NORTHERN IRELAND AMBULANCE SERVICE TRUST

TRUST BOARD - THURSDAY 22 JUNE 2023 AT 2PM

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 11 May 2023**
For Approval

3 **Matters Arising**
For Noting

4 **Chair's Update**
For Noting

5 **Chief Executive's Update**
For Noting

6 **'Healthy People, Healthy Place' update on year one of the Health and Wellbeing Strategy**
For Noting

7 **Draft NIAS Corporate Plan 2023-24**
For Approval

8 **NIAS Quality Strategy**
For Approval

14 Date & venue of next meeting: Thursday 24 August 2023 at 10am. Venue to be confirmed.

For Information

15 Any Other Business

HSC Northern Ireland Ambulance Service Health and Social Care Trust

Minutes of NIAS Trust Board held on Thursday 11 May 2023 at 10am in the Conference Room, NIAS North Division HQ, 121-125 Antrim Road, Ballymena BT42 2HD

Present:	Mrs M Larmour	Chair
	Mr W Abraham	Non Executive Director
	Mr D Ashford	Non Executive Director
	Mr J Dennison	Non Executive Director
	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
	Dr N Ruddell	Medical Director
Apologies:	Mr T Haslett	Non Executive Director
In Attendance:	Ms L Charlton	Director of Quality, Safety & Improvement
	Ms M Paterson	Director of Performance, Planning & Corporate Services
	Mrs C Mooney	Board Secretary
	Ms J Wolfe	Research & Development Lead (for agenda item 6 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 (TB11/05/2023/01)**

The minutes of the previous meeting held on 23 March 2023 were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Dennison.

3   **Matters Arising (TB11/05/2023/02)**

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

Dr Ruddell referred to the action in relation to the Complex Case Team/British Red Cross and confirmed that the joint service was now operational with the Complex Case Team having already referred a significant number of patients to the Red Cross.

The Chair enquired whether any analysis had been carried out in terms of a corresponding reduction in the number of frequent callers to the EAC.

Responding, Dr Ruddell explained that the relevant statistics were produced by the Complex Case Team regionally. He advised that, due to the relatively small size of the Team, the Team had only been able to provide services to those patients who called the service most frequently. Dr Ruddell reminded colleagues that the Trust monitored those patients who called 999 on a frequent basis and said that, before engaging with the Red Cross, there had been a 50% reduction in calls from frequent callers.

The Chair sought further information on the partner agencies involved in this work.

Dr Ruddell indicated that the PSNI were directly involved in this work and said that, at the launch of the Complex Case Team/British Red Cross project, there had been some discussion around the role of the PSNI in this area. He added that it was unusual for ambulance services and police to share information in this manner but an agreement had now been reached between the two organisations with NIAS making the referrals to the Red Cross. Dr Ruddell advised that the Complex Case Team would meet regularly with local support hubs involving representatives from the PSNI, social care, housing and primary care for example.

Mr Bloomfield indicated that the work done by the Trust's Complex Case Team was excellent and was of the view that the involvement of the British Red Cross would only increase the efficacy of the project. He believed that, with much better sharing of information and collaborative working, there was real potential to roll this approach out across the public sector.

Mr Bloomfield said that he was attempting to raise this issue through the Public Sector Forum to identify ways in which to achieve maximum benefit from this work.

The Chair welcomed this work and commended its preventative approach. She enquired as to how the Board would be kept informed of progress.

In response, Dr Ruddell said that the Team would monitor the referrals and, in due course, would present these to the Board. He acknowledged that it could be six months before meaningful data was available.

Mr Bloomfield suggested that an update could be brought to the Board in late autumn.

Mr Bloomfield referred to the presentation which had been given by Mr Karl Bloomer on Patient Care Pathways (PCPs) and advised that there had been a useful discussion at the recent Performance and Transformation Executive Board meeting around the potential to expand PCPs.

4   **Chair's Update**

Commencing her update, the Chair said she was delighted to take on the role of NIAS Chair. She added that she saw this as a privilege and would endeavour to represent the Trust as effectively as possible. The Chair indicated that, in her first month as Chair, she had taken the opportunity to meet a range of individuals including Non-Executive Directors and Directors, and she expressed her thanks to all involved.

The Chair advised she had also met with the outgoing Chair and had found this to be a useful and informative handover. She said that, as she continued her meetings, she was gathering and seeking further documentation which would assist in her induction period.

Continuing, the Chair advised that she had recently met with Trust Chairs and pointed out that five of the six Trust Chairs had only recently taken up post. She said there was a commitment to meet on a regular basis with an emphasis on working collaboratively. The Chair indicated that the Permanent Secretary had met with Chair, and wider HSC Chairs, and intended to do so regularly.

The Chair reported that the Chairs had also met with Mr Hugh McPoland who had been appointed to carry out a review of Senior Executive Pay and said that she had been offered a 1:1 with Mr McPoland to discuss some of the more unique issues affecting NIAS. The Chair confirmed that she and Mr Bloomfield had subsequently met with Mr McPoland to discuss the NIAS position at length.

Continuing her report, the Chair alluded to the budget which had been announced by the Secretary of State. She said she had attended an informative meeting convened by Mr Neil Gibson, Permanent Secretary, Department of Finance, which had focussed on the detail of the budget and the challenges which would lie ahead. The Chair added that Mr Bloomfield and Mr Nicholson would no doubt refer to these challenges later in the meeting.

The Chair noted that her induction to the Trust continued and said she intended to meet now with Assistant Directors as well as undertaking operational ride-alongs and meeting staff at EDs. She welcomed any input from colleagues as to other areas to be covered during her induction.

The Chair said she was conscious that the terms of office for Mr Abraham and Mr Haslett had been extended to mid-August and that the Board currently had one NED vacancy. She acknowledged the work done by the former Chair with the DoH and other Trust Chairs around the criteria for NED appointments and confirmed that this had been shared with her.

She suggested it would be helpful to ensure that, at a time when fundamental transformation was required across the HSC, those involved and leading change would be aware of the human resource implications and the interdependencies across the Trust. The Chair advised that Dr Tom Frawley, WHSCT Chair, and Ms

Anne O'Reilly, NHSCT Chair, would be participating in the recruitment process and hoped to have this finalised by September.

The Chair advised that she had a 1:1 meeting scheduled with the Permanent Secretary towards the end of May and undertook to keep members apprised.

She noted that arrangements to support newly appointed Chairs had been put in place and she would be supported and 'buddied' by Ms Julie Erskine, BSO Chair.

The Chair invited questions from members on her update.

Mr Ashford referred to the review of Senior Executive Pay and asked if the Chair was aware of the timescale for completion of the review.

The Chair said her understanding was that Mr McPoland was keen to have the review completed as soon as possible.

Mr Bloomfield said that, in a subsequent meeting with Trust Chief Executives, Mr McPoland had advised of his intention to complete the review by the end of June. However, he said that next steps would be important.

Ms Lemon advised that Mr McPoland had also met with Directors of HR on a regional basis. She pointed out that, given the level of change needed, there was potential to require Ministerial approval.

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

5   **Chief Executive's Update**

Commencing his update, Mr Bloomfield welcomed the Chair to her first NIAS Board meeting. He noted that the Chair had spent her first few weeks meeting with NEDs and Directors as well as spending some time in the EAC and said that this had been very much appreciated by those in EAC. He said that he looked forward to working with the Chair in making the necessary changes to allow staff provide the best possible service to patients.

Mr Bloomfield commented that the time since the May Trust Board meeting had been heavily dominated by the financial position. He

said that, until recently, the focus had largely been around the uncertainty and lack of a budget for the 2023-24 year which made planning difficult.

Mr Bloomfield said that, at the last Trust Board meeting, given the level of risk, it was thought prudent to proceed to secure additional capacity from Independent Ambulance Services (IAS) and fund overtime. He added that these had been funded non-recurrently over the last number of years and noted that, in February 2023, there was an indication that no further funding would be available.

Mr Bloomfield said that this required the Trust to develop a number of scenarios to deliver savings dependent on the budget outcome and these scenarios had been produced on indicative estimates from the Northern Ireland Office.

Continuing, Mr Bloomfield indicated that, towards the end of April, the Secretary of State announced a budget for Northern Ireland and said that the Trust's focus since then had been on understanding the implications of this with DoH colleagues. Mr Bloomfield said that members would be aware of the significant impact this budget was expected to have across public services although the health element was being protected to a certain extent in that the health sector was not required to deliver savings to the same extent as other departments. He said that one should not underestimate the challenges ahead.

Mr Bloomfield emphasised that the Trust was in a flat cash position and said there was, for example, no provision for transformation or demographic growth which reflected the increase in the population nor any provision for a pay award. He said the DoH had advised of a budget of £7.2 billion against a requirement of just over £8 billion which would allow the system to 'stand still'. Therefore, he noted, there was a gap of approx. £800 million.

Mr Bloomfield said it was his understanding that the DoH expected to reduce this gap to £260 million through the implementation of low and medium impact savings. He reminded the meeting that £375 million within the £800 million gap accounted for the pay award funding and no provision had been made for this.

Mr Bloomfield explained that the DoH intended to address the difference of £76 million by asking Trusts to identify high impact

savings but not yet implement these. He added that the DoH was hopeful that it would be able to address the £76 million without the Trusts having to implement their suggested high impact savings.

Mr Bloomfield said that Trusts had welcomed this approach as it would be necessary to consult on the impact high impact savings would have on the population and this could cause huge damage to public confidence. Mr Bloomfield said that the residual savings of £60 million had been distributed across Trusts to deliver. He added that Mr Nicholson would provide further detail in his finance report and in the In Committee session.

Continuing, Mr Bloomfield advised that the Trust had now received its indicative recurrent allocation but acknowledged the potential that this might change.

Mr Bloomfield said of particular concern as a result of the budget position was the absence of a pay award and the fact that no provision had been made for an award. He suggested it was likely that the pay award would remain an issue for an incoming Minister to resolve. Mr Bloomfield noted that industrial action had not taken place since March, however, he said that, in the absence of a pay award, there was now an increased risk of further industrial action. He pointed out that Northern Ireland was the only UK country without a pay award nor any indication of timescale for one to be implemented.

Mr Bloomfield indicated that, as well as the likelihood of increased industrial action, the absence of a pay award did not send a positive message to staff in terms of how they were valued. He said that managing industrial action caused a significant distraction for managers when they should be focussing on delivering efficiencies and transformation but most importantly delivering quality services to patients.

Mr Bloomfield referred to the recent visit to Northern Ireland by the USA President. He explained that, in order to ensure NIAS was still able to provide a specialist HART response to the NI population during the President's visit, the Trust requested, through the DoH, mutual aid from services in England. Mr Bloomfield alluded to the significant planning which had taken place and thanked everyone involved in preparation for and during the visit.

Concluding his report, Mr Bloomfield said he had been honoured to represent the Trust at the King and Queen's Coronation at Westminster Abbey. He added that he had been delighted that the significant contribution made by NIAS staff had been recognised by receiving an invitation.

Mr Ashford welcomed the fact that no further industrial action had been identified at this stage but acknowledged the likelihood that this might change in the coming weeks given the budget outcome. He sought clarification on the current relationships with Trade Unions and referred to recent social media activity.

Mr Bloomfield confirmed that Trade Unions continued to be in the position of Action Short of Strike (ASoS) and that limitations, for example, around overtime and staff travelling in their own vehicles to travel between stations continued. He said that there had not been any escalation in relation to the pay issue but this had potential to change as pay awards were implemented elsewhere in the UK.

Mr Bloomfield acknowledged that the context of ASoS resulted in challenges in maintaining strong relationships with Trade Union colleagues. He explained that the Trust had not been able to engage with Trade Unions in the normal way as the Trade Unions had adopted a position of engaging with management only on matters agreed under ASoS guidance. Mr Bloomfield said that there were issues which the Trust had been unable to progress as a result of the approach adopted by Trade Unions.

He referred to communications issued by Trade Unions over the bank holiday weekend relating to changes which the Trust needed to make and said that he and Ms Lemon had since had a constructive meeting with Trade Union colleagues to clarify the Trust position. He acknowledged that there were certain issues which the Trust would always need to progress at speed and timely consultation with Trade Unions was not always possible.

Mr Bloomfield said there was a clear commitment on both sides to continue in a partnership approach moving forward.

Mr Abraham referred to previous pay award dispute which had continued for a number of years. He was of the view that there was significant risk associated with fact that funding had not been

identified to cover the current pay award and sought clarification on how this would be reflected in any risk analysis moving forward.

Mr Bloomfield said that he had raised the issue of a pay award at a recent meeting with the Permanent Secretary and there had been a strong view that the pay award would be settled in the current year. He reminded those present that Trade Unions in England had settled for a 5% pay award but that Northern Ireland had not been part of those negotiations. He clarified that the previous pay award dispute had been specifically between NIAS and the Trade Unions and had not impacted on the rest of the HSC system. However, the current pay award dispute was HSC-wide and was having a significant impact. Mr Bloomfield said that all Trusts, including NIAS, had made it clear to the DoH that they did not have any funding to contribute towards the pay award.

Mr Abraham said that he had alluded to the difficult financial climate on a number of occasions at Trust Board meetings and asked what impact this would have on the CRM business case and the associated increase in staffing.

Mr Bloomfield acknowledged that delay in approval to and implementation of the CRM business case had impacted upon the Trust significantly.

He reminded the meeting that funding was not available to invest in service developments to take account of advances in drugs and the ageing population. However, he was of the view that it was important for the HSC to consider how it might release funding to invest in those areas which would have the greatest impact. Mr Bloomfield confirmed that no additional funding had been identified for CRM and he suggested that it would be important to consider reprioritising funding from elsewhere to allow key investments.

Continuing, Mr Bloomfield advised that he, Dr Ruddell and Ms Byrne had recently met with DoH colleagues undertaking work in relation to service reconfiguration of hospital services. He said NIAS representation at the meeting had made it clear that any changes to service configuration required resourcing of the ambulance service. Mr Bloomfield said that this was evidenced by the surgical changes within the South West Acute Hospital (SWAH) and the need to convey patients to Altnagelvin from SWAH. He explained that this often involved 3-4 hour return journeys from the

Fermanagh area, leaving the population there without a NIAS resource.

Mr Bloomfield indicated that, to do this on a larger scale without the necessary investment in the ambulance services, would have a significant detrimental impact on services and such changes to service configuration would be undermined. He pointed out that the ambulance service was at the centre of any planned service transformation.

Mr Abraham referred to the need for the Trust to make savings and pointed out that over 20% of NIAS capacity had been lost waiting to handover at EDS. He alluded to the increasing pressures experienced by other Trusts and the fact that, they too, were required to make savings and asked what mechanisms could be put in place by NIAS to ensure that these pressures were not 'pushed out' to NIAS and result in increased NIAS capacity being lost at EDs.

Mr Bloomfield explained that Trusts had only been asked by the DoH to implement the low and medium impact savings but acknowledged that there were some savings proposals around domiciliary care, for example, which would be considered high impact.

Mr Abraham asked whether it might be possible for other Trusts' low and medium impact savings to impact upon NIAS.

Responding, Mr Bloomfield advised that that should not occur and said that the Trust would be monitoring the position very closely. He reminded members that the DoH had advised the Trust of a £11 million non-recurrent allocation which would assist the Trust in purchasing capacity from the IAS and said that this was very much linked to the delayed handover issue, the impact of which on NIAS had been recognised by the DoH.

Mr Bloomfield said that NIAS had been backfilling the capacity lost at EDs through the IAS and added that, if this ceases, the Trust would not be able to identify the funding required from within its current resources.

Mr Abraham suggested that the Trust should consider this as a risk to be closely monitored and establish a mechanism to assess

whether any of the savings proposals put in place by other Trusts had an impact on NIAS services.

Mr Bloomfield explained that a mechanism in terms of monitoring was in place through delayed handovers. He said that the associated risk was reflected through various discussions with Director colleagues in other Trusts and NIAS Directors had made it clear that low impact savings proposals could have implications for NIAS.

The Chair explained that, as well as monthly HSC Chairs' meetings, there were bi-monthly meetings with the Permanent Secretary and she was of the view that this regularity of contact ensured a system-wide approach. She agreed with the points made by Mr Abraham and said it was in order to elevate any risks and interdependencies between Trusts.

The Chair said that NIAS staff were spending long periods of time waiting outside EDs and she again encouraged NEDs to take the opportunity to meet with staff. She alluded to the continuing disputes in relation to the pay award which were demoralising for staff and believed this was fundamentally a critical time for staff to feel valued.

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

6   <u>NIAS Research & Development (R&D) Strategy 2023-2026 & Update (TB11/05/2023/03)</u>

The Chair welcomed Ms Julia Wolfe, Research and Development Lead, to the meeting. At the Chair's invitation, Ms Wolfe presented an overview of her first 15 months in post and sought the Board's approval to the R&D Strategy for 2023-2026.

The Chair commended Ms Wolfe on the significant amount of work she had undertaken since her appointment to the post.

Mr Dennison said that Ms Wolfe had provided members with a comprehensive overview and asked Ms Wolfe how she decided and prioritised her areas of work. He also enquired as to how work would be progressed should Ms Wolfe be absent for a period of time.

Responding, Ms Wolfe explained that she would seek views from key stakeholders as to the prioritisation of projects. She advised that one key priority was the work around cardiac arrests and acknowledged that current R&D work tended to focus on those projects which had the potential to be successful and could be completed quickly.

Ms Wolfe further acknowledged that she currently was the only member of staff on the R&D team and said she was hopeful that funding would be available from an external body to fund a post of a research paramedic.

Mr Bloomfield said the Trust was in the early stages of developing its R&D function and acknowledged that it would not be possible to focus the Trust's R&D efforts on one individual. He said it was clear from the initial work undertaken by Ms Wolfe the benefits of a R&D approach would assist the Trust in working in a different way.

Mr Abraham alluded to potential funding opportunities available from external organisations. He welcomed the early results of the R&D work carried out to date which had resulted in better outcomes for individuals. He was of the view that the R&D work would be an integral element of the culture transformation being progressed by the Trust.

The Chair indicated the importance of the point made by Ms Wolfe around having an evidence-base and professionalising the service.

Mr Ashford referred to the Strategy and said that NIAS was very much dependent on the Southern HSC Trust in the initial stages as the host R&D Trust. He asked whether this might be tenuous given the current financial climate and the potential for any R&D budgets to be reduced.

Mr Bloomfield said he did not believe this would be the case.

Ms Wolfe said that the Southern Trust had been and continued to be very supportive as well as expressing an interest to learn more about the ambulance service.

The Chair sought clarification on how the Trust's R&D function linked with those students currently participating in the BSc.

Responding, Ms Wolfe advised that she was currently assisting a number of students with their dissertations. She explained that she was alerted to any requests from students requesting data from the Information Governance team and was able to forward such requests to the relevant NIAS individuals. For example, if a dissertation focussed on quality improvement, the request for data would be directed to the Quality Improvement Leads for consideration. Likewise, any requests for data around R&D projects were directed to Ms Wolfe. She said that this approach provided an element of governance.

The Chair asked if there were any opportunities on the actual degree course which might be afforded to Ms Wolfe in terms of discussing the importance of R&D within the ambulance service.

Ms Wolfe alluded to her ongoing relationship with the Ulster University and said she had provided a list of potential topics and the data which would be available from the Trust should a student wish to focus on R&D. She said that a number of staff had progressed to undertaking a Masters through Cumbria, Limerick, Queens and the Ulster University and added that the Trust had good working relationships with these Universities.

Responding to a further question from the Chair on availability of R&D information on the Trust's website, Ms Wolfe advised that R&D information was available on the internal Sharepoint which was not available to the general public but was accessible by all NIAS staff.

Following discussion, Mr Ashford proposed the approval of the NIAS R&D Strategy 2023-2026. This proposal was seconded by Dr Ruddell and **APPROVED** by the Board.

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

7   **Draft NIAS Corporate Plan 2023-24 (TB11/05/2023/04)**

Introducing this agenda item, Ms Paterson advised that the Corporate Plan set out how the Trust intended to continue to implement the 'Strategy to Transform' in 2023-24 as well as explaining how it intended to address the issues and challenges

faced by the Trust in terms of patient flow across the unscheduled care system as a whole.

Ms Paterson acknowledged that the Plan did not reflect the totality of everything the Trust did but highlighted key priorities for the year ahead. She referred to the seven key themes which aligned with a range of high level objectives and actions assigned to each Directorate. Ms Paterson explained that each Directorate had submitted their input based on progress from last year and any new emerging issues or risks. She added that these issues and risks should align with Risk Registers and any Internal Audit recommendations.

Continuing, Ms Paterson advised that a schedule of performance and accountability meetings with each Directorate had been established and these would focus on measuring delivery against the objectives set out in the Corporate Plan. She added that updates would be provided to Trust Board on the progress achieved.

Ms Paterson indicated that, while the challenges in delivering the Trust's Corporate Plan had been well documented, the Trust continued to deliver between 60-70% of its objectives each year. She said the continued impact on the Trust's ability to transform and the current financial situation had exacerbated the position across the HSC and NIAS in terms of CRM and the related increase in staff numbers to support transformation and improvement across Trust Directorates.

Ms Paterson indicated that, while the challenges in delivering the Trust's Corporate Plan had been well documented, the Trust continued to deliver between 60-70% of its objectives each year.

The Chair sought clarification on why detail was being brought to the Board on the 60-70% of the actions which had been delivered and asked if any review had taken place on the remaining 30% which had not been delivered and whether in fact these could be delivered.

Ms Paterson explained that a report showing the mid-year position on the actions delivered from the Corporate Plan 2022-23 had been presented to the December Trust Board.

Ms Paterson advised that a number of actions had been rolled over from previous years and she acknowledged that some actions had changed because they were no longer relevant. She said that, where this was the case, Directors had supplemented or replaced the objective.

Mr Bloomfield explained that the purpose in bringing the draft Plan today's meeting was to gain any feedback from members with a view to bringing a final draft to the June Trust Board for consideration.

The Chair said that, in reading the draft Plan, it was not clear if a review had been undertaken of those actions not delivered and believed that this was important in terms of accountability and governance.

Ms Paterson suggested that it would be possible to draft a supplementary paper for the June meeting to articulate which actions had been rolled over and provide the current position on each.

Mr Bloomfield suggested there was a need to be more explicit in terms of whether the objective had been rolled forward; whether it was a new objective or whether it had been removed altogether.

The Chair welcomed this approach and suggested that, as clarity around the financial position became clearer, the three key areas for focus would be efficiency, productivity and transformation.

She said the continued impact on the Trust's ability to transform and the current financial situation had exacerbated the position across the HSC and NIAS in terms of CRM and the related increase in staff numbers to support transformation and improvement across Trust Directorates.

Ms Paterson advised that there had been some attempts over the last number of years to establish a formal planning process and she said this had been previously endorsed by the Board but that there had not been any opportunity to implement this as yet. However, the pandemic and the subsequent system and internal Trust pressures had limited the opportunity for a wider range of stakeholders to participate.

She said that, in moving out of pandemic arrangements, she welcomed the opportunity to put this plan and process into place. She believed that this would help in terms of governance and allow the process to start earlier in the year.

The Chair indicated that she had discussed with Mr Bloomfield the importance of a baselining model and how that might work in terms of engaging with various stakeholders.

Mr Bloomfield pointed out that the Trust had proceeded based on its own Strategic Plan and taking account of any DoH strategies. He welcomed the intention to commence this process earlier in the year and have a Plan approved by the Trust Board in March each year.

The Chair suggested that a Board workshop would be organised for October to undertake a high level review of the Trust's strategic plan as well as using the opportunity to look ahead to the Corporate Plan for the 2024-25 year. She said it was likely that new Non-Executive Directors would be in place by that time and this opportunity could also be used as part of their induction process.

Mr Bloomfield agreed with the Chair's suggestion. He noted that the Strategy To Transform was dated 2020-2026 and said it would be important to review the overall progress to date in terms of the direction of travel and whether this needed to be revised or refined.

The Chair noted that annual funding had a particular impact on the strategic and long-term priorities for the Board.

Mr Abraham referred to page 4 of the Corporate Plan and suggested the inclusion of a bullet relating to the delay in approval of the CRM business case. He pointed out that the Trust had not achieved its objectives due to the shortfall in staffing.

Mr Bloomfield agreed and said additional investment was required through CRM as well as recouping the lost capacity through delayed handovers and sickness absence. He acknowledged that some objectives within the Corporate Plan, for example the recruitment of community paramedics was predicated on the approval of the CRM.

Mr Ashford welcomed the inclusion of Emergency Preparedness, Resilience and Recovery (EPRR) and asked whether this should also be included on the list of significant risks and issues.

Responding, Mr Bloomfield explained that this constituted a different risk. The risks referred to within the Plan were those risks which might impact on the delivery of the Plan. He confirmed that EPRR had been included on the Trust's Corporate Risk Register.

Mr Dennison said it would be difficult to disagree with the objectives as outlined. However, he questioned what success might look like. He alluded to the key outcomes within the Plan and believed that these represented more of a strategic alignment than an outcome. He asked whether there would be further consideration of these in order that they might be tracked.

In response, Ms Paterson explained that the Trust had come through a period of attempting to meet the data and process measures within the Trust. She cited the examples of the HR data reporting which had been developed over time for presentation to the Trust's PFOD Committee. She said work was continuing to develop Directorate dashboards and said the HR dashboard would look similar to the information being presented at the PFOD Committee. However, each of the transformation programme and data available would assist with this work.

Mr Dennison asked if members would be able to see any of the intended matrices or outcomes in subsequent iterations of the Plan.

Ms Paterson said that, while this would not be possible before June, it was her intention that these would be available towards the end of the year.

The Chair said that increasingly Trust Committees and members would be looking to see the outcomes in terms of what different individuals projects/work would make to patients and staff in terms of their health and wellbeing. She suggested that Directors might wish to discuss this point within their respective teams so all staff would be aware of the priority being given to this.

The Chair referred to page 11 of the Plan, 'Digital Enablers' and, while she appreciated the objectives were set out at a high level, asked whether there was a need to include more information, referring in particular to REACH/EPCR and asked where these projects sat in relation to the objectives.

Ms Paterson explained that the REACH project straddled all Directorates and alluded to the detail underneath the objectives. However, she acknowledged that, as the Computer Aided Despatch (CAD) project had been included, work around the Integrated Command and Control System (ICCS) and the HCP could also be included.

The Chair believed there was a need within the Plan to identify those digital enablers which the Trust intended to put in place. She explained that this would then allow the risks, if appropriate, to be articulated on the risk register. She suggested there needed to be greater clarity around the ambition to ensure REACH was implemented by the end of the financial year as well as ensuring EPCR was available in most Trusts.

Ms Paterson acknowledged that a few digital programmes had been set aside in March due to funding issues and added that she hoped the REACH project would be completed in the current year.

Mr Bloomfield explained that, although REACH was available to all staff, its usage was low. He advised that it was hoped that there would be increased usage through the provision of Toughbooks on every vehicle. He said he would be wary of using the term 'full implementation' in terms of the other projects and agreed this should be considered further.

The Chair referred to page 12, 'Infrastructure and Finance' and suggested there was some duplication with the objective around Organisational Development in terms of the need to stabilise and strengthen Directorate management structures.

The Chair alluded to the intention to develop a Sustainability Strategy for the Trust. She referred to discussions she had had with Mr Wilson, Boardroom Apprentice, around his suggestions on how the Trust might approach this area of work.

Mr Nicholson explained that this would be the first Strategy of its kind for the Trust and said that it would take the totality of the Trust into account. He pointed out that the Strategy would look at areas of fleet and the need to reduce omissions as well as medical gases in use within the Medical Directorate and the frontline. Mr Nicholson indicated the Trust was ensuring that all new vehicles had solar panels fitted on them.

Mr Wilson gave a brief overview of his experience in this field and said he had had discussions with Mr Bloomfield and Mr Nicholson in terms of the risks to the Trust around the Government's intention to do away with diesel vehicles by 2030 and how this might impact on the NIAS fleet.

The Chair suggested that it would be beneficial for Mr Wilson to give a short presentation on the opportunities and challenges in taking forward the sustainability agenda and asked Mrs Mooney to make the necessary arrangements.

Mr Bloomfield said he would welcome this opportunity. He noted the lack of progress from within the DoH in promoting this agenda and suggested there was a need for a clear lead. He referred to the recently establishment of a DoH Sustainability Working Group and said that Mr Nicholson was the NIAS representative on this forum. Continuing, Mr Bloomfield also noted the lack of resources to support this agenda and clarified that the Trust was currently not required to provide any updates to the DoH in terms of a sustainability plan.

The Chair noted that the Plan referred to the development of Health and Wellbeing and Communications Strategies and noted that these had been approved by the Board in August 2022 and March 2023 respectively and as such should now be removed from the Plan.

Ms Paterson welcomed any further comments from members to allow a final draft to be developed and presented to the June Board.

Following this discussion, the Board **NOTED** the draft Corporate Plan 2023-24.

8   Performance Report (April 2023) (TB11/05/2023/05)

Introducing this report, Ms Paterson explained that, over the last year, Directorates had been working towards the development of an Integrated Quality and Performance Report which would collate many of the strands of work and processes carried out throughout the Trust to provide assurance.

She said that these would be the key measures which would indicated the health and performance of the Trust and would benchmark against other UK ambulance services.

Ms Paterson explained that Directorate and corporate scorecards would replace the current performance report and would transfer the ownership of performance to respective Directorates to progress with their teams. She pointed out that, although decisions had been taken on the data required, the Trust was currently only in a position to provide around 60% of this. However, she said it was still the intention to present the integrated quality and performance report with gaps so members could clearly see the totality in terms of knowledge and capability.

Mr Bloomfield referred to the ongoing challenges faced by the Trust in achieving its response times in Cat 1-3 due to the absence of CRM funding. He said that it was always worth highlighting that NIAS remained in a better position compared to other UK ambulance services in Cat 2 and 3.

Ms Paterson said there were limited levers within NIAS' gift to be able to continue to influence but, due to the variation, NIAS should be able to take action in order to demonstrate to the system that the Trust was doing everything possible.

Responding to a request from the Chair for further information, Ms Paterson explained that, within NIAS, the Trust was looking at how best to use staff as well as working rotas and the booking on procedure. She said that it was important to examine these individual process measures over which the Trust had some influence to ensure staff productivity was maximised.

The Chair sought confirmation that there was a clear understanding on the levers available to the Trust and that these were being maximised. She also sought information as to the timescale involved.

Ms Paterson confirmed that there was a clear understanding and emphasised that these efforts should also achieve the best outcome for both patients and staff.

Continuing, Ms Paterson indicated that it was intended that a clear plan would be developed within the next 6-8 weeks. She said that

there was now an ability within the Trust to forecast and model working patterns 6-8 weeks into the future. Using this, she said, it was possible to look at how further improvements could be delivered.

The Chair asked Ms Paterson if it would be feasible for her to present to the August Board meeting on how these NIAS levers had been utilised and how NIAS productivity had been increased as a result of their use. She said that such information could then be used to assist in performance management.

Ms Paterson agreed to look at this and referred to the recent review of NIAS despatch arrangements undertaken by the Association of Ambulance Chief Executives (AACE). She said that one of the more significant actions would be the consideration of rotas as well as looking at the number of staff on duty in each Division based on historic patterns. Ms Paterson said there was a need to look at how this could be managed more dynamically. However, she acknowledged the challenging nature of the discussions required with Trade Union colleagues around shift patterns and said it would be important to manage expectations.

The Chair said it would be important to be aware of and understand at Board levels the levers which the Trust had at its disposal thus allowing members to scrutinise from accountability and governance perspectives. She believed that this then allowed the Trust to shape its negotiation and influence with other key stakeholders. The Chair said that one of the key levers was that of sickness absence and said that 14% sickness rate within the Trust was a significant concern for her.

Ms Byrne cited the example of handover at EDs and explained that the standard was 30 minutes. She explained that the digital handover should assist in improving the NIAS' clearing time and was a lever to which the Trust had access and could influence.

Mr Abraham noted that the Trust had already availed of what he described as 'low hanging fruit' and was of the view that there was very little return for the significant work undertaken by the Trust. Mr Abraham believed that the two most significant issues facing the Trust were those of sickness absence and delayed handovers. He acknowledged previous comments by the Chief Executive in relation to the Trust clearly demonstrating that it was doing everything to

address these issues and showing improvements on those areas where the Trust was weak.

Mr Bloomfield acknowledged the challenges in encouraging staff to shave off seconds on despatch times when they were then frequently delayed for hours at EDs.

The Chair accepted Mr Bloomfield's point but said that it would be important for the Trust to continue to demonstrate it was doing everything possible to improve whilst maintaining pressure at senior levels.

Ms Lemon acknowledged the concerning level of sickness absence within the Trust and she assured the Board of a step-change in the Trust approach in addressing this. She reminded members of the project approach which had been taken in relation to sickness absence and said the first meeting of the Project Board would take place in the coming weeks. Ms Lemon emphasised the need to understand the causation factors for sickness and said that progress would be reported through to the PFOD Committee. She said there was a need to consider the improvement trajectory in order to be able to focus on an incremental approach and the associated actions required.

Ms Lemon said she would be bringing a proposal around the mental health element of the Health and Wellbeing Strategy to next week's Senior Management Team for consideration.

The Chair agreed that this work was a critical priority for the Trust.

Ms Charlton referred to page 14 of the report which provided high level detail in relation to safeguarding. She noted that the annual Safeguarding Position report would be presented to the June Trust Board for consideration. She indicated that it was clear from the information and data available that the Trust had a marked variance in terms of referral percentages per contact in comparison to other UK ambulance services. Ms Charlton said that, whilst work was ongoing to ensure there was clarity around the operational referral definition, she noted that such variance in referral rates could be indicative of failure to recognise the need to refer and said further work was required to better understand the position. Ms Charlton pointed out that referral rates in other ambulance services could be between 2-3% whereas NIAS was 0.25%.

Continuing, Ms Charlton pointed out that the Trust was not using contemporaneous electronic referral system but used phones to refer which was challenging for staff. She said that discussions were ongoing with SPPG colleagues to ensure a more straightforward pathway for onward referral and said it was clear that improvements in this regard and implementation of REACH would assist staff. Ms Charlton said that other Trusts had expressed concern about the potential for increased referral numbers.

Ms Charlton pointed out that there was also an unwarranted Divisional variation as well as a variation between staff groupings and work was ongoing to better understand these variations.

Ms Charlton referred to the challenges of delivering on the Trust's safeguarding education and training strategy due to not having dedicated safeguarding staff. She advised that NIAS was currently delivering Level 2 training through e-learning while other UK ambulance services had moved to deliver Level 3 on a face-to-face basis. Ms Charlton added that such training should be delivered by a Subject Matter Expert and said that reference to this would be made within the Safeguarding Position report.

Ms Charlton advised that the Trust had invited colleagues from the Welsh and London Ambulance Services to undertake a peer review of the NIAS safeguarding function. She said that, subsequent to the review, the Trust continued to engage with DoH/SPPG colleagues around the commissioning of safeguarding services and had been advised that, if the Trust considered this to be a significant risk, it should address this from within its existing funding. Ms Charlton confirmed that the Trust had recently decided to proceed with two safeguarding posts at risk.

Mr Abraham explained that, as the NED with responsibility for safeguarding, he had attended an interview with the peer review team who had expressed deep concern at the current position of safeguarding within the Trust. He said they had acknowledged the extent of the work which had been undertaken since the appointment of the Head of Safeguarding. Mr Abraham suggested that this was an issue which the Trust Board should examine in further detail.

Mr Ashford noted that the long-term sickness absence appeared to be increasing and enquired as to the number of vacancies within the Trust.

Ms Lemon explained that, on occasions, percentages slightly skewed the real picture and said she had advised the PFOD Committee that, as part of the Attendance Management work, focus would now be on long-term absences.

Ms Lemon advised that she currently did not have the detail in terms of the number of vacant posts but undertook to share this with members. She acknowledged that concern had been expressed by the Operations teams in terms of the number of secondments and said that work was being undertaken to clarify the definitive position.

The Chair expressed her thanks to all involved. She said she very much appreciated the level of data being provided and added that this allowed for evidence-based decisions to be made and for the Trust to grow in maturity as the data increased in parallel.

The Performance Report was **NOTED** by members.

9   **Finance Report (Month 12) (TB11/05/2023/06)**

Mr Nicholson drew members' attention to the Month 12 end year report and caveated its presentation by advising that all information therein was subject to the completion of the final accounts process and review by the External Auditors which was currently ongoing.

He reminded the meeting that the report provided information on the Revenue Resource Limit, the Capital Resource Limit and the prompt payment target.

Continuing, Mr Nicholson reported that the draft annual report and final accounts had been prepared and submitted on 5 May. He explained that these were now subject to the audit process and would be presented to the June meetings of the ARAC and Trust Board. He commended the documentation to members and said there was a real breadth and depth of information.

Mr Nicholson said that the Chief Executive had already provided a detailed overview of the financial position across the HSC and how this affected NIAS earlier in the meeting. He added that further

detail would be presented at the various forthcoming Committees and Trust Board as further detail became clearer.

Mr Abraham commended all involved in ensuring the Trust achieved its prompt payment target and said the work to achieve this should not be underestimated.

Mr Ashford also conveyed his congratulations in being successful in phasing out the Covid-19 Rapid Response Payments.

Mr Bloomfield reminded the meeting of the background to these payments and said it had been intended that the Scheme would cease in May 2022. However, the DoH had indicated at that time that, if Trusts wished to continue with the Scheme, they would have to fund it from within existing budgets. Mr Bloomfield pointed out that, by August, NIAS was paying more through the Covid-19 Rapid Response Payments Scheme than through normal overtime. However, the Trust put plans in place to phase out the Scheme by Q4 of the 2022-23 financial year.

Mr Bloomfield paid particular thanks to all those involved, particularly those individuals within Operations, for managing the cessation of the Scheme within the Trust. He indicated that the Scheme was now one of the measures being considered as a potential area for savings towards the £60 million.

The Chair echoed Mr Ashford's congratulations in phasing out the Scheme.

Mr Dennison commended the Finance report and acknowledged that there would be further discussion around the financial position in the In Committee session.

The Board **NOTED** the Finance Report as presented by Mr Nicholson.

10 **Committee Business:**
- **People, Finance & Organisational Development Committee – minutes of meeting on 24 November 2022 & report of meeting on 20 April 2023**
- **Audit & Risk Assurance Committee – minutes of meeting on 19 January 2023 & report from meeting on 30 March 2023 (TB11/05/2023/07)**

Mr Dennison alluded to the significant efforts being made to reduce the Trust's absence levels and said that this had now become a major focus on the PFOD Committee's work.

He acknowledged that the Committee had not had sight of the supporting information to the HR scorecard and asked for this to be distributed to members.

Ms Lemon expressed her disappointment that the single HR Improvement Plan had not been presented to the PFOD Committee and undertook to bring that to the next meeting.

Referring to the ARAC minutes, Mr Abraham advised of the change in relation to the holiday pay issue and said this should result in the Trust having unqualified accounts for the 2022-23 year.

He alluded to the work taken forward by Ms Paterson in relation to Risk 357 (Delayed Handovers) and how this was being considered in other Trusts as well as confirming if there was a direct correlation from other Trust Risk Registers to the DoH Risk Register. He said that work had also been progressed in gaining a better understanding of the escalation point.

Mr Abraham alluded to the significant work which had been done in relation to the PCS audit and the fact that the audit opinion was approaching satisfactory. He said that one should not underestimate the work involved at a time when Covid-19 had remained prevalent.

Ms Byrne explained that a significant improvement project had been established to take forward this work. She added that two of the audit findings had been downgraded and said that Internal Audit had planned to visit in August. Ms Byrne said she was confident that any outstanding actions would be addressed by that time.

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

11 **Date of Next Meeting**

The next NIAS Trust Board will be held on Thursday 22 June 2023 at 2pm. Venue to be confirmed.

12 **Any Other Business**

There were no items of Any Other Business.

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

SIGNED: _____

DATE: _____

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TRUST BOARD – 11 MAY 2023

		INDIVIDUAL ACTIONING	UPDATE
	PUBLIC		
1	Complex Case Team/British Red Cross: - update to be provided to Trust Board in late autumn	NR	Listed for October Trust Board
2	Chair's Update: - keep members apprised following update with Permanent Secretary	Chair	Ongoing
3	Board workshop to take place in October to examine current position re Strategy to Transform and look at Corporate Plan for 2024-25 year	Chair/CM	Date to be identified for this over the summer
4	Corporate Plan: - include ICCS and HCP work in Digital Enablers objectives; - consider the implementation of ICCS/HCP projects; - revisit objective around 'Infrastructure and Finance' and 'OD' re duplication; - remove reference to development of Health and Wellbeing and Communications Strategies;	MP MP MP	Final draft of Corporate Plan to be presented to June TB for consideration
5	Trust Board to receive presentation on opportunities/ challenges in progressing the sustainability agenda within the Trust	JW/CM	Discussions ongoing with regard to presentation
6	Advise August Trust Board how levers available to NIAS	MP	Listed for August Trust Board

	have assisted in improvement and maximising productivity		
7	PFOD Cttee mins: - supporting information on HR scorecard to be provided to PFOD members; - present single HR Improvement Plan to next PFOD meeting	ML ML	Current being actioned Listed for July meeting
8	Advise Trust Board on the number of vacant posts	ML	Update to be given under Matters Arising

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TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	22 June 2023
Title of paper:	Update on year one of the NIAS Health and Wellbeing Strategy – 'Healthy People, Healthy Place' Implementation
Brief summary:	The NIAS 'Healthy People, Healthy Place' Strategy was approved by the NIAS Trust Board in August 2022. This paper introduces developments in the model of delivery for Critical Incident Stress Management/Peer Support and revisits the Healthy People, Healthy Place commitments, impact and outcomes to date.
Recommendation:	For Approval ☐　　　For Noting ☒
Previous forum:	SMT – 16/5/23
Prepared and presented by: **Date:**	Ann Marie McStocker, Health & Wellbeing Lead Michelle Lemon, Director of HR & OD 15 June 2023

Aim

Update on year one of the NIAS Health and Wellbeing Strategy Implementation

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Objectives

Introduce developments in the model of delivery for Critical Incident Stress Management/Peer Support

Revisit Healthy People, Healthy Place commitments and impact outcomes

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Vision

NIAS is seen as an employer of choice due to a positive culture of staff support and care and delivery of staff health and wellbeing initiatives that ensure a healthy and sustainable workforce

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Our Strategy to Transform 2020-2026- Our Workforce

Healthy People, Healthy Place
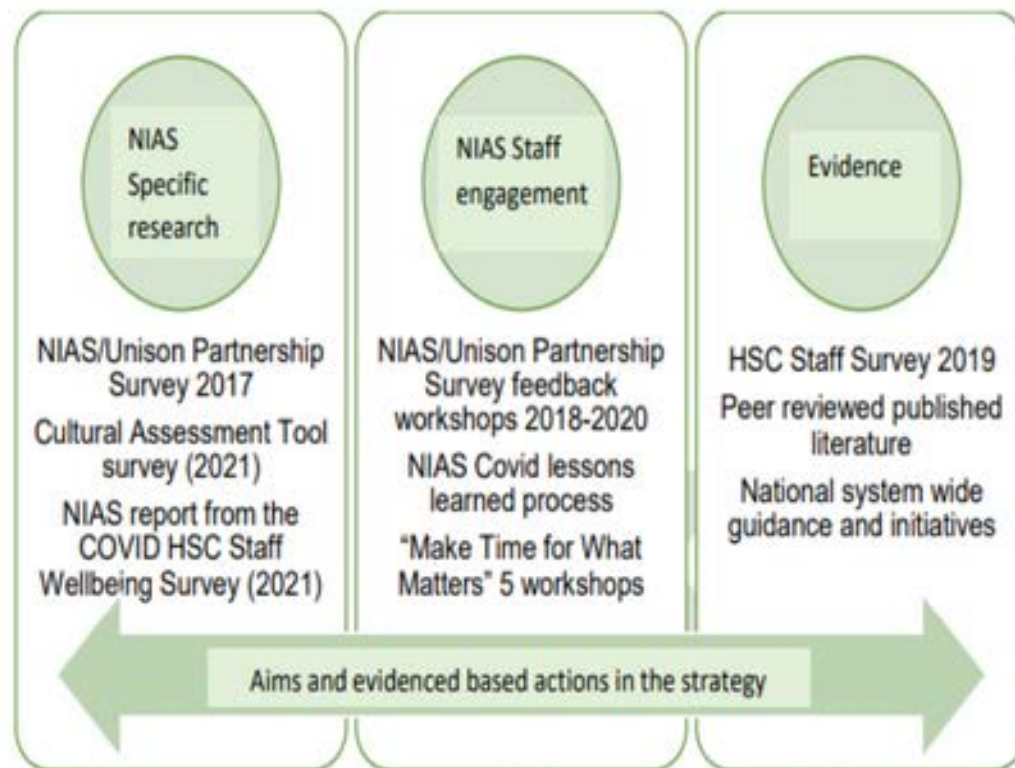
Aim 1-Create and embed a culture of Health and Wellbeing

Aim 2-Maintain and develop psychological, emotional and social health and wellbeing, improving mental health outcomes

Aim 3-Maintain and develop physical health

NIAS Specific research

NIAS/Unison Partnership Survey 2017

Cultural Assessment Tool survey (2021)

NIAS report from the COVID HSC Staff Wellbeing Survey (2021)

NIAS Staff engagement

NIAS/Unison Partnership Survey feedback workshops 2018-2020

NIAS Covid lessons learned process

"Make Time for What Matters" 5 workshops

Evidence

HSC Staff Survey 2019

Peer reviewed published literature

National system wide guidance and initiatives

Aims and evidenced based actions in the strategy

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Healthy People, Healthy Place Year 1 Commitments

1. Resource and appoint permanent peer support co-ordinator roles and support roles to develop the Critical Incident Stress Management (CISM) model.

2. Review current pathways to individual psychological interventions for all staff.

3. Establish a Health and Wellbeing Steering group with representation from across directorates.

4. Annual programme of health promoting events and campaigns.

5. Develop a baseline dashboard for H&WB indicators and improvement measures

(See appendix 1 for further information)

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1. Proposed Model-Peer Support/CISM and Wellbeing

Relationship Key

→ Line management

→ Clinical Support and Supervision

Clinical Psychologist Part Time

CISM/Peer Support Manager

Health and Wellbeing Lead

Wellbeing and CISM/Peer Support Officer (Belfast, South Eastern, Southern Areas)

Wellbeing and CISM/Peer Support Officer (Northern and Western Areas)

Wellbeing Support Worker (with CISM duties)

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Impact of medium term intervention

- Pilot peer support model based on CISM approach with two team members seconded

- Third team member seconded August 2022 to support development of the model

➢ Staff in Crisis SOP developed

➢ Thematic projects-RRV, EAC, NEAC

➢ 44 colleagues trained in CISM

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Impact of medium term intervention

- CISM lead role-fewer low impact/no impact contacts, increased capacity though CISM network and mentoring

- Improving clinical governance and lowering risk

- Service increased resilience and safety

➤ 100% of colleagues reported de-brief supported them to stay in work or return to work

➤ 1 in 4 referred to Inspire for further support

NIAS leading the way-Move from pilot phase to mainstream

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2. Inspire Enhanced Pathway

Self referral via Inspire Phone line Peer Support referral Line manager referral

NIAS Referral Pathway

Client rings free phone number

Call answered by Inspire Business Support Team/Counsellors

Clinical Assessment
• Mental Health Status
• Risk Factors including child protection issues
• Substance use/dependency
• Social/occupational functioning/history
• Resilience/support
• Reason for referral

Standardised screening assessment to determine need – Donna McKeever

Step 1

Mild symptoms

Structured telephone one session

Support Hub: Psychoeducation

Practical advice

Guided self- help.

Bibliotherapy.

Signpost/network of organisations

Step 2

Mild -moderate symptoms

Structured Brief Solution Focused Therapy

4 – sesssion model.

Face to face, online or telephone support.

Step 3

Moderate - severe symptoms

Referral into high intensity support

Assessment and recommendation by senior mental health practitioner

Interventions include TF-CBT & EMDR.

Safety critical role protocols agreed.

Immediate Risk – Emergency Services.

Clinical Governance, Operational Management and Routine Reporting

Stepped Care: ensuring the right service in the right place, at the right time and delivered by the right person, quality assured by robust clinical governance framework.

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inspire
wellbeing. ability. recovery.

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Self- referral

Call 0808 800 0002

Speak with Support Team and provide:
- Name
- Contact details; mobile/ email
- DOB
- GP Details

Call to arrange triage

Complete triage to determine pathway 1 or 2

Manager Referral

Email

Provide referral form with client's details
(and client's signature to confirm consent)
- Name
- Contact details; mobile/ email
- DOB
- GP Details

Call to arrange triage

Complete triage to determine pathway 1 or 2

Peer Support Referral

Email

Provide referral form with client's details
(and client's signature to confirm consent)
- Name
- Contact details; mobile/ email
- DOB
- GP Details

Call to arrange triage

Complete triage to determine pathway 1 or 2

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Impact-Outcomes for staff

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Level of distress by Band	Closed (%)
Healthy	(8%)
Low	(8%)
Mild	(14%)
Moderate	(37%)
Moderate - severe	(22%)
Severe	(11%)

} 86% } 70%

inspire

- At point of entry to the psychological therapy program the large majority 84% met clinical "caseness" criteria, indicative of a population in need of and who would benefit from psychological therapy.

- Of these the majority 70% reported experiencing moderate – moderate – severe level distress.

- 30% reported healthy – mild level distress.

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Outcomes-Pre and post outcome scores
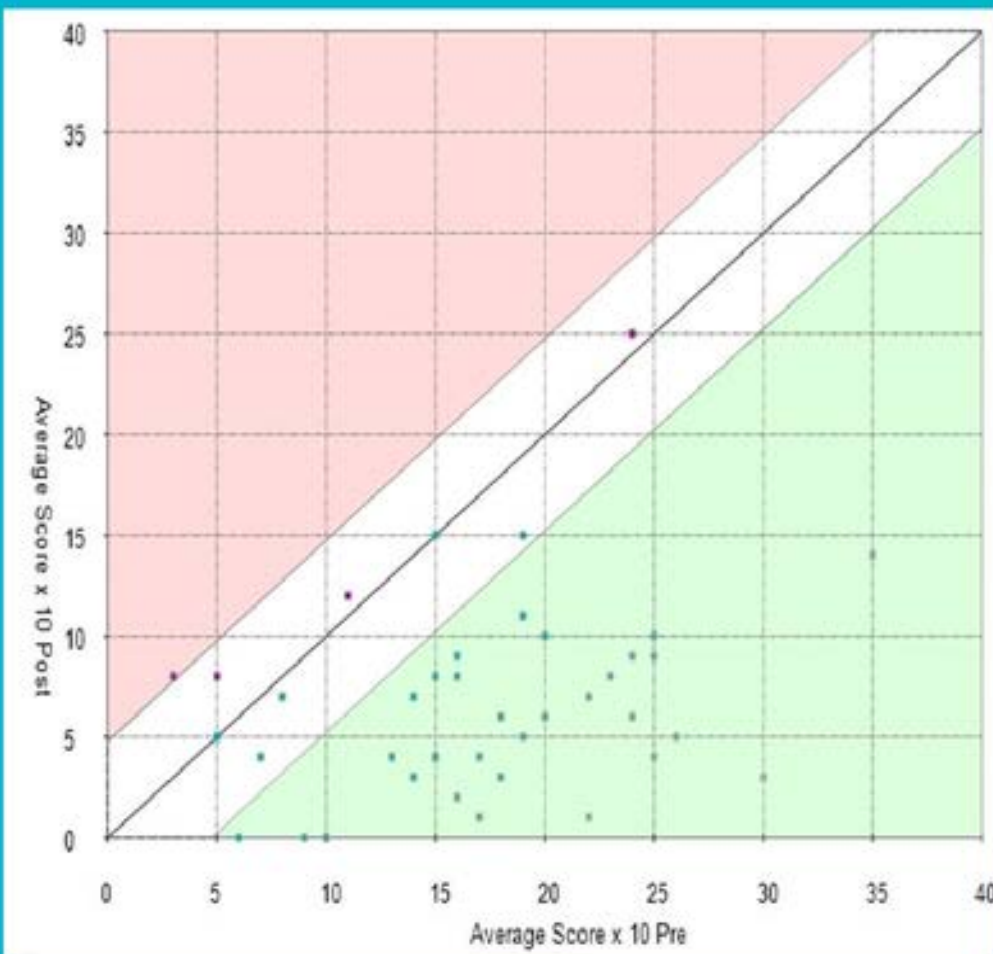
An individual case by case analysis found

Following the intervention 90% demonstrated positive change **(Green dots)** and of these;

- 78% demonstrated clinically reliable change evidencing a decrease of at least 5 scale points following the intervention (Green dots in the green area)
- 74% demonstrated clinically meaningful change-clinically distressed population to healthy population *and*
- **78% demonstrated clinically meaningful *and* reliable change**

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Impact-Increase in uptake (Right service at the right time)

- 120% increase in number of HI assessments

- 262% increase in High Intensity sessions

- EAP sessions decreased by 70%

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3. Establish a Health and Wellbeing Steering Group

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NIAS Unison Partnership facilitated workshop to identify scope of the steering group, programme board approach identified

June 2023 programme board meeting to focus on H&WB and managing attendance

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4. Annual programme of health promoting events and campaigns

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5. Develop a baseline dashboard for H&WB indicators and improvement measures

- NIAS/Unison Partnership survey to be repeated in September 2024

- HSC Staff Survey repeated

- Cultural Assessment tool

- Absence data-programme board approach to ensure improvements (End of April 28 days of long term leave data-22.81% mental health related)

- Ongoing 'within' intervention outcome based evaluation e.g. peer support de-briefs

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Develop a baseline-NIAS Unison Survey

Can staff cope with the demands of the job?

Most positive

Most improvement needed

Intensive work= 67%

Work very fast = 50%

Neglect tasks = 32%

Satisfying work = 71%

Pressure to work long hours = 35%

Accomplishment = 59%

time pressures = 33%

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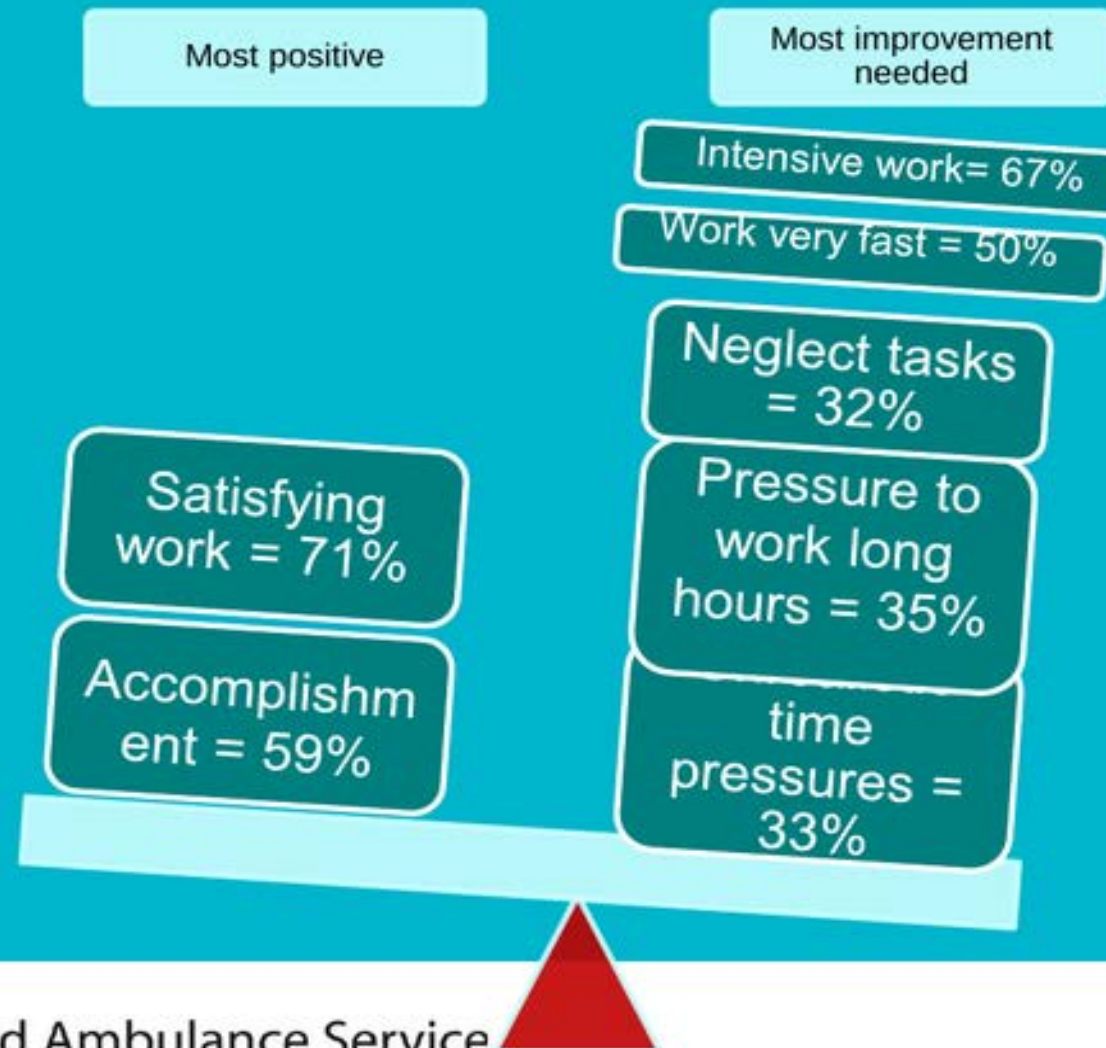
Relationships – Does NIAS promote positive working to avoid conflict?

Most positive

Most improvement needed

Team effective = 71%

HQ Belfast, ACAs
Admin/support

Strained relationships = 49%

- Bullied past 6 months = 31%

- Friction/anger = 29%

- Personal harassment = 14%

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Stress & mental health symptoms

Stress
- 65% stressed or very stressed

MH symptoms
- 61% experience MH **symptoms** due to work
  - 21% within last month, 48% within year, 76% within 5 yrs

Areas
- Ards = 81% stressed, 76% MH symptoms & 33% MH poor

Groups
- Paramedics = 89% stressed, 78% MH symptoms & 32% MH poor

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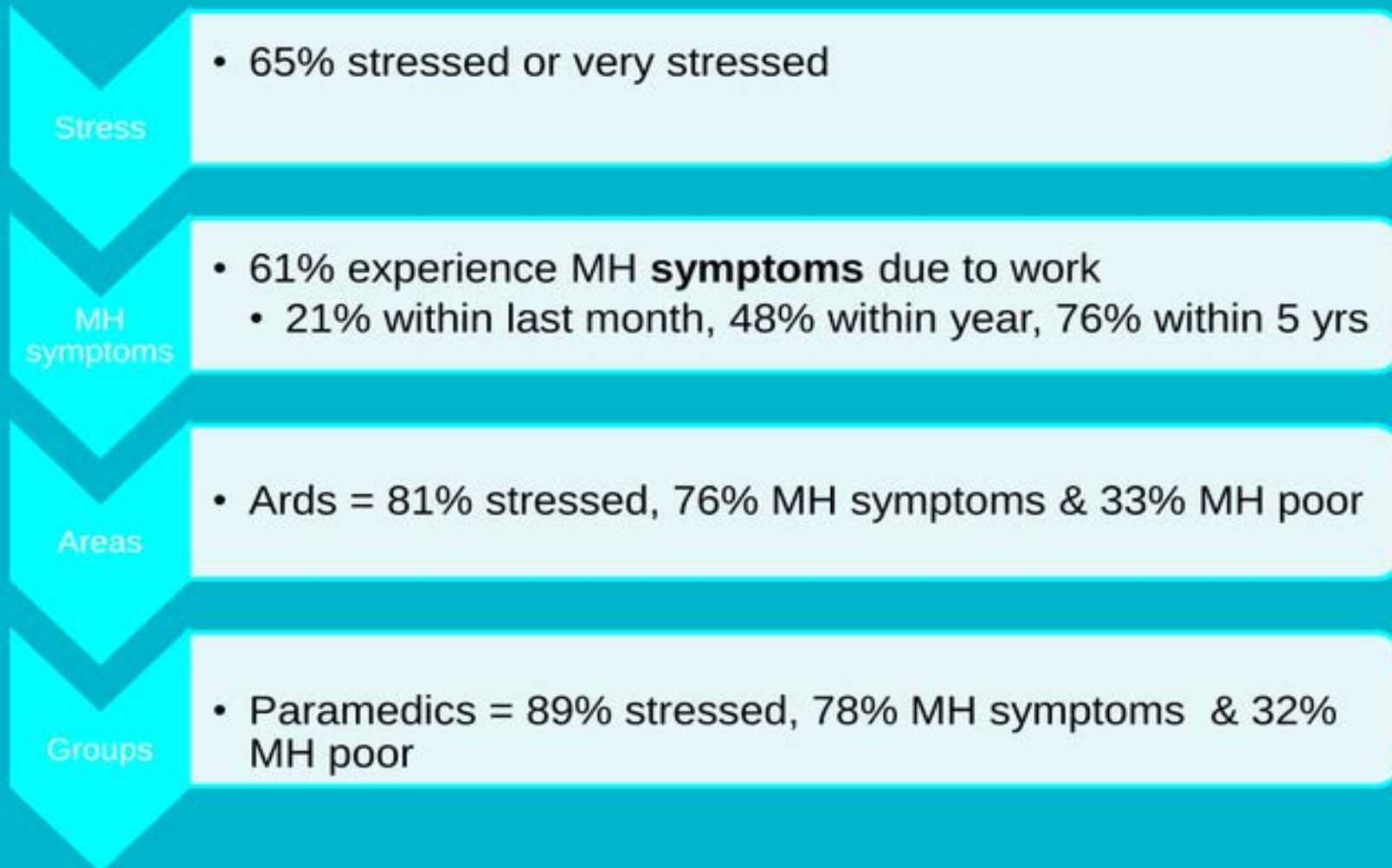
Work pressures leading to poor MH and high

Hours of work 91%

Bullying & harrass. 20%

Physical demands 25%

Low MH High Stress

Staff levels 45%

Mental demands 43%

Abuse or violence 23%

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How do staff cope?

Colleagues= 26%

Prescrip drugs= 8%

Manager = 9%

Medical help = 6%

Any symptom = 61%

Friends /family = 61%

Exercise = 4%

Comfort food= 31%

Alcohol = 32%

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Supportive culture?

61% experience MH symptoms BUT

- Only 20% have disclosed to employer
- Only 38% are comfortable talking to their manager
- Only 8% actually went to their line manager and 18% went to colleagues following most recent MH problem
- Only 15% used occupational health or onsite counsellor

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Supportive culture?

Only 35% said some action was taken when MH issues was disclosed

- Only 19% of these said they took a period of time off work when 35% said time off work would have been useful

- Only 6% were given support with their workload when 31% said this would have been useful.

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Progress made, more to do, together

Areas of need and opportunity primarily require co-ordinated action across Trust directorates (particularly those focused on wider organisational culture change)

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Thank you for listening

Questions welcome

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APPENDIX 1-NIAS HEALTH AND WELLBEING PROJECT   (UPDATE JUNE 2023)

Contents

1. Background and organisational goal

2. Progress Report-Strategy aims and objectives

SECTION 1: BACKGROUND AND ORGANSIATIONAL GOAL

This report provides an update of the development of the NIAS health and wellbeing strategy associated actions in year one of the strategy.

The establishment of the NIAS health and wellbeing project is one of the commitments of the NIAS/Unison Health and Wellbeing partnership. The partnership was launched in 2017 to

'Improve the working lives, health and wellbeing of NIAS staff —ambulance, emergency control, non-emergency control, managers and admin support.' (NIAS/Unison Partnership Update, October 2018)

Patient safety and experience is directly correlated with staff health, wellbeing and job satisfaction. By addressing important issues of job satisfaction and health and wellbeing the project aims to have a positive impact on staff and on service delivery and service user experience.

> *"People and their behaviors are what deliver results to your organization. Not systems, not processes, not computers, not machines".*
> *Mark Hortsman*

In response to research undertaken by the partnership, involving over 200 staff, the project plan prioritised health and wellbeing with the aim;

'In addition to encouraging current activities such as Peer Support, additional initiatives will be developed to promote health & wellbeing, with a specific focus on good mental health'. (NIAS/Unison Partnership Update, October 2018)

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APPENDIX 1-NIAS HEALTH AND WELLBEING PROJECT   (UPDATE JUNE 2023)

The associated goal in 'Our Strategy to Transform' is

'Our staff will feel positive and proud to work for NIAS'.

And the associated aim is:

'NIAS is the Employer of choice'

The related priority **actions** are within the workforce priority areas of action (P38)

- Roll out a comprehensive health and wellbeing programme.
- Embedding our peer support network.
- Promoting healthy lifestyles and resilience.
- Preventing Physical or mental health injury or work related injury

The associated Risk Register #403 Management of absence, #301Staff Health & Wellbeing #559Organisational Culture Risk register # 397Drugs & Alcohol Policy / Procedures Workplace Stress

To meet the goal of 'Our Strategy to Transform' the NIAS Corporate Plan 2020-21 states

2.6 We will develop a comprehensive Health and Wellbeing Strategy with a range of objectives and measurable outcomes to support the wellbeing of staff'

The HR Strategic plan objectives and progress to date is;

- *18.0* To design and deliver a Health and Wellbeing strategic plan and programme to ensure our people can thrive.

- *19.0* To analyse and assess themes emerging from partnership survey and delivery a range of measures designed to make a difference to our people

The partnership survey identified the following areas for improvement;

- *20.0* To demonstrate improvement and deliver assurance in achievement of outcomes in relation to HWB and attendance management.

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APPENDIX 1-NIAS HEALTH AND WELLBEING PROJECT   **(UPDATE JUNE 2023)**

- 22.0 To ensure prioritisation of mental health and musculoskeletal elements within HWB and attendance management plans.

An outline framework for health and wellbeing strategy was presented to SMT March 2021 and workforce engagement on health, wellbeing and culture was completed April 2021. The strategy therefore was based on this process and NIAS/Unison Partnership survey, HSC staff survey, CAT survey, NIAS Covid lessons learned process, COVID Staff Wellbeing Survey and current literature on health and wellbeing including Kings Fund NHS Covid report. It included a focus on outcomes using a logic model and evidence base for actions.

Feedback and draft strategy were presented to SMT Tuesday 7th December and PFOD 9th December. A culture programme and charter were also presented to coincide with the health and wellbeing strategy. The strategy Healthy People, Healthy Place was accepted at the August Trust Board in 2022.

A copy of the health and wellbeing strategic plan is enclosed. The aims of the strategic plan are 1-Create and embed a culture of Health and Wellbeing Aim 2-Maintain and develop psychological, emotional, and social health and wellbeing, improving mental health outcomes Aim 3-Maintain and develop physical health underpinned by a work life course approach that considers individual and organisational factors.

The outcome measures are in the right-hand column of was logic model (in the strategy). Outcomes will be measured in the next HSC Staff survey, NIAS Unison Survey (to be repeated in Sept 2024) and CAT survey. Evaluation to measure the impact on aims and objectives of each intervention in the action plan are measured on completion of actions. This has been delayed significantly in quarters one and two as we switched from survey monkey to MS Forms. All intervention outcomes will be presented at the end of June.

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APPENDIX 1-NIAS HEALTH AND WELLBEING PROJECT   (UPDATE JUNE 2023)

SECTION 2: PROGRESS REPORT STRATEGY AIMS AND OBJECTIVES

Aim 1: Create and embed a culture of health and wellbeing

Objective	RAG	Actions in quarter 1 & 2
Resource and appoint a colleague Health and Wellbeing permanent role		Included in workforce stabilisation programme
Establish a NIAS health and wellbeing steering group, with representation from all departments.		Plans underway for a Healthy People Healthy Place managing Attendance programme board (June 2023)
Implement the health and wellbeing strategy plan of action		Action plan for H&WB and for peer support underway. Resourcing decisions (including staffing) required for full implementation.
Develop a baseline dashboard for health and wellbeing indicators and improvement measurement		Data set agreed for strategy. Annual targets and measures from other data sets (Datix, managing attendance) to be agreed and a system for data recording is to be explored.
Appoint a health and wellbeing guardian non-executive director to trust board		Most ambulance trusts have appointed and in the HSC staff audit trusts highlighted staff wellbeing a standing item on trust board meetings. Currently prioritised on PFOD agenda.
Wellbeing conversation training available to all managers.		Stress management standards training in quarter 2 (two more training days scheduled for September and October 2023).
Develop and resource the health connectors programme in each division		4 health connectors appointed following a call in 2021. Programme agreed for September 2023.
Health and wellbeing promotion and support for all staff at all stages of their career.		Content being updated for induction. SafeTALK and peer support workshop at all AAP and university courses. Retirement association events in March 2023.

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APPENDIX 1-NIAS HEALTH AND WELLBEING PROJECT   (UPDATE JUNE 2023)

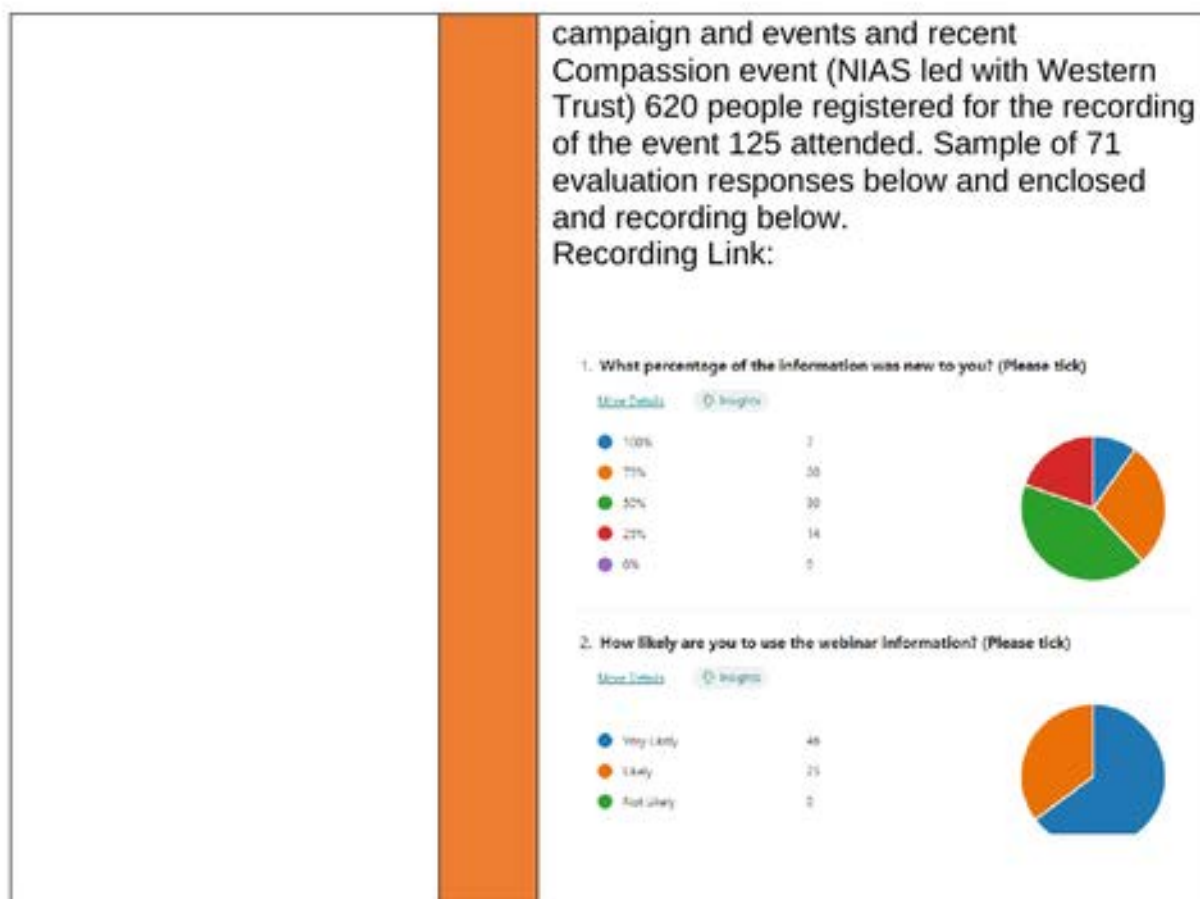|		
Health and wellbeing prevention, promotion and impact considered in the development and deliver a new policies/programmes such as the review of estates, framework for supporting attendance at work and review of operations.		Health and Wellbeing input to managing attendance policy, procedure and training workshop (senior ops managers) also input to regional policy and procedure consultation.
Annual programme of awareness raising events e.g. Suicide Prevention Day		Annual programme underway including Time to talk day, suicide prevention day, mental health day and 999 day. Link to engagement from time to talk day imputed to date change to MS forms underway-Over 50% of respondents replied in survival mode 8 people referred to Inspire as they identified as in crisis.
Continue regular listening / surveying as key to identifying people / groups at risk and what you, your managers and they can do to help quickly-e.g. EAC programme		Engagement with NEAC and application to NHS Charities includes the feedback requests (outcome expected in June 2023). Engagement with RRV completed, report and recommendations to be reported at the 'emerging risks' agenda item on the Healthy People Healthy Place managing Attendance programme board.
Policies and procedures reviewed that impact health and identify gaps.		Management of stress completed and skills based training and Station officers programme underway. Proposal from Henpicked enclosed regarding a process to consult and engage on managing menopause. Domestic violence strategy process was raised with colleague in risk team.
Build on existing collaborations with other HSC and Blue light sector.		Regular attendance at national Ambulance Wellbeing forum and 2023/24 work plan agreed. Report to National Suicide prevention group completed on behalf of NIAS-lack of non-executive health guardian is the only RED on the report. Ongoing partnership with health and wellbeing leads including planning Men's Health week and annual suicide prevention/mental health

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APPENDIX 1-NIAS HEALTH AND WELLBEING PROJECT   (UPDATE JUNE 2023)

		campaign and events and recent Compassion event (NIAS led with Western Trust) 620 people registered for the recording of the event 125 attended. Sample of 71 evaluation responses below and enclosed and recording below. Recording Link: 1. What percentage of the information was new to you? (Please tick) 2. How likely are you to use the webinar information? (Please tick)

Aim 2: Maintain and develop psychological, emotional and social health and wellbeing, to improve mental health outcomes

Objective	RAG	Actions in quarter 1 & 2
Resource and appoint permanent peer support co-ordinator roles and support roles to develop the Critical Incident Stress Management (CISM) model.		Model presented to SMT 16 May. Draft Job descriptions based on the model completed. Peer support evaluation updated (MS Forms) to consider impact on work/sick status competed and sent to all participants of 1:1 or group debriefs in the last 6 months. Report of impact included in next quarter report.

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Develop on existing trauma informed approach deliver Trauma Informed services across all contacts with patients, clients, families, and staff		Peer support action plan developed and underway. 44 people trained in CISM.
Support the supporters-CISM leads, managers and families and friends of ambulance staff		Supervision proposal completed. Appointment of Clinical Psychologist post will support this.
Compassionate leadership model developed and actioned		Regional event completed. Half day on compassionate approaches input to the culture programme leadership training (evaluation completed but not circulated yet). Embedding a compassionate approach proposal enclosed in section 3 for consideration by this programme group.
Review current pathways to individual psychological interventions for all staff. Develop team based psychological interventions.		Review of pathways with Inspire underway. Input to H&S NIAS committee to establish short term focus group to review pathways, risks and opportunities in the current pathways.
Ambulance trust: employee wellbeing and suicide prevention self-assessment matrix (10 areas), action and implement areas rated as amber or red on the matrix to include families.		Matrix completed and returned to National Ambulance Suicide prevention steering group. Matrix will be a standing item on the Healthy People Healthy Place attendance management programme board. Clinical Psychologist appointment will have significant input to the actions identified in the matrix.
Develop, resource and implement Mental Health Action Plan including actions to tackle stigma.		Clinical Psychologist appointment will have significant input to the actions identified in the matrix and mental health action plan. Draft plan underway including 3 T4T trained in ASIST and 17 T4T in SafeTALK.
Support the review of occupational health provision, implement recommendations to providing an occupational health and wellbeing service which are focussed not only		Wellbeing supported the regional review.

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Health and Social Care Trust

APPENDIX 1-NIAS HEALTH AND WELLBEING PROJECT   (UPDATE JUNE 2023)

Objective	RAG	Actions
on intervention but on prevention		
Review access to safe/quiet spaces.		Review complete in Altnagelvin and included in NHS application. Review required of existing space in EAC.
Develop organisation wide baseline measure for stressors using the UK Health and Safety Exec Management standards tool is a systemic measure		Management policy and procedures developed with risk team. Training devised and delivered to one cohort. Two more workshops planned this year. Focus groups and action plan with SO's. Roll out with other teams possible this year.
Access to short organisational based interventions such as Swartz rounds		Planned as part of October 2023 events (Mental Health campaign)
Research and develop support tools on impact of COVID including Moral distress, fatigue and burnout		Consultation plan agreed with regional psy group to be completed by NIAS. Resources expected in quarter 4. All issues covered in psychoeducation completed in Q 1 and 2. Impact evaluations in MS Teams process.

Aim 3: Maintain and develop physical health

Objective	RAG	Actions in quarter 1 & 2
Returning to fitness programme of support based on behaviour change including access to weight management programmes.		Benchmarking completed across ambulance trusts.
Consult all staff on physical competency assessment		Included in HR strategy and meetings so far (including risk team)
Develop on existing pathways to support people living with long term conditions (including Long Covid) with a focus on 'ability'		Feedback from national programme (NHS England funding for England only for now)
Review occupational health provision, implement recommendations, including prevention and intervention		Input to regional review

HSC Northern Ireland Ambulance Service
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APPENDIX 1-NIAS HEALTH AND WELLBEING PROJECT   (UPDATE JUNE 2023)

Develop musculoskeletal pathway.		Stats from datix shared. Priority of HPHP Managing attendance board.
Raise awareness of physical, psychological, emotional and social factors in unhealthy behaviours and provide programme of support		Included in psychoeducation workshops. Outcomes/impact measured in MS Forms. Report expected in next quarter.
Action the fatigue working group plan		NIAS involved in National CATNAPS research. Outcomes to lead implementation initiatives.
Promote the corporate leisure programme		Review completed and corporate leisure programme document (page tiger) updated and reshared.
Review of estates to implement physical activity space and identify existing spaces for activity		Update to NEAC to improve health and wellbeing outcomes. Health outcomes considered in review of estates.
Physical health promoted as part of an annual calendar		Included in annual calendar activities.
Source funding for annual physical MOT-blood pressure, BMI programme		Included in business case for wellbeing support vehicle. Included in annual calendar activities. Also included in job spec for Wellbeing peer support posts.

Northern Ireland Ambulance Service Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	22 June 2023
Title of paper:	NIAS Corporate Plan 2023-24
Brief summary:	The Northern Ireland Ambulance Service Corporate Plan sets out the key strategic actions which will be taken forward by NIAS during 2023-2024. NIAS Trust Board will use this document at intervals to assess delivery against 'Caring Today, Planning for Tomorrow: Our Strategy to Transform 2020-2026'. This is a summary of the key objectives presented for public information. The objectives contained in this report are underpinned by specific actions against which each Directorate will report on via internal accountability meetings and supplemented by scrutiny at the assurance committees, PFOD/ARAC and SQEP. There have been a number of iterations of this document and it is important to note a number of actions have appeared in previous Corporate Plans. SMT members have reviewed their actions to either re-prioritise them or be specific about the action that will take place in-year. It is anticipated that Trust Board will receive an update on progress once the first internal accountability meetings have concluded. This update will include a summary of actions which are deemed at risk for delivery and the mitigating

	actions Directors intend to take to manage the same. In parallel, an enhanced assurance framework will be implemented to ensure Trust Board have a complete view of all actions being undertaken by SMT for monitoring purposes.
Recommendation:	For Approval ☒ For Noting ☒
Previous forum:	SMT – 13/6/23
Prepared and presented by: **Date:**	Andoni Arandia, Asst Director PP&CS Neil Walker, Head of Performance Seamus Mullen, Head of Planning Maxine Paterson, Director PP&CS 16 March 2023

HSC

Caring today, planning for tomorrow - **NIAS Corporate Plan 2023-24**

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

1.9 MILLION
POPULATION

24 HOURS A DAY

365 DAYS A YEAR

5,500 SQ MILES

NIAS Facts and Figures

2022/23

In 2022-2023

We received 225,182 calls

of which 176,517 resulted in an ambulance arriving on scene

12,793 calls were for immediately life-threatening conditions (Category 1)

93,383 calls were for serious but not immediately life-threatening conditions (Category 2)

32,280 calls were for not immediately life-threatening or serious conditions (Category 3)

We made 158,115 non-emergency journeys, taking people to and from hospital appointments or for routine treatment

We currently have:

Circa 1,400 staff supported by 250 volunteer

first responders and almost 100 volunteer car service drivers 116 frontline, double-crewed emergency ambulances

43 rapid response ambulance cars and 115 non-emergency vehicles

coordinated by one Emergency Control Room and

one Non-Emergency Control Room, across five operating divisions and out of 59 ambulance stations

or deployment points

NIAS has an annual operating

budget of circa £100m

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

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 significant impact on NIAS. NIAS faces a range of important challenges and 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, keeping ambulance staff away from where they are needed most, with the associated risk to patient safety for those waiting for an ambulance response

- 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 the Department of Health (DoH)'s Strategic Planning and Performance Group (SPPG), HSC Trusts and local providers. This year's plan also includes key actions which have been agreed in collaboration with HSCNI Trusts to mitigate the patient safety risks within the Unscheduled Care System.

The Corporate Plan for 2023-24 outlines how we intend to address these challenges, building on the progress made to date in the delivery of our strategic plan, and articulates our ambition to deliver the best and most appropriate care to patients in Northern Ireland; putting them at the heart of everything we do.

The Corporate Plan has been informed by the draft PfG "Health" outcome "We all enjoy long, healthy active lives", the NIAS strategy, 'Caring Today, Planning for Tomorrow: Our Strategy to Transform 2020-2026', coupled with actions to address any substantive issues and risks.

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

The Corporate Plan will not reflect everything that we do and NIAS staff are involved in many other areas that are not included but are no less important. Rather it highlights the key priorities for the year ahead that will contribute to the implementation of the mission, values and goals of our Strategy to Transform 2020-26.

Our mission

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

Our values & behaviours

Our values, and the behaviours they instil, form the foundations for the culture and ethos for the whole organisation.

Our goals

Our patients will feel professionally cared for; always with compassion and respect

Our staff will feel positive and proud to work for NIAS

Our stakeholders and partners will have confidence in us as a reliable provider at the centre of urgent and emergency care

Our communities will continue to value and trust us

Our Corporate strategy is built around the following 7 transformation priorities which help achieve our goals:

- Delivering Care
- Our Workforce
- Organisational Development
- Quality Improvement
- Digital Enablers
- Our infrastructure
- Communications and Engagement

Each of these priority areas encompass a range of objectives which in turn focus on key deliverables for change. This includes our need to address the current challenges, in addition to implementing new ways of delivering services and integration across the HSC system. All of these objectives are brought together within our Corporate Plan and specific actions monitored at quarterly Directorate review meetings.

Identifying the sickest quickest

Getting to the sickest quickest

Sending the right resource first time

Providing the best patient care

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Risks

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

Extensive delays in handover times at Emergency Department's (EDs) across Northern Ireland which are due to issues around patient flow through hospital and delayed discharges. During 2022-23, NIAS lost up to 28% of operational capacity per month due to delayed handovers at ED. There have also been a number of incidents of patients coming to harm whilst queuing in the back of ambulances, additionally, patients have experienced harm whilst waiting on an emergency response in the community.

Similar to the rest of the HSCNI, NIAS is further constrained by the cost saving measures required for the financial year. The current financial climate within government departments, cessation of support to mitigate the impact of COVID and the ongoing pressures being experienced across the HSC environment increases risk of funding being redirected, or not fully realised.

Our final challenge, in realising delivery of our plan, is the level of sickness absence across the organisation and the subsequent impact on capacity which could inhibit our ability to implement change.

We have put plans in place to mitigate the above risks:

- Collaborative working across NIAS and other Trusts to develop robust handover procedures.
- Development of new patient pathways and appropriate alternative destinations, and continually training staff in using existing patient pathways.
- Developing a programme to ensure efficient and effective delivery of all services to the most vulnerable in our society.
- We have a number of business cases in development as funding is required to deliver on some of our objectives. These will support the overarching programme of transforming our service delivery model.
- Implementation of an absence management programme with significant development and roll out of Good Attendance workshops to all areas of the organisation.

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

2023/24 Key Priorities

Key Outcome 1 Delivering Care

Objective	Lead Director(s)
We will continue to provide direction and leadership to staff delivering our service to ensure patients feel professionally cared for and with compassion and respect.	All Directors
We will develop service improvement initiatives to deliver efficiencies across our Emergency and Non-Emergency Operations to ensure we maximise our use of resources.	Director Operations
We will continue to deliver the Patient Care Service (PCS) improvement programme to further enhance the quality and efficiency of our service for this important patient population.	Director Operations
We will continue to increase the capacity, skill-set and skill-mix of Clinical Support Desk clinicians to increase the Clinical Hear and Treat (H&T) rates to reduce unnecessary patient conveyance.	Director Operations
We will continue to embed the regional Patient Care Pathways within operational delivery to ensure patients do not attend hospital unnecessarily.	Director Operations
We will work with trusts to develop new patient pathways to reduce demand on frontline services.	Medical Director
We will continue to improve the governance around Medical Devices to ensure safe effective care to all patients.	Medical Director
We will continue to work in partnership across community and voluntary sectors to build a community of lifesavers.	Medical Director
We will continue to improve cardiac arrest survival rates across Northern Ireland.	Medical Director

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We will continue to work with partner agencies to identify the right care for high intensity users of our service ensuring we deliver the best care for them and reducing the demand on the emergency 999 system.	Medical Director
We will continue to implement an improvement plan to develop our processes in Safeguarding, in partnership, with social care services across HSC to protect vulnerable service users.	Director of Quality, Safety & Improvement
We will continue to maintain high standards of vehicle and station cleanliness to ensure patient and staff safety.	Director of Quality, Safety & Improvement
We will ensure delivery of regional Unscheduled Care actions assigned to NIAS to ensure we contribute to enhancing performance across the HSCNI.	All Directors
We will contribute to addressing health inequalities in Northern Ireland by adopting the national ambulance health inequalities consensus statement.	All Directors

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Key Outcome 2 Our Workforce

Objective	Lead Director(s)
We will develop a Workforce Strategy, with the aim of supporting and sustaining a skilled and effective workforce.	Director of Human Resources and Organisational Development
We will be an employer of choice offering a wide range of roles, clear clinical career pathways and organisational development frameworks with all staff feeling supported to achieve their full potential.	Director of Human Resources and Organisational Development
We will develop a People Strategy, which will include the appropriate approach to support the delivery of a healthy, skilled and effective workforce.	Director of Human Resources and Organisational Development
We will place a strong emphasis on staff wellbeing and safety, providing a broad range of support functions to assist them when they are in need particularly following an injury, traumatic or adverse incident	Director of Human Resources and Organisational Development
We will help our staff to lead healthy lives, at home and in work, in the knowledge that the Trust has the best possible support structures in place to proactively anticipate support needs and prevention of ill health among our staff.	Director of Human Resources and Organisational Development
We will provide meaningful and constructive feedback through structured appraisal and development conversations so that staff feel valued and included in the organisation's vision.	Director of Human Resources and Organisational Development
We will ensure staff feel able to speak up without fear of retribution when they have concerns about patient care, their role or their work environment, and will provide safe mechanisms for them to do so.	Director of Human Resources and Organisational Development

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We will reduce absence levels across the organisation.	Director of Human Resources and Organisational Development
We will develop an HR governance framework to meet our statutory obligations and internal assurance requirements.	Director of Human Resources and Organisational Development
We will enhance our operational leadership structure to provide more effective support and expanded career opportunities for all operational staff.	Director of Operations
We will embed Emergency Planning Resilience and Response (EPRR) within Operations to ensure we maximise our preparedness for a Major Incident.	Director of Operations
We will continue to deliver the Clinical Education Transformation programme to optimise clinical excellence by developing our clinicians, and supplementing our workforce with specialist posts, to ensure we enhance care for our patients.	Medical Director
We will continue to develop health and safety management systems, including violence prevention, to improve staff health, safety and wellbeing in the workplace.	Director of Planning Performance and Corporate Services

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Key Outcome 3 Organisational Development

Objective	Lead Director(s)
We will continue to develop the performance function, to support the organisation in utilising information to draw insight and evidence to support effective decision-making across the organisation.	Director of Planning, Performance & Corporate Services
We will review governance, assurance and risk management approaches to strengthen the overall extant accountability and assurance mechanisms.	Director of Planning, Performance & Corporate Services
We will continue to maintain an overall satisfactory internal audit opinion for the organisation for 2023-24.	Director of Finance, Procurement, Fleet and Estates
We will continue to 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.	Director of Finance, Procurement, Fleet and Estates
We will continue to strengthen the Finance Procurement, Fleet and Estates Directorate's management structure to ensure we optimise service delivery and demonstrate value for money.	Director of Finance, Procurement, Fleet and Estates
We will develop an HR delivery model to support and deliver the people agenda for a transforming organisation.	Director of Human Resources and Organisational Development
We will have constructive relationships with our trade unions, working together in partnership to continually improve our services and working arrangements with our staff.	Director of Human Resources and Organisational Development
We will have a supportive, inclusive and innovative culture so that we can be as healthy as possible as an organisation, and as individuals, so staff can feel positive and proud to work for NIAS.	Director of Human Resources and Organisational Development
We will be strongly committed to our statutory and policy obligations around promoting equality, non-discrimination and human rights to bring strong	Director of Human Resources and Organisational Development

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values into the heart of all our decision-making and actions.	
We will continue to ensure effective management and oversight arrangements of delegated budget to deliver breakeven position in support of overall organisational financial responsibilities.	Director of Finance, Procurement, Fleet and Estates All Directors to lead their respective delegated budgets.

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Key Outcome 4 Quality Improvement	
Objective	**Lead Director(s)**
We will ensure delivery of appropriate infrastructure, training and protection of staff for the Hazardous Area Response Team (HART).	Medical Director
We will develop a clinical audit framework to evidence safe and effective practices	Medical Director
We will improve our governance and assurance arrangements for our medication and controlled drugs to safeguard patient safety.	Medical Director
We will implement the Quality and Safety strategy focussing on continual improvement, measuring and evidencing the quality of our services for our patients.	Director of Quality, Safety & Improvement
We will continue to provide opportunities for staff to initiate and be involved in improving patient outcomes	Director of Quality, Safety & Improvement
We will introduce further changes to improve our response to calls related to falls.	Director of Quality, Safety & Improvement
We will continue to share learning from Serious Adverse Incidents (SAIs) and complaints and take action when things go wrong to reduce risk of reoccurrence	Director of Quality, Safety & Improvement

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Key Outcome 5 Digital Enablers

Objective	Lead Director(s)
We will continue to implement Electronic Patient Record Form (EPFR) technology within the REACH programme to facilitate integrated care and enable clinicians to share patient records across care providers.	Director of Planning, Performance & Corporate Services All Directors support the implementation across the service.
We will implement an online booking system within our Non-Emergency control to optimise resources for patients.	Director of Operations
We will continue to develop capacity and capability in our analytics team to enhance service decision-making.	Director of Planning, Performance & Corporate Services
We will develop an assurance framework within the information governance team to evidence all aspects of Data Protection and ensure UK GDPR has been implemented within the organisation.	Director of Planning, Performance & Corporate Services
We will continue to explore the use of digital solutions to support and enhance the delivery of our services.	Director of Planning, Performance & Corporate Services

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

Key Outcome 6 Our Infrastructure

Objective	Lead Director(s)
We will develop Trust Estates and Sustainability Strategy for the organisation.	Director of Finance, Procurement, Fleet and Estates
We will continue to develop plans for the maintenance and upgrade of the current NIAS Estate to ensure it remains fit for purpose.	Director of Finance, Procurement, Fleet and Estates
We will continue to ensure we get value for money from our commercial leases.	Director of Finance, Procurement, Fleet and Estates
We will plan for the introduction of more sustainable fleet throughout our organisation.	Director of Finance, Procurement, Fleet and Estates

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Key Outcome 7 Communication and Engagement

Objective	Lead Director(s)
We will continue to develop the range of ways service users can give us feedback and be involved in service development and co-production.	Director of Quality, Safety & Improvement
We will implement our Communications Strategy to ensure effective staff engagement, feedback and collaboration; encouraging staff to feel positive and proud to work for NIAS.	Director of Planning, Performance & Corporate Services
We will continue to ensure an ongoing effective programme of engagement with staff across the organisation.	All Directors

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

HSC

Northern Ireland
Ambulance Service
Health and Social
Care Trust

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

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

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	22 June 2023
Title of paper:	NIAS Quality Strategy
Brief summary:	Our "Caring Today, Planning for Tomorrow - Our Strategy to Transform 2020-2026" sets out our long-term goals for improving and transforming our service. Within "Our Strategy to Transform", we committed to the development of a new Quality Strategy which would reaffirm our commitment to quality improvement (QI) and bring together all our activities aimed at improving the quality and safety of the care we deliver.

This paper is accompanied by the NIAS Quality Strategy and Board approval is sought. |
Recommendation:	For Approval ☒ For Noting ☐
Previous forum:	SMT - 30 May 2023 Safety Cttee - 8 June 2023
Prepared and presented by:	Conor McCracken, QSI Lead Sean Maguire, QSI Lead Ruth Finn, AD QSI Lynne Charlton, Director QSI
Date:	15 June 2023

NIAS Quality Strategy

Trust Board
22 June 2023

Contents

1. Background

Our "Caring today, planning for tomorrow- our strategy to transform 2020-2026" sets out our long-term goals for improving and transforming our service. Within "our strategy to transform" we committed to the development of a new quality strategy which would reaffirm our commitment to quality improvement (QI) and bring together all our activities aimed at improving the quality and safety of the care we deliver.

2. Purpose

The purpose of our quality strategy is to set out the quality improvement goals and measures for NIAS in providing high quality urgent and emergency care and treatment, as well as scheduled, non-emergency patient transport services over the next three years.

3. Structure

In line with other UK ambulance services, we have based our definition and framework for quality on the regulatory model used by the care quality commission (CQC) which includes 5 key quality domains:

1. Safe
2. Effective
3. Compassionate
4. Well led
5. Responsive

For each of the 5 domains we have identified our key priorities/aims for improvement and included the key projects/areas of work which will help us to improve in these areas. This approach was endorsed by the NIAS senior management team in March 22.

4. Development of our strategy

We engaged extensively throughout the development of the quality strategy and utilised rich sources of information and data to support identification of our key quality priorities for improvement.

Patient and public engagement:

Recognising the value and unique voice of patients and the wider population we have ensured their voice is heard and understood throughout the quality strategy. This was achieved through several methods:
- A range of focus groups, telephone consultations and questionnaires. In total 68 members of the public engaged through these methods
- Analysis of 170 care opinion stories submitted by patient who have used our service. This includes positive and negative experiences
- Thematic analysis of all complaints made throughout 22/23

Staff engagement:

The staff who deliver our service have provided rich information regarding what quality care means to them and what they believe our key quality priorities should be. This was done through face-to-face engagement at emergency departments and through the development of a staff survey. Circa 100 members of staff engaged with this process and their views are presented within the strategy.

Senior management team (SMT):

QSI Leads attended SMT in March 22 and delivered a presentation outlining the approach to developing the quality strategy and highlighting, at an early stage, some of the projects which may be included within the final strategy as key priorities.

Learning from incidents:

Serious adverse incidents and subsequent reviews were themed and analysed and provided valuable information regarding the areas which we should prioritise.

5. Projects for inclusion

The information and learning gathered throughout the development phase of the quality strategy supported the identification of key aims under each of the 5 quality domains and a range of projects which would support the achievement of those aims. Once projects were identified the QSI Leads engaged with project or area leads to obtain agreement for inclusion and to explore the goals of each project. The projects and people engaged with are included below:

Project/Area of work	Leads/People engaged
SAFE	
- **Handover delays**	Neil Walker, Heather Sharpe, Sean Maguire
- **Resuscitation/Cardiac Arrest**	Neil Sinclair & Simon Fell
- **Safeguarding**	Des Flannagan & Lynne Charlton
- **IPC**	Ruth Finn, Ruth Rob, Clare Fitzsimmons
Compassionate	
- **Patient and service user involvement**	Neil Gillan
- **Serious Adverse incidents**	Audrey Murdoch
- **Complex case team**	Joanna Smylie
Effective	
- **Research & development**	Julia Wolfe
- **Medicines safety**	Catherine Hanna
- **Patient care service**	Natasha Sheppey

Responsive	
- **Community Falls Response**	Conor McCracken
- **Patient care pathways**	Karl Bloomer & Chris Clarke
- **Complaints**	Clare McVeigh
- **999 call taking**	Steven Carson
Well Led	
- **Quality improvement**	Sean Maguire & Conor McCracken
- **Organisational culture and leadership**	Ann Marie McStocker

In addition to the 1:1 engagement with each area lead we have also formed a "Quality Strategy Project Leads Group" which includes the staff outlined in the table. This group is due to meet on Wednesday 31st May 2023 to explore additional measures and baseline data to demonstrate improvement over period of the quality strategy.

6. Assurance

Progress regarding our quality strategy and the key projects included will be monitored via:

- Service level quality management through the development of BI dashboards including agreed quality measure. These will be developed collaboratively with the BI team
- Development of an oversight group which will include membership including assistant directors from each directorate
- Bi-annual assurance reports to SMT and Safety Quality Experience and Performance Committee (SQEP)

7. Next Steps

- One page communication to staff outlining what we heard during engagement sessions and the areas included within the Quality Strategy
- Finalising dashboards for each priority area of work
- Internal and external communication plan
- Official launch of the Quality Strategy

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Northern Ireland Ambulance Service
Health and Social Care Trust

Northern Ireland
Ambulance Service
Quality Strategy

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

Contents

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

Foreword

In 2020 we launched our organisational strategy "Caring for today, planning for tomorrow - our strategy to transform" which outlined an ambitious long-term plan on how the Northern Ireland Ambulance Service (NIAS) would play a vital role in contributing to the Department of Health's "Health and Wellbeing - delivering together strategy".

One of our key objectives within "Our Strategy to Transform" was to develop a Quality Strategy which would clearly define how we will support staff to **deliver the best and most appropriate care,** how we will **measure strategy outcomes** and how we will **engage with patients** to support **continuous learning and improvement.** I am delighted that we have been able to follow through on this commitment and I welcome you to our first, dedicated Quality Strategy.

Our Quality Strategy has been developed at a time when our service and the wider health and social care system in Northern Ireland, and nationally, has been presented with many challenges including the response to COVID-19. More recently we have had to respond to the significant increase in handover times at Emergency Departments across Northern Ireland which has presented a risk to patients waiting in ambulances and patients who have been waiting for an ambulance response in the community.

In responding to these challenges we gain learning, and we have an exciting opportunity now to make a step-change in improving the quality of the healthcare we provide and to improve the experiences of our workforce. We have already seen how we can respond through collaborating with our system partners to innovate, standardise and improve.

The NIAS Quality Strategy reaffirms our commitment to improvement and our determination to get things right for our patients and for our workforce. This will be done through providing our workforce with the appropriate quality improvement knowledge, skills and resources to identify and, develop improvement ideas and to measure outcomes. Additionally, we will provide our patients and staff with ongoing engagement opportunities to ensure their voice is heard when things are going well and when we need to improve.

Finally, our Quality Strategy will group our key quality priorities under the headings safe, compassionate, effective, responsive and well-led and provide key actions and measurables to demonstrate how these activities will result in improvement.

I would like to thank everyone who has contributed to this important piece of work and thank you for taking the time to read our first NIAS Quality Strategy.

Lynne Charlton,
Director of Quality Safety and Improvement
Northern Ireland Ambulance Service

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03

About NIAS

NIAS provides high-quality urgent & emergency care and treatment as well as scheduled, non-emergency patient transport services for the all the population of Northern Ireland.

1.9 MILLION POPULATION

24 HOURS A DAY

365 DAYS A YEAR

5,500 SQ MILES

04

Northern Ireland Ambulance Service
Health and Social Care Trust

1. Our Mission

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

2. Our Trust Values

NIAS shares four values with the other Health and Social care Northern Ireland (HSCNI) Trusts. Our values, and the behaviour they instil, form the foundations for the culture and ethos for the whole organisation. By living these values and supporting others to do the same we will help make sure NIAS achieves our mission and is an organisation to be proud of.

What does this mean?

Working together

We work together for the best outcome for people we care for and support. We work across HSC 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 & 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.

Caring today, planning for tomorrow - **Quality Strategy**
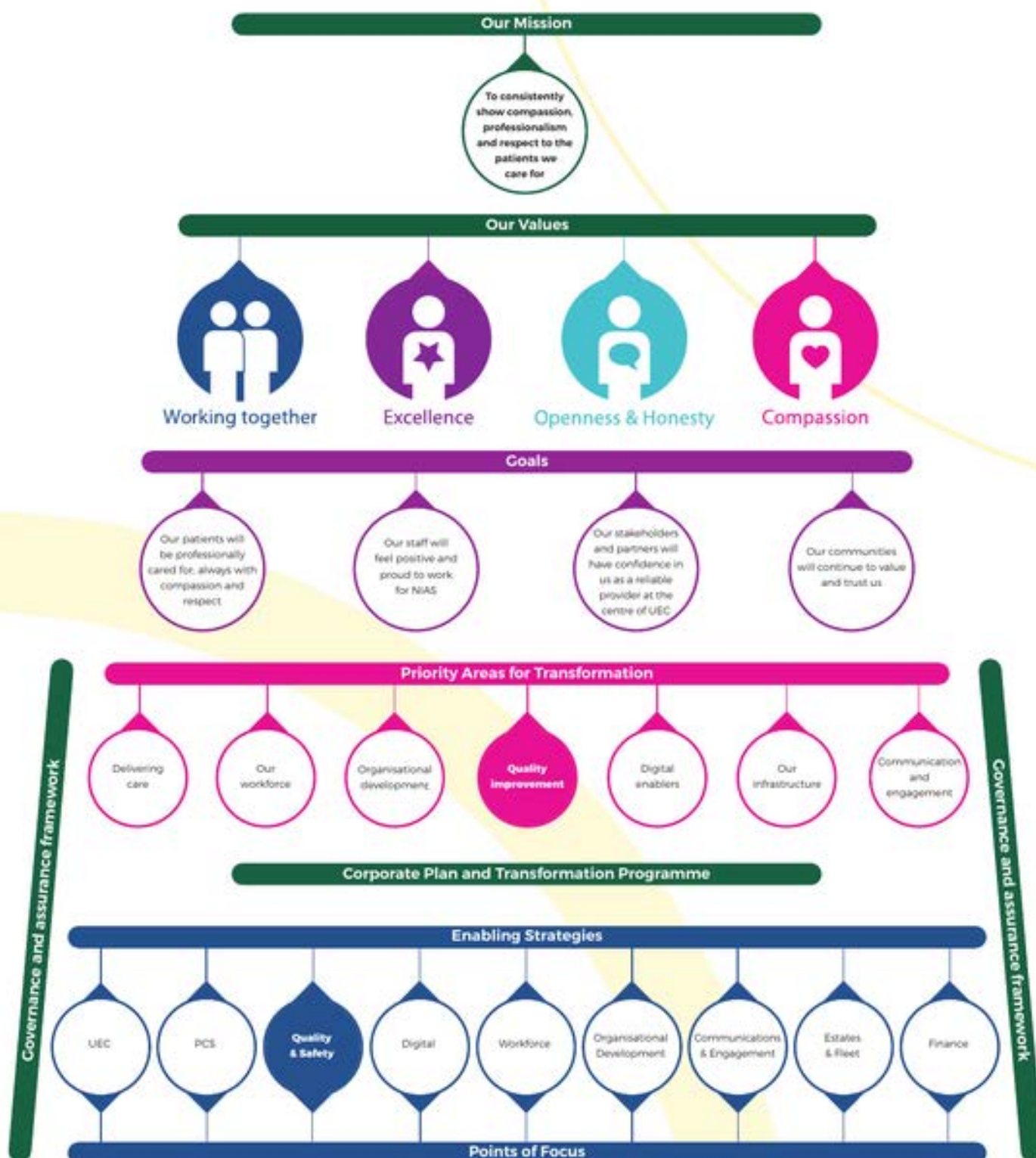
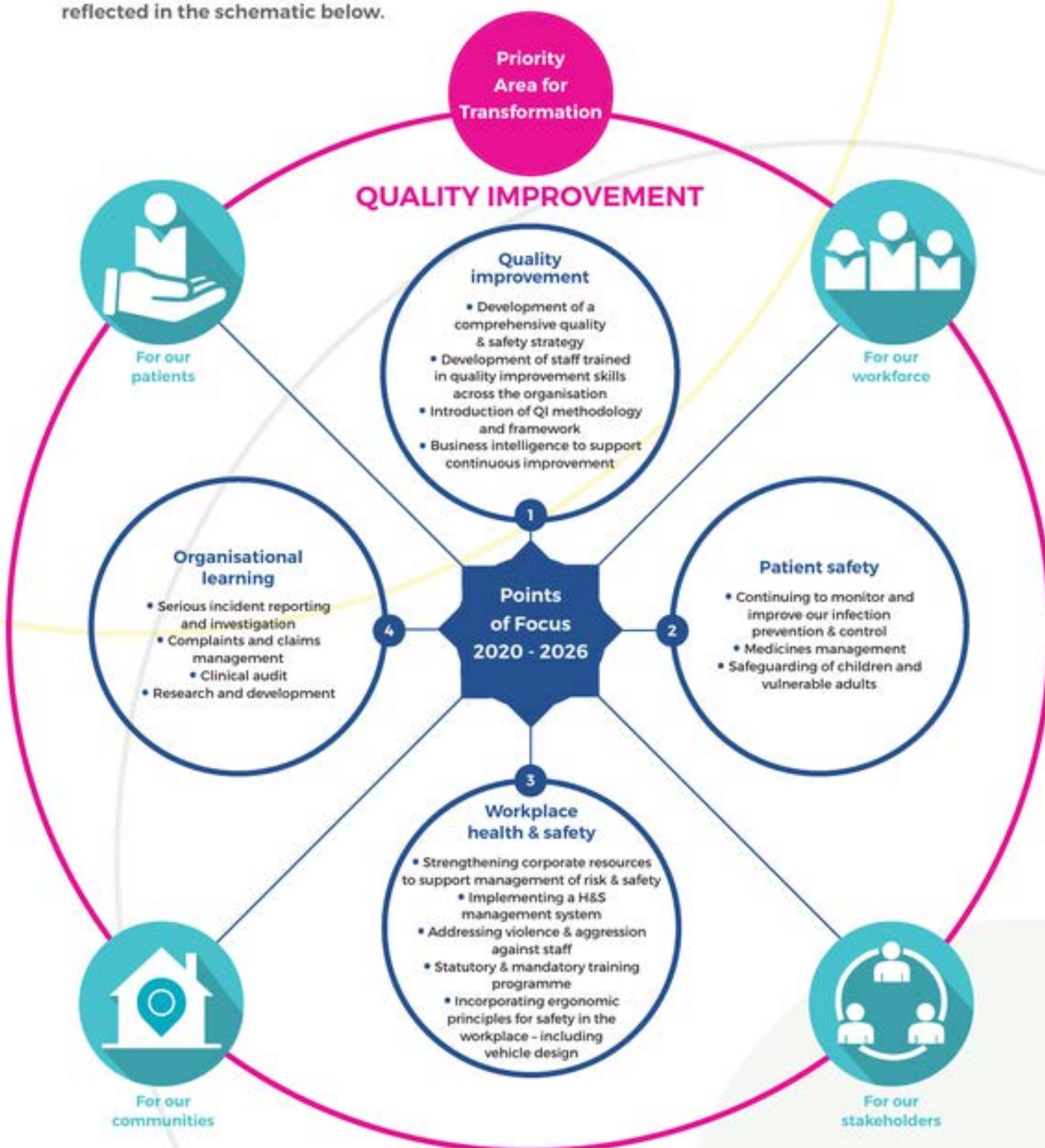Working together　Excellence　Openness & Honesty　Compassion

3. Our Strategy to Transform 2020-2026

Our **'Caring today, planning for tomorrow - our strategy to transform 2020-2026'**, sets out our long-term goals for improving and transforming our services to meet the needs of our patients, our staff, our stakeholders and our communities.

Our Mission

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

Our Values

Working together

Excellence

Openness & Honesty

Compassion

Goals

Our patients will be professionally cared for, always with compassion and respect

Our staff will feel positive and proud to work for NIAS

Our stakeholders and partners will have confidence in us as a reliable provider at the centre of UEC

Our communities will continue to value and trust us

Priority Areas for Transformation

Delivering care

Our workforce

Organisational development

Quality improvement

Digital enablers

Our infrastructure

Communication and engagement

Governance and assurance framework

Governance and assurance framework

Corporate Plan and Transformation Programme

Enabling Strategies

UEC

PCS

Quality & Safety

Digital

Workforce

Organisational Development

Communications & Engagement

Estates & Fleet

Finance

Points of Focus

06

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Health and Social Care Trust

Within the strategy we have committed to the development of a new quality strategy as well as identifying quality improvement (QI) as a priority area for transformation. The strategy also highlights a number of priority areas for improvement which are reflected in the schematic below.

Priority Area for Transformation

QUALITY IMPROVEMENT

For our patients

For our workforce

Quality improvement
- Development of a comprehensive quality & safety strategy
- Development of staff trained in quality improvement skills across the organisation
- Introduction of QI methodology and framework
- Business intelligence to support continuous improvement

1

Organisational learning
- Serious incident reporting and investigation
- Complaints and claims management
- Clinical audit
- Research and development

4

Points of Focus 2020 - 2026

2

Patient safety
- Continuing to monitor and improve our infection prevention & control
- Medicines management
- Safeguarding of children and vulnerable adults

3

Workplace health & safety
- Strengthening corporate resources to support management of risk & safety
- Implementing a H&S management system
- Addressing violence & aggression against staff
- Statutory & mandatory training programme
- Incorporating ergonomic principles for safety in the workplace - including vehicle design

For our communities

For our stakeholders

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4. Quality

4.1. What is a quality strategy?

The purpose of our quality strategy is to set out the quality improvement goals and measures for (NIAS) in providing high-quality urgent and emergency care and treatment, as well as scheduled, non-emergency patient transport services over the next three years and, therefore, delivering our vision and objectives.

To achieve this, we set out our five quality domains and a range of projects and metrics which will provide assurance that we are achieving the goal of each domain.

When developing our trust-wide **'Strategy to transform'**, we identified some key points of focus for QI. These were identified through consideration of organisational learning from untoward incident reports and complaints, audit reports, benchmarking reviews, regulatory requirements and in engagement and focussed discussions with staff groups.

To build on this, we have continued to meet with staff, patients and other stakeholders who have helped us to understand what quality means to the people at the centre of our service, and what their expectations are in regard to how we meet these objectives.

We have used the knowledge and understanding we acquired through these engagement processes to determine our Quality Goals for 2020-2026.

Some of the work and projects outlined in this strategy have already commenced, however, this strategy will identify both quantitative and qualitative measures which will provide assurance that our goals are being achieved and are promoting better outcomes for our patients and staff.

4.2. A framework for quality

Regionally, in Northern Ireland, our understanding of quality and how to improve quality is guided by Quality 2020 and the Regulation and Quality Improvement Authority (RQIA).

The RQIA have responsibility for regulating the quality of HSC provision and does so by assessing HSC organisations against four quality domains:

Safe   Effective   Compassionate   Well-Led

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In line with other UK ambulance services, we have based our definition and framework for quality on the regulatory model used by the Care Quality Commission (CQC), which has

'Responsive' in addition to the four domains outlined above.

We believe that including 'Responsive' within our domains of focus is vital because of the nature

of NIAS work which at its core is about responding to critically ill and vulnerable people within our communities.

- **Safe** – to avoid and prevent harm to patients and clients.

- **Effective** – care, treatment and support achieves good outcomes, helps maintain quality of life and is based on the best available evidence.

- **Compassionate** – all patients and clients will be treated with dignity and respect and are fully involved in decisions affecting their treatment, care and support.

- **Well-Led** - the leadership, management and governance of the organisation encourages learning and innovation, promotes an open and fair culture.

- **Responsive** - services are organised to meet the needs of our population.

Quality

Safe | Effective | Compassionate | Well-Led | Responsive

Trust Values

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Working together | Excellence | Openness & Honesty | Compassion

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4.3. Quality improvement

QI refers to the systematic use of methods and tools to try to continuously improve quality of care and outcomes for patients[1]. QI involves everyone and, by embedding an improvement culture in NIAS, we can achieve better outcomes for patients and improve the experience of our workforce.

In NIAS we have the ambition of growing our QI capacity and capability by focusing on four main areas:

- **Leadership and governance** – effective governance and management processes that ensure all improvement activities are aligned with the organisation's vision and strategy.

- **Infrastructure and resources** – infrastructure capable of providing teams with the data, equipment, resources and permission needed to plan and deliver sustained improvement.

- **Skills and workforce** – a programme to build the skills and capability of staff across the organisation to lead and facilitate improvement work, such as expertise in QI approaches and tools.

- **Culture and environment** –a supportive, collaborative and inclusive workplace culture and a learning climate in which teams have time and space for reflective thinking.

(Jones et al. 2019)

Pictures of NIAS staff celebrating world Quality Day and taking part in the South Eastern Trust Quality 4 All programme.

[1] Ross and Naylor 2017; Alderwick et al. 2017. Making the case for quality improvement | The King's Fund (kingsfund.org.uk)

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Health and Social Care Trust

5. How we developed our strategy

5.1. Personal and public involvement (PPI)

Our patients and the wider population offer a unique voice to the development of our service and are vitally important as 'experts of experience' when identifying and implementing improvements

(Healthcare Quality Improvement Partnership, 2017). This should include participation in decision-making, goal-setting, care design, QI, and the measuring and monitoring of patient safety.

This ethos has been vital in the development of this strategy and to ensure the voices within our populations were heard. We developed a robust PPI plan with the following key objectives:

- To effectively engage with service users, carers, the public and other key stakeholders by ensuring that all engagement activities were accessible, open and transparent.

- To ask service users, carers, the public and other key stakeholders, "What matters to you when you require ambulance services?"

- To identify areas that could improve peoples' overall experiences of NIAS.

- To use feedback gathered to inform development of our Quality Strategy.

- To further embed personal and public involvement activity into the culture and practice of NIAS generally.

In order to present as rounded and robust set of insights as possible, six separate focus group sessions were conducted. The input we received from our PPI participants has been used to inform development of our key quality and safety targets in this strategy.

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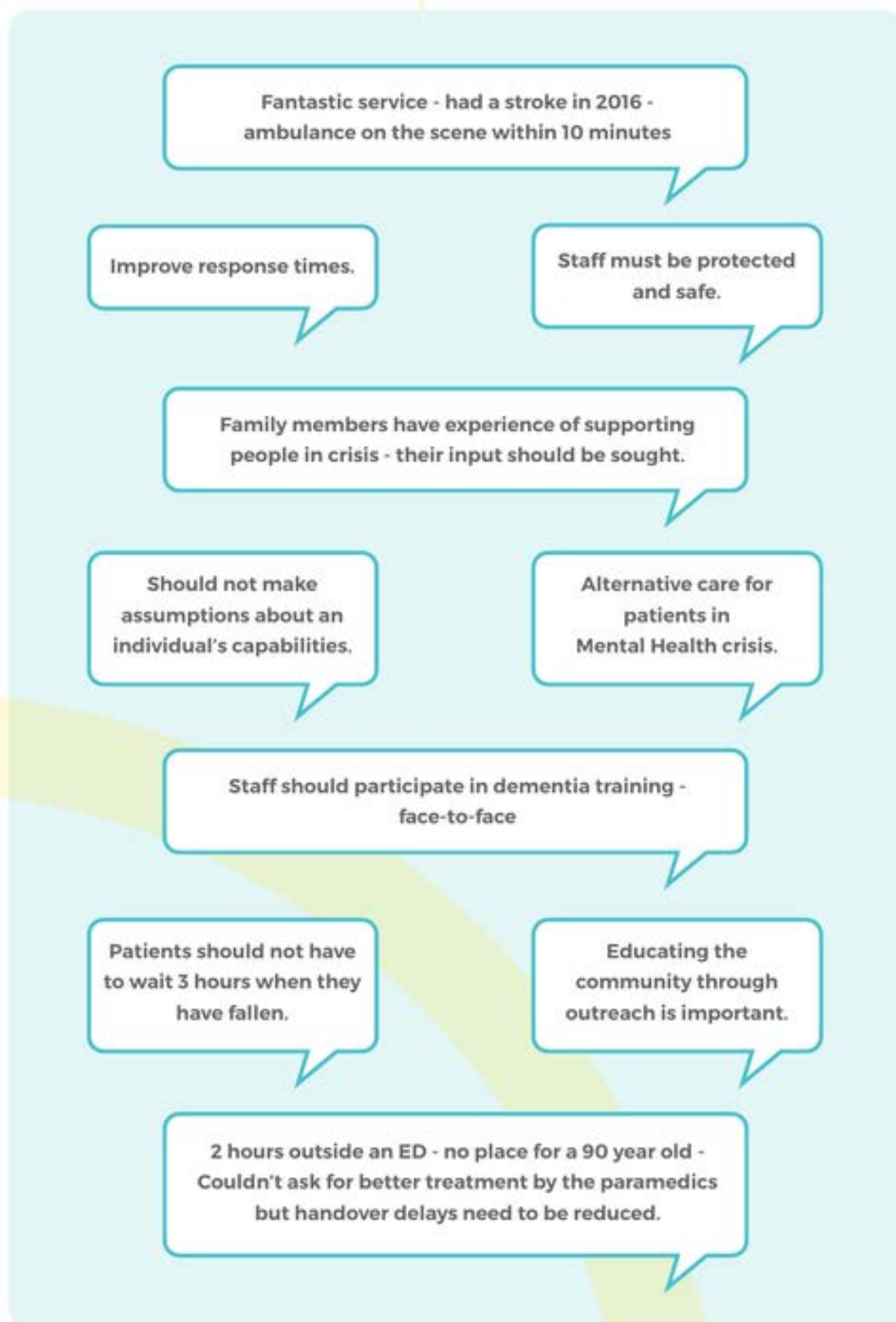
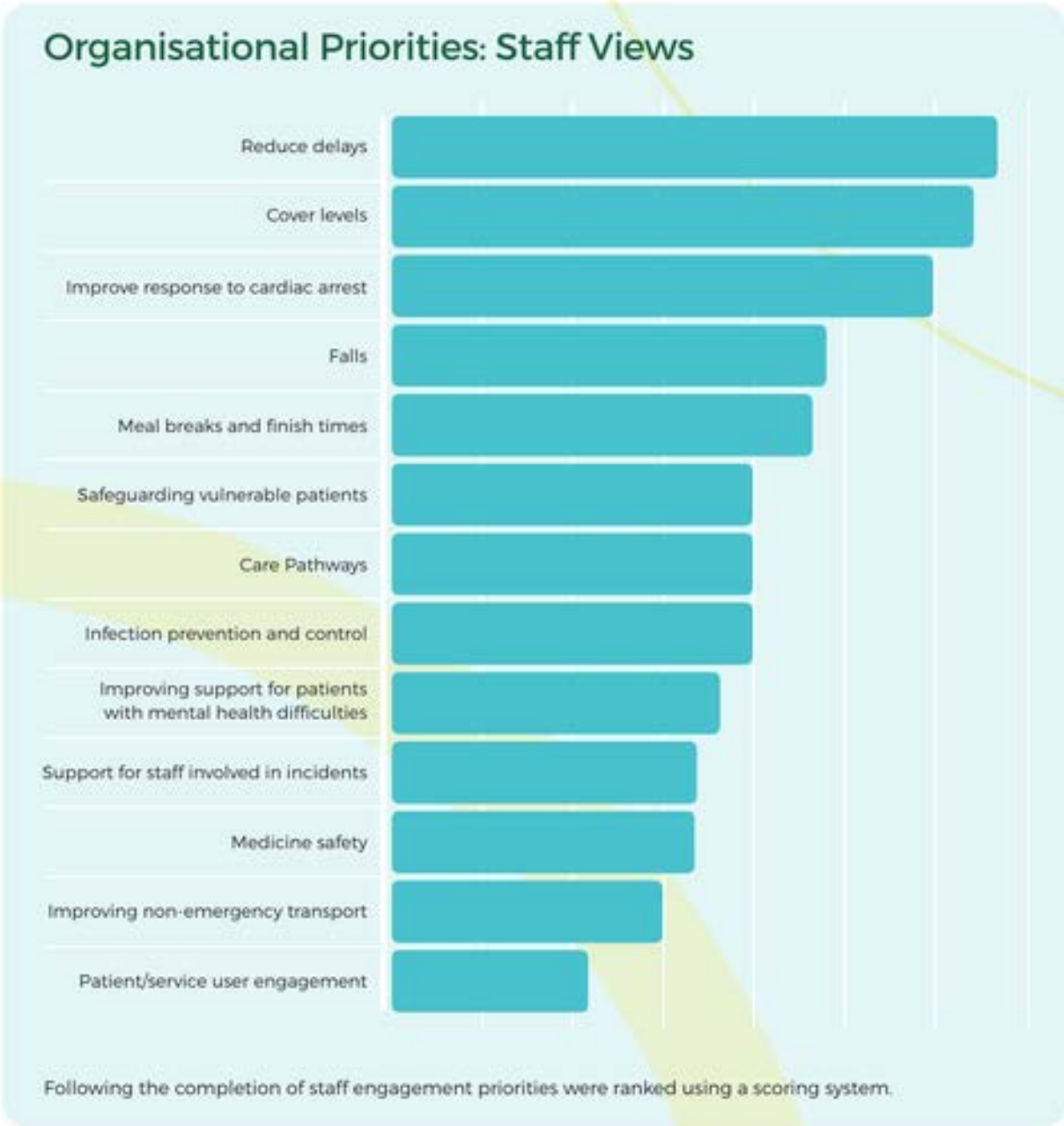Working together   Excellence   Openness & Honesty   Compassion

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What we heard from our patients and members of the public:

Fantastic service - had a stroke in 2016 - ambulance on the scene within 10 minutes

Improve response times.

Staff must be protected and safe.

Family members have experience of supporting people in crisis - their input should be sought.

Should not make assumptions about an individual's capabilities.

Alternative care for patients in Mental Health crisis.

Staff should participate in dementia training - face-to-face

Patients should not have to wait 3 hours when they have fallen.

Educating the community through outreach is important.

2 hours outside an ED - no place for a 90 year old - Couldn't ask for better treatment by the paramedics but handover delays need to be reduced.

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5.2. Care opinion

Care Opinion was formally launched across HSCNI on 03 August 2020. In the period 2021 – 2022 NIAS received 170 stories via the online portal.

We analysed the key themes appearing in care opinion feedback from service users and patients. Most of the feedback indicates positive experiences of the service.

These experiences are summarised in the graphic below:

A small number of care opinion stories have highlighted that some patients have had a poor

experience. We recognise that understanding what has happened in these cases, and the impact they

have is crucial in helping us to identify where we can improve:

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5.3. Staff engagement

Recognising the importance of listening to our staff, we engaged extensively throughout the development of this strategy to ensure we understood what quality care means to the people who deliver our service. This was done through a series of face-to- face engagement exercises and staff surveys. By the end of this process we had engaged with circa 100 members of staff. The information we received from our staff has been vital in shaping our key quality and safety targets.

Staff engagement will continue to play a vital role in helping us to understand what is important to NIAS staff and how we can continuously improve. This will be done through providing staff with regular engagement opportunities via a range of methods e.g. zoom, face-to-face, group meetings. Our co-production strategy will provide further detail on how we will deliver this ongoing engagement with staff.

Organisational Priorities: Staff Views

Priority	
Reduce delays	
Cover levels	
Improve response to cardiac arrest	
Falls	
Meal breaks and finish times	
Safeguarding vulnerable patients	
Care Pathways	
Infection prevention and control	
Improving support for patients with mental health difficulties	
Support for staff involved in incidents	
Medicine safety	
Improving non-emergency transport	
Patient/service user engagement	

Following the completion of staff engagement priorities were ranked using a scoring system.

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What we heard from our staff:

Improve training and educational support across all departments.

Staff engagement, training and support.

Mental health within the organisation.

Best utilisation of their staff and vehicles, make best use of A&E support crews.

Consider end of shift fatigue and how this might affect the safety of staff whilst driving back to base or home.

Frontline vacancies across Emergency and non emergency and operational management structures.

New teams dealing with falls.

Further use of ACPs to better assist patients to get access to the right care in the right place.

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5.4. Learning from incidents

Patient safety incidents and serious adverse incident (SAI) reviews also provide significant opportunities for learning and improvement aimed at reducing future risk to patients.

Therefore, we are committed to continuously reviewing trends and learning from incidents to support the identification of improvements needed. Key to this

will be utilising QI methodologies to identify, implement and measure change and improvement

Serious Adverse Incidents:
Throughout 2022-23 NIAS have catagoriesed all SAIs

(using themes identified in the National Ambulances Risk & Safety Forum, NARSF)

Cardiac Management

Clinical Assessment and/or treatment on scene incidents

2022-2023

Call handling and dispatch incidents

Delays in call answering and dispatch

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Northern Ireland Ambulance Service
Health and Social Care Trust

5.5. Learning from complaints

Complaints have provided us with another important source of information which we have used to help us understand the experiences of people who use our service and where we need to improve the quality of the care we provide. To help focus on improvement we have analysed and themed the complaints we have received throughout 22/23 and finally to help us understand our priority areas we are focusing on the seven themes which appear most:

Themes of complaints

(using themes identified in the National Ambulances Risk & Safety Forum, NARSF)

Delays in Accident and emergency response

Concerns regarding treatment

Staff attitude and treatment

Delays on response - Falls

Delays - myocardial infarction

Delays in non-emergency transport

Emergency ambulance control call handling

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6. Delivering and monitoring our strategy

6.1. Quality Assurance

Progress in regard to our Quality Strategy and the key projects included within this programme of work will be monitored at service level through the development of Business Intelligence (BI) dashboards, which will be designed collaboratively with the NIAS BI Team, and through robust governance structures. This will include:

- Development of a quality oversight group which will have a membership including assistant directors from each directorate and the nominated project leads for each of the identified projects.

- Biannual assurance reports will be provided to the Senior Management Team (SMT) and the Safety Quality Experience and Performance Committee (SQEP). The assurance reports will include a suite of measures which have been identified for each of our quality and safety targets with analysis and highlighting of barriers in regard to achieving them.

The governance structures outlined will allow us to measure and monitor the milestones, outcomes and timeframes of the projects, with clear lines of accountability and responsibility to the project owners.

Additionally, the themes and targets included in this strategy will be described in the trust's annual quality report and where targets have changed or been achieved the annual quality report will confirm the targets for the following year.

NIAS Trust Board

Senior Management Team (SMT)

Audit & Risk Assurance Committee (ARAC)
- Director of Finance
- Representatives of Internal/External Audit
- CE & all Directors subject to agenda
- Asst Director of Finance
- Trust Chair, CE, Directors and other Officers maybe invited to attend when areas of risk or operation are discussed
- Board Secretary

Safety, Quality, Patient Experience & Performance Committee (SQPEP)
- All Directors subject to Agenda
- CE and other Officers or the Trust may attend
- Board Secretary
- Trust Chair may attend in ex-officio capacity

People, Finance & Organisational Development Committee (PFOD)
- Director of HR & OD
- Director of Finance
- CE & all Directors subject to agenda
- Asst Directors
- Senior Managers for workforce and finance as appropriate
- Board Secretary

Remuneration Committee
- Trust Chair
- CE
- Board Secretary

Quality oversight group (to be established)

Northern Ireland Ambulance Service
Health and Social Care Trust

7. Our quality goals

Our quality goals will be achieved through the delivery of a range of projects grouped under each of the five quality domains – safe, caring, effective, well-led and responsive. Each of these domains has a clear objective defined by the CQC. For each domain we outline our key priorities for NIAS, and the goals of specific projects and activities aimed at improving our achievement of these objectives. We believe that the delivery of these projects will significantly improve outcomes for our patients as well as providing a better working environment for our staff. Successful delivery will be evidenced through a suite of goals, and metrics targets, which have been identified for each project.

Safe:
"To avoid and prevent harm to patients and clients."

1. To work in collaboration with the other HSCNI Trusts and partner organisations to ensure patients are able to get timely access to services, and experience smooth transfers of care.

2. To take a whole systems view on how we learn from incidents and complaints and to ensure staff are treated fairly through the implementation of a 'Just culture'.

3. Ensure our staff work, and our patients are cared for, in a safe environment.

Hospital Handover Delays

The nationally agreed patient hand over target between ambulance and emergency department is 15 minutes with all vehicles being turned around and available to respond within 30 minutes. NIAS, like many other National Ambulance Services, continues to be challenged because of the extensive delays in handover and turnaround times. This was reflected in 22/23 with 99% of handovers going beyond 15 minutes and 93% of ambulances delayed over the 30-minute turnaround target.

Reporting on a structured clinical review in 2021, The Association of Ambulance Chief Executives (AACE) found that 8 out of 10 patients whose handover is delayed beyond 60 minutes is likely to experience some level of harm[2]. There is also a significant risk to patients in the community who require an ambulance response when our resources are being held up at hospitals and unavailable to respond. Ultimately delays are impacting on the timely access to care and as a consequence, patients are coming to harm.

Recognising that this is a multi-factorial system issue, we are committed to working collaboratively with the other health and social care trusts with the goal of reducing the risk of harm to patients due to delays in handover. This will also reduce the hours lost waiting outside EDs so that ambulance clinicians are available to respond to those who have called 999.

> **Goal: We will mitigate the risk of harm to patients through a system wide collaborative approach to reducing hospital handover times.**

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[2] https://aace.org.uk/wp-content/uploads/2021/11/AACE-Delayed-hospital-handovers-Impact-assessment-of-patient-harm-FINAL-Nov-2021.pdf

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Late Finishes & Rest periods

Delivering a 24/7 service means many frontline NIAS staff are required to work shift patterns. Working shifts can have many benefits for staff and our patients, however, during face-to-face engagement at emergency departments and through online surveys we heard that our staff continue to routinely miss rest periods and regularly are not able to finish work on time. NIAS recognises the welfare impact upon staff when this happens. We know that where this happens regularly that this can lead to poor morale and may even contribute to high levels of absenteeism.

Late finishes can also increase the risk to patients waiting on a NIAS response in the community by delaying crews starting time and by reducing resource availability the following day. This happens as staff who have had a delayed finish time are required to start their next shift later to ensure that there is an adequate rest window between their last and next shift, this is known as compensatory rest. As this is unpredictable in nature, the impact of this is very difficult to plan for on a shift-by-shift basis.

Several factors contribute to missed rest periods and late finishes including delayed handover times, design of shift patterns and available cover levels. By improving these issues, we believe we can reduce the frequency of missed meal breaks and late finishes.

Goal: We will reduce the frequency of delayed / missed rest periods and late finishes resulting in improved working conditions for our teams but ultimately enhancing patient care by having crews more readily available to respond.

Resuscitation/Cardiac Arrest

When a patient suffers a cardiac arrest in the community NIAS has the responsibility for the initial elements for in the chain of survival. Much of the focus when measuring the quality of our cardiac arrest response has been on response times which is recognised as being a small part of the overall chain of survival. In order to improve our community cardiac arrest survival rate, we are committing to ensuring we have a better understanding of patient outcomes for these events, and we are developing a QI project, using the Global Resuscitation Alliance 10 key measures to improve cardiac arrest survival.

The initial phase of this will focus on improving our access to cardiac arrest data which in turn will help us provide support to clinicians to optimise pre-hospital resuscitation through improved education and feedback, resulting in better outcomes for patients.

Goal: We will understand and Improve outcomes for patients who suffer out of hospital cardiac arrest.

Northern Ireland Ambulance Service
Health and Social Care Trust

Safeguarding vulnerable children, young people and adults

Improving how we safeguard children, young people and adults is an ongoing priority in NIAS. In recent years we have seen improvement through enhancing governance and assurance regarding all safeguarding incidents, through the appointment of a Head of Safeguarding and through the delivery of enhanced training. However, there continues to be challenges in this area including supporting patients to obtain the most appropriate level of support (safeguarding vs welfare). Consequently, lower threshold/welfare referrals are continuing to be made through emergency social work pathways, creating challenges for our staff and the social work teams.

We are committed to working collaboratively with Strategic Planning and Performance Group (SPPG), other HSCNI Trusts, the Police Service of Northern Ireland (PSNI) and the Fire Service to establish appropriate referral pathways for all levels of need whilst ensuring the referral process is easily accessible and streamlined to support the needs of our service.

Goal: We will develop appropriate pathways of care and improve referral mechanisms for patients at all levels of safeguarding need.

Infection prevention and control

Good infection prevention and control (IPC) practice is essential if we are to keep our patients and our staff safe from avoidable harm of this nature.

We recognise that to keep our patients and staff safe from acquired infections we must increase our compliance with IPC policies, procedures and guidelines.

A national IPC survey across the UK ambulance sector in 2022, commissioned by AACE, has provided many learning points that we can build on to improve IPC practice and compliance.

In particular we have identified the need to improve compliance performance with the Bare Below the Elbows (BBE) policy and Hand Hygiene practice.

We will monitor and improve IPC practice through comprehensive audit processes and a revised education programme for staff across all clinical roles.

Goal: We will implement recommendations made from the national IPC survey to improve IPC compliance behaviour and practice.

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Compassionate:

"All patients and clients are treated with dignity and respect and are fully involved in decisions affecting their treatment, care and support."

1. To proactively seek feedback and input from our patients, carers and communities.

2. To consistently, compassionately and with dignity, involve patients, families and staff in SAI reviews and complaints processes.

3. To work in partnership with our patients, carers, communities and voluntary organisations in the design and development of our services, using the principles of co-production to drive sustainable and measurable service improvement.

Personal and public involvement

Personal and Public Involvement (PPI) is a central component of the quality agenda, which aims to improve HSC provision and the individual experiences of those who use these services in NI.

Recognising the importance of PPI we will strengthen our involvement processes and opportunities through the development of a more comprehensive co-production model to ensure we are taking the views of our patients into account in all that we do.

We will proactively seek feedback and input from our patients, carers and communities and use this to ensure we provide a responsive service to meet their needs.

> **Goal: We will develop a proactive PPI strategy and implementation plan that facilitates engagement.**

Serious adverse incidents reviews and learning

The often-traumatic nature of SAIs can have a massive impact on patients, families and staff, consequently we must ensure that everyone involved in the review process is supported and that any learning is utilised to prevent reoccurrence of incidents.

Performance and compliance in meeting regionally agreed timescales for completion of SAI reviews and related recommendations has been suboptimal with many SAIs going significantly beyond expected completion dates and recommendations not being fully implemented. This has the potential to have a further detrimental impact on the families and staff involved in this process.

We will aim to improve the timeliness, effectiveness and manner of our engagement with patients and families whilst ensuring that any staff involved are regularly updated and have sight of any review prior to completion.

> **Goal: We will use a person-centred approach to embed openness, honesty and compassion in our SAI review processes promoting a fair and open culture.**

Northern Ireland Ambulance Service
Health and Social Care Trust

Complex case team

The NIAS Complex Case Team (CCT) has been widely recognised for their exemplary work in identifying and supporting patients who contact our service on a frequent basis.

Frequent callers often present with social isolation, substance addictions, mental health conditions or other unmet medical and social needs. Through the service provided by the CCT we have been able to ensure patients within this group get appropriate support from a wide range of statutory and voluntary services.

We will continue to work collaboratively with other HSCNI Trusts, voluntary and charitable sector and other statutory services to improve outcomes for frequent callers. We will also look a new innovative way of supporting this group of patients by working in partnership with the Red Cross who can provide appropriate support for higher intensity callers where required. This in turn will reduce the demand on NIAS, freeing up resources to for patients requiring urgent and emergency responses.

Goal: By working in collaboration with the wider system we will improve patient experience and outcomes by developing appropriate care pathways while reducing demand on the 999 system.

Caring today, planning for tomorrow - **Quality Strategy**

Working together   Excellence   Openness & Honesty   Compassion

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Effective:
"Care, treatment and support achieves good outcomes, helps maintain quality of life and is based on the best available evidence."

1. To ensure our clinical strategy and care provision is evidence based and delivers the intended outcomes for our patients.

2. To utilise innovative methods, including digital technology, to enhance care delivery and improve outcomes for our patients.

3. To support staff to do their role effectively through provision of appropriate resources and training.

Research and Development

A well-developed research and development (R&D) function has a critical role in any organisation but is particularly important for the development of best evidence upon which to advance our health and care and upon which to base our clinical decisions.

We 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.

Goal: We will enhance R&D capacity and capability.

Medicines Storage and Tracking

The Medicines Regulatory Group and Internal Audit have identified the need for NIAS to have digital medicines pack tracking systems across all stations which will provide greater information on the location of medicines packs which contain controlled drugs, and provide assurance with respect to appropriate usage.

Goal: We will introduce a digital medicines pack tracking system.

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Health and Social Care Trust

Patient Care Service

The NIAS Patient Care Service (PCS) plays a dynamic role in the care, management and transportation of patients to and from healthcare facilities, for scheduled appointments, who do not require the interventions of a paramedic or emergency medical technician (EMT). In recent times the PCS service has been critical in supporting the workload of both the non-emergency and emergency function completing over 70,000 journeys in 2022/23.

Following the recommendations of our recent review of PCS and workshops held with a variety of stakeholders during 2021, the SMT has prioritised the implementation of a PCS QI programme supported by the NIAS transformation team.

The key objectives for the programme are to deliver sustained improvements in the effectiveness and efficiency of PCS and contribute to timely patient flow within the wider health system.

Goal: We will improve the overall experience of patients who use the Patient Care Service.

Caring today, planning for tomorrow - **Quality Strategy**

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Responsive:
"Services are organised to meet the needs of our population."

1. To work collaboratively with partner HSCNI organisations and other ambulance services to identify service developments to improve our performance in line with national standards.

2. To adhere to an 'Open" and 'Just Culture' ensuring we are able to be responsive the concerns of patients who are unhappy with our service.

3. To deliver a service which provides the right care, with the right resource, in the right place and at the right time.

Community Falls response

Recognising the impact of falls on the entire health service, AACE published the 'Falls Response Governance Framework for NHS Ambulance Trusts' which outlines how we can improve our safe and effective response to falls in the community.

Using this framework we will continue to develop our understanding of how, working with partner providers, we can enhance our falls response and we will explore a variety of alternative responses to improve the experience and outcomes for patients who have fallen.

Goal: We will improve response times, and patient outcomes for patients over 65 with the chief complaint of a fall.

Patient Care Pathways

As the capability of service clinicians has developed, so has the range of response models and referral pathways available to NIAS clinicians. These can be utilised following face-to-face assessment and from clinician-led additional telephone triage. NIAS has an existing suite of pathway options, we will continue to develop and improve these pathways working with the clinicians who use them daily to understand the success and challenges.

We aim to continue the development of new and existing Patient Care Pathways (PCPs) that offer the most clinically appropriate care and avoid unnecessary Emergency Department attendance. This will include working with the other HSC Trusts to open up direct referral access to more services that NIAS clinicians can utilise, but also ensuring pathways are utilised effectively and safely, where indicated. Ultimately, this will mean our patients are put on the right care pathway, the first time, leading to improved patient experience and clinical outcomes.

Goal: We will improve our understanding of how we compare to other ambulance services in utilising patient care pathways and then improve against this baseline.

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Complaints

The Service User Feedback Team continues to promote a culture where all concerns and complaints are received positively, investigated promptly and thoroughly, responded to sympathetically and that actions are taken to prevent recurrence when services provided have fallen below acceptable standards. Such learning is key to achieving excellence in pre-hospital care and improving the experience of those who use our services.

Throughout 2022-23 we will undertake a review of our Complaints Procedure with a focus on improving the timeliness of our complaint resolutions whilst maintaining our high standards of investigation. As part of this review, we will benchmark Complaints Procedure standards against other HSC Trusts and ambulance services across the UK & Ireland and seek feedback from service users and staff to improve the team's services and performance.

Goal: We will improve satisfaction with our response to complaints.

Emergency Ambulance Control

Demand on our emergency ambulance control is incredibly high with the team dealing with over 260,000 emergency 999 calls 22/23. The high volume of calls leads to many challenges which are reflected in our serious incident and complaints data we can identify occasions when patients have a poor experience. Consequently, we need to have systems in place which allow us to have confidence in the care and customer service our patients are being provided with from Emergency Ambulance Control (EAC).

We aim to do this through the audit and quality assurance (QA) of a random selection of emergency calls, with the expectation of completing a percentage of overall call volume to maintain our international academy of emergency medical dispatch accreditation. There are also nationally recognised standards which must be met to maintain accreditation.

In 2021/2022 several challenges presented which limited the team's ability to appropriately QA the expected number of calls and compliance in-line with standards was also below what is expected.

This has now improved but it is recognised that we must continue to enhance our capability in this area to ensure continuous improvement is prioritised in EAC.

Goal: We will innovate to enhance our capacity to QA 999 calls which will improve the safety and quality of our service.

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Well Led:

"The leadership, management and governance of the organisation encourages learning and innovation, promotes an open and fair culture."

1. To provide our workforce with the skills and knowledge to identify and test change.

2. To optimise access to improvement data and appropriate tools to support the measurement and analysis of outcomes

3. To promote innovations and embed collective and compassionate leadership across our organisation.

Quality improvement

In the 'NIAS Strategy to Transform' we committed to introducing a robust QI methodology and to increase our QI capabilities. This was to support the improvement of outcomes for patients and staff in an evidence-based, controlled, and measurable way. Within this strategy we are reaffirming this commitment by providing clear measurable milestones.

We recognise that as well as improving and growing our QI culture we must begin to utilise the untapped QI potential that exists in the organisation. This will be done by gaining commitment from all directorates to enable and empower staff who are trained in QI with opportunities to utilise their skills and champion the delivery of key quality and safety projects.

Goal: We will increase, and make better use of, QI capacity and capability across NIAS.

Organisational Culture and Leadership

It has been identified, through a range of surveys and staff engagement sessions, that only 32% of NIAS employees would recommend NIAS as a great place to work with concerns being raised about quality and innovation, lack of empowerment, 'siloed' working and a lack of compassionate leadership.

The NIAS Cultural Leadership Charter has been developed with the goal of improving organisational health and contributing to workforce health. Key themes include embedding compassionate and collective leadership and openness including celebrating successes and learning from feedback and mistakes.

Goal: We will embed compassionate and collective leadership across the organisation making NIAS a great place to work.

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Appendix 1
Strategy outcome metrics

Safe:
"To avoid and prevent harm to patients and clients."

- Work in collaboration with the other HSCNI Trusts and partner organisations to ensure patients are able to get timely access to services, and experience smooth transfers of care.

- Take a whole systems view on how we learn from incidents and complaints and to ensure staff are treated fairly through the implementation of a 'Just culture'.

- Ensure our staff work, and our patients are cared for, in a safe environment.

Supporting Project	Key Actions	What we are trying to achieve
Hospital handover delays / Timely Access to Care: We will mitigate the risk of harm to patients through a system wide collaborative approach to reducing hospital handover times.	• Implement and monitor systems which enable accurate analysis of time between patient handover at hospital and ambulance availability. • Provide weekly reports to system stakeholders, including other Health Trusts and SPPG, which highlight the number of delayed handovers and lost operational hours. • Monitor and enhance the utilisation of regular observations and NEWS2 while patients await hospital handover. • Implement and monitor the regionally agreed standard operating procedure for the escalation of the deteriorating patient. • Increase utilisation of the electronic patient record system.	Increase the timeliness of response to calls following patient handover. Demonstrate the effect of delayed handovers and extended turnaround times on our ability to respond to calls. Improve the early detection of patient deterioration while awaiting hospital handover. Reduce the number of serious adverse incidents in which patients come to harm when waiting on hospital handover. Automation of observations and NEWS2 calculations to improve patient safety.
Late Finishes & Rest periods: We will reduce the frequency of delayed / missed rest periods and late finishes resulting in improved working conditions for our	• Agree and implement late finishes SOP, ensure that same is co-produced/ designed with NIAS frontline and control room staff. • Agreed and implement rest period SOP, ensure that same is co-produced/ designed with NIAS frontline and control room staff.	Ensure crews finish on time Reduce the time taken to hand patients over at ED Reduce time lost through compensatory rest Improve staff safety and wellbeing

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Supporting Project	Key Actions	What we are trying to achieve
teams but ultimately enhancing patient care by having crews more readily available to respond.	• Explore alternative shift patterns, ensure that same is co-produced/ designed with NIAS frontline and control room staff. • Improve frequency and duration of handover delays. • Undertake pre and post intervention NIAS Staff surveys regarding the impact of missed rest periods, late handovers and protracted delays at ED depts.	
Resuscitation / Cardiac Arrest: We will understand and Improve outcomes for patients who suffer out of hospital cardiac arrest.	• Implement the Resuscitation Academy 10 steps for improving survival from cardiac arrest. • Review of cardiac arrest data to further understand patient outcomes following pre-hospital cardiac arrest.	Improve survival rates for people who suffer pre-hospital cardiac arrest. Audit 95% of cardiac arrest PRFs per month.
Safeguarding vulnerable children, young people and adults: We will develop appropriate pathways of care and improve referral mechanisms for patients at all levels of safeguarding need.	• Agree and implement a regional welfare pathway. • Deliver face to face safeguarding training to NIAS operational staff. • Develop a safeguarding referral module on the electronic patient record form.	Ensure adults in need have access to appropriate support. Improve staff understanding of safeguarding, what to look out for and how to make appropriate referrals. Make it easier for staff to make safeguarding referrals.
Infection Prevention & Control: We will implement recommendations made from the national IPC survey to improve IPC compliance behaviour and practice.	• Staff within the NIAS will receive high quality education in relation to Infection Prevention and Control. • IPC practices of NIAS staff will be regularly audited and assessed against best practice standards for IPC. • IPC policies within the NIAS will be aligned with the National Ambulance Service IPC Group policy which is currently being developed. • A Board Assurance Framework (BAF) will be drawn up and implemented for the NIAS using the National Health Service IPC BAF. • A bespoke IPC resource will be developed for the NIAS which will take account of the 24/7 nature of a mobile workforce and which will be tailored to meet the needs of NIAS operational staff.	Improve compliance with the Hand Hygiene policy including being BBE Improved compliance in HH audits conducted by the IPC team. Review feedback from staff regarding the benefits of the IPC resource and establish if has increased staff support and knowledge.

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Compassionate:

"All patients and clients are treated with dignity and respect and are fully involved in decisions affecting their treatment, care and support."

- To proactively seek feedback and input from our patients, carers and communities.

- To consistently, compassionately and with dignity, involve patients, families and staff in SAI reviews and complaints processes.

- To work in partnership with our patients, carers, communities and voluntary organisations in the design and development of our services, using the principles of co-production to drive sustainable and measurable service improvement.

Supporting Project	Key Actions	What we are trying to achieve
Patient and service user involvement: We will develop a proactive PPI strategy and implementation plan that facilitates engagement.	• Develop an Experience, Co-production, Partnership Working and PPI Strategy and implementation plan. • Further embedding Care Opinion, the 10,000 More Voices project and bespoke service surveys into culture and practice. • Establish a NIAS patient group.	Describe how we will involve the public and our staff in making decisions which will affect the delivery of care. Increase opportunities and awareness of how to share experiences with the service. Ensure the patient voice is heard in all pieces of improvement work.
Serious Adverse Incidents: We will use a person-centred approach to embed openness, honesty and compassion in our SAI review processes promoting a fair and open culture.	• Deliver bespoke training to operational managers in regard to completing reviews. • Continue to develop dashboards to enable better tracking of recommendations.	Ensure staff have the appropriate knowledge and skills to complete a thorough and effective review. Ensure patients and families are effectively included in the review process. Provide assurance recommendations have been actioned and recorded.
Complex Case Team: By working in collaboration with the wider system we will improve patient experience and outcomes by developing appropriate care pathways while reducing demand on the 999 system.	• Continue to work in collaboration with partners agencies to support patients with complex needs.	Provide patients with access to alternative services to suit their individual needs.

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Effective:

"Care, treatment and support achieves good outcomes, helps maintain quality of life and is based on the best available evidence."

- To ensure our clinical strategy and care provision is evidence based and delivers the intended outcomes for our patients.

- To utilise innovative methods, including digital technology, to enhance care delivery and improve outcomes for our patients.

- To support staff to do their role effectively through provision of appropriate resources and training.

Supporting Project	Key Actions	What are we trying to achieve
Research and development: We will enhance R&D capacity and capability.	• Implementation of the research and development strategy. • 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.	Increase the capacity and capability for research within NIAS. To ensure quality of care through delivery evidence-based practice.
Medicines safety: We will introduce a digital medicines pack tracking system.	• Roll out of digital medicines tracking system.	Improve medicines safety and security.
Patient care service: We will improve the overall experience of patients who use the Patient Care Service.	• Improve vehicle allocation process. • Increase opportunities for patient/service user feedback.	Increase the availability of non-emergency ambulances to respond to calls. Understand if patients/service users are satisfied with the service we deliver.

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Responsive:
"Services are organised to meet the needs of our population."

- To work collaboratively with partner HSCNI organisations and other ambulance services to identify service developments to improve our performance in line with national standards.

- To adhere to an 'Open'" and 'Just Culture' ensuring we are able to be responsive the concerns of patients who are unhappy with our service.

- To deliver a service which provides the right care, with the right resource, in the right place and at the right time.

Supporting Project	Key Actions	What are we trying to achieve
Community falls response: We will improve response times, and patient outcomes for patients over 65 with the chief complaint of a fall.	● Deliver and evaluate new models for responding to patients who have fallen. ● Enhance the utilisation of care pathways for patients who have fallen.	Improve the timeliness of our response to patients who have fallen. Reduction in complaints regarding patients who have fallen. Ensure patients receive the right care in the right place and avoid ED attendances where possible.
Patient Care Pathways: We will improve our understanding of how we compare to other ambulance services in utilising patient care pathways and then improve against this baseline.	● Review and update of appropriate care pathways. ● Benchmark against other ambulance services. ● Introduce pathways module on e-PCR system.	Ensure patients are referred to the appropriate service when emergency care is not required. Understand how we compare with other ambulance service. Make the referral process easier for operational staff. Increase safe and appropriate see and treat figures High care bundle compliance once re-introduced Improve the referral process by making it easy to access and efficient for our operational staff.

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Supporting Project	Key Actions	What we are trying to achieve
Complaints: We will improve satisfaction with our response when patients have had a poor experience.	● Review and update the Complaints Policy & Procedures. ● Review how the mechanisms for reporting concerns, compliments and complaints are received and implement improvements (Website and Public Information leaflet). ● Seek feedback from staff to improve the service user feedback process.	Raise awareness and understanding of the complaints process internally. Improve information and access for service users who wish to share their experience. Support staff through the complaints process.
999 call taking quality assurance: We will innovate to enhance our capacity to QA 999 calls which will improve the safety and quality of our service.	● Explore introducing artificial intelligence into the QA process. ● Develop further QA roles to increase capacity of the team. ● Share learning identified through the quality assurance process.	Increase the overall number of 999 calls which go through the quality assurance process. Ensure quality assurance against agreed standards. Improve the quality of 999 call taking.

Well Led:

"The leadership, management and governance of the organisation encourages learning and innovation, promotes an open and fair culture."

- ● To provide our workforce with the skills and knowledge to identify and test change.
- ● To optimise access to improvement data and appropriate tools to support the measurement and analysis of outcomes
- ● To promote innovations and embed collective and compassionate leadership across our organisation.

Supporting Project	Key Actions	What are we trying to achieve
Quality Improvement: We will increase, and make better use of, QI capacity and capability across NIAS.	● Develop and implement a quality improvement plan. ● Develop an internal quality improvement education programme.	Promote awareness and understanding of QI culture and methodology. Increase capacity and capability for improvement.
Organisational Culture and Leadership: We will embed compassionate and collective leadership across the organisation making NIAS a great place to work.	● Implementation of the Cultural Leadership Charter and communication plan. ● Implement a compassionate leadership programme. ● Review pathways to access peer support and wellbeing.	To make NIAS a better place to work for all staff. Support managers to lead with compassion and kindness. Improve staff access to support when they are going through a challenging time.

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Notes

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June 2023

Northern Ireland Ambulance Service
Health and Social Care Trust

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TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	8 June 2023
Title of paper:	NIAS Involvement & Co-production Strategy 2023-26
Brief summary:	This paper provides an overview of the Co-production Strategy, an outline of engagements conducted with service users, carers, communities, and staff to support its development, and associated risk. - Background - Vision - Mission - Purpose - Key Themes - Engagements - Risk
Recommendation:	For Approval ☒ For Noting ☐
Previous forum:	SMT – 30 May 2023 Safety Cttee – 8 June 2023
Prepared and presented by:	Neil Gillan, Co-production Partnership Lead Ruth Finn, Asst Director QSI Lynne Charlton, Director QSI
Date:	15 June 2023

Northern Ireland Ambulance Service
Health and Social Care Trust

Co-Production Strategy

Trust Board

15 June 2023

Contents

1. Background

'Caring for Today, Planning for Tomorrow – Our Strategy to Transform 2020 - 2026' states:

- We will commit to work with our communities and partner providers in HSC in the design and development of our services, using the principles of Co-production.

- The patient and public voice is important in reminding us why we do what we do and how we can do it better. We will develop our Personal and Public Involvement (PPI) processes and opportunities into a more comprehensive Co-production model to ensure we are taking the views and experiences of our patients into account in all that we do.

This Strategy sets out the key actions that we will take to deliver on these commitments.

2. Vision

The influence of service users, carers, communities and staff in the planning, delivery and evaluation of services is evident at all levels of the Trust, staff value lived experience and can confidently facilitate Involvement and Co-production activities.

3. Mission Statement

To improve the safety and quality of the health care services we provide, by supporting the application of true partnership working across the Trust.

4. Purpose

This Strategy sets out through a range of actions, how we will:

- Use lived experience data both to identify areas of excellence and to drive service improvement.
- Create partnership working opportunities which enable service users, carers, communities, and staff to influence decision making and goal setting.

- Empower service users, carers, communities, and staff to be involved in designing solutions which enable better outcomes for those who use our services.

- Provide assurance on how the statutory duty to involve is being realised, ensuring our service users and carers are central to all quality assurance processes.

- Measure the improved outcomes for staff, service users, carers and communities and share this learning across the Trust and with relevant stakeholders.

5. Key Themes

- **Structures and Assurance** – We will create processes and structures to further embed PCE, PPI, Partnership Working and Co-production into the culture and practice of the Trust.

- **Scoping and Connecting** – We will adopt a systematic and continuous approach to identifying and developing partnership working opportunities that are balanced, accessible and meaningful, and where the experience and contribution of all partners is valued and celebrated.

- **Empowerment** – We will continue to invest in relationships, building the confidence and capacity of staff, service users, carers, and communities to lead and facilitate improvements in care and safety outcomes.

- **Communication** – As a learning organisation, we will continue to listen to and share information with those with lived experience of our services to increase understanding and foster greater participation.

- **Impact** – We will demonstrate clearly, and evidence the effectiveness and impact of partnership working on NIAS services, and the improved outcomes for staff, service users, carers, and communities.

6. Engagements

A total of 105 people contributed to the development of the Strategy.

- An online survey was forwarded to staff
  53 returns

- An online survey was forwarded to service users, carers, and communities of interest – the dissemination of this survey was supported by:
  - Diabetes UK NI

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- o Age NI
- o The Cedar Foundation
- o The Rainbow Project NI
- o The Northern Health and Social Care Trust

24 returns

- Focus groups were conducted with:
  - o The Unscheduled Care Reference Group
  - o The Cedar Foundation's Regional Service User Forum
  - o Age NI's Consultative Policy Forum
  - o Disability Action NI's Service User Group

- Telephone consultations were also conducted with 2 service users experienced in the field of Involvement and Co-production.

7. Risk

The major issue that may impact on our ability to deliver on the key actions outlined in this strategy is a lack of resource. Whilst other HSC Trusts receive transformation funding to recruit a Partnership Working Officer to help advance work on their statutory duty to involve, NIAS was omitted from the original bid. During 2022 – 2023 we received in year non - recurrent funding totalling £29.6K however no additional resource has been received during this financial year (2023 – 2024). This inequity continues to be brought to the attention of the PHA.

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Northern Ireland Ambulance Service Involvement & Co-production Strategy 2023 - 2026

Working with our partners

Contents

With many thanks to:

The Rainbow Project

DiABETES UK
KNOW DIABETES. FIGHT DIABETES.
NORTHERN IRELAND

Cedar
Opportunity Choice Inclusion

Disability Action

age NI
Love later life

HSC Health and Social Care

For their support with sharing our online survey with their service user groups, and for participating in workshops and focus groups.

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Foreword

The patient and public voice is important in reminding us why we do what we do and how we can do it better. The Northern Ireland Ambulance Service (NIAS) values the lived experience and involvement of service users, carers, communities, and staff in influencing change and improvement. The Trust also recognises that this involvement can build a collective understanding of the need for and benefits of the ongoing transformation of our services.

We are therefore committed to developing our Patient Client Experience (PCE) and Personal and Public Involvement (PPI) processes and opportunities into a more comprehensive and cohesive Co-production model. This will ensure we are taking the strengths, knowledge and expertise of our service users, carers, communities, and staff into account in all that we do.

This strategy has been developed with service users, carers, communities and staff. We hosted workshops and conducted an online survey with service users, carers and communities seeking their thoughts on how NIAS could further embed the vision, ethos, concepts, and practice of PCE, PPI, Partnership working and Co-production across all aspects of our business. We also conducted an online survey with our staff to discover what supports they need to work in partnership with service users, carers, and communities in designing and improving our services.

Service users, carers, and communities will remain at the heart of everything we do and have an important role to play in shaping our future. Their ongoing involvement is the responsibility of all within the Trust and, as such, every member of staff has a role to play in the implementation of this Involvement and Co-production Strategy.

Lynne Charlton,
Director of Quality Safety and Improvement
Northern Ireland Ambulance Service

Involvement & Co-production Strategy 2023 - 2026: Working with our partners

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1. Executive Summary of Involvement & Co-Production Strategy

The Northern Ireland Ambulance Service (NIAS) values the lived experience and involvement of our service users, carers, communities, and staff in influencing change and improvement. We recognise that this involvement can also build a collective understanding of the need for and benefits of the ongoing transformation of our services. The strategy which has been developed with our staff and partners, outlines how we will develop our Patient Client Experience (PCE) and Personal and Public Involvement (PPI) processes and opportunities into a more comprehensive and cohesive Co-production model.

The strategy sets out five key themes against which progress will be measured.

Structures and Assurance	Scoping and Connecting	Empowerment	Communication	Impact
• We will create processes and structures to further embed PCE, PPI, Partnership Working and Co-production into the culture and practice of the Trust.	• We will adopt a systematic and continuous approach to identifying and developing partnership working opportunities that are balanced, accessible and meaningful, and where the experience and contribution of all staff and partners is valued and celebrated.	• We will continue to invest in relationships, building the confidence and capacity of staff, service users, carers and communities to lead and facilitate improvements in care and safety outcomes.	• As a learning organisation, we will continue to listen to and share information with those with lived expereince of our services to increase understanding and foster greater participation.	• We will demonstrate clearly, and evidence the effectiveness and impact of partnership working on NIAS services and the improved outcomes for staff, service users, carers and communities.

Personal and Public Involvement (PPI)   Involving you, improving care

Care Opinion — What's your story?

10,000 — TEN THOUSAND **MORE** VOICES

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2. Definitions

2.1. Patient Client Experience (PCE)

PCE enables service users, families and carers to share their experience of Health and Social Care (HSC) services and is a powerful tool in improving existing services and identifying new and better ways of meeting need. Robust analysis of these experiences, presents learning by identifying positive practices within the system to nurture and develop and also highlights areas for improvement, where experience has been challenging. PCE is usually the starting point for Involvement, Coproduction and Quality Improvement initiatives and the regional programme in Northern Ireland includes the Online User Feedback Service (Care Opinion) and 10,000 More Voices.

Further information about Care Opinion and 10,000 More Voices can be found here:
www.careopinion.org.uk
https://10000morevoices.hscni.net

2.2. Personal and Public Involvement (PPI)

As defined in the Health and Social Care Order (2009), PPI is the term used to describe the active and meaningful involvement of patients, clients, service users, carers and communities in HSC in ways that are relevant to them.

PPI is the active participation of patients, clients, service users, carers, and the public in how services are planned, delivered, and evaluated. This includes developing relationships, building strong active partnerships, and having meaningful conversations with a range of stakeholders to create services that best meet patients' needs.

Personal refers to service users, patients, carers, consumers, customers, relations, advocates, or any other term to describe people who use HSC services as an individual or part of a family.

Public refers to the general population and includes locality, community and voluntary groups and other collective organisations.

In 2015, the Public Health Agency (PHA), working with partner HSC organisations, service users and carers, developed five standards and associated key performance indicators for PPI in HSC.

The aim of the PPI standards is to set out what is expected of HSC organisations and forms the basis against which progress will be monitored.

Involvement & Co-production Strategy 2023 - 2026: Working with our partners

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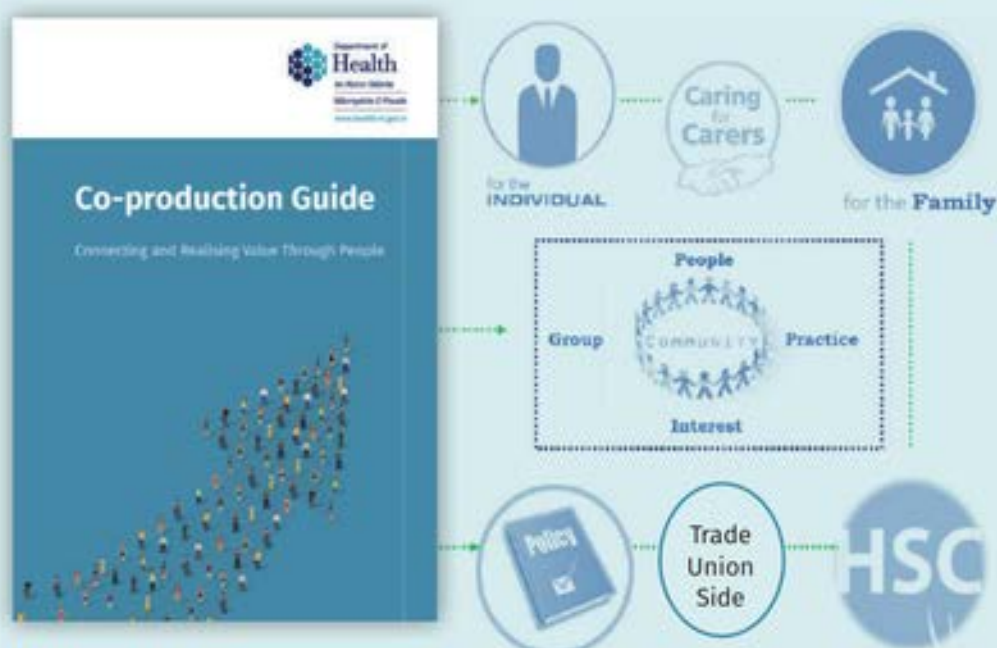
Further information about PPI and the five standards can be found here:

https://engage.hscni.net

Personal & Public Involvement (PPI) – Involving You, Improving Care (hscni.net)

https://www.publichealth.hscni.net/publications/setting-standards-%E2%80%93-personal-and-public-involvement-ppi

2.3.   Co-production

A highly person-centred approach which enables partnership working between people in order to achieve positive and agreed change in the design, delivery, and experience of HSC. It is deeply rooted in connecting and empowering people and is predicated on valuing and utilising the contribution of all involved. It seeks to combine people's strengths, knowledge, expertise, and resources in order to collaboratively improve personal, family and community health and wellbeing outcomes. It is a genuine partnership approach which brings people together to find shared solutions. In practice co-production involves partnering with people from the start to the end of any change that affects them. It works best when people are empowered to influence decision making and care delivery processes.

The Co-Production Pathway shows how Involvement, Engagement and Co-Production approaches are part of a continuum, outlined below:

Northern Ireland Ambulance Service
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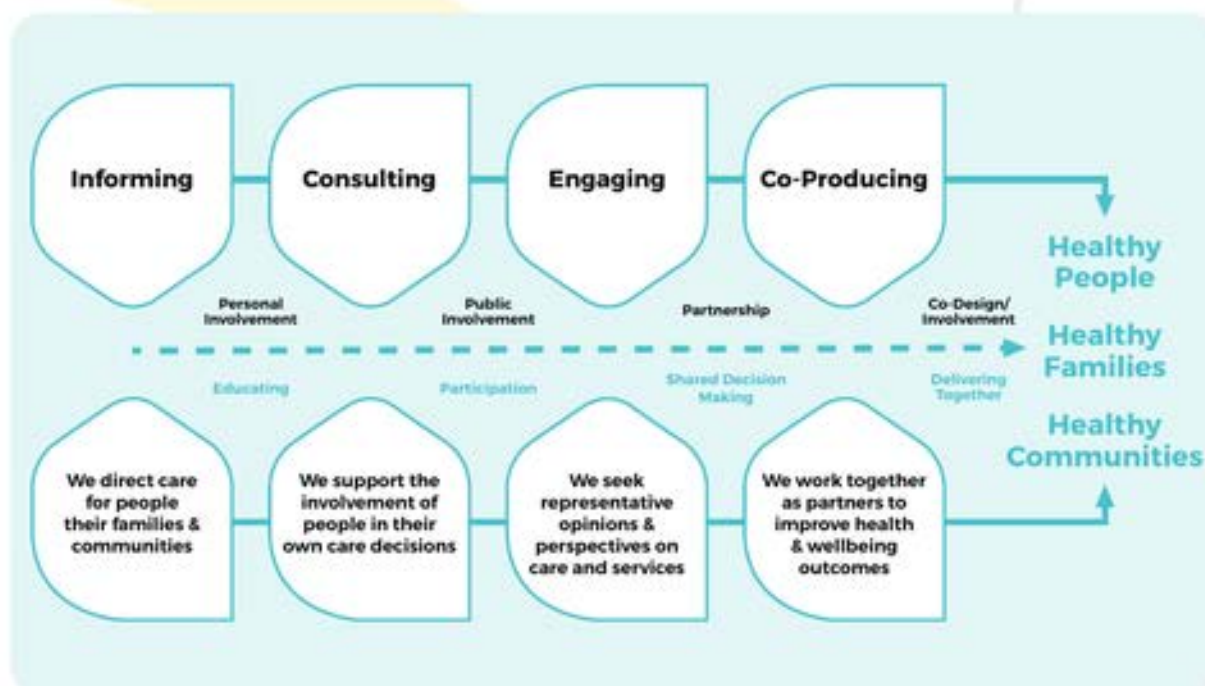
2.4. Co-design

A partnership approach which seeks to establish a representative co-design team of people, who come together to design care pathways, develop new and revise existing services models. The work of co-design teams is governed by person centred values, a shared

ambition and commitment to generate solutions in line with the quadruple aim outlined in **Health and Wellbeing 2026: Delivering Together.**

Further information on the Quadruple aim is provided below.

2.5. Co-delivery

A partnership approach which aims to empower multidisciplinary teams to deliver integrated care solutions for their population. It also involves developing and

integrating expert patient, peer and community led services into the delivery of health and social care.

2.6. Lived and Learned Experience

Lived Experience is used to describe the direct experiences, perspectives and views of patients, clients, service users, peer advocates, and carers of their own

HSC needs and that of the services they received. Learned experience includes all those staff who are directly involved in leading, managing and providing HSC.

2.7. Shared Decision Making

A collaborative process that involves a person and their healthcare professional working together to reach a joint decision about care needed immediately or in the future.

It is about choosing tests and treatments based both on evidence and on the person's individual preferences, beliefs and values and making sure the person

understands the risks, benefits and possible consequences of different options through discussion and information sharing.

It empowers people to make decisions about the care that is right for them at that time, with the option of choosing to have no treatment or not changing what they are currently doing always included.

Involvement & Co-production Strategy 2023 - 2026: Working with our partners

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3. Strategic Context
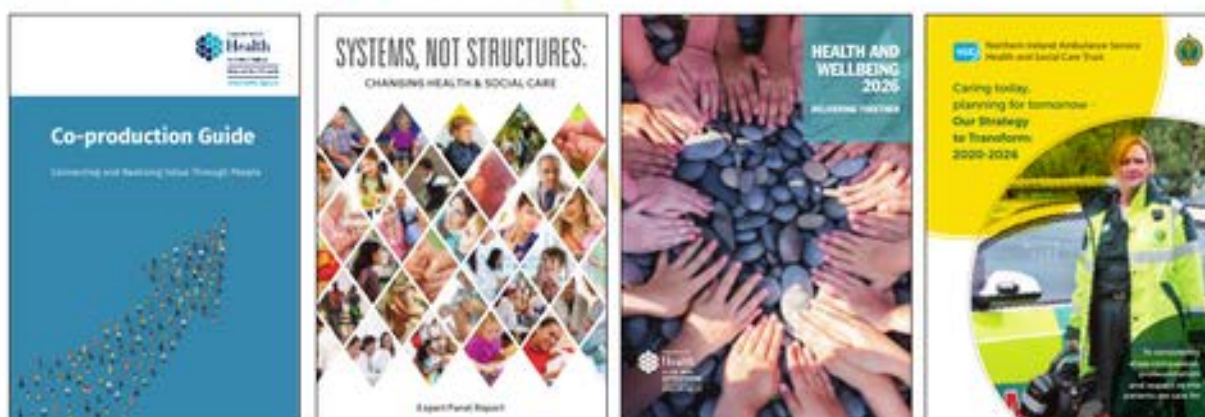
PPI has been a statutory requirement since 2009 and has been further enhanced by the Department of Health's (DoH) Co-production Guide 'Connecting and Realising Value though People' which was published in 2018.

Who can use this Co-Production Guide?

As outlined in figure 5 the Guide has been developed for all those involved in the design and delivery of health and social care specifically with:

1. people who use services their families and/or Carers,

2. local communities, community groups, communities of practice and community of interest.

3. Policy Makers, system Leaders, staff who deliver care and TUS.

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In October 2016, 'Systems not Structures: Changing Health and Social Care', a report commissioned by the DoH and delivered by the Expert Panel, was published. The then Minister of Health launched a 10-year plan in response: **'Health and Wellbeing 2026: Delivering Together'**.

Health and Wellbeing 2026: Delivering Together, commits HSC to:

- Adopt the co-production and co-design model for the development of new and reconfigured services.

- Maximise the lived experience (patient and carer) voice across the system.

- Engage staff particularly staff who are closest to those who use our services in co-design and in the co-delivery of services.

- Build and strengthen partnership working with other providers of care, including those in the community and voluntary sector and in other government sectors in support of Programme for Government (PfG) priorities.

Section 4 of Health and Wellbeing 2026: Delivering Together, 'The Approach' identifies partnership working as one of the five enablers in the delivery of HSC transformation.

In August 2018, the Chief Nursing Officer for Northern Ireland asked HSC Trusts to create a single plan which builds on and brings together existing PCE, PPI, Partnership working and Co-Production work.

In 2020, NIAS launched **'Caring today, planning for tomorrow – Our Strategy to**

Transform: 2020 – 2026', which sets out an ambitious long-term plan on how we will contribute to Health and Wellbeing 2026: Delivering Together and our commitment to work with communities and partner providers in the design and development services, using the principles of Co-production.

This Strategy and the resulting Implementation Plan sets out our vision, commitment, and integrated approach to PCE, Public consultations, PPI, Partnership working, Service user feedback and Co-production activities. Within NIAS, this includes PCE, Online User Feedback Service (Care Opinion), 10,000 More Voices, PPI, Partnership working and Co-Production.

Some of the work and initiatives outlined in this strategy have already commenced, however, this strategy will identify both quantitative and qualitative measures which will provide assurance that our goals are being achieved and are promoting better outcomes for service users, carers, communities, and staff.

For the purpose of this strategy the term 'partner' is used to describe patients, clients, service users, carers, communities, the general public accessing our services and community and voluntary representatives.

Personal and Public Involvement (PPI) - DoH Guidance to HSC | Department of Health (health-ni.gov.uk)

Co-Production Guide for Northern Ireland - Connecting and Realising Value Through People | Department of Health (health-ni.gov.uk)

Systems, Not Structures - Changing Health and Social Care - Full Report | Department of Health (health-ni.gov.uk)

health-and-wellbeing-2026-delivering-together (health-ni.gov.uk)

NIAS-Our-Strategy-To-Transform-2020-2026-V19-06.03.2020-HP | NIAS (hscni.net)

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4. Our Vision for 2026

The influence of service users, carers, communities and staff in the planning, delivery and evaluation of services is evident at all levels of the Trust, staff value lived experience and can confidently facilitate Involvement & Co-production activities.

5. Our Mission

To improve the safety and quality of the health care services we provide, by supporting the application of true partnership working across the Trust.

6. Our Purpose

This strategy sets out through a range of actions, how we will:

- Use lived experience data both to identify areas of excellence and to drive service improvement.

- Create partnership working opportunities which enable service users, carers, communities, and staff to influence decision making and goal setting.

- Empower service users, carers, communities, and staff to be involved in designing solutions which enable better outcomes for those who use our services.

- Provide assurance on how the statutory duty to involve is being realised, ensuring our service users and carers are central to all quality assurance processes.

- Measure the improved outcomes for staff, service users, carers and communities and share this learning across the Trust and with relevant stakeholders.

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7. Our Values

What does this mean?

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 & 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.

What does this look like in practice

- I work with others and value everyone's contribution.
- I treat people with respect and dignity.
- I work as part of a team looking for opportunities to support and help people in both my own and other teams.
- I actively engage people on issues that affect them.
- I look for feedback and examples of good practice, aiming to improve where possible.

- I put the people I care for and support at the centre of all I do to make a difference.
- I take responsibility for my decisions and actions.
- I commit to best practice and sharing learning, while continually learning and developing.
- I try to improve by asking 'could we do this better?'

- I am open and honest in order to develop trusting relationships.
- I ask someone to help when needed.
- I speak up if I have concerns.
- I challenge inappropriate or unacceptable behavior and practice.

- I am sensitive to the different needs and feelings of others and treat people with kindness.
- I learn from others by listening carefully to them.
- I look after my own health and wellbeing so that I can care and support others.

These values and the behaviours they instil, form the foundations for the culture and ethos for the whole organisation. We recognise that organisations that are committed to PCE, PPI, Partnership working, and Co-production exhibits these values. These actions outlined in this strategy will further embed these values and behaviours into the culture and practice of the Trust.

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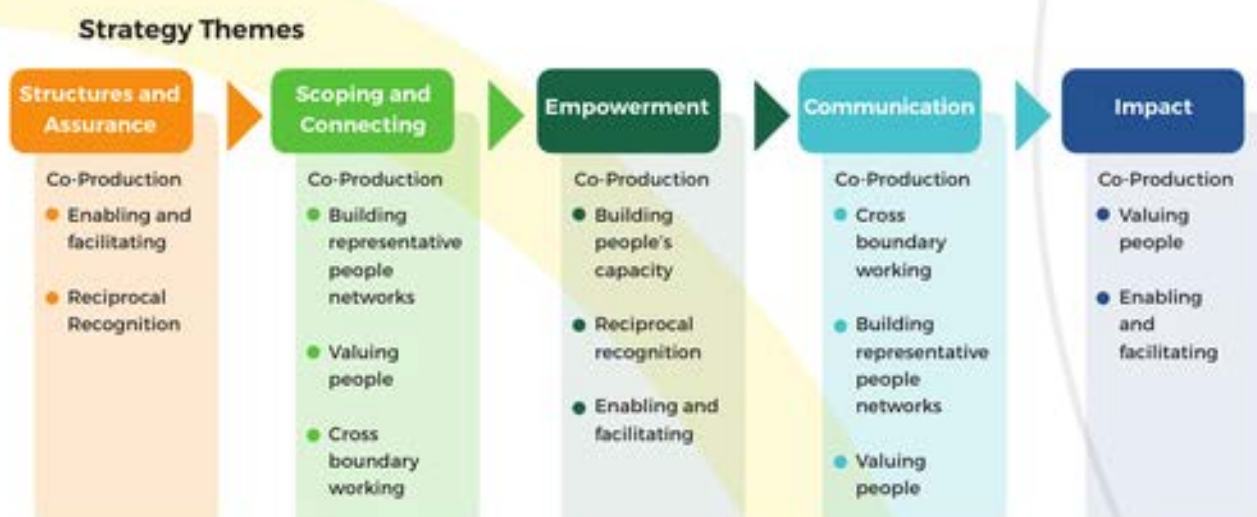
11

8. Feedback from our staff

Training is an important element in supporting staff to better understand and become more skilled and confident with User Involvement activities (PCE, PPI, Co-Production). Which of the following types of training do you think would support you?

What do you thnk are the main barriers that stop you including User Involvement activities (PCE, PPI, Co-Production) in your usual work for NIAS?

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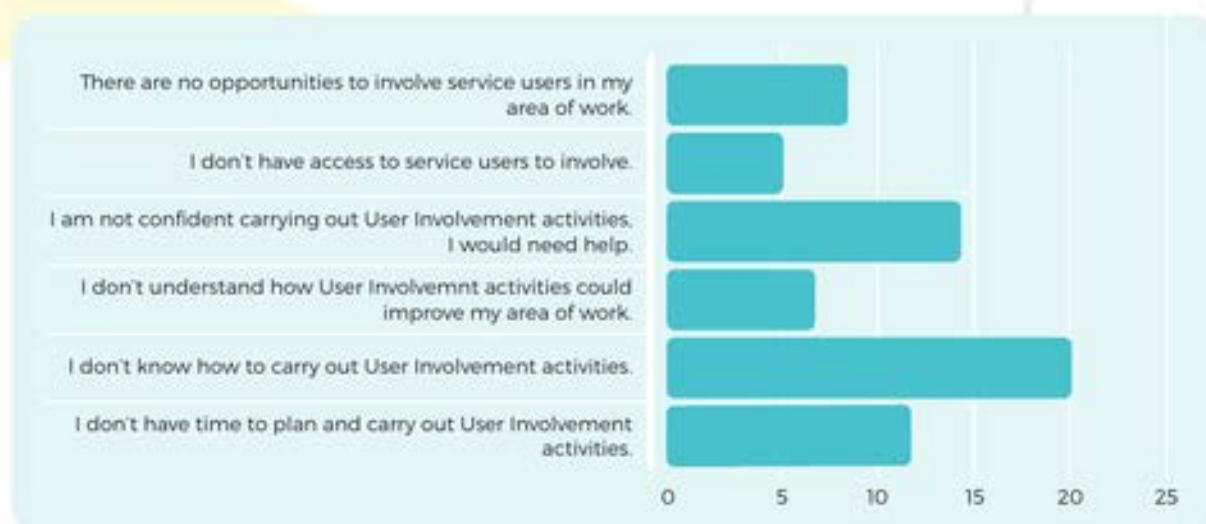
What do you think are the most important supports NIAS could provide to staff to get the best outcomes possible from User Involvement activities (PCE, PPI, Co-Production)?

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9. Service User / Carer Feedback

What supports do you think are important for a group to work effectively?

Category	Value
Information shared in multiple formats	7
Being included in all stages of improvement process	12
Clear expectation of the scope of group's decision-making	13
Information shared in multiple formats	9
Support available before and after meetings	10
Agreed action plans	13
Regular meeting day and time	12
Agreed advance meeting schedule	12
Chairperson/s selected by group	12
Staff support for group from host organisation	11
Training for the role	9
Agreed ways of working (respect, confidentiality, etc.)	16
Written Terms of Reference	8
Clear communication by host organisation (agenda, minutes, etc.)	16

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What should NIAS consider providing when inviting service users, carers, and members of the community to get involved in service development and improvemnt groups?
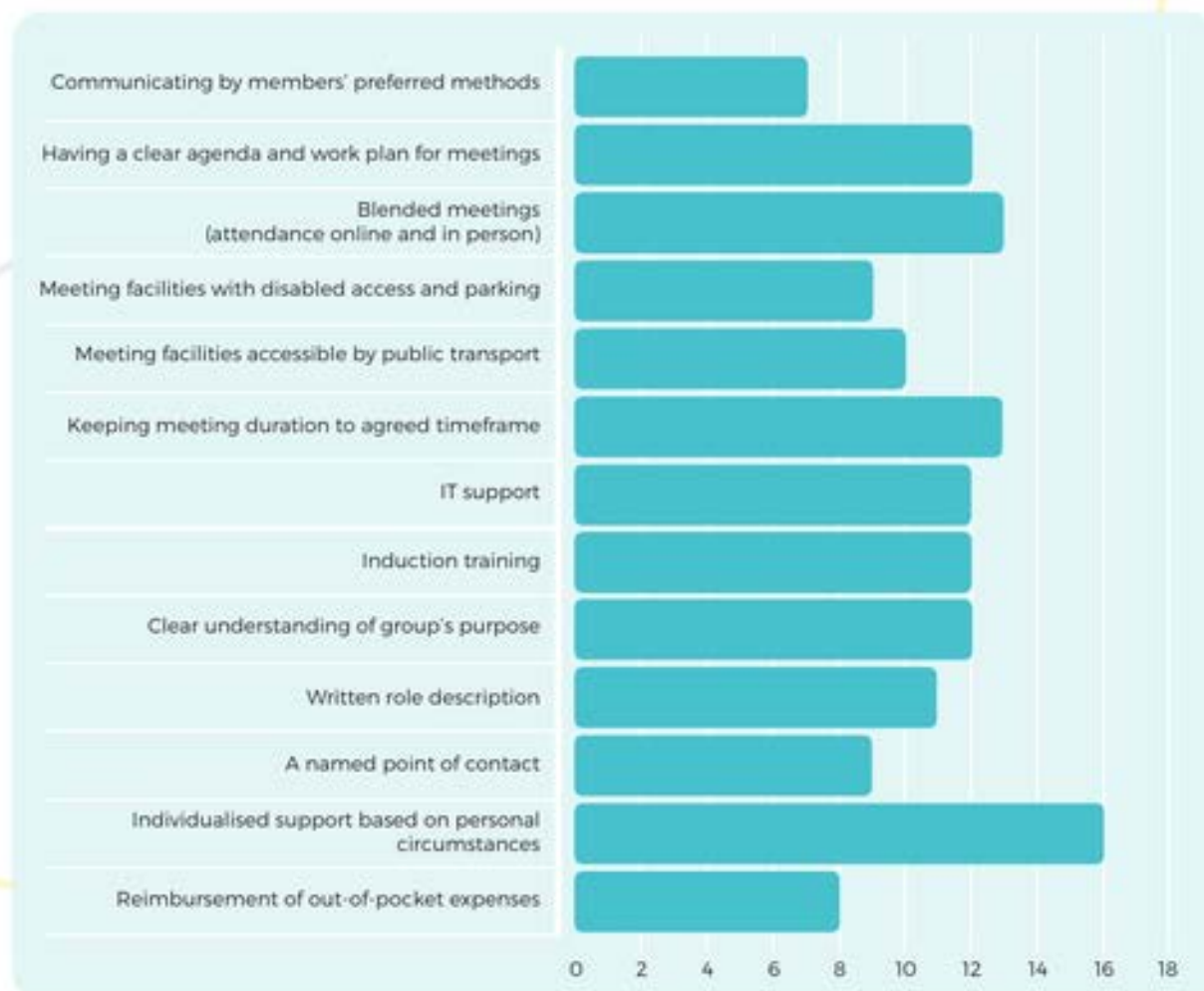
What if any recognition is useful or even essential to you?

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10. Service User / Carer Comments

Have respect for one another.

The support of senior decision makers is important if groups are to work effectively.

As a deaf person access to information and good communication is vital, but doesn't always happen.

The use of various jargon acronyms can be challenging - others may not understand.

An identified single point of contact for support in important – ideally someone with professional background.

Some people may have issues accessing affordable transport or have caring roles and online meetings may be more accessible.

I get a sense of having made a difference.

Induction training is really important. People need to know what they are there to do.

Service users and carers are giving up their time – they should not be out of pocket as a result.

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You need to address barriers that prevent people from getting involved.

Sufficient notice of meetings and pre meeting information are important.

Governance training, it wasn't exciting, but it was helpful to understanding the committee process.

The main challenge is that user opinion is not available from the outset of projects and it is extremely difficult for the user to have sufficient influence to enable major change at later stages of any project.

You need to address barriers that prevent people from getting involved.

Support should be personalised – based on the needs of participants.

We recently refreshed our Strategic Advisory Group, the first thing we did was revisit and update the TOR, this gave everyone a much clearer idea of what the group was there to do and the rules for working together.

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11. Key Themes

This strategy sets out five key themes against which progress will be measured:

● **Structures and Assurance** – We will create processes and structures to further embed PCE, PPI, Partnership Working and Co-production into the culture and practice of the Trust.

● **Scoping and Connecting** – We will adopt a systematic and continuous approach to identifying and developing partnership working opportunities that are balanced, accessible and meaningful, and where the experience and contribution of all staff and partners is valued and celebrated.

● **Empowerment** – We will continue to invest in relationships, build the confidence and capacity of staff and partners to lead and facilitate improvements in care and safety outcomes.

● **Communication** – As a learning organisation, we will continue to listen to and share information with those with lived experience of our services to increase understanding and foster greater participation.

● **Impact** – We will demonstrate clearly, and evidence the effectiveness and impact of partnership working on NIAS services, and the improved outcomes for staff, service users, carers, and communities.

These key themes tie directly with the DoH's 'Co-production principles' as outlined in the table below:

Strategy Themes

Structures and Assurance	Scoping and Connecting	Empowerment	Communication	Impact
Co-Production	Co-Production	Co-Production	Co-Production	Co-Production
● Enabling and facilitating	● Building representative people networks	● Building people's capacity	● Cross boundary working	● Valuing people
● Reciprocal Recognition	● Valuing people	● Reciprocal recognition	● Building representative people networks	● Enabling and facilitating
	● Cross boundary working	● Enabling and facilitating	● Valuing people	

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Key Theme 1: Structures and Assurance

We will create processes and structures to further embed PCE, PPI, Partnership Working and Co-production into the culture and practice of the Trust.

We will achieve this by:

- Developing comprehensive and cohesive governance and reporting arrangements for PCE, PPI, Partnership working and Co-Production, agreed at executive level and communicated throughout the organisation and with relevant stakeholders.

- Developing PCE, PPI, Partnership working and Co-Production policies and procedures to provide guidance on the appropriate involvement of service users, carers, staff and communities.

- Ensuring that there is a leadership structure throughout the Trust with each directorate having a named senior adviser for PCE, PPI, Partnership working and Co-Production.

- Supporting directorates and strategy work-streams develop, implement and report on annual PCE, PPI, Partnership working and Co-Production plans, as an integral part of the corporate planning process.

- Establishing a Patient Voice Forum to guide the implementation of this strategy and to quality assure all resulting activity.

- Developing a business partnership model between the Trust Co-production team and directorates and strategy work-streams, to ensure that there is appropriate support in place.

We will measure our progress by:

- Having in place comprehensive and cohesive governance and reporting arrangements for PCE, PPI, Partnership working and Co-Production.

- Having in place PCE, PPI, Partnership working and Co-Production policies and procedures to provide guidance on the appropriate involvement of service users, carers, staff, and communities.

- Having a named senior adviser for PCE, PPI, Partnership working and Co-Production within each directorate with an associated role description outlining key responsibilities in relation to promoting best practice approaches and the monitoring and evaluation of activity.

- The production of annual PCE, PPI, Partnership working and Co-Production plans for each directorate and strategy work-streams.

- The submission of bi-annual progress reports on annual PCE, PPI, Partnership working and Co-Production plans from each directorate and strategy work-streams.

- Having in place a Patient Voice Forum with agreed Terms of Reference and a plan of work to drive the implementation of this strategy.

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Key Theme 2: Scoping and Connecting

We will adopt a systematic and continuous approach to identifying and developing partnership working opportunities that are balanced, accessible and meaningful, and where the experience and contribution of all staff and partners is valued and celebrated.

We will achieve this by:

- Supporting directorates and strategy work-streams identify and develop opportunities for staff and partners to influence service delivery and transformation.

- Developing a register of existing and future partnership working opportunities, which is accessible to the public.

- Collaborating with key organisations, networks and partnerships across the public, community, and voluntary sectors to increase awareness of existing and future partnership working opportunities.

- Supporting directorates and strategy work-streams identify and recruit partners, who reflect the diversity of the communities we serve.

- Ensuring that partners are appropriately reimbursed for any out-of-pocket expenses as set out in Regional Reimbursement Guidance and where appropriate, remunerating them for their contribution, where this is deemed to fall within the qualifying scope, scale and nature of the eligibility criteria, as defined in agreed Regional Remuneration Guidance, when finalised and adopted.

- Valuing and celebrating the lived experience and contribution of staff and partners by providing feedback on the improvements they have influenced and by hosting annual recognition events and awards.

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We will measure our progress by:

- Increasing the number of Partnership working opportunities identified and developed by 10% year on year, across the lifetime of this strategy, broken down across directorates and strategy work-streams.

- Having in place a register of existing and future partnership working opportunities, with these being promoted on our website NIAS | NIAS (hscni.net) and Engage Personal & Public Involvement (PPI) – Involving You, Improving Care (hscni.net) and via the Patient Client Council.

- Having in place a stakeholder map of key organisations, networks and partnerships across the public, community and voluntary sectors with bi-annual updates being issued to increases awareness of existing and future partnership working opportunities.

- Increasing the number of service users and carers identified and recruited by 10% year on year, across the lifetime of this strategy, broken down across directorates and strategy work-streams.

- Increasing the number of service users and carers being reimbursed for out-of-pocket expenses by 10% year on year, across the lifetime of this strategy.

- Evaluating annual recognition events and awards.

- Hosting annual reviews with partners to capture their experiences of supporting directorates and strategy work-streams, and to provide structured feedback on the improvements they have influenced.

Building Representative People Networks

A core principle of co-production is to move towards balanced meaningful participation engagement and shared ownership. It is about developing effective collaborative partnerships in order to co-design and co-deliver services. it is dependent on deliveloping representative and sustainable networks, with people from all sectors including those who have been marginalised and are hard to reach. The *principle of representative* means that co-design and co-delivery groups should reflect a balance of people who use services, staff who provide services and as appropriate other external partners. This requires detailed stakeholder mapping using the '**ARE IN**' principles.

> **A**uthority: People with the ability to act to influence change and enable it to happen when a solution has been developed by the group.

> **R**esources: People who know what we have capacity to do/not do (e.g. finance / HR / access / influence).

> **E**xpertise: In the topic (social, economic, technical, professional etc.)

> **I**nformation: That others need (data etc)

> **N**eed: Service users, carers, staff and others who will be affected by the outcome.

Mapping stakeholders in this way will help strengthen existing networks; enable the development of new networks; and to bridge networks where gaps exist. It also creates a real opportunity to maximise social capital through the development of peer led / community networks.

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Key Theme 3: Empowerment

We will continue to invest in relationships, build the confidence and capacity of staff and partners to lead and facilitate improvements in care and safety outcomes.

We will achieve this by:

- Providing partners with role descriptions, inductions, ongoing support, access to relevant resources and by agreeing terms of reference at the outset, to ensure clarity of purpose and scope.

- Developing a detailed understanding of staff and partner's knowledge and skills and collaborating with colleagues in Quality and Service Improvement and across HSC to develop and deliver education and training programmes in response.

- Creating space to bring together different and representative perspectives in order to develop innovative solutions which improve outcomes for people, their families and communities.

- Creating an involvement pathway to develop the knowledge, skills and experiences of partners, thus enabling their participation in strategic and regional initiatives and forums.

- Ensuring PCE, PPI, Partnership working and Co-production responsibilities form part of the induction programme for all new staff and are a standardised part of team meetings and staff supervision and appraisals.

- Ensuring partners are central to the design and delivery of PCE, PPI, Partnership working and Co-Production education and training programmes.

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We will measure our progress by:

- Developing a programme of induction and ongoing support for partners which is evaluated and tailored accordingly following annual reviews.

- Increasing the number of partners completing PCE, PPI, Partnership working and Co-Production education and training programmes by 10% year on year, across the lifetime of this strategy.

- Increasing the number of staff, from all professions and grades, completing e-learning or in-house PCE, PPI, Partnership working and Co-Production education and training programmes by 10% year on year, across the lifetime of this strategy.

- Increasing the number of existing and newly established internal forum where different and representative perspectives are brought together to develop innovative solutions which improve outcomes for people, their families, and communities.

- The number of partners progressing along the involvement pathway into strategic and regional initiatives and forums.

- Having PCE, PPI, Partnership working and Co-production responsibilities as part of the induction programme for all new staff and as a standardised part of team meetings and staff supervision and appraisals.

- Having PCE, PPI, Partnership working, and Co-Production education and training programmes co-produced with partners.

Who do we need to bring together to create viable initiatives?

Voice of Intent

People with **passion or motivation** to take action

People with **authority or mandate to drive change**

Voice of Experience

People with **lived experience of the issue**, and ground-level context

People who will be a user of, or affected by the intervention

Ecosystem for Change

Voice of Design

People who can **broker, facilitate and coordinate**

People who can **connect, diverse communities**

People who can **represent and document progress accessibly**

Voice of Capability

People with **resources to contribute** (money, labour)

People with **specialist knowledge, skills and tools**

People with **access to problem space** (e.g. worksites)

How do we connect **people who want to do something**, with **people who can help them** do it, while staying grounded in **real-world need and context** to ensure it works?

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Key Theme 4: Communication

As a learning organisation, we will continue to actively listen to and share information with those with lived experience of our services to increase understanding and foster greater participation.

We will achieve this by:

- Developing and delivering outreach initiatives to source feedback, ensuring that lived experience both drives new developments and makes care more patient centred.

- Developing opportunities for staff and partners to share their story directly with leaders and decision makers across the organisation, either digitally or face-to-face.

- Reviewing our consultation practices, both digitally and in the real-world environments, to ensure that there are adequate opportunities to influence.

- Implementing a structured, timely, and inclusive approach to communications.

- Developing an annual digital media communications plan in collaboration with the internal Communications team.

- Ensuring collation and presentation of appropriate evidence and information necessary for a range of internal and external reports, including reports to the Senior Management Team (SMT), Safety, Quality, Patient Experience and Performance Committee (SQEP) and PHA.

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We will measure our progress by:

- Hosting 5 outreach initiatives per year to source feedback from those with lived experience of our services.

- Increasing the number of NIAS specific Care Opinion stories by 10% year on year, across the lifetime of this strategy.

- Conducting one 10,000 More Voices Survey every two years to source feedback from those with lived experience of our services.

- Facilitating 1 opportunity per year for staff and partners to share their story directly with leaders and decision makers across the organisation, either digitally or face-to-face.

- Co-producing an annual PCE, PPI, Partnership working, and Co-Production report in partnership with the Patient Voice Forum.

- Ensuring that Consultations undertaken, meet recognised best practice standards as set out in the Involvement and Consultation Scheme Commitment.

- Analysing visitor traffic to both the 'Involving You' section of NIAS' website and the Co-production section of Share-point.

- Producing 2 Experience and Involvement Newsletters each year, which capture stories of success and awards to reflect achievement.

- Increasing the number of key organisations, networks and partnerships across the public, community and voluntary sectors promoting partnership working opportunities in Newsletters and E-zines by 10% year on year, across the lifetime of this strategy.

- Agreeing an annual digital media communications plan with the internal Communications team.

- Submitting regular progress reports to SMT, SQEP and the PHA.

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Key Theme 5: Impact

We will demonstrate clearly, and evidence the effectiveness and impact of partnership working on NIAS services and the improved outcomes for staff, service users, carers, and communities.

We will achieve this by:

- Establishing a baseline of current PCE, PPI, Partnership working and Co-production activity across the trust, by implementing the PHA's monitoring arrangements.

- Ensuring that robust and best practice evaluation processes and methodologies are embedded in each PCE, PPI, Partnership working and Co-Production activity, ensuring that evaluations are reviewed as part of project plans and that there is regular reporting of impact to SMT, Trust Board and the PHA.

- Evidencing and recording service user / carer involvement in the monitoring and evaluation of PPI activity.

- Developing impact flyers to capture best practice and innovative approaches to PCE, PPI, Partnership working and Co-Production and sharing this learning across the Trust and with stakeholders.

- Embracing a standardised collection methodology for PCE, PPI, Partnership working and Co-Production.

We will measure our progress by:

- The production of bi-annual progress reports on annual PCE, PPI, Partnership working and Co-production plans for each directorate and work – streams.

- The use of our impact framework and tools across directorates and works-streams, recording how they have developed and progress in their PCE, PPI, Partnership working and Co-production approaches to improve service outcomes.

- Surveying partners on the impact of their PCE, PPI, Partnership working and Co-production support provided on their work and personal development.

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Appendix 1
Abbreviations

DoH	Department of Health	**OUFS**	Online User Feedback Service	**PPI**	Personal and Public Involvement
HSC	Health and Social Care	**PCC**	Patient Client Council	**QI**	Quality Improvement
HSCNI	Health and Social Care in Northern Ireland	**PCE**	Patient Client Experience	**SMT**	Senior Management Team
HSCTs	Health and Social Care Trusts	**PHA**	Public Health Agency		

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Appendix 2
The Ladder of Involvement

The ladder of involvement is a widely used model with healthcare and other sectors for describing the range of service user and carer involvement. It comprises a wide range of activities that includes giving feedback on services, sharing stories and experiences, involvement in focus groups and consultations, and working as equals on strategy groups.

Different levels of involvement are appropriate at different times and in different circumstances. Service users and carers should be involved at a level that is most appropriate for them.

Level of Involvement	What this means	Examples
Co-producing	Involving Service users, carers, communities and staff in equal partnership and involving them at the earliest stages of service design, development and evaluation	Strategy Groups; Steering groups; Service User Consultants
Co-designing	Sharing decision making with Service users, Carers, Communities and Staff and working in partnership to improve experience	Citizens panels; Task and Finish groups
Engaging	Service users, Carers, Communities and Staff can make suggestions and influence outcomes	Partnership boards; reference groups; service users on policy groups; service user forums
Consulting	Service users, Carers, Communities and Staff are asked what they think about pre - determined plans, but have limited opportunities to influence	Surveys; Focus Groups; 1-1 interviews
Educating	Service users, Carers, Communities and Staff are told what is happening and the reasons for this	Information leaflets; Promotional materials; Presentations
Informing	Service users, Carers, Communities and Staff are told what is happening but have no influence	Websites; Newsletters; Press releases

Adapted from Arnstein's Ladder of Participation (S. Arnstein, 1969)

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Involvement Impact Template

Linking to the Ladder of Involvement and, in recognition of Co-production being a mind-set, capturing the journey to meaningful involvement is essential if we are to demonstrate positive change across the organisation.

We want to enable and facilitate staff, service users and carers to plan projects and capture the impact of their work. Teams can use this template to consider and capture the anticipated impact of their involvement work. It uses the

Theory of Change model as a practical framework to apply in thinking about, planning for and capturing outcomes.

Plan sections	What is recorded
Strategic Outcomes	Impact from the work relevant to: ● **Trust Corporate Plan** ● **Five key themes for involvement**
Service / Project Outcomes	**The difference the work has made for service users, carers, communities and staff** e.g. Changes made to service pathways as a result of this work have resulted in......
Outputs	**What is produced form the project** e.g. We have a new service pathway and 40 staff are now trained in our new processes and policies.
Activities	**What the work was about and how the team worked** e.g. We created with service users, carers and community partners a collaborative forum. The forum developed our project plan and decided the outcomes we wanted to achieve. Staff with service users also co-designed and co-delivered a training programme for staff.
Enablers (internal and external factors)	**What the work depends on to be successful** e.g. willingness of service users and carers to work with the team and the openness of senior managers to change our existing pathway.
Inputs	**What was used to support the work** e.g Guidance and training from the Co-production team and a best practice visit to another local project.
Evidence	**Why the work happened – what information supported this** e.g. Patient experience feedback.
Assumptions	**The team check and question assumptions about their work across all of the above project levels** e.g. If we do X here, that will lead to Y result

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HSC Northern Ireland Ambulance Service
Health and Social Care Trust

Northern Ireland Ambulance Service

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May 2023

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TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	22 June 2023
Title of paper:	Annual Safeguarding Position Report
Brief summary:	The Annual Safeguarding Position Report is considered an important overview and governance tool for all organisations and groups supporting adults and children at risk or in need of protection. As such, it contains significant information for an organisation's Senior Management Team and Trust Board. There is an expectation that the Position Report should be made available for any external audit purposes. The Annual Position Report is key in demonstrating organisational levels of compliance with the RQIA Safeguarding Quality Improvement Plan issued in December 2019, the Adult Safeguarding: Prevention and Protection in Partnership (July 2015) Policy, and Co-operating to Safeguard Children and Young People in Northern Ireland 2017.
Recommendation:	For Approval ☒ For Noting ☐
Previous forum:	SMT – 30 May 2023 Safety Committee – 8 June 2023

Prepared and presented by:	Des Flannagan, Head of Safeguarding Lynne Charlton, Director QSI
Date:	15 June 2023

SAFEGUARDING POSITION REPORT

Name of organisation:	Northern Ireland Ambulance Service
Type of services/facility delivered to adults/children:	Prehospital Emergency Care to Adults & Children
Reporting period covered:	April 2022 – March 2023
Confirmation that the organisation has safeguarding policy in place. Detail the most recent review date.	NIAS Safeguarding Policy and Procedure, Aug 2021 (Reviewed, March 23) NIAS Training and Education Strategy, Aug 2021 (currently under review)

Introduction

Safeguarding is not simply a response to a concern of abuse taking place. It is also about supporting individuals and preventing harm from taking place. This involves the promotion of welfare (based on the rights of the individual) through to the safeguarding response we put in place when a concern is raised. NIAS crews frequently engage with adults in need of support services to promote their health and wellbeing and many of these referrals fall into the category of Welfare Referrals.
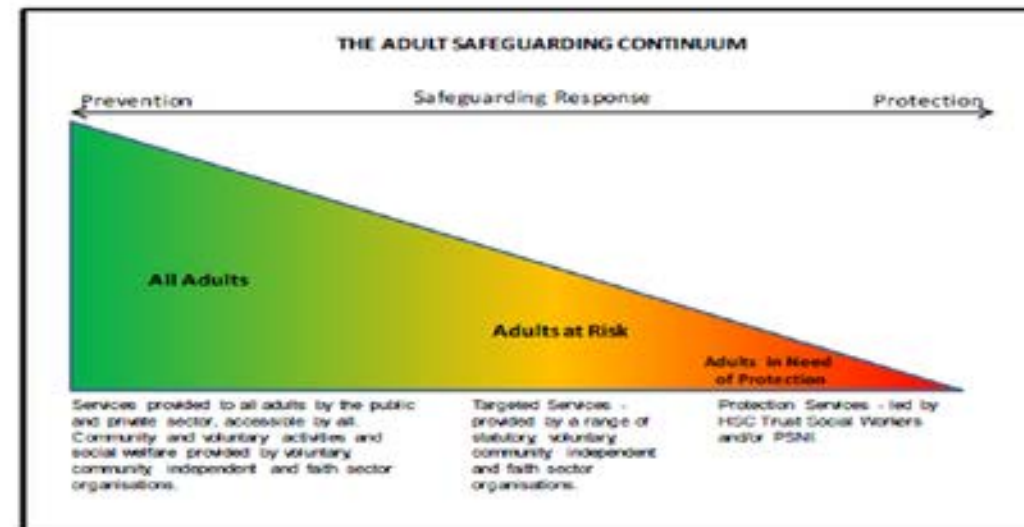
Throughout the reporting period 2022/23 substantial work has focused on raising the profile of safeguarding, both within NIAS, and with key partner agencies. This focus is consistent with the principle that safeguarding is everybody's responsibility, necessitating a commitment from all directorates in NIAS to develop a culture of continuous learning and improvement to promote the safety and welfare of adults and children at risk of harm and in need of protection.

During the reporting period, NIAS requested and supported a peer review into the NIAS Safeguarding Service. This was undertaken in March 2023 led by the Head of Safeguarding from London Ambulance Service (LAS) and the Welsh Ambulance Service (WAS). This reinforced a number of the areas for improvement identified in previous position reports including resourcing of the safeguarding service, staff training, and risks associated with the pathways for making safeguarding and welfare referrals to HSC Trusts.

A specific focus has been given to agree a standardised approach to reporting safeguarding referrals from NIAS, in particular, significant efforts have been made to seek HSC Trust engagement in improving NIAS welfare referral pathways across the region. This work has been ongoing for a number of years, and we have not yet reached a resolved position. The Trust has continued to progress collaborative working with SPPG and HSC Trusts and have engaged with DoH colleagues regarding Safeguarding within NIAS with an aim to achieve the improvements required. In March 2023 a welfare referral pathway pilot was commenced with the BHSCT, this was agreed at a task and finish group to explore welfare referral pathways for NIAS patients. The group was facilitated by the SPPG, drawing membership from senior leaders in adult social care from the five HSC Trusts, and the Regional Emergency Social Work Service. The pilot has followed quality improvement methodology and is supported by the NIAS Quality and Service Improvement Lead and is expected to run to July 2023.

The past 12 months have continued to present challenges to many organisations in relation to addressing safeguarding allegations in the workforce. The publication of the National Guardians Office, Speak Up review identified barriers for staff in UK ambulance services raising a concern, citing a culture of intimidation or inaction faced by victims. Similarly the recent publication of Baroness Casey's independent review into the standards of behaviour and internal culture of the Metropolitan Police Service identified lengthy and at times disjointed processes that often failed to address safeguarding concerns, alongside a culture of not believing or supporting victims. The Casey review was commissioned following the murder of Sarah Everard by a serving police officer, and, while the magnitude of harm is unusual, there remains significant learning for organisations in addressing patterns of concerning behaviour. In short, these patterns of behaviour often lead to more serious offending. A key objective for the coming year will be agreeing a NIAS Safeguarding Allegations Policy which should sit alongside safe recruitment procedures. It is likely this work will increase into specific areas of safeguarding for staff and patients including Sexual Safety Charter for staff and students in the workforce, a NIAS Domestic Abuse Policy, and a Chaperone policy.

As detailed in last year's report, NIAS is in the process of building relationships with key safeguarding partners including HSC Trusts, Criminal Justice and the community voluntary sector. Over the past 12 months, this has included attending case reviews with HSC Trusts, contributing to Domestic Homicide Reviews (DOJ) and Case Management Reviews (SBNI). Support from Women's Aid has been invaluable in relation to training resources, and in particular their hosting of non-fatal strangulation training in December 22 reflecting the changes in legislation in NI planned for summer 2023.

Outline the reporting structure within the organisation/service	The Regional Adult Safeguarding Policy: Prevention and Protection in Partnership (July 2015) established new roles and responsibilities for implementation of adult safeguarding across all sectors. The regional policy also saw the establishment of an Adult Safeguarding Champion (ASC). An ASC is required if the organisation have staff or volunteers who are subject to any level of vetting under the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007.
	The ASC should ensure that, at a minimum, the organisation safeguards adults at risk by:
	• **recognising** that adult harm is wrong and that it should not be tolerated. • **being aware** of the signs of harm from abuse, exploitation and neglect. • **reducing opportunities for harm** from abuse, exploitation and neglect to occur; and • **Knowing how and when to report** safeguarding concerns to HSC Trusts or the PSNI.
	The ASC provides strategic and operational leadership and oversight in relation to adult safeguarding for an organisation or group and is responsible for implementing its adult safeguarding policy statement. The nominated ASCs should be senior people within the organisation, suitably trained, experienced and skilled to carry out the role. Similarly, Co-operating to Safeguard Children and Young People in Northern Ireland, 2017 also requires organisation to have a named safeguarding professional, and Child Care Safeguarding Champions with defined responsibilities for safeguarding children and young people.
	The NIAS Head of Safeguarding fulfils the role as adult and children safeguarding champion. The Safeguarding Lead for the Northern Ireland Ambulance Service (NIAS) oversees the safeguarding referrals submitted by NIAS staff, alongside working at a corporate level within the organisation, and providing NIAS with strategic, clinical and professional expertise on safeguarding.
	The Head of Safeguarding reports to the Director of Quality Safety & Improvement who is the nominated Director responsible for safeguarding leadership across the organisation, setting strategic objectives to ensure safeguarding is a priority and a regular agenda item at a senior level and is accountable for the governance of safeguarding to the Board, regulators and partners.

Outline the reporting structure within the organisation/service	The Safeguarding Team report through the Director of Quality, Safety and Improvement to the Safety, Quality, Patient Experience and Performance Committee biannually and to the Trust Board annually. There is a nominated Non-Executive Director 'Safeguarding Champion' on Trust Board.

Overview of adult and children safeguarding activity in the reporting period

NIAS has a system in place to manage data for all safeguarding and welfare incidents referrals recorded on the Datix system. A weekly Safeguarding meeting is chaired by the Head of Safeguarding and attended by the Risk Manager, Clinical Service Improvement Lead and a member of the Datix team. The purpose of the meeting is to provide oversight and ensure that referrals are correctly managed and progressed to the correct care pathway. This process is supported by Emergency Medical Staff who are on non-patient facing duties due to individual circumstances.

Safeguarding Referral Data

In this reporting period there has been a 14 percent increase in referrals, and a 10% increase in the number of referrals categorised as safeguarding referrals. The increase in referrals is likely related to the increase in referrals specifically for children which is up 4% on the previous reporting period.

Total Adult Safeguarding Referrals - April 2021 - March 2023 by Incident date
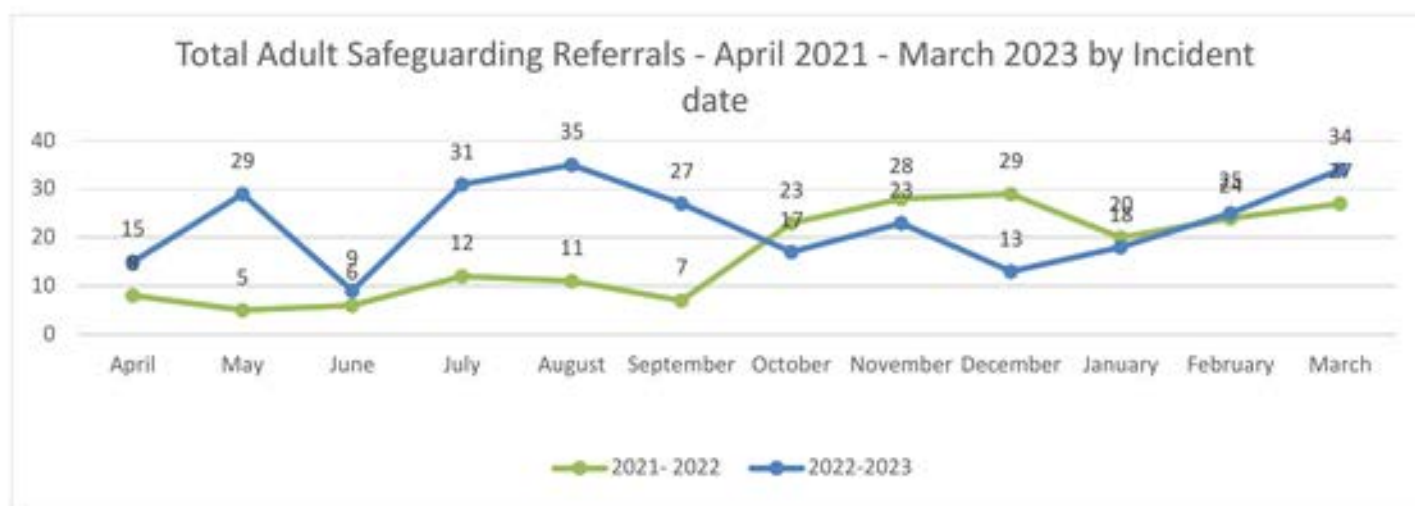
NIAS has experienced a 4 percent increase in child safeguarding concerns, which accounts for 30% of safeguarding referrals in this reporting period.

Total Children Safeguarding Referrals - April 2021 - March 2023 by Incident date
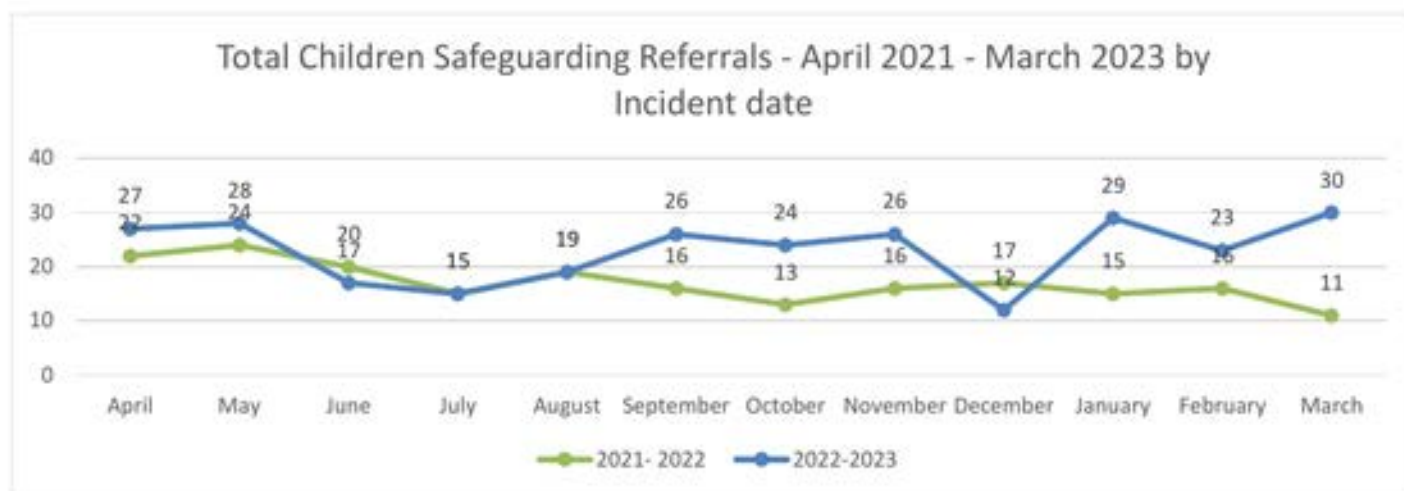
Changes to the category of incidents for welfare and safeguarding were made during this reporting period. The category of Home Care Assessment was added to reflect the adult welfare cases that were reported in this context. Many of these cases were captured as adult vulnerable in previous reports, there is a significant reduction in this category from 171 (21/22) cases to 67 in this reporting period. Home care assessments now accounts for 69 referrals. The category of LAC (Looked after Child) was added to this reporting period in order to better reflect safeguarding activity with this particularly at-risk group of young people who have significantly reduced health (especially mental health) outcomes than for the child population as a whole.
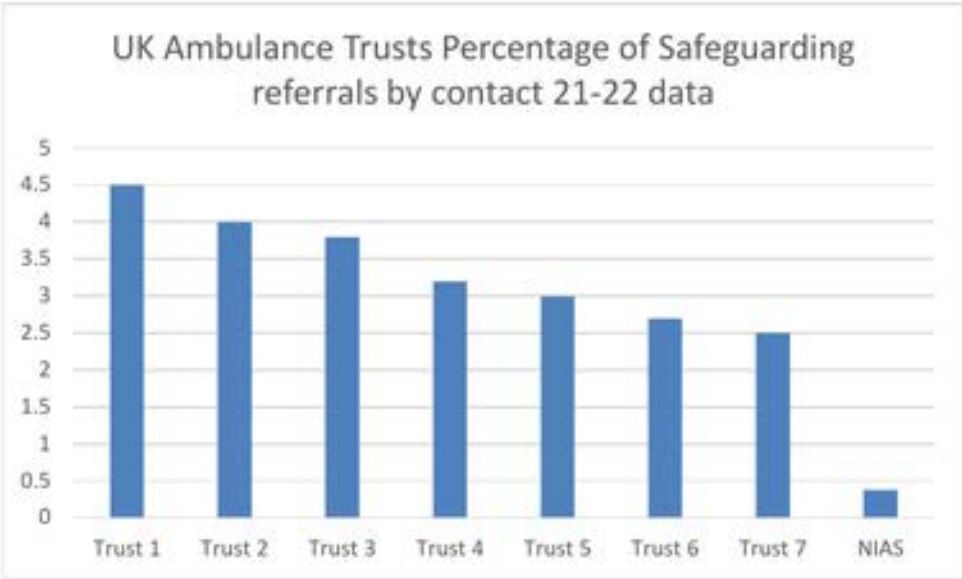
Of significance in this reporting period is an increase in adult mental health safeguarding referrals by 40 % (105(2021-22) to 146) and increase in domestic abuse safeguarding calls by 25% (36(2022-23) to 45). *The number of referrals reported as Adult welfare has decreased in this period accounting for 40% of referrals, a reduction of 10% percent on the previous reporting period of 2021/22.*

Reported Safeguarding/ Welfare Referrals - 2022- 2023

Reported Safeguarding/ Welfare Referrals - 2021- 2022
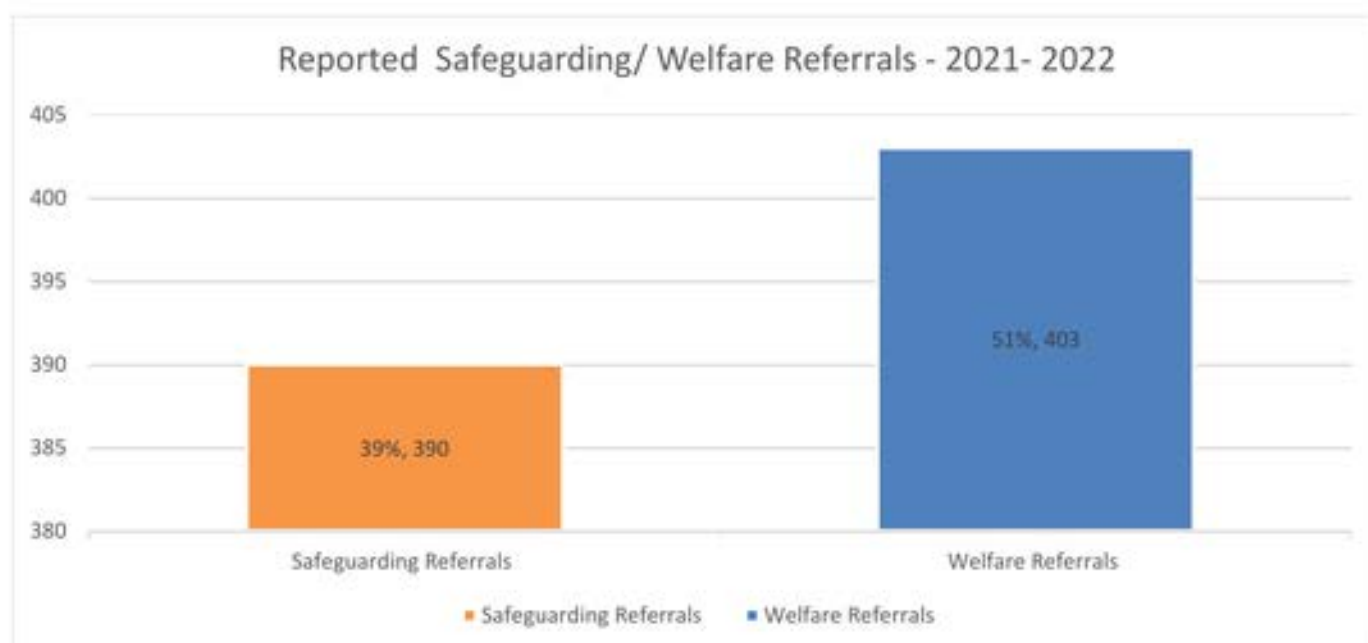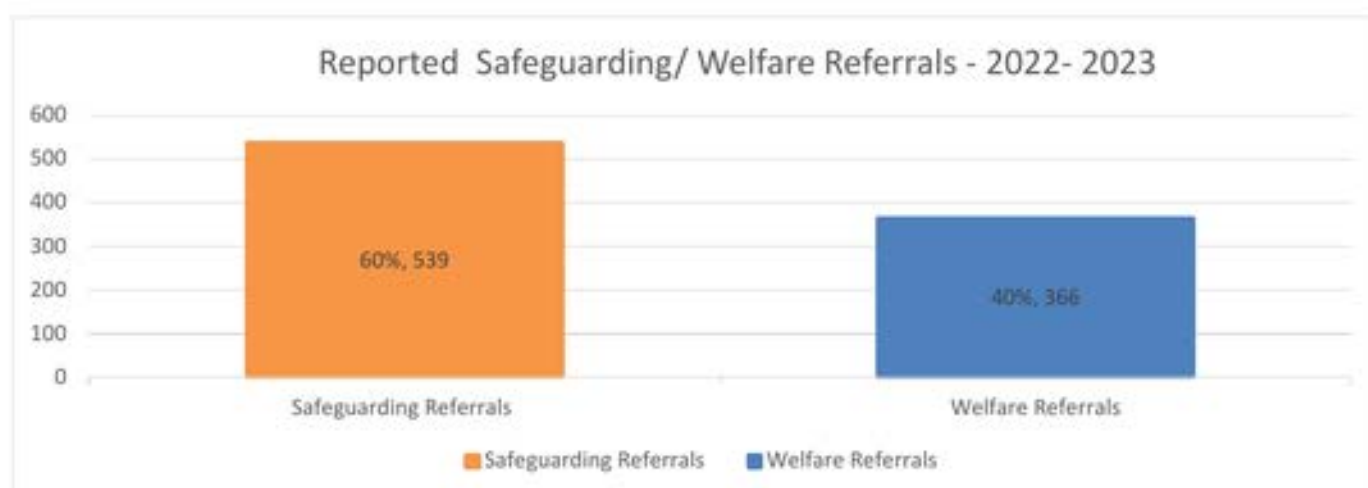
The increase in safeguarding referrals in 22/23 may be influenced by a number of factors, including the impact on access to health and social care services during the Covid pandemic, leading to potential in increasing risks for those patients who were particularly vulnerable to reductions in care arrangements, particularly face to face contacts with primary and secondary care reviews.

The number of referrals for children has increased by 4%

Reported Adult/ Children Referrals - 2022- 2023

Adults: 70%, 632
Children: 30%, 273

Legend: Adults Children

Reported Adult/ Children Referrals - 2021- 2022

Adults: 74%, 589
Children: 26%, 204

Legend: Adults Children
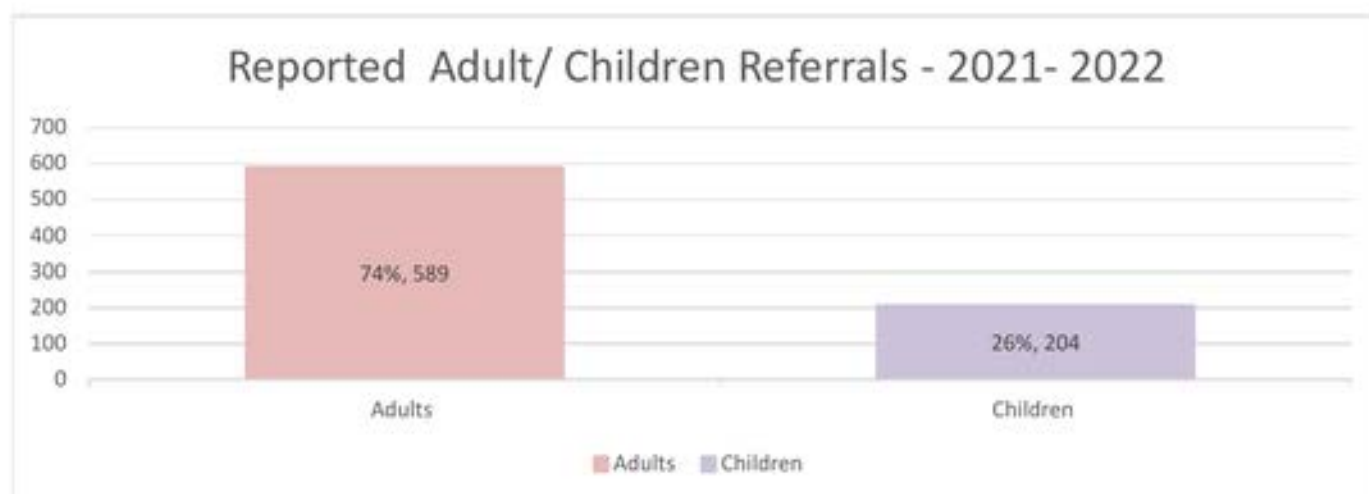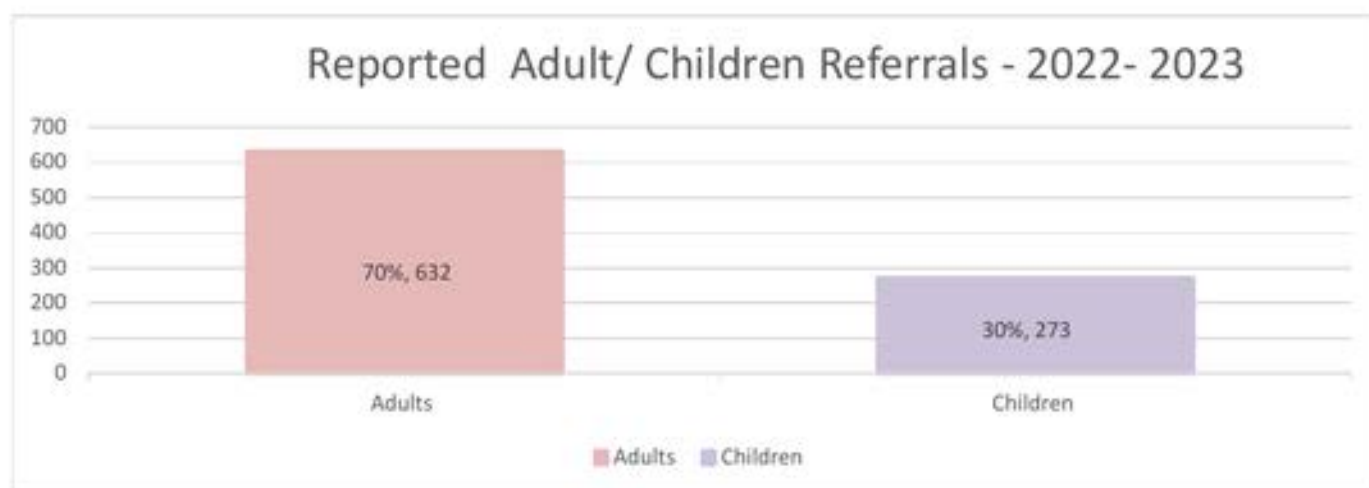
Overview of adult and children safeguarding activity in the reporting period	**National position** A variance in NIAS percentage of safeguarding referrals per contact with other UK ambulance services has been identified through National Ambulance Safeguarding Advisory Group (NASAG). This variance was reflected within last year's NIAS Safeguarding position report and has continued throughout the current reporting period. Whilst NASAG have acknowledged that Trusts all have different processes in relation to safeguarding referrals and data recording, and further clarification is required to ensure there is standardisation across the operational definition used for benchmarking data nationally, the NIAS percentage of safeguarding referrals per contact is substantially lower than other UK ambulance Trusts. The variance indicates an under-reporting of safeguarding and welfare concerns within the organisation. **2021-22 Percentage of Safeguarding Referrals Per Contact**

UK Ambulance Trusts Percentage of Safeguarding referrals by contact 21-22 data

Divisional variation

Further work is also required to internally to understand the variation between the divisions percentage of Safeguarding/Welfare referral per contact rates. Currently most safeguarding cases are referred from the South East and West divisions, given the population size of Belfast the number of referrals remain particularly low.

Reported Safeguarding Incident- Belfast April 2022- March 23

Reported Safeguarding Incident- North April 2022- March 23

Reported Safeguarding Incident- South East April 20- March 23

Reported Safeguarding Incident- South April 20- March 23

Reported Safeguarding Incident- West
April 20- March 23
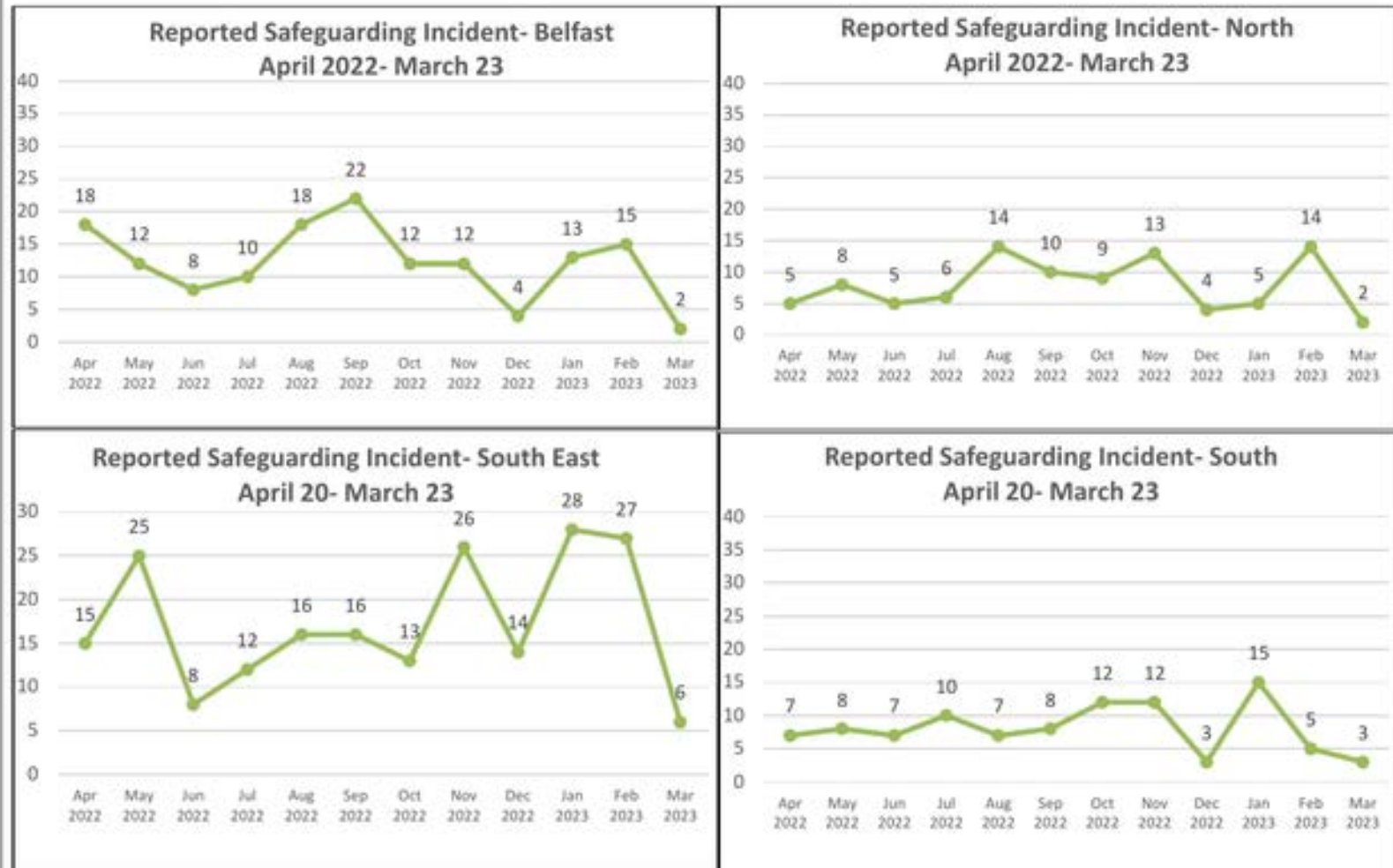
Variation between staff groups and departments.

We continue to see excellent examples of safeguarding by front line staff. Many of whom go out of their way to safeguard not only patients but also vulnerable family members, in what are very difficult and often emotionally charged environments. However, there remains a distinct variation in reporting of safeguarding referrals between staff groups and departments, with some staff reporting 20 to 30 cases per annum while there are others fulfilling the same role who have reported no safeguarding cases in the same period. This practice will be an influencing factor for divisional figures. The number of staff reporting safeguarding concerns on a regular basis remains low, with significant numbers of the workforce completing no safeguarding referrals. While EMT and Paramedics complete the majority of referrals, the number of referrals for Ambulance Care Attendants remains low despite regular engagement with a vulnerable population, similarly Emergency Ambulance Control figures remain low despite the high volume of calls managed by this staff group. Understanding and addressing this variation will require capacity to ensure not only targeted training for the workforce but oversight of operational practice supported by CSO and Station Officers.

2022_2023 Safeguarding_ Welfare Incidents by reports Specialty
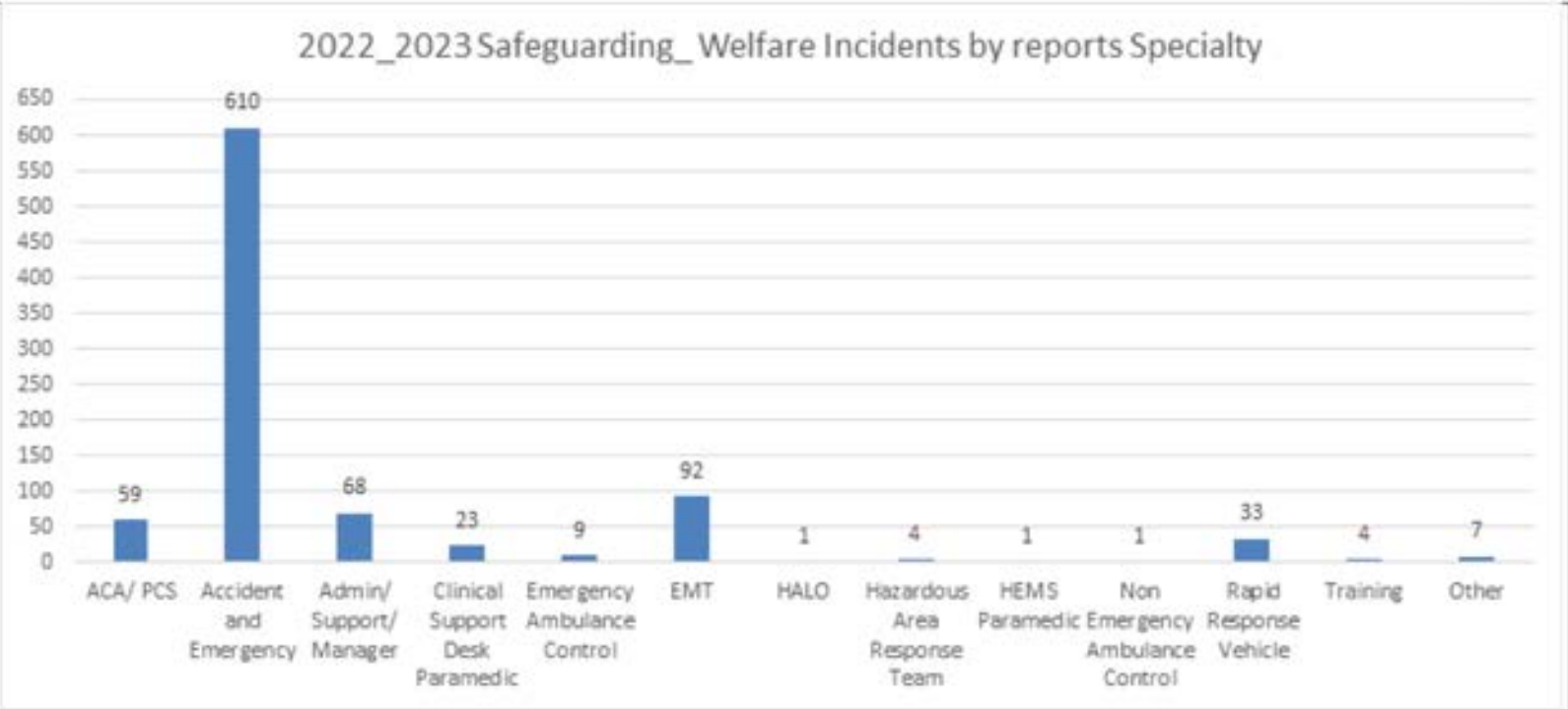
There are likely to be a number of contributory factors which have resulted in this position. Development and support to staff through the delivery of appropriate Safeguarding Training and Education is key to improvement in recognition of safeguarding concerns. Safeguarding training has been mandated within NIAS since 2021 and there are continued challenges with delivery of Key Performance Indicators (KPIs) within the NIAS Safeguarding Education and Training strategy, further details in this regard are provided within the relevant section of the position report.

Safeguarding is everyone's responsibility, the current safeguarding infrastructure in terms of dedicated personnel to support staff to recognise and respond to safeguarding and welfare concerns is currently being strengthened.

	NIAS continue to engage with colleagues from SPPG and DoH to identify the need for commissioning considerations. NASAG has provided the information relating to dedicated Safeguarding Team size in other UK ambulance Trusts which shows NIAS as an outlier in this regard. In recognition of the associated risk, the Trust has appointed a Head of Safeguarding and have recently agreed to appoint a further two posts. The current safeguarding referral process of placing a call with the HSC Trust or Regional Out of Hours Emergency Social Work Service and subsequently raising a Datix referral remains in place. For most staff, this will require that they return to their base to log on to a desk top PC and complete a Datix referral. This may be at the end of a shift when they already have a late finish. While it was anticipated that the REACH platform would offer the crew member a safeguarding/welfare referral option along with the capacity to email the receiving trust alerting them to the referral, the organisational implementation of this has been delayed. It was anticipated that the current pilot with BHSCT would be using this platform for referral, however it remains on Datix which has been adapted to add a welfare option. The development of a safeguarding/welfare pathway on REACH will be crucial to improving the current referral pathway. While the establishment of new referral pathways with HSC Trusts has been challenging, we anticipate a resolved position and once in place it will facilitate practitioners requiring, they input specific information that will direct them towards the correct referral pathway for patients. There has been considerable engagement with the Regional Emergency Social Work Service RESWS over the past year to address the issue of non-emergency welfare referrals coming into their service in the absence alternative pathways particularly out of hours. This has been raised with SPPG, formerly HSCB, and HSC Trusts as well as with DoH colleagues. This was also identified by the NASAG peer review team who identified NIAS as the only ambulance Trust who routinely uses this pathway out of working hours. Regional engagement continues in this regard and SPPG has arranged for the Trust to meet with Trust Adult Services Directors and other Chief Executives (NISCC, PCC, RQIA) in August to develop a plan to improve welfare referral pathways.

Outline of key challenges and achievements in relation to safeguarding in the	While much of the focus of improving safeguarding in NIAS is related to the RQIA improvement plan, there are also other areas of safeguarding practice and processes which have required development and improvement. These include the management of staff safeguarding allegations or reporting and contributing to Case Management or Domestic Homicide Reviews.

| reporting period. To include prevention, protection and partnership activity where appropriate. | NIAS is now over 3 years on from the RQIA Improvement Plan issued Dec 2019. There have been substantial changes to progress the RQIA improvement plan, despite the challenges faced during the Covid 19 pandemic which started just 3 months after the improvement plan was issued.

Progress on the RQIA plan is outlined below.

Review and update as appropriate the Trust Safeguarding Policy in line with Adult Safeguarding Policy for Northern Ireland (2015) and Adult Safeguarding Operational Procedures (2016).

A Trust Safeguarding Policy has been developed and the Safeguarding Procedure has been updated to reflect NI Safeguarding Policy and Procedure. *Completed in August 2021 Reviewed March 2023*

Liaise with relevant persons in the HSCB and HSC Trusts to agree a standardised regional approach for NIAS reporting of safeguarding referrals, with particular emphasis on incidents that occur out of hours.

Following ongoing engagement with the Department of Health/HSCNI Strategic Planning and Performance Group (SPPG) – formerly HSCB, there was an agreement in August 2022 that a Task and Finish Group be established to address the issue of adult welfare referrals to HSC Trusts. The Directors of Social Work from all five HSC Trusts were asked to nominate a senior leader from adult services to support the work of the group. There was also representation from the Regional Emergency Social Work Service. The work progressed exploring possible models of referral pathways. While many Trusts deliver similar services within adult social care, the referral pathways are not replicated regionally. In January 2023, the BHSCT agreed to pilot direct welfare referrals from NIAS which could be emailed directly to their connected community hubs. This pilot is ongoing and, while it was intended the referral could be emailed from a handheld device, delays with REACH have resulted in the pilot continuing with the email of a Datix documented adapted to include a welfare pathway option. There has been significant engagement with NIAS frontline staff in Belfast including ED visits, and promotion via daily bulleting and posters in vehicles. The pilot will run from March to the end of June 2023. Initial learning from the pilot will be shared in July 2023.

Update staff on their roles and responsibility for reporting adult safeguarding concerns
&
Train staff to recognise the types of abuse and indicators of potential abuse, the referral process and actions to be taken should a safeguarding issue be identified |

A NIAS Safeguarding Education and Training Strategy was introduced in August 2021 and details the following objective.

The Northern Ireland Ambulance Service has a workforce with the necessary knowledge, skills and training in Safeguarding to ensure they can meet their responsibilities in assessing, reporting and recording the risks of abuse and neglect to their patients, and other associated members of the general public who may also be at risk.

The NIAS Safeguarding and Education Strategy outlines the following key performance indicators

Safeguarding e-learning/direct training

Staff involved in the delivery of direct patient care or services
Compliance Standard
A minimum of 90% compliance with successful completion of Level 2 e-learning/direct training module every two years, with ongoing improvement to reach and maintain 100%

Staff not involved in the delivery of direct patient care or services
Compliance Standard
A minimum of 90% compliance with successful completion of Level 1 e-learning/awareness module every three years, with ongoing improvement to reach and maintain 100%.

Post Proficiency Safeguarding

Staff involved in the delivery of direct patient care or services
Compliance Standard
A minimum of 90% compliance with staff attendance at post proficiency safeguarding session every two years, with ongoing improvement to reach and maintain 100%.

Basic Safeguarding Awareness continues to be included in all corporate induction sessions. Safeguarding Level 2 e-Learning training has been completed by 648 members of staff which is approximately 47% of the workforce.

87 % of staff completing the training are Operational, 8% Medical and 5% between other Directorates including QSI/HR. While this is a helpful platform to introduce basic safeguarding knowledge, The Intercollegiate Documents for Safeguarding Roles and Competencies for Health Care Staff (2018) states that Paramedics should be trained to Safeguarding Level 3.

Over the past 12 months, Level 3 Safeguarding training has been completed by AAP students and Level 2 for ACA students. This training included a full day, including face to face scenario based learning. This accounts for a further 7% (101) of the workforce of 1400.

Level 2 Safeguarding Training has also been provided to all new Paramedics joining the service in 2022 and new staff members joining the CSD.

Bespoke training in planned for volunteer car drivers in 2023 and safeguarding training has been reviewed by the Head of Safeguarding for volunteer first responders and will be delivered by a Paramedic who supports their training.

In March 23, the Head of Safeguarding provided a session for new undergraduate students covering safeguarding practice issues for ambulance services. This was the second year this was offered to 1st year Paramedic students.

The Intercollegiate Documents for Safeguarding Roles and Competencies for Health Care Staff (2018) states that Paramedics should be trained to Safeguarding Level 3, Call takers at Level 2 & non-clinical staff Level 1. UK ambulance services with established training programmes over the years have progressed to Level 3 training for all paramedics, although a number of UK ambulance services have not fully transitioned to Level 3. Whilst recognising the challenges and impact of system wide operational pressures on the ability to stand staff down from operational duties for training throughout the reporting period and the need to prioritise REACH training, moving forward the Trust are committed to re-establishing an education programme which will address the training and education deficits in safeguarding.

Implement a robust system to monitor, audit, investigate and report on adherence to the safeguarding referral process

The safeguarding team meetings continue on a weekly basis to review cases referred by operational staff. These cases are reviewed and will fall under safeguarding or welfare alongside a specific category description. A number of categories have been added to better reflect safeguarding intervention, for example we have added *looked after children and home care assessments* as new categories. We continue to offer referral feedback to staff as a learning opportunity and recognition for staff who demonstrate high levels of care in following up safeguarding issues on behalf of their patients. Processes are in place in respect of referral for SUDIC and Nursing home incidents which require referral to RQIA.

Summation

As safeguarding structures become more established in NIAS, and relationships with partner agencies are developed, this engagement has placed more demands on the service to contribute to reviews and play a role in the development of safeguarding services regionally. NIAS engagement is vital in reflecting the crucial role NIAS has in protecting vulnerable groups of patients. There remain significant challenges in relation to the funding structures in place to support NIAS safeguarding activity.

Over the past year, NIAS safeguarding has developed to play a key role in engaging with HSC Trust Adult Protection Teams, NIFRS safeguarding team, HPA review of the SUDIC, PSNI (Public Protection Unit). DBS and RQIA. The introduction of Domestic Homicide Reviews (DHR) in December 2021 has led to 3 reviews of patients who died as a result of domestic homicide and had contact with NIAS prior to their death. This workload will likely increase as these reviews make recommendations targeted at agencies responding to victims of domestic violence. Similarly, the process for agency review by the SBNI when a child suffers significant harm or sudden death will likely increase demands on the NIAS safeguarding. The resources to manage this workload will require staff with expertise in safeguarding and a knowledge of the structures in place to support this work.

Additionally, this expertise is required in supporting the training of staff and as a resource in supporting other Directorates in managing safeguarding concerns specifically in relation to the proposed draft process for managing staff allegations. With an increase in safeguarding knowledge in the workforce, it is likely we will continue to see an increase in referrals and more engagement with partner agencies in safeguarding.

The peer review of the NIAS safeguarding service offers an additional opportunity for learning and development and is likely to inform key areas of our work plan in the coming year. It is welcome that additional staffing resources have been agreed at this time to progress this work, building on the positive steps that have been taken in recent years since the 2019 improvement plan.

Northern Ireland Ambulance Service Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	22 June 2023
Title of paper:	Trust Board Performance Report (June 2023)
Brief summary:	This paper is presented to the Board for noting and outlines the Trust performance across key metrics up to and including 31 May 2023.
Recommendation:	For Approval ☐ For Noting ☒
Previous forum:	SMT – 13/6/23
Prepared and presented by: **Date:**	Neil Walker, Head of Performance Maxine Paterson, Director PPCS 15 June 2023

TRUST PERFORMANCE REPORT

NORTHERN IRELAND AMBULANCE SERVICE

June 2023

for May 2023 Data and Performance

Northern Ireland Ambulance Service
Health and Social Care Trust

Executive Summary

Resource Escalation Action Plan (REAP)

- At the time of writing of this report the Trust is in REAP 3 Major Pressure. It must be noted that action short of strike (ASOS) continues and it is anticipated that ASOS will remain in place through June 2023.

Clinical Safety Plan (CSP)

- In keeping with National Ambulance Trusts, NIAS has developed a Clinical Safety Plan (CSP) to operationally support the REAP position of the Trust.

- 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.

- Since the last Trust Board Performance Report, operations senior management and senior clinical directorate staff have reviewed and revised the order of escalation actions though the levels of escalation in CSP to prioritise welfare calls to prioritise patient safety

- 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.

Demand

- Demand for our services remains at a steady state, when comparing a year to date position between 2022 and 2023, we see demand level reduced. May 23 however has seen a small increase from April 23

Response Times

- Response times continue to demonstrate a steady state of underperforming against national targets for all Categories. Category 1 Mean was just over 10mins with Category 2 mean just over 31mins.

Clinical Hear & Treat and See & Treat

- The Clinical H&T rate for May 23 was 4.1%, which was a slight decease on April 23. Clinical See & Treat saw a slight increase in May 23 to 14.3%

Handover

- May 23 saw the Trust lose >9.5k hours with handover delays>15mins. There were 129 handover per day within May when handovers exceed 60mins
- The 2hr Backstop is still not showing any signs of stabilisation in some Trusts and the trend at the end of May is alarming

Patient Care Service

- Patient facing KPIs continue to show progress when compared against the same period last year, with 36% of patients arriving on time for their appointments.
- Productivity and efficiency in May 2023 continues to operate around the average of 3.5 patients per shift over the past 12 months

Serious Adverse Incidents, Complaints, Compliments and Care Opinion

- There have been 9 potential SAIs reviewed, with the Trust being notified of 3 during May 2023.
- The Trust currently has16 SAIs open and they are all at level 1 review.
- During May, the Trust received 15 complaints and 14 compliments.
- There were also 20 stories submitted via Care Opinion during May 23

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients	Emergency Demand Performance	Operational Demand

The level of demand each month has a direct relationship on our performance metrics. Ensuring we make the most appropriate response is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.
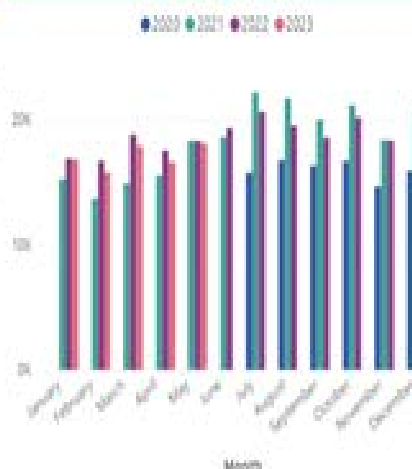
The analysis below describes: Calls Answered and Call Answering Performance

999 Calls Answered	Call Answering and Duplicate Calls

Monthly Trend & Daily Average

Monthly Comparison

Number of Duplicate Calls (%) Compared with Call Answer Performance (%)
Monthly Summary April 2020 - May 2023

- **May 23** has seen a 1% **decrease** in demand levels within our control room compared to **May 22**. The calendar year to date has seen a stabilisation in the demand into the service which is reflective of the REAP levels being experienced by the Trust. In the same period, **Incidents** the Trust has had to respond to have **increased 1%** comparing May 22 to May 23.

- **May 23** saw an increase in the call demand from April 23, this was around 30 calls per day into EAC and this increase was mirrored across ambulance services in England.

- **Call Answering performance** continued to be a challenge through May 23 as staffing challenges within the control room particularly at weekends caused performance to drop **below 60%** on occasion. May 23 call answering performance was **85.3%** for the month. There is currently a training course running in the Trust to address some of these challenges with a further course to commence September 23.

- **Duplicate Calls** continued to increase at over 6000 for May 2023, which is a rise of 12% from March 2023. For the first two months of 2023, the volume of duplicate calls grew 5% on the same period last year.

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients	999 Response Time Performance	Response Times Scorecard

Scorecard

Return to Our Patients Menu

Northern Ireland Ambulance Service
Health and Social Care Trust

Latest Month	May-23

		Current Performance			Benchmarking (Latest Month)		
	Target	**Latest Month**	**YTD (from April)**	**Rolling 12 Month**	**National Data**	**Best in Class**	**Ranking (out of 12)**
Category 1 response - Mean	8 Minutes	00:10:24	00:10:12	00:10:51	00:08:17	00:07:03	12
Category 1 response - 90th Centile	15 Minutes	00:20:47	00:20:08	00:21:31	00:14:45	00:12:33	12
Category 1T response - Mean	19 Minutes	00:14:11	00:13:38	00:13:47	00:10:36	00:07:59	11
Category 1T response - 90th Centile	30 Minutes	00:27:43	00:27:21	00:27:46	00:19:37	00:14:26	11
Category 2 response - Mean	18 Minutes	00:31:46	00:31:44	00:36:56	00:32:24	00:22:02	6
Category 2 response - 90th Centile	40 Minutes	01:09:10	01:09:03	01:20:24	01:09:45	00:43:33	6
Category 3 response - Mean	Not a target	01:19:45	01:17:50	01:33:43	01:46:08	01:13:14	2
Category 3 response - 90th Centile	2 Hours	03:16:29	03:12:02	03:51:44	04:12:34	02:59:57	3
Category 4 response - Mean	Not a target	01:59:48	02:45:13	02:34:18	02:20:13	01:37:25	4
Category 4 response - 90th Centile	3 Hours	03:53:46	06:54:06	06:55:57	05:35:15	04:15:58	1

Please be aware. Benchmarking Data for the previous month is not released until the middle of the current month, and so data may not always be available.

Northern Ireland Ambulance Service
Health and Social Care Trust

| Our Patients | **999 Response Time Performance** | Response Times |

CATEGORY 1 and CATEGORY 2 Response Times are measured based on the mean and the 90th centile of the response time provided.
The target for a CATEGORY 1 call response time is 8 minutes (15 minutes for the 90th centile).
The target for a CATEGORY 2 call response time is 18 minutes (40 minutes for the 90th centile).

| **CATEGORY 1 Performance** | **CATEGORY 2 Performance** |
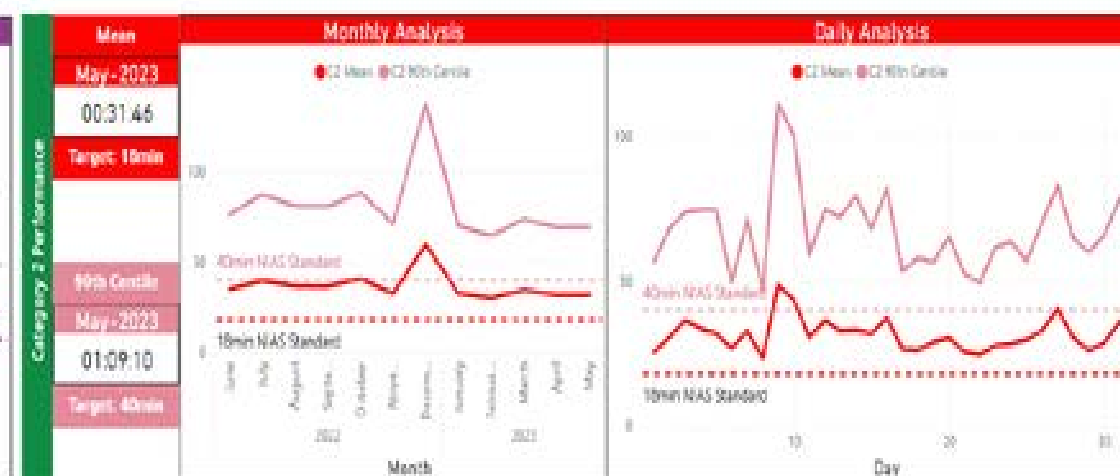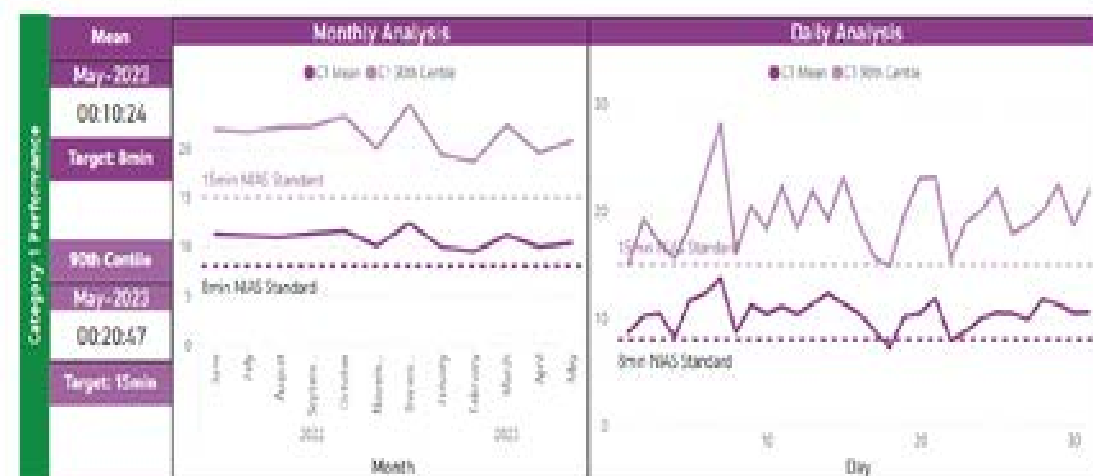
Category 1
- May 23 Category 1 mean response time was 10 minutes 24seconds; while the Category 1 90th centile was 20 minutes 47 seconds.
- May 23 saw the Category 1 mean response time increased by 24 seconds from April 23. However, the greatest impact was seen within the 90th Centile response time. May 23 saw an increase in response times of 1 minute 13 seconds

Category 2
- May 23 Category 2 mean response time was 31 minutes 46 seconds; While the Category 2 90th Centile was 1 hour 9 minutes and 10 seconds.
- Again, the Mean Category 2 mean response time was sustained through May 23 when compared with April 23. The same sustained response times were seen in the Category 2 90th centile

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

| Our Patients | 999 Response Time Performance | Response Times |

CATEGORY 3 and CATEGORY 4 Response Times are measured based on the 90th centile of the response time provided.

CATEGORY 3 Performance

CATEGORY 4 Performance
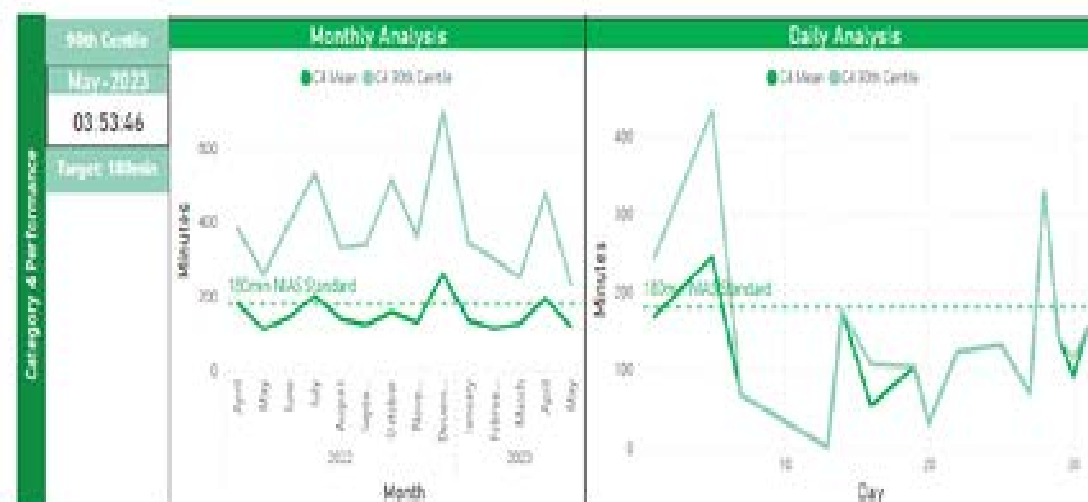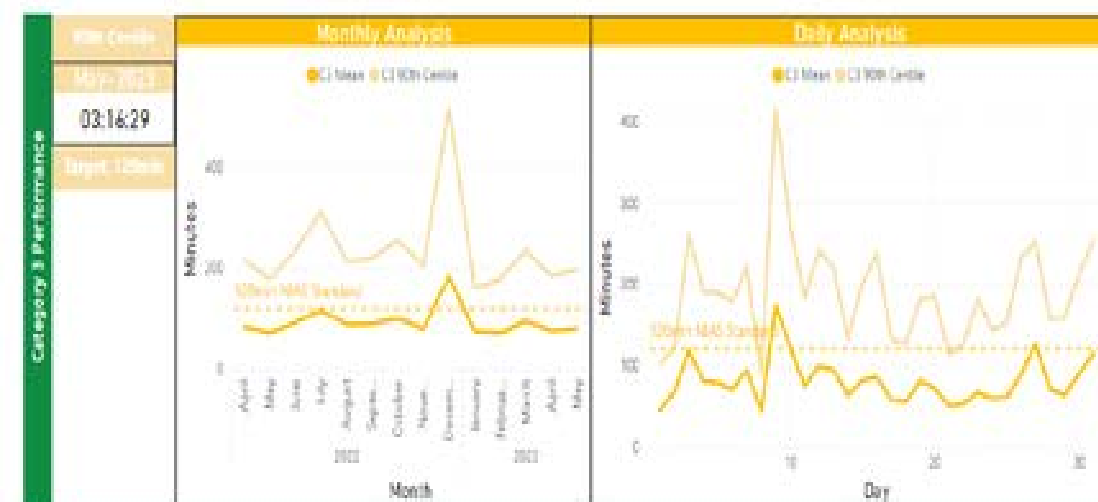
Category 3

- May 23 Category 3 mean response time was 1 hour 15 minutes 49 seconds; while the Category 3 90th centile was 3 hours 16 minutes 29 seconds.
- May 23 saw a improvement in Category 3 mean response time of 13 minutes and 40 seconds from April 23. However, the greatest impact for improvement was seen within the 90th Centile Response time. May 23 saw an improvement of 22 minutes 27 seconds from April 23.

Category 4

- May 23 Category 4 mean response time was 1 hour 59 minutes 48 seconds while the Category 4 90th Centile was 3 hours 53 minutes and 46 seconds.
- It must be noted that the volume of Category 4 calls received by NIAS is very low and response times can be impacted significantly on a daily basis.

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients	Emergency Demand Performance	Clinical Response

The level of demand each month has a direct relationship on our performance metrics. Ensuring we make the most appropriate response is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.

The analysis below describes: NIAS Clinical Hear & Treat and Clinical See & Treat

Clinical Hear & Treat	Clinical See & Treat

Clinical Hear & Treat % by month

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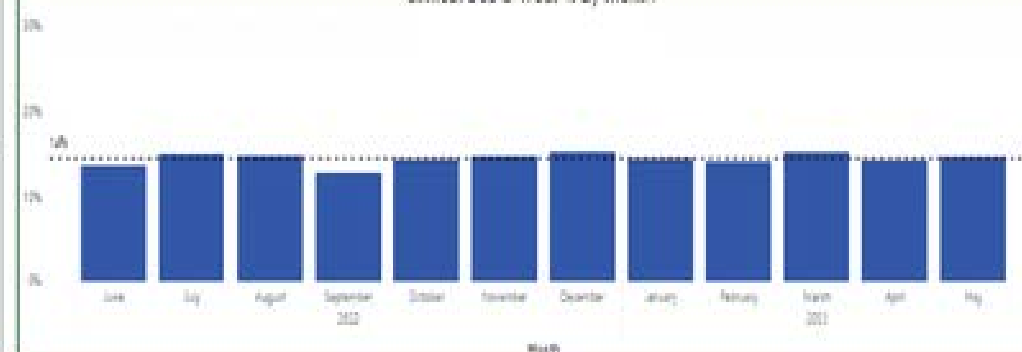
The targets for both Hear & Treat and See and Treat will be re-baselined for 2023-24. This is to support the organisation's focus on Clinical Decision making in these areas. The targets will be adjusted in line with the Service Delivery Plans (SDP) submitted to SPPG in April 2023.

To support this, we have developed a revised dashboard which will support an quality and improvement approach to Hear and Treat outcomes.

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

Improvement trajectory is to increase Hear and Treat by a further 1% by 31st March 2024.

As with Hear and Treat, a revised See and 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 and Treat use will require education and support of clinicians to support safe and effective changes in practice. A supportive education package is being developed.

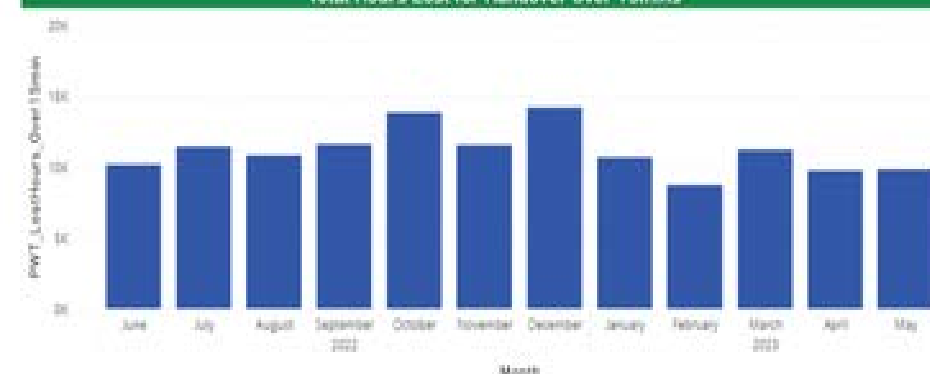Improvement trajectory to increase See and Treat by a further 1% by 31st March 2024.

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

| Our Patients | Emergency Performance | Hospital Handover Performance |

Our operational efficiency is critical to our success and, whilst one of our key dependencies is the ability to successfully handover if a patient is conveyed to hospital, we must ensure we strive to be as efficient as possible whilst always delivering the very best care for our patients.

Total Hours Lost for Handover Over 15mins

Number of Handover Delays over 15mins

Number of Handover Delays over 60mins

Number of Handover Delays over 60mins

In May 2023, NIAS experienced a total of 9,861 lost hours. This is the equivalent of 26 shifts per day, with crews waiting with patients outside EDs, 24% of our planned capacity. These lost hours were experienced from 11,174 instances where our crews waited longer than 15mins to handover their patient at ED. 3,985 of these instances were over 60mins in length.

In May 23, >70% of the 9,861 lost hours occurred at the four ED sites listed below in order of volume of hours lost:
Ulster Hospital
Royal Victoria
Antrim Area Hospital
Craigavon Hospital

In the last 12 months (June 2022–May 23), 99% of the handovers exceeded the 15min target at our acute EDs, resulting in circa 134k hours lost. The lost hours experienced in May 23 is an increased of <1% from April 23, whilst the number of instances of delay handovers also decreased by 3% in the same period.

The 9,861 operational hours being lost (eq. to 821 12-hours shifts per month or 26 12h shifts per day). The number of handover delays in excess of 60mins has increased in May 23 to 3,985 occurrences during the 31 days of May resulting in 129, 60-minute delays per day during the month.

Northern Ireland Ambulance Service
Health and Social Care Trust

| Our Patients | Emergency Performance | 2hr Back Stop Performance Regionally |

Our operational efficiency is critical to our success and, whilst one of our key dependencies is the ability to successfully handover if a patient is conveyed to hospital, we must ensure we strive to be as efficient as possible whilst always delivering the very best care for our patients.

Daily Number of Handover >2hrs across the Region | March 23 - May 23
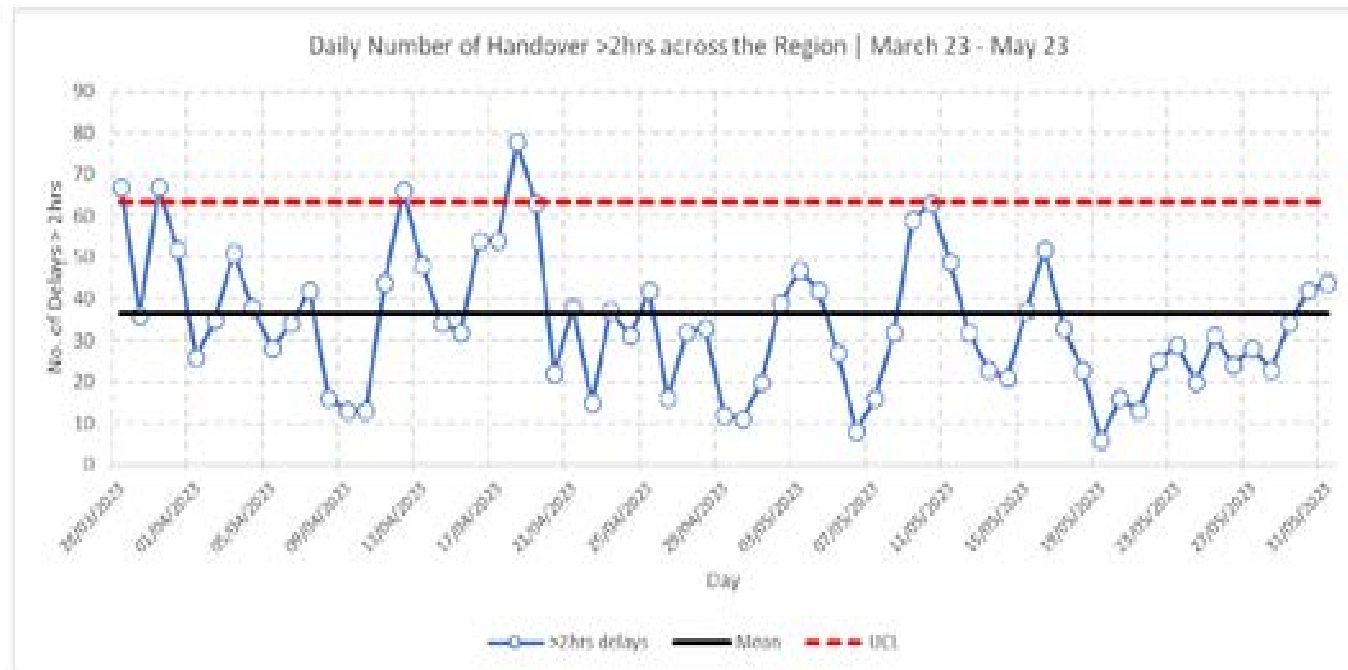
On 1st March 2023, all Trusts committed to delivering a maximum handover delay of 2hrs.

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 through mid April, with a few runs of data points below the centre line. However, the end of May has seen an increasing trend in >2hr waits. We need to see the number of delays being experienced each day stabilise below this centre line.

Northern Ireland Ambulance Service
Health and Social Care Trust

| Our Patients | Emergency Performance | 2hr Back Stop Performance at Trusts |

Our operational efficiency is critical to our success and, whilst one of our key dependencies is the ability to successfully handover if a patient is conveyed to hospital, we must ensure we strive to be as efficient as possible whilst always delivering the very best care for our patients.
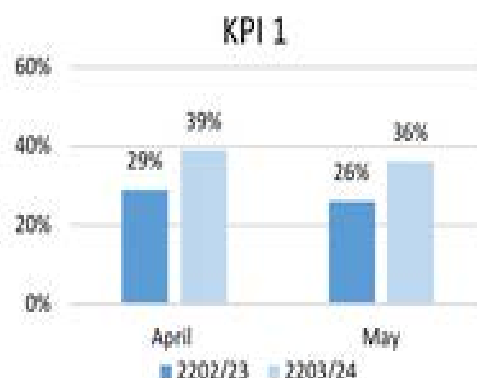
Northern Ireland Ambulance Service
Health and Social Care Trust
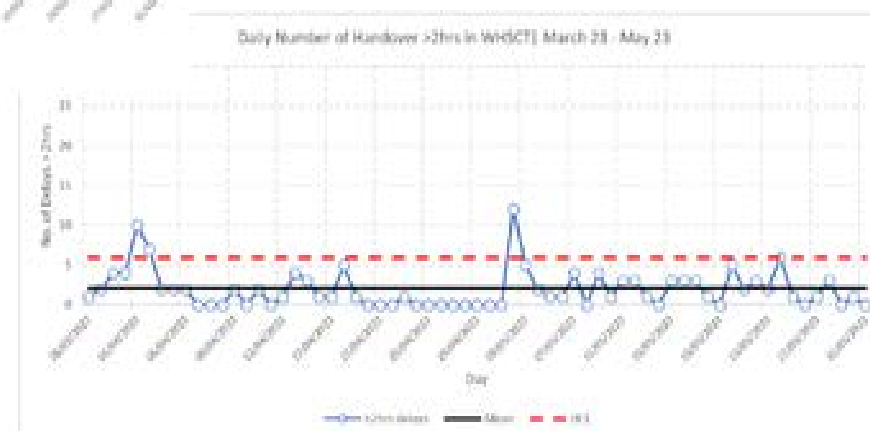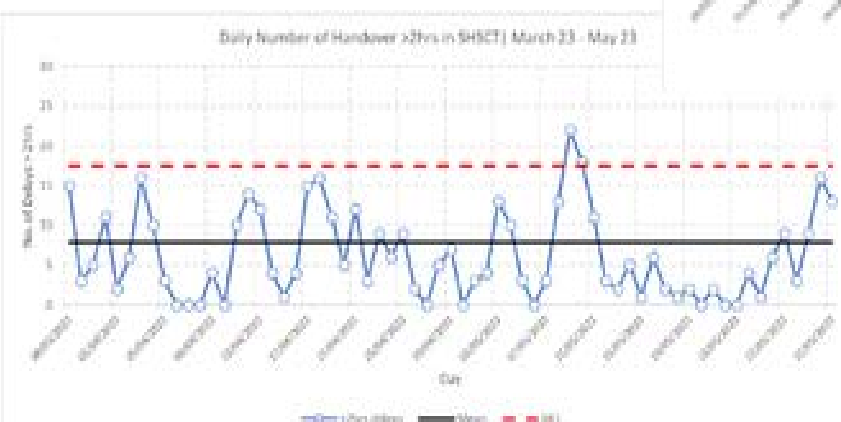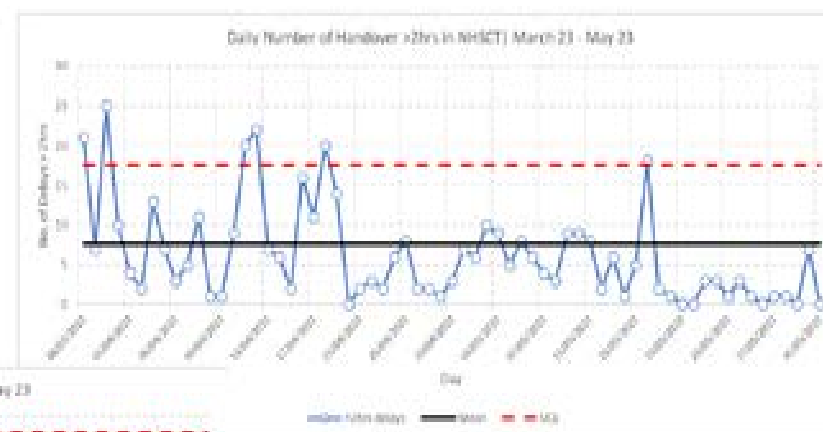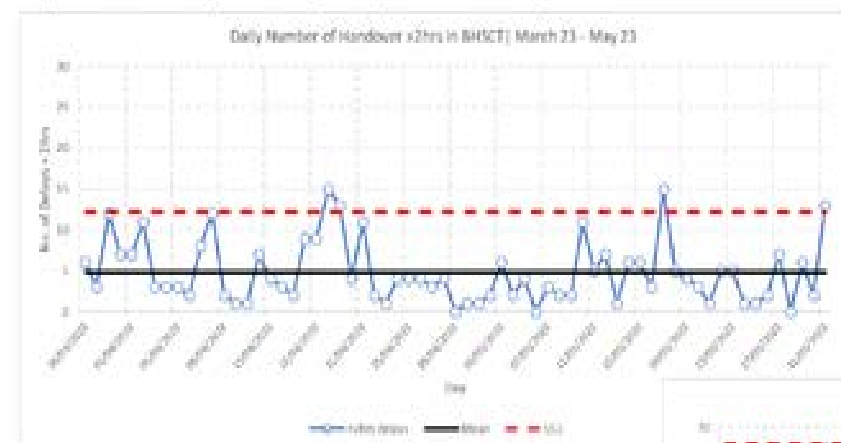
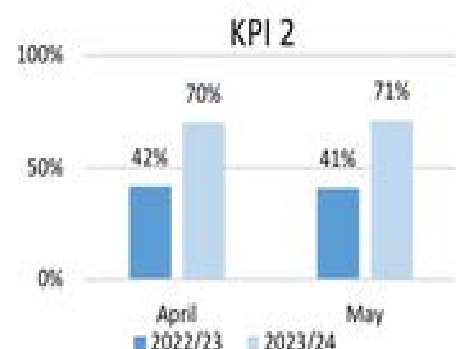| Our Patients | Non-Emergency Performance | Productivity Performance |

Patient-focused KPIs

KPI 1 - That 95% of inward journeys will arrive within the 60mins prior to an appointment time.
Although the compliance figure remains quite low, the change in Dispatch Guidance has brought about a 10% improvement in the first 2 months of a year on year comparison

KPI 1

29% 39% (April) — 26% 36% (May)
■ 2202/23 ■ 2203/24

Productivity & Efficiency KPIs

KPI - Average Number of Patients Transported per Shift
This indicator of activity shows an average of just over 3.5 patient journeys per shift for NIAS PCS crews. Figures for April and May 2023 are slightly below this average. This is reflective of an overall drop by 3% in the total number of patient journeys in April 2023. Factors such as planned or actual industrial action across HSC has seen some cancellations in outpatient clinics

Patients Journeys per shift

KPI 2 - That 95% of outward journeys will start within 60 minutes of the patient being booked as ready by the clinic/hospital
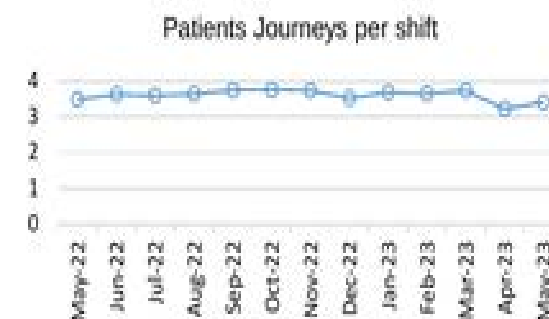Although the compliance figure remains below, the target the new Dispatch Guidance has resulted in a significant improvement of between 28-30% in the first 2 months on a year on year comparison

KPI 2

42% 70% (April) — 41% 71% (May)
■ 2022/23 ■ 2023/24

KPI - Average Number of Patients Transported per Journey (Run)
Across the reporting period the performance has been consistent and will form the baseline for the new planning guidelines implemented in April 2023. The monthly average is 1.19 patients being transported per vehicle.

No of patients transported per journey
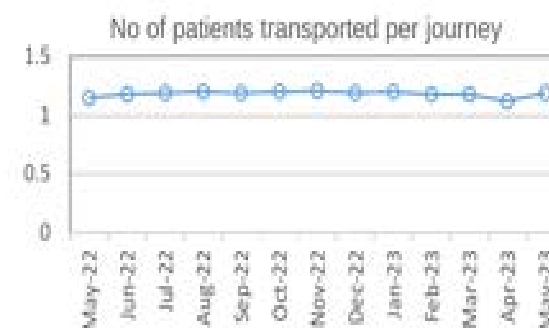
Future Reporting
We don't currently have a comprehensive set of productivity indicators and, while these are being worked on in the PCS Improvement Project, we will continue to report on patients transported and patients per journey.
As the PCS Improvement Project continues to deliver measurable improvements for patient-focused KPIs, the current work of programme is focusing on delivering efficiency improvements in line with previous updates.

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

| Our Patients | Emergency Performance | Actions to improve Performance |

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 groups 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. Work is ongoing with the Northern Trust to align the Hospital @ Home models for all Trusts.

- 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.

- SPPG (Unscheduled Care Management Unit) have commissioned as part of their review of Urgent and Emergency Care, the services of GIRFT to carry out a review of Emergency Medicine for Northern Ireland. Whilst such review normally focus on EDs and acute hospitals, it is advised that ambulance services/impacts have been included for NI on this occasion. SPPG have indicated they are now reaching the end stages of that work with feedback process and site visits planned for May & June 23 and Operations will update SMT & Trust Board in due course when available

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

| Our Patients | SAIs & Complaints |

SAIs – Serious Adverse Incidents

Serious Adverse Incidents

During May 2023, the Trust reviewed 9 potential SAI's resulting in notification of 3 SAI's. Currently there are 16 open SAIs all of which are Level 1 reviews.

SAI notified 2023-24

Themes

The 4 key National Ambulance Risk and Safety Forum themes remain consistent as:
- Delays in call answering and dispatch
- Clinical Assessment and or treatment on scene
- Call handling and dispatch incidents
- Patient Injury

Although useful for national and regional reporting, the current NARSF and Regional themes do not provide critical information around the integral NIAS themes. The SAI team, in conjunction with the Datix administration team, have developed a range of new NIAS themes which were implemented from December 2022. The top NIAS themes are as follows:

- Misinterpretation of ECG
- Delayed response resulting in patient death
- Recognition of clinical condition

Identification of these themes will allow improved interpretation of our key themes for inclusion in future clinical training programmes, consideration within the falls response work and inclusion within any proposal for additional funding/resourcing.

Learning

Of the SAI's completed during the month of May, identified learning included:
- The requirement for increased clinical support within the EAC via recruitment to CSD and CSM
- Continued development of focused and improved auditing/feedback within EAC

Complaints

Complaints, Compliments & Care Opinion

During May 2023, 15 complaints & 41 compliments were received.

Complaints & Compliments Received '22 vs '23

Complaints 22/23 — Complaints 23/24
Compliments 22/23 — Compliments 23/24

Themes

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

Timeliness of Process

18 complaints were closed during May 2023.

Timeliness of Closed Cases	Percentage
% of complaints closed within 20 day target	39%
% of complaints that took between 20 and 40 days to close	17%
% of complaints that took over 40+ days to close	44%
Timeliness of Open Cases	No. of Days
Average no. days cases(x29) open at end May 2023	42

Learning

Of the 18 complaints closed, 3 transferred into SAI processes and 6 complaints resulted in learning including: EMD call handling, methods of moving patients; parking of ambulances; communication and use of available equipment.

Care Opinion

During May 2023, 20 **stories** were submitted via Care Opinion. By 1st of June these stories were viewed 297 times. The main areas of feedback were:
What's good – Paramedics, Staff, Ambulance Crew
Improvements – Ambulance wait
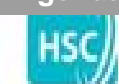Feelings – Well Cared For, Comfortable, Well looked after

10K More Voices

Launched 9 June 2022, seeking experiences of those who have engaged with NIAS as part of an urgent or emergency presentation. Closed on 31st March 2023, with **141** completed surveys. An initial review of findings was completed with the Regional Lead for PCE on 1 June 2023

Northern Ireland Ambulance Service
Health and Social Care Trust

Our People	Absence	Sickness

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 HSCILC. This approach and related KPIs have been approved by PFOD Committee which will also oversee related progress. A new project board, chaired by the Chief Executive, has been established meeting in June 23.

Reporting and recording arrangements for sick leave have been changed to ensure line manager oversight. Workshops and training sessions have been provided to managers to support this work. Leadership development work stream is also underway in this regard.

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, with a projected resolution for the end of June 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.

2023/24 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 (2023/24)	11.69% (Pending DOH confirmation- this is a 5% improvement on 2023 position)											
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
Cumulative % hrs lost (23/24)	14.25%											
Monthly % hrs lost (23/24)	14.25%											
Monthly % hrs lost (S/T)	11.68%											
Monthly % hrs lost (L/T)	2.57%											
Monthly % hrs lost COVID 19 (Sickness and self-isolation)	1.1%											
Av. days lost (7.5 hrs) per Employee per Mth	2.78											
Av.Estimated costs (£'000)	860											
Cumulative % Hrs Lost 2023/2024:						14.25%						

All staff Abstractions (Sickness)

Legend: Belfast, North, South, South East, West

Comparison of % Hrs Lost due to Sickness Absence

Legend: 2020/2021, 2021/2022, 2022/2023, 2023/2024, 2022/2023 Absence Target

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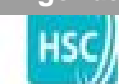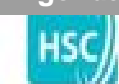
| Our Patients | SPPG Service Delivery Plan | Trajectories and Performance |

The information below sets out the trajectories agreed with SPPG for 2023-24 and our performance against these trajectories

Call Answer Performance:

	April 23	May 23	June 23	July 23	August 23	September 23	October 23	November 23	December 23	January 24	February 24	March 24
Call Answer Outturn	86.9%	85.3%										
Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

Hear and Treat and See & Treat

	April 23	May 23	June 23	July 23	August 23	September 23	October 23	November 23	December 23	January 24	February 24	March 24
Hear & Treat Outturn	4.2%	4.1%										
Hear & Treat Trajectory	4.2%	4.2%	4.2%	4.4%	4.4%	4.6%	4.6%	4.6%	4.8%	4.8%	5.0%	5.2%
See & Treat Outturn	14.2%	14.3%										
See & Treat Trajectory	14.2%	14.2%	14.2%	14.4%	14.4%	14.6%	14.6%	14.8%	14.8%	15%	15%	15.2%

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients	SPPG Service Delivery Plan	Trajectories and Performance

The information below sets out the trajectories agreed with SPPG for 2023-24 and our performance against these trajectories

Response Times

	April 23	May 23	June 23	July 23	August 23	September 23	October 23	November 23	December 23	January 24	February 24	March 24
Category 1 Mean	9mins 53secs	10mins 22 secs										
Cat 1 Mean Trajectory	10mins	10mins	10mins	9.5mins	9.5mins	9.5mins	9mins	9mins	9mins	9mins	8mins	8mins
Category 1 90th Centile	19mins 34 secs	20mins 37secs										
Cat 1 90th Centile Trajectory	21mins	21mins	19mins	19mins	18mins	18mins	17mins	17mins	16mins	16mins	15mins	15mins
Category 1T Mean	13mins 4secs	14mins 11secs										
Cat 1T Mean Trajectory	19mins	19mins	19mins	19mins	19mins	19mins	19mins	19mins	19mins	19mins	19mins	19mins
Category 1T 90th Centile	26mins 21 secs	27mins 43secs										
Cat 1T 90th Centile Trajectory	30mins	30mins	30mins	30mins	30mins	30mins	30mins	30mins	30mins	30mins	30mins	30mins

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

| Our Patients | SPPG Service Delivery Plan | Trajectories and Performance |

The information below sets out the Trajectories agreed with SPPG for 2023-24 and our performance against these trajectories

Response Times

	April 23	May 23	June 23	July 23	August 23	September 23	October 23	November 23	December 23	January 24	February 24	March 24
Category 2 Mean	31mins 41 secs	31mins 46secs										
Cat 2 Mean Trajectory	36mins	36mins	32mins	32mins	28mins	28mins	22mins	22mins	20mins	20mins	18mins	18mins
Category 2 90th Centile	68mins 58secs	69mins 9secs										
Cat 2 90th Centile Trajectory	80mins	80mins	70mins	70mins	65mins	65mins	60mins	55mins	55mins	50mins	45mins	40mins
Category 3 90th Centile	183mins	196mins										
Cat 3 90th Centile Trajectory	233mins	220mins	220mins	210mins	200mins	180mins	160mins	160mins	140mins	140mins	120mins	120mins

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

| Our Patients | SPPG Service Delivery Plan | Trajectories and Performance |

The information below sets out the Trajectories agreed with SPPG for 2023-24 and our performance against these trajectories

Handover Performance

	April 23	May 23	June 23	July 23	August 23	September 23	October 23	November 23	December 23	January 24	February 24	March 24
<=15mins	8.8%	8.8%										
<=15mins Trajectory	2%	4%	8%	8%	12%	15%	17%	19%	22%	25%	25%	25%
<=30mins	38.4%	36.5%										
<=30min Trajectory	14%	14%	20%	25%	30%	35%	35%	40%	40%	45%	55%	60%
<=60mins	74.8%	76.1%										
<=60mins Trajectory	59%	65%	65%	70%	70%	70%	75%	75%	80%	85%	90&	95%
>2hrs	9.2%	7.67%										
>2hrs Trajectory	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
No of Patients >2hrs	997	881										
No of Patients >2hrs Trajectory	0	0	0	0	0	0	0	0	0	0	0	0

Northern Ireland Ambulance Service Health and Social Care Trust

MINUTES OF THE AUDIT AND RISK ASSURANCE COMMITTEE (ARAC) HELD ON THURSDAY 30 MARCH 2023 AT 10AM IN THE BOARDROOM, NIAS HQ

PRESENT:

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

IN ATTENDANCE:

Ms R Byrne	Director of Operations
Mr P Nicholson	Director of Finance, Procurement, Fleet & Estates
Ms M Paterson	Director Planning, Performance & Corporate Services
Dr N Ruddell	Medical Director
Ms K Keating	Risk Manager
Ms C Hagan	External Audit ASM
Mr S Knox	External Audit Northern Ireland Audit Office
Ms C McKeown	Head of Internal Audit, BSO
Ms L Mitchell	Independent Adviser to Committee
Mrs C Mooney	Board Secretary
Ms V Cochrane	Assistant Director of HR
Ms B McAuley	Assistant Director of Finance

APOLOGIES:

Mr M Bloomfield	Chief Executive
Ms L Charlton	Director of Quality, Safety & Improvement
Ms M Lemon	Director of HR & OD
Mr N Gray	NIAO

Welcome, introduction and format of meeting

Welcoming everyone to the meeting, the Chair noted that this was the first face-to-face meeting in three years and asked everyone to introduce themselves. He explained that, as Mr Ashford had to leave by 12 noon, any items for approval would be taken at the start of the meeting.

1   **Apologies**

Apologies were noted.

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

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

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

The Chair also stressed the confidentiality of information presented.

3   **Previous Minutes (AC30/03/23/01)**

The minutes of the meeting on 19 January 2023 were **APPROVED** on a proposal from Mr Ashford and seconded by the Chair.

4   **NIAS Policies (AC30/03/23/05)**

The Chair said that he intended to take agenda item 9 at this point in the meeting as this item required Committee approval.

By way of introduction, Ms Paterson advised that the Fire & Safety Policy and Procedures and Surveillance/CCTV Camera Policy had been subject to a scheduled review by Ms Keating and the amended policies had been brought before the Committee for consideration.

4.1   **Fire & Safety Policy & Procedures**

Ms Keating explained that the main changes to the Policy had focused on restructuring within the Trust and the Risk Management Team following the transfer of this function to the Planning, Performance & Corporate Services Directorate. She said that the documentation outlined the Trust's Policy and

Procedures for the management of risk from fire; set out fire safety roles and responsibilities; and provided an overview of the arrangements for fire safety.

She indicated that the Policy and Procedures were supported by a number of Standard Operating Procedures (SOPs), for example evacuation of ambulance vehicles; housekeeping rules; and the changes around the frequency of carrying out basic fire safety tests.

Mr Ashford commended the significant amount of work which had been carried out since the previous review. He sought confirmation that the fire risk assessment for each premise had been updated.

Responding, Ms Keating explained that the Trust had had an external fire risk contractor visit Trust premises over the last three years and added that this review had completed in December 2022. She pointed out that the annual inspections were undertaken by the Trust Fire Officer and added that these were due for completion in the coming weeks. Ms Keating alluded to previous Internal Audit findings and said that recent work had focused on these findings.

Mr Ashford referred to page 10 of the Fire Safety Procedure, in particular the requirement that the fire alarm system should be inspected by a competent person at three-month intervals. He pointed out that the requirement was for systems to be inspected every six months and sought clarification on why the Trust had chosen three-month intervals. Mr Ashford also alluded to the use of refuge areas.

In response, Ms Keating explained that some inspections would be undertaken internally by Station Officers, while other by external contractors. Referring to refuge areas, she advised that these were in place in some of the larger stations, for example, Ballymena and HQ.

Mr Ashford referred to evacuation drills and asked how this would be carried out within the Emergency Ambulance Control (EAC).

Ms Keating clarified that EAC would not be evacuated due to the nature of their role and said the procedure would be to evacuate the rest of the building whilst protecting EAC. However, she explained that, should evacuation of EAC become necessary, Site 5 would be used in terms of business continuity.

Mr Ashford again commended the progress which had been made.

The Chair commented on the need for a consistent house-style throughout the document and echoed Mr Ashford's comments in terms of the progress which had been made.

Following this discussion, the Committee **APPROVED** the Fire Safety Policy and Procedures, subject to any minor house-style amendments.

4.2 **Surveillance/CCTV Camera Policy**

Ms Keating clarified that this Policy excluded Body Worn Video and associated systems which had previously been approved by the Committee and which was subject to an additional layer of scrutiny.

She advised that the Policy provided a framework for the planning, installation, maintenance and management of surveillance camera systems including Closed-Circuit Television (CCTV) and Digital Video Recording (DVR) on sites and vehicles owned or occupied (long-term) by NIAS.

Ms Keating explained that the Policy aimed to ensure that arrangements were in place to ensure legislative compliance at each stage and that staff involved in the management and operation of such systems had the necessary information, instruction and training to ensure that they discharged their responsibilities as required

The Chair commended the level of detail within the Policy.

Ms Keating explained that officers had used policies and a combination of best practice from other ambulance services when drafting the Policy and added that the Information

Governance (IG) team had carried out a large scoping exercise. She acknowledged that the footage could also be used to support or refute allegations and said that Trade Union colleagues had been content with this approach. However, Ms Keating stressed that the Incident Review Panel would review any footage relating to a particular incident and determine that it was being used in compliance with the Subject Access Request.

The Chair referred to the fact that staff were prohibited from videoing any CCTV/surveillance on a secondary device and could be subject to investigation under the Trust Disciplinary process. He asked whether there was merit in clarifying what this might involve.

Ms Keating said that it would not be usual practice to go into such detail in a Policy.

Ms Paterson suggested that such action had the potential to bring the organisation into disrepute. She clarified that no-one other than the members of the Incident Review Panel would have access to the CCTV recording and said that officers had worked closely with Trade Union and IG team to confirm the limited circulation of any CCTV/surveillance footage.

The Chair alluded to the statement that '…recorded material is deleted upon disposal/decommissioning..' and asked how this would work in practice.

Ms Keating explained that there was a variance in the operation of the Trust systems and said that the CCTV/surveillance system had been set up to automatically remove any footage after 31 days. She added that this reflected best practice and was advised by the Information Commissioner.

The Chair asked what steps would be taken by the Trust should it receive a complaint after 31 days.

Responding, Ms Keating said research was undertaken on this point when considering BWV and the advice was clear in that the Trust should adhere to the best practice timescale of 31 days.

Ms Paterson pointed out that any material relating to a significant event would be retrieved and stored separately. However, she indicated that this would be done with the intention that the material would be reviewed and disposed of within the 31 day timescale.

Dr Ruddell advised that incidents, particularly those which were deemed to be 'high risk', were reviewed on a weekly basis by the Rapid Review Group and relevant material, including securing CCTV/surveillance, was collated for investigation.

The Chair sought clarification around the role of Trust Board set out in the document, in particular Non-Executive Directors. He also asked about the continued use of older technology, for example compact discs, as a storage medium. He suggested that reference should be included in the Policy to the fact that a number of systems were undergoing modernisation at this time.

Ms Keating explained that older stations would have older equipment in use and undertook to include wording as suggested by the Chair.

The Chair referred to the fact that the Trust had a small team which dealt with FOI requests and asked if this would create an additional workload.

Ms Paterson said it would be highly unlikely that the Trust would provide CCTV/surveillance footage in response to a FOI request. She clarified that, in the event of the PSNI, for example, or another agency requesting footage, the agency would have to follow the necessary process.

Mr Ashford queried whether a member of the public could seek a copy of CCTV/surveillance recording if involved in an incident. He asked whether CCTV was mounted on ambulances and whether Trust vehicles had been targeted in any public order situations due to the fact the vehicles carried CCTV.

Mr Nicholson referred Mr Ashford to paragraph 4.12, 'Individual Subject Access Requests' which set out the process involved.

Dr Ruddell described the positions and function of the CCTV on emergency vehicles and confirmed that the Trust had received requests for copies of CCTV to aid in criminal investigations. However, he pointed out that such requests were considered in line with the processes in place.

Following this discussion, the Chair proposed the Committee approve the Policy. This proposal was seconded by Mr Ashford and therefore **APPROVED** by the Committee.

The Chair thanked Ms Keating and those involved for the development of such a comprehensive Policy.

4.3 Charitable Trust Fund Policy

Mr Nicholson said that members would be aware of an Internal Audit recommendation seeking the development of a Charitable Trust Fund policy specifically in relation to utilising donations received.

He thanked Ms McAuley for her work on developing the policy and advised that an action plan was currently being developed to implement the elements within the document. Mr Nicholson indicated that the Charitable Trust Fund had increased significantly during the pandemic and the Trust had also received funding via NHS Charities Together.

Mr Nicholson acknowledged the challenges in implementing the Policy and how the Trust performed against it. He referred in particular to the intention to spend 90% of the donation within the year it had been received.

The Chair welcomed the Policy and the Trust's intention to spend donations within a specific timeframe. However, he cautioned against setting a percentage against expenditure and suggested that the wording be amended to read '… spend a significant proportion…'

Mr Ashford welcomed the Policy and echoed the Chair's comments re expenditure.

Mr Nicholson thanked members for their comments and undertook to amend the Policy accordingly. He advised that

the Trust had achieved 90% of expenditure in the current year and pointed out that the Trust Board acted as the Corporate Trustee for Charitable Trust Funds.

The Chair stressed the importance of the Trust being creative in its use of charitable funds and ensuring the interests of staff were taken on board.

Members **APPROVED** the Charitable Trust Fund Policy subject to the minor amendment suggested.

5   **Matters Arising (AC30/02/23/02)**

5.1 **Action List**

The Committee **NOTED** the Matters Arising.

Mr Nicholson reminded members that the issue of holiday pay had been discussed by the Committee on a number of occasions. He alluded to the action to share the most recent correspondence with the Committee and he drew the Committee's attention to the correspondence which had been received from the Department of Health (DoH) to the Strategic Finance Forum across the HSC.

Mr Nicholson commented that the accrual and provision issue focused on certainty and timing. However, he explained that, to date, Trade Union colleagues had not engaged with the DoH in relation to this issue and this created further uncertainty around the timing and implementation of the liability. It was this uncertainty over timing that had led to the holiday pay issue now being treated as a provision as opposed to an accrual.

The Chair welcomed this update and the change in position.

Mr Nicholson clarified that the reference in the correspondence to Clinical Excellence Awards did not apply to NIAS.

Mr Knox commented that the minutes of the January Committee meeting recorded the discussion around the holiday pay issue and said that the accounts would also be adjusted for the prior year.

The Chair sought clarification on why the prior year's accounts would be adjusted.

Responding, Mr Knox explained that the accounts would be qualified if they were not adjusted. He pointed out that External Audit provided an opinion on the financial statement and said prior year accounts were qualified.

Ms Hagan advised that qualification applied for a three-year period.

Ms Mitchell suggested that the issue focused on the materiality.

Mr Nicholson advised that the issue was currently being worked through with the Technical Group and acknowledged that implementation would be challenging. He undertook to keep the Committee apprised. Mr Nicholson said he would involve Ms Mitchell in this work in terms of independent financial advice.

Continuing, Mr Nicholson clarified that, for completeness, when the liability did materialise, it would create an issue for the HSC as a whole. However, he advised that it would not be his intention to include this as a specific risk and added that there were a number of risks to breakeven which could potentially arise in the current financial or subsequent financial years.

The Chair was of the view that it did present a risk moving forward, recommended it be treated as such and reminded the meeting that it had been presented as material to the accounts for the previous two years. He asked that this point would be revisited for the Trust and considered across the wider HSC.

Mr Ashford said it would be important to make colleagues aware of an issue around emergency planning which had been reported at the Safety Committee on 28 February and also at the Trust Board. He added that consideration was being given to its inclusion in the Corporate Risk Register. Continuing, Mr Ashford explained that Dr Ruddell had reported on the need for the Trust to progress significant work in order to ensure emergency planning met the required standards. Mr Ashford said that he had given an undertaking at the Safety Committee meeting to update the ARAC.

The Chair clarified that, within the remit of ARAC, the Committee would consider how this issue was being examined within the Safety Committee.

Ms Paterson added that ARAC would also oversee how such a risk might be articulated on the Risk Register and she undertook to follow this up for the next Board meeting.

Ms Mitchell suggested that it would be helpful for the Committee to receive an update on Risk 357 'Ambulance Turnaround Times at Emergency Departments'.

Ms Paterson said that this issue had been the subject of a Board member workshop which had taken place on 1 February 2023 at which members had been briefed on the full range of actions taken through different routes to treat and mitigate the impact of hospital handover delays. She indicated that, with effect from 1 March 2023, Trusts had agreed to introduce a two-hour backstop handover. However, she said, there had been variation amongst Trusts in achieving this backstop.

Ms Byrne emphasised that the introduction of the three-hour backstop and more recently the two-hour backstop did not change the national standard which was a 30 minute turnaround time. She reminded colleagues that Trusts had also agreed to discharge patients from hospital no later than 48 hours after confirmation that they were medically fit for discharge and where a suitable placement to meet their needs was available. This would contribute to improving patient flow out of crowded EDs and focusing on turnaround times. Ms Byrne pointed that many of the actions were outside of NIAS' control. She said that the Trust continued to report the previous 24 hour performance to SPPG colleagues to allow them share this information with other Trusts. Ms Byrne said that NIAS had the opportunity through the SPPG and at the Unscheduled Care Forum and performance meetings to articulate the actions it had taken and the challenges which remained.

Ms Paterson said that NIAS had taken every available opportunity to try to influence and improve the position for patients. However, she expressed disappointment that the

initial progress evidenced in January and February had not continued but assured the Committee that the issue of delayed hospital handovers continued to be a focus for the Trust. Ms Paterson advised that, in a subsequent meeting with the DoH's Policy Team, DoH colleagues had confirmed that the issue of delayed handovers had been included on the DoH Risk Register.

Mr Nicholson pointed out that reference had been made at the workshop to the focus placed on this issue by the ARAC and its decision to escalate the issue to Trust Board for consideration.

The Chair said that, from the perspective of a Non-Executive Director, this issue was the single most important issue for the Trust and drove to the root of patient care and impact on patients.

The Chair advised that he had been asked to draft the Non-Executive Director submission to the Trust's Annual Report and he asked Ms Paterson to summarise the actions taken by the Trust for inclusion in the report.

6 Chair's Business

The Chair pointed out that, as Lead NED for Safeguarding, he had met with Ms Charlton and Mr Flannagan, Head of Safeguarding, to discuss safeguarding ahead of the peer review exercise facilitated through the National Ambulance Safeguarding Group.

The Chair reminded the meeting that, while significant progress had been made in this area since the appointment of the Head of Safeguarding, considerable work remained not least in ensuring resilience within the team. He explained that he had brought this to the Committee's attention because it had been necessary to identify a baseline from which to progress and this work had uncovered a number of issues which were being addressed.

7 Standing Items

7.1 Direct Award Contract (DAC) Register (AC30/03/23/03)

Mr Nicholson alluded to a question posed by Mr Knox at the previous meeting in relation to the conditional green status

attributed by BSO Procurement Compliance to the CAD replacement scheme. He explained that this conditional status had been around meeting the conditions set by BSO PaLS, in particular in relation to procurement and the issue of the notices required in respect of European legislation and DoH circulars around procurement. Mr Nicholson confirmed that a VEAT (Voluntary Ex Ante Transparency) notice had been issued as part of best practice and no challenges had been received. He advised that a CAN (Contract Award Notice) had also been published but this was outside of the required 30 day timeline. Mr Nicholson explained that this had been due to the complexity of the requirements; the timing of the award which was over Christmas; as well as the impact of a period of industrial action.

He confirmed that this had since been signed by the Chief Executive and resubmitted to BSO PaLs for processing.

The Chair sought confirmation that the Trust was no longer using Covid-19 related DACs.

Mr Nicholson advised that use of any DACS relating to Covid-19 was now minimal. He drew the Committee's attention to the information on DACs required and confirmed that, while these remained outstanding, work was ongoing to complete the DAC documentation.

Mr Ashford sought further information around the DAC for Ambulance Training Vehicle hire.

Responding, Mr Nicholson pointed out that the DAC for Ambulance Training Vehicle hire was not new but had been considered as 'complete' in previous reports to ARAC. However, he explained that this DAC had since been reinstated on the live list as there would be additional expenditure in March 2023. Mr Nicholson explained that the Trust hired specialist vehicles in order to deliver driving training to Operational staff and as part of the Trust's recruitment process. He said that, while he would have looked from within the Trust to provide vehicles for such training, it had been felt that there was insufficient fleet to meet the particular number of cohorts of staff requiring training. Mr Nicholson advised that the current DAC was approaching the end of its tenure and consideration

would be given to the way forward in terms of whether NIAS could provide vehicles from within; procure the specialist vehicles; or whether a procurement exercise or a further DAC would be necessary. He added that requirements around driver training had changed and continued to develop significantly.

Mr Ashford suggested that, when one took account of the cost associated with the DACs, consideration should be given to using NIAS vehicles for such training.

Mr Nicholson clarified that, on occasions, training involved the use of six vehicles for two days and said that this would impact on the services provided by the Trust.

Responding to a suggestion by the Chair around the use of decommissioned vehicles, Mr Nicholson pointed out that it very much depended on the nature of the training and the changing requirements of that training. However, he assured the Committee that this issue would be considered internally and clarified that DACs focussed on procurement as opposed to delivery.

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

7.2 Fraud Update – verbal update

At the Chair's invitation, Ms McAuley provided an update on fraud and advised that, since the last meeting, three of the four cases reported had been administratively closed due to lack of evidence while a further whistleblower allegation had been received in respect of the fourth case and was being investigated by the Counter Fraud Unit.

Ms McAuley advised of two further cases which had been reported since February – one had been received through the hotline directly to Counter Fraud and the other had been received by the Trust.

Ms McAuley indicated that there had been a change in process in February in that the Counter Fraud Unit now conducted preliminary investigations rather than the Trust. She clarified

that the preliminary investigation would determine whether there was any merit to the allegation and warrant a full investigation.

Mr Nicholson welcomed the change in process and was of the view that it provided an additional layer of independence and assurance.

7.3 Progress on Achieving Business As Usual – verbal update

Ms Paterson reminded members that she had last provided an update at the October meeting. She advised that any action or task referred to within that update with regard to progress towards business as usual now sat within an improvement programme within individual Directorates.

The Chair stressed the importance of returning to normal business and said it appeared that the Trust was moving in the right direction.

Ms Paterson acknowledged that the Trust was reverting to normal processes. She reminded the meeting that the Trust had been operating at extreme pressure, REAP 4, for a sustained period of time as well as ensuring continuity during periods of industrial action.

The Chair asked Ms Paterson to consider when this item might be removed as a standing agenda item.

At the Chair's request, Ms Paterson undertook to update the report provided at the October meeting with a view to bringing further assurance to the next meeting of the Committee.

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

8   Internal Audit

8.1 To advise on key issues

Discussion at item 8.2 refers.

8.2 Internal Audit Progress Report (AC30/03/23/04)

At the Chair's invitation, Ms McKeown took the Committee through the detail of the report. Referring to the Key Performance Indicators (KPIs), Ms McKeown advised that Internal Audit had delivered 76% of audit days, adjusted to reflect audit deferrals approved earlier in the year. She added that, with the exception of the year-end stocktake, all fieldwork had been completed and said that the planning process for next year's audit plan was now underway. Ms McKeown advised she had recently attended the Trust's Senior Management Team to discuss the audit plan for the next three years and said this would be presented to the Committee at its May meeting.

Ms McKeown referred to the audit on Patient Care Services and had noted the progress which had been made in the Executive Summary. She acknowledged that implementation of the recommendations was still work in progress and said she hoped this would come to fruition in the coming months.

The Chair welcomed the 'heat diagram' which, he said, clearly demonstrated the progress which had been made in Patient Care Services and commended all involved in this work.

Mr Ashford echoed the Chair's comments and said, he too, had found the heat diagram useful in showing the extent of the progress made.

Ms Paterson alluded to the development and reporting of KPIs within the Trust and said that progress towards achieving KPIs would be included in the Integrated Quality and Performance Report to be presented to Trust Board. She pointed out that, while reporting the data was important, how the data was used to improve services was key.

Ms Byrne reported that the new model for Patient Care Services would become operational on 4 April 2023. She commended the positive engagement with Internal Audit and said she had found this very helpful. Ms Byrne acknowledged the partial implementation of six Internal Audit recommendations and pointed out that three recommendations had been reprioritised from Priority 1 to Priority 2 based on the

level of work completed to date. She indicated that an action plan was in place to address the outstanding recommendations in Quarter 1. Ms Byrne said that a further formal review of outstanding Internal Audit recommendations would take place in September 2023 and said she would be optimistic at that point to be able to close off the outstanding recommendations. However, she clarified that this would be dependent on the success of the roll-out and added that this would be closely monitored.

Mr Nicholson asked whether the reprioritisation of recommendations had been recently introduced.

Ms McKeown clarified that the reprioritisation of recommendations was not usually done in follow-up audits but rather at more substantive follow-ups.

The Internal Audit Progress Report was NOTED by the Committee.

9 External Audit

9.1 To advise on key issues

Mr Knox advised that Mr Gray was retiring from the NIAO in the coming weeks.

Mr Knox indicated that the HSC Circular on the Manual of Accounts had not yet been published and reported that he had recently met with DoH colleagues to discuss accounts.

10 Board Assurance Framework 2022-23 (AC30/03/23/06)

Ms Paterson explained that the Board Assurance Framework (BAF) 2022-23 was being presented to the Committee to reflect the development of the document. She acknowledged the ongoing maturity within the Trust around the development of the three lines of defence and said the BAF would be further enhanced during planned Directorate performance, risk and assurance workshops. The opportunity would also be taken to highlight any areas of concern in relation to key risks, key business and/or significant change programmes.

Ms Paterson emphasised the dynamic nature of assurance and highlighted that the process would be under constant review and would be driven by senior management.

Responding to a query from the Chair, Ms Paterson described how the BAF complemented the risk framework and said that the BAF assisted in collating the various reporting arrangements for assurance across the Trust with a view to identifying any gaps in controls and assurances. She explained that discussion would then take place at Committee and Trust Board level with regard to the levels of assurance required. Ms Paterson said that it would be important for members to seek further clarification/evidence through the questioning of Trust officers.

Ms Keating clarified that the BAF focused on assurance rather than risk.

Ms Paterson commented that the BAF helped identify gaps. She cited the example of Patient Care Services and reminded those present that the Trust had recognised there were issues with the service and had asked Internal Audit to examine this in detail.

The Chair sought clarification on the criteria for areas to be included within the BAF.

Responding, Ms Keating explained that the BAF was very much driven by the Trust's Corporate Plan, using the key objectives as a starting point. She added that the risks were then linked across.

The Chair suggested that, as his term of office was coming to an end, it might be helpful to develop an information pack to assist the next ARAC Chair and he asked Ms Mitchell and Mrs Mooney to look at this moving forward, in particular the development of the BAF and how it was utilised.

Ms Paterson alluded to the continuing maturity of the Trust in this area. She noted that, in the absence of a performance framework, the accountability meetings with individual Directorates would be used to continue to build on the current BAF, enhancing it so gaps can be identified. She suggested that, in setting out the various levels of assurance, the BAF then assisted members to seek the necessary evidence to support that assurance.

The Chair commended Ms Keating on the improvements which had been made in this area.

Mr Ashford welcomed the continuing maturity of the BAF and said it was good to see gaps continuing to be identified as this linked to the dynamic nature of the document.

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

11 Health, Safety & Fire Safety Annual Report 2021-22 (AC30/03/23/07)

At the Chair's invitation, Ms Keating provided an overview of the content of the Health, Safety & Fire Safety Annual Report for 2021-22.

She advised that the report provided a retrospective look at the 2021-22 year and said that the 2022-2023 Annual Report would be available by Q2 of the 2023-2024 year for additional scrutiny and assurance purposes. Ms Keating said she hoped members would be able to see the progress which had been made across a number of areas.

The Committee **NOTED** the Annual Report.

12 Closed Meeting

The Chair advised that he did not intend to hold a Closed Meeting.

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 18 May 2023. Arrangements to be confirmed.

ARAC dates for 2023-24 are as follows:

- 22 June 2023
- 5 October 2023
- 1 February 2024

- 28 March 2024

All meetings will commence at 10am unless otherwise advised.

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

SIGNED: *William Abraham*

DATE: 18 May 2023

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AUDIT AND RISK ASSURANCE COMMITTEE REPORT TO TRUST BOARD

The Audit and Risk Assurance Committee met on Thursday 18 May 2023 and I would like to bring the following issues to the attention of the Board in advance of the formal minutes.

1.	**Chairman's Business** As I come to the end of my tenure as Chair of the Audit and Risk Assurance Committee, I am disappointed that there will not be an opportunity to have a handover with my successor due to the delay in appointing Non Executive Directors. I view this as a governance risk and therefore, in order to mitigate it, I have arranged for a handover/induction file to be developed for the new Chair, which I will review prior to my departure.
2.	**Internal Audit Progress Report** Internal Audit reported on the Finance Review audit and provided Satisfactory Assurance on non-pay expenditure, Direct Award Contracts, legal payments and processes with payments to staff receiving a Limited Assurance. For the first time since pre-Covid, Internal Audit were involved in a stock-take audit at the year-end and provided a Satisfactory Assurance. The Committee was pleased to note that Internal Audit reviewed the recommendations of the Performance Management audit completed earlier in the year and revised their assurance level from Limited to Satisfactory.
3.	**Year End Follow Up on Implementation of Internal Audit Recommendations** The Committee was pleased to note that 80% of Internal Audit Recommendations had been implemented at year-end. This is the highest level reported for many years. The Committee agreed that there should be an extraordinary Committee meeting later in the year which will focus on the implementation of the Internal Audit recommendations to ensure that this performance is maintained for 2023-24.

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4.	**Head of Internal Audit Annual Report for the Year Ended 31 March 2023** The Head of Internal Audit presented her annual report for the year ended 31 March 2023 and advised that she had given a Satisfactory Assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control. This is a very pleasing position and the Committee thanked the Internal Audit team for their work and support during the year. The Head of Internal Audit conveyed her thanks to the management and staff of NIAS for their high-level engagement with Internal Audit during a very challenging year.
5.	**BSO Internal Audit: Shared Services Audit** The Head of Internal Audit brought a summary of the audit relating to the BSO Shared Services Centres and reported the following assessments: • Payroll Shared Services Centre – Satisfactory Assurance for elementary payroll process and Limited Assurance for a range of issue such as Agenda for Change and overpayments; and • Recruitment Shared Services Centre – Limited Assurance for HSC recruitment processes.
6.	**Internal Audit Plan 2023-24 to 2025-26** The Head of Internal Audit presented the Internal Audit strategy and 3-year plan for covering the period 2023-24 to 2025-26. The Committee approved the plan.
7.	**External Audit** External Audit advised that the audit on the draft annual report and accounts for the year ended 31 March 2023 has commenced. A letter from Neil Grey DoH Director lead with the NI Audit Office to the Permanent Secretary dated 6 April 2023 advised of Mr Grey's retirement and Colette Kane's appointment as the new DoH Director lead.

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8.	**Draft, Unaudited, Uncertified Consolidated Annual Report and Accounts for the Year Ended 31 March 2023** The Director of Finance presented the draft annual report and accounts for 2022-23 to the Committee. The Director of Finance highlighted a number of issues to the Committee as follows: • The Trust is reporting a breakeven position; • The Trust stayed within its Capital Resource Limit; • The Prompt Payment Target of 95% of invoices to be processed within 30 days was exceeded for the third year running; and • The Chief Executive in his role as Accounting Officer has drafted his Governance Statement, however it was noted that this might change during the audit period. The Committee at its next meeting on 22 June 2023 will consider the audit outcome and in due course recommend approval of the annual report and accounts to the Trust Board.
9.	**Draft, Unaudited, Uncertified Charitable Trust Funds Trustees Annual Report for the Year Ended 31 March 2023** The Director of Finance presented the draft Charitable Trust Funds Trustees Annual Report and Accounts for 2022-23 to the Committee. The Committee at its next meeting on 22 June 2023 will consider the audit outcome and in due course recommend approval of the annual report and accounts to the Trust Board.
10.	**Direct Award Contracts** The Committee reviewed the Direct Award Contracts Register.
11.	**Fraud** The Committee received an update on fraud cases and approved the Anti-Fraud Bribery Policy (including Fraud Response Plan).
12.	**Cyber Security** The Committee discussed a number of cyber-security issues.

Submitted By:
William Abraham
Chair of Audit and Risk Assurance Committee   **19 May 2023**

Northern Ireland Ambulance Service
Health and Social Care Trust

MINUTES OF THE SAFETY, QUALITY, PATIENT EXPERIENCE AND PERFORMANCE COMMITTEE HELD AT 9.30AM ON TUESDAY 28 FEBRUARY 2023 HELD IN THE BOARDROOM, NIAS HQ

PRESENT:	Mr D Ashford	-	Committee Chair
	Mr T Haslett	-	Non Executive Director (joined the meeting at 9.40am)

IN ATTENDANCE:	Mr M Bloomfield	-	Chief Executive (left the meeting at 11.15am)
	Ms R Byrne	-	Director of Operations
	Mr P Nicholson	-	Director of Finance, Procurement, Fleet & Estates (left the meeting at 11.15am)
	Ms L Charlton	-	Director of Quality, Safety & Improvement
	Dr N Ruddell	-	Medical Director
	Mr R Sowney	-	Senior Clinical Adviser
	Mrs C Mooney	-	Board Secretary
	Ms R Finn	-	Assistant Director QSI
	Ms C McVeigh	-	Service User Feedback Manager (for agenda item 6 only)
	Ms A Murdoch	-	SAI Lead (for agenda item 6 only)
	Ms H Maxwell	-	EAC Continuous Development Manager (for agenda item 7 only)
	Mr S Carson	-	Assistant Director Operations (for agenda item 7 only)
	Ms C Hanna	-	Pharmacy Lead (for agenda item 11 only)

APOLOGIES:	Mr W Abraham	-	Non Executive Director

1   Apologies & Opening Remarks

Apologies were noted from Mr Abraham.

2 Procedure

2.1 Declaration of Potential Conflicts of Interest

There were no declaration of conflicts of interest.

2.2 Quorum

The Chair advised that the Committee was currently inquorate and would only consider those agenda items which required noting. Any agenda items requiring approval would be kept until Mr Haslett joined the meeting.

2.3 Confidentiality of Information

The Chair emphasised the confidentiality of information.

3 Previous Minutes (SC28/02/23/01)

The minutes of the previous meeting on 12 December 2022 were **APPROVED** by members.

4 Matters Arising (SC28/02/23/02)

Members **NOTED** the action list.

5 Standing Items:

(i) Strategic Review of Clinical Education Update

Dr Ruddell acknowledged that, while clinical education was not the sole indicator of culture within the Trust, the experience of staff members when they joined the Trust and participated in clinical training was an important element. He reminded colleagues that it was for this reason that a stocktake of current practice had been undertaken by the Association of Ambulance Chief Executives (AACE) to consider the drivers for change.

Dr Ruddell outlined the review of existing practice and advised that a number of changes had already taken place, namely the transition of the Foundation Degree to the BSc; the establishment of the new management structure with two key aims, namely pre-qualification

education and ensuring and embedding standards and a review of ACA and AAP education to create a natural progression pathway. He pointed out that there had been positive student feedback to date and said that consideration was currently being given to the rebranding of the Regional Ambulance Training Centre and this would hopefully be finalised in the coming weeks.

Continuing, Dr Ruddell outlined a number of future changes which had been identified and confirmed that the Education Team was now in place. He advised that, following discussions with DoH colleagues, the DoH had agreed to support a small increase in the number of Clinical Support Officers. He believed this was a recognition that the Trust needed additional support in this area. which had been welcomed by the Trust.

Mr Bloomfield referred to previous updates on the Strategic Review of Clinical Education which had been provided to the Committee and believed that consideration should be given to how these might be refreshed. He was of the view that the reports should now move to narrative on progress and how future phases of the review would be taken forward. Mr Bloomfield said he would welcome Committee members' views on what would be helpful to them.

The Chair welcomed the progress being made and said it would be important for any future updates to the Committee to clearly reflect progress or identify any issues which may prevent progress being made.

Mr Sowney said he looked forward to the new format of report being presented to the next Safety Committee and believed that the Committee would be in a better position at that time to determine whether it was appropriate in terms of members' understanding of the current position. He welcomed the review of ACA and AAP education and believed this could potentially encourage this cadre of staff to consider paramedicine as a career.

Continuing, Mr Sowney acknowledged that further work was required in relation to ensuring an approach which promoted a culture of higher level education thinking. He said that the training team would play a critical role in understanding the needs of the individuals being trained and linking that to higher level education with the Ulster University.

Dr Ruddell explained that, as well as gathering feedback from those staff undertaking training, feedback was also collated from the education team and said the team was keen to undertake further development.

Mr Sowney acknowledged that the commitment and enthusiasm within the training team was clear and said it would be key to ensure this was built upon moving forward.

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

(ii) **Identification of Risk**

The Chair noted this agenda item and reminded members that this provided an opportunity to identify potential risks for consideration by the Trust's Audit and Risk Assurance Committee with a view to having them included on the Risk Register.

Mr Bloomfield said it would be important to note that the financial position presented a very clear risk to the Trust. He advised that the Trust was planning on having none of the previous non-recurrent monies available post 1 April 2023. He added that this was in the order of £14 million and said that officers were working to manage this. Mr Bloomfield said he intended to cover this in further detail at the In Committee Trust Board meeting on 23 March.

Dr Ruddell said that members would recall a previous update to the Committee on the decision by the Trust to have a review of the Hazardous Ambulance Response Team (HART) following a Serious Adverse Incident around equipment failure. He advised that, following that review, the Trust had asked for its emergency planning arrangements to be reviewed by an external organisation and this review had subsequently been undertaken by AACE.

Dr Ruddell said that this review had now concluded and the Trust had received the formal report. He welcomed the report which highlighted significant issues within the team and within the Trust's emergency planning arrangements around the management of the team, governance and assurances provided.

Continuing, Dr Ruddell said that the report had identified a number of key gaps and risks for the Trust and he believed that the review

had been timely given the publication of the Manchester Arena Inquiry (MAI) report in late 2022. He indicated that AACE had identified a number of risks for immediate action and assurance, for example, the level of training required, as well as the need for a 24/7 on-call management structure at frontline level.

Dr Ruddell acknowledged that the Trust had already put arrangements in place to deliver a programme developed by NARU and AACE to address the need for refresher major incident training and this had commenced in March with a completion date scheduled for June 2023.

Dr Ruddell explained that the report had also referenced the need for the Trust to revert to robust reporting around emergency preparedness and the need to link with other Directorates, not just in respect of incident planning, but also in terms of business continuity arrangements across the Trust. He indicated that the report had also proposed a number of recommendations as to how emergency planning arrangements might change, for example the transfer of responsibility to the Operations Directorate as opposed to the Medical Directorate.

The Chair sought clarification on why this position had been allowed to develop.

Responding, Dr Ruddell said that it had become apparent that the assurances provided around the Trust's emergency planning arrangements had not been sufficiently robust and had not been satisfactorily challenged. He acknowledged that having a single point of assurance was not appropriate.

Dr Ruddell said that changes had been made to the leadership within the team overseeing the Trust's Emergency Preparedness, Resilience and Response and that Mr McArthur and Mr McClure had recently presented to the Trust's Senior Management Team (SMT) a Transformation and Improvement Plan. He said that the Plan identified key risks and the responses for addressing these.

However, Dr Ruddell said that it would also be important to take account of the MAI recommendations in parallel.

Responding to a question from Mr Haslett around whether there was one department responsible for the Trust response should

there be a major incident, Dr Ruddell advised that there was a team of Trust officers who would be expected to lead on the Trust's response to a major incident. He explained the various levels associated with the management of such an incident, for example Bronze, Silver and Gold. Individuals involved at Bronze level would be directly involved at the scene of an incident and manage patients; Silver level would not necessarily become involved in the direct management of patients but would ensure the situation is managed while Gold level would engage strategically with other parts of the HSC and ensure the whole HSC response ran smoothly.

Continuing, Dr Ruddell explained that, while any of the Trust's frontline staff could declare a major incident, the subsequent actions were critical in terms of how the Trust responded to the declaration. He expressed concern that, although staff had been trained in how to respond to a major incident, there had been insufficient testing of those skills.

Mr Bloomfield advised that, when meeting with AACE colleagues, they had identified the Trust's two biggest risks as the absence of a 24/7 operational management and the need to ensure staff received refresher training as had been described by Dr Ruddell. Mr Bloomfield pointed out that the Trust was vulnerable in that it relied on on-call arrangements in the event of a major incident and he added that, while this was covered within the CRM business case, he had taken the opportunity of the Trust's Accountability Review with the Permanent Secretary to highlight the risks which had been identified by AACE. Mr Bloomfield said that it would now be necessary for the Trust to extract the emergency planning element from the CRM business case and develop this into a business case in its own right for consideration.

He assured the Committee that it would have sight of the final report in due course and said that SMT would need time to consider and discuss with a view to bringing an action plan to the Committee for consideration.

The Chair stressed the importance of assurance and asked that the Committee would be kept apprised.

Mr Bloomfield said it would be important for the action plan to take account of both the MAI recommendations and those from the

AACE review. He acknowledged that, while the Trust would be able to address some recommendations immediately, others, such as the 24/7 operational management, would require significant investment. Mr Bloomfield referred to the establishment of the Blue Light Forum and advised that the MAI report had represented the main item for discussion at the last meeting. He said that the PSNI had advised that it had increased its Emergency Planning team because of the MAI recommendations. Mr Bloomfield indicated that the Trust was limited as to what recommendations it could address without being properly funded to do so.

Ms Byrne pointed out that the shift from Emergency Planning (EP) to Emergency Preparedness, Response and Resilience (EPRR) was critical.

The Chair commented he had been able to garner a degree of assurance from the discussion that there were appropriate arrangements in place in the event of a major incident.

Responding, Mr Bloomfield advised the Committee that AACE colleagues had assured him that they would have identified any issues which warranted a 'red flag'. He indicated that the Trust's emergency planning arrangements needed to be more robust and systematic with everyone involved transitioning swiftly to relevant roles in order to manage an incident efficiently and effectively. Mr Bloomfield acknowledged that the report made for difficult reading but welcomed the fact that it identified the risks to be addressed.

Dr Ruddell commended the links the Trust had with other emergency services in NI and referred to the close working relationship between the services. He indicated that a key finding from the MAI report was around the concept of JESIP training (a Multi-agency Interoperability Training Course) which was delivered by NIAS in partnership with the PSNI.

Mr Bloomfield alluded to the assurances which had been given to the Committee and Trust Board and identified the need for challenge, evidence and curiosity. He said that the Trust SMT would reflect on what could have been done differently and what should be done differently into the future.

Mr Sowney agreed with the Chief Executive's comments. He acknowledged that, while the Trust had ensured staff had

participated in MIMMS training (a training program which facilitated training and qualification of emergency management personnel to MIMMS concepts and principles. In 2008, MIMMS defined five key MIMMS Components: Preparedness, Communications and Information Management, Resource Management, Command and Management, and Ongoing Management and Maintenance.), this type of training did not work for everyone. Mr Sowney believed there was a responsibility on the Committee to understand for whom this type of training did not work.

Continuing, Mr Sowney said there had been references to management culture and a perception that this was different to organisational culture. However, he argued that the Board within a Trust set the tone and culture of the organisation and he asked how much of this issue could potentially be reflected in other parts of the Trust in terms of lack of appropriate questioning and scrutiny at Committee and Trust Board level.

Ms Charlton alluded to the fact that options for external assurances had become more available in recent times and she cited the example of a peer review undertaken by AACE in the area of Infection Prevention Control and a future peer review planned for Safeguarding. She was of the view it was important in specialist areas that the individuals undertaking the review had subject matter expertise in order to be able to advise re level of assurance and believed that, although external peer review provided a strengthened level of assurance, it did not reflect on the culture of an organisation.

Ms Paterson alluded to the Board Assurance Framework and said it was important to document the gaps in assurance.

The Chair welcomed the fact that the Trust had requested AACE to undertake the review and acknowledged the significance of the issues identified and the need for an associated robust action plan. He asked that the issue be reflected in the Corporate Risk Register and believed it warranted discussion at the ARAC meeting on 30 March.

Mr Bloomfield said that SMT was scheduled to meet to discuss the report in detail and agree a structure for taking an action plan forward. He said that he had recently met with Ms Charlton and Dr Ruddell to discuss the Independent Neurology Inquiry report which

had thirty recommendations relevant to the HSC. He said it had been clear from the report that there had been incidents had been repeated which should have identified issues of concern and he stressed the importance of acting on early warning signs.

Mr Sowney referred to a number of reports which had been published around Neurology, Muckamore Abbey Hospital, Urology etc and said there were early warning signs in each of these incidences which staff either chose to ignore or because the culture in the organisation was such that staff did not feel comfortable in identifying issues.

Mr Bloomfield emphasised that the Trust set a very clear expectation in terms of the culture and values within the Trust and acknowledged that the difficulty was translating this throughout the organisation.

The Chair thanked everyone for their contribution to this discussion and said he looked forward to consideration of the action plan.

6   **Serious Adverse Incidents Report & Service User Feedback (& Care Opinion) (SC28/02/23/03)**

Ms McVeigh and Ms Murdoch joined the meeting and, at the Chair's invitation, presented on the human aspects of complaints and SAIs.

Ms Charlton welcomed the opportunity to focus on the individuals involved in SAIs and their experience of the services provided by the Trust.

Mr Haslett referred to the themes of complaints and commented on the fact that 'staff attitude' accounted for 26 formal complaints while 'staff attitude and treatment' accounted for a further 16 complaints. He queried whether the Committee should be concerned at these figures.

Ms McVeigh explained that complaints received were divided into themes. She acknowledged that a number of complaints recorded within this theme were reflective of communication issues such as what were intended as light-hearted comments by a staff member had not been well received by the patient and it was clear when discussing these with staff members, staff genuinely regretted that comments were interpreted negatively and offered personal

apologies. She explained that a number of complaints had also been received in relation to crews who had attended patients. However the service user did not feel that staff had listened to their concerns. However, when Patient Report Forms (PRF) were examined, it was clear that, on a number of occasions, the assessment and decision making on PRFs were clearly documented.

Ms Charlton pointed out that, when the Trust received a complaint about a member of staff's attitude or treatmet, consideration was always given to whether there had been any previous complaints and whether there was a recurring theme which might require input from the professional standards/clinical team or further support or clinical education to be offered to the member of staff. Ms Charlton also referred to the importance of taking into consideration the history of compliments and positive feedback regarding staff members and recognising this also.

Mr Bloomfield acknowledged that complaints regarding attitude were often the most difficult to investigate and he said the practice of checking to see if previous complaints had been received acted as a safety net.

Mr Sowney was of the view that online training for complaints was not effective. He referred to the number of complaints received in relation to staff attitude and believed that it would be more advantageous for the Trust to invest time in face-to-face training which may reduce the number of complaints of this nature.

Dr Ruddell emphasised the importance of sharing feedback with staff and said that this had been a key finding of the neurological inquiry in terms of routinely sharing with staff the final conclusions of the investigation, including the response sent to the complainant.

Ms Charlton confirmed that the Trust followed this practice and she too emphasised its importance. She explained that Ms McVeigh would routinely share the response and associated findings with the relevant Station Officer and ask them to share the documentation with the member of staff. Ms Charlton said that, in a response to a complainant, the Trust tried to ensure that the recollection of events and the viewpoint of a staff member was reflected fairly.

Mr Haslett commended those involved on the significant improvement made in terms of timely responses to complaints.

Ms Charlton acknowledged this and referred to the importance of improved quality and meaningfulness of responses, whilst also recognising that there were still improvements required in relation to timeliness of response.

Turning to SAIs, the Chair invited Ms Murdoch to reflect on her experience and the experience of families participating in the SAI process. Ms Murdoch shared a recent experience of family engagement with the Committee describing the value of openness and honesty.

Ms Murdoch also updated the Committee on work recently undertaken to strengthen assurance in relation to SAI recommendations. This involved the development of dashboards showing those SAI recommendations pertaining to each Directorate. She advised that recommendations were being examined in detail to confirm they had been actioned and to ensure there was evidence available to support the fact that the recommendation had been closed. Ms Murdoch acknowledged that some of the recommendations arising from SAIs were multi-faceted and, as such, had many different strands. She added that this close examination assisted in strengthening assurance processes.

Ms Charlton explained that, on many occasions, when NIAS officers met with family members, families were understandably keen to know what actions had been taken around the SAI recommendations. She said that the in-depth examination of recommendations had provided a clear understanding of the current position as well as shared learning and had ensured evidence was recorded in respect of progress with recommendations.

Mr Sowney acknowledged the operational challenges associated with this work.

Agreeing with his comments, Ms Charlton acknowledged that, during the extended periods of REAP 4 and with the many competing demands within the Trust, it had proved challenging to convey the importance of early engagement with families in the SAI process. She alluded to the SAIs which had been notified over the

Christmas/New Year period and emphasised the need for the Trust to provide support for staff involved in the SAI process.

The Chair thanked Ms McVeigh and Ms Murdoch for their attendance and commended them on their and their colleagues' outstanding work. Ms McVeigh and Ms Murdoch withdrew from the meeting.

7 **IAED Accreditation of Excellence (SC12/12/22/05)**

The Chair welcomed Ms Hannah Maxwell and Mr Steven Carson to the meeting and invited them to update the Committee on the actions taken by the Emergency Ambulance Control (EAC) to be re-accredited by the International Academy of Emergency Dispatch (IAED) as an Accredited Centre of Excellence.

Ms Maxwell and Mr Carson also outlined the improvements to performance and patient care provided by the EAC and described the plans to mark this achievement.

Ms Byrne advised that the President of the IAED had indicated his wish to visit NIAS to present the plaque to EAC.

The Chair commended all involved on this significant achievement.

Mr Haslett acknowledged the enthusiasm shown by Ms Maxwell and Mr Carson and congratulated all in EAC on the re-accreditation. He commended the approach of 1:1 learning.

Ms Maxwell agreed that 1:1 learning was critical and the ability to discuss and learn together was key to the success of EAC.

Mr Sowney commended the team. He said that the general public tended to view the crews on the ground as frontline and pointed out that staff within the EAC were in fact the first point of contact with the service.

Mr Nicholson commented that, despite the continuous demand and the challenges presented to EAC staff, the Emergency Control always portrayed a 'calmness'. He conveyed his congratulations to all involved.

Mr Bloomfield thanked Ms Maxwell and Mr Carson. He advised the Committee that Ms Maxwell has spoken passionately at the recent NICON Conference about the work of the EAC and the improvements in performance and care. Mr Bloomfield said that the significance of the re-accreditation could not be overstated. He welcomed the improved performance and said that the EAC had made significant efforts to achieve re-accreditation.

Referring to the number of cases audited each month, Mr Bloomfield advised that, in February 2022, approximately 70 cases had been audited each month. However, this figure had increased to 300 in November 2022.

The Chair congratulated Ms Maxwell and Mr Carson again and asked that the Committee's thanks and appreciation would be conveyed to all involved.

Ms Maxwell and Mr Carson withdrew from the meeting at this point.

8   **Hygiene, Cleanliness and Infection Prevention and Control:**
     - Key Performance Indicators: Environmental and Vehicle
     Cleanliness: 1 April 2022 – 31 January 2023
     - Infection Prevention Control (IPC) and Environmental
     Vehicle Cleanliness (EVC) Annual Report for 2021-22
     (SC28/02/23/05)

Ms Charlton explained that, in the interests of time, she intended to focus on a number of key aspects of this agenda item, namely the frequency of deep cleaning; benchmarking against other UK services; challenges around the closure of actions on Docworks; recent changes relating to Vehicle Cleaning Operatives and the Trust reconfiguration of its environmental cleanliness model to provide the optimum services.

At the Chair's invitation, Ms Finn explained that, following a review of the frequency of deep cleans across all other UK ambulance services, the frequency of internal deep cleaning of the NIAS fleet had changed to once per calendar month instead of twice. She advised that, since the change had been introduced in October, the Trust continued to maintain the recognised standard of vehicle cleanliness and achieve above the standard of 85%.

Alluding to Docworks, Ms Finn explained that, once an audit had been completed, actions were raised on Docworks. She indicated that there were more actions open in relation to environmental cleanliness than vehicle cleanliness. Ms Finn explained that, in order to support the Operations Directorate and embed a more robust auditing system, the responsibility of undertaking monthly cleanliness audits at station level, which previously fell to the Station Supervisor, had transferred to Environmental Cleanliness Supervisors at the start of October 2022.

Ms Finn pointed out that this transfer of responsibility had introduced a greater degree of independence to the audits as well as improvements in reliability and consistency as the Supervisors undertaking the audits were trained and had a knowledge of the standards of cleanliness required.

She pointed out that, in the current financial year, there had been over 14,000 actions logged on Docworks with only 214 remaining open. Ms Finn undertook to include this information within the reporting matrix moving forward.

Ms Paterson welcomed the surveillance and monitoring arrangements put in place and said these were key when discussing the challenges associated with ensuring robust assurance.

Ms Finn updated the Committee with regard to vehicle cleaning undertaken at EDs and said there had been some scope to retain an element of ED cleaning within the financial envelope of the recurrent business case but that the model would be different than the current model.

Ms Finn was of the view that its application represented a responsible use of funding in light of the current position and cleanliness standards.

Ms Charlton explained that vehicle cleaning was highly valued by staff and therefore there was potential that the new scope of vehicle cleaning could result in discontent amongst staff. Continuing, Ms Charlton pointed out that, in recognition of this and staff morale, the Trust was not reverting wholly to its pre-Covid-19 position but would retain a level of support at ED for vehicle cleanliness. She explained that it would be necessary to cease the contracts of

approximately thirty agency staff and that eight staff would be retained on a permanent basis. Ms Charlton acknowledged the difficulty in releasing these agency staff and said they had been employed by the Trust at the outset of the pandemic and had played a critical part in the Trust's Covid-19 response.

She explained that, prior to the introduction of ED vehicle cleaning during the pandemic, the Standard Operating Procedure of vehicle cleaning involved operational staff carrying out an 'in between patient' clean, as all health professionals would be expected to do and she said that the Trust would be reverting to this practice, whilst ensuring standards were maintained. She acknowledged that this move in practice would have a potential impact on staff and emphasised that it was about reverting back to business as usual practice prior to the pandemic. Ms Charlton further acknowledged it was likely that the move would not be well-received by staff and it would be necessary for the Trust to manage the position. She referred to the challenging financial position within the Trust and across the HSC and said that the current position was not a responsible use of public monies.

Ms Finn explained that there was a need to have processes in place around the risk and said the monitoring processes in place would be enhanced. She advised that any impacts would be identified through the monitoring and said these needed to be understood clearly with the necessary actions being taken quickly to address any issues.

Ms Paterson commended the report and noted that the service was being enhanced despite reverting to pre-Covid-19 arrangements. She commended all involved in the appraisal of the current arrangements, describing it as an excellent piece of work.

Mr Sowney welcomed the intention to retain an element of the ED cleaning. He referred to the stations audited on a quarterly basis by the Environmental Cleanliness Supervisors and sought further clarification around the compliance level in Enniskillen.

Responding, Ms Finn explained that there had been issues with the provision of cleaning services in that station. She advised that the Trust now used its own staff to provide these services and that this had taken some time to embed. However, she now confirmed that

services were back up to the expected standard and any issues identified in Enniskillen had been addressed.

Mr Haslett referred to page 9 of the report which alluded to the fact that Whiteabbey station had only achieved 59% against the environmental cleanliness standard of 85% and asked whether it was valid to note that, where the station estate was poor, this impacted on environmental cleanliness.

Ms Finn acknowledged that there had been challenges with the state of the estate and said cleaning had previously been provided by the Northern HSC Trust (NHSCT). However, as a result of the compliance levels, arrangements had now been made for the cleaning services to be provided by NIAS.

The Committee **NOTED** the Hygiene, Cleanliness and Infection Prevention and Control: - Key Performance Indicators: Environmental and Vehicle Cleanliness: 1 April 2022 – 31 January 2023
- Infection Prevention Control (IPC) and Environmental Vehicle Cleanliness (EVC) Annual Report for 2021-22 (SC28/02/23/05).

9   **Annual Quality Report 2021-22 (SC28/02/23/06)**

The Committee **NOTED** the Annual Quality Report for 2021-22.

10   **Quality and Service Improvement: Falls Response (SC28/02/23/07)**

Ms Charlton reminded members of previous discussion around the actions taken to respond to elderly patients who had fallen and who were categorised as 'long lies'. She explained that a 'long lie' had been defined as an individual lying on the floor for more than one hour following a fall.

Ms Charlton advised that a pilot had been undertaken in January and February 2023 when a range of dates had been identified to test utilising CSD clinicians to operate a dedicated Falls Response Vehicle when they were completing operational shifts.

Ms Charlton drew members' attention to Section 3 within the paper which described the benefits of this model. She indicated that early

findings from January showed that there had been approximately 50% less conveyance to ED and the length of lie experienced by the patient had reduced significantly. Ms Charlton pointed out that JRCALC would advise that, if a patient lay for more than four hours, the patient should be conveyed to hospital.

Ms Charlton acknowledged that the pilot was in its infancy and undertook to bring further findings from the pilot to the next meeting.

Mr Sowney alluded to national guidance and the move away from the standard of automatically conveying all patients to hospital who had been lying for four hours or more and asked what the impact of this would be in terms of the potential for rhabdomyolysis. He sought clarification on whether crews assessed each patient on a case by case basis and determine whether to convey to hospital.

Dr Ruddell confirmed that crews would assess each patient individually. He explained that, as part of the Trust's response to falls management, the Trust had worked closely with nursing homes to offer advice in the event of falls. Dr Ruddell indicated that there had been a culture in nursing homes of not moving patients who had fallen. However, he said that he would encourage patients to be moved after assessment, particularly if there was a nurse at scene. Dr Ruddell said that the Trust would also encourage patients to be given food and drink as well as medication if required.

The Committee **NOTED** the update on Falls Response.

11 **Annual Pharmacy Update (SC28/02/23/08)**

At the Chair's invitation, Ms Hanna presented her report to the Committee describing the work undertaken in areas for example, such as the management of Controlled Drugs; working with the regulator; updating NIAS medicines; improving safety; pharmacy clinical audit. Ms Hanna also described the Trust's plans for external support for innovative improvements and identified a number of risks and the action plans in place to address these.

Dr Ruddell acknowledged the tremendous work undertaken by Ms Hanna since her appointment and reminded the meeting that the Trust did not previously have a Pharmacy Lead.

One of the issues highlighted by Ms Hanna was the regulatory requirement for Patient Group Directives (PGDs) to be signed by individual clinical staff to legally authorise use rather than the historical approach of blanket reliance upon guidelines such as JRCALC in place of PGDs. She said that she would be keen to see an increase in the number of staff signing off on the use of PGDs.

Agreeing with this point, Ms Byrne undertook to discuss the matter with other Operations staff and liaise with Ms Hanna to address.

The Chair acknowledged the significant amount of work being undertaken by Ms Hanna and welcomed the efforts by the Trust to put support arrangements in place.

Dr Ruddell said that the Trust recognised the volume of work to be done and said he was grateful to the Chief Pharmaceutical Officer for her support in ensuring further resources were made available to assist Ms Hanna.

Responding to a question from the Chair, Ms Hanna explained that there was a shorter process associated with secondments as opposed to permanent recruitment.

Mr Haslett alluded to the Standard Operating Procedures (SOPs) which needed to be revisited. Ms Hanna explained that it was her intention that securing pharmacy support would allow other pharmacy work to be progressing while giving her the opportunity to revisit the SOPs. She indicated that revisiting the SOPs would also assist in identifying any other issues which would need addressed. Ms Hanna also made reference to the number of policies which needed to be written.

Mr Haslett referred to the issue of Controlled Drugs being identified as a risk for the Trust.

Mr Sowney commented that there was a significant risk in terms of the number of policies to be drafted and asked whether the completion date of December 2023 identified in the pharmacy update had taken account of the intention to recruit two additional members of staff.

Responding, Ms Hanna confirmed that her focus would be on drafting the policies governing Controlled Drugs.

Mr Sowney referred to the proposed digital access system and asked whether such a system would have a positive impact on the delivery and handling of Controlled Drugs in stations.

Ms Hanna said that this would certainly be the intention and added that the Regulator had been very supportive of the Trust's intention to explore digital solutions. She added that work was also being taken forward to allow HEMS and the Advanced Critical Care Team to order Controlled Drugs.

Mr Sowney alluded to medication errors which were recorded on DATIX and sought clarification on what mitigation might be put in place to reduce these or provide further support to staff in an effort to reduce them. He referred to double person crews and asked whether, mindful of the uncontrolled environment in which crews practised, there was a process in place whereby crews checked off drugs and fluids before administration. Mr Sowney acknowledged the potential for errors to occur on occasions when there were double person crews and believed it was important for the Trust to mitigate against this and ensure support measures were in place for staff.

Ms Hanna agreed with Mr Sowney's comments and said it was important to ensure staff were educated and mitigations were in place. She confirmed that this had been identified as a risk on the risk register.

Mr Sowney referred to the PGD sign-off level and highlighted the associated risk. However he acknowledged that Ms Byrne had agreed to take this forward with Ms Hanna and other Operations staff and said he looked forward to an update at the next meeting.

Dr Ruddell advised that the Trust had increased the number of licences available to access JRCALC and confirmed that this would be available to those who needed to access it.

Mr Sowney commented on the letter from the MRG outlining responsibilities on possession and use of CDs which had been circulated to all paramedics and queried why this had been attributed an 'amber' rating. Ms Byrne agreed to follow this up at the next Station Officers' Forum and provide an update at the next meeting.

There was brief discussion in relation to the Service Level Agreement with a pharmacy provider. Ms Hanna said it was likely that the Trust would experience an increase in medicines costs.

Mr Sowney suggested that it might be worth exploring the potential for an in-house pharmacy resource.

Agreeing with this point, the Chair suggested that this could perhaps be done at a break point in the contract with the pharmacy provider.

Ms Paterson accepted that such a option should be explored but pointed out that it was likely the costs of staffing such a resource would be considerably more than the current cost incurred by the Trust and added that the service had been outsourced to transfer the risk.

Mr Sowney pointed out that the Trust continued to carry an element of risk despite outsourcing the service. However, he acknowledged that the risk could be mitigated by strengthening the governance arrangements in place.

Dr Ruddell said that he would not be opposed to exploring an in-house option if there were sufficient resources to do so but suggested it would be important to ensure the Trust's internal arrangements were robust in the first instance.

The Chair thanked Ms Hanna for her attendance and said it was clear that her update had generated discussion. The Annual Pharmacy Update was **NOTED** by the Committee and Ms Hanna withdrew from the meeting.

12 **Independent Ambulance Service Audit and Governance (SC28/02/23/09)**

Ms Charlton drew members' attention to the paper which provided the Committee with details of the process and development of the processes for Independent Ambulance Services (IAS) to ensure compliance with the Framework Scope and Service Specification in terms of inspection, assurance and governance. She said that the paper also provided an update on the progress of inspects and audits carried out by NIAS on IAS providers to date as well as

outlining the plans for next steps in relation to the development of a new Framework and Specification.

Ms Charlton advised that the quarterly meetings with IAS providers were now much more robust in terms seeking assurances and reviewing audit finding. She stressed the importance of identifying learning and common themes from the unannounced inspections undertaken. Ms Charlton advised that invitations were extended to other HSC Trusts to attend the meetings as they were also clients on the Framework. She added that other Trusts' attendance was important to allow learning to be shared across Northern Ireland and said this learning had informed work being taken forward by the Contract Award Group as they worked through the development of a new Non-Emergency Framework.

Continuing, Ms Charlton said that she would be keen to carry out more unannounced inspections but this currently was not possible due to capacity challenges. She said that there was a need to explore potential regional arrangements in recognition that all Trusts were clients on the Framework and therefore other Trusts' involvement was key.

She acknowledged the robust nature of the Framework which acted as a second level assurance and the progress which had been made to date. Ms Charlton pointed out that IAS were not regulated by the regulator and this needed to be taken into account moving forward as she believed this represented a regulatory gap.

The Chair welcomed the improvements made and asked if the Trust was content that any health and safety aspects identified were being addressed.

Responding, Ms Charlton advised that a Trust officer attended all health and safety inspections and ensured any issues identified were addressed. She explained that any learning identified at the time of the inspection was shared with the provider at that time. This learning was then included in a formal learning letter to the provider and shared anonymously with other IAS providers.

Responding to a question from Mr Sowney on whether the Trust had ever found it necessary to suspend a contract, Ms Charlton confirmed that such a circumstance had not arisen. However, she advised that the Trust had asked a provider to remove a vehicle

from operation to undertake a number of actions identified in the audit findings.

Mr Haslett sought assurance that the specification clearly set out the Trust's expectations from providers.

Ms Charlton explained that there were currently seven providers on the Non-Emergency Framework and said it was the responsibility of the Trust as the commissioner to put in place arrangements to seek assurance for the quality and safety aspects set out in the Framework specification.

The Committee **NOTED** the update on IAS Audit and Governance.

13 **Safety & Quality Alerts: Proposed Process (SC28/02/23/10)**

At the Chair's invitation, Ms Keating briefed members on the proposed process to strengthen governance processes around Safety and Quality Alerts (SQAs) received by the Trust. She described the DATIX system currently in use within the Trust and explained that this was used to report on adverse events, manage risks, complaints etc and added that, within this system, there was a facility for the management of SQAs.

Ms Keating explained that SQAs focused on the dissemination of regional learning for the HSC within Northern Ireland and were issued to Trusts to support improvement in practice. She indicated that the learning identified in SQAs may have arisen from information provided from a variety of sources for example, Serious Adverse Incidents (SAIs), Adverse Incidents (AIs), Complaints, reviews by the Regulation and Quality Improvement Authority (RQIA), legislative changes, medicines regulators, equipment or device failures, national safety systems, independent reviews and Learning Notifications.

Ms Keating advised that the system would enable the Trust to record all alerts received and associated correspondence as well as enabling the Trust to report any gaps/delays in real time and ensure learning had taken place. More importantly, the system provided a governance process for SQAs which had been received and which had been determined as not applying to NIAS.

She said that she would anticipate a report being presented to the Safety Committee on a regular basis.

The Chair sought further detail on the content of such a report.

Responding, Ms Keating explained that it would be important, at a basis level, for the Committee to be aware of which SQAs remained open and which had been responded to with the ultimate aim of reducing the risk to the organisation. She stressed the importance of strengthening the processes in place.

Dr Ruddell acknowledged that a significant number of SQAs did not apply to NIAS and he welcomed the process proposed by Ms Keating.

Ms Paterson pointed out the proposed process would provide the evidence that each SQA had been considered.

Following this discussion, the Committee **NOTED** the proposed process for the future management of SQAs.

14 **Research & Development (SC28/02/23/11)**

Unfortunately, due to time constraints, it was not possible for the Committee to receive Ms Wolfe's presentation.

15 **Date of next meeting**

The next meeting of the Safety Committee would take place on Thursday 6 April 2023 at 9.30am in the Boardroom, NIAS HQ.

The Chair advised that unfortunately he was unable to attend the April meeting but had asked Mr Haslett to chair it on his behalf.

16 **Any Other Business**

There were no items of Any Other Business.

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 12.30PM.

SIGNED: _____

DATE: 8 June 2023

Northern Ireland Ambulance Service Health and Social Care Trust

'SAFETY' COMMITTEE REPORT TO TRUST BOARD 22/6/23

The Safety, Quality, Patient Experience and Performance Committee met on Thursday 8 June 2023.

	Identification of Risk The Committee noted the difficulties in delivering refresher training to staff. A major challenge is around the Trust's ability to release staff from frontline operational duties to undertake the necessary training as well as taking account of the current financial position. Work ongoing to prioritise training with a view to developing a five-year plan. Proposals around future delivery of refresher training will be included in the report of the Strategic Review of Clinical Education.
	Emergency Preparedness, Resilience & Response – action plan to address recommendations The Committee received an update on the progress to date in addressing the recommendations of the review undertaken by the Association of Ambulance Chief Executives (AACE). 24% of the recommendations have already been implemented with planning underway to address the remainder. A more specific report with key timelines will be provided for the next meeting. It was agreed that an extraordinary meeting of the Committee would be convened to look at this specifically.
	NIAS PPI & Co-production Strategy 2023-26 & NIAS Quality Strategy The Committee recommended for approval both the PPI & Co-production and Quality Strategies which will now be considered by the Trust Board at its meeting on 22 June.
	Annual Safeguarding Position Report The Annual Safeguarding Position Report is considered an important overview and governance tool for all organisations and groups supporting adults and children at risk or in need of protection. The Annual Position Report is key in demonstrating organisational levels of compliance with the RQIA Safeguarding Quality Improvement Plan issued in December 2019, the Adult Safeguarding: Prevention and Protection in Partnership (July 2015) Policy, and Co-operating to Safeguard Children and Young People in Northern Ireland 2017. The report has identified progress in relation to the above as well as areas outstanding for improvement. The report was

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recommended for approval by the June Trust Board.

Governance of Safety & Quality Alerts

The Committee approved a procedure for the management and dissemination of Safety & Quality Alerts received by the Trust and noted that an annual report would be provided to the Committee to allow scrutiny of implementation of procedures and monitoring of any trends. The Committee would then provide the necessary assurance to Trust Board.

Strategic Review of Clinical Education

The Committee noted that the new leadership team was now in place. Three areas of development now considered as complete, namely the department name change to NIAS Clinical Education Department; Practice Education Model for BSc (Hons) now embedded into practice and framework for Newly Qualified Paramedics (NQPs) developed.

Performance Report

The Trust is transitioning to an Integrated Quality & Performance report which will allow the disaggregation of key level information to Trust Board and Committees.

The Committee noted the following:

Clinical Support Desk (CSD) Update

Since October 2017, CSD clinicians have been remotely assessing appropriate 999 calls and signposting patients to patient care pathways or an ambulance response. Between 1 April 2022 - 31 March 2023, 13 CSD clinicians managed 6,827 incidents without sending a response. Regular audits of CSD activity are undertaken.

Community Resuscitation Update

The Community of Lifesavers Programme was launched in January 2023 and, since then, over 230 teachers have received their Ambassador training, providing them with the knowledge, skills and resource to train pupils in their school.

There are over 4,000 members of the public in NI who have a minimum Basic Life Support training were activated as GoodSAM responders on 7 February 2023.

Currently over 2,700 Automated External Defibrillators (AED) registered with NIAS on the Circuit National defibrillator database. The first ever defibrillator campaign in October 2022, Shoctober, ran over four weeks

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and resulted in over 120 new defibrillators being registered.

Infection Prevention Control (IPC): Environmental & Vehicle Cleanliness (EVC)

The update provided a summary of Trust performance in relation to Hand Hygiene (HH), PPE and E-Learning KPIs. As a result of a reduction in compliance levels, HH and PPE auditing were paused in May to support informal education at EDs during May 2023 in relation to dynamic risk assessment and transmission-based precautions now advocated in recently published respiratory guidance.

The summary also included an overview of the IPC Team management of alert organisms and the RQIA style environmental cleanliness auditing undertaken.

Learning from Incidents: Medical Devices Incidents & Adverse Incidents

Adverse incidents are one of the key markers of success in relation to risk management, corporate and clinical and social care governance standards. The report provides details of medical devices incidents and adverse incidents between 1 April 2022 - 31 March 2023.