures are correct at time of reporting but may be subject to change.

2022/23 Monthly Sickness Absence including Comparators to Previous Reporting Year (2022/23)												
MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
ABSENCE TARGET (2022/23)	10.12% (Pending DOH confirmation- this is a 5% improvement on 2022 position)											
Cumulative % hrs lost (21/22)	6.56%	7.41%	10.34%	12.76%	13.19%	12.48%	11.28%	11.39%	11.45%	9.86%	10.66%	11.71%
Monthly % hrs lost (20/21)	6.56%	6.97%	8.09%	9.28%	10.08%	10.48%	10.59%	10.70%	10.78%	10.69%	10.69%	10.77%
Cumulative % hrs lost (22/23)	10.62%	11.00%	11.12%	11.13%	11.03%	11.04%						
Monthly % hrs lost (22/23)	10.62%	11.43%	11.34%	11.14%	10.68%	11.11%						
Monthly % hrs lost (S/T)	2.78%	2.03%	2.00%	1.95%	2.30%	2.71%						
Monthly % hrs lost (L/T)	9.74%	9.40%	9.34%	9.20%	10.29%	10.37%						
Monthly % hrs lost COVID 19 (Sickness and self-isolation)	4.31%	2.37%	3.48%	3.65%	1.47%	1%						
Av. days lost (7.5 hrs) per Employee per Mth	2.18	2.08%	2.45%	2.29	2.31	2.38						
Av.Estimated costs (£'000)	636	644	673	649	614	643						
Cumulative % Hrs Lost 2022/2023:	11.04%											

Comparison of % Hrs Lost due to Sickness Absence



All staff Abstractions (Sickness)





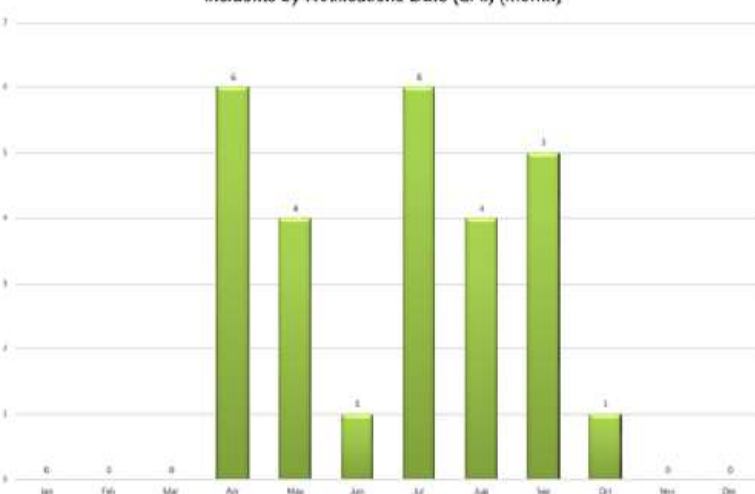


## Service User Feedback & Serious Adverse Incidents

### Serious Adverse Incidents

During October 2022, the Trust notified 1 SAI. Currently we have 24 open SAIs - of which four are Level 2 and the remainder are Level 1.

Incidents by Notifications Date (SAI) (Month)



### Themes

The four key National Ambulance Risk and Safety Forum themes remain consistent as:

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

Although useful for national and regional reporting, the current NARSF and regional themes do not provide critical information around the integral NIAS themes. The SAI team, in conjunction with the Datix administration team, have developed a range of new NIAS themes which will be implemented from December 2022. These will clearly define the main concerns with each SAI such as:

- Misinterpretation of ECG
  - Delayed response resulting in patient death
  - Non-recognition of Ineffective Breathing during the call taking process
  - Elderly patient who has fallen and endured a 'long lie'
- This will allow improved interpretation of our key themes for inclusion in future clinical training programmes, consideration within the falls response work and inclusion within any proposal for additional funding/resourcing.

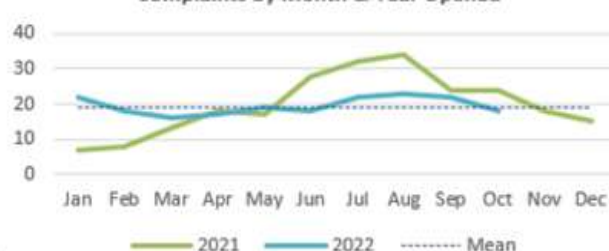
### Training

External Level 1 SAI training has been finalised for 22 November 2022 with 24 staff currently booked to attend. This will be a one day training course covering all aspects of Level 1 review including review tools, family engagement and report writing. This will be delivered virtually to account for the current operational pressures on the service at this time.

### Complaints, Compliments & Care Opinion

During Oct 2022, **17 complaints** were reported to the Trust. A **decrease of 25%** on the same timeframe as the previous year.

Complaints by Month & Year Opened



### Closed complaints

**25** complaints were closed in Oct 2022, an **increase of 47%** on the same timeframe as the previous year.

### Learning

Of the 25 complaints closed, 17 complaints resulted in learning regarding: communication; manual handling; driving standards; PRF completion; permitting family to travel with vulnerable patients; safety netting patients and responding to patients with learning disabilities.

### Compliments

During Oct 2022, the Trust recorded **39 compliments** outlining the compassionate care high standards of clinical care received. An **increase of 86%** on the same timeframe as the previous year.

### Care Opinion

During October 2022, **16 stories** were submitted via Care Opinion. On three occasions, the authors also provided additional information which allowed feedback to be passed directly to staff. The main areas of feedback were: What's good – paramedics, staff, ambulance care. Improvements – access to pain relief, admissions & ambulance availability; Feelings – comfortable, fine, grateful

### 10K More Voices

Launched 9 June 2022, seeking experiences of those who have engaged with NIAS as part of an urgent or emergency presentation. As of 31 October, **105** completed surveys have been returned of which **9** were strongly negative (re response times).

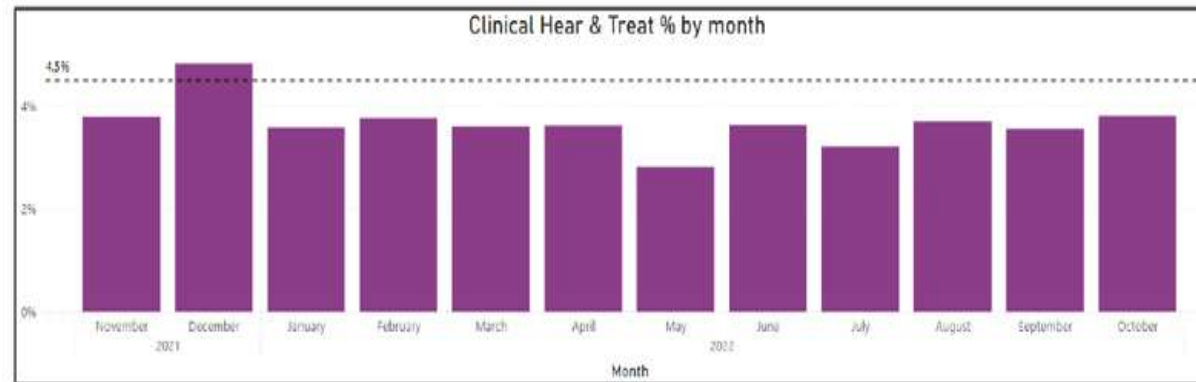
### Themes

The 3 key themes remain consistent as:

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



## Clinical Performance



### PROGRESS

We have developed a revised dashboard which will support an quality and improvement approach to Hear and Treat outcomes.

Clinical Support Desk recruitment has been challenging and recruitment is ongoing. The team at present has 15 of 21 posts filled.

Improvement trajectory is to increase Hear and Treat by 1% by 31<sup>st</sup> March 2022.



We have developed a revised See and Treat dashboard, which will allow for analysis of practice down to station level.

NIAS has developed a suite of care pathway and alternative destinations to provide a range of alternatives to the Emergency Department referral pathway.

Increasing see and treat use will require education and support of clinicians to support safe and effective changes in practice. A supportive education package is being developed.

Improvement trajectory to increase see and treat by 1% by 31<sup>st</sup> March 2022.





## 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 September 22 and FY 2022.23 Quarter 2 across the five key performance areas for NIAS. Demand, response times, See and Treat rate, Hear 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, where possible, indicators are broken down to divisional level.





## Appendix 1 – SPPG September 22 & Quarter 2 Submission

### Demand and Response Times

The Trusts second SPPG submission was made on the 07 November 2022 for October 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	September 2022	QUARTER 2	October 2022
Demand	% of Calls Answered within 5 secs	90%	Region	83.9%	87.7%	93.0%	88.0%	91.5%
Response times	Category 1 Mean	11 mins	Region	00:11:07	00:10:58	00:11:20	00:11:08	00:11:34
	Category 1 90th Percentile	21 mins	Region	00:21:40	00:22:10	00:22:10	00:22:00	00:22:56
	Category 2 Mean	22 mins	Region	00:39:31	00:36:40	00:36:30	00:37:36	00:40:43
	Category 2 90th Percentile	46 mins	Region	01:27:14	01:20:31	01:20:17	01:22:58	01:28:18
	Category 1 Mean	11 mins	Belfast	00:07:32	00:07:14	00:07:47	00:07:31	00:08:15
	Category 1 90th Percentile	21 mins	Belfast	00:12:54	00:12:12	00:13:16	00:12:54	00:13:28
	Category 2 Mean	22 mins	Belfast	00:37:41	00:35:08	00:35:58	00:36:14	00:39:12
	Category 2 90th Percentile	46 mins	Belfast	01:28:01	01:22:50	01:20:58	01:24:29	01:29:30
	Category 1 Mean	11 mins	South East	00:13:16	00:12:38	00:12:44	00:12:53	00:12:21
	Category 1 90th Percentile	21 mins	South East	00:24:03	00:24:49	00:23:43	00:24:30	00:24:23
	Category 2 Mean	22 mins	South East	00:47:53	00:45:58	00:46:37	00:48:52	00:50:27
	Category 2 90th Percentile	46 mins	South East	01:45:09	01:40:44	01:43:31	01:43:07	01:45:21
	Category 1 Mean	11 mins	Northern	00:13:36	00:12:52	00:14:10	00:13:32	00:12:49
	Category 1 90th Percentile	21 mins	Northern	00:23:47	00:25:15	00:26:37	00:24:56	00:25:59
	Category 2 Mean	22 mins	Northern	00:43:31	00:37:09	00:37:51	00:39:38	00:40:28
	Category 2 90th Percentile	46 mins	Northern	01:30:15	01:19:05	01:23:34	01:25:25	01:25:01
	Category 1 Mean	11 mins	Southern	00:13:03	00:13:04	00:13:41	00:13:16	00:14:04
	Category 1 90th Percentile	21 mins	Southern	00:25:20	00:25:08	00:26:55	00:25:35	00:26:37
	Category 2 Mean	22 mins	Southern	00:40:46	00:39:37	00:37:00	00:39:08	00:45:57
	Category 2 90th Percentile	46 mins	Southern	01:25:25	01:19:21	01:17:23	01:20:25	01:33:36
	Category 1 Mean	11 mins	Western	00:09:41	00:09:53	00:09:40	00:09:45	00:11:28
	Category 1 90th Percentile	21 mins	Western	00:18:34	00:20:26	00:18:04	00:19:11	00:23:18
	Category 2 Mean	22 mins	Western	00:26:27	00:26:11	00:25:09	00:25:57	00:28:07
	Category 2 90th Percentile	46 mins	Western	00:57:25	00:54:19	00:53:01	00:55:35	01:00:42





## Appendix 1 – SPPG July 22 Submission

### Pre Hospital Care and Handover Times

Performance Measure	Metric	Target	Trust	July 2022	August 2022	September 2022	QUARTER 2	October 2022
Pre-Hospital Care (Clinical Hear & Treat)	% of Calls Resolved With Telephone Advice	22	Region	31%	36%	35%	35%	37%
Pre-Hospital Care (Clinical See & Treat)	% of Patients Seen and treated by NIAS	23%	Region	23.4%	22.2%	20.3%	22.0%	21.8%

### 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, that Trusts need to work together with NIAS in address this issues.

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

Performance Measure	Metric	Target	Trust	July 2022	August 2022	September 2022	QUARTER 2	October 2022
Hospital Handovers	<= 15mins	27%	Region	7.94%	8.41%	9.76%	8.39%	7.52%
	<= 30mins	60%	Region	25.52%	32.29%	32.00%	24.42%	27.30%
	<= 60mins	87%	Region	65.89%	67.74%	66.99%	66.47%	61.48%
	> 3hrs	0.25%	Region	5.82%	4.07%	5.29%	5.68%	9.10%
	No. of patients > 3hrs	378 (per Annum) 32 (per month)	Region	667	564	730	581	712
	<= 15mins	31%	Belfast	9.79%	9.92%	9.59%	8.34%	8.32%
	<= 30mins	64%	Belfast	30.09%	30.87%	28.49%	23.75%	27.06%
	<= 60mins	91%	Belfast	64.49%	66.79%	61.00%	64.39%	60.34%
	> 3hrs	0.16%	Belfast	4.28%	1.74%	4.92%	3.85%	5.37%
	No. of patients > 3hrs	45 (per Annum) 4 (per month)	Belfast	136	55	159	351	171
	<= 15mins	19%	South East	6.29%	6.99%	6.36%	6.02%	5.43%
	<= 30mins	54%	South East	26.99%	29.44%	25.85%	25.79%	23.74%
	<= 60mins	85%	South East	61.82%	59.02%	64.08%	58.26%	64.02%
	> 3hrs	1.23%	South East	11.23%	12.10%	17.20%	13.59%	17.98%
	No. of patients > 3hrs	213 (per Annum) 18 (per month)	South East	196	225	308	723	321
	<= 15mins	34%	Northern	5.26%	6.67%	7.28%	6.42%	6.76%
	<= 30mins	76%	Northern	21.74%	27.94%	28.46%	28.94%	21.45%
	<= 60mins	96%	Northern	61.21%	61.74%	62.98%	60.68%	62.56%
	> 3hrs	0.04%	Northern	9.89%	5.95%	4.10%	7.28%	10.38%
	No. of patients > 3hrs	11 (per Annum) 1 (per month)	Northern	238	143	152	533	346
	<= 15mins	23%	Southern	6.67%	7.04%	6.47%	6.72%	6.72%
	<= 30mins	58%	Southern	30.44%	30.56%	28.44%	29.79%	25.37%
	<= 60mins	90%	Southern	76.19%	69.97%	66.88%	64.68%	64.50%
	> 3hrs	0.34%	Southern	3.87%	8.96%	5.13%	4.99%	11.49%
	No. of patients > 3hrs	81 (per Annum) 7 (per month)	Southern	93	124	101	318	263
	<= 15mins	25%	Western	11.75%	14.62%	15.59%	12.78%	11.74%
	<= 30mins	55%	Western	41.99%	46.29%	44.79%	47.63%	43.28%
	<= 60mins	91%	Western	82.45%	83.60%	88.77%	84.93%	82.04%
	> 3hrs	0.13%	Western	6.80%	6.98%	0.05%	0.50%	0.50%
	No. of patients > 3hrs	28 (per Annum) 2 (per month)	Western	10	17	1	36	11



*- End Of Report -*



Northern Ireland Ambulance Service  
Health and Social Care Trust



## Northern Ireland Ambulance Service

### Winter Surge and Operational Resilience Plan 2022/23





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## 1.0 Introduction

The Northern Ireland Ambulance Service (NIAS) experiences significant operational challenges throughout the year due to a range of factors. This Winter Surge Plan is drafted in the context of ongoing inter-trust focus on system wide pressures on Unscheduled Care which have a particularly strong knock-on effect on NIAS. In a statement to the Northern Ireland Assembly on 26 October 2022, the Health Minister stated:

*"The health and social care system is facing another incredibly challenging winter. COVID-19 continues to circulate and we are likely to see other infections, such as winter flu, adding to pressures this winter. The ongoing cost of living crisis is also expected to impact on population health with resulting demand for Health and Social Care (HSC) services. In this difficult context, I have asked the health and social care system to comprehensively plan and prepare for what lies ahead."*

This winter plan therefore presents key actions agreed by NIAS in the context of inter-Trust planning, discussion and collaboration, and presented to SPPG and DoH at an inter-Trust Emergency and Unscheduled Care Summit on 09 November 2022.

In advance of normal winter pressures, NIAS continues to be significantly challenged due to extensive delays in handover times at EDs across Northern Ireland. There have been a number of incidents of patients coming to harm whilst queuing in the back of an ambulance, additionally, patients have experienced harm whilst waiting on an emergency response in the community which has been delayed as a result of handover delays.

While significant efforts continue to provide maximum shift cover across Northern Ireland within available resources, the additional pressures associated with the winter period are not expected to be any less than in previous years given the challenges briefly outlined above and the forecasted additional pressure of an energy crisis impacting on the most vulnerable residents in Northern Ireland this coming winter. Protecting the 999 response capability must continue to be our primary focus if we are to deliver a safe service as a minimum, over the winter period.

This plan describes the key strategic and operational actions NIAS will take during Winter 2022/23 to maintain safety, quality and performance, and contribute to the wider unscheduled care system. It has been developed taking account of the experience and learning from previous winters and recent Covid-19 surge scenarios.

## 2.0 Planning Principles

We will continue to ensure delivery of our corporate mission:

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



Northern Ireland Ambulance Service  
Health and Social Care Trust



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We will deliver this through four core values:

- Working together
- Excellence
- Openness and honesty
- Compassion

Our approach will achieve four goals:

1. Our patients will be professionally cared for; always with compassion and respect
2. Our staff will feel positive and proud to work for NIAS
3. Our stakeholders and partners will have confidence in us as a reliable provider at the centre of UEC
4. Our communities will continue to value and trust us.

### 3.0 Demand Forecast

The winter period brings specific challenges and is a particularly busy period for the wider Health and Social Care (HSC) system and NIAS. Increased 999 activity, increased staff absence, handover delays at acute hospitals and reduced services in the wider health economy all affect our ability to respond to patients quickly.

Using pre-pandemic demand levels, we can utilise ARMIA algorithms to predict what may be expected through December 2022 and into January 2023. The below charts illustrate that similar to last year, a number of peaks in demand are anticipated in early, mid, late December and immediately following New Year.

Work is ongoing in Operations to look at roster planning over the period covering Christmas and New Year.



Figure 1 Forecasted Incident Demand

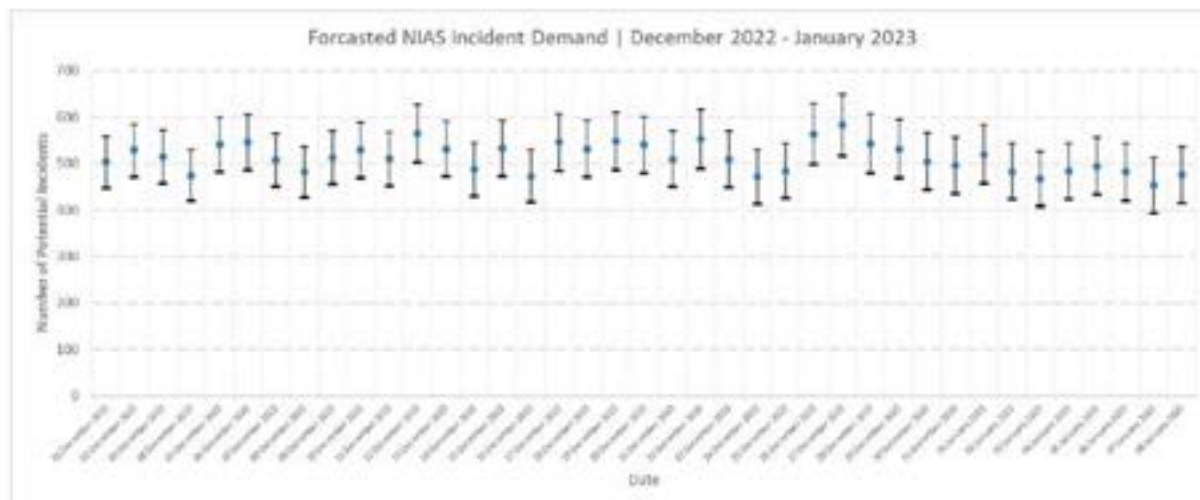
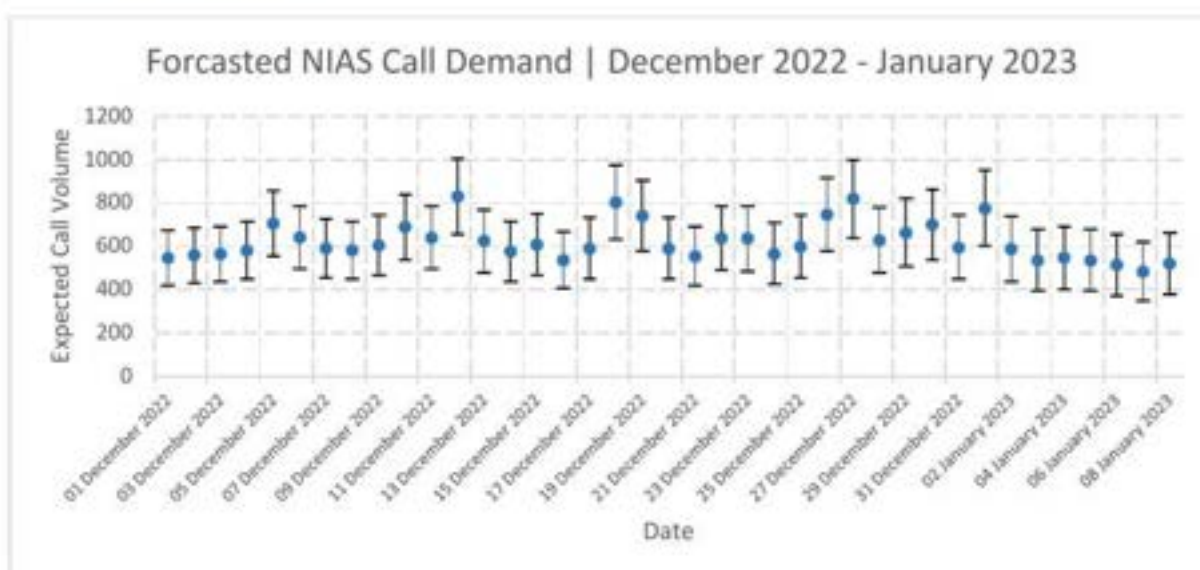


Figure 2 Forecasted call demand

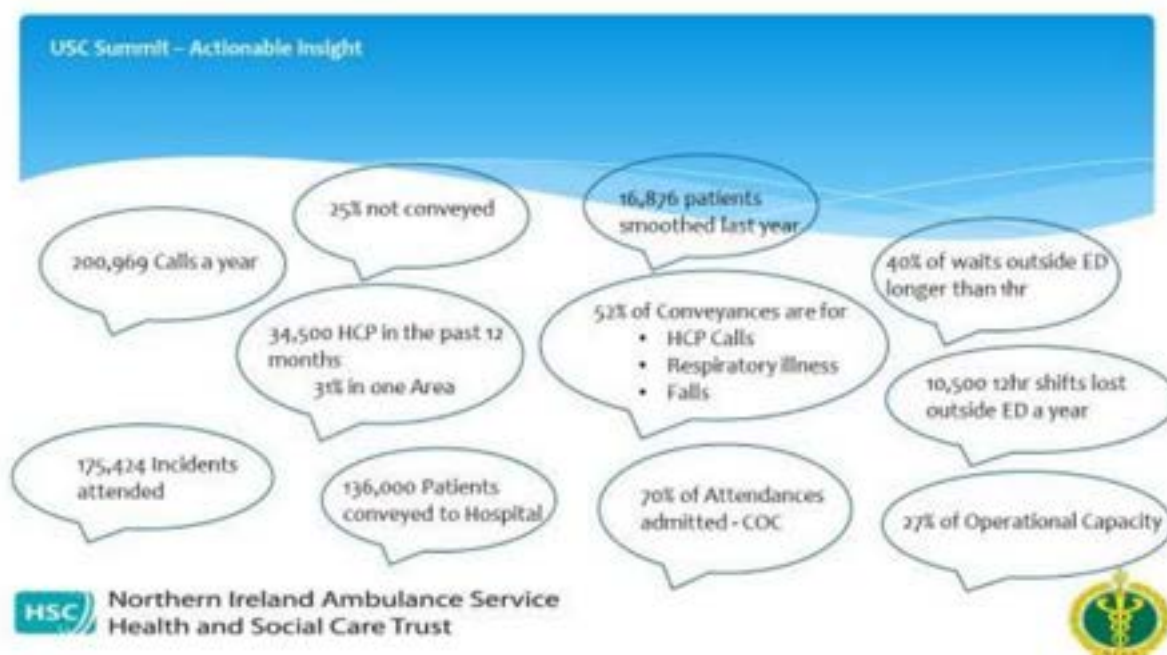






## 4.0 Challenges

This year's plan is drafted in the context of ongoing inter-trust focus on system wide pressures on Unscheduled Care which have a particularly strong knock-on effect on NIAS. The slide below demonstrates some of the metrics discussed at the Emergency and Urgent Care Planning Summit on 09 November 2022:



As the slide above shows, NIAS continues to be significantly challenged due to extensive delays in handover times at EDs across Northern Ireland. There have been a number of incidents of patients coming to harm whilst queuing in the back of an ambulance, additionally, patients have experienced harm whilst waiting on an emergency response in the community which has been delayed as a result of handover delays.

- Increased ambulance turnaround times at Emergency Departments is depleting response capacity by an estimated 27%. With this depletion of NIAS capacity on a daily basis, the ability to respond to those patients waiting within our communities is significantly impacted.
- 40% of ambulance waits outside ED are currently longer than 1 hour
- From April 2021 to date, 13 SAIs related to a delayed NIAS response out with standard in which the patient outcome has been death. Delayed handover times are a significant contributor to delayed community response.
- From January 2022 there have been 19 reported patient safety incidents related to delayed hospital handovers.
- From January 2022 NIAS have reported 4 incidents to Trusts in relation to patients deteriorating in the back of ambulances. Out of the 4 incidents the outcome was death for 3 patients. Currently, 2 of these incidents have been



notified as SAIs by another Trust and it is likely the remaining 2 will also be notified.

NIAS data shows that delayed response to patients waiting in the community is strongly correlated with delays being experienced at EDs. It is reasonable to extrapolate that when ambulances are delayed at EDs that they cannot attend patients who are waiting in the community and this is reflected in average response times that are outside the national target standards. In advance of normal winter trends, pressures are being compounded by an aggregation of other factors including; difficulties in discharging patients to the community; COVID related pressures due to social distancing, isolation practices, capacity and staff shortages.

Provider collaboration in Integrated Care is required to achieve systematic changes. The ability of NIAS as a single Trust, or of any of the hospital trusts alone to achieve change and reduce waits in this space is very limited. This requires a system wide change.

Covid-19 global pandemic has presented the health and social care system with a number of unique challenges, which have dramatically changed the way services are delivered. It has had a significant impact on clinical, patient and staff safety. Many lessons have been learned throughout the past two years of pandemic response and will be valuable in periods of surge such as winter pressures and in planning for future possible scenarios.

Other key challenges in implementing our Winter Plan include:

- 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.
- Service delivery pressures arising as a consequence of normal winter ailments including seasonal flu prevalence will be mitigated through the flu vaccination programme
- Forecasting and planning workforce capacity throughout the winter months and assessing against forecasted demand.
- Factoring the need for staff to take planned annual leave especially as we approach the Christmas and New Year period, and flexible working necessary to support childcare and caring commitments.
- We must continue to ensure our staff are rested, feel supported and valued, and we ensure the workforce resources required for winter surge period to maintain patient and staff safety in respect of spread of infection.



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- We are mindful of our commitment to engagement and partnership working as we implement our winter plan supporting emergency decisions that may need to be taken rapidly in event of a significant surge with this new variant.
- 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.





### Impact of energy crisis:

This year, Northern Ireland is facing into one of the worst energy crisis in recent history with the downturn in the global economy and impact of war in Europe. Many more households are predicted to fall deeper into fuel poverty<sup>1</sup>. Household energy bills are set to rise to over £4,200 per year from January 2023<sup>2</sup>.

Fuel poverty and cold homes exacerbate circulatory, respiratory and mental health problems across all age groups and drive health inequalities. It is predicted that this may well lead to increased hospital admissions and demand on GP surgeries, A&E departments and social care services.

- cold homes reduce dexterity, which increases the risk of falls - a common cause of injury, loss of independence and even death for older people<sup>3</sup>
- Older people are also particularly vulnerable to the effects of a cold winter with no heating at home. Because the heart has to work harder to keep the body warm when it's cold, cold homes increase blood pressure, causing heart attacks and stroke in adults and older people<sup>4</sup>
- children growing up in cold, damp homes are more than twice as likely to suffer from respiratory conditions than their classmates in warm homes<sup>5</sup>
- British Thoracic Society has indicated that rising costs in electricity from the 1st April 2022 will impact particularly on respiratory patients dependent on home mechanical ventilation, and in some cases will mean that they are unable to meet the costs of their electricity bills. These increases in costs have a disproportionate impact on patients who are dependent on electrical equipment to stay alive. Currently, there is no reimbursement or financial payments for electricity for ventilator dependent patients<sup>6</sup>.

Even taking into account the £400 cost-of-living rebate promised by the government, this will push over two thirds of UK households into fuel poverty, exacerbating health inequalities that were already widened during the pandemic.

<sup>1</sup> In Northern Ireland, fuel poverty is defined as spending more than 10 per cent of a household's income on energy.

<sup>2</sup> [Could the energy crisis cause a public health emergency? | NHS Confederation](#) In Northern Ireland, fuel poverty is defined as spending more than 10 per cent of a household's income on energy.

<sup>3</sup> Friends of the Earth and the Marmot Review Team (2011), The health impacts of cold homes and fuel poverty. <https://www.instituteofhealthequity.org/resources-reports/the-health-impacts-of-cold-homes-and-fuel-poverty/the-health-impacts-of-cold-homes-and-fuel-poverty.pdf>

<sup>4</sup> Age Watch. Cold Weather Health Risks?, [online], accessed 18 August 2022. <https://www.agewatch.net/ageing-why-and-how/cold-weather-health-risks/>

<sup>5</sup> Bibby, J (2018), What makes us healthy?. The Health Foundation. <https://www.health.org.uk/publications/what-makes-us-healthy>

<sup>6</sup> [Impact of the rising cost of electricity on home mechanical ventilation patients | British Thoracic Society | Better lung health for all \(brit-thoracic.org.uk\)](#)





## 5.0 Winter Surge Response

This plan outlines the priority actions that will be implemented by NIAS as we move into the winter months. The winter surge plan's principle aim is to protect the Trust's ability to respond to patients in most clinical need and to ensure we continue to deliver our critical functions in the face of extreme pressure on the wider HSC system. It should also be noted that NIAS must achieve collaboration across the HSC system to ensure optimum delivery against the actions listed.

The NIAS Winter Surge Plan focuses on 5 of the 7 key themes agreed across all Trusts<sup>7</sup>:

1. Maintain safety and resilience at Emergency Departments and support Ambulance Services
2. Enhance capacity and flow in our acute hospitals, ensuring timely discharge and support for people to leave hospital when clinically appropriate
3. Plan for a Business Continuity response to potential industrial action and potential impacts of cost of living crisis
4. Prepare for surges in COVID-19, RSV and respiratory challenges
5. Protect staff health & wellbeing and patient / client experience

The table overleaf provides an overview of key winter plan actions. This priority list is informed by actions which are ongoing in the Operations Improvement Plan and Unscheduled Care Action Plan, both of which are included in the Appendix.

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<sup>7</sup> We have not included actions against two of the HSC Winter Planning Priorities against which NIAS has minimal input: 'Enhance capacity and flow in our community services'; and 'Continue to support Elective activity'



2022/23 Winter Planning Theme	Initiative / Actions	Timeframe
<b>Maintain safety and resilience at Emergency Departments and support Ambulance Services</b>	Review and enhance NIAS clinical safety plan	Implement Dec 22
	Review Category 1 release policy	Implement Dec 22
	Contribute to Regional Escalation Policy	Complete
	Enhance Hospital Liaison Support	Implement Dec 22
<b>Enhance capacity and flow in our acute hospitals, ensuring timely discharge and support for people to leave hospital when clinically appropriate</b>	RRV Utilisation West Initiative	Pilot In Progress – Implement Q1 23
	Clinical Navigator	Implement 2023
	Develop Clinical Support Desk (CSD) through MDT approach	Implement Dec 22
	Increase Access to Patient Care Pathways	Start Implementation Nov 22
<b>Plan for a Business Continuity response to potential industrial action and potential impacts of cost of living crisis</b>	Advanced Ordering of IAS A&E Support Services	Complete
	Duplicate Call management/text technology*	Implement 2023*
	Recruitment to stabilise area managers/SO's	Implement Dec 22
	Support to vulnerable callers impacted by energy crisis/poverty.	Implement Dec 22
<b>Prepare for surges in COVID-19, RSV and respiratory challenges</b>	Promotion of Vaccinations (30%)	Implement Jan/Feb 23
	Electronic management of COVID return to work	Complete



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2022/23 Winter Planning Theme	Initiative / Actions	Timeframe
<b>Protect staff health &amp; wellbeing and patient / client experience</b>	Deploy alternative shift patterns	Implemented Oct 22
	Review of Supervisor roles within Division	Implement Dec 22
	Crew Relief team Stabilisation	Implement Dec 22
	Automation of Admin Processes	Implement Nov 22
	Deployment of Derogation list throughout Trust	Implement Dec 22

In addition to the priority actions above for NIAS, we have agreed joint actions across all 6 HSCT's to meet Emergency and Unscheduled Care priorities across the region:

Joint action	Evidence	Gap analysis	NIAS Actions	Trust Actions
<b>Increased Access to Additional Patient Care Pathways:</b> <ul style="list-style-type: none"> <li>• Frailty</li> <li>• Mental Health</li> <li>• Palliative Care</li> </ul>	Conveying >70% patients to ED	Baseline on Current Pathways Available  Meetings held with Trusts to explore what can be achieved	<ul style="list-style-type: none"> <li>• Refresher training with Staff on JRCALC and pathways available (Nov 22)</li> <li>• Enhance Supporting infrastructure for data (Q2 '23)</li> <li>• Jointly review Guidelines with Trusts (Dec 22)</li> </ul>	<ul style="list-style-type: none"> <li>• Support with developing new inclusion and Exclusion Criteria</li> <li>• Capacity and Access to pathways</li> <li>• Availability of Pathways</li> <li>• Local Consistency</li> </ul>
Corridor Cohorting	1,112 Pts >3hrs outside ED Oct 22	Visits ongoing with Trusts to explore areas that can be used or being used to cohort patients	<ul style="list-style-type: none"> <li>• Provide Data intelligence on priority sequencing (Nov 22)</li> </ul>	<ul style="list-style-type: none"> <li>• Identification of the Physical Space</li> </ul>
Standardised Patient Handover	Conflicting Data between Organisations	Visits to Trust to identify space and equipment to facilitate	<ul style="list-style-type: none"> <li>• Development of Ambulance Arrival screens (Dec 22)</li> <li>• Agree the Role that will conduct the handover (Dec 22)</li> <li>• Develop and Implement SOP (Dec 22)</li> </ul>	<ul style="list-style-type: none"> <li>• Agree to SOP</li> <li>• Local Consistency</li> <li>• Agree Role</li> </ul>





## 6.0 Risks

The key risks to achieving priorities 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 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.

## 7.0 Communications

External communications:

- NIAS works within a wider HSC system - the interoperability of which will often determine clinical outcomes for patients. It is vitally important that our winter plans are shared with and understood by other provider Trusts across NI.
- We will share our surge plans for winter pressures showing how everyone will play a key role in protecting public health.
- We encourage you to get the flu vaccine and COVID-19 booster if you are eligible and to comply with public health measures and only attend the hospital when necessary.

Internal Communications:

- We will continue to communicate, engage with and listen to our staff through working in partnership with our Trade Unions and regular staff updates & briefings
- Surge communications will be regularly feed out to our staff to keep them abreast of developments and decisions



## 8.0 Appendix

### NIAS Operational Improvement Plan Priorities 2022.23

NIAS Operational Improvement 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 that 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
Organisational Response (Capacity)	Automation of Admin Processes (Timesheets)	1	Release time back for operational duties	In Progress
Organisational Response (Capacity)	Deploy Alternative shift Patterns	1	Abstraction, Cover levels and staff wellbeing	In Progress
System-wide flow	Hospital Handover process & Digital Handshake	2	Improved Hospital handover delays	In Progress
System-wide flow	Review Category 1 release policy	2	Improved Cat 1 response Times	In Progress
System-wide flow	Review Regional Escalation Policy	2	Improved Hospital handover delays	In Progress



Theme	Initiative / Actions	Priority	Operational Impact	Status
Operational resilience	Crew Relief team Stabilisation	2	Late finishes and Staff wellbeing	In Progress
Organisational Response (Capacity)	RRV Utilisation West Initiative	1	Improved Response Times to lower acuity patients	In Progress
Organisational Response (Capacity)	VCS Task and Finish Group	2	Improved VCS Cover	In Progress
Operational resilience	CSD Development and utilisation	2	Improved Cover & Improved Hear and Treat	In Progress
Organisational Response (Capacity)	Deployment of Derogation list throughout Trust	2	Reduced Late Finishes and Improved Staff Wellbeing	In Progress
Organisational Response (Capacity)	Review of Supervisor roles within Division	3	Improved Cover	To be Commenced
System-wide flow	HALO Expansion	2	Improve Hospital Handover	To be Commenced
Organisational Response (Capacity)	Advanced Ordering of IAS A&E Support Services	2	Improve Cover and Response times	In Progress
Operational resilience	Alerting and Tasking Technology Radios & MDTs	2	Improve communications between EAC and Crews	To be Commenced
Operational resilience	Duplicate Call management	3	Improved Call Answering times	To be Commenced
Operational resilience	Clinical Navigator	2	Improved Demand management within EAC	In Progress
Operational resilience	Implementing Text technology to keep patients informed on call progress	2	Improve demand management into EAC and patient communication	To be Commenced
Operational resilience	Review and enhance the clinical safety plan to encompass the	2	Improvement in communication and understanding of	In Progress





Theme	Initiative / Actions	Priority	Operational Impact	Status
	entire organisation		pressure in the organisation	
Organisational Response (Capacity)	Overtime, Comp Rest & Lost hrs start of shift	2	Improvement in Cover	To be Commenced
Operational resilience	Automation of CSP, REAP and Huddle Reporting	2	Release operational Capacity from manual tasks	In Progress
Operational resilience	Redevelopment of the daily Shift Cover matrix	1	Improvement in our ability to cover shifts	In Progress
Operational resilience	Sickness / Staff availability reporting	1	Improve understanding and awareness of staff available	To be Commenced
Operational resilience	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
Operational resilience	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
Operational resilience	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





## Unscheduled Care Improvement Plan (actions requiring wider system interdependencies)

As indicated above, NIAS works within a wider HSC system, the interoperability of which will have significant impact on patient outcomes and achievement of our strategic objectives. NIAS input to these actions will be overseen by a task and finish USC Input Planning Group to ensure corporate delivery of objectives.

NIAS will work closely with hospitals and USC colleagues to seek to reduce ambulance handover delays and to admit more patients directly to their point of treatment, rather than through ED.

Theme	Initiative / Actions	Priority	Impact	Status
Operational resilience	Automation of Admin Processes (Timesheets)	1	Release time back for operational duties	In Progress
Operational resilience	NIAS to provide clinical data on clinical for patients transferred to ED by Cat 2, 3, 4, 5.	2	Data to inform focus on specialty and identify the most effective impact from NIAS and for USC/ED.	In Progress
System-wide flow	Increasing Hear and Treat within Clinical Support Desk (CSD) for lower acuity mental health calls.	1	Improve our operational resilience	In Progress
System-wide flow	Work with SPPG and Trusts to review all hospital handover policies and protocols to ensure consistency and best practice across all Trusts	2	Improve our operational resilience	In Progress
System-wide flow	Work with Trusts to agree a regional escalation process for those patients that deteriorate during protracted waits outside EDs	2	Improve our operational resilience	In Progress



Theme	Initiative / Actions	Priority	Impact	Status
System-wide flow	Assessment of Patient Care Pathways open and available across the Region for viability and impact. e.g. warm handover to lifeline	2	Increasing hear and treat rates	To be commenced
System-wide flow	Whole Systems Approach to focus on areas to be defined from analytics and consultation with USC group.	1	Increase operational capacity and planning across HSC system	To be commenced
System-wide flow	Connecting USC regional Priorities with Crisis Implementation Strategic Group	3	Increase operational capacity and planning across HSC system	To be commenced
System-wide flow	Workforce training need to increase the utilisation of JCALC, Patient Care Pathways and link to ParaPass	2	Improve our operational resilience	In Progress
System-wide flow	Regionally Implement recommendations outlined in HSIB report re protection and escalation of patient risk to prevent harm.	2	Improved patient safety	In Progress
System-wide flow	Long-term focus on prevention and targeting areas of inequalities. Greater analysis of	4	Demand management and system intelligence	In Progress



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Theme	Initiative / Actions	Priority	Impact	Status
	localised attendances to determine their route cause factors			
System-wide flow	Work with external partners to provide support to vulnerable callers impacted by energy crisis/poverty.	2	Alternative support available for callers with complex needs.	In progress

# Trust Board Finance Report

October 2022 (Month 7)



Northern Ireland Ambulance Service  
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# Contents

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



# Executive Summary

Statutory financial performance targets	RAG status
<b>Manage within allocated Revenue Resource Limit (RRL) / Achieve financial break-even</b> <p>The Trust is reporting a breakeven position for the seven months ending 31 October 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>	
<b>Manage within allocated Capital Resource Limit (CRL)</b> <p>The Trust has received a Capital Resource Limit (CRL) allocation of £6.349m. This includes allocations for Fleet &amp; Estate, ICT, Backlog Maintenance and IFRS16 Leases.</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>	
<b>Prompt payment target-95% of suppliers within 30 days</b> <p>Cumulative performance at 95.9% at 31 October 2022 (Month 7). 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 seven months ending 31 October 2022 (Month 7) 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 7 is £99.590m of which £95.941m is recurrent (previously £96.929m of which £95.941m is recurrent).
- Covid-19 Costs - The current forecast of £12.752 (previously £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 (£0.092m). The small overall reduction relates largely to a reclassification of costs by SPPG. 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. Subsequent discussions with SPPG/DoH have indicated that the required levels of funding will be made available and formal allocations are being processed.
- 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 (£0.379m) and other savings (£0.079m) during the rest of the financial year.
- Agenda for Change – The costs of regrading, pay awards and holiday pay will be fully funded. Some progress on the regional treatment of holiday pay overtime has been made since the last report to Trust Board.
- Investment –NIAS Training Cohort 4 Paramedic Course (£2.6m), Demography (£0.706m) and Unscheduled Care (£0.3m) remain under discussion. Increased energy costs, based on current best estimates, have largely been supported.
- 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 unsupported 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 October 2022 (Month 7) 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.
- \* This position also reflects the progress in relation to the regional treatment of holiday pay overtime.

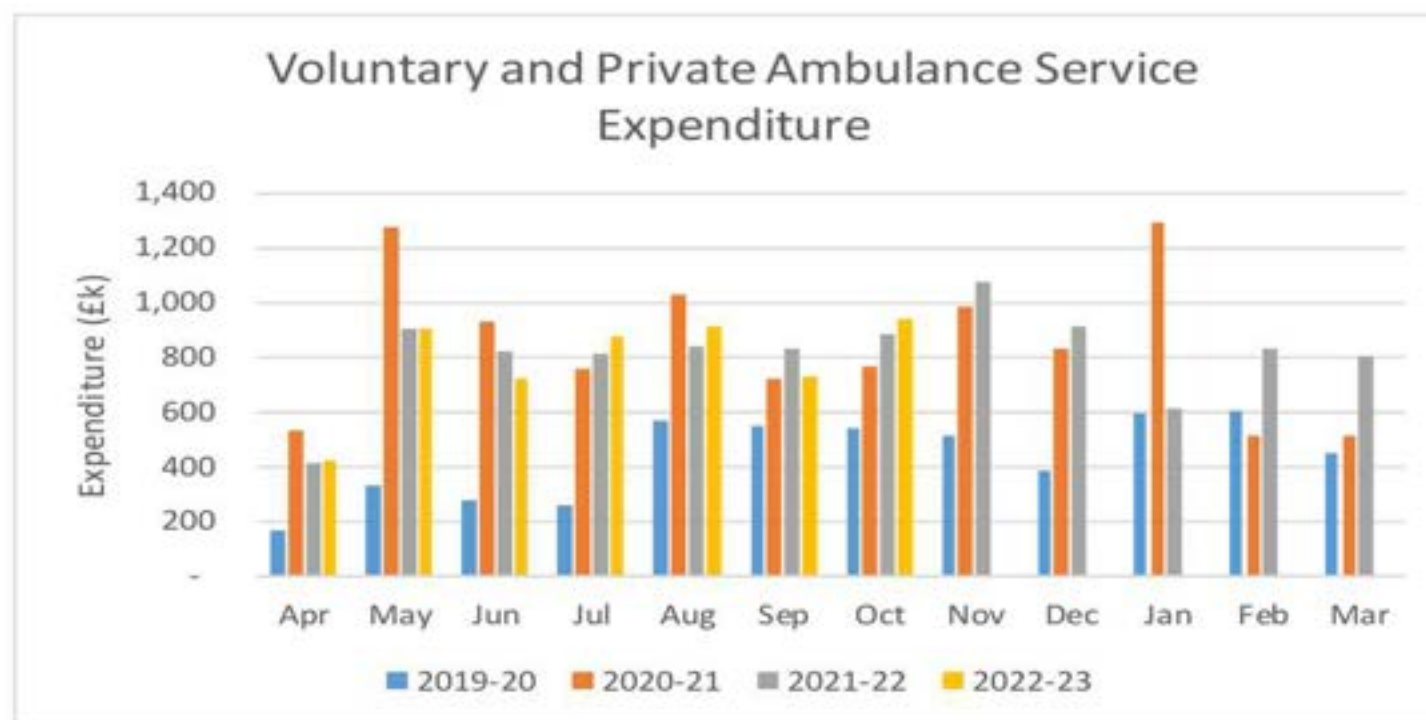
NIAS Trust Board Budget Report at October 2022				
			YTD	
Item	FYB	Budget	Actual	Variance
<b>Chief Executive's Office</b>				
Payroll	290	129	127	2
Non-Payroll	137	120	117	3
<b>Chief Executive's Office Total</b>	<b>347</b>	<b>250</b>	<b>244</b>	<b>6</b>
<b>Director of Finance</b>				
Payroll	(4,768)	(5,205)	(5,211)	6
Non-Payroll	496	347	342	5
<b>Director of Finance Total</b>	<b>(4,272)</b>	<b>(4,858)</b>	<b>(4,869)</b>	<b>11</b>
<b>Director of HR</b>				
Payroll	1,475	807	804	3
Non-Payroll	635	362	358	4
<b>Director of HR Total</b>	<b>2,109</b>	<b>1,169</b>	<b>1,162</b>	<b>7</b>
<b>Dir of Ops (incl Directors &amp; RCC)</b>				
Payroll	68,236	41,298	41,311	(13)
Non-Payroll	17,788	12,986	13,004	(18)
<b>Dir of Ops (incl Directors &amp; RCC) Total</b>	<b>86,022</b>	<b>54,284</b>	<b>54,314</b>	<b>(31)</b>
<b>Medical Director</b>				
Payroll	9,095	6,141	6,143	(2)
Non-Payroll	1,011	822	821	1
<b>Medical Director Total</b>	<b>10,106</b>	<b>6,963</b>	<b>6,964</b>	<b>(1)</b>
<b>Director of Safety, Qual &amp; Imp</b>				
Payroll	2,772	1,906	1,900	7
Non-Payroll	120	86	86	(1)
<b>Director of Safety, Qual &amp; Imp Total</b>	<b>2,892</b>	<b>1,992</b>	<b>1,986</b>	<b>6</b>
<b>Director of CRM, Fleet &amp; Estates</b>				
Payroll	853	499	504	(3)
Non-Payroll	534	309	307	2
<b>Director of CRM, Fleet &amp; Estates</b>	<b>1,387</b>	<b>809</b>	<b>811</b>	<b>(3)</b>
<b>Director of Plan, Perf &amp; Corp</b>				
Payroll	2,938	1,689	1,688	2
Non-Payroll	1,387	741	738	4
<b>Director of Plan, Perf &amp; Corp Total</b>	<b>4,325</b>	<b>2,431</b>	<b>2,425</b>	<b>6</b>
<b>NIAS Total Payroll</b>	<b>80,810</b>	<b>47,266</b>	<b>47,266</b>	<b>0</b>
<b>NIAS Total Non-Payroll</b>	<b>21,195</b>	<b>15,773</b>	<b>15,773</b>	<b>(0)</b>
<b>NIAS Total</b>	<b>102,005</b>	<b>63,039</b>	<b>63,038</b>	<b>0</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. The Trust remains at the highest levels 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 has been remarkably consistent in previous 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. Reliance on these payments has reduced steadily since peaking in August.

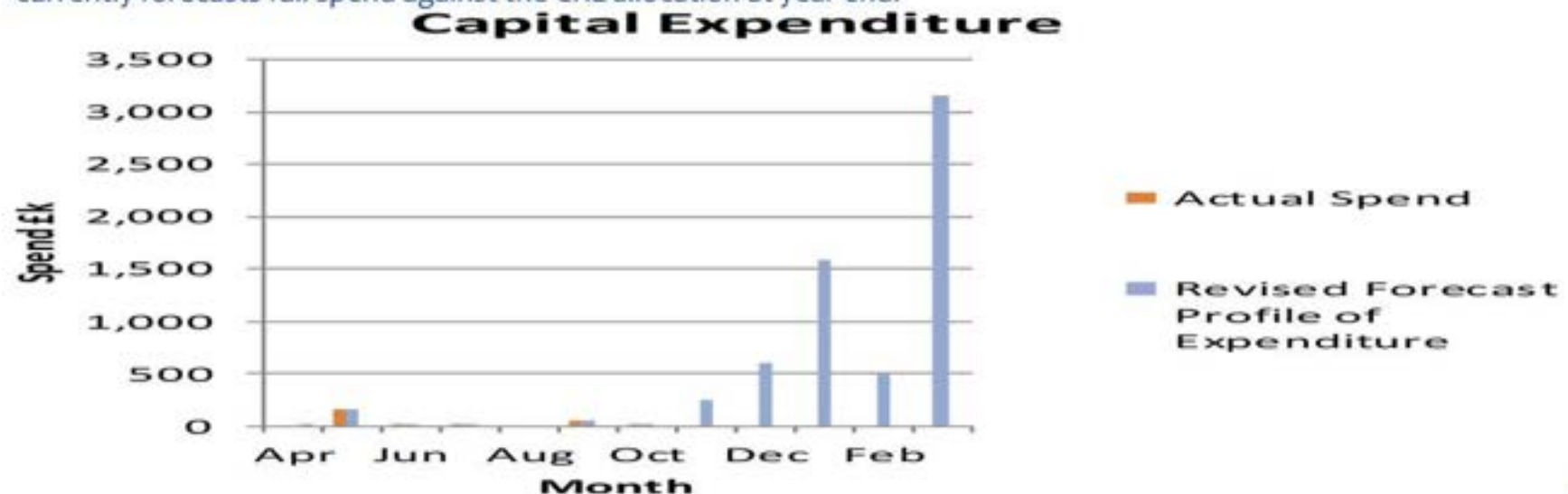




# Manage within allocated Capital Resource Limit (CRL)

The Trust has received a Capital Resource Limit (CRL) allocation of £6.349m (previously £5.943m). This includes allocations for Fleet & Estate (£4.700m), ICT (£1.152m), Backlog Maintenance (£0.250m) and IFRS16 Leases (£0.246m)

- 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 October 2022 (Month 7) is £0.254m against this allocation of £6.349m. 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	2,476	2,221						17,327	
Total bills paid within 30 calendar days of receipt of undisputed invoice	2,124	2,784	2,488	2,232	2,454	2,385	2,157						16,624	
% bills paid on time 30 days	96.4%	95.0%	94.5%	97.0%	95.7%	96.3%	97.1%						95.9%	>95%
Total bills paid within 10 working days (14 calendar days)	1,696	1,926	1,882	1,935	1,561	1,763	1,839						12,602	
% bills paid on time 10 days	77.0%	65.8%	71.5%	84.1%	60.9%	71.2%	82.8%						72.7%	>70%





# End of Report



Northern Ireland Ambulance Service  
Health and Social Care Trust





# Northern Ireland Ambulance Service Health and Social Care Trust



## TRUST BOARD

### PRESENTATION OF PAPER

<b>Date of Trust Board:</b>	15 December 2022
<b>Title of paper:</b>	NIAS Charitable Trust Fund - Trustee's Annual Report & Accounts for the year ended 31 March 2022
<b>Brief summary:</b>	<p>The Trust Board is asked to note these final, audited, certified, approved Charitable Trust Fund Annual Report and Accounts for the year ended 31 March 2022.</p> <p>They have been published on the Trust website.</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>	<p>ARAC – 12 May 2022</p> <p>In Committee Trust Board – 23 June 2022</p>
<b>Prepared and presented by:</b>	Paul Nicholson, Director of Finance, Procurement, Fleet & Estates
<b>Date:</b>	8 December 2022



## 'SAFETY' COMMITTEE REPORT TO TRUST BOARD 11/10/22

The Safety, Quality, Patient Experience and Performance Committee met on Thursday 8 September 2022.

### **Strategic Review of Clinical Education**

The Committee received a detailed update in relation to this area of work and welcomed the DoH allocation in respect of the practice place co-ordinator post.

The Committee stressed the importance of support to students as they progressed through the BSc course and welcomed the intention of the Trust and University to explore the potential for joint appointments. It also noted that feedback from recent engagement sessions with students was being collated and examined.

An update was provided in relation to the ongoing challenges around driving instruction (which had not been part of the original review of clinical education but had been identified as the review had progressed.)

### **Delivery of Pre-Hospital Emergency Anaesthesia by the Northern Ireland Helicopter Emergency Medicine Service (HEMS): A 42-month review of practice - presentation**

The Committee received a detailed presentation from Dr Monaghan on the delivery of pre-hospital emergency anaesthesia (PHEA) by the HEMS and noted that this was the most critical intervention provided by the HEMS. The Committee was advised that the national standard stated that PHEA should not be undertaken in the absence of a 'trained assistant', ie a paramedic, who co-ordinated and controlled all aspects at the scene.

### **Cardiac Arrest Outcomes Update**

The Committee received a detailed presentation from Ms Boylan on cardiac arrest outcomes, including benchmarking where the NIAS appeared to be lagging behind other UK ambulance services. Members noted, while there had been some improvement in recent years, further work was required to improve performance in this area. Reference was made to the need to use GoodSam responders (members of the public who had been trained in CPR and who, once verified by the GoodSam organisation through their governance arrangements) could perform CPR





	<p>until an ambulance arrived.</p> <p>The Committee asked for an update on the action plan which has been put in place to be provided at its next meeting.</p>
	<p><b><u>Card 36 update</u></b></p> <p>The Committee noted the likelihood that the Card 36 protocol, introduced at the start of the Covid-19 pandemic to triage patients presenting with Covid-19 symptoms, would be removed in the near future.</p>
	<p><b><u>Hygiene, Cleanliness and Infection Prevention and Control: Key Performance Indicators: 1 April 2022 - 31 July 2022</u></b></p> <p>The Committee approved a proposal to change the audit elements of the current NIAS Hand Hygiene audit tool as well as the process of environmental cleanliness auditing within NIAS. A change to the current station audit format was also approved by the Committee which would result in the NIAS being more closely aligned to the 'National Standards of Healthcare Standards 2021' which would improve the number of audits completed and reduce variation.</p>
	<p><b><u>Independent Sector Management</u></b></p> <p>The Committee received an update on the development of the Non-Emergency Independent Ambulance inspection process and governance arrangements which came into operation in April 2021.</p>
	<p><b><u>Control Room Performance</u></b></p> <p>The Committee was advised of the implementation of new software which would allow a much closer focus on performance and allow communication back to the caller to make them aware of a delay in response and provide an estimated time of arrival. It was believed that this software would mitigate the impact of duplicate calls if callers were provided with an estimated time of arrival.</p>
	<p><b><u>Update on the PHA's PPI Action Plan</u></b></p> <p>The Committee asked for the Action Plan to be revisited with a view to defining timescales and clarifying the reasons for any delays.</p>
	<p><b><u>Serious Adverse Incidents: current position and learning outcomes</u></b></p> <p>The Committee was advised of a pilot currently underway whereby a specialised team of operational staff would complete level 1 SAI reviews as required to ensure they were undertaken in a timely and meaningful manner. This would ensure a consistent and standardised approach to all</p>





level 1 SAI reviews.

### **Complaints Annual Report 2021-22**

The Committee approved the Annual Report for 2021-22 which highlighted that:

- 266 complaints had been received – a 75% increase on the previous year. This represented a complaint rate of 0.08% of all (326,300) emergency and non-emergency ambulance attendances.
- 17% of complaints were responded to within 20 working days (3% decrease on previous year). The challenges of investigating complaints during REAP 4, along with a backlog of complaints from the previous year, significantly impacted the timeliness of resolving these complaints.
- 265 complaints were closed (93% increase on previous year).
- The top three issues of complaint remain the same: 1) Transport, Late or Non-Arrival/Journey Time; 2) Staff Attitude/Behaviour; and 3) Quality of Treatment & Care.
- 375 compliments were received (74% increase on previous year).



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



**MINUTES OF THE PEOPLE, FINANCE AND ORGANISATIONAL  
DEVELOPMENT COMMITTEE HELD AT 9.30AM ON THURSDAY  
15 SEPTEMBER 2022 IN THE BOARDROOM, NIAS HQ**

<b>PRESENT:</b>	Mr J Dennison Ms N Lappin	Committee Chair Non-Executive Director
<b>IN ATTENDANCE:</b>	Mr M Bloomfield Ms M Lemon  Mr P Nicholson Mr A Arandia  Mrs C Mooney Ms L Gardner Ms V Cochrane Mr J Wilson Ms S Young  Ms P Larkin	Chief Executive Interim Director of Human Resources Interim Director of Finance Asst Director of Planning, Performance & Corporate Services Board Secretary Asst Director HR Asst Director HR Boardroom Apprentice HR Associate (for agenda item 7 only) Senior HR Advisor (for agenda item 7 only)
<b>APOLOGIES:</b>	Mr T Haslett	Non-Executive Director

## **1 Apologies & Opening Remarks**

The Chair welcomed those present to the meeting and extended a particular welcome to Jamie Wilson who had joined the Trust as its Boardroom Apprentice.

## **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 (PC15/09/22/01)

The minutes of the previous meeting held on 30 June 2022 were approved on a proposal from the Chair and seconded by Ms Lappin.

### 4 Matters Arising (PC15/09/22/02)

Ms Lemon advised that the report setting out the proposed trajectories and improvement targets would be presented to the November meeting.

She referred to the schedule of reporting to the Committee and advised that she had identified a number of items which she proposed to bring as substantive agenda items to the next three Committee meetings. Ms Lemon commented that she anticipated there would be areas of work which would continue to fall within the remit of the Improvement Plan and balanced scorecard which would be brought to the Committee's attention.

The Chair welcomed this clarity and said that he and Mr Haslett would discuss the financial issues to be discussed at forthcoming meetings.

Ms Lemon pointed out that certain issues within the Improvement Plan had specific target dates identified and that, as these issues neared completion, they would be brought back to the Committee for consideration. She suggested that, in terms of the balanced scorecard, there was potential to introduce the issue in terms of a trajectory so, again, this would be presented to the Committee for consideration.

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

**5 HR & OD Scorecard and Monitoring Dashboard (PC15/09/22/03)**

Ms Lemon advised that the HR & OD scorecard and monitoring dashboard remained work in progress and referred to a recent workshop which had been organised to consider the key performance indicators. She conveyed her appreciation to Mr Arandia and the Information Team who has assisted in this work.

Continuing, Ms Lemon explained that work continued to collate data against a number of performance indicators. She referred members to the HR & OD Scorecard and explained the various indicators in detail.

In relation to overtime and agency costs, Ms Cochrane explained that the figures attempted to demonstrate the percentage of costs which originated from non-established contractual hours, ie those hours over and above contractual hours. She advised that this included, for example, bank hours, additional hours for those staff who were part-time and overtime through the Covid-19 Rapid Response Payment Scheme (CRRPS). Ms Cochrane clarified that 12.5% of costs related to hours over and above contractual hours.

Ms Lappin believed that 12.5% appeared high and asked if any benchmarking had taken place with other ambulance services as it would be helpful for the Committee to know how this compared with other services.

Ms Lemon acknowledged the Committee's wish to drill down into the figures and said that the work being taken forward by HR would contribute to better understanding in this area. She advised that work was currently being undertaken around the use of bank staff and whether there were any apparent patterns in their use and added that HR staff were liaising with the Operation Directorate in this regard.

Ms Lemon acknowledged that, while working as bank staff did provide flexibility, it presented a risk for the Trust in that it was not able to rely on an individual committing to those hours.



Ms Cochrane clarified that a member of staff who worked full-time bank hours would not be able to avail of terms and conditions afforded to other staff.

Mr Bloomfield said it was clear from speaking to other ambulance services that they too had a heavy reliance on overtime. He acknowledged that, compared to other HSC organisations, the NIAS figure of 12.5% was high and he pointed out that this was one of the reasons why the Trust's final accounts had been qualified in that the issue of holiday pay back had been identified as a material issue for NIAS.

Continuing, Mr Bloomfield explained that other Trusts had incurred significant expenditure on the use of agency staff and said there was now a focus on reducing agency expenditure. He said that his preference would be for NIAS staff to work overtime at a rate set by the Trust.

Ms Lappin suggested that, while this information was helpful, it would be more beneficial to benchmark against other ambulance services to allow the Committee put the figure in context.

The Chair suggested that it would be important to know at which point staff absence became critical and might present challenges to service provision.

Ms Lemon said she considered this to be when the Trust was in REAP Level 4. However, she acknowledged that she was unsure at what point, beyond that critical threshold, the Trust might consider declaring a Major Incident.

Mr Bloomfield believed that, while data was helpful in this regard, there was an element of judgement in identifying the critical threshold. He referred to circumstances where the Trust had over 150 A&E staff absent due to Covid-19 and had to submit an Early Alert to the DoH advising of low staffing levels.

The Chair noted that both long and short-term absences were increasing and he sought clarification on whether the Trust had identified a point at which it could not go beyond.

Responding, Mr Bloomfield explained that the most appropriate absence figure was the one identified within the CRM business

case. He advised that this had been set at 8% and said that to go beyond this figure would result in significant challenges for the Trust.

Mr Nicholson advised that the total spend across the HSC on agency costs was £320 million and added that NIAS spent £4.7 million on agency staff. He clarified that medical/dental and nursing/midwifery were the two largest staffing groups for other HSC organisations, while the largest NIAS elements were mainly around support services and administrative and clerical.

Continuing, Mr Nicholson indicated that the DoH was looking to reduce expenditure on agency costs and was looking specifically at off/on contract. He clarified that some off contract agencies charged significantly above Agenda for Change rates. Mr Nicholson indicated that, while the Trust had a number of off-contract appointments, remuneration was at contracted rates. He acknowledged that there were opportunities across the HSC to deliver savings by moving away from high price off-contract agencies and said that the DoH would be focussing on this in the coming months. Mr Nicholson reminded the meeting that enhanced cleaning regimes which required additional staffing had been implemented during the pandemic and he advised that, as had been planned, the Trust now intended to reduce the level of cleaning which would result in a reduction in the number of posts required.

Responding to Ms Lappin's query as to the timescale for this, Ms Cochrane confirmed that a waiting list had now been established and this matter would be progressed over the coming weeks.

Mr Bloomfield commented that £2 million had been identified for IPC with a significant proportion of this having been identified for Vehicle Cleaning Operatives (VCOs). He pointed out that, as referred to previously by Mr Nicholson, the number of VCOs had doubled during the pandemic.

Ms Lappin queried the broad make-up of the overall £5 million spend on agency staff.

Mr Bloomfield clarified that an element of the £5 million would include the increased VCO staffing as well as administrative and clerical staff. Ms Cochrane added that the remainder would be single postholders in various Trust Directorates. She reminded the

meeting that the HR Directorate was undergoing review and therefore the Trust would not be in a position to make permanent appointments at this time. Ms Cochrane indicated that the Trust also had a number of specialist posts, for example within IT, which had been put in place as a consequence of the restructuring of corporate services.

Ms Lappin questioned the fact that there would be a reduction in agency spend but that this reduction would not necessarily result in savings. She commented that the Trust's expenditure of £5 million on agency staff appeared to be a significant proportion of the overall budget and welcomed the intention to reduce that expenditure.

Responding, Mr Nicholson clarified that there would be a reduction in expenditure however additional expenditure had been supported with additional income allocations.

Mr Nicholson clarified that there was an expectation that agency spend would reduce across the HSC and the NIAS proportion of this would be in the region of £350,000.

Ms Lappin suggested it would be helpful for the Committee to have some sense of the timeline for reducing the Trust's agency spend as well as a forecasted position for the year end.

Ms Cochrane gave a brief overview of the composition of the NIAS workforce which totalled 1,775 members of staff.

Ms Lemon commented that the Trust's priority would be to strategically redesign posts before making a number of permanent appointments.

Continuing, Ms Lemon provided members with an overview of the KPI relating to complaints.

Ms Gardner said the Committee would note that the figures within the Complaints KPI differed from what had been agreed. She explained that work had been carried out to identify a baseline to enable reporting. She sought the Committee's agreement to bring a revised proposal to the November meeting on what form this KPI would take together with some secondary KPIs.

Ms Lemon highlighted the importance of working with other stakeholders in this area as well as taking account of wider systems and processes within the Trust, for example professional standards. She said that work was also being undertaken with managers to explore what a 'just culture' would look like. Ms Lemon said that, while efforts would be taken to resolve complaints, where appropriate, informally, it would be important for the Trust to follow disciplinary processes where appropriate. She acknowledged that the numbers of complaints were higher than she would like to see and believed that this was reflective of the current culture within the Trust. Ms Lemon said that, while she would like to see the overall number of complaints reducing, she would also welcome sight of data which would reflect that numbers had reduced through alternative means, for example coaching.

The Chair welcomed this approach and said he would be happy to see further data on this.

Ms Gardner reported that there were no active cases of Whistleblowing for the period 1 April – 30 June and undertook to bring a more detailed paper on this to a future meeting. She reminded the meeting that Ms Lappin was the NED Champion on Whistleblowing/Speaking Out and said that she and Ms Lappin would be meeting to discuss this over the next week.

The Chair referred to the fact that there were no active cases and asked if this reflected a lack of trust or understanding of the processes involved.

Ms Gardner acknowledged there was a need to explore why staff did not use this mechanism to raise concerns. She referred to regional work being taken forward to relaunch the framework and policy in the New Year and said the Trust planned to raise awareness amongst staff with a view to encouraging them to speak up and provide assurances that all concerns would be investigated and action taken where appropriate and necessary.

Ms Lemon pointed out that using language such as 'speaking out' was preferable to 'whistleblowing' and said it would be important to make it easier for staff to express concern rather than enter into a formal robust whistleblowing process.



Ms Lappin expressed her preference for the terminology 'speaking out' and acknowledged that 'whistleblowing' had certain legal status in terms of protected disclosures. However, she said she would explore this further with Ms Gardner at their meeting.

Ms Lappin said she would be keen to understand the processes in place to ensure that any learning was identified. She acknowledged that there were also processes in place for the public to raise concerns and she suggested that these might be more valuable in terms of identifying behaviours which staff do not feel in a position to raise. Ms Lappin referred to recent guidance issued by the NI Public Service Ombudsman and said this focussed on ensuring learning and improving through complaints.

Ms Gardner advised that the new framework clearly explained whistleblowing/speaking out and clarified its position in relation to staff and other employment processes.

Ms Cochrane advised that normally the Trust would report leavers/turnover rate on a financial year basis but the KPI would now be reported on a rolling 12 month basis which would allow for the identification of any trends. She pointed out that the Trust would traditionally have a low turnover rate and advised that, from July 2021 to June 2022, this stood at 3.6%.

Ms Lappin welcomed a comment from Ms Lemon that the Trust was considering the introduction of exit interviews. She acknowledged that 3.6% represented 58 members of staff who had left the Trust and said it would be helpful if this figure was further broken down by staff grouping and whether the number of staff leaving was balanced by an intake of new staff.

Mr Bloomfield said it was his understanding that, from June 2024, the new BSc would produce 54 paramedics per year and said the Trust depended on the approval and funding of the CRM business case to employ these paramedics. He said he had recently welcomed the third intake of newly qualified paramedics who had chosen to work in NIAS.

Ms Lappin said it would be important to have a clear understanding of the Trust's recruitment challenges over the next five years and the potential for NIAS paramedics to be sought by other employers.

Ms Lemon acknowledged that further work was ongoing in relation to those KPIs yet to be reported on.

Ms Gardner advised that a review of partnership working was ongoing as well as work to establish a baseline of the working relationships with Trade Union and said that these would feed into the HR scorecard. She added that it was the intention that these would be resurveyed on an annual basis to ensure the Trust was embedding the partnership approach.

Ms Lemon said it would be important to consider how best to measure this aspect of the work and said identifying the baseline would assist in this regard. However, she pointed out that work was already being taken forward to create more of a partnership working environment and strategic partners were present at the initial developmental stages of initiatives for example.

Mr Arandia said the partnership working with Trade Unions was working well and he referred to the development of terms of reference for working with Trade Union colleagues.

Ms Lemon said she would be keen to involve Trade Unions in the work around attendance management and was of the view that involvement at an early stage helped build trust.

The Chair commended the strategic direction of the work which had been taken forward to date and thanked attendees for their input.

The update on the HR & OD Scorecard and monitoring dashboard was **NOTED** by the Committee.

## **6 HR Improvement Plan – progress update September 2022** **(PC15/09/22/04)**

Ms Lemon and colleagues provided a detailed update on the transformation of the Human Resources & Organisational Development (HR & OD) Directorate with a focus on the single Improvement Plan.

Responding to a question from Ms Lappin around job evaluation Panels, Ms Cochrane advised that, having panels scheduled in advance and working closely with the Resource Management

Centre (RMC) to release staff, had assisted greatly in addressing the backlog.

Ms Lemon advised that there was a regional mechanism for escalation in circumstances where issues around job evaluation had been identified and said that the Trust would avail of this, when necessary, in partnership with the region. She reminded the meeting that there had been a significant increase in the number of posts evaluated and that this had been disproportionate in terms of the size of the Trust.

Ms Lemon referred to the red RAG status of a number of elements within the various workstreams and explained that some of these were due to capacity and the fact that restructuring was required before a number of initiatives could progress. She advised that, as an interim measure, the Trust had secured capacity from Heads Together and the HSC Leadership Centre to maintain progress.

The Chair thanked Ms Lemon and colleagues for their update which was **NOTED** by the Committee.

## **7 Maximising Attendance Update and Plan (PC15/09/22/05)**

The Chair welcomed Ms Shirley Young and Ms Pauline Larkin to the meeting and invited them to present the paper around maximising attendance.

Ms Young referred to the key linkages with the Trust's Health and Wellbeing Strategy and the desire for this work to be part of a wider and non-siloed approach to wellbeing as well as the introduction of a more anticipatory rather than a reactive approach.

She referred to the sickness absence of 11.34% in June 2022 (excluding Covid-19) and advised that, under Terms and Conditions, Covid-19 absence would be treated as sickness absence with effect from 1 October 2022. Ms Young advised that research indicated that, if a member of staff was absent from work for six months, the likelihood of return reduced to 50%. She said it was for this reason that it was important to have a plan in place for all appropriate cases. She indicated that work would also be taken forward to look at a case management approach and to provide support to managers who would be responsible for implementing the change.

Ms Young outlined the various levels of absence (Levels 1-3), ie Level 1 related to 'ordinary' absence and did not require case management; Level 2 related to those absences where HR would be expected to support managers and Level 3 related to the final review of individuals who were returning to work, being redeployed, seeking ill-health retirement or a review of their employment by NIAS. She explained that, while the focus was very much on level 2, her preference would be to strive to transfer cases to levels 1 or 3 as they progressed. However she pointed out that an issue for the Trust to focus on in case management was avoiding 'case drift'.

Continuing, Ms Young described the potential barriers to the work and outlined the plans to progress this work between now and June 2023.

Ms Larkin reiterated that focus should be on early interventions and she believed that having Levels 1-3 would assist HR Advisors in prioritising the cases working alongside managers. She said it would be important to have clarity around HR roles and responsibilities.

Ms Larkin explained that there was work planned at Division level with HR Advisors and managers to provide managers with reassurance and reinforcing the principles of the change, what that meant in practice and how HR Advisors would work with them to implement the change. She acknowledged that getting to the root cause of absence was important.

Continuing, Ms Larkin explained that the change would start at HR Advisor level and said that workshops had taken place with them to discuss what the change would look like. Workshops with managers were in the planning stage. She suggested that if absence levels continued to rise, it would be important to involve the Operations Directorate in any direct update to the PFOD Committee on this work.

Ms Young alluded to the Bradford Factor and explained that this was a formula used in human resource management as a means of prioritising employee absence. She noted that there was a need for manager buy-in to the way forward and said it would be important that, behind the overarching absence figure, there was some movement. Ms Young suggested that absence management



should also be used as a formal performance measurement tool for managers.

Ms Lemon alluded to the linkages to the Health and Wellbeing Strategy and said that workshops had been held with TUs to look at the Strategy. She indicated that there was a need to address the legacy and backlog while getting to a better position in terms of a proactive approach moving forward.

The Chair welcomed the direction of travel, in particular the focus on managers' performance and buy-in.

Ms Lappin suggested that, in recruiting managers, the Trust should target the recruitment exercise to ensure managers have the necessary range of skills to carry out the role. She also referred to the need for absolute clarity in terms of expectations of the role.

Referring to the points made by Ms Lappin, Mr Bloomfield suggested that the Operations structure review would help in this regard. He alluded to the number of staff in temporary posts while the Operations structure review was ongoing and said he was comfortable with this as it allowed time for the review to be progressed. Mr Bloomfield said he also agreed with the need for clarity around roles and responsibilities.

In response to a question from Ms Lappin as to the willingness of the HR Advisors to take forward this work, Ms Larkin confirmed that the Attendance Advisors were enthusiastic about the changes and were ready to implement it.

Ms Young commented that HR Attendance Advisors had left the workshop with a clear understanding of the new priorities, expectation of a case file and a formal review. She acknowledged that there would be shifts in HR and a move towards a 'best support' type model.

Ms Lemon said it was important to recognise the contributions of HR Attendance Advisors through the pandemic, including the huge role they had played to support vaccination programmes and managing Covid-19 absences. Ms Lemon said that, while there was clarity within the HR Directorate around the priorities to be taken forward, this also needed to be referenced in other areas. She said it was for this reason that meetings with Directorate leads

would be important. Ms Lemon advised that she and Ms Paterson had discussed the role of Station Officer and she questioned whether there was absolute clarity on their part in terms of the expectations placed on them and what their priorities might be.

Ms Lappin asked if the work being taken forward with Operations colleagues represented the start of this work and what would be required on a practical basis.

Ms Young explained that, when she and Ms Larkin next attended the Committee to report on progress, they would have had opportunities to attend Directorate and Divisional meetings to meet with managers on the ground to take them through the detail and ensure there was absolute clarity as to roles and responsibilities.

Ms Lappin alluded to the importance of Ms Young and Ms Larkin being included in discussions around this new approach and asked if this had been their experience to date. Responding, Ms Young said that they had been welcomed to date.

Ms Lemon advised that the Trust's Senior Management Team had supported the approach and acknowledged that Operational managers needed support in prioritising absenteeism as well as being clear in setting out the expectations from staff.

Mr Bloomfield explained that he met with Operational managers on a regular basis and said it was clear from these discussions that a number of administrative duties could be removed from their remit. However he acknowledged that managing staff was an integral part of a manager's role and should remain so.

Ms Lappin asked whether there was a danger that other priorities would replace those which had been removed. She suggested that, by adopting and implementing the new approach to maximising attendance, managers would hopefully come to the conclusion that it helped with their workload and would therefore support its continuation.

Ms Young referred to the intention to have performance measures for HR and suggested that the focus should be on achieving these.

At Mr Bloomfield's request, Ms Lemon alluded to legacy arrangements around sick pay which had been in place within the

Trust for some time. She explained that, for example, within terms and conditions, there was reference to the ability to use discretion to extend sick pay and added that traditionally mechanisms had been put in place to facilitate that. However, Ms Lemon said the Senior Management Team had recently approved the move to cease the extension of pay and revert to case management application of Agenda for Change terms and conditions and management of the approach.

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 potential to use REAP data in this regard was also noted.

The Committee **APPROVED** the Maximising Attendance Update and Plan on a proposal from the Chair. This proposal was seconded by Ms Lappin.

The Chair thanked Ms Young and Ms Larkin for their attendance and they withdrew from the meeting.

## 8 **Finance – 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.

Mr Nicholson explained that, in light of this inability to access the systems, reporting of the financial position at Month 4 (July) had not been possible. He indicated that, following the implementation of contingency plans, access to the systems had since been restored in mid August and normal financial reporting arrangements had resumed for Month 5 (August).

Referring to the financial position, Mr Nicholson reported that the Trust had a number of financial assumptions totalling approximately £13 million, with the most significant one relating to Covid-19 funding. He said that he had advised DoH colleagues that the Trust's expenditure relating to Covid-19 would remain at these

levels in terms of the use of overtime and the Trust's reliance on VAS/PAS services which remained significant.

Mr Nicholson advised that the other significant area of income assumption related to training. He said that members would be aware that Cohort 4 of the paramedic programme commenced last year with a financial tail into the current year and the Trust had submitted a bid in respect of pressures for associated backfill.

Mr Nicholson said that, following discussions with Dr Ruddell around the potential to deliver all of the training planned in the current year and also taking account of pressures within the Training Department, he had advised the DoH that the Trust would be unable to deliver all of the planned training within the existing staffing structure.

Continuing, Mr Nicholson advised that the Trust continued to face increased energy and fuel costs. He acknowledged that, while fuel costs had stabilised slightly, energy costs had increased significantly.

Mr Nicholson said that he had advised the Trust Board previously that there would be no further savings requirement. However, he advised that work was being progressed on a regional basis to explore expenditure around agency staff. He added that expenditure on VAS/PAS remained significant at approximately £0.8 million per month while overtime expenditure was approximately £0.5 million per month.

Mr Nicholson reported that the Trust's current approved Capital Revenue Limit (CRL) was £5.9 million and said the Trust was revisiting the deliverability of all the schemes within its capital programme. He pointed out that a significant proportion of the programme related to fleet and estate and also included specific IT projects.

Mr Nicholson expressed concern around the fleet element of the programme, particularly the availability of vehicles, and said this could potentially push expenditure towards the end of the current financial year.

Mr Bloomfield commented that there had been reference to a £400 million overspend in health and social care and said he was unsure



whether this figure could potentially increase. He referred to the Trust's savings plan and reminded the meeting that it would be necessary for the Trust to undertake a public consultation on those savings which were considered to have a high impact. Mr Bloomfield said that the current political stalemate had clearly impacted on the Assembly's ability to confirm a budget as well as not being possible to have in-year monitoring rounds to redistribute additional funding.

Mr Bloomfield pointed out that, for the first time he could recall, the HSC was preparing not to break-even and acknowledged that the system could not deliver the extent of savings required. He advised that the Minister had indicated his unwillingness to take any actions which would impact on patient care. Mr Bloomfield referred to the numerous requests from the DoH to exercise sound financial practice. He acknowledged that the potential areas for the Trust to deliver significant savings were overtime and VAS/PAS but acknowledged that any reductions in these areas would impact on patient care.

Ms Lappin expressed concern that she had not been included as Trust Chair in any discussions around DoH expectations of ALBs. She said that she had spoken to other Trust Chairs about their understanding of ALB responsibilities, particularly those of Trust Boards. Ms Lappin commented that Trust Chairs had a meeting scheduled with the Permanent Secretary to discuss efficiencies and said it would be important for Chairs to have a collective understanding in terms of potential risks and where these might fall.

Ms Lappin reiterated the Minister's view that any savings in expenditure should not impact on patient care and said that, if there was recognition of a deficit position at the year end, she wanted to ensure that the DoH would not press ALBs to make efficiency savings. She sought further clarification around the Trust's authority to continue to incur costs despite not having a confirmed budget.

Mr Nicholson alluded to the Trust's reliance and expenditure on VAS/PAS and said that he had made clear to DoH colleagues that NIAS would continue to incur costs at the current level. He explained that the suggestion had not been to cease expenditure, particularly as the Trust entered the winter period, but to recognise that VAS/PAS could be identified as a potential area for savings with the resultant implications this could have for service delivery.

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

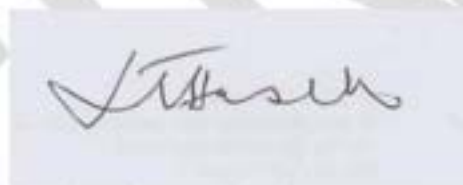
9 **Date of next meeting**

The next meeting of the People Committee will take place on Thursday 24 November 2022 at 9.30am in the Boardroom, NIAS HQ.

10 **Any Other Business**

Concluding the meeting, the Chair congratulated Ms Lemon on her recent appointment as the Trust's Director of Human Resources and Organisational Development.

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 12 NOON.**

A rectangular box containing a handwritten signature in black ink, which appears to be 'J. H. Smith'.

**SIGNED:**

**(electronically signed)**

**DATE:** 24 November 2022



## 'PEOPLE' COMMITTEE REPORT TO TRUST BOARD 15/12/22

The People, Finance and Organisational Development Committee met on Thursday 24 November 2022.

Issues discussed included:

	<p><b><u>Finance Update</u></b></p> <p>The Committee received an update on the Trust's financial position 2022-23 as well as updates in relation to the Capital Programme 2022-23; Use of Voluntary &amp; Private Ambulance Services; Use of Staff Substitution; Use of HSC Leadership Centre Associates and Use of Agency Staff.</p>
	<p><b><u>Demonstration of the Collaborative Planning Tool</u></b></p> <p>The Committee received a high level demonstration of the Collaborative Planning tool which is the system for budget holders to access financial statements.</p> <p>Members noted that the tool was being relaunched within the Trust with a roll-out of refresher training being delivered over the coming months both to managers and budget holders. It was agreed that Ms Paterson would provide feedback to the next meeting on how the system would assist her in the management of her Directorate budget.</p>
	<p><b><u>Clinical Education Plan Monitoring and Reporting</u></b></p> <p>An update on the timetable for the Trust's clinical recruitment and training was provided. Members were advised that a small number of training courses had been postponed to allow the Education Team to review the course content.</p>
	<p><b><u>HR &amp; OD Scorecard and Monitoring Dashboard</u></b></p> <p>Ms Lemon presented the Committee with a 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>



	<p><b><u>HR Improvement Plan – progress update</u></b></p> <p>The Committee was provided with an update on progress within the various HR workstreams.</p>
	<p><b><u>Maximising Attendance Highlight Report</u></b></p> <p>The Committee was advised that the cumulative absence figure for 2022-23 at the end of October was 11.21% and noted that data cleansing was being undertaken to allow more detailed reporting on KPIs.</p>





## AUDIT AND RISK ASSURANCE COMMITTEE REPORT TO TRUST BOARD

The Audit and Risk Assurance Committee met on Thursday 6 October 2022 and I would like to bring the following issues to the attention of the Board in advance of the formal minutes.

1.	<p><b><u>Matters Arising From Previous Meeting</u></b></p> <p><b><u>Website Redesign</u></b></p> <p>The Committee received an update paper on the redesign of the NIAS website.</p>
2.	<p><b><u>Chairman's Business</u></b></p> <p>Given the current position on the implementation of previous years Internal Audit Recommendations (See 6 below), I have decided to hold an extraordinary ARAC meeting on 8 December 2022 for the Committee to receive a full briefing from management on the status of implementation of the recommendations.</p> <p>This approach was adopted last year and the focus by ARAC assisted in bringing about an improved position by the year-end. It is the goal of ARAC to replicate this result this year.</p>
3.	<p><b><u>Direct Award Contracts Register</u></b></p> <p>The Committee reviewed the Direct Award Contracts Register and noted correspondence from Chris Matthews, Deputy Permanent Secretary advising Trusts that it is the expectation of the DoH that the number of Direct Award contracts should reduce to pre-pandemic levels. The Committee also noted Circular HSC (F) 13-2022 which provides new guidance on Direct Award Contracts.</p>
4.	<p><b><u>Fraud Update</u></b></p> <p>The Committee received a verbal update from the Interim Director of Finance on a number of fraud cases and he also advised that the National Fraud Initiative for 2022-23 is currently underway.</p>



**5. Progress on Achieving Business as Usual – Rebuilding and Recovery**

The Committee received a presentation from the Director of Planning, Performance and Corporate Services on the progress being made by the Trust to rebuild and recover services following the pandemic.

She advised that there are a number of plans that have been developed which have taken learning from the pandemic situation and these are being progressed in accordance with the planning cycle with the Operational Improvement Plan recently being presented to Trust Board.

We were also advised that the newly formed SPPG have reintroduced activity and performance targets with the first submission from the Trust being in August 2022. The Chief Executive advised that the Trust is performing well against the targets which are within the control of the Trust.

The Interim Director of Finance briefed the Committee on the review of financial governance arrangements post-pandemic and advised that realignment was being progressed in relation to procedures, DACs, access to financial systems and approval levels. He also advised that financial training and the new budgetary reporting module have been relaunched within the Trust.



**6. Internal Audit**

**Progress Report**

The Head of Internal Audit advised that the Internal Audit Department is experiencing significant staffing difficulties and as a result it was agreed by the Committee that the Resource and Rota Management audit will be deferred to 2023-24.

The Head of Internal Audit presented 2 audits, the first on Performance Management, which has a Limited Assurance and the second on Risk Management, which received a Satisfactory Assurance.

**Mid Year Follow Up Review of Outstanding Internal Audit Recommendations**

The report was presented to the Committee and advised that at mid-year 65% of Internal Audit recommendations have been fully implemented (94 out of 156). This report will be discussed in detail at the extraordinary ARAC meeting planned for 8 December 2022.

**BSO Shared Services Audit**

The Committee noted that 2 audits had been conducted on Shared Services (Accounts Payable/Business Services Team) both of which had a Satisfactory Assurance.

**Head of Internal Audit Mid-Year Assurance Statement**

The Committee noted this report.

**7. External Audit – Final Report To Those Charged with Governance**

The NI Audit Office advised that the draft report had been discussed at the last ARAC meeting and that no significant changes had been made to the final report, however there had been a delay in issuing the report to the Trust due to the timescale for laying the accounts before the Assembly.





**8. Corporate Risk Register**

The Committee reviewed the Corporate Risk Register and approved the inclusion of 3 new risks (Derogation List, Financial Stability 2022-23, Medicines Asset Management), closure of 1 risk (Financial Stability 2021-22) and de-escalation of 7 risks (Outstanding Internal Audit Recommendations, Attracting and Retaining Suitably Qualified Staff, EU Exit, Emergency Ambulance Control Business Continuity, Outbreak of Covid-19, Timely Response to SAls and Complaints during Covid-19, BSc (Hons) Paramedic Students During Placement) to Directorate Risk Registers.

**Risk 357 – Ambulance Turn Around Times at Emergency Departments**

The Committee noted a paper on the current assessment of Risk 357 prepared by the Director of Planning, Performance and Corporate Services. This risk has been the focus of the Committee for the past few meetings and at the request of the Committee management has taken steps to review the risk with action being taken to link in with other Ambulance Trusts to ascertain how similar risks are treated, discussion with the Association of Ambulance Chief Executives and regional discussions including with the DoH on risk escalation processes. The Committee takes the view that its role has been fulfilled in terms of being assured that the risk is properly described, assessed, reviewed and that mitigating actions are identified and progressed.

It is the view of the Committee that discussions on the management of this risk are a Trust Board issue and I will be asking the Chair of the Trust and Chief Executive to convene an extraordinary Trust Board to specifically discuss management of this risk.

**9. Data Security Update**

The Committee received a Data Security update, which also covered cyber-security.

**10. Clarification of Governance Arrangements around Fraud and Whistleblowing**

It was clarified for the Committee that the People, Finance and Organisational Development Committee would take the lead in terms of Whistleblowing cases however any Whistleblowing cases, which have a fraud element will be referred to ARAC.





**11. Policies**

The Committee approved an updated Body Worn Video Policy.

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



**MINUTES OF THE AUDIT AND RISK ASSURANCE COMMITTEE  
(ARAC) HELD ON THURSDAY 6 OCTOBER 2022 AT 10AM VIA  
ZOOM**

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

**IN**

**ATTENDANCE:** Mr M Bloomfield Chief Executive (left the meeting at 12.25pm)  
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  
Ms R Finn Asst Director Quality, Safety & Improvement  
Ms K Keating Risk Manager  
Ms B McAuley Asst Director of Finance  
Mr S Knox External Audit Northern Ireland Audit Office (left the meeting at 11.55am)  
Ms C Hagan External Audit ASM  
Ms C McKeown Head of Internal Audit, BSO (left the meeting at 12 noon)  
Mr D Charles Internal Audit  
Mrs L Mitchell Independent Adviser to Committee  
Mrs C Mooney NIAS Board Secretary

**Welcome, introduction and format of meeting**

The Chair welcomed everyone to the meeting and extended a particular welcome to Ms Brona McAuley who had recently taken up post as Assistant Director of Finance.

**1 Apologies**

No apologies were noted.

## 2 **Declaration of Potential Conflict of Interest & Confirmation of Quorum**

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

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

The Chair also stressed the confidentiality of information presented.

## 3 **Previous Minutes (AC06/10/22/01)**

Following an amendment from Ms McKeown to page 8, section 7.1, where the second paragraph should now read '*Ms McKeown drew the Committee's attention to the spread of assurances across the HSC*', the draft minutes of the meeting on 23 June 2022 were **APPROVED** on a proposal from Mr Ashford and seconded by the Chair.

## 4 **Matters Arising (AC06/10/22/02)**

### 4.1 **Action List**

The Committee **NOTED** the Matters Arising.

Ms Paterson drew the Committee's attention to the update on the website which had been provided with the papers and said she hoped the changes would assist in navigating the website more efficiently and effectively.

Mr Ashford commended the changes and asked if the website could be read on any device.

Responding, Ms Paterson advised that the necessary testing to ensure compatibility with other devices would be carried out when the system went live in the coming weeks.

Mr Nicholson referred to a question posed by Mr Ashford at the June meeting in relation to DAC 21 which related to the garage doors at Ardoyne ambulance station. He explained that the Trust had made two approaches to the market for this work, but no responses to the tender had been received. Mr Nicholson said that, given the nature of the work, the Trust identified this supplier as one who had previously completed work to an appropriate standard and timescale and had created a DAC for this work.

The Chair confirmed that a DAC was still required when no responses had been received to the tender exercise.

Responding, Mr Nicholson advised that the value of the work had been over £10,000 and therefore a DAC had been required on this occasion.

Mr Nicholson advised the Committee that the Trust Accounts for 2021-22 had been laid before the NI Assembly on 8 July and were presented at the Trust Board meeting on 25 August. He added that the Charitable Trust Fund Accounts would be laid before the NI Assembly today and would be submitted to the Trust Board once approved.

Mr Nicholson confirmed that this was the final part in the accounts process for 2021-22 and he extended his thanks to ASM and the NIAO for their assistance in reaching this point.

Mr Knox explained that the final Report to Those Charged With Governance (RtTCWG) could not be issued until the Charitable Trust Fund Accounts had been certified. He advised that certification had only been confirmed on 4 October and there had been insufficient time to finalise the RtTCWG for today's meeting. However he confirmed that there was nothing new in the Report and reminded members that the draft Report had been discussed in detail at the June meeting.



## **5 Committee Chair's Business**

### **5.1 Update on outstanding IA recommendations (AC06/10/22/03)**

The Chair advised that he had met with Ms McKeown and Mr Bloomfield, Mr Nicholson and Ms Paterson on a number of occasions over the last year to discuss the Trust's progress in addressing the outstanding IA recommendations. He said that it was clear that a significant amount of work had been done by the Trust to ensure the recommendations had been addressed and added that it would now be important for the relevant evidence to be produced to demonstrate that recommendations had been fully implemented.

The Chair said he was keen to follow a process similar to that of last year when the Committee had met to focus on IA recommendations. He pointed out that 8 December 2022 had been set aside for this purpose and suggested that this meeting would consider two specific issues, namely the outstanding IA recommendations and handover delays.

Mr Bloomfield said he agreed with the Chair's assessment and welcomed his acknowledgement that the Trust had continued to work to address the recommendations.

Ms McKeown said that she would present the Mid-Year Follow-Up later in the meeting and agreed with the Chair's decision to proceed with the meeting on 8 December.

## **6 Standing Items**

### **6.1 NIAS Direct Award Contract (DAC) Register (AC06/10/22/04)**

Mr Nicholson drew the Committee's attention to the DoH correspondence requiring the work which was already underway within NIAS to ensure DACs were only used in exceptional circumstances. He added that the correspondence referred to guidance on the use of DACs and said this had also been included for completeness. Mr Nicholson explained that he did not intend to go through this in detail but suggested that

the extent of the guidance was a clear indication of the focus placed on this issue by the DoH.

Drawing the Committee's attention to the detailed DAC Register, Mr Nicholson explained that the Trust DACs were set out across three areas of 'live', 'complete' and 'required'.

He acknowledged that a number of the DACs relating to food provision ran slightly beyond the expected term into the new year but confirmed that this service had now ceased and said that these DACs would now transfer into the 'complete' section for the next ARAC meeting. He added that he would expect to see the number of DACs now reducing.

Mr Nicholson advised that there was a new DAC for the British Red Cross for support to the NIAS Frequent Caller Support Service Pilot. He explained that this had been based on previous work carried out by the Red Cross in the NHS and the expertise this brought to this pilot project.

Mr Nicholson reported that there was also a clear route to finalise outstanding DAC paperwork, specifically for Occupational Health Services (OHS).

Ms Lemon explained that legacy arrangements had been in place for the provision of OHS and said the service had been used increasingly during the pandemic. She advised that some mapping work had been undertaken to understand the legacy arrangements and said that it was likely that there would be a need for some retrospective elements but hoped that robust arrangements would be in place in the coming weeks.

Mr Ashford sought clarification on why there was a need to include retrospective elements.

Responding, Ms Lemon said work had been undertaken to better understand the baseline position. She referred to a Good Attendance project which had been established some time ago when a number of providers had been engaged to undertake work in this regard. However, she said, the arrangements under which they had been engaged were unclear.

Mr Nicholson reminded the Committee that DACs should only be used in exceptional circumstances and pointed out that, prior to the pandemic, the Trust only had a few DACs each year.

Mr Ashford welcomed the direction of travel and said he looked forward to seeing the number of DACs reduce over the coming months.

The Chair pointed out that there had not been much change if one considered the Register on an 'by exception' basis and he too welcomed the direction of travel.

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

## **6.2 Fraud Update – verbal update**

Mr Nicholson reported that the Trust had four cases which remained registered with the BSO Counter Fraud Unit and said that these needed to be closed administratively. He said that he intended to have these cases closed by the next Committee.

Mr Nicholson confirmed that no new cases had been brought to his attention.

Continuing, Mr Nicholson confirmed that the National Fraud Initiative (NFI) exercise would take place this year and advised that staff had been informed and datasets for NIAS had been extracted. He said he awaited the details of the exercise with interest.

## **6.3 Progress on Achieving Business As Usual/Recovery Update (AC06/10/22/05)**

Through a detailed presentation, Ms Paterson and Mr Nicholson highlighted ongoing challenges from the pandemic and demonstrated how the Trust had been able to maintain quality and safety as well as continuing to exercise appropriate and effective governance through robust planning at Trust and HSC level.

She emphasised that protecting the health, safety and wellbeing of staff as well as patients and service users continued to be of paramount importance. Ms Paterson said that the ongoing dedication, resilience and innovation of Trust staff had enabled the Trust to meet the needs of the community throughout the pandemic.

The Chair thanked Mr Nicholson and Ms Paterson for their detailed presentation which, he said, had clearly articulated that the Trust would not be returning to where it had been pre-pandemic. He suggested that it would be helpful for the presentation to be given to the Trust Board to ensure there was complete clarity around the current position and the potential challenges and invited views on this.

Mr Bloomfield commended the presentation and said it reflected the parallel work being taken forward within the Trust. He alluded to the reference to returning to pre-pandemic levels and acknowledged that, at that time, improvement was needed to activity and performance levels.

Mr Bloomfield acknowledged the challenges but believed that the Trust was now in a much better position to respond to these with the revised structures and the increased staffing in place.

He reminded the Committee that the DoH had set all Trusts a range of improvement trajectories and he said that these were reported on a monthly basis to the DoH Performance and Transformation Executive Board. Mr Bloomfield explained that NIAS reported on six areas and, with the exception of two, namely response times and handover times, the Trust was on track on the remaining four. He said there was an understanding on the DoH's part that NIAS could not resolve these two areas on its own and was reliant on the rest of the HSC system to do so.

Continuing, Mr Bloomfield said that there had been recent references to unscheduled care pressures in the media. He advised that the Unscheduled Care Plan had recently been presented to the Transformation Board and he noted the need for early progress as winter approached. Mr Bloomfield said he had been encouraged to note that the Unscheduled Care Plan had placed prominence on the NIAS in terms of how the Trust



could work with the rest of the system to establish suitable alternatives to EDs. He pointed out that updates on this work were presented to the Trust Board in various formats but suggested that it would be important to look at this in the round.

Mr Ashford commended the presentation and referred to the plans to discuss Risk 357 in greater detail at the December meeting. He acknowledged the recognition that the mitigation for this risk lay outside the NIAS. Mr Ashford alluded to the plans to establish handover zones at EDs and said colleagues would recall the deep concern he had expressed at a previous meeting at timeframe of December to have one handover zone in place. He sought further detail around the progress of this.

Alluding to the reference in the presentation to Operations management cover at weekends, Mr Ashford referred to the decision to cease paying Band 8 overtime and asked if this decision might impact on ensuring management cover. He also sought further detail in relation to the Clinical Navigator role and the link between the role and the Clinical Services Desk.

Ms Paterson advised that she unfortunately was not in a position to update on the building work around the handover zones. With regard to the unscheduled care, she advised that a workshop had been arranged for 14 October where Trusts would be asked to provide an update on progress.

Ms Paterson indicated that the Trust had been keen to put Operational management cover in place at weekends but had been constrained by funding and terms and conditions. She pointed out that there tended to be one manager on cover between 12-12 and 12-8 at weekends and said it was hoped to expand this cover if the Trust could resolve the terms and conditions issue around overtime.

Responding to Mr Ashford's request for further information on the Clinical Navigator role, Ms Paterson clarified that this would be an individual who would be able to allocate the right resource to the patient. She explained that Emergency Medical Despatchers (EMDs) undertook the initial triage of the patient while the Clinical Service Desk was more nuanced and could decide to despatch a lower acuity response to the patient.

The Clinical Navigator would work between these two roles and allowed for an additional layer of scrutiny and reconciliation between the two desks, ensuring the right resource to the right patients.

Referring to the establishment of ambulance handover zones, Mr Bloomfield clarified that very limited progress had been made on these. He advised that, while the Ulster Hospital had previously indicated that it hoped to establish its ambulance handover zone by December, they had since advised there was no physical space to do so. Other hospital sites were at various stages, for example some had identified an area but could not provide the necessary staffing.

Mr Bloomfield said that this work linked to the workshop on 14 October referenced earlier by Ms Paterson where the Trusts would look at unscheduled care with a particular focus on handover times. He believed that, at the workshop, Trusts would continue to allude to the challenges around staffing these dedicated areas. However he stressed the importance of the NIAS working with Trusts to transfer patients from ambulances into EDs.

Mr Bloomfield advised that he had recently written to Ms Gallagher, Deputy Secretary, SPPG, to point out that prior to the pandemic, no patients were waiting in the back of ambulances but queued in hospital corridors. He said that this allowed NIAS to cohort a number of patients, allowing ambulances to respond to other calls in the community.

Mr Ashford reminded colleagues that establishing handover zones had been identified as mitigation to a risk but that there had been an absolute lack progress in this regard. He believed it would be important to have this recorded in the minutes as well as the Committee's deep disappointment at the lack of progress.

Mr Bloomfield said that he very much shared Mr Ashford's frustration. He reminded those present that, while the dedicated handover zones was one of ten actions set out in No More Silos, this was no longer a stand-alone plan. Mr Bloomfield clarified that each Trust was now expected, through

its improvement trajectory, to demonstrate the reduction of handover times. He added that this particular improvement trajectory had been sub-divided to 15/30 minutes and 1/3 hours and pointed out that every Trust had remained 'red' against each of these timelines. Mr Bloomfield acknowledged that the use of improvement trajectories was at an early stage and said he was unsure as to the escalation process to be used by the DoH in the event Trusts did demonstrate effective progress in meeting the improvement trajectories.

Ms Lemon referred to Mr Ashford's question around Band 8 overtime and reminded the meeting that this had been an outstanding IA recommendation in terms of overtime for Band 8 posts being paid at an enhanced rate outwith terms and conditions. She said that this position had been further complicated by the Covid-19 pandemic arrangements which enabled the Trust to pay that rate in line with DoH direction. Ms Lemon added that this arrangement had since been withdrawn by the DoH.

Ms Lemon advised that the Trust had put Band 8 staff on notice that the Trust intended to revert to normal terms and condition and that the enhanced overtime rate would no longer apply. She added that the Trust was currently within that notice period. Ms Lemon indicated that, rather than rely on overtime, the Trust would be working with managers to look at shift planning. She confirmed that Band 8s were working in line with their normal terms and conditions, including those who were undertaking on-call duties.

Ms Lemon explained that other Trusts no longer paid the Covid-19 Rapid Response Payment Scheme (CRRPS) rate but had the ability to engage agency or off-contract staff. She said the DoH was aware that the NIAS had retained the opportunity to avail of CRRPS where necessary and appropriate and in a planned and careful way.

The Chair reminded colleagues that he had considered the 'A Review of Leadership and Governance at Muckamore Abbey Hospital' and other similar reports which had alluded to a 'lack of curiosity' on the part of Non-Executive Directors and said he had found it helpful to read these reports in the context of Risk 357.

Continuing, the Chair expressed his frustration at the seriousness of handover delays. He suggested that the focus and discussion at the meeting on 8 December should now be on what could be done as opposed to how the NIAS would work within the system to resolve this matter.

Mr Ashford referred to the Trust Board meeting on 11 October and suggested that this issue should be escalated to the Trust for discussion given the fact the mitigation to be put in place, for example dedicated ambulance handover zones, to improve the position had not been actioned.

The Chair suggested asking the Trust Board Chair to convene an extraordinary Board meeting to consider this matter as the next scheduled meeting of the Board after 11 October would be December.

Mr Bloomfield suggested that there were two related but distinct issues for consideration. The first related to the actions being taken by the Senior Management Team to address and influence this issue and the rest of the HSC system. He said it was for the ARAC to decide whether these actions were sufficient or whether more could be done to address this issue. The second, he suggested, was to consider the role of the Trust Board if these actions were not sufficient or not having the necessary impact.

He reminded the meeting that he had spoken to the Permanent Secretary, Deputy Secretary and Trust Chief Executives and Dr Ruddell had spoken to the Chief Medical Officer about risk posed. Mr Bloomfield believed the NIAS had influenced the DoH to require each Trust to address this issue through the improvement trajectories. He reminded members that it had been made clear in various documents that this issue was outside of NIAS' control and the DoH looked to the other Trusts to improve the position.

The Chair questioned the legal position and whether corporate manslaughter charges could be put forward. Following agreement from Mr Ashford, he asked for legal advice to be sought as to the options available to him as the ARAC Chair in relation to Risk 357 and the fact that it had not been addressed.



Dr Ruddell emphasised that the Trust was not referring to theoretical risk of patients coming to harm and said actual harm was being caused to patients. He acknowledged that there was potential for earlier emergency responses and handovers to have changed the outcome for patients. Dr Ruddell said he welcomed working in an organisation where concern could be openly expressed about the harm being caused to patients and he added that this view was supported by, for example, the Royal College of Emergency Medicine, the Royal College of Nursing and the College of Paramedics.

Continuing, Dr Ruddell commented that, from a medico-legal perspective, the Trust was doing everything possible within its powers to address the risk associated with handover delays. Therefore, he said, in his view, it would be difficult to accuse the Trust of medical negligence as it would be necessary to confirm proof that harm had been caused as a result of an error made by the NIAS. Dr Ruddell said that, on the vast majority of occasions, it was a case of capacity versus demand.

The Chair acknowledged that the Trust was doing everything to ensure this issue was being addressed but questioned who was responsible for allowing ambulances to be delayed at EDs.

Dr Ruddell referred to the difference between corporate manslaughter and medical negligence and said he welcomed the Chair's recognition of the efforts being made by the Trust. Dr Ruddell said it would be important to record in the minutes the efforts being made by Directors to raise the issue of handover delays at every opportunity, both publicly and privately.

Dr Ruddell indicated that, as well as harm being caused to patients, harm was also being caused to frontline crews and staff in the Emergency Ambulance Control and said that all staff were trying their best in challenging circumstances to address this issue.

Mr Ashford agreed with the Chair's comment that the Trust was doing everything to address the matter and said he remained frustrated at the fact that it had been agreed that this was a

HSC-wide issue. He said he agreed with seeking legal advice in terms of what the Trust was failing to achieve.

Mrs Mitchell said her view would be that the ARAC had absolutely fulfilled its responsibilities. She reminded those present that the Committee was responsible for ensuring there was a functioning risk management system in operation within the Trust and she added that this was why the Corporate Risk Register was regularly presented to the Committee. Mrs Mitchell said that the ARAC Chair had expressed concerns about this particular risk and how it was being managed. In response, the Trust's Senior Management Team had provided a detailed review. Therefore she said, from an audit perspective, the responsibilities of the ARAC had been fulfilled and therefore the management and how Risk 357 might be addressed was now an issue for the Trust Board to consider.

Continuing, Mrs Mitchell commended Committee members on the challenges they had put forward in relation to this particular risk. She acknowledged the agreement to seek legal advice and exploring how other Trusts were handling this risk. Mrs Mitchell confirmed that Ms Keating had liaised with other ambulance Trusts throughout the UK and Ireland to check if a similar risk appeared on their risk registers and how they were dealing with it. She said that, as a result of this work, the wording within the Trust's Risk Register had been amended.

The Chair said it would be important that the issue was escalated appropriately and that everything possible had been done internally to ensure that the risk was effectively recorded on the Trust's Risk Register. The Chair suggested that, based on these discussions, the management of Risk 357 should be discussed at the Trust Board on 11 October rather than the ARAC meeting scheduled for 8 December.

Mr Bloomfield agreed with this approach. He said that the moral distress caused to staff should not be underestimated. Moreover, he suggested that the discussions at the ARAC also reflected a sense of moral distress in that members were aware of their responsibility in terms of the service to be provided to the public. Mr Bloomfield pointed out that pressures would continue as the HSC entered another difficult financial year and increasing demands were placed upon the service.

The Chair thanked those present for their contribution to the discussion.

## 7 Internal Audit

### 7.1 Progress Report (AC06/10/22/06)

Ms McKeown drew the Committee's attention to this report which summarised the progress being made against the 2022-23 Internal Audit Plan and provided a summary of the audit reports finalised since the last Committee meeting.

She referred to page 2 of the report which alluded to current resource challenges within the IA team. Ms McKeown sought the Committee's agreement to the deferral of the Resource and Rota Management audit from this year to the next financial year. She confirmed that next year's audit plan would be reviewed to ensure there was opportunity to carry out this audit as early as possible.

Ms McKeown clarified that the deferral of this audit would result in IA not being able to deliver as many audit days as planned and said she was engaging with BSO Finance to work through the financial implications of this.

Mr Ashford asked whether deferral of this particular audit might present any concerns.

Ms McKeown pointed out that it was merely a timing issue for IA and said that the audit would take place in the next financial year. She said she was content that sufficient work had already been undertaken which would allow her to provide a comprehensive Head of Internal Audit assurance at the year end.

The Committee **APPROVED** the deferral of the Resource and Rota Management audit to the 2023-23 year.

Continuing, Ms McKeown advised that IA had confirmed a limited level of assurance in relation to the audit on the Trust's Performance Management and explained that this had been based on one significant finding around current performance

management arrangements. Ms McKeown highlighted the key points of the finding and acknowledged that work was underway around the development of Directorate scorecards which would feed into the corporate position as well as the automation of management information.

Mr Ashford welcomed the introduction of the scorecard approach and asked whether the Trust was satisfied there was sufficient capacity at middle management level to ensure its delivery.

Responding, Ms Paterson advised that her team was currently developing dashboards and would be responsible for Directorate performance framework. She said data was key to understanding the current performance baseline.

Ms Paterson alluded to work which had recently been presented at the Trust's Senior Management Team around enhancing the NIAS operational cover matrix to provide further insight to the operational team. She added that this would gradually replace the traditional cover matrix that planned ahead for seven days and said that the tool would allow planning six weeks in advance and would refresh every 30 minutes.

She indicated that, in other Trust Committees, members would see each transformation area and associated programmes of indicators – all of which would contribute towards populating the scorecard. She explained that these were delegated to each individual area to allow for effective management. Ms Paterson said she was confident that the Trust would address the IA recommendations in the Performance Management audit and indicated that it had been an issue of timing in terms of resolution.

Mr Bloomfield referred to Ms McKeown's acknowledgement that the action to be taken was work in progress. He reminded the meeting that, until recently, the Trust did not have an individual within the organisation with specific responsibility for performance management. He added that work had been ongoing over the last year to finalise the Directorate structure and ensure an appropriate staffing structure was in place.



Ms Lemon explained that the HR Directorate had a balanced scorecard in place and the PFOD Committee received regular progress reports against a single improvement plan. She agreed that data was key and referenced a number of legacy manual processes. She acknowledged that there were elements within the scorecard on which the HR Directorate was not yet in a position to report and said that the PFOD Committee was aware of this. Ms Lemon said that the aim was to transition from manual processes to working more effectively and efficiently and she believed that the balanced scorecard approach should help with capacity issues within the Directorate.

Ms McKeown advised that there was a satisfactory level of assurance in relation to Risk Management. She pointed out the need for specific implementation dates to mitigate risks to be adhered to within the Corporate Risk Register.

The Committee **NOTED** this update.

## **7.2 Mid-Year Follow-up Review of Outstanding Internal Audit Recommendations 2022-23 (AC06/10/22/07)**

Mr Charles advised that, during September 2022, IA had reviewed the implementation of accepted outstanding Priority One and Two IA recommendations, where the implementation date has now passed. He noted that 103 (65%) of the outstanding 159 recommendations examined had been fully implemented; a further 54 (34%) had been partially implemented and 2 (1%) had not yet been implemented.

He indicated that, as had been referred to earlier in the meeting, management should continue to take action to address the recommendations.

The Committee reviewed the current position in relation to the outstanding recommendations and the Chair said he looked forward to receiving further updates at the December meeting.

The Committee **NOTED** the Follow-Up Review Report.

## **7.3 BSO Shared Service Update (AC06/10/22/08)**

The Committee **NOTED** the BSO Shared Service Update.

**7.4 Head of Internal Audit Mid-Year Assurance Statement (AC06/10/22/09)**

The Committee **NOTED** the HIA Mid-Year Assurance Statement.

**8 External Audit**

**8.1 Final Report to Those Charged With Governance (RtTCWG) (AC06/10/22/10)**

Ms Hagan pointed out that the RtTCWG would now be finalised and presented at the next ARAC meeting.

**9 NIAS Mid-Year Assurance Statement (MYAS) (AC06/10/22/11)**

Mr Nicholson advised that it had not been possible to have a draft of the MYAS for consideration at today's meeting. He reminded members that the Mid-Year Assurance Statement had not been required for the last few years due to the pandemic and the standing down of governance arrangements.

Mr Nicholson explained that the Mid-Year Assurance Statement reflected the Trust's Governance Statement which was an integral element of the Trust's Annual Report and Accounts.

He suggested, due to the timescales involved, it may be necessary for the Committee to consider the Assurance Statement by e-mail and he undertook to keep the ARAC Chair apprised.

**10 Corporate Risk Register (including current assessment of hospital handover delays) (AC06/10/22/12)**

At the Chair's invitation, Ms Keating took the Committee through the detail of the Corporate Risk Register and reminded members that the Trust's Risk Management Policy and Procedures required the ARAC to review the Register at least twice per year.

She proposed the closure of Risk 586 relating to Financial Stability - Achieving Financial Balance 2021-22 and explained that this would

now be replaced by the same risk for 2022-23. She also described the proposed new risks, namely:

- Derogation List - NIAS Specific Approach to National Response Standards (708)
- Financial Stability - Achieving Financial Balance 2022-23 (726)
- Medicines Asset Management & Governance (712)

Ms Keating highlighted a number of proposed de-escalations to Directorate Risk Registers and provided the rationale for the de-escalation:

- Outstanding Internal Audit Recommendations (587)
- Attracting & Retaining Suitably Qualified Staff (575)
- EU Exit (367)
- Emergency Ambulance Control Business Continuity (300)
- Outbreak of Covid-19 (558)
- Timely Response to SAls & Complaints during Covid-19 (654)
- BSc (Hons) Paramedic Students during Placement (668)

Ms Paterson advised that both the ARAC and the Trust's Senior Management Team worked together to bring consistency to the Risk Register. She said she had advised the Chair of the work underway to ensure, from a governance perspective, high priority risks on Directorate Risk Registers were reported to the appropriate Committee.

The Chair said he found it helpful to remind himself of the role of the ARAC in that the Committee had to assure itself that the risks identified were being considered by the appropriate Committee which would examine the risk in detail.

With regard to Risk 357 around handover delays, the Chair referred to the earlier discussion and suggested the fact that the Committee had proposed the risk would be more appropriately dealt with by the Trust Board would act as a further form of escalation and should be noted within the risk itself.

Ms Paterson referred to Risk 575 (Attracting & Retaining Suitably Qualified Staff) and IA's preference that the risk should be owned by an Executive Director as opposed to Trust Board. She said that it had been proposed that the risk would be de-escalated to

Directorate Risk Registers for each Directorate to score accordingly. However, following discussion, the Trust Chair had expressed her wish to discuss this further with Non-Executive Director members at the In Committee Trust Board.

Ms Paterson clarified that Risk 575 would not be considered at today's ARAC meeting and she agreed to update the Committee accordingly following discussion at Trust Board.

Following this discussion, the Committee **APPROVED** the following:

**New risks:**

- Derogation List - NIAS Specific Approach to National Response Standards (708)
- Financial Stability - Achieving Financial Balance 2022-23 (726)
- Medicines Asset Management & Governance (712)

**Suggested closures:**

- Financial Stability - Achieving Financial Balance 2021-22 (586)

**Suggested de-escalations** (to Directorate Risk Registers):

- Outstanding Internal Audit Recommendations (587)
- EU Exit (367)
- Emergency Ambulance Control Business Continuity (300)
- Outbreak of Covid-19 (558)
- Timely Response to SAIs & Complaints during Covid-19 (654)
- BSc (Hons) Paramedic Students during Placement (668)

## 11 **Data Security Update (AC06/10/22/13)**

The Chair welcomed the update on data security and said he had been assured that the Trust, in using the three lines of defence model, was consistently and continually monitoring its network and user behaviour as well as having the necessary controls in place to protect its data and users.

Ms Paterson advised that the Network and Information Systems (NIS), a department within the Department of Finance, would be undertaking a further audit within NIAS and said that this would provide a further level of independent assurance.



Mr Ashford commended the satisfactory IA finding around cyber security. He said he was aware that a number of systems, for example the Integrated Command and Control System (ICCS) and Computer Aided Despatch (CAD) ICCS and CAD, were approaching end of life and he asked whether there were any concerns that this could impact on data security.

Ms Paterson confirmed that the business cases for the replacement and modernisation of the ICCS and CAD had been approved for implementation and she confirmed that data security was a key elements of the specification of both systems.

Mr Nicholson noted that data security was dominant in every day life and referred to the recent FPL outage which occurred during August. He said he had provided a detailed update to the Trust Board and said he would be happy to provide a formal update to the ARAC if required.

The Committee **NOTED** the Data Security update.

12 **Clarification of governance arrangements around fraud and Whistleblowing – verbal update**

Ms Paterson clarified that fraud would continue to be reported through the ARAC from a financial perspective. However, she acknowledged that, on occasions, fraud might be identified from a whistleblowing event and accepted that there would be overlap between the ARAC and the PFOD Committee where Whistleblowing would also be reported.

13 **Closed Meeting**

The Chair advised that he did not propose to have a Closed Meeting.

14 **Any Other Business**

14.1 **Body Worn Video Policy**

Ms Keating advised that the Committee had approved the first iteration of the Policy at its meeting on 23 June 2022. She explained that, following the second phase of the consultation exercise, a number of revisions had been made to the Policy

to include feedback which had been received from the Information Commissioner's Office and the Human Rights Commission around specific wording they wished to see included in relation to the rights of children. Ms Keating confirmed that she had incorporated this.

The Chair advised that he had no issue with any of the revisions highlighted. He sought clarification on why the appendix relating to 'confirmation of training in use of BWV devices and declaration statement of responsibilities' had been removed.

Responding, Ms Keating explained that both the Information Commissioner's Office and the Human Rights Commission had been of the view that the appendix was not necessary. She confirmed that there were other mechanisms in place through which assurance could be provided and she cited examples of e-learning, HSC terms and conditions around compliance with basic policy and procedures.

Mr Ashford thanked Ms Keating for highlighting the revisions in red.

Following this discussion, the Committee **APPROVED** the revised BWV policy.

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

The next meeting of the Audit Committee will take place on Thursday 8 December 2022. Arrangements to be confirmed.

ARAC dates for 2022-23 are as follows:

- Thursday 19 January 2023
- Thursday 30 March 2023

**All meetings will commence at 10am unless otherwise stated.**

**THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE MEETING AT 12.40PM**

**SIGNED:** *William Abraham*

**DATE:** 8 December 2022

FINAL