NORTHERN IRELAND AMBULANCE SERVICE TRUST

TRUST BOARD - THURSDAY 11 MAY 2023 AT 10AM

Conference Room, NIAS North Division HQ,

121-125 Antrim Road, Ballymena BT42 2HD

Agenda

1 Welcome, Apologies & Declarations of Conflict of Interest

For Information

2 Minutes of the previous meeting held on 23 March 2023

For Approval

3 Matters Arising

For Noting

4 Chair's Update

For Noting

5 Chief Executive's Update

For Noting

6 NIAS Research & Development Strategy 2023-2026 & Update

For Approval

7 Draft NIAS Corporate Plan 2023-24

For Approval

8 Performance Report (April 2023)

For Noting

9 Finance Report (Month 12)

For Noting

9 - NIAS Finance Report Month 12 2022-23.pdf ***Page 96***

10 Committee Business:

For Noting

- People, Finance & Organisational Development Committee - minutes of 24/11/22 & report of meeting on 20/4/23

For Noting

10 - 01 - People Cttee mins 241122 final.pdf ***Page 107***

10 - 02 - Briefing Note for TB re PFOD 200423.pdf ***Page 126***

- Audit & Risk Assurance Committee - minutes of 19/1/23 and report of meeting on 30/3/23

For Noting

10 - 03 - ARAC mins 190123 final.pdf ***Page 128***

10 - 04 - Briefing Note for TB re ARAC 300323 final.pdf ***Page 144***

11 Date & venue of next meeting: Thursday 22 June 2023 at 2pm.

12 Any Other Business

Northern Ireland Ambulance Service Health and Social Care Trust

Minutes of NIAS Trust Board held on Thursday 23 March 2023 at 10am in the Conference Room, NIAS North Division HQ, 121-125 Antrim Road, Ballymena BT42 2HD

Present:	Mrs N Lappin	Chair
	Mr W Abraham	Non Executive Director
	Mr D Ashford	Non Executive Director (by Zoom)
	Mr J Dennison	Non Executive Director
	Mr T Haslett	Non Executive Director
	Mr M Bloomfield	Chief Executive
	Ms R Byrne	Director of Operations
	Mr P Nicholson	Director of Finance, Procurement, Fleet & Estates
	Dr N Ruddell	Medical Director
Apologies:	Ms M Lemon	Director of HR & OD
In Attendance:	Ms L Charlton	Director of Quality, Safety & Improvement
	Ms M Paterson	Director of Performance, Planning & Corporate Services
	Ms V Cochrane	Assistant Director of HR
	Mrs C Mooney	Board Secretary
	Mr K Bloomer	Clinical Pathways Lead (for agenda item 6 only)
	Mr J McPoland	Media and Communications Manager (for agenda item 8 only)
	Mr J Wilson	Boardroom Apprentice

1 Welcome, Introduction & Apologies

The Chair welcomed members to the meeting and reminded those present that they should declare any conflicts of interest at the outset or as the meeting progressed.

The meeting was declared as quorate.

2 Previous Minutes (TB23/03/2023/01)

The minutes of the previous meeting held on 9 February 2023 were **APPROVED** on a proposal from Mr Haslett and seconded by Mr Ashford.

3 Matters Arising (TB23/03/2023/02)

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

Referring to the publication of the Manchester Arena Inquiry report and the associated recommendations, Dr Ruddell advised that he had met with the Civil Contingencies Group (CCG) shortly after the February Trust Board meeting and had raised the issue of the report with them. He noted that, while the Executive Office had assumed the lead, it had delegated the responsibility of reviewing the recommendations to the Emergency Threats Group. Dr Ruddell indicated that the Trust would continue to examine and progress, where possible, those recommendations which were relevant to NIAS. He advised that he had also attended a meeting with PSNI and NIFRS colleagues under the auspices of the Blue Light Forum and all emergency services were committed to working together to progress the recommendations.

4 Chair's Update

The Chair began her update by congratulating Ms Paterson on her recent appointment as Deputy Chief Executive.

The Chair advised that, in her recent exit interview with the Permanent Secretary, she had taken the opportunity to raise a number of issues with him, including delayed handovers when she made the point put forward by Mr Abraham when he described the progress made in relation to handovers as improvements rather than solutions. The Chair said she had also taken the opportunity to convey the Trust Board's frustration that the solutions to this issue lay outside the Trust's control. She said she had urged the Permanent Secretary to consider how, at a time when the HSC was progressing the development of Partnership Agreements, the DoH could improve partnership working across HSC bodies.

Continuing, the Chair said that this in no way should take away from the significant efforts made by Directors to ensure improvements had been made around delayed handovers but a radically different approach was needed to sustain the momentum of reductions in handover times.

The Chair emphasised the importance of partnership working and said that, at a time of reducing budgets, collaborative working would become even more important.

The Chair advised that she had also raised the issue of Senior Executive Pay with the Permanent Secretary and had put forward her view on why this issue needed to be addressed. She noted that the review into Senior Executive Pay to be led by the Permanent Secretary had not yet commenced. The Chair said that members would be aware of the impact Senior Executive Pay had had on recruitment and retention within the Trust and how the Trust compared to other Trusts in terms of senior banding.

The Chair had discussed the Chair role and that of NEDs with the Permanent Secretary and had alluded to the minimal increases in remuneration over the last number of years. She added that the Permanent Secretary had given an undertaking that he would look at this issue.

With regard to the process to appoint her successor, the Chair said that she hoped this would conclude in the coming weeks and said that, until a successor had been confirmed, the involvement of Non-Executive Director colleagues would be critical.

The Chair reported that she had attended a Leadership and Governance conference looking at collaboration across the public sector when a challenge was put to attendees to set aside 10% of the working week on reflection and thinking time. This would allow time to discuss alternative solutions.

The Chair noted that the Permanent Secretary had undertaken to meet with the HSC Chairs on a regular basis until a Minister was appointed.

The Chair advised that she had met with Ms Mitchell and Mr Sowney to thank them for their contribution to the governance of the Trust in their respective adviser roles.

The Chair reported that she, Mr Bloomfield and Mr Nicholson had recently met with Mr Wilson, Boardroom Apprentice, to receive a briefing from Mr Wilson on what the Trust Board needed to be aware of in the whole area of sustainability. She said that colleagues were giving consideration to a potential workshop to consider how this issue might be taken forward and ensure expertise around the Board table.

The Chair said she had been delighted this week, working with colleagues from the DoH, to be in a position to hand over a decommissioned ambulance to a Ukrainian charity. She said that Mr Bloomfield would refer to this in more detail in his update to the Board.

The Chair said that, prior to stepping down from her role as NIAS Chair, she had wanted to spend some time with colleagues in EAC. She reminded the meeting that, prior to the pandemic, she had undertaken a number of ride-alongs with staff to see their work at first hand. However, she said, an important element of the Trust's work which was mistakenly often not considered as frontline was the work of colleagues in EAC. She indicated that these staff were the first point of contact for distressed members of the public and their contribution to the Trust was significant and critical.

Continuing, the Chair said that she had spent St Patrick's night in EAC and had had the privilege to see at first hand the pressures and challenges experienced by staff in answering and dealing with calls from the public. She said their frustration in not being able to send an emergency response to emergency calls and the subsequent anxiety felt by staff was very clear. The Chair encouraged other Board members and Directors to spend some time in EAC.

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

5 Chief Executive's Update

Commencing his update, Mr Bloomfield pointed out that the issue which had been prominent over the last number of weeks had been that of the financial position and he alluded to the fact that the Trust did not yet have a confirmed budget.

Mr Bloomfield said it was clear that the financial outlook for the next year was extremely concerning and regular meetings were being held with DoH colleagues to consider the impact post 1 April 2023.

Continuing, Mr Bloomfield said that, in parallel, the DoH was progressing work around productivity and efficiency within the HSC and he advised that the Trust continued to look at what efficiencies could be made while, at the same time, examining how reductions in expenditure could be made. He acknowledged the challenges of this dual approach.

Mr Bloomfield advised that, since the last Board meeting, he had had the opportunity to discuss the financial challenges and the impact of wider service pressures with a number of elected representatives. He reported that, with colleagues from the Royal College of Nursing, primary care and independent care home providers, he had been invited to join a panel discussion at the recent Alliance Party conference. He clarified that he had attended to represent the health service.

Mr Bloomfield said that he had also met with Mr Givan who had taken over as DUP health service spokesman and had found the conference and his meeting with Mr Girvan useful. He said there was a clear appreciation of NIAS services and a recognition of the need for investment.

Mr Bloomfield reported that he had met with Fermanagh and Omagh Council in mid-March in relation to the consultation being undertaken by the Western HSC Trust around emergency surgery at the South West Acute Hospital (SWAH). He explained that the Council had been keen to learn of the impact of the changes on ambulance services and said that the meeting had provided the opportunity for further discussion on the other pressures faced by the Trust which were much more than the impact of individual service change.

Mr Bloomfield pointed out that industrial action continued and noted that the third day of strike action had taken place on 21 February and had proved extremely challenging. He said that a combination of planning and reduced demand had meant that the Trust's performance was strong. He acknowledged that, as the industrial action continued, fewer derogations were being agreed with Trade

Unions and there were also issues around full compliance with the agreed derogations.

Mr Bloomfield expressed concern at the potential for significant impact on services if industrial action continued to escalate and said the DoH had clarified that the recent pay offer made in England did not automatically apply in NI. He said he remained concerned if NI was the only part of the UK without a pay settlement and the potential for an escalation in industrial action.

Continuing, Mr Bloomfield said that members would recall a joint presentation from the Trust's Complex Case Team and the British Red Cross in August 2022 around the securing of funding in the region of £200,000 to provide further support to frequent callers. He said he had been pleased to attend the launch of the project on 22 March and said the launch had also been attended by colleagues from many partner organisations, for example, the PSNI and NIFRS. Mr Bloomfield said that there had been considerable interest in the approach and how collaborative working could bring about improvements and start to address the root causes of why some individuals contacted services on a frequent basis. He said that members would be kept updated on progress.

Mr Bloomfield alluded to previous references at Board meetings to the Prince of Wales Nursing Cadet scheme which had been in place in England and Wales for some time and which had been recently launched in Scotland. He said that King Charles was keen for the Scheme to extend to NI with RCN as the lead organisation and regional Further Education Colleges, led by Southern Regional College, as the youth partners to focus on pastoral support. Mr Bloomfield said that the first cohort of cadets in NI would commence in October with twenty young people aged between 16-25 years participating in the Scheme. He added that recruitment to the Scheme would be carried out through the colleges with the recruitment exercise commencing in April.

Mr Bloomfield said that the Chair had alluded in her report to the donation of a decommissioned ambulance to a Ukrainian charity. He advised that, while the Trust had responded positively to an earlier request in January from the DoH, it had taken some time to work through various processes to be able to donate an ambulance. Mr Bloomfield said that other Trusts had donated some equipment and supplies. He added that the charity had been very appreciative

of the efforts made and would take ownership of the ambulance at the end of March.

The Chair thanked Mr Bloomfield for his report and invited comments/questions from members.

Mr Abraham referred to the ongoing industrial action and sought clarification on what those taking action were looking for.

In response, Mr Bloomfield clarified that the dispute was not with NIAS as the employer but with UK Government pay policy and, as such, Trusts were not negotiating directly with Trade Unions about the terms of a pay award. He also indicated that he, along with other Chief Executives, had indicated their support for staff receiving an appropriate pay award.

Ms Byrne referred to the donation of the decommissioned ambulance and reiterated Mr Bloomfield's point re the appreciation of the charity.

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

6 **Patient Care Pathways (TB23/03/2023/03)**

The Chair welcomed Mr Karl Bloomer to the meeting and invited him to update members on patient care pathways.

Mr Bloomer reviewed the progress of patient care pathways over the last year since his appointment as Clinical Pathways Lead and outlined plans for the future.

Dr Ruddell commended the progress which had been made around patient care pathways and said that clinical staff had progressed to becoming part of the clinical team treating patients, including assessing and determining the best treatment routes for patients. This, he said, was clearly demonstrated through the use of patient care pathways where staff assess patients, consider the best options and work with patients to achieve the best outcome. Dr Ruddell said he hoped the use of patient care pathways relieved some of the burden on ED colleagues.

Mr Bloomer explained that, over time, the branding had moved from alternative care pathways to appropriate care pathways and now patient care pathways where the focus was rightly on the patient. He stressed the importance of patient care pathways becoming an established practice and treatment option.

Mr Bloomer referred to the human impact of patient care pathways and explained that, on many occasions, patients were anxious at the thought of being admitted to hospital. He indicated that it was on such occasions that the value of patient care pathways was highlighted and, if an alternative pathway was available and appropriate for the patient, hospital admission could potentially be avoided.

During his presentation, Mr Bloomer had alluded to Hospital@Home Teams, Mr Nicholson asked whether such teams were available across NI on a 24/7 basis.

Responding, Mr Bloomer explained that there were currently five Hospital@Home teams across the region and added that the Northern HSC Trust was the only Trust which currently did not have a Hospital@Home team. He added that the existing teams had varied operational hours and said it would be helpful to have standardised operational hours.

Mr Bloomfield thanked Mr Bloomer for his presentation and said there had been many references over a number of years as to how the paramedic profession was progressing in terms of clinical practice. Mr Bloomfield believed that the use of patient care pathways was a clear demonstration of this progress and clinical staff now being able to determine alternative appropriate treatment for patients to avoid conveyance to hospital. He emphasised that pre-hospital care and decision-making provided by the pathways was the future direction of services. Mr Bloomfield said he was confident that the rest of the HSC system would see the benefits of patient care pathways and wish to see these rolled-out across the region.

Mr Bloomfield referred to the Accountability Review meeting which he and the Chair had attended with the Permanent Secretary and said it was clear that this was one area of work which the DoH was keen to see progressed.

Mr Bloomfield said that it was no longer appropriate to convey elderly patients to a hospital ward for end-of-life care and that, where possible, end of life patients should remain at home. He also alluded to direct referral for patients with mental health issues and said that any actions which would reduce the demand on EDs and hospitals would be important. Mr Bloomfield said that the answer was not simply opening more hospital beds but to look at alternative care pathways for patients. He added that other Trusts were showing great interest in this approach.

Mr Haslett commended Mr Bloomer's presentation and agreed that progressing patient care pathways was critical. He referred to the timescales mentioned in the presentation and said that, in order to meet these timescales, there would need to be some assurance in relation to funding. Mr Haslett alluded to the Chair's earlier reference to the importance of collaborative working between Trusts.

In response, Mr Bloomer explained that funding would provide capacity from an education perspective as this had previously been undertaken on a voluntary basis.

Mr Haslett sought clarification that the progression of patient care pathways was not resource dependent.

Mr Bloomer pointed out that it would be resource dependent from a training perspective as there had previously been challenges in releasing staff to undertake training. He indicated that there were a number of priorities such as the Falls Pilot and said that the Trust continued to work with other Trust colleagues to put patient care pathways in place.

Mr Bloomfield acknowledged that, while further investment was required, the transformation of HSC services was of paramount importance. He said that staff having access to pathways and using them consistently would bring benefits to patients and to the HSC system. Mr Bloomfield said that the investment needed was around enabling Trusts to put care pathways in place and that, from a NIAS perspective, education for staff in terms of diagnosis and accessing the appropriate pathways for patients. He acknowledged that, while investment was required, services needed to become more efficient.

Continuing, Mr Bloomfield said that, within NIAS, every effort was made to ensure the absence of additional investment did not become a barrier to change. He cited the example of the Clinical Support Desk (CSD) and said that for every additional CSD member of staff, there was a corresponding reduction in demand for conveyance to hospital.

The Chair commented that the Permanent Secretary had shown great interest in the role played by NIAS in avoiding hospital admission, where appropriate, and thereby contributing to addressing hospital flow. She was of the view that, for little investment and provided care pathways were available for NIAS staff to access, NIAS could demonstrate the effectiveness and impact on the overall HSC system.

Ms Charlton thanked Mr Bloomer for his presentation. She said it would be important to be able to show the clinical outcomes for those patients who had utilised care pathways and acknowledged that this could only be done robustly through the electronic reporting system. Ms Charlton said it would be helpful to be able to demonstrate the impact of patient care pathways in terms of persuading or influencing any regional stakeholders.

She commended Mr Bloomer on the significant work undertaken in terms of staff engagement and focus groups in order to collate their feedback and views. She alluded to the involvement of Ms Wolfe from a R&D perspective and said that this had been invaluable. Ms Charlton indicated that Mr Bloomer's enthusiasm for this work and the positive impact on patients should not be underestimated and was key to encouraging the use of care pathways amongst staff.

Ms Byrne alluded to attendance by a number of Directors at the Unscheduled Care Summit when each Trust had been asked to present their plans on how they intended to transform with a view to reducing ED attendance. She advised that all Trusts referred to the importance of patient care pathways. Ms Byrne said there was a real opportunity for NIAS to drive this agenda forward.

Mr Haslett commented that, when the Permanent Secretary had met with Board members in February, he had stressed the importance of reducing hospital admissions as much as possible.

Mr Bloomfield suggested that it would be helpful to discuss the further development of patient care pathways at a Performance and Transformation Executive Board and he undertook to explore this.

The Chair thanked Mr Bloomer for his attendance and said she hoped he had been encouraged by members' support for this important work. She said that this would not just benefit NIAS but the whole HSC system and most importantly patients and patient outcomes.

Members **NOTED** the update on Patient Care Pathways.

Mr Bloomer withdrew from the meeting at this point.

7 **Performance Report (TB23/03/2023/04)**

Introducing the Performance Report, Ms Paterson explained that this would the last report in its current format. She advised that the Trust had been developing a range of performance and quality indicators across a range of service areas to supplement the report and that this would provide the Board with an opportunity for additional scrutiny and assurance.

Ms Paterson acknowledged the recent challenges and pressures and reported that call answering performance on some days had fallen to 68%. She explained that, while the forecast on average had been maintained around 90%, this figure could mask periods of significant difficulty. Ms Paterson indicated that Cat 1 and Cat 2 response times remained comparative with English ambulance Trusts and said that this reflected similar pressures being experienced by other ambulance services.

Ms Paterson alluded to the varying levels of performance despite the significant efforts being made. She referred to the significant pressures experienced over the St Patrick's bank holiday weekend and said that it had been particularly challenging.

Continuing, Ms Paterson noted that 26% of planned capacity had been lost in January 2023 as a result of crews waiting with patients outside EDs. This equated, she said, to 10,693 lost hours or 29 shifts per day.

Ms Paterson drew members' attention to page 15 of the report which provided data in relation to the regional three-hour handover performance.

Ms Byrne referred to the reduction in call answering performance. She said that this had been exacerbated by staff absence and an increase in duplicate calls. Ms Byrne said that NIAS officers were meeting with SPPG colleagues this morning to discuss performance and explained that the NIAS meeting took place first so data could be shared with the SPPG and raised with other Trusts in the subsequent meetings. She added that this provided NIAS with the opportunity to highlight those areas to be escalated through the SPPG.

The Chair acknowledged that there appeared to be little monitoring of the two-hour backstop which had been introduced at the start of March. She reiterated that, at her exit interview with the Permanent Secretary, she had conveyed the Trust Board's frustrations that the solutions were largely outside of its control and that, while there were actions which could be taken by NIAS, it could not improve patient flow. The Chair said it would be important for the DoH/SPPG to continue to performance manage Trusts in relation to the actions being taken to meet the two-hour backstop handover.

Mr Bloomfield echoed the Chair's comments. He referred to the significant pressures over the bank holiday weekend and said he had been encouraged when the Permanent Secretary had requested the data clearly showing the pressures.

Ms Byrne referred to the potential for further industrial action in March and May as well as the bank holidays in May and said it would be important to have robust plans in place across the HSC.

Mr Abraham said he was encouraged by the direction of travel and the discussions taking place. However, he said that, in the February Trust Board minutes, members had received a presentation from Ms Charlton which alluded to a number of Serious Adverse Incidents notified to the SPPG where the patient outcome had been death. Mr Abraham emphasised the need for continued focus on the issue of delayed handovers and said that the lost hours continued to be significant. He again commented that improvement was not a solution.

The Chair encouraged the Trust Board to maintain its focus on this issue and said it would be important to maintain improvements until solutions were identified.

Mr Bloomfield acknowledged that the Trust and DoH were investing significant resources to mitigate the lost capacity and allowing the Trust to purchase additional activity from the independent ambulance sector to backfill capacity lost at EDs.

Ms Paterson drew members' attention to page 8 of the report which set out the steps being taken by the Trust to address current pressures and support staff. She advised that a range of work was underway on other areas and not just delayed handovers.

Mr Dennison said there was significant detail contained within the report. He acknowledged the point made by Ms Paterson in terms of the work ongoing in other areas within the Trust and suggested that it would be helpful to include reference to this in the summary paper.

Ms Paterson explained that the new format of report would focus more on this work and provide assurance to Trust Board.

Ms Paterson referred to page 9, 'Employee Sickness Absence, and explained that some issues had been identified with the supplier who provided the Trust's HRPTS system and therefore the data provided in the report had yet to be verified. She assured the meeting that the data would be corrected for presentation in the next Trust Board report.

Ms Cochrane advised that, subject to the verification of the figures, she expected an increase in absence figures in terms of the cumulative December figure. She reminded members that Covid-19 sickness was now recorded as normal sickness absence.

Continuing, Ms Cochrane indicated that the Trust's Maximising Attendance Project had been established and was being led by Mrs Young, HSC Learning Centre Associate. She explained that project reported to the Trust's People, Finance and Organisational Development Committee and pointed out that the outcome of the work of the project would not yet necessarily show in the absence figures. Ms Cochrane advised that the current focus of the project had been on case management sickness, particularly long-term

sickness where there was now a much more robust approach to reduce the level of long-term absences.

Ms Cochrane said that Mrs Young and Ms Larkin had held a series of workshops with individual Directorates to support management and enable them to manage attendance more effectively as well as helping managers understand their roles and responsibilities and the context in which they were working.

Responding to a query from Mr Abraham, Ms Cochrane explained that the absence figure for the month of December was 12.29% while the cumulative figure was 11.39%.

Mr Abraham suggested that further clarity was needed around this figure. He expressed concern at what appeared to be an increasing trend in absence throughout the Trust.

Mr Bloomfield acknowledged the increase and said he shared Mr Abraham's concern. He explained that this was one area which the Trust was examining in terms of the productivity and efficiency agenda and said that addressing the Trust's high absence levels would be of critical as the Trust paid to cover these levels through overtime and the use of independent ambulance services for example.

Mr Bloomfield advised that, while the Trust's cover levels over the last number of months had been good, the Trust was incurring additional expenditure to ensure that this was the case. He highlighted the need for a rigorous approach in terms of ensuring staff returned to work where appropriate and that appropriate HR processes were followed.

Mr Bloomfield pointed out that the Trust had the highest absence levels in the NI HSC and amongst other ambulance services. However, he said it was his understanding that other Trusts and GB ambulance services were also experiencing increased absence levels.

Mr Abraham said that, prior to Covid-19, he could recall instances where absence figures increased after staff had had annual leave requests declined. In view of the fact that Covid-19 had now ceased, he sought clarification on whether this remained the case and asked for this issue to be revisited.

The Chair suggested that this was an area which might be explored through the work of the People, Finance and Organisational Development Committee who could report to Trust Board.

Mr Dennison referred to the fact that Covid-19 was now considered within sickness figures and asked what the figure might be if Covid-19 absences were excluded.

Responding, Ms Cochrane advised that the December 2022 of 11.39% included Covid-19 absence while the December 2021 figure of 10.78% had not.

Ms Charlton pointed out Covid-19 infection rates across the region remained significant. She indicated that the new reporting arrangement around Covid-19 absence had been introduced in October 2022 and acknowledged that the difficulty was that there was not the same level of testing as there had been previously to confirm a Covid-19 diagnosis. Ms Charlton said that officials were now testing waste water samples as an indicator of Covid-19 infection rates.

She acknowledged that it would be difficult to extricate figures relating to Covid-19 and commented that other ambulance services were seeing a similar increase in absence figures since Covid-19 reporting changed.

Ms Charlton indicated that, in the context of current Covid-19 testing arrangements, it would be very challenging to determine accurately the impact of Covid-19 as a percentage of the Trust reported sickness absence.

Mr Haslett commented that long-term sickness was averaging 10% and he noted the significant costs which would be associated with such absence. He asked what steps were being taken by the Trust to address this.

Ms Cochrane described the work ongoing within the Maximising Attendance project and the solutions available to address long-term absence. She said, while the focus would be on facilitating staff to return to work as early as possible, the Trust had a responsibility to staff to ensure they were fit to return to work.

Mr Bloomfield said that the approach adopted through the Maximising Attendance project was one of moving away from processes to discussions and an overall closer management of cases. He said the Trust was very mindful of the fact that it was incurring expenditure in terms of backfilling those posts where individuals had been absent on a long-term basis.

Ms Cochrane said that the Project was very much taking a robust case management approach and prioritising high impact cases.

Referring to Service User Feedback data within the Performance Report, Ms Charlton reminded members of her presentation to the February Trust Board in which she had presented on the human impact and staff experiences of Serious Adverse Incidents (SAI) and the learning process. She expressed concern at the steady increase in SAI notifications in December and January and said that the Trust now presented data utilising the categorisation agreed by the National Ambulance Safety Group.

Continuing, Ms Charlton advised that Ms McVeigh, Service User Feedback Manager, and Ms Murdoch, SAI Lead, had attended the February Safety Committee to give the human perspective of complaints and SAIs. Ms Charlton said it would be important to remember that there were families and staff behind each complaint and SAI.

Ms Charlton said that the Committee had noted that performance remained poor in relation to the timeliness of response against the Key Performance Indicators (KPIs) with only 23% of complaints being closed within the 20-day target in January, although this figure had increased to 35% in February. Ms Charlton explained that, while focus had been on the quality of the response, improvement efforts continued in relation to the timeliness of responses.

Ms Charlton advised that the Trust continued to receive stories via Care Opinion and reported that, in January 2023, 15 stories had been submitted. She said that she also looked forward to bringing the 10,000 More Voices report on the experiences of those who had engaged with NIAS as part of an urgent or emergency incident to a future meeting of the Safety Committee and onward to Trust Board.

The Chair said she would like to record the fact that, despite the challenges and pressures within the system, the Trust received

significant numbers of compliments in terms of the care and treatment provided to patients. She said she would like to record her appreciation of the efforts made by staff to ensure that the care and treatment given was of the highest quality.

Ms Charlton indicated that the Trust very often received twice as many compliments as complaints and added that every compliment was shared with the member of staff involved. She indicated that anonymised compliments were also shared with staff on a weekly basis through the daily bulletin.

Dr Ruddell explained that, on occasions, complaints would be focussed on the fact that the patient had not been conveyed to hospital because the crew had determined an alternative route for treatment and a better outcome for the patient. He said that this linked back to the earlier presentation given by Mr Bloomer in relation to patient care pathways and assisted in reducing demand on emergency crews and EDs. Dr Ruddell referred to the instances of industrial action and said that clinical triage by CSD had resulted in patients not being conveyed to hospital.

The Chair commented that she and the Chief Executive had had the opportunity to visit EAC during periods of industrial action and said it had been interesting to see Trade Union colleagues sitting alongside CSD and seeing at first hand some of the pressures within Control.

The Chair thanked everyone for the contributions to the discussion and the Performance Report was **NOTED** by the Board.

8 **NIAS Communications Strategy (TB23/03/2023/05)**

The Chair welcomed Mr McPoland to the meeting and invited him to present the Strategy to the meeting.

The Chair emphasised the importance of the Communications Strategy for the Trust and said it reflected approaches already in situ and work which had been and continued to be progressed. She acknowledged the small team involved in Communications within the Trust. The Chair said that, as NIAS Chair, she had always been impressed by the way in which the Trust had approached communications in terms of openness and transparency. She referred to the positive working relationships developed over the last

number of years and believed that the work to maintain such relationships should not be underestimated.

Mr Abraham prefaced his comments by commending all involved in the team and was of the view that communications within the Trust were effective and positive. He alluded to the need for succession planning and expansion of the small team.

Continuing, Mr Abraham suggested that it might be prudent to have an analysis undertaken in terms of the potential for the direction of travel of the Strategy to change. He referred to the need for a consistent house-style for papers and asked for the Strategy to be reviewed prior to finalisation.

Mr Abraham suggested there was a need for a sharper delineation of roles.

The Chair noted that Mr Abraham was broadly content with the Strategy. She agreed with his point in relation to succession planning and ensuring the continuity of the team. The Chair alluded to the reference within the Strategy to the Management Statement Financial Memorandum (MSFM), para 3.8.2, re the Chair's role in 'representing the view of the Board to the general public…' and was of the view that it may also be appropriate for members of the Trust's Senior Management Team and others to undertake a similar role. However, she believed it had been important to make reference to the MSFM and said consideration could be given in the future in terms of the role for the Trust Chair and members in terms of the media.

Mr McPoland thanked Mr Abraham for his comments and confirmed that he was liaising with Ms Paterson around succession planning.

Mr Ashford acknowledged the complexity of communications and indicated his support for the Strategy. He referred to the potential for trolling on social media and asked what steps could be taken by the Trust to address this.

Mr McPoland referred to the Trust's Social Media Policy and said that work was currently being progressed in relation to Social Media guidance. He acknowledged the challenges presented by trolling on social media and advised that every effort was made to remove such comments immediately from NIAS sites and accounts blocked.

He acknowledged the impact that hurtful and unhelpful comments had on staff. Mr McPoland explained that there was also potential for any staff members who acted outwith professional standards to be referred to HR.

Dr Ruddell commented that, in recent years, the Trust had always adopted an approach of 'authenticity' which had in turn earned trust from media colleagues. He alluded to the requirement for candour placed on all health Trusts arising from the Francis Report 2013. Dr Ruddell said that the Duty of Candour needed to be a running theme through the Strategy and stressed the need for the Trust Board to continue to support this.

Mr Dennison alluded to personal experience of a staff app and offered to share the relevant details with Mr McPoland. He said that the app had assisted in ensuring information was available and accessible to staff.

Mr Haslett emphasised the importance of succession planning and ensuring resilience within the Comms Team. He said that one of Mr McPoland's strengths had been his continued personal development of a range of media contacts over the years and believed that this should not be underestimated.

The Chair agreed that such relationships were key.

Mr Bloomfield acknowledged the small size of the team and reminded the meeting that this was linked to the corporate support functions within CRM. He cited examples of pharmacy and safeguarding and acknowledged that these areas of work presented single points of weakness within the organisation. Mr Bloomfield said that Mr McPoland had built strong relationships with the media and he conveyed his appreciation to him.

Following this discussion, the NIAS Communications Strategy was **APPROVED** on a proposal from Mr Dennison. This proposal was seconded by the Chair.

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

9 **Update on Regional Electronic Ambulance Communications Hub (REACH) (TB23/03/2023/06)**

Ms Paterson drew members' attention to the update paper and advised that the software to create and access electronic Patient Care Records (ePCR) was called MobiMed which was launched at the end of 2021. She explained that, throughout 2022 to date, a phased deployment of MobiMed had resulted in 859 NIAS staff being trained in its use and 10 out of the 14 hospitals were able to receive ePCR.

Continuing, Ms Paterson outlined a number of challenges which had delayed the full implementation. However, she advised that the first deployment of the vehicle-based solution had been launched at the end of February 2023 in Belfast. Ms Paterson explained that the Belfast Division had been prioritised due to it having the highest number of patient calls which received ambulance attendance. She pointed out that full implementation to all emergency ambulances was expected by the end of June 2023. Ms Paterson advised that, once this deployment had been completed, the use of ePCR would be mandated.

Ms Paterson reported that full hospital roll-out had been delayed due to issues within the South Eastern HSC Trust and she advised that NIAS continued to liaise with Trust colleagues to resolve the issues identified.

The Chair welcomed the progress made and said it was encouraging to learn how the challenges had been addressed. She wished everyone well involved in the project.

Mr Bloomfield emphasised the importance of collaborative working and reiterated the fact that NIAS was working closely with the South Eastern Trust to resolve the issues identified. He stressed the benefits to the Trust and more importantly to patients.

The Chair thanked Ms Paterson for her update which was **NOTED** by Trust Board.

10 **Finance Report (Month 10) (TB23/03/2023/07)**

Mr Nicholson said that the Chief Executive had already alluded to the difficult financial position in his earlier report to Trust Board.

He referred to the Trust's capital expenditure at January 2023 (Month 10) against the allocation of £6.8 million and advised that approximately £4 million of schemes had yet to be completed in the last two months of the financial year. Mr Nicholson indicated that the Trust was continuing to work with suppliers but said that the global supply of materials and supplier capacity remained a significant issue and risk.

Mr Nicholson pointed out that the Trust had received additional funding in its Revenue Resource Limit (RRL) in respect of Covid-19 and demography. He confirmed that the pay award was being processed and was expected to be implemented in March salaries.

Mr Nicholson commented that, with these additional allocations, the Trust's recurring RRL would exceed £100 million before the Chair's tenure finished.

The Chair welcomed the increase in funding and noted its recurrent nature.

The Finance Report (Month 10) was **NOTED** by members.

11 **Committee Business:**

- **Safety, Quality, Experience & Performance Committee – report from meeting on 12 December 2022 & report of meeting on 28 February 2023 (TB23/03/2023/08)**

Members **NOTED** the Safety Committee minutes and report.

Mr Ashford advised that Dr Ruddell had briefed the Safety Committee on the background to a review of the Trust's emergency planning arrangements which had been undertaken by the Association of Ambulance Chief Executives. He advised that the Trust's Senior Management Team was currently reviewing the report with a view to developing an action plan which would be brought back to the Safety Committee for consideration. Mr Ashford said that he intended to raise the matter at the forthcoming Audit & Risk Assurance Committee to discuss whether the matter should be included on the Corporate Risk Register.

12 **Date of Next Meeting**

The next NIAS Trust Board will be held on Thursday 11 May 2023 at 10am. Venue to be confirmed.

13 **Any Other Business**

(i) Board Seal

Mr Nicholson reported that the Trust Seal had been applied to an updated lease for Unit 39, City Business Park, Derriaghy. He advised that this had previously been reported to Trust Board in February 2022 and was now updated to reflect amended landlord details.

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

SIGNED: _____

DATE: _____

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD – 23 MARCH 2023

		INDIVIDUAL ACTIONING	UPDATE
	PUBLIC		
1	Complex Case Team/British Red Cross: - keep member apprised of progress	NR	Update to be provided under Matters Arising
2	Patient Care Pathways: - explore potential to discuss at PTEB meeting	MB	PTEB focus has been on HSC financial position. CEx will raise when opportunity arises.
3	Performance report: - make reference in summary paper to work ongoing in other areas, ie not just handover delays; - explore whether there is a correlation between absence figures and when annual leave requests are denied and report through the PFOD Committee;	MP VC	Ongoing. Transferred to PFOD reporting.

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	11 May 2023
Title of paper:	NIAS Research & Development (R&D) Strategy 2023-2026 & Update
Brief summary:	Julia Wolfe, Research & Development Manager, will seek Trust Board's approval to the R&D Strategy 2023-26 and provide members with an overview of the R&D activities to date.
Recommendation:	**For Approval** ☒ **For Noting** ☒
Previous forum:	SMT – 7/2/23
Prepared and presented by: **Date:**	Julia Wolfe, R&D Manager Dr Nigel Ruddell, Medical Director 4 May 2023

NIAS Research & Development
15 Month Update

Julia Wolfe

R&D Manager

May 2023

Northern Ireland Ambulance Service
Health and Social Care Trust

BE PART OF RESEARCH

Introduction

@juliamileswolfe

2009 — BSc (Hons) Biomedical Science

2011-13 — 2011: NIAS
2013: Paramedic

2018 — Community Resus Officer

MRes University of Stirling

2021 — Infection Prevention Control (IPC) Practitioner

2022 — R&D Manager

Context of R&D in NIAS

Beginning of Research in NIAS

May 2017: NIAS represented at College of Paramedics (CoP) Research and Development Advisory Committee (RDAC).

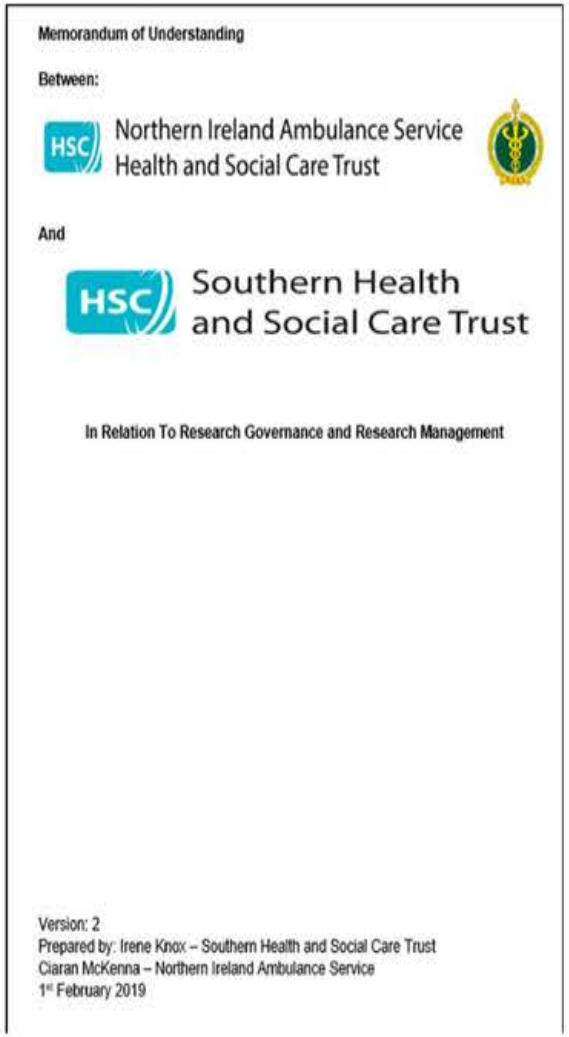
January 2018: NIAS represented at the Research Governance Operational Subgroup (RGOS).

July 2019: Memorandum of Understanding signed between SHSCT R&D Office and NIAS.

February 2020: Research funding provided by HSC R&D Division.

July 2021: NIAS represented at the National Ambulance Research Steering Group (NARSG).

February 2022: R&D Manager appointed.



Memorandum of Understanding

Between:

Northern Ireland Ambulance Service Health and Social Care Trust

And

Southern Health and Social Care Trust

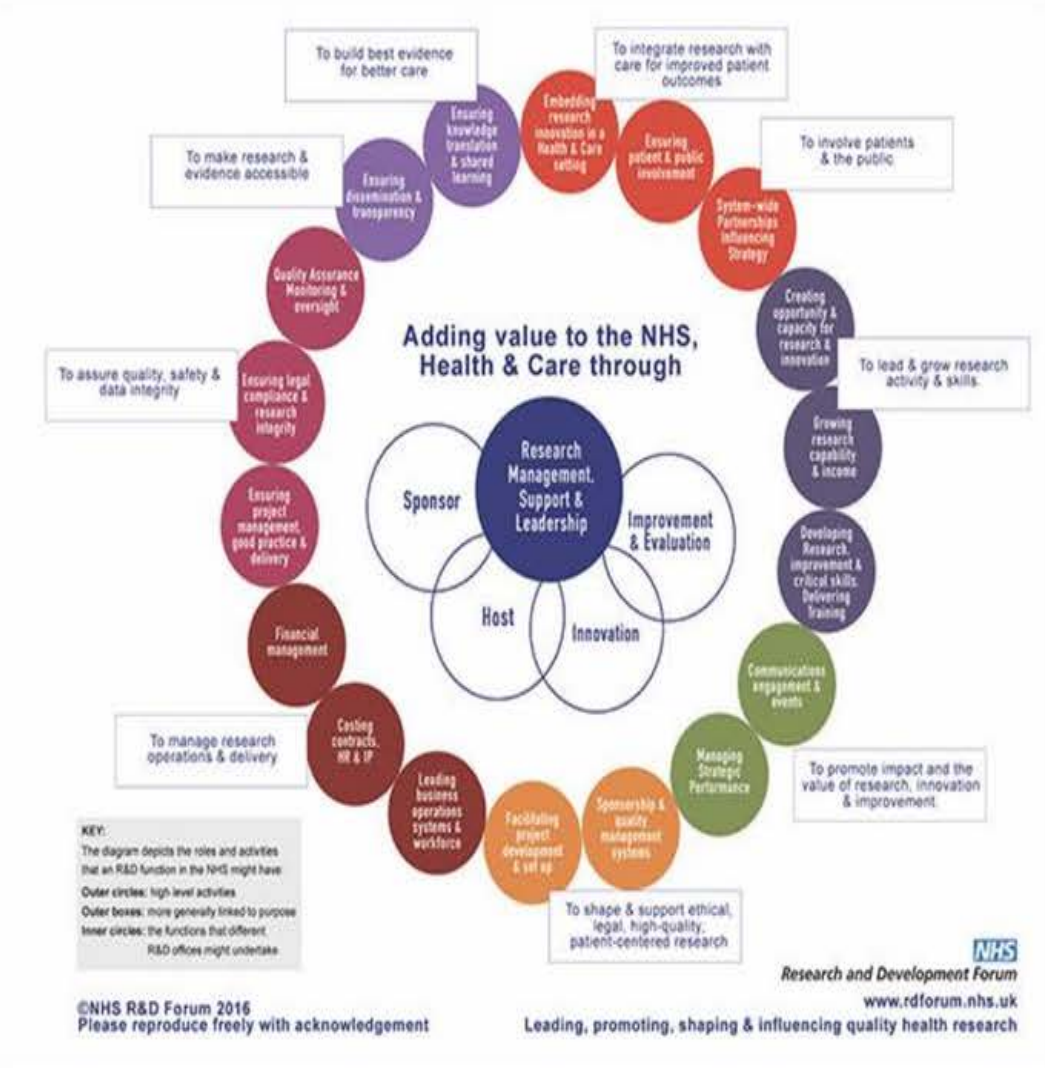
In Relation To Research Governance and Research Management

Version: 2
Prepared by: Irene Knox – Southern Health and Social Care Trust
Ciaran McKenna – Northern Ireland Ambulance Service
1st February 2019

Northern Ireland Ambulance Service Health and Social Care Trust

BE PART OF RESEARCH

Why is research important for NIAS?



Why is research important for NIAS?

Research culture & capacity building

Deepens our understanding of complex issues and addresses gaps in knowledge (Siriwardena and Whitley 2022)

Research-active healthcare organisations have:

- **Better outcomes** for patients, e.g. **reduced mortality rates** (Ozdemir et al. 2015, Jonker and Fisher 2018)
- **Improved organisational performance** (Boaz et al. 2015, Jonker et al. 2021)
- **Improved staff performance** (Harding et al. 2017)
- **Improved staff satisfaction** (Harding et al. 2017)
- **Reduced staff turnover** (Harding et al. 2017)

HSC Northern Ireland Ambulance Service Health and Social Care Trust

BE PART OF RESEARCH

Research & Development Update

Governance

R&D Manager appointed February 2022. Governance continues to be provided by the SHSCT R&D office.

Capacity & Capability

SHSCT have granted capacity and capability for a number of research projects since July 2019.

R&D Strategy

Work on the NIAS R&D Strategy is ongoing to provide strategic direction.

R&D Oversight Group

An R&D Oversight Group was been established in August to provide formal leadership over research activity within the Trust.

Northern Ireland Ambulance Service
Health and Social Care Trust

NIAS Research and Development Strategy 2023-2026

Title:	**Northern Ireland Ambulance Service (NIAS) Research and Development (R&D) Strategy 2023-2026**		
Author(s)	Julia Wolfe, Research and Development Manager		
Ownership:	Neil Sinclair, Assistant Clinical Director (Paramedicine)		
Date of SEMT Approval:		**Date of Trust Board Approval:**	
Operational Date:		**Review Date:**	2026
Version No:		**Supercedes:**	N/A - NEW
Key words:	Research and Development, Prehospital, Studies, Evidence Based Practice, Research Impact, Good Clinical Practice, Capacity and Capability, Central Function, Qualitative Research, Quantitative Research, Governance, Ethics, Audit, Service Evaluations, Quality Improvement, Dissemination, Publication.		
Other Relevant Policies:	Corporate Risk Management Policy and Strategy, Health and Safety Policy and Procedures, Risk Assessment Procedure, Corporate Assurance Strategy, Complaints Policy, Information Governance Policies and Procedures, PPI Strategy, Learning from Incidents Policy, Learning From Serious Adverse Incidents (SAIs) Procedure, Incident Reporting Procedure, Management of Medical Devices Policy, Claims Management Policy, Whistle Blowing Policy, Infection, Prevention & Control Policy & Procedures. Social Media Policy.		

Version Control:			
Date	**Version**	**Author**	**Comments**
March 2022	0.1	JW	Initial draft
			Final version

Northern Ireland Ambulance Service
Health and Social Care Trust

Introduction

Prehospital research is defined as research that is carried out "in clinical settings located between primary care and acute services" (Siriwardena et al., 2010). It is not as well established in Northern Ireland as it is in other parts of the United Kingdom (UK), nor as it is within hospital settings across the province. As such, the Northern Ireland Ambulance Service (NIAS) will play a key role in the delivery and development of prehospital research agendas across NI.

This strategy supports the mission and values of NIAS by ensuring that the provision of safe, effective patient-focused care and services are underpinned by knowledge founded on high quality research, in order to improve health and well-being.

Research is a fundamental function of health and social care and research activities are essential components in improving clinical care. Research and Development (R&D) is key to informing the evidence-based practice that is required to preserve wellbeing, prevent deterioration and promote the recovery of the people who access our services (Health Research Authority, 2017).

Excellence in healthcare can only be achieved if a commitment to applying research findings to clinical practice is made and if policies and procedures are underpinned by these good quality findings (Health Research Authority, 2017).

Studies have shown that when organisations and clinicians are actively involved in research, their healthcare performance improves "even when that has not been the primary aim of the research" (Boaz et al., 2015).

Beginning of Research in NIAS

May 2017: NIAS represented at College of Paramedics (CoP) Research and Development Advisory Committee (RDAC).

January 2018: NIAS represented at the Research Governance Operational Subgroup (RGOS).

July 2019: Memorandum of Understanding signed between SHSCT R&D Office and NIAS.

February 2020: Research funding provided by HSC R&D Division.

July 2021: NIAS represented at the National Ambulance Research Steering Group (NARSG).

February 2022: R&D Manager appointed.

R&D Vision

- ***Our vision is to realise the research potential of NIAS in order to improve the quality of care we provide for our patients.***

As a Trust, we want to develop opportunities for staff to become involved in research and motivate staff to identify areas where our service could be improved. We want to upskill our workforce in order to build research capacity and put systems and infrastructure in place to increase our research activity and output.

INPUT:

- Neil Sinclair, NIAS Assistant Clinical Director
- Ms Irene Knox, SHSCT R&D Manager
- Dr Peter Sharpe, SHSCT R&D Director
- Dr Niamh Cummins, IPERN founder and University of Limerick lecturer
- Prof Suzanne Martin, Chief AHP Officer
- Dr Janice Bailie, HSC R&D Division Assistant Director
- Prof Kathryn Higgins, QUB
- Dr Anne Campbell, QUB
- Dr Siobhan Masterson, NAS Lead for Clinical Strategy and Evaluation
- NIAS R&D Oversight Group
- Patient and Public Involvement (PPI)

Northern Ireland Ambulance Service
Health and Social Care Trust

BE PART OF RESEARCH

Northern Ireland Ambulance Service
Health and Social Care Trust

This strategy aims to provide a framework outlining the governance arrangements for research in NIAS, internal and external collaboration opportunities and a three year plan for potential projects, publications and further developments. The forward view of this strategy involves building upon the research capacity and capability of the Trust and then implementing this research capacity building within a culture of excellence.

R&D Mission

- ***Our mission is to develop a highly skilled and knowledgeable workforce to deliver innovative research, within a culture that supports research excellence throughout the Trust, in order to improve the quality of care we deliver.***

The mission statement in the **Strategy to Transform: 2020-2026** describes how NIAS aims to consistently show compassion, professionalism and respect to the patients we care for. The strategic aims for R&D have been developed to underpin the values, behaviours and ethos of the organisation to enable us to **care today and plan for tomorrow**.

Strategic Aims

- To develop the skills and workforce required to conduct high quality, robust research
- To build the infrastructure to facilitate high quality, robust research
- To conduct and implement high quality, robust research
- To integrate high quality, robust research findings into clinical practice
- To build a culture of research excellence in our organisation

Research culture & capacity building

Skilled, Confident and Sustainable Workforce	*Research Infrastructure*
Research Implementation	*Research Aligned with Clinical Practice*
Culture of Research Excellence	

Northern Ireland Ambulance Service
Health and Social Care Trust

BE PART OF RESEARCH

R&D Governance within NIAS

Northern Ireland Ambulance Service
Health and Social Care Trust

TERMS OF REFERENCE

RESEARCH AND DEVELOPMENT OVERSIGHT GROUP

1.0 CONSTITUTION

The Research and Development (R&D) Oversight Group is responsible for ensuring that high quality research activities are facilitated and delivered by the Northern Ireland Ambulance Service (NIAS).

2.0 MEMBERSHIP OF THE GROUP

2.1 The membership of the R&D Oversight Group will comprise key staff in NIAS who provide formal leadership in relation to R&D. A quorum shall be 9 members.

2.2 Membership of the R&D Group will be as follows:

- NIAS Assistant Medical Director
- NIAS Medical Director
- NIAS Assistant Clinical Director
- HSC R&D Division Assistant Director
- SHSCT R&D Manager
- NIAS R&D Manager
- NIAS Assistant Director of Planning, Performance & Strategy
- NIAS Head of Information
- NIAS Clinical Pathways Lead (Urgent Care)
- NIAS Quality and Service Improvement Lead
- NIAS Station Officer
- PPI Representative
- NIAS Clinical Fellow
- NIAS Clinical Fellow

3.0 ATTENDANCE AT MEETINGS

3.1 Other Directors or Officers of the Trust may be invited to attend, as well as other individuals or organisations with particular interest or expertise, particularly when the Group is discussing areas that are the responsibility of that Director, Officer, Official individual or organisation.

4.0 FREQUENCY OF MEETINGS

4.1 The R&D Group will meet 6 times per year, every other month.

5.0 AUTHORITY

5.1 The R&D Group is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Group.

6 DUTIES

6.1 The duties of the R&D Group can be categorised as follows:

- Develop and implement a strategic approach to R&D across the Trust
- Develop, implement and review policies and procedures in relation to R&D making recommendations for improvement as appropriate.
- Plan and deliver high quality R&D activities within NIAS
- Track and measure Research Impact / R&D metrics
- Act as a mechanism for R&D project approval
- Promote a culture of excellence with regards to R&D

7 REPORTING

4.1 The R&D Group will report its findings annually to the Safety Committee.

8 OTHER MATTERS

8.1 The Agenda will be sent to members at least three working days before the meeting and supporting papers, wherever possible, shall accompany the Agenda.

8.2 Medical Directorate administration support shall attend to the Notes of the meeting and provide appropriate support to the Chairman and Group members.

DATE OF NEXT REVIEW: August 2023

BE PART OF RESEARCH

PPI in HSC

Why do we do Involvement, Co-Production & Partnership Working

We carry out involvement, co-production, partnership working because it benefits service users, carers and the HSC. Please see our case studies for details on specific projects in Northern Ireland and the positive outcomes they have generated.

https://engage.hscni.net/

Benefits for service users and carers

- You can have your voice heard about areas you are interested in
- You can represent people who you care about who might have faced barriers to being heard
- You can help improve the communication between people who use health services and staff
- You can improve your ability to self-support and self-manage your health
- You can help shape service delivery
- You can help the HSC achieve better health and social care outcomes

Benefits for HSC staff of any role

- You can improve the quality and safety of services
- You can help tailor services to need and improve efficiency
- You can utilise service user and carer expertise and knowledge
- You can help to inform commissioning and set priorities
- You can reduce complaints and improve morale
- You can increase ownership of, and adherence with, agreed treatment plans
- You will be meeting your statutory obligations

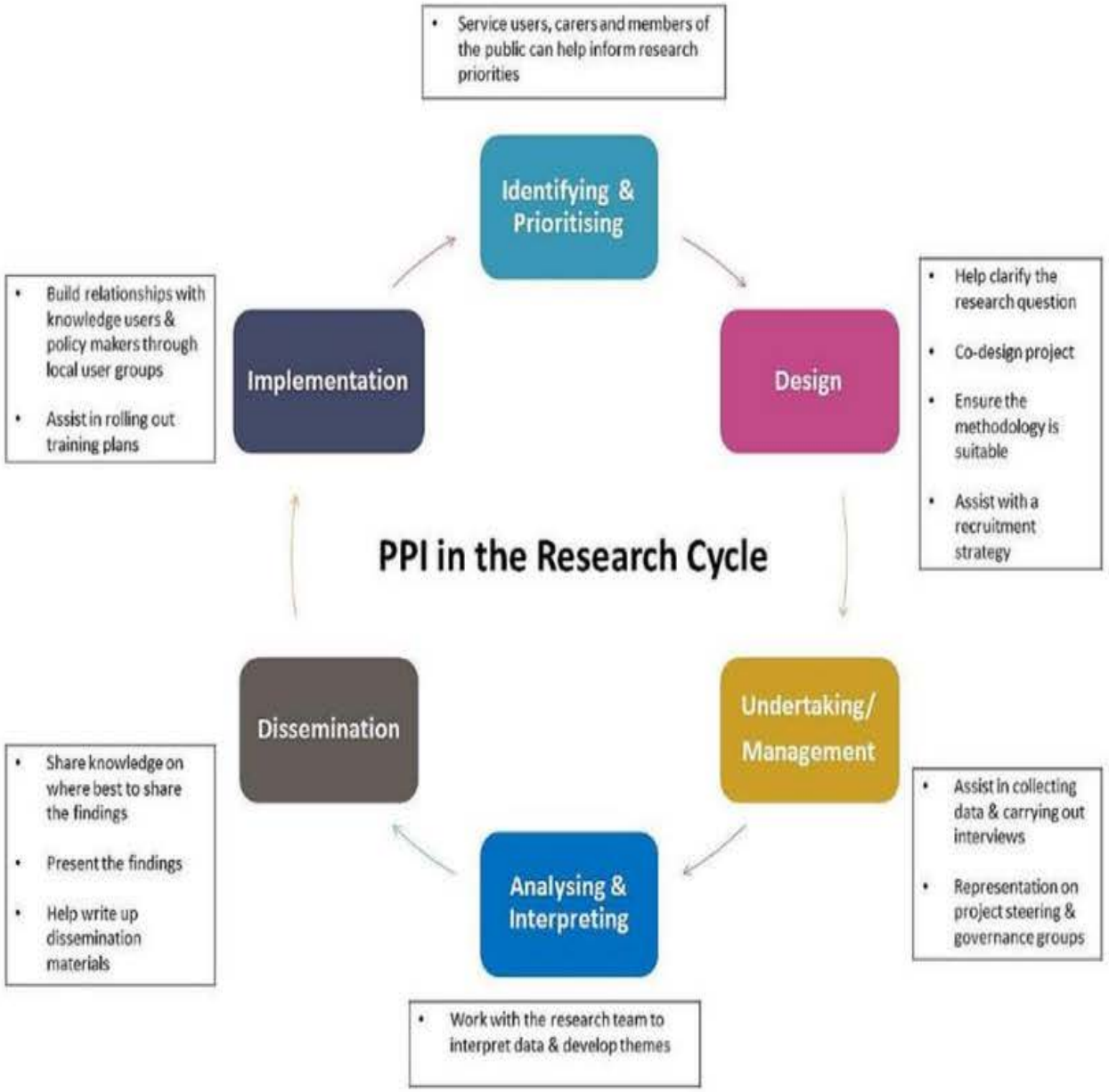
We also carry out PPI because all HSC organisations have a legal duty to involve and consult with service users and carers about

- the planning of how care is provided
- how services are developed and any changes that are being proposed
- decisions that affect the provision of care

HSC Northern Ireland Ambulance Service Health and Social Care Trust

BE PART OF RESEARCH

PPI in Research

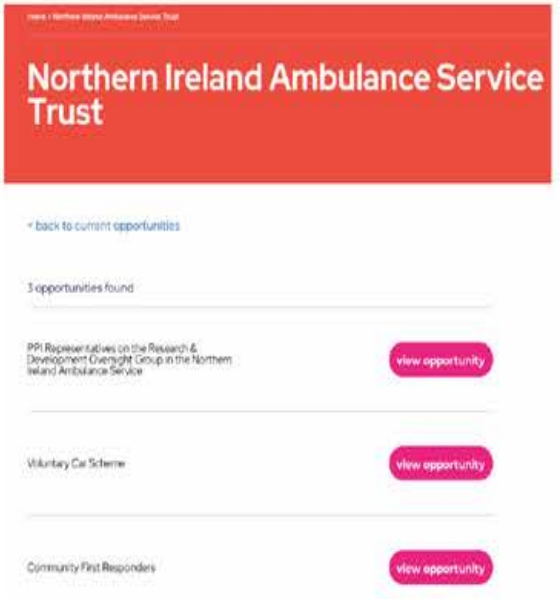


BE PART OF RESEARCH

NIAS Research Public Involvement Committee (RPIC)

Personal and Public Involvement (PPI)

Involving you, improving care



Northern Ireland Ambulance Service Health and Social Care Trust

Research Public Involvement Committee

Information & Expression of Interest

1.0 Introduction

This pack is designed to provide additional information and an Expression of Interest form for people interested in becoming members of the Northern Ireland Ambulance Service's Research Public Involvement Committee (RPIC).

2.0 What is the Northern Ireland Ambulance Service Health and Social Care Trust?

The Northern Ireland Ambulance Service (NIAS) was established on April 1 1995 under the Health and Personal Social Services (Northern Ireland) Order 1991 and the (Establishment Order) 1995, thereby becoming a regional service, divided up into five operational areas:

- Belfast Area
- South Eastern Area
- Western Area
- Northern Area
- Southern Area

In the year from 2020 to 2021, NIAS received 187,740 calls of which 174,510 resulted in an ambulance arriving at the scene. Of these, 43,914 patients were medically and clinically assessed and then remained on scene. The remaining 130,596 patients were transported to Emergency Departments and healthcare sites across Northern Ireland.

NIAS also made 131,838 non-emergency journeys, taking people to and from hospital appointments and / or for routine treatment. NIAS currently has circa 1,460 staff working alongside 250 Volunteer First Responders and almost 100 Volunteer Car Service Drivers. The Trust has 116 frontline double-crewed ambulances coordinated by two Emergency Ambulance Control Rooms and one Non-Emergency Control room, working out of 59 ambulance stations and deployment points. NIAS has an annual operating budget of in excess of £100m.

Our mission is

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

Our values are:

- Working Together - We work together for the best outcome for people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all
- Excellence - We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high quality, compassionate care and support
- Openness and Honesty - We are open and honest with each other and act with integrity and candour
- Compassion - We are sensitive, caring, respectful and understanding towards those we care for and support, and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.

3.0 What is Involvement?

It is important to involve people in our service design, delivery and evaluation. We are an organisation dedicated to providing high quality health and social care (HSC) to everyone. To help us do this, we are committed to working in partnership with people who use our services.

Personal and Public Involvement (PPI) is a term used to describe involvement work. PPI is the active and meaningful involvement of the following people in the design, planning, commissioning, review and evaluation of HSC services:

- Service users
- Families or carers of service users
- Community representatives
- Wider public
- Trust staff

From April 1 2009, a statutory duty of public involvement and consultation has been placed on all HSC organisations. NIAS is committed to ensuring that everyone wishing to be involved in the planning, development and evaluation of its services is facilitated to do so, irrespective of their learning, skills, knowledge and experience.

Completed Projects

Complex Case Team

Potential Frequent Callers project
Accepted for publication in Journal of Paramedic Practice

Response Bag Project

Accepted as a poster at AHP Conference and Awards Nov 22

Cessation

100 NIAS staff responded to this study

CESSATION

Female Ambulance Staff Experiences of Menopause Transition (CESSATION)

Traumatic Brain Injury Study (Manchester University)

100% recruitment achieved

Pre-Feed Real Diary Study

28 NIAS staff recruited
2nd place in UK ambulance services

NIHR | UNIVERSITY OF LEEDS

Completed Projects

HEMS RSI Audit

Accepted as poster at RCEM Oct 2022
Potential publication

CDM TBI Study

48 responses
4th out of all UK ambulance services

HSC Workforce Study

Penthrox Service Evaluation

Accepted as poster at RCEM 2021

Hand Sanitiser Project

Accepted as poster at IPS Conference Oct 2022

CATNAPS: Fighting fatigue in the NHS ambulance workforce

Current Projects

CATNAPS Study

NIHR Portfolio Study
Co-producing an ambulance trust national fatigue risk management system for improved staff and patient safety

HEMS Major Agricultural Trauma Study

To describe the characteristics and outcomes of all NI agricultural trauma patients who are attended by HEMS and admitted to RVH MTC

Paeds Response Bag

Bespoke paediatric response bag prototypes being manufactured for operational staff feedback

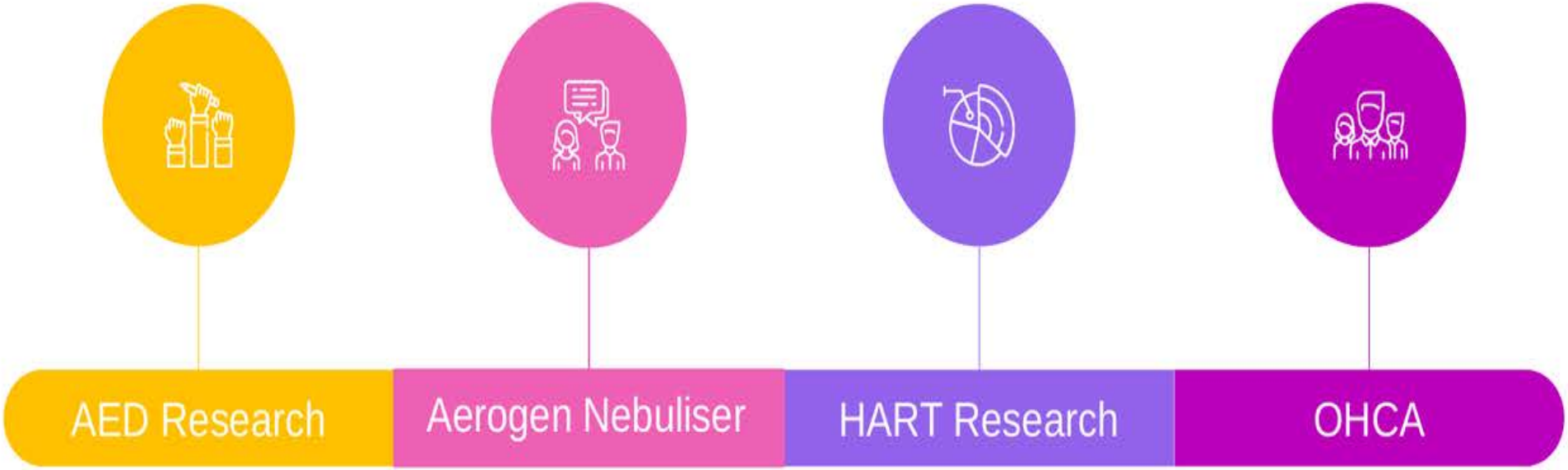
Stroke Covid Study with Edel Burton, UCC

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

NIAS Qualitative Pathways Study

Coding finished
Write up beginning

Future Projects



Public Access Defibrillators in NI

NIAS / QUB / BHF

Vibrating Mesh Technology

NIAS / QUB / BHSCT

Hazardous Area Response in NI

NIAS / UU

Funding bid in with NICHS to fund first Research Paramedic in NI

NIAS / QUB

NI Chest Heart Stroke Funding Application

Section 10 Proposed investigation notes re. completing form, page 7-8

10.1 description of proposed study

Background

An out of hospital cardiac arrest (OHCA) is "the cessation of cardiac mechanical activity as confirmed by the absence of signs of circulation" when it occurs in any location other than a hospital facility (Jacobs et al. 2004, p. 3387). Yan et al (2020) state that, globally, OHCA has an incidence rate of 55 per 100,000 person years. The UK Out of Hospital Cardiac Arrest Outcomes (OHCAO) project states that approximately 30,000 people require resuscitation from an out of hospital cardiac arrest every year and that only one in twenty of those people will survive to be discharged from hospital (OHCAO, 2021). Minimal research has been conducted into OHCA in the Northern Irish population.

Research Question

What are the characteristics of OHCA in Northern Ireland?

Aim

To provide a description of the epidemiology of OHCA in NI

Eligibility Criteria

Inclusion:

- PRFs that capture patients experiencing an OHCA between January 2018 and December 2022
- Patients over 18 years old

Exclusion:

- PRFs that do not capture patients having an OHCA between January 2018 and December 2022
- Patients under 18 years old
- Traumatic OHCA?

	Principal Applicant / PI*	Co-applicant named as Alt PI*
Title	Professor	Mrs
Forename	Adele	Julia
Surname	Marshall	Wolfe
Institution	Queen's University Belfast (QUB)	Northern Ireland Ambulance Service

3.3 Proposed start date	01/06/2023
3.4 Proposed duration (months)	18 months
3.5 Total amount requested	£75,000

Milestone	Project month	Person responsible
Advertise and recruit study specific researcher	0-2 months	PI / Alt PI
Minimum of monthly Research Team meetings	Throughout	PI / Alt PI
Key Indicators for Formic identified and refined	0-2 months	Research Team
Data collection	3-7 months	NIAS Researcher
Data cleansing	7-11 months	NIAS Researcher
Pseudo-anonymisation of data	10-12 months	NIAS Data Engineering and Analytics team
Data analysis	12-14 months	Research Team
Writing results	14-17 months	Research Team
Dissemination	17-18months	Research Team

NI Chest Heart Stroke Funding Application

Section 10 Proposed investigation notes re. completing form, page 7-8

10.1 description of proposed study

Background

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Research Question

What are the characteristics of OHCA in Northern Ireland?

Aim

To provide a description of the epidemiology of OHCA in NI

- Study protocol and documentation
- Health Research Authority (HRA) Integrated Research Application System (IRAS)
- SHSCT R&D Office
- NIAS R&D Oversight Group
- Patient and Public Involvement (PPI) – NIAS RPIC
- ORECNI
- Privacy Advisory Committee

- NIAS Data Engineering and Analytics Team
- IT
- HR
- Finances

- Caldicott Guardian
- SIRO
- DPO
- Data Access Agreement with QUB
- Signed letter from the study sponsor (NIAS)

Future Projects

Ilimex Go

UV Air Purifier

NI Stroke

Baseline prehospital stroke characteristics in NI

NIAS / UU

Ulster University

Palliative Care

Palliative / End of Life care

NIAS / UU / Marie Curie

Ulster University

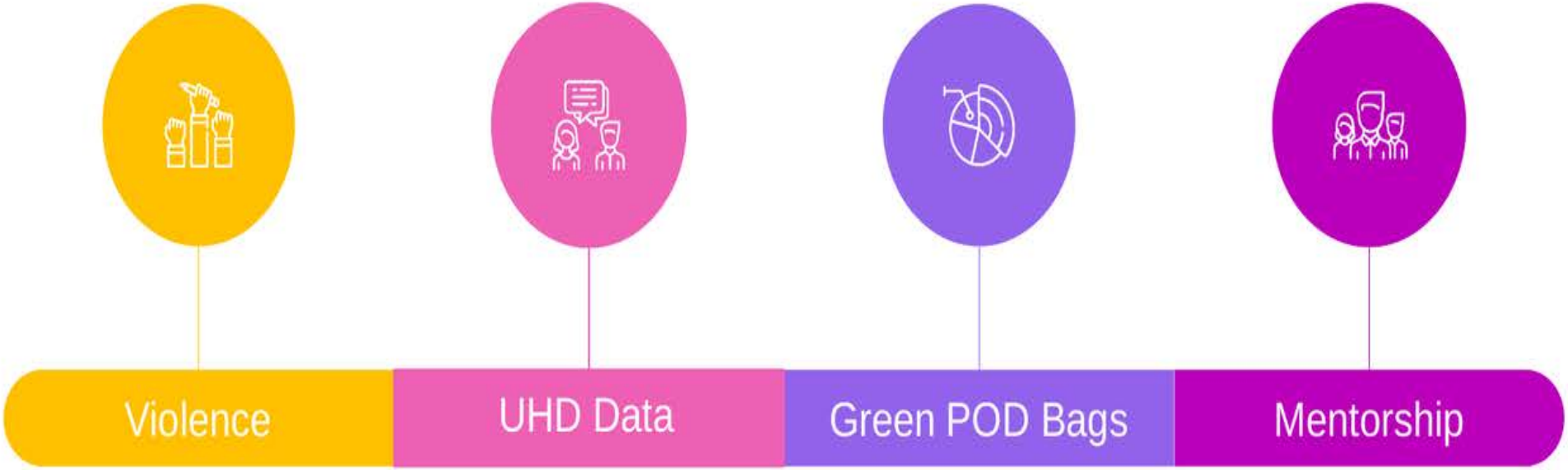
PRANA

The Prehospital Research and Audit Network

Pilot site for critical care audit

University of Southampton

Future Projects



Violent / aggressive service user behaviour towards NIAS staff

NIAS / QUB

Reviewing data of patients admitted to Ulster Hospital Dundonald (UHD) who could have been referred to alternative pathways

NIAS / SEHSCT

Looking at data regarding missed drugs doses of patient's own medication

NIAS / MOIC

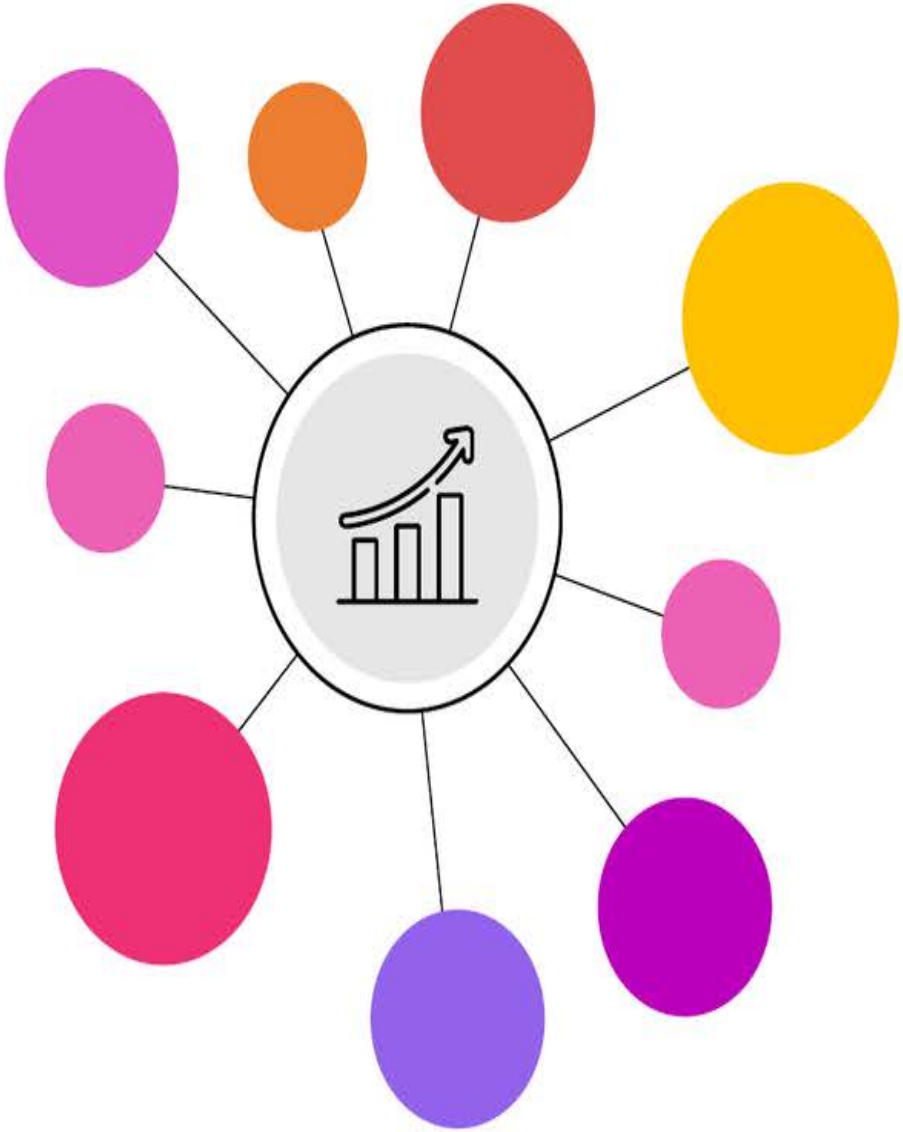
Potential qualitative study looking at paramedic perceptions of mentorship

QUEEN'S UNIVERSITY BELFAST

HSC South Eastern Health and Social Care Trust

moic

Partnership Working



QUEEN'S UNIVERSITY BELFAST

Ulster University

cahpr Council for Allied Health Professions Research

ORECNI

NATIONAL AMBULANCE RESEARCH STEERING GROUP NARSG

HSC Business Services Organisation

Honest Broker Service

Hirani HEALTH INNOVATION RESEARCH ALLIANCE NORTHERN IRELAND

Partnerships for Health

Engage

A central resource for Involvement in Health and Social Care

Paramedic PhD

COLLEGE OF paramedics

leading the development of the paramedic profession

THE HEALTHCARE LIBRARY OF NORTHERN IRELAND

HSC R&D Division Northern Ireland

Improving health and social care through research

HSC Public Health Agency Research and Development

Irish Paramedic Education & Research Network (IPERN)

niphrn Northern Ireland Public Health Research Network

MONASH University

NIAS represented at:

RGOS / RMF

Research Governance Operational Subgroup
Research Managers Forum

Research Goverance Committee

SHSCT Research Governance Committee

CoP RDAC

College of Paramedics (CoP) Research and Development Advisory Committee (RDAC)

CoP SIG PH

CoP Special Interest Group (SIG) Public Health

NARSG

National Ambulance Research Steering Group (NARSG)

AHP Strategy NI

AHP Research and Innovation Strategy for NI T&F Group

Training & Resources

HEMS

R&D Fund used to purchase Video laryngoscope and Syringe Driver for HEMS

Monash University

7 NIAS staff currently enrolled on an 8 week online "Introduction to Research for Paramedics" course

CALD

76 staff have been funded for 2 years access to Critical Appraisal Lowdown (CALD) Course (TheResusRoom)

OHCA Masterclass

16th November 2022 Stormont Hotel

Training & Resources

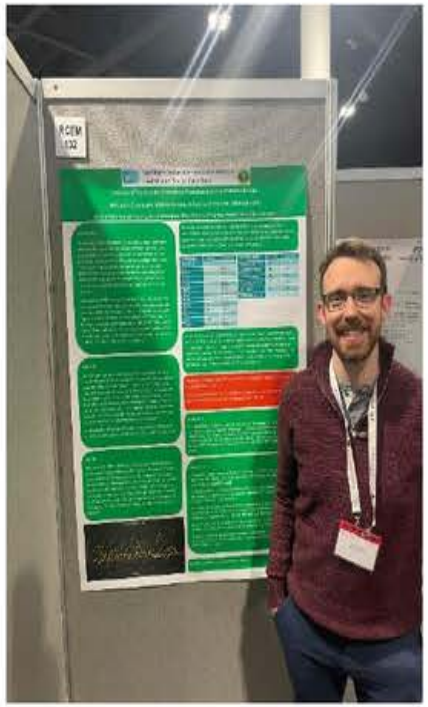
AHP Specialist Librarian:
Mary Maguire
Mary.Maguire@healthcarelibrary.qub.ac.uk

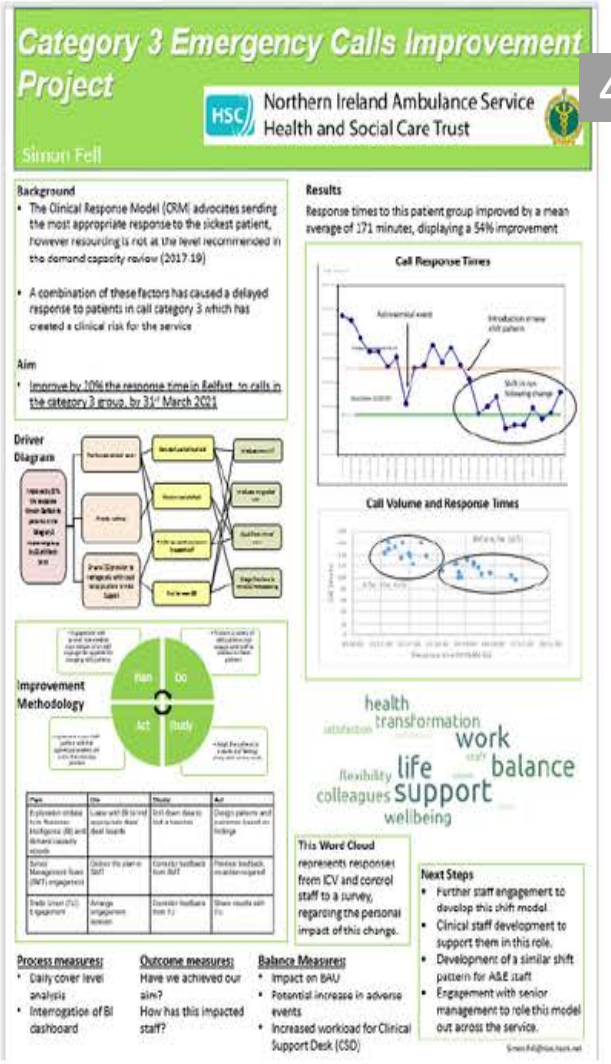
NIAS specific webinar on SharePoint:

- QUB Medical Biology Centre (The Biomedical Library in MBC, Lisburn Rd)
- Altnagelvin Area Hospital (MDEC)
- Antrim Area Hospital (Fern House)
- Craigavon Area Hospital (Medical Education Centre)
- McClay Library at Queen's University Belfast
- Royal Victoria Hospital, Mulhouse Building

Research Impact

IPERN





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BE PART OF RESEARCH

Research Output

HEMS

- Emma Boylan (2019) Helicopter Emergency Medical Service (HEMS) in Northern Ireland: An Analysis of the First 100 Cases

Link: Helicopter Emergency Medical Service (HEMS) in Northern Ireland: An Analysis of the First 100 Cases - PubMed (nih.gov)

PDF: Emma Boylan 2019 HEMS

Primary Care

- Damian Muldoon (2021) The introduction of advanced paramedics into primary care in Northern Ireland: a qualitative descriptive study of the experiences of general practitioners.

Link: The introduction of advanced paramedics into primary care in Northern Ireland: a qualitative descriptive study of the experiences of general practitioners - PMC (nih.gov)

PDF: Damian Muldoon 2021 Primary Care

Seizure Care

- Ciaran McKenna (2018) A self-completed questionnaire study of attitudes and perceptions of paramedic and prehospital practitioners towards acute seizure care in Northern Ireland.

Link: A self-completed questionnaire study of attitudes and perceptions of paramedic and prehospital practitioners towards acute seizure care in Northern Ireland - ScienceDirect

PDF: Ciaran McKenna 2018 Seizures

Public Access Defibrillators

- Adele Marshall (2008) The Northern Ireland Public Access Defibrillation (NIPAD) study: effectiveness in urban and rural populations.

Link: The Northern Ireland Public Access Defibrillation (NIPAD) study: effectiveness in urban and rural populations - PubMed (nih.gov)

PDF: Adele Marshall 2008 NIPAD

Pain Management

- Rory O'Connor (2019) Prehospital care in isolated neck of femur fracture: a literature review.

Link: Prehospital care in isolated neck of femur fracture: a literature review | Journal of Paramedic Practice (magonlinelibrary.com)

PDF: Rory O'Connor 2019 NOF

Diabetes

- Karl Bloomer (2021) A retrospective cross-sectional analysis of re-contact rates and clinical characteristics in diabetic patients referred by paramedics to a community diabetes service following a hypoglycaemic episode.

Link: A retrospective cross-sectional analysis of re-contact rates and clinical characteristics in diabetic patients referred by paramedics to a community diabetes service following a hypoglycaemic episode - PubMed (nih.gov)

PDF: Karl Bloomer 2021 Diabetes

- Karl Bloomer (2019) Re-contact demographics and clinical characteristics of diabetic patients treated for a hypoglycaemic episode in the pre-hospital environment: a rapid literature review.

Link: Re-contact demographics and clinical characteristics of diabetic... - Ingenta Connect

PDF: Karl Bloomer 2019 Diabetes

- Aoife Watson (2021) Exploring variation in ambulance calls and conveyance rates for adults with diabetes mellitus who contact the Northern Ireland Ambulance Service: a retrospective database analysis.

Link: Exploring variation in ambulance calls and conveyance rates for adults with diabetes mellitus who contact the Northern Ireland Ambulance Service: a retrospective database analysis - PMC (nih.gov)

PDF: Aoife Watson 2021 Diabetes

Complex Case / Frequent Callers

- Aidan McDonnell (2022) A mass distribution letter as an early intervention for potential frequent callers.

Link: A mass distribution letter as an early intervention for potential frequent callers | Journal of Paramedic Practice (magonlinelibrary.com)

PDF: Aidan McDonnell 2022 FCs

Falls

- Jamie Scott (2020) Re-contact rates with a UK ambulance service following paramedic referral to a falls prevention service for those aged ≥ 65 years: a retrospective cohort study.

Link: Re-contact rates with a UK ambulance service following paramedic referral to a falls prevention service for those aged ≥ 65 years: a retrospective cohort study - PubMed (nih.gov)

PDF: Jamie Scott 2020 Falls

Specialist Paramedic Dispatch

- Simon Fell (2022) Use of specialist paramedic dispatch in emergency ambulance control.

Link: Use of specialist paramedic dispatch in emergency ambulance control | Journal of Paramedic Practice (magonlinelibrary.com)

PDF: Simon Fell 2022 Paramedic Dispatch

amber
AMBULANCE RESEARCH REPOSITORY

Why is research important for NIAS?

Research culture & capacity building

Deepens our understanding of complex issues and addresses gaps in knowledge (Siriwardena and Whitley 2022)

Research-active healthcare organisations have:

- **Better outcomes** for patients, e.g. **reduced mortality rates** (Ozdemir et al. 2015, Jonker and Fisher 2018)
- **Improved organisational performance** (Boaz et al. 2015, Jonker et al. 2021)
- **Improved staff performance** (Harding et al. 2017)
- **Improved staff satisfaction** (Harding et al. 2017)
- **Reduced staff turnover** (Harding et al. 2017)

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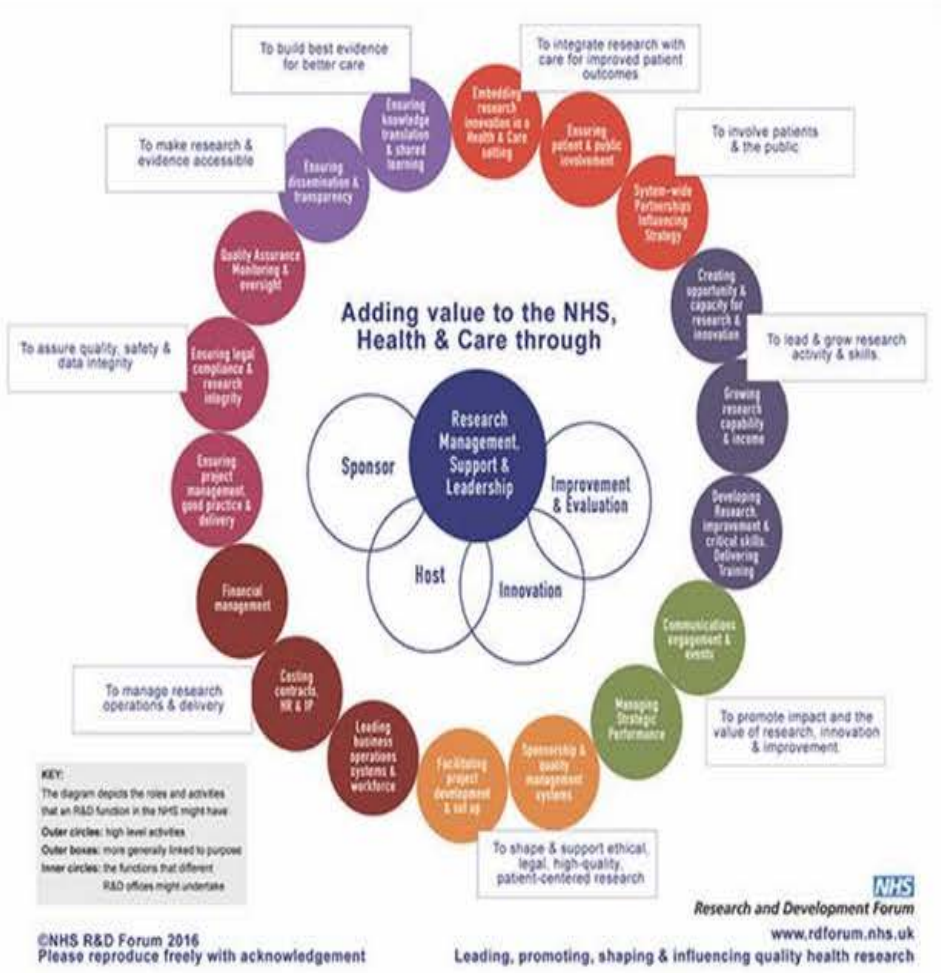
The Future

Research culture & capacity building

career advice skills
clinical critical health
collaboration
good gcp training ahp professional allied
development literature
services mass ppi expert information capacity
workforce continuous
confident
infrastructure practice evidence culture
conference
publications build outputs research
searches based paramedic
abstracts impact priority
co-production setting progression



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@juliamileswolfe
Julia.Wolfe@nias.hscni.net

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NIAS Research and Development Strategy 2023-2026

Title:	**Northern Ireland Ambulance Service (NIAS) Research and Development (R&D) Strategy 2023-2026**		
Author(s)	Julia Wolfe, Research and Development Manager		
Ownership:	Neil Sinclair, Assistant Clinical Director (Paramedicine)		
Date of SEMT Approval:		**Date of Trust Board Approval:**	
Operational Date:		**Review Date:**	2026
Version No:		**Supercedes:**	N/A - NEW
Key words:	Research and Development, Prehospital, Studies, Evidence Based Practice, Research Impact, Good Clinical Practice, Capacity and Capability, Central Function, Qualitative Research, Quantitative Research, Governance, Ethics, Audit, Service Evaluations, Quality Improvement, Dissemination, Publication.		
Other Relevant Policies:	Corporate Risk Management Policy and Strategy, Health and Safety Policy and Procedures, Risk Assessment Procedure, Corporate Assurance Strategy, Complaints Policy, Information Governance Policies and Procedures, PPI Strategy, Learning from Incidents Policy, Learning From Serious Adverse Incidents (SAIs) Procedure, Incident Reporting Procedure, Management of Medical Devices Policy, Claims Management Policy, Whistle Blowing Policy, Infection, Prevention & Control Policy & Procedures, Social Media Policy.		

Version Control:

Date	Version	Author	Comments
March 2022	0.1	JW	Initial draft
			Final version

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Health and Social Care Trust

Introduction

Prehospital research is defined as research that is carried out "in clinical settings located between primary care and acute services" (Siriwardena et al., 2010). It is not as well established in Northern Ireland as it is in other parts of the United Kingdom (UK), nor as it is within hospital settings across the province. As such, the Northern Ireland Ambulance Service (NIAS) will play a key role in the delivery and development of prehospital research agendas across NI.

This strategy supports the mission and values of NIAS by ensuring that the provision of safe, effective patient-focused care and services are underpinned by knowledge founded on high quality research, in order to improve health and well-being.

Research is a fundamental function of health and social care and research activities are essential components in improving clinical care. Research and Development (R&D) is key to informing the evidence-based practice that is required to preserve wellbeing, prevent deterioration and promote the recovery of the people who access our services (Health Research Authority, 2017).

Excellence in healthcare can only be achieved if a commitment to applying research findings to clinical practice is made and if policies and procedures are underpinned by these good quality findings (Health Research Authority, 2017).

Studies have shown that when organisations and clinicians are actively involved in research, their healthcare performance improves "even when that has not been the primary aim of the research" (Boaz et al., 2015).

Beginning of Research in NIAS

May 2017: NIAS represented at College of Paramedics (CoP) Research and Development Advisory Committee (RDAC).

January 2018: NIAS represented at the Research Governance Operational Subgroup (RGOS).

July 2019: Memorandum of Understanding signed between SHSCT R&D Office and NIAS.

February 2020: Research funding provided by HSC R&D Division.

July 2021: NIAS represented at the National Ambulance Research Steering Group (NARSG).

February 2022: R&D Manager appointed.

R&D Vision

- ***Our vision is to realise the research potential of NIAS in order to improve the quality of care we provide for our patients.***

As a Trust, we want to develop opportunities for staff to become involved in research and motivate staff to identify areas where our service could be improved. We want to upskill our workforce in order to build research capacity and put systems and infrastructure in place to increase our research activity and output.

This strategy aims to provide a framework outlining the governance arrangements for research in NIAS, internal and external collaboration opportunities and a three year plan for potential projects, publications and further developments. The forward view of this strategy involves building upon the research capacity and capability of the Trust and then implementing this research capacity building within a culture of excellence.

R&D Mission

> ***Our mission is to develop a highly skilled and knowledgeable workforce to deliver innovative research, within a culture that supports research excellence throughout the Trust, in order to improve the quality of care we deliver.***

The mission statement in the **Strategy to Transform: 2020-2026** describes how NIAS aims to consistently show compassion, professionalism and respect to the patients we care for. The strategic aims for R&D have been developed to underpin the values, behaviours and ethos of the organisation to enable us to **care today and plan for tomorrow**.

Strategic Aims

- To develop the confidence, skills and workforce required to conduct high quality, robust research
- To build the infrastructure to facilitate high quality, robust research
- To conduct and implement high quality, robust research
- To integrate high quality, robust research findings into clinical practice
- To build a culture of research excellence in our organisation

Skilled, Confident and Sustainable Workforce	*Research Infrastructure*
Research Implementation	*Research Aligned with Clinical Practice*
Culture of Research Excellence	

1. Skilled, Confident and Sustainable Workforce

NIAS aims to develop a skilled, confident and sustainable workforce that will contribute to the research needs of the organisation. This will be achieved by:

1.1 Developing a range of options for NIAS staff to access training, including research based workshops, continuous professional development (CPD) events and advice clinics for academic study or research project ideas.

1.2 Promoting access to and monitoring the completion of Good Clinical Practice (GCP) training.

1.3 Developing a database of appropriately trained and experienced NIAS staff to act as Chief Investigators and Principal Investigators in research studies.

1.4 Advancing the business cases to support the development of a research team to include, for example, Research Paramedics, Research Administrator.

1.5 Developing research as a career pathway in line with the College of Paramedics career framework.

1.6 Identifying priority research ideas and enabling for staff to undertake academic study.

1.7 Involving NIAS staff in the design and development of research studies and promoting research opportunities.

1.8 Enabling staff to develop skills in the critique of evidence to ensure the use of evidence-based practice within the organisation.

2. Research Infrastructure

NIAS aims to build a robust infrastructure to support R&D across the Trust. This will be achieved by:

2.1 Continuing to work with the support of the Southern Heath and Social Care Trust (SHSCT) Research Office, who deliver an effective and efficient research management approvals process on behalf of NIAS.

2.2 Aligning with the NIAS Clinical Strategy to ensure that R&D contributes to the clinical priorities of the Trust.

2.3 Develop an R&D Oversight Group comprising of multidisciplinary key stakeholders to provide formal leadership in relation to R&D.

2.4 Working to increase the capacity and capability of NIAS to undertake high quality multidisciplinary research.

2.5 Securing funding to ensure the sustainability of R&D within the Trust.

2.6 Working in collaboration with the NIAS IT department to develop new IT solutions to maximise research outputs.

2.7 Developing and maintaining an up to date Research & Development project register for the purposes of record management.

2.8 Aligning with the Allied Health Professions' (AHP) Research and Innovation Strategy for Northern Ireland to ensure that NIAS R&D contributes to the regional aspirations of the AHP community.

2.9 Continuing to have NIAS represented locally, regionally and nationally on groups such as the Research Governance Operational Subgroup (RGOS), SHSCT Research Governance Committee, Research Managers Forum (RMF), College of Paramedics Research and Development Advisory Committee (RDAC) and the National Ambulance Research Steering Group (NARSG).

2.10 Liaising with partner organisations such as Public Health Agency (PHA) Health and Social Care (HSC) R&D Division, other HSC Trusts, Queen's University Belfast (QUB), Ulster University (UU), Office for Research Ethics Committees in Northern Ireland (ORECNI), Council for Allied Health Professions Research (CAHPR) and Irish Paramedicine Education and Research Network (IPERN) etc.

2.11 Working collegiately with other AHP's to build a community of practice and to support multidisciplinary research.

2.12 Aligning with the PHA Research & Development Division's Central Function Service due to become operational during 2022/2023.

3. Research Implementation

NIAS aims to conduct and implement high quality, robust research in the field of pre-hospital enquiry. This will be achieved by:

3.1 Implementing research projects and research outcomes across the Trust, led by the Research and Development Manager with support from the Assistant Clinical Director (Paramedicine) and underpinned by the R&D Oversight Group.

3.2 Ensuring that all research is conducted safely and in compliance with regulatory requirements, as guided by SHSCT Research Office.

3.3 Ensuring research is delivered and managed efficiently.

3.4 Ensuring studies are delivered to time, target and budget.

3.5 Successfully utilising the PHA HSC R&D Division Director's fund.

3.6 Establishing 'indicators of success' metrics to enable progress to be measured, monitored and reviewed.

4. Research Aligned with Practice

NIAS aims to align research with practice. This will be achieved by:

4.1 Increasing awareness of research impact by publicising studies and outcomes through the NIAS Communications Team.

4.2 Communicating with NIAS staff to highlight the importance of evidence-based practice across all clinical and non-clinical areas.

4.3 Encouraging and supporting projects within teams and divisions.

4.4 Actively promoting free access to the Healthcare Library of Northern Ireland for HSC staff.

4.5 Actively promoting free access to the Cochrane Library.

4.6 Participating in relevant external local and national research projects and increasing our partnership working to maximise our collaboration potential.

4.7 Committing to the dissemination of research findings by way of journal article publications, posters and conferences.

4.8 Contributing to research registries and depositories, such as Amber.

4.9 Developing and maintaining a social media presence, R&D webpage and SharePoint Research site.

5. Culture of Research Excellence

NIAS aims to encourage and support a culture of research excellence across the Trust. This will be achieved by:

5.1 Demonstrating the Trust's commitment to achieving research success.

5.2 Building a strong NIAS R&D reputation locally, regionally, nationally and internationally.

5.3 Participating in or conducting research that aims to improve service user outcomes and increases patient and staff experiences.

5.4 Encouraging capacity building through education and training to foster a research-active workforce.

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Health and Social Care Trust

5.5 Developing Research Champion Roles to enable research-interested staff to embed within teams and divisions to help build a culture of research excellence.

5.6 Ensure integration of Personal and Patient Involvement (PPI) in all aspects of research activity to empower patients as partners in research.

Summary

NIAS will develop a culture of R&D excellence by engaging an active workforce in high quality research that will be disseminated at local and national levels, with an aim to improve the quality of care provided to patients.

This strategy will be reviewed in March 2026.

References

Boaz et al. (2015) Does the engagement of clinicians and organisations in research improve healthcare performance: a three-stage review. *BMJ Open*, 5, 1-14.

Siriwardena et al. (2010) Supporting research and development in ambulance services; research for better health care in prehospital settings. *Emergency Medical Journal*, 27, 324-326.

Health Research Authority (2017) UK policy framework for health and social care research. [online] Available at: UK Policy Framework for Health and Social Care Research - Health Research Authority (hra.nhs.uk) (Accessed 20th September 2022).

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Health and Social Care Trust

Appendix 1 – Memorandum of Understanding between NIAS and SHSCT

Memorandum of Understanding

Between:

Northern Ireland Ambulance Service
Health and Social Care Trust

And

Southern Health
and Social Care Trust

In Relation To Research Governance and Research Management

Version: 2
Prepared by: Irene Knox – Southern Health and Social Care Trust
Ciaran McKenna – Northern Ireland Ambulance Service
1st February 2019

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TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	11 May 2023
Title of paper:	Draft NIAS Corporate Plan 2023-24
Brief summary:	This plan is a draft to generate feedback and input from members to facilitate completion and submission of a final draft for consideration at the June Trust Board. The draft plan has been completed following mid-year review meetings with Directorate leads. It focusses on high-level objectives which will be supplemented by detailed actions to form the content of Directorate Plans.
Recommendation:	**For Approval** ☒ **For Noting** ☐
Previous forum:	SMT – 2/5/23
Prepared and presented by: **Date:**	Séamus Mullen, Head of Planning Andoni Arandia, AD Planning, Performance and Corporate Services Maxine Paterson, Director of Planning, Performance & Corporate Services 4 May 2023

Northern Ireland Ambulance Service
Health and Social Care Trust

NIAS Corporate Plan 2023-24

Context:

This year's Corporate Plan is drafted in the context of ongoing pressures on the wider HSC and the Unscheduled Care system which have a particularly strong knock-on effect on NIAS. NIAS faces a range of significant challenges and major issues over the period covered by this plan. These include the need to deliver safe, high-quality care, improving response times within wider systemic difficulties, whilst modernising our service. The Trust's frontline challenges are similar to those faced by Ambulance Services across the rest of the UK, including:

- delays in being able to transfer the care of patients at Hospitals are contributing heavily to keeping ambulance staff away from where they are needed most, with the associated risk to patient safety for those waiting for an ambulance response;
- changes to services offered by local hospitals means that NIAS crews are now frequently travelling long distances and call cycle times are increasing;
- rising demand for our service from patients with more complex needs and co-morbidities;
- workforce capacity challenges, and the need to modernise our model of care.

These issues cannot be overcome by NIAS alone and require support from DoH, SPPG, Trusts and local providers. This year's plan includes 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 9 November 2022.

The Corporate Plan for 2023-24 describes how we intend to address challenges, building on the progress made to date, and will articulate our ambition to deliver the best and most appropriate care to patients in Northern Ireland who require ambulance services, putting them at the heart of everything we do.

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The Corporate Plan will be informed by the draft PfG "Health" outcome *"We all enjoy long, healthy active lives"*, NIAS strategy, Caring Today, Planning for Tomorrow: Our Strategy to Transform 2020-2026, along with our internal Audit recommendations and our internal transformation plans and programme objectives.

The Corporate Plan will not reflect everything that we do and NIAS staff are involved in many other areas of normal business that are not included but are no less important. Rather it will highlight the key priorities for the year ahead that will contribute to the implementation of our Strategy to 2026.

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

Through the year, the Planning & Performance team will work with Directorates within the Trust to monitor and measure key objectives within the above areas, assessing progress via transformed reporting structures and Directorate Performance reports. In

each of the Key Objectives, teams will identify deliverables that need to be achieved to realise the objective. NIAS has put in place a bi-annual process to identify deliverables with the teams and will include reporting these against the Corporate Plan.

The Corporate Plan for 2023-24 will include a roll forward of any unachieved objectives from 2022-23, which will be re-prioritised for delivery in year against the Trusts' delivery plans for 2023-24. All objectives will be grouped around the 7 key transformation themes shown above, so that throughout the year, assurance can be provided on progress against each of the themes. NIAS will ensure that all corporate and Directorate plan updates throughout the year will frame progress against each of the above transformation priorities.

NIAS will build on the Corporate Plan in conjunction with colleagues from across all Directorates, and meetings are scheduled to take place in throughout the year to review progress. The plan will contain the objectives to implement our corporate strategy, actions to address pertinent internal audit recommendations, deliverables to successfully implement our programme of work to deliver key organisational transformation, and actions to address priorities agreed at the Unscheduled Care Summit in order to address the key system-wide challenges of ambulance turnaround delays and knock-on delays on response times in the community.

Next Steps

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

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

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

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Risks and Issues

It is recognised that there are significant system-wide challenges that lie ahead for the Health and Social Care sector in the coming year and as such there are several key risks and issues that we need to be mindful of as we look to the year ahead.

NIAS continues to be significantly challenged due to:

- Extensive delays in handover times at EDs across Northern Ireland as a result of pressure on EDs, issues around flow through hospital and delayed discharges. During 2022-23, NIAS has been losing up to 28% of operational capacity due to delayed handovers at ED. There have been several incidents of patients coming to harm whilst queuing in the back of ambulances and, additionally, patients have experienced harm whilst waiting on an emergency response in the community which has been delayed as a result of handover delays. A 3-hour maximum backstop was introduced in December 2022 and then reduced to a 2-hour maximum backstop in March 2023.
- High levels of sickness among staff. NIAS has introduced a Maximising Management programme and we aim to achieve a target level of 8% sickness or below.

NIAS is constrained by existing funding from the Department for Health and the cost saving measures which are anticipated for the coming year. We have several business cases in development and funding is required to deliver on some of our objectives and the overall programme of transforming our service delivery model.

The current financial climate within Government Departments, cessation of COVID funding and the ongoing pressures being experienced across the HSC environment, increases risk of funding being redirected, or not fully realised.

As we embed the monitoring cycle within the Trust throughout 2023-24, both risks and issues identified to delivery of objectives will be monitored and managed through this process. The governance structures put in place as part of this process will ensure that risks and issues identified are escalated when necessary for resolution.

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Appendix A: NIAS Corporate Plan for delivery through 2023-24

Key Outcome	Objective	Lead Directorate
Delivering Care	We will continue to refine our Improvement Plan to deliver the best possible response times to patients within existing resources, through the improvement opportunities that have been identified.	Operations
	We will continue to work with Trusts to improve patient handover at all Emergency Departments (ED) in Northern Ireland.	Operations
	We will continue to deliver a Patient Care Service (PCS) Improvement Programme to improve the quality of our service for this important group of service users.	Operations
	We will continue to embed our Patient Care Pathways developing safe alternatives to ED to reduce demand on frontline services and increase the levels of and See and Treat (S&T) practice.	Medical
	We will increase the capacity and skillset of Clinical Support Desk (CSD) clinicians to increase hear and treat (H&T) rates.	Operations
	We will improve the governance around medical equipment.	Medical
	We will continue to work in partnership across sectors to Build a Community of Lifesavers.	Medical
	We will improve cardiac arrest (CA) survival rates across Northern Ireland.	Medical
	We will develop co-responding schemes with our partner organisations and join forces in identifying vulnerable at-risk persons, taking steps to prevent ill health or injury (Complex Cases Team)	Medical

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	Provide direction and leadership to staff to deliver NIAS responsibilities within unscheduled care.	All directorates
	We will play our part in addressing health inequalities in Northern Ireland and adopt the national ambulance health inequalities consensus statement.	All directorates

Key Outcome	Objective	Lead Directorate
Our Workforce	We will develop a Workforce Strategy, which will include the appropriate approach to support the delivery of a skilled and effective workforce.	Human Resources All directorates
	We will Reduce absence levels across the organisation.	Human Resources
	Design and deliver a Health and Wellbeing (HWB) strategy and action plan that delivers outcome focused HWB initiatives and improvements.	Human Resources
	We will Develop HR Governance to ensure full assurance, statutory compliance and delivery of best practice and effective governance arrangements	Human Resources
	We will develop workstreams to support the organisations workforce in response to ongoing service pressures	Human Resources
	We will undertake a review of our Operations Structure to provide more effective support for staff across both A&E and PCS.	Operations
	We will undertake a review of our Emergency Planning (EP) function to improve our operational resilience	Operations
	We will develop a culture of education, learning and development (ELD) within our teams	Operations

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Health and Social Care Trust

	We will deliver a Clinical Education Strategic Transformation programme	Medical
	We will expand of the 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
	Continue to develop health and safety management systems including violence prevention in the workplace.	PPCS

Northern Ireland Ambulance Service
Health and Social Care Trust

Key Outcome	Objective	Lead Directorate
Organisational Development	We will develop the planning function within the organisation to support both internal effective internal and external planning within the wider HSC system.	Planning, Performance & Corporate Services
	We will develop the Performance Management function, to support the organisation in utilising information to draw insight and evidence to support effective decision-making across the organisation.	Planning, Performance & Corporate Services
	We will develop the Organisational Transformation function, along with processes and resources required to support the transformation agenda.	Planning, Performance & Corporate Services
	We will transition organisational governance, assurance and risk management to PPC Directorate with the aim of strengthening assurance and scrutiny to support the accountability mechanisms that are in place.	Planning, Performance & Corporate Services
	We will develop the corporate team to ensure capacity and capability is in place to manage reconfigured service requirements.	Planning, Performance & Corporate Services
	Maintain an overall satisfactory internal audit opinion for the organisation for 2022/23.	Finance
	Ensure effective management and oversight arrangements of delegated budgets to deliver breakeven position in support of overall organisational financial responsibilities.	Finance

Northern Ireland Ambulance Service
Health and Social Care Trust

Key Outcome	Objective	Lead Directorate
	Improve financial engagement at Board level through the implementation of new sub-committee(s). Work with Chairs of new committees to establish an appropriate oversight of financial issues	Finance
	To develop and improve arrangements in place in respect of business cases to improve oversight, governance and approvals.	Finance
	Support the achievement of breakeven through advice on income levels and the financial consequences of service delivery, service developments and the achievement of savings requirements.	Finance
	Review and agree strategy and procedures for the application of NIAS Charitable Trust Funds and grants.	Finance
	We will stabilise and strengthen the Directorate Management	Finance
	We will develop the HR delivery Model to support and deliver for a transformation organisation	Human Resources
	We will deliver an organisational culture programme.	Human Resources
	We will ensure effective management and oversight arrangements of delegated budgets to deliver breakeven position in support of overall organisational financial responsibilities.	All Directorates

Northern Ireland Ambulance Service
Health and Social Care Trust

Key Outcome	Objective	Lead Directorate
Quality Improvement	We will provide assurances of the appropriate infrastructure, training and protection of staff of the Hazardous Area Response Team (HART).	Medical
	We will develop appropriate Assurance and Governance within the Regional Ambulance Training Centre	Medical
	We will develop a clinical measurement framework to evidence safe and effective practices	Medical
	We will Improve Governance arrangements for our medical equipment and controlled drugs	Medical
	Monitor the implementation of the Quality and Safety strategy focussing on continual improvement, measuring and evidencing the quality of our services for our patients.	Quality, Safety & Improvement
	We will continue to utilise a robust quality improvement (QI) methodology and increase our QI capabilities	Quality, Safety & Improvement
	We will implement an Improvement plan to develop our processes in Safeguarding, in partnership, with social care services across HSC.	Quality, Safety & Improvement
	We will improve our response to calls related to fallers who are aged over 65.	Quality, Safety & Improvement
	We will maintain high standards of vehicle and station cleanliness.	Quality, Safety & Improvement

Northern Ireland Ambulance Service
Health and Social Care Trust

Key Outcome	Objective	Lead Directorate
Digital Enablers	We will implement technology to facilitate integrated care. Allowing clinicians to share patient records across care providers	All Directorates
	Implementation of a New Computer Aided Despatch (CAD) system with Emergency Ambulance Control (EAC) and Non-Emergency Ambulance Control (NEAC)	Operations
	We will develop capacity and capability in providing timely and accurate information	Planning, Performance & Corporate Services
	We will develop the information governance team to ensure evidence of all aspects of Data Protection and UK GDPR have been implemented within the organisation.	Planning, Performance & Corporate Services
	We will consolidate and modernise our technology infrastructure to maintain the service, reduce risk and improve resilience	Planning, Performance & Corporate Services
	We will explore the use of technological solutions to support the delivery of our services	Planning, Performance & Corporate Services

Northern Ireland Ambulance Service
Health and Social Care Trust

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

Northern Ireland Ambulance Service
Health and Social Care Trust

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

Ends

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	11 May 2023
Title of paper:	Trust Performance Report (April 2023)
Brief summary:	This paper is presented to Trust Board for noting This paper outlines the Trust performance across key metrics up to and including 31 March 2023
Recommendation:	**For Approval** ☐ **For Noting** ☒
Previous forum:	SMT – 25/4/23
Prepared and presented by: **Date:**	Neil Walker, Head of Performance Maxine Paterson, Director of Planning, Performance & Corporate Services 4 May 2023

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST PERFORMANCE REPORT

NORTHERN IRELAND AMBULANCE SERVICE

April 2023

for March 2023 Data and Performance

NIAS Changes To Operational Actions To Support Pressures

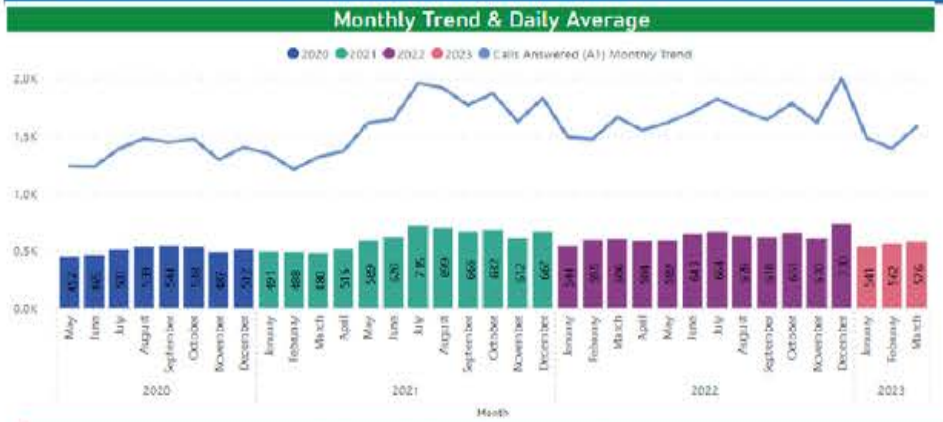
Resource Escalation Action Plan (REAP)

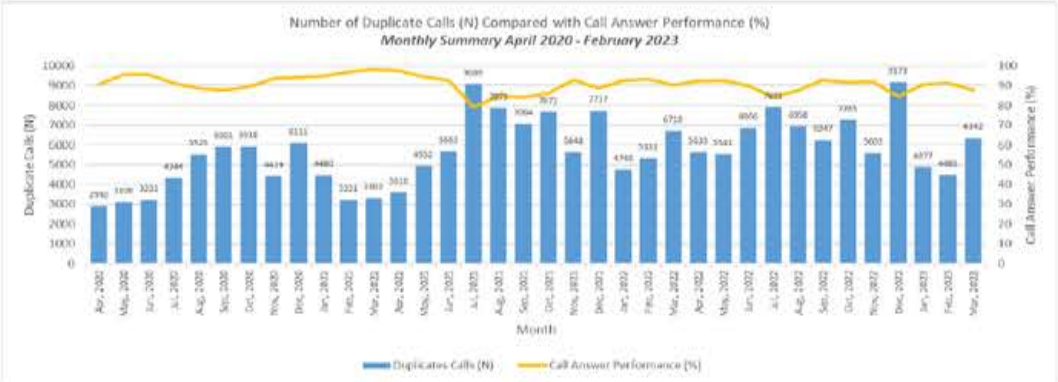
- At the time of writing of this report the Trust is in REAP 2 Moderate Pressure. It must be noted that action short of strike (ASOS) continues and NIPSA have informed the Trust that ASOS will remain in place through May 2023. It is expected that other trade unions will inform the Trust of this also.

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



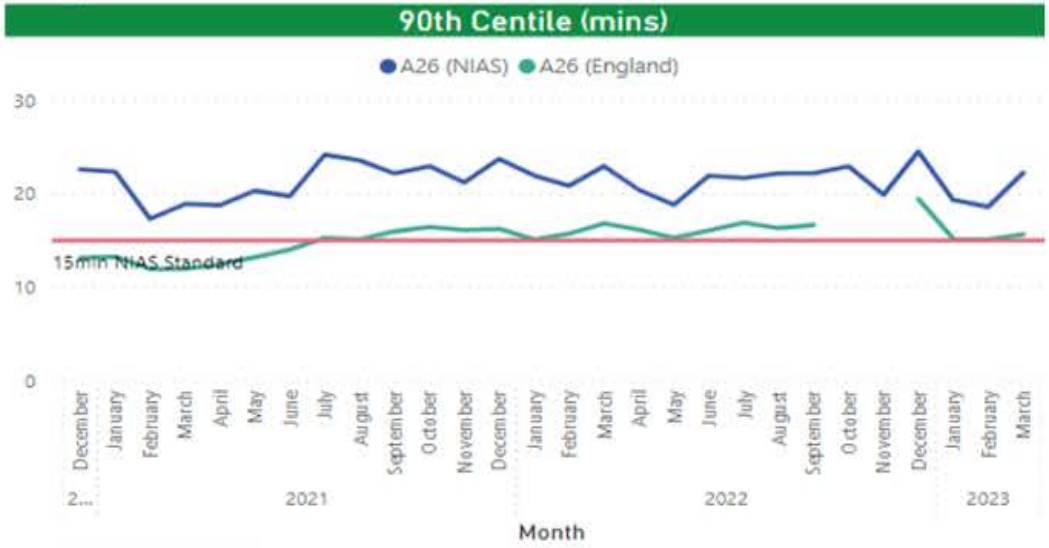


- **March 23** saw a decrease in demand levels within our control room compared with March 22 . **Financial Year 2022-23 demand** was **down 3%** compared to Financial Year 2021-22. In the same time period **incidents** have **decreased** by 5% from 2021-22 to 2022-23
- March 2023 saw an increase in demand from February 2023 of around 10 additional calls received per day. This increase in demand in March was mirrored across the ambulance Trusts in England.
- **Call answer performance** was a challenge in March due to staff shortages and the Trust achieved **87.7%** for March 2023 against the **90%** target for the month
- **March 2023** also saw an **increase** in **duplicate calls of 41%** from February 2023, which is linked to the challenges of delivering the call answer performance targets.

Current Pressures – Impact on Response Time Performance Category 1

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

Demand: C1 Response Times (Measures A25 & A26)



Mean Category 1	National	NIAS
Mar 22 (mins)	09:35	11:38
Mar 23 (mins)	08:49	11:05
22/23 Change (+/-)	-00:46 mm:ss	-00:33 mm:ss
Deviation from Target (Mar 23)		+03:05 mm:ss

- Category 1 Mean Response time has decreased by < 1min 30secs from Mar 22
- Our deviation from target however persists at >3min for Mar 23

90th Centile Category 1	National	NIAS
Mar 22 (mins)	16:50	22:57
Mar 23 (mins)	15:38	22:15
22/23 Change (+/-)	-01:12 mm:ss	-00:42 mm:ss
Deviation from Target (Mar 23)		+07:15 mm:ss

- Category 1 90th Centile Response time has decreased by < 1min from Mar 22
- Our deviation from target however persists at >7mins for Mar 23

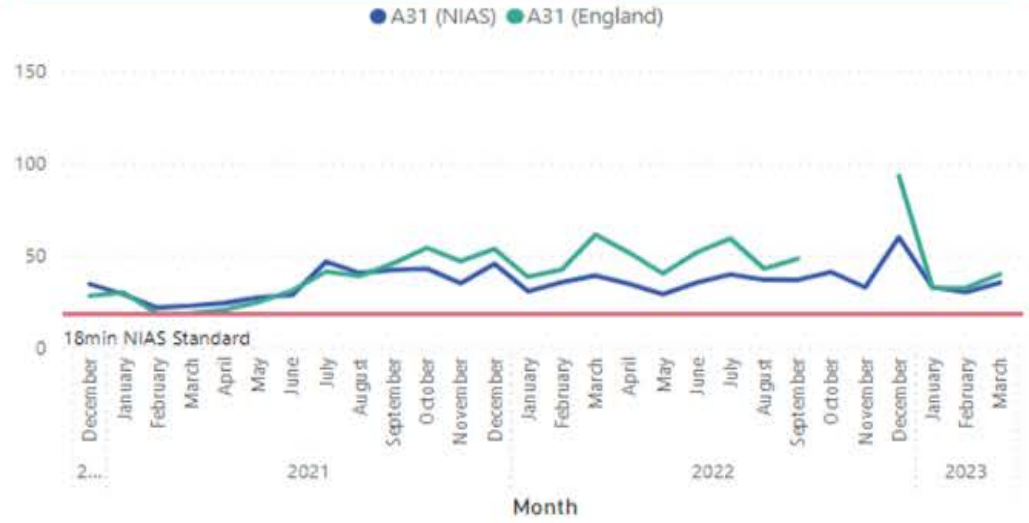
*** Note clock starts for NIAS Cat 1 and England Cat 1 target calls are different**

Current Pressures – Impact on Response Time Performance Category 2

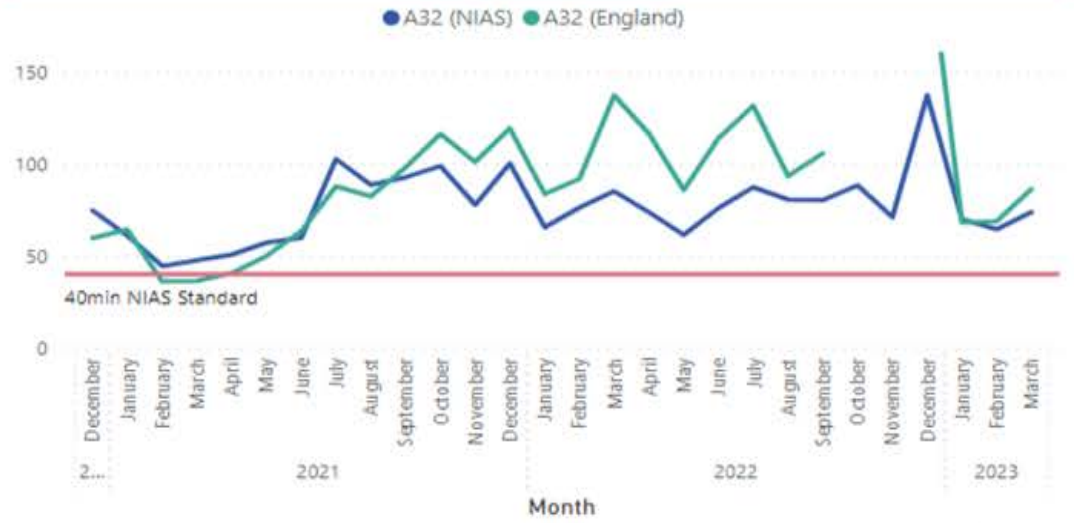
- Category 2 Mean and 90th percentile have seen a similar increase across the English Trusts to what has been experienced within NIAS
- NIAS performance has continued to improve since July 21, however it continues to be a significant challenge to achieve either Mean or 90th Centile targets.

Demand: C2 Response Times (Measures A31 & A32)

Mean (mins)



90th Centile (mins)



Mean Category 2	National	NIAS
Mar 22 (mins)	01:01:05	38:55
Mar 23 (mins)	39:33	35:06
22/23 Change (+/-)	-21:32 mm:ss	-03:49 mm:ss
Deviation from Target (Mar 23)		+17:06 mm:ss

- Category 2 Mean Response time has decreased by over 3mins from Mar 22.
- Our deviation from target was >17 mins during Mar 23

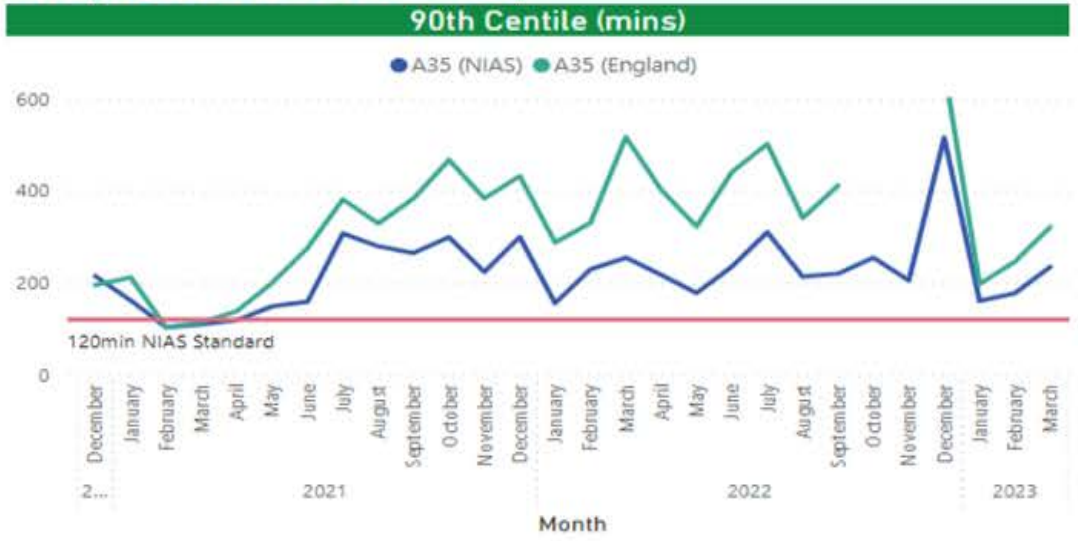
90th Centile Category 2	National	NIAS
Mar 22 (mins)	02:17:10	01:25:03
Mar 23 (mins)	01:26:15	01:13:49
22/23 Change (+/-)	-50:54 mm:ss	-11:14 mm:ss
Deviation from Target (Mar 23)		+33:49 mm:ss

- Category 2 90th Centile Response time has decreased by over 11mins from Mar 22.
- Our deviation from target was significant at over 33mins during Mar 23

Current Pressures – Impact on Response Time Performance Category 3

- Category 3 Mean and 90th percentiles within NIAS have very similar profiles to the English Trusts.
- The 90th 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
Mar 22 (mins)	03:28:12	01:41:18
Mar 23 (mins)	02:13:40	01:34:33
22/23 Change (+/-)	-01:14:32 mm:ss	-06:45mm:ss
Deviation from Target (Mar 23)		

- Category 3 Mean Response time has decreased by over 6mins from Mar 22
- This is a better position than the English Trusts that are experiencing mean performance for Mar 23 of >30mins longer.

90th Centile Category 3	National	NIAS
Mar 22 (mins)	08:36:34	04:14:28
Mar 23 (mins)	05:21:12	03:54:38
22/23 Change (+/-)	-03:15:22 mm:ss	-19:50 mm:ss
Deviation from Target (Mar 23)		+01:54:38 mm:ss

- Category 3 90th Centile response time has decreased by over 19mins from Mar 22
- Our deviation from target remains a significant challenge at over 1Hr during Mar 23

Current Pressures – Handover Times Acute Hospitals

HANDOVER TIMES

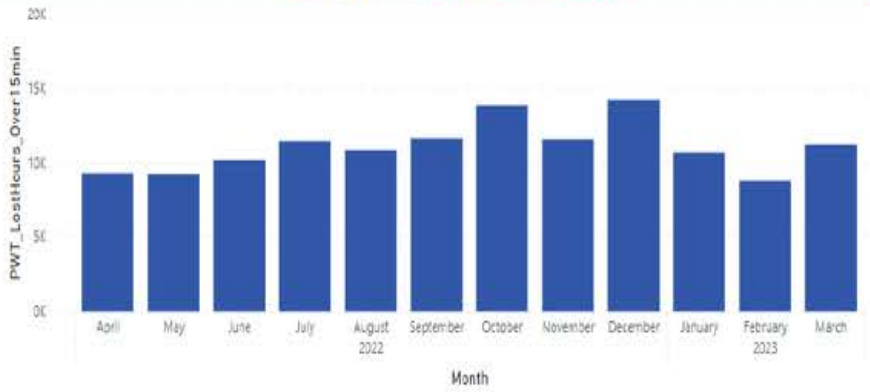
The handover time standard of 15 minutes from arrival at an ED.

In March 2023, NIAS experienced a total of 11,219 lost hours. This is the equivalent of 30 shifts per day, with crews waiting with patients outside EDs, 26% of our planned capacity. These lost hours were experienced from 10,883 instances where our crews waited longer than 15mins to handover their patient at ED. 4,460 of these instances were over 60mins in length.

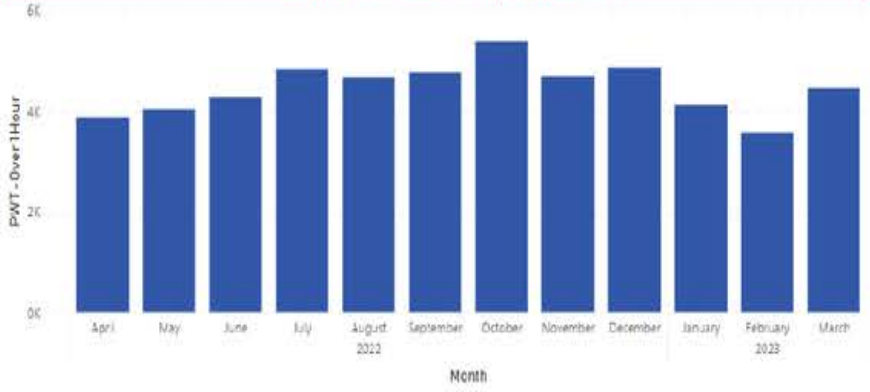
In March 23, 73% of the 11,219 lost hours occurred at the four ED sites listed below in order of volume of hours lost:

Ulster Hospital
Antrim Area Hospital
Craigavon Hospital
Royal Victoria

Total Hours Lost for Handover Over 15mins



Number of Handover Delays over 60mins



Number of Handover Delays over 15mins

Hospital Attended	Total Attendances	Handovers Over 15mins	% Over 15mins	Total Time Lost (Hours)
ALTNAGELVIN HOSPITAL	14615	14313	98%	9,060.89
ANTRIM AREA HOSPITAL	20361	20217	99%	22,746.15
CAUSEWAY HOSPITAL	7166	7097	99%	10,229.88
CRAIGAVON AREA HOSPITAL	17110	16905	99%	19,900.50
DAISYHILL NEWRY	7013	6964	99%	6,180.56
MATER INFIRMORUM	7455	7374	99%	5,796.55
R/BELF FOR SICK CHILDREN	1838	1648	90%	655.05
ROYAL VICTORIA	26463	26050	98%	25,570.04
SOUTH WEST ACUTE HOSPITAL	8209	7953	97%	3,903.00
ULSTER HOSPITAL	17021	16922	99%	28,996.80
Total	**127251**	**125443**	**99%**	**133,039.42**

Number of Handover Delays over 60mins

Hospital Attended	Total Attendances	Handovers Over 60mins	% Over 60mins	Total Time Lost (Hours)
ALTNAGELVIN HOSPITAL	14615	3781	26%	2,182.57
ANTRIM AREA HOSPITAL	20361	9507	47%	10,796.61
CAUSEWAY HOSPITAL	7166	4155	58%	5,812.89
CRAIGAVON AREA HOSPITAL	17110	7481	44%	10,177.22
DAISYHILL NEWRY	7013	2657	38%	2,263.48
MATER INFIRMORUM	7455	2465	33%	1,835.21
R/BELF FOR SICK CHILDREN	1838	171	9%	77.55
ROYAL VICTORIA	26463	12774	48%	10,024.57
SOUTH WEST ACUTE HOSPITAL	8209	1400	17%	557.08
ULSTER HOSPITAL	17021	9183	54%	18,528.20
Total	**127251**	**53574**	**42%**	**62,255.39**

In the last 12 months (April 2022–March 23), 99% of the handovers exceeded the 15min target at our acute EDs, resulting in circa 133k hours lost. The lost hours experienced in March 23 is an increase of **28%** from February 23, whilst the number of instance of delay handovers increased by 12% in the same period.

The 11,219 operational hours being lost (eq. to 935 12-hours shifts per month or 30 12h shifts per day). The number of handover delays in excess of 60mins has increased in March 23 to 4,460 occurrences during the 28 days of February resulting in 144, 60-minute delays per day during the month.

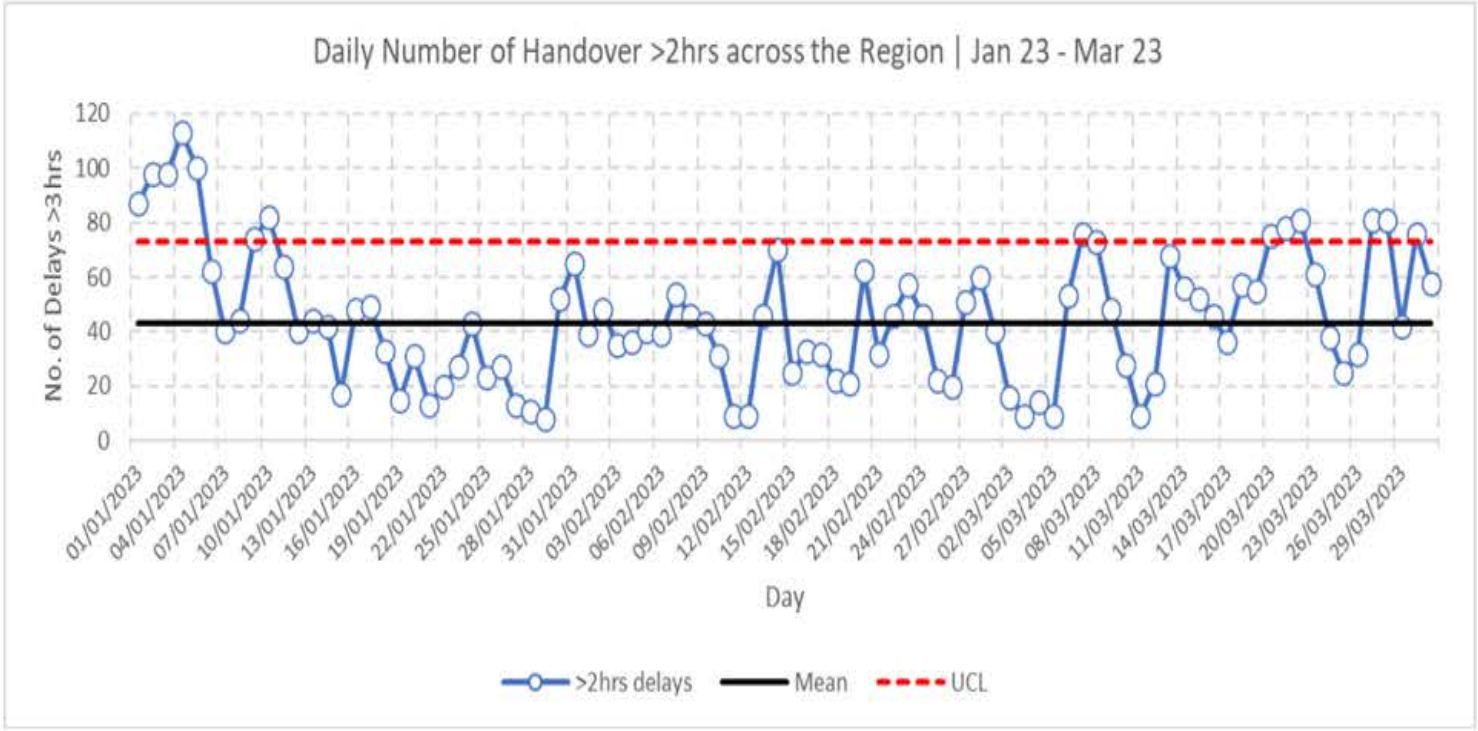
Regional 2 Hour Handover Performance

2 Hour Handover Performance

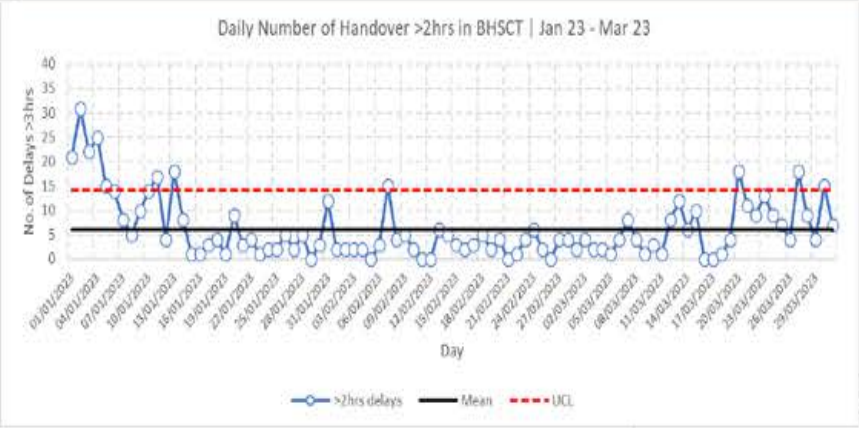
On 1st March 2023, all Trusts committed to delivering a maximum handover delay of 2hrs. The next slide outlines the weekly performance by receiving hospital for the 2hr maximum handover delay.

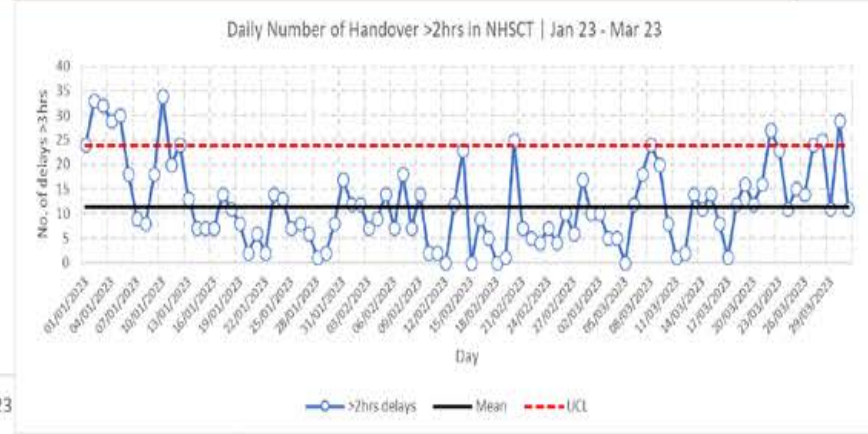
The chart to the right is a statistical Process Control (SPC) chart, outlining the variation in the handover process. On the latter days in March, the system saw numerous occasions of special cause variation leading to the number of handover delays >2hrs exceeding the upper control limit.

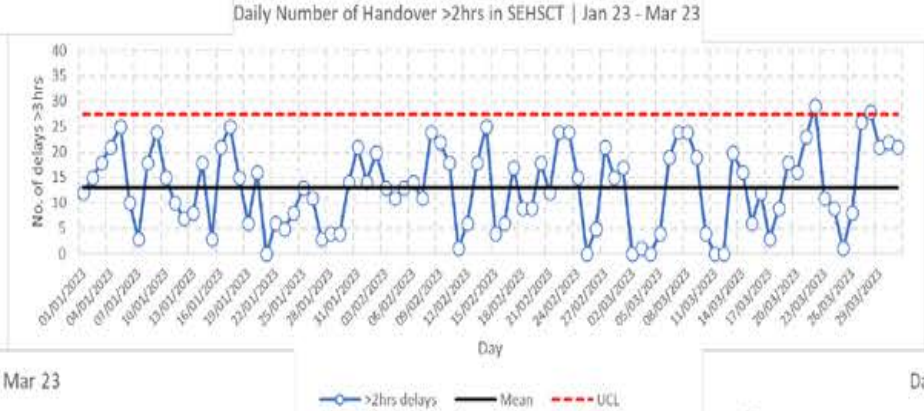
There were signs of improvement towards the end of January, with a few runs of data points below the centre line. However, to make tangible progress with hours being lost outside ED, we need to see the number of delays being experienced each day stabilise below this centre line.

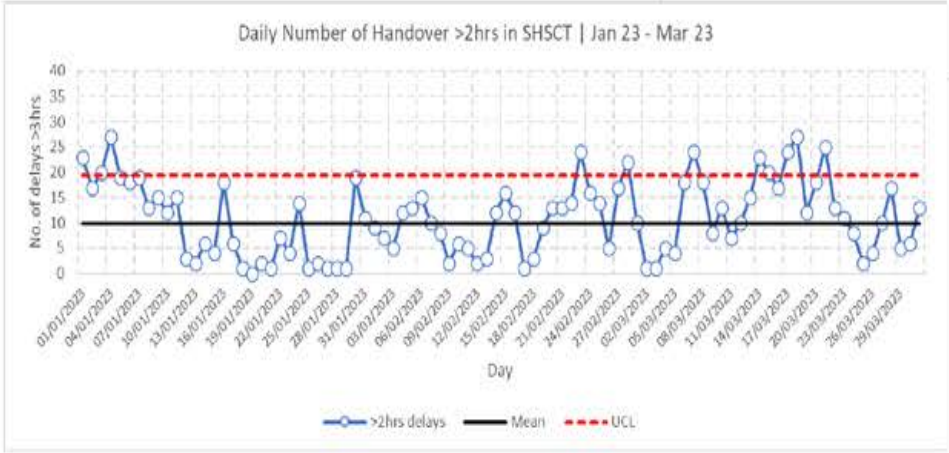


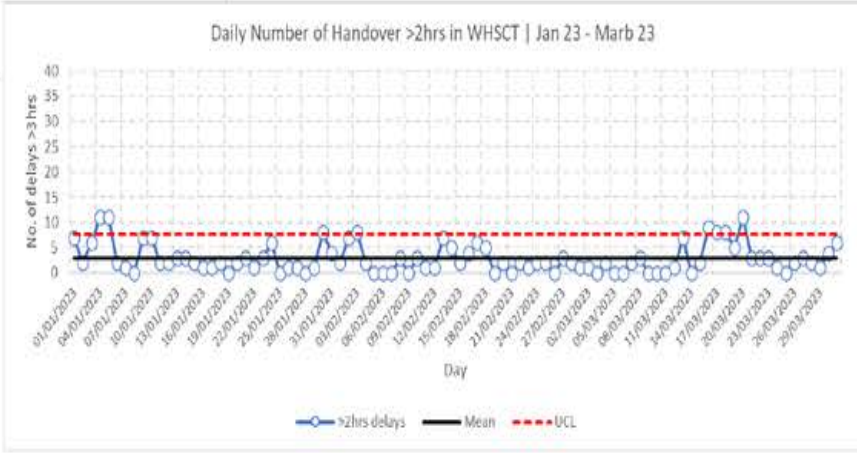
Trust 2 Hour Handover Performance











PCS – Performance Reporting Journey

PCS' performance is being reported via the PCS Dashboard designed by the Business Intelligence team.

Current reported is focused around volume, operational performance and quality metrics.

These reports have allowed the creation of performance baseline metrics prior to the implementation of the new planning rules in April 2023.

Interim Reporting

The PCS project team are currently on an interim reporting position, whereby productivity and utilisation are being calculated manually based on existing data

Future Reporting

NIAS continue to work with supplier MIS to implement the future reporting requirements, expected to go-live during the summer.

Previous Reporting	Interim Reporting	Future Reporting
VOLUME • Patients transported • Shifts, vehicles, etc.	**VOLUME** • Patients transported • Shifts, vehicles, etc.	**VOLUME** • Patients transported • Shifts, vehicles, etc.
PERFORMANCE • On-time Arrivals • On-time Departures • Time on vehicle • Missed appointments	**PERFORMANCE** • On-time Arrivals • On-time Departures • Time on vehicle • Missed appointments	**PERFORMANCE** • On-time Arrivals • On-time Departures • Time on vehicle • Missed appointments
QUALITY • Complaints • Access NI compliance • Incidents • Data quality	**QUALITY** • Complaints • Access NI compliance • Incidents • Data quality	**QUALITY** • Complaints • Access NI compliance • Incidents • Data quality
PRODUCTIVITY & UTILISATION	**PRODUCTIVITY & UTILISATION** • Patients transported per run • Patients transported per shift • Patient-facing time	**PRODUCTIVITY & UTILISATION** • Patients transported per journey • Patients transported per shift • Patient-facing time • Journey duration • Miles per journey • Planned hours • Cost per mile, per journey • Travel time to/from patients • Utilisation & Productivity rates

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.
- To help address the long waiting patients on the C3 EAC stack, the CSD SOP has been reviewed to provide clear guidance on priorities for CSD staff based on the number on duty. This revision prioritises welfare calls being made to patients that are out with standard on the stack without a resource allocated.
- Work is ongoing to revise the late finishes procedure in EAC 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 Rotas continue to be explored with operational teams on to bolster cover further into the evenings utilising the available staff.
- 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 continued 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.
- The Clinical Safety Plan has been revised throughout the organisation and simulation exercises are being developed to be run with key members of staff to embed the new procedures and practices.

Current Pressures - Staffing

STAFF ABSTRACTIONS

In order to ensure a focused approach on improvement related to Attendance Management and sickness levels, the Trust has taken the area out of Business as Usual arrangements and established a bespoke project, led by an independent Professional HR Associate, commissioned through HSCLC. This approach an related KPIs have been approved by PFOD Committee who will also oversee related progress. A new project board, chaired by the Chief Executive is being established. In line with the improvement plan approved by PFOD a Workshop for Area Mangers was held on 27 February 2023. Workshops for Station Officers took place on 21 and 29 March 2023. HR Advisers have noted an increase in demand for support for case management formal reviews and this is welcomed. Industrial action continues to present a barrier to progress in some cases but these exceptions will be logged.

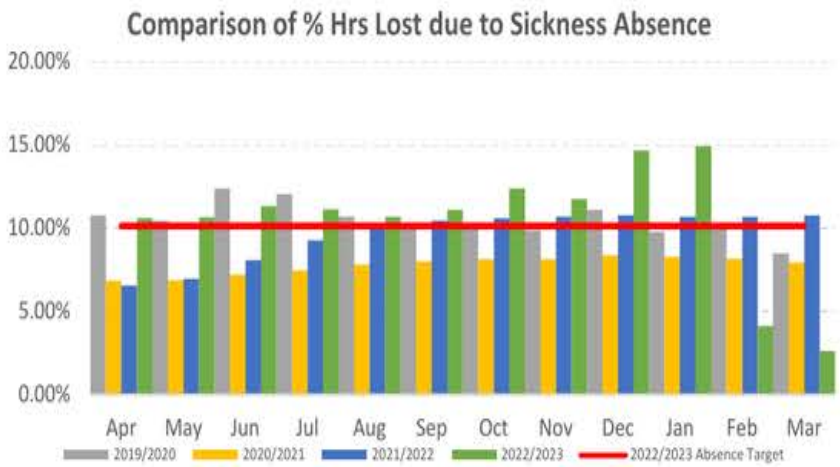
Work is underway to address recommendations related to the legacy arrangements for attendance management outlined within Internal Audit recommendations. The Trust is working with Internal Audit in this process.

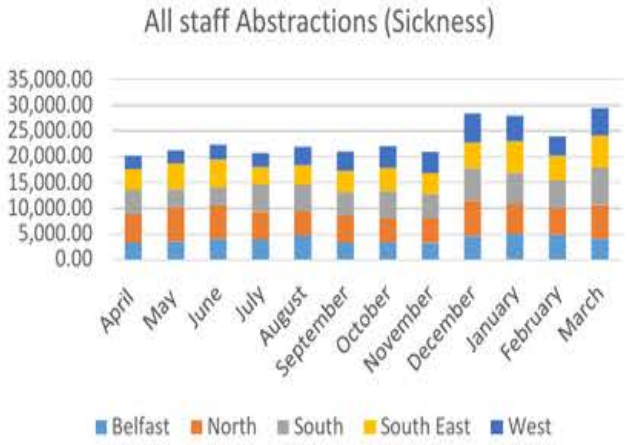
In addition to looking at the individual reasons for absence and application of related management processes the following key initiatives will be within the scope of the project:

- Leadership responsibilities and accountability across the Trust in relation to maximising attendance.
- Robust Redeployment processes for staff who are no longer able to undertake their role due to health.
- Specific focused initiatives related to the highest reasons for absence e.g. mental health support and intervention
- Review of information related to the wider causation factors within the wider working environment context that have the potential to impact on absence figures
- Review of best practice across ambulance, emergency services and other sectors
- Focus on extant arrangements related to occupational health provision

*A regional temporary fix has been applied to HRPTS system to enable reporting on absence figures until end March 2023. The related figures may be subject to change when a permanent solution is established. This is a HSC-wide system issue. However NIAS is involved in related regional work to address this critical issue.

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 (21/22)	6.56%	6.97%	8.09%	9.28%	10.08%	10.48%	10.59%	10.70%	10.78%	10.69%	10.69%	10.77%
Cumulative % hrs lost (22/23)	10.62%	10.64%	10.88%	10.94%	10.89%	10.93%	11.12	11.19	11.58	11.91	12.07	12.30
Monthly % hrs lost (22/23)	10.62%	10.67%	11.34%	11.14%	10.68%	11.11%	12.30	11.75	14.57	14.95	13.80	14.63
Monthly % hrs lost (S/T)	2.78%	2.03%	2.00%	1.95%	2.30%	2.71%	3.55	2.40	4.77	3.93	4.12	2.60
Monthly % hrs lost (L/T)	9.74%	9.40%	9.34%	9.20%	10.29%	10.37%	8.85	9.37	9.92	11.01	12.15	12.02
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	2.29	2.45	2.29	2.31	2.38	2.53	2.42	3.14	3.14	2.70	3.28
Av.Estimated costs (£'000)	636	644	673	649	614	643	733	671	873	858	858	968
Cumulative % Hrs Lost 2022/2023:	12.30%											



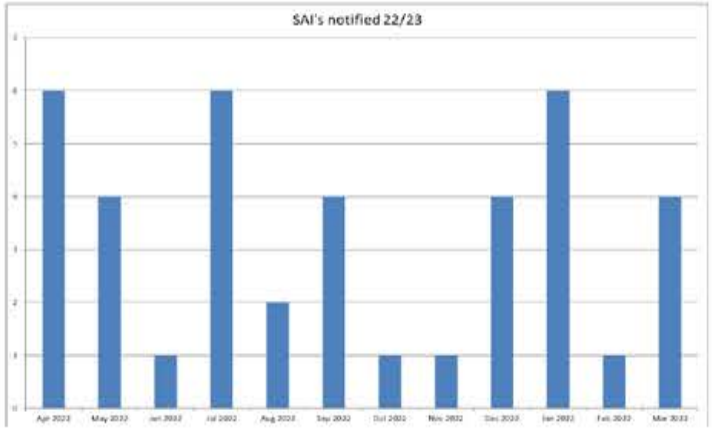


Northern Ireland Ambulance Service
Health and Social Care Trust

Service User Feedback & Serious Adverse Incidents

Serious Adverse Incidents

During March 2023, the Trust reviewed 18 potential SAIs resulting in notification of 4 SAIs. Currently there are 18 open SAIs all of which are Level 1 reviews.



Themes

The 3 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

Learning

Of the SAIs completed during the month of March, identified learning included: EMD adherence to scripts, collaboration on the development of an inter-facility transfer policy, review of CAT 1 release protocols and agreed terminology between EDs and Emergency Ambulance Control.

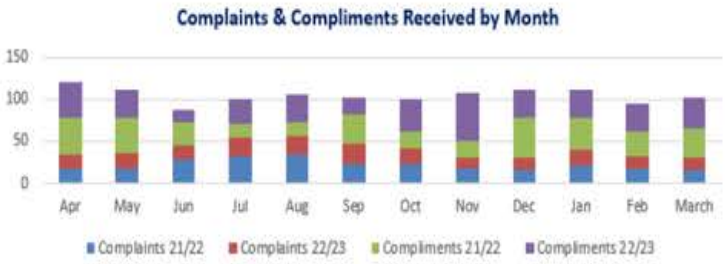
Thematic Review

The SAI team in conjunction with CLS Educate are in the final stages of completion of a thematic review involving incidents where a delay in response out with standard was identified.

The review has analysed and identified all common causal and contributory factors and also acknowledged patterns and trends. The next stage of the review is to collate a formal report which details the review findings and to strengthen and improve current SAI recommendations supported by the information reviewed. Once complete, the final report will be shared within the Trust.

Complaints, Compliments & Care Opinion

During March 2023, **14 complaints** & **36 compliments** were received.



Themes

The 3 key themes remain consistent as: Delay in Accident & Emergency Response; Staff Attitude; and concern regarding treatment.

Timeliness of Process

14 complaints were closed in March 2023.

Timeliness of Closed Cases	Percentage
% of complaints closed within 20 day target	29%
% of complaints that took between 20 and 40 days to close	14%
% of complaints that took over 40+ days to close	57%
Timeliness of Open Cases	**No. of Days**
Average no. days cases(x30) open at 31 March 2023	55

Learning

Of the **14** complaints closed, 6 complaints resulted in learning including: EMD call handling; EAC background noise and noise mufflers being procured; reminder re parking at hospitals and not blocking spaces for blue badge holders.

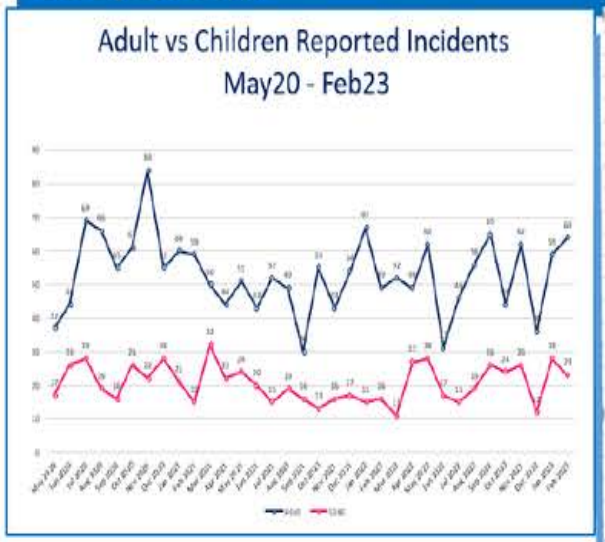
Care Opinion

During March 2023, 24 **stories** were submitted via Care Opinion. By 1st of April these stories were viewed 634 times.
The main areas of feedback were:
What's good – Paramedics, Comfortable, Facilities
Improvements – Ambulance wait
Feelings – Comfortable, Grateful

10K More Voices

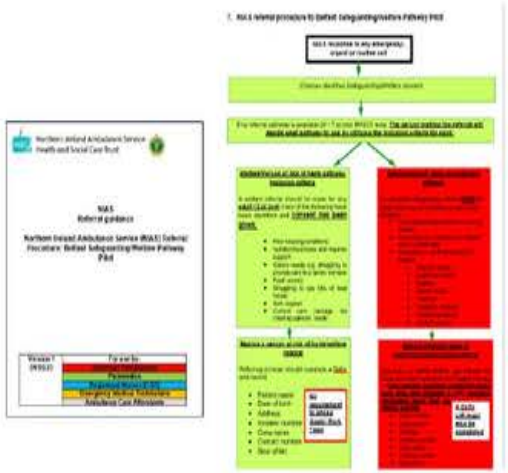
Launched 9 June 2022, seeking experiences of those who have engaged with NIAS as part of an urgent or emergency presentation.
As of 31st March 2023, **141** completed surveys have been returned of which **80%** were either strongly positive / positive and **8%** were strongly negative (re response times).

Safeguarding

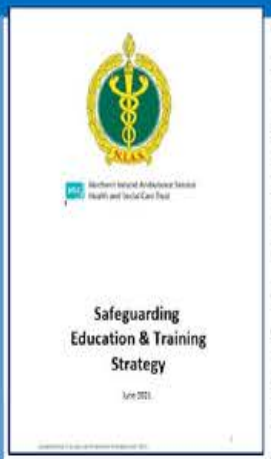


- Total NIAS reported Safeguarding & Welfare monthly reported incidents for Adults and Children are shown in the graph above.
- A marked variance with % of Safeguarding/Welfare referral per contact across other UK Ambulance Trusts has been identified through national benchmarking exercise. The Trust are working regionally with SPPG and HSC Trust colleagues to improve current referral pathways.
- A safeguarding module has been developed for use when e-prf is fully implemented to enable staff to make a contemporaneous electronic referral, currently the referral process is difficult to navigate with staff making telephone referrals and have to complete a datix referral when they return to base station.

- Further work is also required to understand the variation between divisional % of Safeguarding/Welfare referral per contact rates.



- The Trust is currently in the early stages of a pilot with the Belfast Trust aimed to improve welfare referral pathways and improve outcomes for patients in terms of timeliness and appropriateness of response.

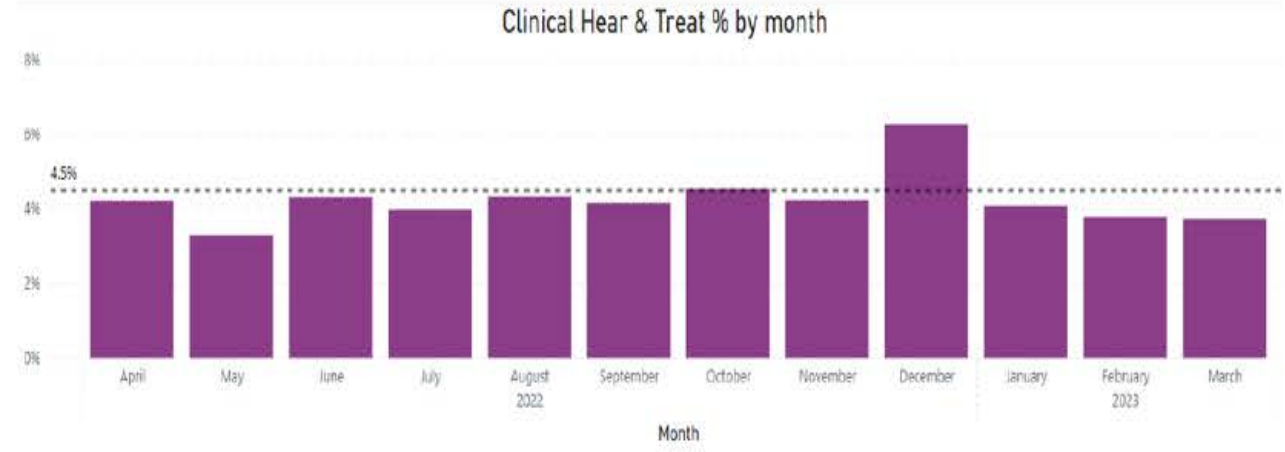


The current NIAS Safeguarding Education & Training Strategy outlines a Standard for staff delivering direct care of 90% compliance with successful completion of Level 2 e learning / direct training module every two years**, compliance at March 23 was 54%.**

The Strategy also outlined an anticipated introduction of level 3 (face to face) safeguarding within the organisation in 2023 to be delivered to all staff involved in direct patient care. The Head of Safeguarding has introduced Level 3 training within 22/34 however the current number *of* ***staff achieving compliance with level 3 training in March 23 is 7%.*** Safeguarding personnel capacity and the ability to release operational staff for face to face training have limited opportunities to deliver this training.

The Trust invited a Safeguarding Peer Review which was undertaken by colleagues from the National Ambulance Safeguarding Group. The findings of review will be reflected in the Trust Annual Safeguarding Position report which will be presented to Trust Board June 23.

Clinical Performance



PROGRESS

The targets for both Hear & Treat and See & Treat will be re-baselined for 2023-24. This is to support the organisation's focus on Clinical Decision making in these areas. The targets will be adjusted in line with the Service Delivery Plans (SDP) submitted to SPPG in April 2023.

To support this, we have developed a revised dashboard which will support a quality and improvement approach to Hear & 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 & Treat by a further 1% by 31st March 2024.

There has been s slight decrease in the Trust's Hear & Treat rate and ongoing analysis is required to establish root cause of this trend.

As with Hear & Treat, a revised See & Treat dashboard has been finalised, 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 & 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 & Treat by a further 1% by 31st March 2024.

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 April 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 April 23
- NIAS have responded to the 2023-34 service delivery plan provided by SPPG and agreed the Targets for 2023-34 and included some additional measures for the Service Delivery Plan for the year ahead. Again, NIAS Trust Board will be kept informed through the Performance report.

Appendix A – SPPG April 23 Submission

Demand and Response Times

These slides outline the Trust Submission for April 23.

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 90th Percentile)
Pre-Hospital Care – See & Treat Rate
Handover Performance – within 15mins, 30mins and 60mins. Long waiters >3hrs

Performance Measure	Metric	Target	Trust	January 2023	February 2023	March 2023	QUARTER 4	FISCAL YEAR 22/23
Demand	% of Calls Answered within 5 secs	90%	Region	92.3%	87.8%	87.6%	89.6%	89.5%
Response times	Category 1 Mean	11 mins	Region	00:09:56	00:09:28	00:11:05	00:10:13	00:10:51
	Category 1 90th Percentile	21 mins	Region	00:19:19	00:18:36	00:22:15	00:20:02	00:21:28
	Category 2 Mean	22 mins	Region	00:32:31	00:29:53	00:36:06	00:32:26	00:36:59
	Category 2 90th Percentile	46 mins	Region	01:09:45	01:04:28	01:13:49	01:09:37	01:20:26
	Category 1 Mean	11 mins	Belfast	00:06:36	00:06:35	00:07:21	00:06:50	00:07:22
	Category 1 90th Percentile	21 mins	Belfast	00:10:42	00:11:39	00:12:51	00:11:41	00:12:48
	Category 2 Mean	22 mins	Belfast	00:25:58	00:26:40	00:29:51	00:27:10	00:35:00
	Category 2 90th Percentile	46 mins	Belfast	00:55:15	01:01:11	01:08:15	01:01:56	01:19:45
	Category 1 Mean	11 mins	South East	00:10:17	00:10:39	00:11:44	00:10:55	00:12:09
	Category 1 90th Percentile	21 mins	South East	00:20:26	00:22:43	00:21:29	00:21:13	00:23:56
	Category 2 Mean	22 mins	South East	00:35:17	00:33:34	00:40:52	00:36:46	00:45:27
	Category 2 90th Percentile	46 mins	South East	01:16:22	01:11:40	01:26:07	01:17:42	01:38:31
	Category 1 Mean	11 mins	Northern	00:11:31	00:10:43	00:12:11	00:11:29	00:12:39
	Category 1 90th Percentile	21 mins	Northern	00:19:59	00:20:07	00:24:04	00:22:02	00:24:08
	Category 2 Mean	22 mins	Northern	00:35:48	00:29:28	00:34:35	00:33:17	00:37:53
	Category 2 90th Percentile	46 mins	Northern	01:12:09	01:01:49	01:09:22	01:07:44	01:19:18
	Category 1 Mean	11 mins	Southern	00:12:40	00:10:54	00:13:39	00:12:28	00:13:13
	Category 1 90th Percentile	21 mins	Southern	00:22:34	00:20:18	00:25:15	00:22:34	00:25:24
	Category 2 Mean	22 mins	Southern	00:37:30	00:34:58	00:40:16	00:37:34	00:39:48
	Category 2 90th Percentile	46 mins	Southern	01:22:30	01:12:32	01:23:22	01:19:49	01:23:58
	Category 1 Mean	11 mins	Western	00:10:29	00:09:36	00:12:08	00:10:42	00:10:09
	Category 1 90th Percentile	21 mins	Western	00:21:03	00:18:30	00:25:26	00:21:30	00:20:25
	Category 2 Mean	22 mins	Western	00:28:38	00:26:10	00:31:30	00:28:34	00:27:06
	Category 2 90th Percentile	46 mins	Western	01:02:40	00:53:52	01:07:28	01:00:56	00:57:33

SPPG RAG Key:

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

Appendix A – SPPG April 23 Submission

Pre Hospital Care and Handover Times

Metric	Target	Trust	January 2023	February 2023	March 2023	QUARTER 4	FISCAL YEAR 22/23
% of Calls Resolved With Telephone Advice	2.2%	Region	4.1%	3.8%	3.7%	3.8%	4.2%
% of Patients Seen and treated by NIAS	23%	Region	14.3%	14.0%	15.2%	14.5%	14.1%

SPPG RAG Key:

RAG KEY	
Percentage Measures:	
Red	>5% from Target
Amber	0 and <=5% from Traget
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	January 2023	February 2023	March 2023	QUARTER 4	FISCAL YEAR 22/23
Hospital Handovers	<= 15mins	27%	Region	1.82%	1.56%	1.69%	1.83%	1.74%
	<=30mins	60%	Region	13.83%	14.89%	13.34%	13.92%	13.80%
	<=60mins	87%	Region	60.88%	64.38%	60.61%	61.83%	58.96%
	>3hrs	0.25%	Region	7.73%	5.23%	8.82%	8.61%	7.38%
	No. of patients >3hrs	378 (per Annum) 32 (per month)	Region	827	531	778	2137	9754
	<= 15mins	31%	Belfast	1.94%	2.31%	3.40%	2.57%	2.62%
	<=30mins	64%	Belfast	15.68%	17.34%	16.60%	16.53%	14.98%
	<=60mins	91%	Belfast	63.11%	66.65%	64.47%	64.73%	58.29%
	>3hrs	0.16%	Belfast	4.43%	2.57%	3.16%	3.39%	5.09%
	No. of patients >3hrs	45 (per Annum) 4 (per month)	Belfast	105	60	81	246	1305
	<= 15mins	19%	South East	1.31%	1.19%	1.12%	1.20%	1.02%
	<=30mins	54%	South East	9.15%	9.31%	9.99%	9.17%	8.54%
	<=60mins	85%	South East	52.27%	54.53%	54.60%	53.80%	49.83%
	>3hrs	1.23%	South East	12.03%	12.09%	13.18%	12.45%	14.22%
	No. of patients >3hrs	213 (per Annum) 18 (per month)	South East	221	204	258	683	3199
	<= 15mins	34%	Northern	1.08%	1.15%	0.94%	1.05%	1.04%
	<=30mins	76%	Northern	11.43%	12.44%	10.51%	11.41%	9.75%
	<=60mins	96%	Northern	56.64%	63.85%	56.58%	58.87%	52.78%
	>3hrs	0.04%	Northern	11.02%	4.41%	7.18%	7.58%	8.86%
	No. of patients >3hrs	11 (per Annum) 1 (per month)	Northern	286	111	205	812	2908
	<= 15mins	23%	Southern	1.57%	1.62%	1.21%	1.46%	1.51%
	<=30mins	58%	Southern	12.39%	13.11%	11.63%	12.36%	12.17%
	<=60mins	90%	Southern	82.01%	86.42%	87.82%	86.64%	80.66%
	>3hrs	0.34%	Southern	6.14%	3.15%	10.20%	8.56%	7.87%
	No. of patients >3hrs	81 (per Annum) 7 (per month)	Southern	181	137	212	518	1909
	<= 15mins	25%	Western	2.36%	1.63%	1.63%	1.84%	2.56%
	<=30mins	59%	Western	20.08%	22.75%	19.40%	20.68%	22.05%
	<=60mins	91%	Western	71.09%	76.31%	69.83%	72.18%	77.28%
	>3hrs	0.13%	Western	2.41%	1.12%	1.17%	1.57%	1.82%
	No. of patients >3hrs	28 (per Annum) 2 (per month)	Western	44	19	22	85	223

- End Of Report -

Trust Board Finance Report

March 2023 (Month 12)

Northern Ireland Ambulance Service
Health and Social Care Trust

Contents

Executive Summary

Statutory financial performance targets **The position outlined in this report, and the associated RAG status, is subject to a number of assumptions and the completion of Final Accounts and review by External Audit.**	RAG status
Manage within allocated Revenue Resource Limit (RRL) / Achieve financial break-even	
The Trust is reporting a small underlying surplus of £24k (0.02% of turnover) and receipts from the sale of assets of £86k (0.07% of turnover) for the year ending 31 March 2023. This does not include any restatement of accounts required in respect of previous years.	
Manage within allocated Capital Resource Limit (CRL)	
The Trust has received a Capital Resource Limit (CRL) allocation of £6.814m. This includes allocations for Fleet & Estate, ICT, Backlog Maintenance and IFRS16 Leases. Provisional figures for expenditure at year ended 31 March 2023 (Month 12) is £6.812m against this allocation which represents an underspend against the CRL of £2k (0.03% of CRL).	
Prompt payment target-95% of suppliers within 30 days	
Cumulative performance is 96.6% for the year ended 31 March 2023.	

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

The Trust is reporting a small underlying surplus of £24k (0.02% of turnover) and receipts from the sale of assets of £86k (0.07% of turnover) for the year ending 31 March 2023. This does not include any restatement of accounts required in respect of previous years and is subject to the completion of Final Accounts and review by External Audit.

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

- The agreed RRL at Month 12 £116.286m, of which £100.438m is recurrent (previously £107.546m , of which £95.227m was recurrent).
- Covid-19 Costs – The Trust has received allocations of £14.743m of Covid-19 costs across the areas of Workforce (£5.66m), Service Delivery (£7.2m), Equipment & Supply (£1.2m), Corporate Cleaning (£0.6m) and IPC (0.08m). 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. Following discussion with SPPG/DoH, funding has been confirmed for the full year and allocations have been received.
- 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.

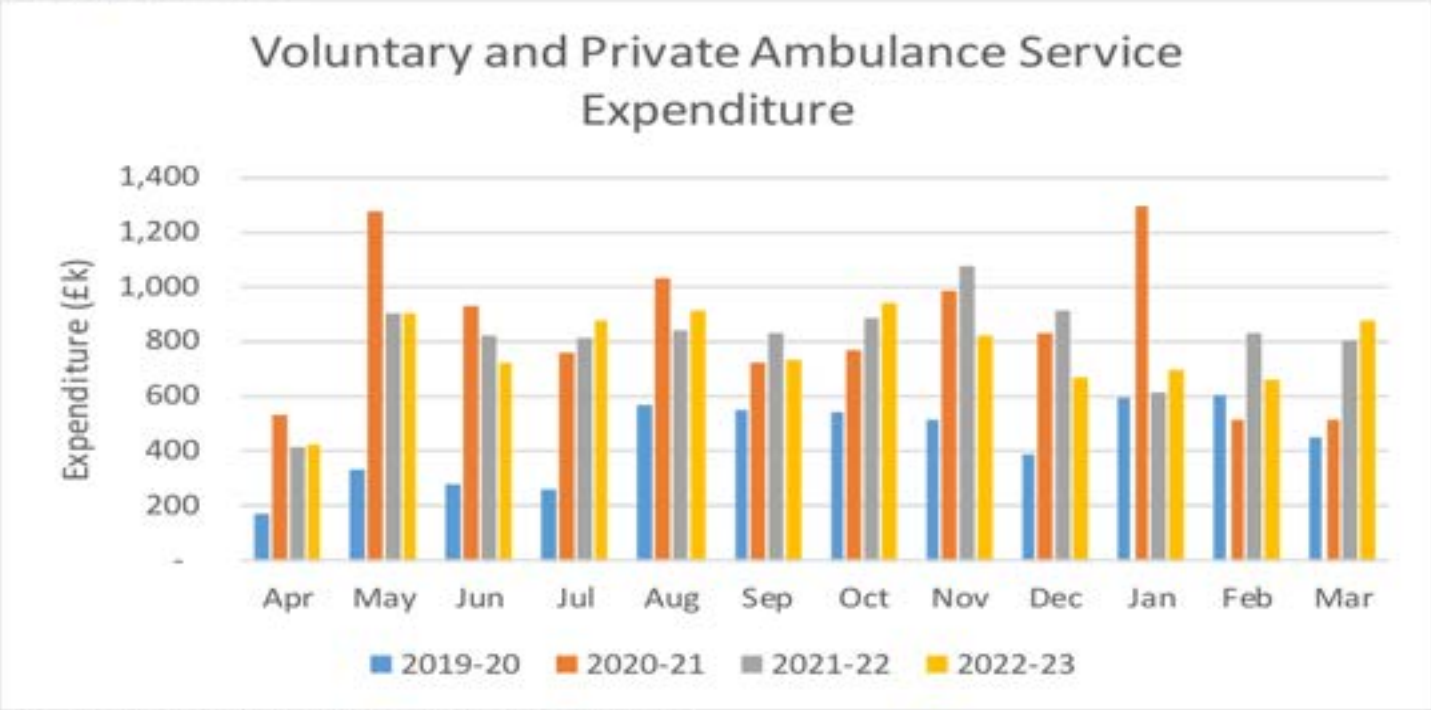
Manage within allocated Revenue Resource Limit (RRL) / Achieve financial break-even

- The Trust received subsequent correspondence from DoH/SPPG requesting that Trusts should contain costs in areas that would not have an immediate impact on service delivery. 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. These were not expected to be matched with a reduction in RRL in the current year and plans are in place to reduce Agency staff costs for the rest of the year and beyond. Subsequently, the RRL was reduced by £79k.
- Agenda for Change – Details of the Agenda for Change pay award for 2022-23 have been issued and payments, including arrears, were made in the March 2023 salary. Progress on the regional treatment of holiday pay overtime has been made which is reflected in this report and will be reviewed in detail as part of the final accounts for 2022-23.
- Investment – Inescapable pressures (£1.336m), Demography (£0.706m) and increased fuel and energy costs (£1.35m) have been supported.
- Accounting Treatment – Assuming no unsupported major in year changes to accounting treatment.
- Regional financial planning for 2023-24 with Trusts and DoH/SPPG continues against a backdrop of what will be a seriously constrained financial position across the public sector in 2023-24.

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 has largely been operating at the highest levels of escalation and VAS/PAS spend remains significant. Significant additional costs, of the order of £1.8m for the ten months to January 2023, are also being incurred for the provision of patient taxis.



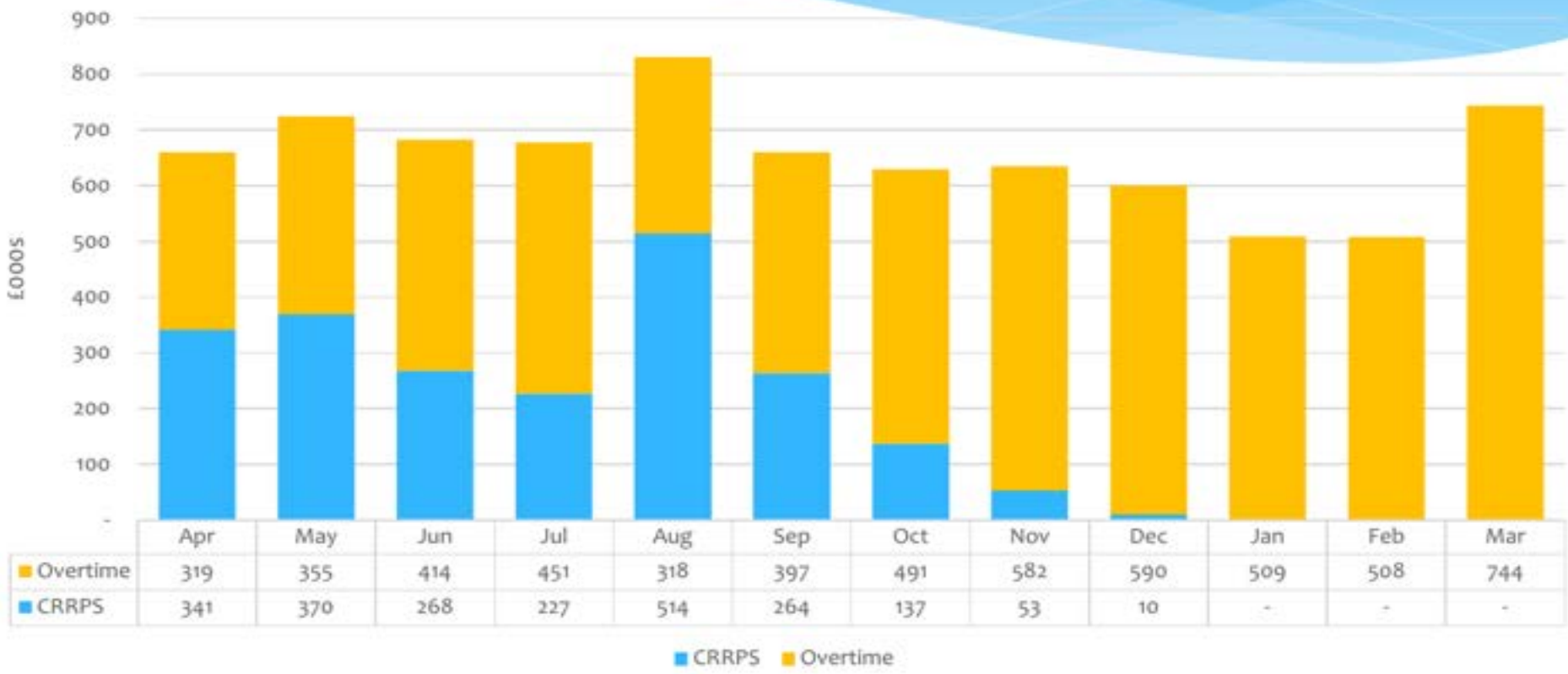
Overtime Expenditure

- The Trust relies significantly on the use of overtime for the provision of services, predominantly for the provision of Ambulance cover. This reliance is for a number of reasons including vacancies, planned and unplanned absences and additional cover or programmes of work.
- Overtime is payable to staff in pay bands 1-7 under Agenda for Change (AfC) terms and conditions at a rate of time plus one half, with the exception of public holidays which are paid a double time.
- Overtime is paid monthly in arrears and claims should routinely be submitted within three months of the work being carried out. Staff also have the option of taking time off in lieu as an alternative to an overtime payment.
- Given the varying requirements for overtime, expenditure can vary significantly at different times in the year. However, even with this variability, overtime has been remarkably consistent in previous years averaging circa £6m per annum. Costs in 2022-23 have increased to £7.9m which has been affordable with additional Covid allocations. Expenditure has been on a slight downward trend for the last three months of the year (figures for March include pay award arrears estimated to be in the order of £300k). This downward trend will need to be maintained and sustained in 2023-24.
- The Trust has largely completed a programme of work to recruit substantively to positions that have historically been filled with overtime. There was a significant lead time for the recruitment and training of these staff. As the output of the training school fills vacancies and the impact of the pandemic recedes, levels of expenditure on overtime should reduce.
- Regionally, additional enhancements have been introduced to encourage staff to undertake additional shifts, including overtime payments for staff in pay bands 8a and above. Costs under the Covid Rapid Response Payment Scheme are now included in this graphical analysis. Reliance on these payments has reduced steadily since peaking in August.

Overtime Expenditure

NIAS OVERTIME COST 2022-23

(excluding employers NIC)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Overtime	319	355	414	451	318	397	491	582	590	509	508	744
CRRPS	341	370	268	227	514	264	137	53	10	-	-	-

Manage within allocated Capital Resource Limit (CRL)

- The Trust has received a Capital Resource Limit (CRL) allocation of £6.814m (previously £6.853m). This includes allocations for Fleet & Estate (£5.123m), ICT (£1.195m), 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.
- Provisional figures for expenditure at year ended 31 March 2023 (Month 12) is £6.812m against this allocation of £6.814m which represents an underspend against the CRL of £2k (0.03% of CRL). This does not include the £100k support from Children's Heartbeat Trust for the specialist Children's Ambulance.
- The Trust has received a Capital Resource Limit of £4.7m for 2023-24 which will enable the continuation of the fleet replacement programme.

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 measures are in place to improve and maintain performance in this area. As aged invoices are cleared and paid, performance between months can vary.

* This is the third consecutive year that both the 95% and 70% targets have been achieved. The Trust will continue with efforts to maintain this level of performance in 2023-24.

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	3,221	2,167	2,859	2,326	2,752	**30,652**	
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	3,127	2,105	2,787	2,265	2,715	**29,623**	
% bills paid on time 30 days	96.4%	95.0%	94.5%	97.0%	95.7%	96.3%	97.1%	97.1%	97.1%	97.5%	97.4%	98.7%	96.6%	>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	2,590	1,763	2,157	2,005	2,049	**23,166**	
% bills paid on time 10 days	77.0%	65.8%	71.5%	84.1%	60.9%	71.2%	82.8%	80.4%	81.4%	75.4%	86.2%	74.5%	75.6%	>70%
Targets			30 days	>95%	>90%	<90%		10 days	>70%	>65%	<65%			

End of Report

Northern Ireland Ambulance Service
Health and Social Care Trust

MINUTES OF THE PEOPLE, FINANCE AND ORGANISATIONAL DEVELOPMENT COMMITTEE HELD AT 9.30AM ON THURSDAY 24 NOVEMBER 2022 VIA ZOOM

PRESENT:	Mr T Haslett	Committee Chair
	Ms N Lappin	Non-Executive Director
IN ATTENDANCE:	Mr M Bloomfield	Chief Executive (left the meeting at 11.30am)
	Ms M Lemon	Director of HR & OD (joined the meeting at 9.15am)
	Mr P Nicholson	Director of Finance, Procurement, Fleet & Estates
	Ms M Paterson	Director of Planning, Performance & Corporate Services (left the meeting at 11.30am)
	Mrs C Mooney	Board Secretary
	Ms L Gardner	Asst Director HR
	Ms V Cochrane	Asst Director HR (joined the meeting at 9.10am)
	Mr J Wilson	Boardroom Apprentice
	Ms S Young	HR Associate (for agenda item 10 only)
	Ms P Larkin	Senior HR Advisor (for agenda item 10 only)
APOLOGIES:	Mr J Dennison	Non-Executive Director

1 Apologies & Opening Remarks

The Chair welcomed those present to the meeting and extended his congratulations to Mr Nicholson on his recent appointment as the Trust's Director of Finance, Procurement, Finance and Estates.

The Chair also extended a welcome to Mr David Mullan, who had recently taken up post as Senior HR Manager and who would be

observing today's meeting), Mr Jamie Wilson, Boardroom Apprentice, and Mr Tim Craig, Project Accountant, Finance.

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 (PC24/11/22/01)

The minutes of the previous meeting held on 15 September 2022 were approved on a proposal from Ms Lappin and seconded by the Chair.

4 Matters Arising (PC24/11/22/02)

Members **NOTED** the actions points.

5 Finance Update (PC24/11/22/03)

Mr Nicholson commenced his report by advising the Committee that, while the Trust was projecting a breakeven position at year end, there were a few assumptions within the breakeven projection.

Mr Nicholson indicated that the current Resource Revenue Limit (RRL) was just below £100 million, of which £96 million was recurrent. He pointed out that ring-fenced allocations of £11.5 million related to Covid-19 as well as workforce and service delivery and were subject to business case approval.

Continuing, Mr Nicholson advised that an allocation of £3.6 million in respect of Cohort 4 and demography had been assumed and said

this too would be subject to business case approval. He confirmed that £1.2 million in respect of PPE had been received by the Trust.

Mr Nicholson clarified that the pay award for the current year and the PSNI holiday pay had not been included in these figures. He advised that the position on holiday pay was constantly under review, both within the Trust and on a regional basis, and said members would recall the accrual versus provision discussions which had led to the qualification of the Trust's accounts.

Mr Nicholson indicated that it was likely the position would change in the current year and accounting treatment would move to a provision. He explained that this was due in a large part to the uncertainty over the timing of any agreement. Mr Nicholson advised that the effect in year would be to reduce the Trust's expenditure which would be matched by a reduction in RRL so this would not have any impact on the current year's breakeven position. However, he acknowledged that it would create a financial pressure across HSC when the matter was finally resolved.

Continuing, Mr Nicholson indicated that the Trust's provision would increase by £8 million. He said that, while he had been content with the rationale for the position taken by the Trust over the last number of years, as well as being content with the direction of travel in the current year, it had been regrettable that the Trust's accounts had been qualified. Mr Nicholson said that moving from an accrual to a provision would bring the Trust in line with the NIAO position. He explained that it was likely the Trust would have its accounts qualified in the 2022-23 year as the NIAO considered the prior year position.

Ms Lappin said it was unfortunate, because of the Trust's size and budget, that it had been the only Trust to have its accounts qualified due to the holiday pay issue. She expressed her disappointment at the possibility that the current year's accounts would be qualified.

Mr Haslett acknowledged that the issue of holiday pay had been in existence for some time and asked Mr Bloomfield for his view as the Trust's Accounting Officer.

Mr Bloomfield acknowledged that he was not comfortable with the qualification of the Trust's accounts. He said that, in previous years, the Trust had been guided by DoH colleagues taking cognisance of

the need to adhere to a consistent regional approach and said Trust officers would liaise closely with DoH colleagues to explore potential avenues to avoid a qualification.

Referring to savings, Mr Nicholson advised that the Trust's savings target of £2.6 million would be met in-year through non-recurrent measures and additional support from the DoH. He explained that there were regional initiatives to deliver £15 million of savings on agency staff and the Trust had been given an indicative target of £379,000 in this area.

Mr Nicholson turned to the capital programme and advised that the Trust had confirmed resources of £6.1 million with proposed schemes currently totalling £0.3 million over available resources. He drew members' attention to the detailed breakdown of the individual schemes within the report.

Mr Nicholson advised that, of the total £6.1 million, only £0.25 million had been spent at month 6. However, he said he envisaged large schemes and expenditure towards the end of the year with around £2 million profiled over Christmas and £4 million in February and March. Mr Nicholson said that Trust officers were continually reviewing the position. He pointed out that the benefit of securing capital cover at the start of the year meant that vehicle chassis had been ordered for a number of months now. He added that the Trust had received a number of assurances from suppliers that the chassis would be delivered by the end of the financial year.

As well as the vehicle chassis, Mr Nicholson indicated that there were also a number of notable capital schemes included within the capital programme such as the Downpatrick modular building and a number of IT schemes around telephony and the Integrated Command and Control System (ICCS) as well as plans to replace the Computer Aided Dispatch (CAD) in the Emergency Control.

Mr Haslett expressed his concern at the significant capital expenditure late in the financial year.

Mr Nicholson noted that the Trust's reliance on VAS/PAS remained significant. He drew members' attention to the paper which showed expenditure across four financial years along with a breakdown by supplier for the current year. Mr Nicholson explained that this expenditure was only affordable with the additional resources

provided to the Trust through Covid-19 allocations which could potentially cease at the end of the financial year.

Mr Haslett noted that the Covid-19 allocations had continued in the past despite the DoH indicating that they would cease.

Mr Bloomfield advised that Mr Nicholson had, on a number of occasions, expressed his uncertainty at the continuation of Covid-19 funding this year and he reminded the meeting that the Trust used these resources to cover the costs associated with VAS/PAS. Mr Bloomfield said he welcomed confirmation of the continued Covid-19 allocations up until 31 March 2023 and assured members that the Trust would not continue to rely on this funding as it approached the 2023-24 year.

Continuing, Mr Bloomfield acknowledged the work to be undertaken that would allow the Trust follow a trajectory which would result in a significant reduction in the use of VAS/PAS going into the 2023-24 year.

Ms Lappin suggested that it would be helpful for the Committee to have sight of the Trust plans to reduce VAS/PAS expenditure over the coming months including where these plans might impact services. She questioned whether it would be appropriate for the PFOD Committee to monitor expenditure against VAS/PAS.

Mr Bloomfield stressed the importance of having a planned trajectory. He said that this would be closely linked to the PCS improvement work where it was necessary to have improvement in efficiency and productivity in order to offset the reduction in VAS/PAS. He acknowledged that initial results were positive.

Responding to Ms Lappin's point, Mr Bloomfield acknowledged that the reduction in VAS/PAS expenditure would be significant and reiterated the importance of addressing this in a planned manner. He referred to the slight reduction in expenditure on VAS/PAS and believed that this may have been due to the uncertainty around funding. However, given the likely pressures over the winter period, Mr Bloomfield said it was likely that the Committee would see the Trust's use of VAS/PAS increase.

Ms Lappin acknowledged this point and the current pressures but reminded the meeting of the Trust Board's recommendation to reduce VAS/PAS expenditure.

Mr Haslett suggested that this was an issue that would likely be discussed at the December Trust Board.

Continuing his report, Mr Nicholson advised that expenditure in respect of staff substitution from the Association of Ambulance Chief Executives (AACE) totalled £63,000 in the current year and explained that AACE had provided expert support across a range of mainly operational areas.

Referring to the use of HSC Leadership Associates, Mr Nicholson explained that the nature of support provided was around paramedic training, HR related issues and SAIs. He pointed out that expenditure had been £17,000 for the six months of this year and pointed out that the Trust was currently following up on further invoices from the BSO.

Ms Lemon acknowledged that this issue had been discussed previously and said she was conscious that more detail was required by the Committee, for example a brief description of the work being undertaken and the expected outcomes of that work and expenditure.

Ms Lappin said she would welcome this detail.

Mr Nicholson alluded to the use of agency staff and reported that, in the last financial year, the HSC had spent a total of £320 million, between contracted and non-contracted agencies. He pointed out that £242,000 (75%) had been spent on Nursing and Medical and Dental and he drew members' attention to the NIAS expenditure on agency staff on page 13 of the report.

Mr Nicholson explained that there was no difference for the NIAS in the costs for contracted and non-contracted agencies. He indicated that savings for the NIAS were indicative at this stage and any move would not necessarily release savings. However, he pointed out that the Trust was expecting a reduction in the use of Agency Support Services as the volume of cleaning decreases. Mr Nicholson advised that this may be accompanied by a reduction in

Covid-19 allocations as all these resources were ring-fenced and could only be used for these purposes.

Ms Cochrane referred to the Agency Framework and said she would liaise with Ms Heaslip in relation to a breakdown of the off-contract agency costs.

Ms Lemon reminded members that agency utilisation and expenditure was reported on within the balanced scorecard and believed this was one benefit of having Finance and HR reported together at the same Committee.

Ms Lappin believed that it also demonstrated the benefit of having a Trust Resources Committee and acknowledged the significant expenditure on staff. She welcomed the focus on agency spend and believed the Trust was in a good position moving forward.

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

6 **Collaborative Planning tool – demonstration (PC24/11/22/04)**

The Chair welcomed Mr Tim Craig, Project Accountant, Finance Directorate, to the meeting.

By way of introduction, Mr Nicholson explained that the HSC had an integrated Finance, Procurement and Logistics system known as FPL. He advised that the budget module of this system was known as Collaborative Planning (CP) and was the portal used by budget holders to review financial information.

At the Chair's invitation, Mr Craig demonstrated the system for members and said that CP was used by financial management to build budgets and pulled together payroll and non-pay budgets and expenditure in one area. He pointed out that all figures then subsequently flowed through to the Trust's monitoring returns which were submitted to the DoH and presented to Trust Board.

Mr Craig advised that Finance was currently relaunching CP and would be delivering a range of training and scheduling meetings with Directors and budget holders to place the Trust on a firm footing in terms of financial management in the coming challenging financial years.

The Chair asked how much the system was used throughout the Trust.

Responding, Mr Craig explained that arrangements had been made to relaunch the CP tool and Directors' access had been reissued as well as issuing a navigation guide to the system. He added that arrangements had also been put in place to recommence the monthly review of financial performance with Directors.

Ms Lappin welcomed this work and suggested that it would be helpful for the Committee to hear from Directors as to how comfortable Directors felt in using the CP tool and how they used it to manage their budgets as opposed to utilising it for budget spend. She added that it would also be helpful to hear whether Directors felt they now had a degree of ownership over their respective budgets. Ms Lappin expressed concern that there had not been regular meetings with Directors in relation to Directorate budgets and said she would appreciate an update on this.

Ms Paterson said she welcomed the refocus on the CP and added that she had found it a useful tool when she had used it in a previous role. She acknowledged that, during Covid-19, the use of the CP tool had been deprioritised and the Director of Finance had assumed the reporting and managing of budgets. However, she welcomed the refresher training and working with Finance colleagues to recommence the regular meetings with the aim of refocusing Directors' efforts in supporting the management of their respective budgets.

At Ms Lappin's suggestion, Ms Paterson agreed to report back to the February Committee on how she had found the refresher training and how the CP tool had assisted her in the management of her Directorate budget.

Ms Lappin said she would also be interested in hearing from Directors as to any challenges they encountered in their use of the system.

The Chair agreed with the points suggested by Ms Lappin and said he looked forward to Ms Paterson's feedback. He suggested that the use of the CP tool by Directors would allow the Director of

Finance to focus on his responsibilities and allow Directors to consider their Directorate expenditure.

Mr Nicholson thanked Mr Craig for his demonstration of the system and reiterated that the one system was in use across the HSC and was used for monthly monitoring returns and Final Accounts for example. He acknowledged that, during the pandemic, there had been definite changes in the financial management regime with a focus on 'getting things done' in the knowledge that the funding would follow.

However, with the relaunch of the CP tool, Mr Nicholson said that training would be offered to relevant staff and meetings scheduled with Directors and budget holders to get the Trust on a firm footing for the financial challenges ahead. He reminded members that Covid-19 allocations were not guaranteed beyond 31 March 2023.

Mr Bloomfield referred to discussion at the Senior Management Team and said the CP tool would allow Directors, when making the case for the recruitment of posts, for example, to confirm they had the necessary funding within their Directorate budgets. Mr Bloomfield said it would be important to reach a position where Directors had discretion to apply their budget while at the same time ensuring there was appropriate monitoring of expenditure to allow the transfer of resources to areas which might use them more effectively. He believed that the regular meetings between Directors and the Finance Directorate would be key in doing so, with SMT also having appropriate oversight.

Ms Lappin expressed her agreement with Mr Bloomfield's final point and pointed out that the ultimate responsibility lay with the Director of Finance. She indicated that she did not wish any comments she had made to be seen as a dilution of the responsibilities of the Director of Finance and agreed that, while Directors would manage their respective budgets, the overall responsibility lay with Mr Nicholson as Director of Finance.

The Committee **NOTED** the demonstration of the CP tool by Mr Craig.

7 **Clinical Education Plan Monitoring and Reporting (PC24/11/22/05)**

The Chair noted that Mr Sinclair was unable to attend the Committee to update members but that Mr Bloomfield would do so in his absence.

Mr Bloomfield explained out that this report would have been regularly presented to the former Assurance Committee. However, he said, it was more appropriate for the PFOD Committee to receive the updates as they related to the supply of clinical staff. Mr Bloomfield referred to the update which provided details of the planned timetable for clinical recruitment and training.

Ms Lemon advised members that the Strategic Review of Clinical Education was a standing item on the Trust's Safety Committee. She assured members that, while the Clinical Education Plan Monitoring and Reporting gave details of the technical elements, other programmes were taking place using different methodologies in relation to identifying training needs, focussing on education rather than training as well as the culture of education and training and how that was delivered. She cited the example of engagement sessions with staff.

Ms Lappin referred to training for EMTs and ACPs and commented that, over the last number of years, the AAP courses had been running back-to-back. She expressed some concern that the AAP 14 course had completed in October but that the next AAP course would not commence until June 2023.

Mr Bloomfield explained that the main reason for adopting a rapid approach had been to replace those EMTs who had undertaken the Foundation Degree. He pointed out that, at any point in time, the Trust had 48 EMTs undertaking the Foundation Degree. Mr Bloomfield advised that the EMTs qualified in October and explained that they had backfilled the students who had graduated at the end of the year to become paramedics.

Continuing, Mr Bloomfield advised that, until the Trust received the CRM funding which would allow the Trust to increase the number of EMTs, the Trust would not be in a position to run the AAP courses as frequently because backfill for the Foundation Degree was not required. He said that the Trust would adopt the same approach for

normal staff turnover and emphasised that there would be no risk to the June course. He added that this also provided an opportunity to review the course content in the interim.

Mr Nicholson alluded to the significant output from the training school over the last four years with the transition to the Foundation Degree and more recently the introduction of the BSc programme. He said he hoped members could see the linkages between the Finance Report in that the Trust would be completing the Paramedic Cohort 4 course. He acknowledged the deferment of the AAP course to June 2023 and referred to the £2.4 million. Mr Nicholson confirmed that the Trust had delivered on that programme of training and advised that the next tranche would be delivered through CRM. He pointed out that CCE/PP training had been scheduled and would be delivered in the current year and acknowledged the challenges associated with this in terms of the release of clinical staff to attend.

Following this discussion, the Committee **NOTED** the Clinical Education Plan Monitoring and Reporting as presented by Mr Bloomfield.

8 **HR & OD Scorecard and Monitoring Dashboard (PC24/11/22/06)**

Introducing this agenda item, Ms Lemon reminded members that, while she hoped progress was evident, this remained work in progress. She thanked the Trust's Information Team for producing the dashboard. Ms Lemon asked Ms Cochrane and Ms Gardner to highlight the key points from the Scorecard.

Ms Cochrane alluded to the absence information and suggested it might be helpful to include some cumulative figures around percentage and costs in absence in order to give members a sense of the direction of travel. She added that this information was also reported to Trust Board. Moving forward, Ms Cochrane advised that the detail pertaining to agency costs would also be populated.

Ms Cochrane advised that there had been little change in relation to staffing numbers and she said that, as structures were reviewed and embedded, there was less reliance on temporary, acting up and agency posts.

Ms Gardner drew members' attention to the information around complaints and the fact that the KPI related to compliance with the procedure. She explained that when consideration was given to the data being produced, it became clear that there was a need to revisit this KPI as it may not have given the Committee the required assurance.

Ms Gardner explained that, within the complaints section, figures were provided relating to the number of open cases as at the end of September as well as the number of cases closed within that period. She acknowledged the challenge in terms of including the information on the scorecard and suggested the inclusion of information relating to Industrial Tribunals. She informed the meeting that there were currently six Industrial Tribunals ongoing with two in early conciliatory stage.

Ms Lemon advised that a more detailed report on complaints would be brought to the February meeting. She reminded members that the HR Scorecard provided high level information, providing members with the opportunity to explore the information behind the high level figures in greater detail and examine potential themes and trends.

Continuing, Ms Lemon referred to legacy cases and said the Trust was working with TU colleagues to ensure a pragmatic approach to closing such cases.

She referred to the HR Improvement Plan and noted the appointment of Mr David Mullan as Senior Workforce Manager within the HR Directorate. Ms Lemon advised that Mr Mullan would oversee HR governance and systems as well as the reporting mechanisms through to the PFOD Committee.

Ms Lemon commented that the recruitment process relating to a Senior Workforce manager to oversee employment law and relationships had also recently concluded and she was hopeful of an appointment. She welcomed this progress and said that the HR Directorate was now starting to populate senior posts to provide oversight of specific processes.

Ms Lappin said that, while the Committee was aware that the HR & OD Scorecard and Monitoring Dashboard was work in progress, she welcomed the progress that had been made to date. She

indicated her agreement with Ms Cochrane's suggestion to include cumulative figures in relation to absence and said she would find this helpful given the current focus on this area. Ms Lappin added that having information around the number of Industrial Tribunals would also be helpful.

She said that, working with Mr Dennison as co-Chair of the HR & OD elements of the Committee's work, Committee members could now choose which areas they would like to examine in more detail and she welcomed this opportunity.

Ms Paterson commended all involved in progressing the KPIs to this point. She referred to the fact that there were numerous processes which HR were deemed to own but in reality there were only certain elements for which they were responsible. Ms Paterson queried HR performance in relation to these processes and what elements were owned by other Directorates to ensure a complete overview of performance.

Ms Lappin again welcomed the direction of travel and acknowledged that further work was required. However, she said that, as a Committee member, she believed the Committee was now beginning to receive the detail it required in order to provide assurance to the Trust Board.

Ms Lemon said she wished to take the opportunity to advise members of some Task and Finish work being progressed around the new model of HR and how that would be delivered. She explained that the focus was on the services provided; how they were provided to the Trust; how they were accessed and how good service provision might be evidenced.

Ms Cochrane advised that, in the interim, an integrated set of resources, for example, Frequently Asked Questions, service directory, generic e-mail addresses and e-mail forms, had been developed with the aim of ensuring users were directed to the right resource regardless of which resource they had accessed. Ms Cochrane advised that engagement sessions had been held with staff and within the HR Directorate as well as carrying out user testing sessions with management and TU colleagues to outline the ultimate vision but also the proposed interim solution.

Ms Cochrane said that initial feedback had been very positive in terms of the approach being adopted and the opportunity for signposting within the resources as well as being able to access information quickly. She indicated that it was also intended to implement a customer satisfaction app which would allow individuals to get replies to queries and issues. This would in turn allow reporting on levels of satisfaction to inform KPIs. Ms Cochrane said it was hoped that this would be operational by the end of the calendar year, thus allowing reports on customer satisfaction levels to be available in the New Year.

Ms Lemon stressed that this was the foundation of the business partnering model and would be a more efficient system of being able to access information.

Ms Lemon indicated that the previous model of TU partnership was antiquated and work was ongoing with TU colleagues to develop a new partnership model, setting out clearly what it meant to work in partnership with TUs as well as being clear around the limitations and the governance.

Ms Gardner advised that work would commence in January to scope the understanding of the current working relationships and produce a baseline audit. This, she said, would begin to populate point 12 'Trade Unions' on the HR Scorecard. Ms Gardner said that a key part of this work would be to arrange workshops with staff and managers to explore ways to ensure a shared understanding of what partnership working meant and to identify any concerns there might be around that. She said it was intended to produce a Partnership Framework and added that this would be a live document.

Ms Gardner said there was an acceptance of the value TUs brought in terms of their role within the Trust. She added that this work would then be reported through the JCNC with a view to undertaking further surveys in 6/12 months' time.

She advised that the Trust had been able to secure capacity from the HSC Leadership Centre and Ms Fidelma O'Carolan would commence work in January, following the finalisation of terms of reference for her work.

Ms Lemon acknowledged that there were a number of 'to be confirmed' statuses on the scorecard but assured Committee members that fundamental work was continuing in the background to enable reporting at scorecard level.

Ms Lappin welcomed the work with TUs.

The Committee **NOTED** the update on the HR Scorecard and Monitoring Dashboard.

9 **HR Improvement Plan – progress update October 2022 (PC24/11/22/07)**

Ms Cochrane advised that significant work was being taken forward and said that she anticipated those portfolio areas which had been RAG rated as red would transfer to green in the coming weeks.

She alluded to Job Evaluation and said that there had been a disproportionate number of requests for job evaluation compared to the size of the Trust. She explained that this was reflective of the development of the Trust over the last number of years. Ms Cochrane confirmed that the backlog had been addressed with panels and consistency checking panels meeting on a fortnightly basis. She pointed out that this was due to additional staff being appointed which had resulted in more regional training being available with the Trust taking four more places for Management Side training.

Ms Lemon acknowledged that, whilst the backlog had been addressed, 1-2 legacy cases remained. She alluded to the priorities within the Improvement Plan, particularly around HR governance, and said she would be keen to develop an assurance framework for the Directorate as well as revisiting the HR Risk Register. She undertook to bring the outworkings of this back to a future meeting.

Ms Lemon reminded members that the Trust's Health and Wellbeing Strategy had been approved at the August Trust Board meeting and she was considering the establishment of an in-house group to oversee both the culture work and the Strategy.

Ms Lappin welcomed the updates and said she had been encouraged to hear that those red rated areas would soon transfer to green.

Ms Gardner acknowledged that the organisation was in a period of growth and it would be important to improve employment experience with all processes.

Referring to raising concerns policy, Ms Gardner said it had become clear in September that it would not be feasible to launch the policy in Quarter 4. She added that consideration was now being given to having a public awareness campaign to support the policy as well as having a raising concerns awareness week within respective Trusts.

Ms Lemon referred to the new leadership development programme being offered by the HSC Leadership Centre. She stressed the importance of creating an environment that was conducive in supporting managers to attend the programme.

Ms Lappin welcomed these development and said she would be meeting with Ms Gardner in her role as NED Speaking Out Champion. She said that she would like to be involved in the awareness week to be held in each Trust and undertook to speak to Ms Gardner in relation to this.

The Chair thanked Ms Lemon and colleagues for the update in relation to the HR Improvement Plan and this was NOTED by members.

10 **Maximising Attendance Highlight Report (PC24/11/22/08)**

The Chair welcomed Ms Shirley Young and Ms Pauline Larkin to the meeting and, at his invitation, they updated on the salient points of the Highlight Report.

The Chair welcomed the progress made and noted that this had been an area of particular interest to members for a number of years.

Ms Lemon thanked Ms Young and Ms Larkin for the work which had been done to date and emphasised the importance of the engagement sessions which had been undertaken. She alluded to discussions at the previous meeting where members had been updated on a number of actions already being progressed such as standing down legacy arrangements around pay which may not

have had up-to-date compliance with AfC Terms and Conditions of service. Ms Lemon advised that TU colleagues had been kept updated around the changes being made and formal arrangements for engagement were in progress.

Ms Lemon said that, while it would be easy to produce a spreadsheet giving information on, for example, how many Return To Work interviews had taken place, the key issues were how the interviews were being conducted and how managers were being supported and equipped to carry out these interviews effectively.

Ms Lemon highlighted the linkages of this work to health and wellbeing. She pointed out that, as well as being the system used to pay staff, HRPTS was also used to source data for Trust Board reports and said that the aim was to move to a live dashboard which would allow contemporaneous information on how many staff were absent from work on that day for example.

Ms Lappin acknowledged that further work was required and said that the level of detail available provided a degree of assurance to members.

She suggested that the Committee would like to see how the maximising attendance work impacted on sickness absence levels while having a clear understanding of what steps might be taken should levels not reduce.

Ms Lappin suggested that it might be helpful to have a benchmark in terms of what was achieved elsewhere in similar organisations. She agreed with Ms Lemon's point that the Committee would be more interested in the manner in which Return To Work interviews were being conducted and whether they were effective as opposed to the actual number of interviews.

Ms Lappin referred to the engagement with managers and queried her observation that it had been more positive in some areas than others. She asked that, if this were the case, what approach was being taken to address this to encourage greater engagement.

Ms Young advised that engagement had been positive and both she and Ms Larkin had been welcomed at all sessions. However, she said she would be concerned that, during some engagement sessions, a number of the actions reflected some of the cultural

issues they were trying to address. Ms Young said that she would assure members that she and Ms Larkin would continue to encourage staff to see the benefits of engaging in the manner being promoted by HR compared to a 'command and control' approach.

Ms Lappin said that she was somewhat reassured by Ms Young's response and welcomed that further support and follow-up were provided to those who might initially find the cultural change challenging. She alluded to the fact that the maximising attendance project was at an early stage and, while there had been challenges, these had been managed effectively and the overall feedback had been positive.

Mr Nicholson referred to para 2.3 in the Highlight Report and noted the marked reduction from 155 employees on long term absence in a September 2022 snapshot to 113 employees on 16 November.

Ms Young cautioned that there had been some data cleansing since the last report to the Committee and data was now more reliable. She also stated that, for a complete picture, long term absence should always be seen along with short term. Ms Young also asked Ms Larkin if she could elaborate as to why the figure had decreased. Ms Larkin stated that the HR Advisers had been working on the current case management style and had been categorising and prioritising Level 3 cases which had resulted in some long term absences being brought to a conclusion.

Ms Lappin suggested that, at some point, the Committee may wish to explore long term absences in more detail should a reduction in long term absences not be evident.

Ms Lemon indicated that the current focus of the maximising attendance work was on Level 3, ie relating 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.

Ms Young advised that a data cleansing exercise was currently being undertaken in order to have assurance over the figures presented. She explained that this was not unexpected when there was renewed scrutiny of data.

The Chair thanked Ms Young and Ms Larkin for their Highlight Report which was **NOTED** by the Committee. They withdrew from the meeting.

11 **Date of next meeting**

The next meeting of the People Committee will take place on Thursday 2 February 2023 at 9.30am in the Boardroom, NIAS HQ.

12 **Any Other Business**

(i) Industrial Action

Members **NOTED** the update from Ms Lemon in relation to the potential for Industrial Action.

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 11.40AM

SIGNED: _____

DATE: 20 April 2023

Northern Ireland Ambulance Service
Health and Social Care Trust

'PEOPLE' COMMITTEE REPORT TO TRUST BOARD 11/5/23

The People, Finance and Organisational Development Committee met on Thursday 20 April 2023.

Issues discussed included:

	Maximising Attendance Update The Committee received a detailed update on the Maximising Attendance Project and noted that sickness levels, as at January 2023, had increased to 14.96%. The Committee approved the Terms of Reference for the Maximising Attendance Project Board and received an update on the actions being taken to address the Internal Audit recommendations. The Committee also agreed the need for more timely and live information to be presented at meetings.
	HR Improvement Plan – progress update April The Committee received a presentation on the first year of the transformation programme within the HR & OD Directorate.
	KPI Scorecard and Monitoring Dashboard The Committee received a progress update on the Key Performance Indicators (KPIs) covering areas such as long/short term absence; overtime/agency costs; staff count; complaints; Whistleblowing and leavers/turnover rate.
	Finance Update The Committee discussed the challenging financial outlook for 2023-24 and received an update on the Trust's financial position at the close of the 2022-23 year as well as updates in relation to the Capital Programme 2022-23; Use of Voluntary & Private Ambulance Services; Use of Staff Substitution and Use of HSC Leadership Centre Associates.

Northern Ireland Ambulance Service
Health and Social Care Trust

Northern Ireland Ambulance Service
Health and Social Care Trust

MINUTES OF THE AUDIT AND RISK ASSURANCE COMMITTEE (ARAC) HELD ON THURSDAY 19 JANUARY 2023 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
	Ms R Byrne	Director of Operations
	Ms M Lemon	Director of HR & OD
	Mr P Nicholson	Director of Finance, Procurement, Fleet & Estates
	Ms M Paterson	Director Planning, Performance & Corporate Services
	Ms K Keating	Risk Manager
	Mr S Knox	External Audit Northern Ireland Audit Office
	Ms C Hagan	External Audit ASM
	Ms L Mitchell	Independent Adviser to Committee
	Mrs C Mooney	NIAS Board Secretary
	Mrs S Young	NIAS HR Associate (for agenda item 7.2 only)
	Mr J Wilson	Boardroom Apprentice (joined the meeting at 11.15am)
APOLOGIES:	Ms C McKeown	Head of Internal Audit, BSO
	Mr N Gray	NIAO

Welcome, introduction and format of meeting

The Chair welcomed everyone to the meeting

1 Apologies

Apologies were noted as above.

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 (AC19/01/23/01)

The minutes of the meeting on 8 December 2022 were **APPROVED** on a proposal from Mr Ashford and seconded by the Chair.

4 Matters Arising (AC19/01/23/02)

4.1 Action List

The Committee **NOTED** the Matters Arising.

Mr Bloomfield noted that a dedicated Board workshop to discuss Risk 357 would take place on 1 February. He said that this issue had received considerable focus in the weeks before Christmas, resulting in the announcement of the introduction maximum three-hour handover for Trusts. Mr Bloomfield said that members would receive a more detailed briefing at the workshop.

The Chair welcomed this progress and said his preference would be for the workshop to be held in person if at all possible. Mrs Mooney undertook to confirm arrangements.

Mr Ashford echoed the Chair's comments and said that, while the change in direction was encouraging, the position remained concerning.

Mr Bloomfield acknowledged that introducing a maximum three-hour handover prior to Christmas may have appeared not to have the best timing. However, he explained that it had been necessary to do so at that time in order to see the benefits start to be realised in January. Mr Bloomfield confirmed that, as well as a reduction in the length of delays, the number of delayed handovers over three hours had significantly reduced to between 4-5 hours. He referred to the monitoring and regular performance meetings with the DoH, including with the Permanent Secretary, and noted that the position had shown signs of improvement in early January. Mr Bloomfield indicated he would share longer-term information at the workshop.

5 Chair's Business

The Chair noted that, while not directly linked to the work of the ARAC, he was also the NED focussing on safeguarding and, in that capacity, he would be meeting with Ms Charlton and Mr Flannagan in the coming weeks re safeguarding.

He confirmed that he also planned to attend the DoH ARAC as an observer on 7 March 2023.

6 Standing Items

6.1 Direct Award Contract (DAC) Register (AC19/01/23/03)

Mr Nicholson drew the Committee's attention to the DAC Register and took members through the detail.

He highlighted the significant nature of the contract for the Computer Aided Dispatch (CAD) system and explained that it had been important that the two contracts ran in sequence until such times as the system was replaced.

Mr Nicholson explained that the supply and installation of shelving was a one-off cost to the Trust while the costs for the JRCALC Clinical Practice Guideline would cover the next 12 months while the Trust considered different routes to procurement.

Responding to a query from Mr Ashford as to the costs associated with the procurement of the JRCALC Clinical Practice Guideline, Mr Nicholson explained that the Trust had paid for a full year's access, ie November 2022 to November 2023. He advised that there was potential for a slight increase in costs if more staff wished to access the system online and the Trust would have to purchase additional licences to allow them to do so.

Mr Ashford welcomed the information being separated into current, completed and required.

Mr Knox sought clarification on the RAG status of 'green conditional' which had been attributed to the contract for the CAD from 1 January to 31 December 2023.

Mr Nicholson said it was his understanding that the 'green conditional' was based on appropriate business case approval and procurement. He undertook to advise the Committee should that not be the case.

Mr Nicholson advised that work continued to ensure the appropriate paperwork was completed in respect of the DACs required.

The Committee **NOTED** the DAC Register as presented by Mr Nicholson.

6.2 **Fraud Update – verbal update**

Mr Nicholson reported that there were three open fraud cases which needed to be closed administratively and he added that he had recently been advised of a further case which had been reported to the BSO Counter Fraud Service.

Mr Nicholson referred to a previous case which had been investigated with no evidence found to support the allegation and said he intended to revisit this case as part of the closure process.

The Chair cautioned against nugatory work in revisiting such cases.

Mr Nicholson accepted this and acknowledged that revisiting the information collated during the investigation would be helpful in confirming closure of the case.

6.3 **Progress on Achieving Business As Usual – verbal update**

Mr Nicholson reminded the meeting of the background to this issue and said that the genesis of the issue had arisen during discussion on the DAC Register and the need to reduce this as the Trust reverted to business as usual.

The Chair stressed the importance of ensuring Covid-19 was not relied upon as a reason for the Trust not returning to business as usual.

Ms Paterson acknowledged the continuing impact of Covid-19 on the Trust and believed that the workshop scheduled for 1 February would provide an opportunity for further discussion.

Ms Lemon indicated that, as well as the pressures on services, the Trust was also facing periods of industrial action which would impact on business as usual and were important in the context of discussions around business as usual. She pointed out that strike action had been planned for 25 January with further significant strike action scheduled to take place in February.

The Chair asked how preparations for strike action had been progressing.

Responding, Ms Lemon referred to the positive working relationships with Trade Union colleagues around the development of derogations. She said it appeared to be the case that further strikes would see an escalation in terms of the actions being taken to ensure greater impact on services.

Ms Lemon said that the creation of a Tactical Cell to oversee and co-ordinate the Trust response had assisted greatly in negotiations with Trade Union colleagues around derogations and oversight and co-ordination of the strike action itself. She pointed out that NIAS Trade Unions and the Royal College of Nursing (RCN) would take industrial action on 26 January while

the strikes in February were likely to be more consistent across the system.

Ms Lemon advised that she was unsure as to whether the current derogations would apply in the next round of industrial action and said that negotiations with Trade Union colleagues would begin the following day with a view to agreeing derogations for the strike on 26 January. She acknowledged the significant work and effort required and the impact on the Trust's business as usual.

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

7 Internal Audit

7.1 To advise on key issues

Discussion at item 7.2 refers.

7.2 Internal Audit Progress Report (AC19/01/23/04)

At the Chair's invitation, Mr Charles took the Committee through the detail of the report. He reported that, by December 2022, Internal Audit had delivered 38% of planned audit days. Mr Charles drew the Committee's attention to page 6 of the report which set out the executive summary of the audit around 'Management of Absence in NIAS' and the fact that the Trust had been given a limited level of assurance based on the number of significant findings identified.

Ms Lemon said she had very much welcomed the involvement of Internal Audit and believed the audit had allowed the Trust to establish a baseline for the project and the approach to maximising attendance. She referred to legacy arrangements, for example extensions to pay beyond normal entitlement periods, and confirmed that the mechanisms which had permitted their continuation had all been formally stood down. Ms Lemon advised that Ms Young would lead on the project within the Trust.

The Chair welcomed Ms Young to the meeting and asked her to provide an update on the work ongoing to address absence management within the Trust.

Mr Charles advised that, since the audit fieldwork, new KPIs had been agreed and said that these would develop further over time. He then took the Committee through the detail of the recommendations arising from the audit and confirmed that all the recommendations had been accepted by management. Mr Charles commended the engagement from Ms Lemon and Ms Young from the outset of the audit in terms of the open and transparent approach adopted. He was of the view that there had been a positive utilisation of the internal audit service to assist the Trust in identifying and confirming a baseline from which to improve.

The Chair welcomed Mr Charles' comments and said that, while the report appeared to be critical, he found it encouraging to have clarity around the baseline in order to chart the path to improvement.

Ms Lemon thanked the Chair for his positive comments and his acknowledgement and recognition of the approach being adopted. She said that the PFOD Committee also fully supported the approach and advised that Ms Young had already taken a number of the actions referred to by Mr Charles, for example established KPIs and a balanced scorecard.

Continuing, Ms Lemon acknowledged that some of the actions alluded to by Mr Charles were more than employment processes and had been long-established processes across the Trust, for example how sickness was recorded in various Departments. She confirmed that work was being taken forward in relation to the management and governance of recording. Ms Lemon said that work would be taken forward on a longer-term basis in terms of addressing sickness levels and added that this was a very specific focus within the project.

Ms Young explained that she had identified areas which needed attention some time previously and assured the Committee that work had already commenced in advance of receiving the report from Internal Audit. She highlighted a number of areas and summarised the work which had been done to address these.

The Chair thanked Ms Young for her excellent summary and assured her of the Committee's full support. He acknowledged that the PFOD Committee would receive regular updates on progress.

Mr Ashford referred to the graphic on page 6 of the Internal Audit report and said it clearly showed the current position. He commended the use of similar graphics on future reports. Mr Ashford thanked Ms Lemon and Ms Young for their updates and welcomed the focus and progress being made. He expressed surprise that no Priority 1 recommendations had been identified and commented on the fact that there were 20 Priority 2 recommendations. Mr Ashford acknowledged the significant work to be undertaken and he sought assurance that the legacy practices around pay extension and allowance had now ceased. He referred to the follow-up report prepared by Internal Audit and sought further assurance that the PFOD Committee would receive regular updates on progress.

Ms Lemon acknowledged the significance of the 20 Priority 2 recommendations and was of the view that this clearly demonstrated the extent of the legacy arrangements which now needed to be worked through. She highlighted the importance of continuing to be open and transparent. Ms Lemon assured the Committee that the previously established practices of extending an individual's pay had now formally ceased and Trade Union colleagues had been informed.

Ms Lemon acknowledged that the element relating to allowances was slightly different in that it linked to modified duties and the work being led by Ms Young where other Trust Directorates were returning individuals to work. She stressed that the governance associated with this was important and said that the intention was to cover this in workshops with individual Directorates over the coming weeks.

Ms Lemon further assured the Committee that the PFOD Committee would receive regular progress reports. She explained that, due to the work with Internal Audit, it had been possible to identify a baseline for a specific action plan to address the recommendations. Ms Lemon pointed out that, not only had KPIs been agreed with the Committee, but work was also being progressed on the action plan.

Ms Young clarified that, while the legacy arrangements had been stood down, it was still necessary to have processes in place which allowed discretion within the parameters of the relevant terms and conditions. She advised that she currently considered each case on its own merits but the intention was to have a panel in place, with clear terms of reference. Ms Young added that she had considered a small number of cases which had been refused and had been addressed through formal terms and conditions.

Mr Bloomfield said that the importance of this work should not be underestimated and added that the Trust could no longer maintain the level of sickness absence. He acknowledged that the ambulance sector traditionally had a higher level of sickness absence than other public services, but recognised that NIAS was higher than other UK ambulance services.

Mr Bloomfield indicated the implications of increasing sickness absences were huge and impacted significantly on the level of cover the Trust could provide to the public. He added that there was also an impact on those staff who covered the shifts and ultimately the financial consequences were significant.

He indicated that the Trust had had a number of initiatives which had attempted to address sickness absence and said the Internal Audit report had referred to one of these not having achieved its objectives. Mr Bloomfield acknowledged that those initiatives did not have the expected impact and said that learning had been taken on board.

Mr Bloomfield advised that Ms Young had presented to the PFOD Committee which had been supportive of the approach being taken. He said that her contribution would be key and added that it would be important that the work to be taken forward received the attention, focus and resources required. Mr Bloomfield particularly welcomed the performance management approach described by Ms Young and the focus placed upon this work both by the PFOD and ARAC Committees.

The Chair welcomed the fact that the legacy issues were now being addressed as part of this work and said he appreciated

that staff were being dealt with compassionately and respectfully.

Ms Lemon explained that a significant benefit from this work was access to the various systems thereby allowing triangulation of sickness across the Trust and she added that this access would be available to HR in the coming days.

Concluding his presentation of the report, Mr Charles thanked Ms Lemon and Ms Young for their positive engagement.

The Chair thanked all involved for the significant work and was of the view that the positive engagement had reaped significant benefits.

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

8 External Audit

8.1 To advise on key issues

Discussion at item 8.2 refers.

8.2 NIAS Audit Strategy (AC19/01/23/05)

Mr Knox explained that the Audit Strategy provided the Trust with an understanding of how ASM, the External Auditors, planned to carry out the audit of the Trust's 2022-23 financial statements and the key risks identified in the planning work.

Ms Hagan referred to the correspondence listed at agenda item 8.3 and advised of a significant difference to the audit approach as a result of the new standards. She indicated that the audit fee would be kept under review when the impact of the new standards became clearer.

Ms Hagan drew the Committee's attention to page 3 of the report which identified a number of actions to be discussed by the Committee, namely:

- whether [External Audit] assessment of the risks of material misstatement to the financial statements is complete;

- whether management has plans in place to address the risks identified by NIAO and whether these plans are adequate;
- [External Audit] proposed audit response to address these risks; and
- whether they have knowledge of any
  - actual, suspected or alleged fraud affecting NIAS; or
  - instances of non-compliance with laws and regulations that could be expected to have a fundamental effect on the operations of NIAS; or
  - actual, suspected or alleged irregularity affecting NIAS; and communicate details to the audit team

Ms Hagan advised that the revised standard would impact significantly on how auditors undertook audit risk assessments and subsequently on the overall audit.

Ms Hagan then took the Committee through the Strategy in detail. She alluded to the linkages with the prior qualification of the Trust's accounts and said it was her understanding that the practice would change this year and that the holiday pay accrual would be reclassified as a provision. This would require an adjustment in the accounts being prepared and should change the audit opinion. However, Ms Hagan said that judgement would be reserved until completion of the necessary audit work. She pointed out that the quantum of the holiday pay increased year on year and alluded to the Trust's requirement to breakeven. She said that this presented an audit risk as the Trust was now in Q4 of the financial year and there was an understanding that the Covid-19 funding would cease at the end of the current financial year.

Referring to the Charitable Trust Fund, Ms Hagan said it was her understanding that there had been considerable movement in activity in the Fund.

She indicated that the interim audit work would commence in February with a view to reporting in June.

The Chair welcomed the resolution of the holiday pay issue and asked how this would be reflected in the Trust accounts. He suggested that consideration should be given to whether this

issue warranted inclusion in the Trust's Risk Register, now that funds would no longer be held by NIAS.

Mr Nicholson acknowledged that the holiday pay accrual and provision had impacted significantly on the Trust and further acknowledged that making the changes referred to by Ms Hagan would prove challenging. He confirmed that the Trust had recently received correspondence about the treatment of this issue and said the correspondence had reflected his previous comments to the Committee in that the change in approach was largely around the uncertainty of the timing of the settlement. Mr Nicholson undertook to share the correspondence with the Committee in due course and consider whether it should be included in the Risk Register.

Mr Nicholson advised that the change may require a prior year adjustment which would impact throughout the accounts, the figures therein as well as the narrative. He said it would be important for the regional approach to be maintained as the HSC system fell into line with the External Audit perspective.

He said that he would provide members with an update at the next meeting. Mr Nicholson acknowledged that, when the issue materialised, it would present a significant HSC pressure and a significant issue for the DoH to address and one which he believed would take considerable time to resolve.

The Chair said it would be important to continue to consider the issue as a significant financial issue. He referred to the actions identified on page 3 of the Strategy to be taken by the Committee and confirmed that:

- whether [External Audit's] assessment of the risks of material misstatement to the financial statements is complete;
  The Committee confirmed that the assessment had been completed.

- whether management has plans in place to address the risks identified by NIAO and whether these plans are adequate;
  The Committee noted Mr Nicholson's intention to keep the Committee apprised and report back around implementation plans.

- [External Audit's] proposed audit response to address these risks; and
- whether they have knowledge of any
  - actual, suspected or alleged fraud affecting NIAS; or
  - instances of non-compliance with laws and regulations that could be expected to have a fundamental effect on the operations of NIAS; or
  - actual, suspected or alleged irregularity affecting NIAS; and communicate details to the audit team

The Committee noted the Strategy set out how the External Auditors planned to address the risk and indicated that it was content with the response to date. The Committee also advised that, other than those matters routinely reported to ARAC, it had no knowledge of actual, suspected or alleged fraud affecting NIAS; or instances of non-compliance with laws and regulations that could be expected to have a fundamental effect on the operations of NIAS; or actual, suspected or alleged irregularity affecting NIAS. All of these details are communicated to the audit team.

Mr Nicholson referred to page 12 of the Strategy which set out the audit timetable and acknowledged the tight timeframe for the productions of the annual report and accounts which presented a challenge for all involved both within the Trust and audit colleagues.

The External Audit Strategy was **APPROVED** by the Committee.

8.3 **NIAS correspondence re: Changes to audit approach for the 2022-23 audit cycle (AC19/01/23/06)**

Discussion at item 8.2 refers.

9 **Review of NIAS Standing Orders (AC19/01/23/07)**

Ms Paterson confirmed that the changes to the Standing Orders had been proposed either to provide further clarification or update the current narrative.

Mr Ashford proposed that the Committee recommend the review of the Trust's Standing Orders to the February Trust Board for approval. This proposal was seconded by the Chair and **APPROVED** by the Committee.

10 **Board Governance Self-Assessment Tool (AC19/01/23/08)**

Ms Paterson drew the Committee's attention to the Board Governance Self-Assessment Tool for 2021-22. She advised that the Tool presented an opportunity for the Trust to be mindful of best practice and acknowledged that a number of actions lay with the DoH Public Appointments Unit.

The Chair alluded to Section 1.2 'Balance and calibre of Board members', specifically GP4 and GP5 which referred to 'at least one NED with a background specific to the business of the ALB' and 'where appropriate, the Board includes people with relevant technical and professional expertise.'

He explained that, when he applied for the position of Non-Executive Director, he had to demonstrate relevant financial expertise to become the 'financial member' of the Board. Therefore, he said, he would argue that GP4 and GP5 should be attributed green RAG status. He acknowledged that the Trust had strengthened its expertise by the appointments of the Senior Clinical Adviser to the Safety Committee and the Independent Adviser to the ARAC. However, this did not mean that there had been a lacuna prior in relation to the financial member.

Mr Bloomfield advised that the Trust Chair had, for some time, expressed her view to DoH colleagues around the composition of the Board and the need for specific clinical expertise. He suggested that GP4 should be attributed a red RAG status while GP5 should be green.

Mr Ashford agreed with the Chair's comments. He referred to the Partnership Agreement and the need to ensure diversity within Boards. Mr Ashford said he accepted the point in relation to the need for clinical expertise and added that Mr Sowney's contribution to the Safety Committee had been invaluable as had Mrs Mitchell's contribution to the ARAC.

Ms Paterson indicated that the conclusions of the Self-Assessment reflected the findings of the audit on 'Board Effectiveness 2021-22'.

Mr Bloomfield explained that the development of the Partnership Agreement was at its early stages in the HSC. He acknowledged the need for self-assessment and hoped the Partnership Agreement might identify a more effective way to do so.

Following this discussion, the Committee **APPROVED** the Board Governance Self-Assessment Tool for submission to the February Trust Board, subject to the changes suggested by the Chair.

11 **BSO correspondence re: BSO Annual Assurance for the 2021-22 year (AC19/01/23/09)**

Mr Nicholson drew the Committee's attention to the BSO correspondence which had been provided for completeness and closure to the 2021-22 financial year.

The Committee **NOTED** the correspondence.

12 **Closed Meeting**

Following a close meeting session involving Committee members, Ms Mitchell and Internal and External Audit, the Chair confirmed that there were no actions arising.

13 **Any Other Business**

There were no items of Any Other Business.

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

The next meeting of the Audit Committee will take place on Thursday 30 March 2023. Arrangements to be confirmed.

Members will be advised of the ARAC dates for 2023-24 as soon as possible.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE MEETING AT 12.40PM

SIGNED: William Abraham

DATE: 30 March 2023

Northern Ireland Ambulance Service
Health and Social Care Trust

AUDIT AND RISK ASSURANCE COMMITTEE REPORT TO TRUST BOARD

The Audit and Risk Assurance Committee met on Thursday 30 March 2023 and I would like to bring the following issues to the attention of the Board in advance of the formal minutes.

1.	**Matters Arising From Previous Meeting** **Holiday Pay** For the past two years, the Trust has accrued in its accounts a liability relating to holiday pay resulting from a case taken against the PSNI, which may have ramifications for other public bodies. This approach has resulted in a qualified audit opinion on the accounts in both years. The Committee noted a letter from Brigitte Worth, Finance Director at DoH dated January 2023, which advises the Trust that this liability should be accounted for as a provision as opposed to an accrual in the accounts for 2022-23. This change in accounting should result in an unqualified audit opinion on the accounts for 2022-23, providing no other matters arise. Due to this change in accounting treatment, NIAS will no longer be holding funds for this matter and I have asked the Director of Finance and Risk Manager to consider reporting this as a risk moving forward.
2.	**Chairman's Business** I asked that the Committee be briefed on the discussion at the Trust Board workshop held on 1 February 2023 relating to Risk 357 on ambulance turn-around times. An update was given on any subsequent actions taken and it was noted that, given the escalation of the risk to the DoH, the risk is now being reported on the DoH Risk Register. I advised the Committee that I have been involved in safeguarding awareness sessions in my role as lead NED for safeguarding and I have also been involved with peer review exercise with the Welsh Ambulance Service.
3.	**Direct Award Contracts Register** The Committee was provided with an update on the Direct Award Contracts Register.
4.	**Fraud Update** The Committee received a verbal update from the Assistant Director of Finance on a small number of fraud cases.

Northern Ireland Ambulance Service
Health and Social Care Trust

5.	**Progress on Achieving Business as Usual – Rebuilding and Recovery** The Committee received a verbal update by Director of Planning, Performance and Corporate Services on progression by the Trust to achieve business as usual status following the pandemic. I asked that she consider when this ARAC monitoring could be taken off the standing agenda, given the progress being made.
6.	**Internal Audit** **Progress Report** The Head of Internal Audit presented the audit report on Patient Care Services, which has received Limited Assurance. The Committee noted that the previous audit in 2019-20 had resulted in an Unacceptable Assurance rating. The Committee recognised that significant work had been undertaken to improve this area of service and it was noted that, when the outstanding recommendations are fully implemented, it is expected that the audit assurance rating will be Satisfactory.
7.	**Approval of Policies** The Committee approved the following policies: • Fire Safety Policy and Procedures; • Surveillance/CCTV Camera Policy (excluding Body Worn Video); and • Charitable Trust Fund Policy (subject to a number of minor agreed changes).
8.	**Board Assurance Framework 2023-24** The Committee reviewed the Board Assurance Framework for 2023-24 and noted its development.
9.	**Health, Safety & Fire Safety Annual Report 2021-22** The Committee noted the Health, Safety and Fire Safety Annual Report for 2021-22.

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