

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

**TRUST BOARD - THURSDAY 28 MARCH 2024 AT  
10.30AM**

**Boardroom, NIAS HQ, Site 30,**

**Knockbracken Healthcare Park,**

**Saintfield Road,**

**Belfast BT8 8SG**

# Agenda

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

*For Information*

## 2 Minutes of the previous meeting held on 22 February 2024

*For Approval*

 2 - Trust Board mins 220224 draft.pdf

Page 1

## 3 Matters Arising

*For Noting*

 3 - Trust Board action list 220224.pdf

Page 26

## 4 Chair's Update

*For Noting*

## 5 Chief Executive's Update

*For Noting*

## 6 Partnership Agreement between NIAS and DoH

*For Noting*

 6 - 01 - Partnership Agreement cover.pdf

Page 28

 6 - 02 - Partnership Agreement between NIAS and the Department of Health.PDF

Page 29

## 7 Strategic Priorities 2024-25

*For Noting*

 7 - 01 - Strategic Priorities 2024-25 cover.pdf

Page 74

## 8 Trust Performance Corporate Scorecard (March 2024)

*For Noting*

 8 - 01 - Performance cover.pdf

Page 75

 8 - 02 - Trust Performance Report - March 2024.pdf

Page 76

## 9 Finance Report (January 2024 - Month 10)

*For Noting*

 9 - NIAS Finance Report TB Month10 2023-24.pdf

Page 96

## **10 Committee business:**

*For Noting*

**- PFOD Committee - minutes of meeting on 6 December 2023 & report of meeting on 29 February 2024**

*For Noting*

 **10 - 01 - People Cttee mins 061223 final.pdf**

**Page 106**

 **10 - 02 - People Cttee report from 290224 final.pdf**

**Page 120**

## **11 Date & venue of next meeting: Thursday 9 May 2024 at 10.00am in the Boardroom, NIAS HQ**

*For Information*

## **12 Any Other Business**

*For Information*



# Northern Ireland Ambulance Service Health and Social Care Trust



**Minutes of NIAS Trust Board held on Thursday 22 February 2024 at 10am in the Boardroom, NIAS HQ, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8SG**

<b>Present:</b>	Mrs M Larmour	Chair
	Mr D Ashford	Non-Executive Director
	Mr P Corrigan	Non-Executive Director
	Dr P Graham	Non-Executive Director
	Mr P Quinn	Non-Executive Director
	Mr M Bloomfield	Chief Executive
	Ms R Byrne	Director of Operations
	Ms M Lemon	Director of Human Resources & Organisational Development (HR & OD)
	Mr P Nicholson	Director of Finance, Procurement, Fleet & Estates
	Dr N Ruddell	Medical Director (joined the meeting at 11am)
<b>Apologies:</b>	Mr J Dennison	Non-Executive Director
	Ms L Charlton	Director of Quality, Safety & Improvement (QSI)
<b>In Attendance:</b>	Ms M Paterson	Director of Planning, Performance & Corporate Services
	Mr N Sinclair	Chief Paramedic Officer
	Mrs C Mooney	Board Secretary
	Ms R Finn	Assistant Director QSI (obo Ms Charlton)
	Mr K Bloomer	Consultant Paramedic Urgent Care (for agenda item 6 only)

## 1 Welcome, Introduction & Apologies

Welcoming those present to the meeting, the Chair noted the apologies. She said she was delighted to welcome the three new Non-Executive Directors to the meeting - Mr Phelim Quinn, Mr Paul Corrigan and Dr Philip Graham – who alongside Mr Dale Ashford



and Mr Jim Dennison would ensure a full complement of Non-Executive Directors.

The Chair 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 (TB22/02/2024/01)**

The minutes of the previous meeting held on 14 December 2023 were **APPROVED** on a proposal from Mr Ashford. This proposal was seconded by Mr Quinn.

## 3 **Matters Arising (TB22/02/20234/02)**

Members **NOTED** the Matters Arising.

Mr Ashford noted that, with the exception of one Trust, written responses had now been received to his correspondence expressing concern at the potential risks to patient safety as a result of delayed ambulance handovers.

The Chair asked whether it had been possible from the responses provided to glean a set of agreed actions to be taken forward.

In Ms Charlton's absence, Mr Bloomfield advised that Trusts had acknowledged the issue and had given assurances they were taking it seriously, however few additional actions had been identified. He advised of the introduction by one Trust of a nurse with an enhanced focus on observations of patients waiting in the back of ambulances monitoring hydration, toileting, pain relief etc which had been positively received by NIAS crews.

Mr Quinn said several issues had occurred to him upon reviewing the minutes of the December meeting. The first related to the RCC and its initial impact in terms of addressing ambulance waits outside EDs. He alluded to Ms Charlton's work around the age profile of patients waiting in the back of ambulances and the associated issue of their human rights. Mr Quinn referred to Mr Bloomfield's attendance at the Assembly's Health Committee later that afternoon and said that, while he appreciated the importance of addressing issues on a HSC-wide basis, if NIAS was not seeing any tangible

improvement, the Trust should highlight this. He stressed that the issue of delayed ambulance handovers should not be focussed on numbers of ambulances waiting or for how long but on the fact that those patients waiting in the back of ambulances tended to be elderly vulnerable patients.

Mr Bloomfield said that when he and the Chair had attended the Belfast Trust Board meeting, they had taken the opportunity to share such detail with members. He said that this was much more powerful than merely highlighting statistics of NIAS losing capacity of 25%.

With regard to the RCC, Mr Bloomfield explained that the intention had been to evaluate its work during February to inform whether the RCC should continue beyond the end of March. However, he advised that the six Chief Executives had agreed that it was too early to carry out an evaluation as the RCC had only been in operation for two months. Mr Bloomfield said it had been agreed that the RCC would continue for a further six months to allow a full and proper evaluation to be undertaken. He was of the view that the RCC had brought a sense of improved co-ordination and order across Trusts and Trusts had a better appreciation of pressures being faced by other Trusts. He added that it was not possible to say what the position would have been had the RCC arrangements not been put in place.

Ms Byrne referred to the regular meetings NIAS had with the SET and SHSCT and said that, in addition to these, she and her Assistant Directors would join the three daily escalation meetings with the RCC.

Ms Lemon was of the view that waiting in the back of ambulance was becoming a normal part of the culture. She added that related to this were the rights of staff and their right to work their contracted hours and get home on time. She reminded the meeting that, on occasions, NIAS crews were working shifts of between 15-18 hours and said that, while unacceptable, the practice continued.

The Chair pointed out that responses had now been received to Mr Ashford correspondence and she sought clarification on the next steps.

Mr Ashford believed that the Trust should continue to highlight this as an issue.

The Chair suggested that the responses should be reviewed to determine if there were any apparent trends across the Trusts and to ascertain if work being taken forward in one Trust had the potential to be replicated in another. She said she would be happy to raise the issues at a meeting with her Chair colleagues and Chief Executives with a view to reaching an agreed position.

Mr Corrigan pointed out that all Trusts were involved in the discussions around the GIRFT report.

The Chair agreed and suggested that it would be important to thread together the information received through the written responses from Trusts.

Mr Bloomfield agreed the importance of continuing to raise this issue at the highest levels and advised that it had been the main topic of discussion at the Accountability Review meeting with the Permanent Secretary.

Mr Quinn highlighted the wealth and value of the information held by NIAS and asked what the Trust's communications strategy was around this issue, particularly with politicians. He suggested that there was a need to be more proactive in terms of communications with the general public.

Mr Bloomfield acknowledged that the Trust's communications with the public tended to be reactive. He explained that the Trust regularly received correspondence from MLAs regarding ambulance waits and would issue social media messages periodically in relation to the service being under pressure. He agreed that further consideration needed to be given to communications.

Mr Quinn suggested it would be important to change the narrative through a proactive communications strategy in terms of the ambulance service being viewed by the public as a means of conveyance to EDs. He referred to discussions at the Strategic Planning workshop around the importance of communications with the public as well as staff around the work being taken forward by the Trust.

The Chair advised of work ongoing regionally to look at the narrative across the HSC. However, she stressed there was the need to engage the public to take more responsibility for their own health.

Referring to action point 3 re the GIRFT report, Mr Bloomfield advised that the Trust had now received the first draft of the action plan. He said that the Trust's Senior Management Team had been of the view that the plan had not specifically addressed what GIRFT had described as being the '*... the biggest single risk to patients in the emergency care system of Northern Ireland..*' but focussed on the overall need to improve the flow of patients through a hospital setting.

Ms Byrne advised the meeting that Trusts were scheduled to meet individually with GIRFT representatives on 12 March and said that NIAS would have the first slot in the schedule which would provide an opportunity to highlight the delayed handover issue for the subsequent meetings with other Trusts. She added that a workshop had then been scheduled for 13 March at which Trusts would have a 10-minute slot to present on their service improvement work.

Mr Bloomfield said that NIAS intended to make clear that it expected a stronger response in relation to the need to address ambulance handovers.

The Chair said that, at the end of the meetings with GIRFT, the Board would expect some clarity around the GIRFT statement and how that would be managed and mitigated. She asked that the Board would be kept updated.

The Chair reminded the meeting that the report had documented delayed ambulance handovers as the biggest single risk but yet NIAS could not address this risk on its own and needed the interdependent actions to be addressed by other Trusts.

#### 4 **Chair's Update**

The Chair advised that she had attended a meeting with Ernst and Young in relation to Artificial Intelligence where the Trust had been commended on the wealth of business intelligence that it produced and developments in this area.



Ms Paterson commented that the Trust had discussed its journey in terms of business intelligence and had received some positive feedback as to the progress made to date. She said the meeting had provided the opportunity to benchmark with other organisations and added that it was clear that the Trust was on the correct path in terms of business intelligence.

Continuing, the Chair reported that she had attended a meeting with other Trust Chairs on 19 December and had taken the opportunity to discuss the GIRFT report with them in advance of a meeting with Trust Chairs and Chief Executives in mid-January. She said the focus of this meeting had been collaborative working and it had been agreed that Mr Bloomfield and Ms Welsh would work together to identify some work which could be progressed on a pilot basis.

The Chair said that she perceived more interest in how NIAS could assist in terms of non-conveyance to ED through the use of See & Treat, Hear & Treat and the use of alternative pathways.

The Chair advised that she had attended a commissioning approach workshop which had been facilitated by Mr Farrar and attended by the Permanent Secretary, Trust and Public Health Agency (PHA) representatives on 20 December. The meeting had identified three priorities, namely commissioning, performance accountability and strategic narrative, which would be progressed through Task and Finish Groups. She indicated that she had been invited to participate in the strategic narrative group to explore a HSC-wide strategic narrative for staff, partners and primarily the public. The Chair said she had requested that the Chairs of the PHA and the Patient Client Council (PCC) would also join the group to add benefit. She noted that an initial meeting had already been held and it was intended others would occur before feedback would be provided to the wider group at the end of March.

Continuing her report, the Chair advised that an initial induction session had been held for the new Non-Executive Directors on 16 January 2024 and she shared a number of actions which had been agreed at the session. She expressed her delight at now having a full complement of Non-Executive Directors to provide support and expertise across the various Trust Committees.

The Chair advised that, on 29 January, the wider HSC Chairs met with the Permanent Secretary. On raising the GIRFT report with the

Permanent Secretary, a presentation was given by Mr Wilkinson and Mr Toogood around the service reconfiguration work and work around adult social care. She said that, while she had found the meeting very informative, she was not yet seeing evidence of the impact of this work on the ambulance risks raised within the GIRFT report. The Chair said she hoped to invite Mr Toogood to a future Board meeting to discuss and further understand the challenge around adult social care and the correlation between hospital flow and discharge.

The Chair advised that Dr Ciaran Mulgrew, the Chair of the Belfast HSC Trust had invited her and the Chief Executive to attend a Trust Board meeting to discuss the role of NIAS. She welcomed the fact that NIAS was now being seen, not just as an emergency service, but a key enabler to regional transformation. The Chair said that both Chief Executives would engage with regard to actions to be progressed.

The Chair advised that her attendance at the NHS Chairs' Confederation provided her with the opportunity to present the challenges facing NIAS. She said she had expressed an interest in visiting and learning from other areas of good practice.

Continuing, the Chair reported that she had been appointed as Vice-Chair of the NI Public Sector Chairs' Forum at its meeting on 6 February and said that Mr Coffey, Chair of the PHA, had assumed the position of Chair following the end of Ms Lappin's term as Chair.

The Chair advised that she and the Chief Executive had attended the mid-year Accountability Review with the Permanent Secretary on 7 February. She said that she had already alluded to a number of issues discussed at the meeting, in particular the deteriorating position in handover delays from quarter one to quarter three. The Chair indicated that the Permanent Secretary had been concerned at the potential harm caused to those patients in the community waiting for a response and understood that the ability to address this was outwith NIAS control. The Chair said she had commented that she would be one year in post in April and acknowledged that there had not been any progress in terms of an improvement around handover delays and in fact the position had deteriorated.

The Chair indicated that the Permanent Secretary had been inquisitive regarding the Trust's sickness levels and said she and

the Chief Executive had explained the approach being taken by the Trust in this regard. She advised that she also took the opportunity at the Accountability Review meeting to raise the issue of Emergency Preparedness, Resilience and Response (EPRR).

The Chair advised that, after attending the Remuneration Committee on the morning of 8 February, she had been delighted to welcome Minister Swann, along with Dame Fionnuala Jay-O'Boyle, Lord Lieutenant for Belfast, to the Long-Service Award Ceremony which provided a great opportunity to showcase the difference NIAS staff made on a daily basis.

Concluding her report, the Chair thanked members for their contribution at the Strategic Planning workshop on 15 February. She noted that Mr Farrar had forwarded his report from the day and would share this with members once she had had an opportunity to consider it.

The Chair's update was **NOTED** by members.

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

The Chief Executive said it was good to address a full complement of Board members. He acknowledged that the Chair had already mentioned a number of important points but he felt it was appropriate to reflect on the significant service pressures experienced by the Trust through the winter period. He added that it had been an extremely challenging couple of months since the Board had last met with pressures across the HSC impacting significantly on NIAS.

Mr Bloomfield said that he and the Chair had shared the level of deterioration at the Accountability Review meeting and also with the Belfast Trust Board. He reminded the meeting that Trusts had agreed to a two-hour backstop for ambulance handovers in March 2023 against what should be a 15-minute standard. Mr Bloomfield reported that, in quarter one, 8.8% of all handovers were over two hours. However, this had increased to nearly 20% in quarter three and a further increase to 24% was evident in January.

Mr Bloomfield noted that the DoH published fortnightly figures and had identified two priorities in its Winter Plan which would receive

more intense monitoring. The first related to ambulance handover times and the second was hospital discharges.

He commented that ambulance handover delays were the longest they had been in the last two years and said that, in December 2023, 90 minutes was the average handover delay against a 15-minute standard. He said that of particular concern, as a direct result of the increasing handover delays, ambulance response times had also increased, with Cat 2 calls having peaked at a mean response time of 74 minutes in December which was an increase from 34 minutes in quarter one against an 18-minute standard for emergency and potentially extremely urgent calls. Mr Bloomfield expressed concern at the impact on patients and noted that this had been an area covered in discussion at the Accountability Review. He pointed out that the level of lost capacity was now running at 23% which resulted in the Trust being unable to respond in a timely manner to patients waiting in the community for an emergency response.

Mr Bloomfield indicated that this was despite the Trust's staffing levels and cover remaining relatively strong. He acknowledged the issue relating to staff absence and said the Trust was covering this through overtime and independent ambulance providers. He said that, when the January performance figures became available, he expected these to show a further deterioration from the December position.

Mr Bloomfield noted that the Chair had raised the GIRFT report at the meeting with Trust Chairs and Chief Executives and had alluded to the potential to do some pilot work with Trusts. He pointed out that the root cause of the problem was the delayed discharge of patients; the issue of capacity in the community and the challenges experienced by Trusts in terms of recruiting and retaining domiciliary care staff. Mr Bloomfield explained that the pilot suggested was to ascertain if Trusts could contract with domiciliary care providers differently in order to increase capacity. However, he pointed out that approval would be needed from the DoH to progress this work and undertook to keep members apprised of progress.

Mr Bloomfield noted that a further day of industrial action had taken place in January and said he hoped that the return of the NI Executive and commencement of negotiations about pay with Trade



Unions would resolve the dispute quickly. However, he pointed out that Action Short of Strike (ASOS) would continue to have a significant impact on the Trust, particularly in the last hour of shift when crews only responded to Cat 1 calls.

Continuing, Mr Bloomfield said that, while some issues were outside the Trust's control, the Trust continued to focus on actions being taken to improve services for patients. He welcomed the expansion of the Integrated Clinical Hub which aimed to increase the number of calls to be resolved without having to dispatch an emergency response.

Mr Bloomfield reported that he had recently attended the first meeting of the new Road Safety Strategy Forum which had been established following a marked increase in road fatalities over the last year. He advised that the Forum was led by the Department of Infrastructure with representation from the PSNI, NIFRS and other partners to identify further actions to be taken to increase road safety and reduce deaths.

Mr Bloomfield said that the Chair had already alluded to their attendance at the Board meeting of the Belfast HSC Trust and said this was the first time he could recall an invitation being extended by another Trust for a Chair and Chief Executive to attend a meeting. He said it had been a positive meeting and, like other Trusts, a number of new Non-Executive Directors had been appointed to the the Belfast Trust. Mr Bloomfield said it had been clear that the safety risks posed to patients as a result of delayed ambulance handovers, including those waiting in the community for response, had been of particular interest to the members. He said that, as well as highlighting the impact on patients, he and the Chair also took the opportunity to stress the impact on staff. He welcomed the Belfast Trust's willingness to focus on areas of collaboration, particularly how the Trusts could maximise access to alternative care pathways and improve referrals to Hospital @ Home schemes. Mr Bloomfield said both Trusts had undertaken to consider the potential for other innovative practices and the possibility of operating these on a pilot basis to determine if they avoided attendance and admission to hospital. He said that it was agreed that a further meeting would be held in three months' time to review progress.

Moving to discuss the Accountability Review, the Chief Executive advised that the main issue of discussion related to ambulance handover delays and the deterioration which had been highlighted earlier.

Mr Bloomfield said he expected to see improvement in absence figures over the next three months and added he was confident that the level of senior focus on a consistent basis as well as the arrangements in place were building momentum. He added that further detail would be provided in the Trust Performance Report later in the meeting.

Mr Bloomfield said he had been delighted to attend the Long Service Awards Ceremony which had been postponed due to the pandemic. He explained that further ceremonies would be held during the course of the year to ensure all eligible staff received the recognition they deserved. Mr Bloomfield said that the comments from the Minister and the Lord Lieutenant of Belfast were greatly appreciated. He added that the Minister had an awareness of the issue of delayed handovers and acknowledged how significant the issue was for the service, for patients and staff. Mr Bloomfield conveyed his thanks to those Board members who had attended the ceremony.

Continuing, Mr Bloomfield reminded the meeting that he and the Chair had welcomed the first cohort of the Prince of Wales Royal College of Nursing Cadet Scheme in NIAS back in October. He pointed out that, as well as clinical roles, the scheme also highlighted a wide range of support functions essential to deliver Trust services. He said he had met up again recently with the cadets when they returned on placement to NIAS and had discussed their experience to date and to welcome a second cohort of cadets.

Mr Bloomfield said he had been delighted recently to attend the inaugural meeting of the newly formed Association of Retired NIAS Personnel. He indicated that the idea had first been suggested three years previously through a presentation to the Trust's Senior Management Team who had been keen to support the establishment of the Association. Mr Bloomfield said he welcomed hearing positive reports of the service from staff who had retired, for example peer support, which had not existed when they had served.

He said the Trust was keen to explore how it might tap into the expertise of retirees.

Mr Corrigan commended the newly formed Association of Retired Personnel and highlighted the importance of the relationship and interface with retired colleagues. He believed that it conveyed a strong message to current employees at a time when staff morale was impacted by delayed handovers, late finishes and ongoing industrial action.

Mr Quinn welcomed the establishment of the Road Safety Strategy Forum and said that, while there had been increases in road deaths across the UK, he had been struck by the young age profile of those killed on the roads throughout Ireland. He said he would be interested in hearing more about the causes as well as the strategy to address the increase in road fatalities.

Mr Bloomfield said that he would be happy to provide an update to members. He noted that Ms Paterson's team was considering the information available within NIAS and the Forum would also tap into international research with a view to undertake a public education role in terms of presenting intelligence in the context of road traffic collision hotspots as well as highlighting how NIAS respond to such incidents.

Mr Bloomfield noted that the budget for public campaigns on road safety had decreased significantly a number of years previously. However, there was now a renewed focus on an education role in schools.

Dr Graham commented that there had been a conscious decision to remove the road safety advertisements from TV but, due to the marked increase in road fatalities, this decision had since been reversed.

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

## 6 **Integrated Clinical Hub (TB22/02/2024/03)**

The Chair welcomed Mr Karl Bloomer, Consultant Paramedic Urgent Care, to the meeting and invited him to give his presentation on the Integrated Clinical Hub.

The Chair commented on the exciting nature of the initiative and welcomed the fact that NIAS had been able to support the work through investment in resources.

Mr Quinn commended Mr Bloomer on his presentation and asked if there was a model which could be used to shift resources.

Responding, Mr Sinclair explained that the mental health aspect would be sited in the Emergency Ambulance Control (EAC). He said that Mr Seamus Mullen, Head of Planning, had been instrumental in arranging for mental health practitioners to be present in the EAC through a bank arrangement with supervision and governance remaining with their employing Trust.

Mr Corrigan noted that the Trust focus was on improving its Hear & Treat (H&T) rates and acknowledged that further work was needed to bring NIAS up to the level of its UK counterparts. He said that one tended to consider See & Treat (S&T) and H&T together as both worked to keep patients and ambulances from attending EDs but that this was only possible through significant increase in resources and more senior clinical staff supporting the teams. However, Mr Corrigan asked if the Trust was satisfied that the activity and overall increase of both S&T and H&T was worth the significant investment being made.

Mr Bloomer explained that the first cohort of six clinicians had completed their training early and were now practising independently. He pointed out that the Trust had made the decision to implement the Integrated Clinical Hub model as a 'business as usual' model during the day with the Duty Clinical Support Manager leading the team. Mr Bloomer advised that, by operating the optimum sized team with two clinical support managers, the Trust demonstrated the potential on one day in February where the team achieved a 11.14% performance in H&T while 12.15% performance in S&T led to conveyance to hospital reducing to 76%. He indicated that, with a team of approximately eight clinicians, there had been a real exponential increase in performance with 40% of every 999 call received being examined by a clinician, enabling an increase from 20% to 40% of the team's oversight of received 999 calls. He noted that the Trust had been able to increase its 2023 H&T baseline.



Mr Ashford commended Mr Bloomer's presentation and said it was a very exciting approach. He alluded to Mr Bloomer's reference to the fact that it had been difficult to recruit to the posts and sought further clarification on this.

Responding, Mr Bloomer explained that traditionally the workforce was made up of individuals from the greater Belfast area and believed that it was likely that delayed ambulance handovers had played a role in terms of staff not wishing to spend protracted periods of time waiting to handover patients. He indicated that a cohort of applicants had expressed a wish not to lose clinical skills and the creation of the clinical posts in the Hub had allowed the Trust to introduce rotation through clinical duties, thereby making the posts more attractive to candidates.

Mr Nicholson confirmed that the Trust would evaluate the outcomes of the Integrated Clinical Hub and that this evaluation would also include financial aspects.

Dr Graham was of the view that the data presented by Mr Bloomer underpinned the strategic thinking discussed at the workshop on 15 February in the context of approaching issues in an innovative manner. He commended the approach.

Ms Finn suggested that, in terms of building an evidence base to support the continuation and resourcing of the Hub, it would be important to triangulate the data in Mr Bloomer's presentation with other quality indicators such as information gleaned from Serious Adverse Incidents (SAIs), complaints and Care Opinion, for example.

Mr Ashford pointed out that one of the biggest contributing factors to complaints was that of delayed handovers.

Dr Ruddell said he would be keen to tie in the clinical outcomes for those patients treated through the Hub and explore how the Trust might consider obtaining this clinical data into the future. He explained that the initial triaging of patients in EAC was conducted through AMPDS which was a triage tool designed for use by non-clinicians with an over-emphasis on safety. Dr Ruddell pointed out the significant risks associated with remote triage undertaken by clinical support managers and said that the mitigation was to ensure well experienced and well trained clinicians undertook this role and

were able to consider different outcomes and balance the risks accordingly. He said that if the Trust invested appropriately in the Hub and ensured the appropriate level of experienced clinicians, patient outcomes would be positive.

Mr Bloomfield explained that arrangements for this approach had initially been put in place to address a period of industrial action and the DoH/SPPG had taken a keen interest in the results. He said that, with a small amount of non-recurrent funding, the Trust had been able to expand the staffing complement to continue this approach. Mr Bloomfield indicated that the Permanent Secretary was interested in exploring alternative care pathways and seeing an increase in H&T performance.

Mr Bloomfield acknowledged the significant pressures on EAC staff in managing a stack of sometimes up to 100 calls waiting and unable to dispatch an emergency response. He said there was an element of reassurance to these staff when they knew that senior clinicians were managing the risk associated with the calls waiting. Mr Bloomfield said that the previously seen call stacks of regularly 100+ calls did appear to have reduced to a more manageable number in recent weeks and suggested there may be a link to the introduction of the Hub approach.

The Chair thanked Mr Bloomer for his attendance and said the Board looked forward to receiving further updates in due course.

The Board **NOTED** the presentation on the Integrated Clinical Hub and Mr Bloomer withdrew from the meeting.

## 7 **Appointment to Trust Committees (TB22/02/2024/04)**

The Chair explained that, as per the Trust's Standing Orders, paragraph 4.6 'Approval of Appointments to Committees', *'The Board shall approve the appointments to each of the Committees which it has formally constituted...'* and she sought Board approval to the following appointments:

### **AUDIT & RISK ASSURANCE**

Philip Graham – Chair

Dale Ashford

Paul Corrigan

**SAFETY, QUALITY, PATIENT EXPERIENCE & PERFORMANCE**

Dale Ashford – Chair

Phelim Quinn

Philip Graham

**PEOPLE, FINANCE & ORGANISATIONAL DEVELOPMENT**

Jim Dennison – Co-Chair (HR)

Phelim Quinn – Co-Chair (HR)

Paul Corrigan – Co-Chair (Finance)

**REMUNERATION COMMITTEE**

Michele Larmour – Chair

Phelim Quinn

Jim Dennison

These appointments were **APPROVED** by the Board on a proposal from Mr Ashford and seconded by the Chair.

The Chair explained that she had held an initial induction session with Non-Executive Directors in mid-January when they had discussed a number of issues. She advised that she intended to meet with Non-Executive Directors on a quarterly basis and encouraged those around the table to take every opportunity to meet and engage with staff. She said she would share dates of planned visits to facilities, for example, HEMS and HART, with Non-Executive Director colleagues.

The Chair advised that the Non-Executive Directors had agreed to retain the current Committee structure with a view to reviewing the position after six months. However, she indicated that concern had been raised in relation to the level of business transacted by the People, Finance and Organisational Development Committee and she would monitor how this progressed over the coming months.

The Chair said she would be keen for Non-Executive Director colleagues to avail of training opportunities and advised that she intended to carry out brief mid-year appraisals in preparation for the end of year appraisals.

**8 Corporate Risk Register (TB22/02/2024/05)**

Ms Paterson explained that the Corporate Risk Register had been presented to the ARAC on 1 February. She believed that it would

now be timely to review the Trust's approach to the Register with Dr Graham having taken up his role as the new Chair of ARAC and said they were planning to meet to discuss further.

Ms Paterson said she would welcome the opportunity to maximise the benefits of using the Register and the purpose for which it is intended. By way of background and assurance, she advised that Internal Audit had given a satisfactory audit opinion in terms of risk registers, governance and processes used by the Trust to consider risk.

Dr Graham said that, while he had been encouraged by the fact that the Trust had identified only four risks which had been categorised as extreme, there were several old risks which had not been addressed. He alluded to the discussion at the ARAC meeting and his further discussions with Ms Paterson at the Strategic Planning workshop and said he and Ms Paterson would review the Register.

Dr Graham said he would like to see the Register more focussed and aligned with the Trust's strategic planning, its vision and its strategic direction. He acknowledged that there were several elements of the Register which were outwith the Trust's control but was of the view that this did not mean the Trust could not attempt to address them.

Mr Quinn highlighted the manner in which Non-Executive Directors were exposed to the Register and acknowledged that there was a clear alignment with the various Trust Committees. He alluded in particular to the risk narrative around EDs waiting times and suggested expanding the narrative in the context of harm, human rights and the right to life. Mr Quinn also questioned why cyber security had been categorised as an extreme risk.

Ms Paterson clarified that ARAC was responsible for governance and ensuring other Committees were managing risks effectively, with individual risks aligned to Committees. She acknowledged that several risks fell within the remit of ARAC and said that these were in the ICT sphere.

Mr Quinn alluded to Dr Graham's reference to old risks and asked if there would be an opportunity for Committees to discuss the risks relevant to them and determine whether the mitigations were appropriate.



Ms Paterson explained it would be important that the actions accurately described the treatments of the risks within the Register and said it was about triangulating governance and assurance. She noted that the majority of the risks formed Committee agendas and specific areas of work were discussed by Committees on a cyclical basis. Ms Paterson stressed the importance of the assurance element so when it came to Trust Board, members were assured that all the necessary actions had been expedited.

Mr Ashford explained that the Safety Committee had developed a matrix of agenda items and said that he and Ms Charlton had recently revised the matrix which would be presented to the April meeting for consideration. He advised that there was a specific standing agenda item round the identification of risk which could then be highlighted to the ARAC. Mr Ashford welcomed the intention to refresh the Corporate Risk Register.

Ms Byrne believed that the fact that the Trust now had its full complement of Non-Executive Directors provided an opportunity to review the Risk Register and challenge Directors.

The Chair noted that the approval of the Register was until the end of the financial year at which time it was intended to refresh the Risk Register, reflecting on discussions at the Strategic Planning workshop. She suggested it would be helpful to organise a workshop which would inform baseline planning, identifying the strategic issues, priorities and risks.

The Corporate Risk Register was **APPROVED** on a proposal from Dr Graham which was seconded by Mr Ashford.

Dr Graham advised that the DoH had re-established the ALB Audit Chairs' Forum and had e-mailed Audit Committee Chairs to seek potential agenda items. He said that he welcomed such fora as they provided an opportunity to share good practice.

The Chair agreed and said the Forum would provide an opportunity also to build relationships.

Mr Corrigan acknowledged that the DoH audit agenda would differ from that of Trusts and agreed there would be benefit in meeting other Trust Audit Chairs.

The Chair reminded members of their role in the context of providing assurance and governance around the DoH's strategic priorities. She suggested it would be helpful at the next Non-Executive Director meeting for each lead Director to share the function of their respective Committee so there was a shared understanding of Committee remits.

9 **Trust Performance Corporate Scorecard (January 2024)**  
**(TB22/02/2024/06)**

Ms Paterson drew the Board's attention to the Executive Summary and noted that the Performance Report would continue to evolve to highlight where performance was good and where improvements were required through the use of RAG rating.

Ms Paterson indicated that the Trust continued to operate at REAP level 4 which had impacted on most performance metrics. She reported that call answer demand in the Control Room and call responses had decreased by 2% and 1% respectively compared to previous years. She added that patients conveyed to hospital had also decreased by 1% compared to previous years.

Ms Paterson advised that response times in December were challenging across all categories. However, of particular concern was the Cat 2 response times which had deteriorated by 23 mins from quarter 1 to quarter 3 during 2023. Ms Paterson said that there was a direct correlation to increases in delayed handovers which impacted on those patients waiting in the community for a response.

She pointed out that the Trust continued to manage ASOS with crews only responding to Cat 1 calls on the last hour of shift.

Ms Paterson advised that the Trust's clinical H&T rate for December was 4.3% which was an increase from December while the clinical S&T rate remained static at 13.8%.

The Chair said she had found the Executive Summary helpful in setting the context.

Ms Lemon alluded to the absence management section of the report and highlighted several important points. She explained that

the Trust approach had been to focus, in the first instance, on progressing the top 50 longest-term absences to conclusion, supported by HR. Ms Lemon said that this focussed approach had supported a reduction in long-term absence which was reflected in the January 2024 figures, highlighting the lowest in-month level of absence for 2023-24.

However, she stressed that the Trust's focus on long-term absence could not be at the detriment of short-term absence and said she was confident that short-term absence was an area where there would be good traction and progress.

Ms Lemon referred to the reasons for absence and highlighted the fact that sickness absence due to mental health reasons represented 30% of sickness absence in 2023-24, with stress and work-related stress accounting for 15.01% and 7.38% respectively. She explained that, when a member of staff was absent from work due to work-related stress, there were specific processes to be followed around the Health and Safety Executive Risk Management Tool which aimed to provide a very focussed plan to enable the individual to return to work in a supportive and managed way. She added that Occupational Health Service (OHS) was also involved in this process.

Responding to a question from the Chair as to the OHS capacity to undertake this work, Ms Lemon acknowledged that there were limitations to the OHS capacity. She advised that the Trust had engaged with other providers to supplement the OHS and had held a workshop with the Belfast Trust who provided the OHS to agree a more proactive process in terms of managing referrals where NIAS would prioritise those staff to be seen by the OHS.

The Chair enquired as to the progress which had been made in relation to the redeployment process which had been protracted.

Ms Lemon advised that a detailed report would be presented to the PFOD Committee and noted that approximately twenty staff remained on the redeployment list. She pointed out that the Trust did not allow staff to remain on the redeployment list for indefinite periods of time. She explained that, in agreement with Trade Unions, the Trust had established an eight-week trajectory which aimed to resolve the redeployment issue at the end of the eight weeks. If this was not possible, other HR procedures would be

considered. Ms Lemon reminded members that, at one point, the Trust had had three times as many individuals on the redeployment list as it would have had previously and she believed that this had been a legacy from the pandemic.

Ms Lemon reported that the overall impact on the in-month figures from December to January had been a reduction from 15.56% to 13.6%. She acknowledged that it would take longer to reduce the cumulative figure. She pointed out that, in December, there were 230 members of staff off on long-term sickness absence and that this figure had reduced to 201 in January.

Mr Bloomfield said it was notable that the Trust had seen a reduction in its in-month absence figures in January and noted that 13.6% was the lowest monthly absence figure in the 2023-24 year. He pointed out that January was traditionally not a month when the Trust would see low absence figures.

Mr Bloomfield said he was confident that Directors around the table had a detailed knowledge of the top absences within their respective Directorates. He explained that, as she had recently assumed responsibility for PCS, Ms Charlton now joined his monthly meetings with Ms Byrne and Ms Lemon. Mr Bloomfield pointed out that the Trust was now commencing its examination of the next top 50 long-term absences and believed that this focussed approach had been fruitful.

The Chair said it would be remiss of her not to recognise the significant efforts which had been made to reach this point and acknowledged the major impact absence had on service delivery. She said she had made this point to the Permanent Secretary in terms of the 25% capacity lost at EDs which was then compounded by the Trust's high absence figures. The Chair said she was keen to see the cultural shift continue.

Mr Corrigan referred to the 20-day timescale for responding to complaints and noted that, in December 2023, only 23 were closed within the required timescale, with 39 remaining open and an average response time being 29 days. He sought further detail as to why the Trust found it challenging to respond within the 20-day timescale.



Responding, Ms Finn explained that continued service pressures was one of the factors which contributed to the Trust's inability to respond to complaints within the 20-day timescale. However, she explained that the Trust took the view that it was more important to provide a quality tailored response to each complaint which was signed by the Chief Executive. Ms Finn alluded to ongoing regional work to bring the complaints process into line with the process followed by local Councils which required responses to be sent within 20-days. However, she reiterated the importance of providing a quality response to complainants.

Mr Quinn said that, as a new Non-Executive Director, he had found the Performance Report very reassuring and accessible in terms of the information provided.

Mr Ashford echoed Mr Quinn's comments about the quality of the report and said he had noted the iterative process to reach this point. He commented that the SET was a significant outlier in terms of handover times.

The Chair agreed and said this had been highlighted in the Accountability Review meeting by the Permanent Secretary who had met with SET representatives the following day.

Mr Ashford asked whether the Key Performance Indicators (KPIs) in respect of the PCS were realistic and if they needed to be revisited. He acknowledged the challenge in reporting on performance where there were no indicators, for example, patient journeys per shift and asked if four was reasonable.

Ms Finn agreed and explained that the journeys per shift were difficult to baseline due to the geography and advised that the national metric was between 2.2 - 2.4 patients per journey. However, the Trust had significant work to do to reach this point. Ms Finn described some of the work underway in terms of improvements and said there had been agreement in principle from the Senior Management Team to consider introducing a supervisory tier for this service. She acknowledged that 95% was an ambitious target in terms of inward and outward journeys and said the Trust needed to revisit this to determine if it was realistic.

Continuing, Ms Finn said that meetings had been scheduled with other Trusts to discuss PCS and how NIAS could improve the

service. She indicated that cancelled journeys had not been reflected in this report and it would be important to review this with a view to having this information available for the next Trust Board meeting.

Ms Paterson referred to the Internal Audit report on PCS and said that Ms Finn and her team were taking forward some focussed work on quality improvement as well as significant work around governance and processes.

The Chair suggested that it would be helpful for members to receive a general update on PCS along with details of the revised improvement plan at a future Trust Board meeting. Members agreed that this would be helpful.

Following this discussion, the Board **NOTED** the Trust Performance Corporate Scorecard (January 2024).

#### 10 **Finance Report (December – Month 9) (TB22/02/2024/07)**

At the Chair's invitation, Mr Nicholson advised that the Trust was reporting a breakeven position at 31 December 2023 and was forecasting a breakeven position for the year ending 31 March 2024.

He advised that the only significant outstanding allocation related to the Integrated Clinical Hub and said that, while the Trust had been assured of this allocation, it remained subject to business case processes.

Mr Nicholson referred to page 5 of the report which focussed on expenditure against voluntary and private ambulance services which he said remained significant. He noted that expenditure could vary on a month-to-month basis.

Mr Nicholson alluded to the Trust's Capital Resource Limit allocation of £6.381 million which included allocations for Fleet & Estate, ICT, Leases and Backlog Maintenance. He indicated that there was a significant amount of expenditure to be incurred between now and the end of the financial year. Mr Nicholson said that this would make for a busy end of year as vehicles were commissioned into service. He noted that, while funding had been identified in-year for increased fleet costs and replacement

defibrillators, it was subject to formal allocations and business case approval, procurement timelines and supplier capacity. Mr Nicholson commended those involved in the complex business case process.

Concluding his report, Mr Nicholson confirmed that the Trust continued to achieve its prompt payment targets.

The Chair referred to the extremely challenging financial position and said that, for the Trust to forecast a breakeven position at year end, had required significant effort from all staff. She said that she did not underestimate the challenges ahead in the 2024-25 year.

Dr Graham noted that similar comments in relation to the Trust's forecast breakeven position had been made at the recent ARAC meeting and it had been noted that this would not be replicated across the HSC.

The Chair thanked Mr Nicholson for the Finance Report (December – Month 9) which was **NOTED** by the Board.

#### 11 **NIAS Policies:**

- **Operational Road Risk, Fleet Safety Policy v1.0**
- **Driving and Care of Vehicles on behalf of the Trust – Standard Operating Procedure (SOP) (TB22/02/2024/08)**

The Board **NOTED** the above policy and SOP which had been approved by the Safety Committee.

Mr Ashford pointed out that the Committee had approved the policy at risk and acknowledged that there were aspects of the policy which were necessary. He said the Committee had been assured that there would be a prioritised approach to its implementation and it was on this basis that the Committee approved it with the caveat that a phased implementation plan would be brought back to the Committee for consideration.

Mr Bloomfield advised that similar concerns had been expressed by the Trust's Senior Management Team when it had considered the policy. However, he indicated that it had been the view that it would present a more significant risk for the Trust not to have a policy.

Mr Quinn alluded to the pharmacy update provided by Ms Hanna to the Safety Committee and noted the secondments of two team members.

Mr Sinclair confirmed that the Trust had been able to reprofile funding to make the pharmacy technician post permanent and said discussions were ongoing as to the part-time pharmacist post within the team.

12 **Committee Business:**

- **Safety Committee – minutes of meeting on 17 November & report of meeting on 25 January 2024;**
- **Audit & Risk Assurance Committee – minutes of meeting on 5 October 2023 & report of meeting on 1 February 2024; (TB22/02/2024/09)**

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

13 **Date of Next Meeting**

The next NIAS Trust Board will be held on Thursday 28 March 2024 at 10am in the Boardroom, NIAS HQ.

14 **Any Other Business**

(i) **Cyber Security Awareness Training**

Ms Paterson said she planned to arrange cyber security awareness training for Non-Executive Directors before the end of the financial year and hoped to schedule this to coincide with the March Board meeting.

**THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 1.05PM.**

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

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





# TRUST BOARD – 22 FEBRUARY 2024

		INDIVIDUAL ACTIONING	UPDATE
	<b>PUBLIC</b>		
1	Strategic Planning workshop: - share report with members	Chair	E-mailed to members on 15/3/24 On March TB agenda
2	Pilot to increase domiciliary care capacity: - keep Board apprised	MB	Will provide update when available
3	Road Safety Strategy Forum: - update members on causes of increased road fatalities and detail of Strategy	MB	Will provide update when available
4	Review Trust responses to patient safety correspondence to ascertain if any trends & subsequently raise at meeting of Trust Chairs/CEs	LC  Chair	Work is ongoing in this regard  Linked to above
5	GIRFT workshop: - keep Board updated	RB	Update to be provided under Matters Arising
6	Risk Register: - discussion at Committee level re risks relevant to that Committee and ensure mitigations are appropriate;	MP	Ongoing
7	Share remit of Committees and function with NEDs at next NED meeting	Lead Director/CM	Date for meeting currently being identified



# Northern Ireland Ambulance Service Health and Social Care Trust



8	General update on PCS along with details of the revised improvement plan to be provided at a future Trust Board meeting	LC	LC/CM liaising to identify appropriate Trust Board
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TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	28 March 2024
Title of paper:	Partnership Agreement between NIAS and DoH
Brief summary:	<p>The Partnership Agreement sets out the partnership arrangements between the Trust and the DoH. In particular, it explains the overall governance framework within which NIAS operates, including the framework through which the necessary assurances are provided to stakeholders. Roles/responsibilities of partners within the overall governance framework are also outlined.</p> <p>The partnership is based on a mutual understanding of strategic aims and objectives; clear accountability; and a recognition of the distinct roles each party contributes.</p>
Recommendation:	<div> <div>For Approval</div> <div><input type="checkbox"/></div> <div>For Noting</div> <div><input checked="" type="checkbox"/></div> </div>
Previous forum:	SMT
Prepared and presented by:	Carol Mooney, Board Secretary Maxine Paterson, Director Planning, Performance & Corporate Services
Date:	21 March 2024

# Partnership Agreement

between

The Department of Health

and

The Northern Ireland Ambulance Service Trust

04 January 2024

## CONTENTS

Introduction .....	4
1. The Partnership Agreement.....	4
NIAS Establishment and Purpose .....	7
2. Statutory Purpose and Strategic Objectives .....	7
NIAS Governance Arrangements.....	9
3. Organisational Status .....	9
4. Governance Framework .....	9
5. NIAS Board.....	9
6. Audit and Risk Assurance Committee .....	11
7. NIAS Chair.....	12
8. NIAS Chief Executive .....	13
Role of the Department of Health.....	15
9. Partnership Working with NIAS.....	15
10. Lead Official.....	16
11. Annual Engagement Plan .....	16
12. Departmental Accounting Officer .....	17
13. Attendance at Public Accounts Committee .....	19
Assurance Framework .....	20
14. Autonomy and Proportionality.....	20
15. Board Effectiveness.....	21
16. Board Appraisals .....	22
17. Internal Audit Assurance.....	22
18. Externally Audited Annual Report and Accounts .....	23
Signatories .....	25
Annex 1 - Applicable Legislation .....	26
Annex 2 - Annual Engagement Plan .....	27
Annex 3 - Delegations .....	39



Annex 4 - System of Assurance ..... 40

Annex 5 - Concerns/Complaints in respect of Board members..... 41

Annex 6 - Applicable Guidance ..... 43

Annex 7 - Role of the Minister .....44

Annex 8 - Partnerships between Departments and Arm's Length Bodies: NI Code of  
Good Practice.....45

## Introduction

### 1. The Partnership Agreement

- 1.1 This document sets out the partnership arrangements between the Northern Ireland Ambulance Service Trust (NIAS) and the Department of Health (the Department). In particular, it explains the overall governance framework within which NIAS operates, including the framework through which the necessary assurances are provided to stakeholders. Roles/responsibilities of partners within the overall governance framework are also outlined.
- 1.2 The partnership is based on a mutual understanding of strategic aims and objectives; clear accountability; and a recognition of the distinct roles each party contributes. Underpinning the arrangements are the principles set out in the NI Code of Good Practice ***‘Partnerships between Departments and Arm’s-Length Bodies’*** which should be read in conjunction with this document. The principles which are laid out in the Code are:

LEADERSHIP
<i>Partnerships work well when Departments and Arm’s Length Bodies demonstrate good leadership to achieve a shared vision and effective delivery of public services. Strong leadership will provide inspiration, instil confidence, and trust and empower their respective teams to deliver good outcomes for citizens.</i>
PURPOSE
<i>Partnerships work well when the purpose, objectives and roles of Arm’s Length Bodies and the sponsor Department are clear, mutually understood and reviewed on a regular basis. There needs to be absolute clarity about lines of accountability and responsibility between Departments and Arm’s Length Bodies. In exercising statutory functions Arm’s Length Bodies need to have clarity about how their purpose and objectives align with those of Departments.</i>

ASSURANCE
<i>Partnerships work well when Departments adopt a proportionate approach to assurance, based on Arm's Length Bodies' purpose and a mutual understanding of risk. Arm's Length Bodies should have robust governance arrangements in place and in turn Departments should give Arm's Length Bodies the autonomy to deliver effectively. Management information should be what is needed to enable Departments and Arm's Length Bodies to provide assurance and assess performance.</i>
VALUE
<i>Partnerships work well when Departments and Arm's Length Bodies share knowledge, skills, and experience in order to enhance their impact and delivery. Arm's Length Bodies are able to contribute to policy making and Departmental priorities. There is a focus on innovation, and on how Departments and Arm's Length Bodies work together to deliver the most effective policies and services for its customers.</i>
ENGAGEMENT
<i>Partnerships work well when relationships between Departments and Arm's Length Bodies are open, honest, constructive and based on trust. There is mutual understanding about each other's objectives and clear expectations about the terms of engagement.</i>

A full copy of the NI Code can be found at Annex 8.

1.3 This document should also be read in conjunction with guidance on proportionate autonomy which provides an outline of the principles and characteristics for proportionate autonomy (see DAO (DoF) 06/19). Guidance on proportionate autonomy has been considered in determining the extent of engagement and assurance to be established between NIAS and the Department and this is reflected in this agreement.

1.4 The Department and NIAS are committed to:

- Working together within distinct roles and responsibilities;
- Maintaining focus on successful delivery of Programme for Government (PfG) outcomes and Ministerial priorities (see also paras 2.6 and 2.7);
- Maintaining open and honest communication and dialogue;
- Keeping each other informed of any issues and concerns, and of emerging areas of risk; - "No surprises"
- Supporting and challenging each other on developing policy and delivery;
- Seeking to resolve issues quickly and constructively; and



- Acting at all times in the public interest and in line with the values of integrity, honesty, objectivity and impartiality.
- 1.5 The effectiveness of the partnership and the associated Engagement Plan will be reviewed each year by the Department and NIAS in order to assess whether the partnership is operating as intended and to identify any emerging issues/opportunities for enhancement. This can be carried out as part of existing governance arrangements. The Partnership Agreement document itself will be reviewed formally at least once every three years to ensure it remains fit for purpose and up to date in terms of current governance frameworks.
- 1.6 The formal review will be proportionate to the size and overall responsibilities of NIAS and will be published on the Departmental and NIAS websites as soon as practicable following completion.
- 1.7 A copy of this agreement has been placed in the Assembly Library and is available on the Departmental and NIAS websites.

## NIAS Establishment and Purpose

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### 2. Statutory Purpose and Strategic Objectives

- 2.1 The NIAS is classified as a health and social care body (akin to an executive non-Departmental public body) established by means of an Establishment Order made under Article 10 of the Health and Personal Social Services (Northern Ireland) Order 1991 (the 1991 Order). The Establishment Order is the Northern Ireland Ambulance Service Health & Social Services Trust (Establishment) Order (Northern Ireland) 1995 (the 1995 Establishment Order). For national accounts purposes NIAS is classified to the central government sector.
- 2.2 NIAS is established for the purposes specified in Article 3 of the 1995 Establishment Order ( [The Northern Ireland Ambulance Service Health and Social Services Trust \(Establishment\) Order \(Northern Ireland\) 1995](#) ([legislation.gov.uk](http://legislation.gov.uk)) These include any functions of the Department with respect to the administration of health and social care that the Department may direct. The Minister for the Department of Health is answerable to the Assembly for the overall performance and delivery of both the Department and NIAS.
- 2.3 The Executive's outcome-based approach to delivery recognises the importance of Arm's Length Bodies and Departments working collaboratively and together in a joined-up approach to improve overall outcomes and results.
- 2.4 To that end there is strategic alignment between the aims, objectives and expected outcomes and results of NIAS and the Department.
- 2.5 The strategic aims of NIAS are set out in its Corporate Plan and are built around the following seven transformation priorities:
- Delivering Care
  - Our Workforce
  - Organisational Development
  - Quality Improvement

- Digital Enablers
- Our Infrastructure
- Communications and Engagement

Each of these transformation priorities encompass a range of objectives which focus on key deliverables for change.

## NIAS Governance Arrangements

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### 3. Organisational Status

- 3.1 NIAS is a legal entity in its own right, employing its own staff and operating at arm's-length from the Department. As a legal entity it must comply with all associated legislation including legislation relating to its employer status.

### 4. Governance Framework

- 4.1 NIAS has an established Corporate Governance Framework which reflects all relevant good practice guidance. The framework includes the governance structures established within NIAS and the internal control and risk management arrangements in place. This includes its Board and Committee Structure. The Department should be satisfied with the framework.
- 4.2 An account of this is included in NIAS's annual Governance Statement together with the NIAS Board's self-assessment of its compliance with the extant Corporate Governance Code of Good Practice (NI). Any departure from the Corporate Governance Code must be explained in the Governance Statement. The extant Corporate Governance Code of Good Practice (NI) is available on the Department of Finance (DoF) website.
- 4.3 NIAS is required to follow the principles, rules, guidance and advice in *Managing Public Money Northern Ireland*. A list of other applicable guidance and instructions which NIAS is required to follow is set out in Annex 6. Good governance should also include positive stakeholder engagement, the building of positive relationships and a listening and learning culture.

### 5. NIAS Board

- 5.1 NIAS is led by a Board, non-executive members of which are appointed by the Minister of Health. The Health and Social Services Trusts (Membership and Procedure Regulations (Northern Ireland) 1994, Article 2 states that 'The



maximum number of directors of an HSS trust shall be eleven.’ Under The Northern Ireland Ambulance Service Health and Social Services Trust (Establishment) Order (Northern Ireland) 1995, Article 4 ‘The trust shall have, in addition to the chairman, 5 non-executive directors and 5 executive directors’.

The appointment process for non-executive Board members complies with the Code of Practice on Public Appointments for Northern Ireland. The Health and Social Services Trusts (Membership and Procedure Regulations (Northern Ireland) 1994, Article 3(2) states that ‘The executive directors of an HSS trust shall be appointed by the relevant committee’.

- 5.2 As Public Appointees Non-Executive Board members are office holders rather than employees, they are not subject to employee terms and conditions. Board appraisal arrangements are set out in paras 15.1 and 15.2 and matters for consideration in dealing with concerns/complaints in respect of Board members are provided in Annex 5.

The Board’s operating framework/terms of reference/Standing Orders provide further detail on roles and responsibilities and should align closely with this Partnership Agreement.

- 5.3 The purpose of the NIAS Board is to provide effective leadership and strategic direction to the organisation and to ensure that the policies and priorities set by the Minister for Health are implemented. It is responsible for ensuring that the organisation has effective and proportionate governance arrangements in place and an internal control framework which allow risks to be effectively identified and managed. The Board will set the culture and values of the organisation and set the tone for the organisation’s engagement with stakeholders and customers.
- 5.4 The Board is responsible for holding the Chief Executive to account for the management of the organisation and the delivery of agreed plans and outcomes. The Board should also however support the Chief Executive and Executive Directors as appropriate in the exercise of their duties.



- 5.5 Board members act solely in the interests of NIAS and must not use the Board as a platform to champion their own interests or pursue personal agendas. They occupy a position of trust, and their standards of action and behaviour must be exemplary and in line with the seven principles of public life (Nolan principles). NIAS has a Board Code of Conduct and Code of Accountability for Board members and there are mechanisms in place to deal with any Board disputes/conflicts to ensure they do not become wider issues that impact on the effectiveness of the Board. A Board Register of Interests is maintained, kept up to date and is publicly available to help provide transparency and promote public confidence in NIAS.
- 5.6 Communication and relationships within the Board are underpinned by a spirit of trust and professional respect. The Board recognises that using consensus to avoid conflict or encouraging members to consistently express similar views or consider only a few alternative views does not encourage constructive debate and does not give rise to an effective Board dynamic.
- 5.7 It is for the Board to decide what information it needs, and in what format, for its meetings/effective operation. If the Board is not confident that it is being fully informed about the organisation this will be addressed by the Chair of the Board as the Board cannot be effective with out-of-date or only partial knowledge.
- 5.8 To fulfil their duties, Board members must undertake initial training, and regular ongoing training and development. Review of Board skills and development will be a key part of the annual review of Board effectiveness.

## **6. Audit and Risk Assurance Committee**

- 6.1 A further important aspect of NIAS's governance framework is its Audit and Risk Assurance Committee, established in line with the extant Audit and Risk Assurance Committee Handbook (NI).

6.2 The Audit and Risk Assurance Committee's purpose/role is to support the Accounting Officer and Board on governance issues. In line with the handbook the Audit and Risk Assurance Committees focuses on:

- assurance arrangements over governance; financial reporting; annual reports and accounts, including the Governance Statement; and
- ensuring there is an adequate and effective risk management and assurance framework in place.

6.3 NIAS and the Department have agreed arrangements in respect of Audit and Risk Assurance Committees which include:

- attendance by Departmental representatives in an observer capacity at NIAS's Audit and Risk Assurance Committee meetings;
- Access to NIAS Audit and Risk Assurance Committee papers and minutes;
- Any input required from NIAS's Audit and Risk Assurance Committee to the Departmental Audit and Risk Assurance Committee.

6.4 Full compliance with the Audit and Risk Assurance Committee Handbook (NI) is an essential requirement. In the event of significant non-compliance with the handbook's five good practice principles (or other non-compliance) discussion will be required with the Department and a full explanation provided in the annual Governance Statement.

6.5 The extant Audit and Risk Assurance Committee Handbook (NI) is available on the DoF website.

## 7. NIAS Chair

7.1 The Chair is responsible for setting the agenda and managing the Board to enable collaborative and robust discussion of issues. The Chair's role is to develop and motivate the Board and ensure effective relationships in order that the Board can work collaboratively to reach a consensus on decisions. To achieve this, the Chair should ensure:

- The Board has an appropriate balance of skills appropriate to its business;

- Board members are fully briefed on terms of appointment, duties, rights and responsibilities;
- Board members receive and maintain appropriate training;
- The Minister is advised of NIAS's needs when Board vacancies arise;
- There is a Board Operating Framework (Standing Orders) in place setting out the roles and responsibilities of the Board in line with relevant guidance;
- There is a code of practice for Board members in place, consistent with relevant guidance.

7.2 The role also requires the establishment of an effective working relationship with the NIAS Chief Executive that is simultaneously collaborative and challenging. It is important that the Chair and Chief Executive act in accordance with their distinct roles and responsibilities as laid out in Managing Public Money NI and their appointment letters.

7.3 The Chair has a presence in the organisation and cultivates external relationships which provide useful links for the organisation while being mindful of overstepping boundaries and becoming too involved in day-to-day operations or executive activities.

## **8. NIAS Chief Executive**

8.1 The role of the NIAS Chief Executive is to run NIAS's business. The Chief Executive is responsible for all executive management matters affecting the organisation and for leadership of the executive management team.

8.2 The Chief Executive is designated as NIAS Accounting Officer by the Departmental Accounting Officer (see section 12). As Accounting Officer, they are responsible for safeguarding the public funds in their charge and ensuring they are applied only to the purposes for which they were voted and more generally for efficient and economical administration.



- 8.3 The Chief Executive is accountable to the Board for NIAS's performance and delivery of outcomes and targets and is responsible for implementing the decisions of the Board and its Committees. The Chief Executive maintains a dialogue with the Chair on the important strategic issues facing the organisation and for proposing Board agendas to the Chair to reflect these. The Chief Executive ensures effective communication with stakeholders and communication on this to the Board. The Chief Executive also ensures that the Chair is alerted to forthcoming complex, contentious or sensitive issues, including risks affecting the organisation.
- 8.4 The Chief Executive acts as a role model to other executives by exhibiting open support for the Chair and Board members and the contribution they make. The Chair and Chief Executive have agreed how they will work together in practice, understanding and respecting each other's role, including the Chief Executive's responsibility as Accounting Officer.
- 8.5 Further detail on the role and responsibilities of the Chief Executive are as laid out in Managing Public Money NI and their Accounting Officer appointment letter.

#### The Chief Executive's role as Principal Officer for Ombudsman Cases

- 8.6 The Chief Executive is the Principal Officer for handling cases involving the NI Public Sector Ombudsman. The Chief Executive shall advise the Departmental Accounting Officer, through their relevant Sponsor Branch contact, of any complaints about NIAS accepted by the Ombudsman for investigation, and about the proposed response to any subsequent recommendations from the Ombudsman.

## Role of the Department of Health

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### 9. Partnership Working with NIAS

- 9.1 The Department of Health and NIAS are part of a total delivery system, within the same Ministerial portfolio. The partnership between the Department and NIAS is open, honest, constructive and based on trust. There is mutual understanding of each other's objectives and clear expectations on the terms of engagement.
- 9.2 In exercising its functions NIAS has absolute clarity on how its purpose and objectives align with those of the Department. There is also a shared understanding of the risks that may impact on each other, and these are reflected in respective Risk Registers.
- 9.3 There is a regular exchange of skills and experience between the Department and NIAS and where possible joint programme/project delivery boards/ arrangements. NIAS may also be involved as a partner in policy/strategy development and provides advice on policy implementation/ the impact of policies in practice. NIAS is involved in a number of programmes of work to which the Trust contributes or provides specialist advice.
- 9.4 The DoF has established, on behalf of the Assembly, a delegated authority framework which sets out the circumstances where prior DoF approval is required before expenditure can be incurred, or commitments entered into. The Accounting Officer of the Department of Health has established an internal framework of delegated authority for the Department and its ALBs [[HSC\(F\) 33-2023 - Revised HSC & NIFRS Delegated Limits and requirements for Departmental / DoF approval](#)] which applies to NIAS. Where other specific approval requirements are established in respect of NIAS these will be set out at Annex 3.
- 9.5 Once NIAS's budget has been approved by the Minister and the Department [and subject to any restrictions imposed by statute / the Minister / this Partnership



Agreement or any other circulars, directives, and best practice guidance that may issue from, or by way of, the Department] NIAS shall have authority to incur expenditure approved in the budget without further reference to the Department. Inclusion of any planned and approved expenditure in the budget shall not however remove the need to seek formal Departmental approval where proposed expenditure is outside the delegated limits (as laid out in Annex 3) or is for new schemes not previously agreed. Nor does it negate the need to follow due processes laid out in guidance contained in Managing Public Money NI and Better Business Cases NI.

## 10. Lead Official

10.1 The Department has appointed an Executive Board Member (EBM) supported by a lead senior official (Director level) to manage the relationship with NIAS and ensure effective partnership working. Engagement between the Department and NIAS will be co-ordinated, collaborative and consistent. A clear sense of collaboration and partnership will be communicated to staff in both the Department and NIAS in order to promote mutual understanding and support. The lead senior official will normally be supported by other team members, and key contacts within the Department for NIAS such as Finance.

10.2 The lead senior official is the main policy lead for the policy area relating to NIAS business and has a clear understanding of NIAS's responsibilities for policy implementation/operational delivery and the relevant audiences/stakeholders involved.

10.3 The lead senior official will ensure that where there are relevant Departmental policy staff changes, time is taken to ensure they have a full understanding of NIAS's business and challenges.

## 11. Annual Engagement Plan

11.1 The Department and NIAS will agree an engagement plan before the start of each business year. The Annual Engagement Plan (Annex 2) will set out the

timing and nature of engagement between NIAS and the Department. The engagement plan will be specific to NIAS and should not stray into operational oversight.

11.2 Engagement between the Department's lead official/their teams and NIAS will be centred on partnership working, understanding of shared risks, and working together on business developments that align with policy objectives.

11.3 In line with relevant guidance<sup>1</sup>, NIAS will work in collaboration and partnership with the Department to prepare corporate and business plans. There should be good high level strategic alignment between Departmental and NIAS plans. Once approved it will be the Board of NIAS that primarily holds the Chief Executive to account for delivery and performance. The Department will engage with NIAS on areas of strategic interest, linking Departmental policy and NIAS delivery of policy intent.

11.4 The Annual Engagement Plan will also reference the agreed management and financial information to be shared over the course of a year. The aim will be to ensure clear understanding of why information is necessary and how it will be used. Where the same, or similar information is required for internal governance information requirements will be aligned so that a single report can be used for both purposes. In addition, the engagement plan should consider opportunities for learning and development, growth and actions which could help achieve better outcomes.

## 12. Departmental Accounting Officer

12.1 The Departmental Accounting Officer is accountable to the NI Assembly for the issue of grant in aid to NIAS. The Departmental Accounting Officer has designated the Chief Executive of NIAS as NIAS Accounting Officer and respective responsibilities of the Departmental Accounting Officer and the NIAS Accounting Officer are set out in Chapter 3 of Managing Public Money NI. The

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<sup>1</sup> Guidance issued by TEO on NICS Work Programme which includes guidance on business planning for an outcomes-based PfG/ODP

Departmental Accounting Officer may withdraw the NIAS Accounting Officer designation if they conclude that the NIAS Accounting Officer is no longer a fit person to carry out the responsibilities of an Accounting Officer or that it is otherwise in the public interest that the designation be withdrawn. In such circumstances the NIAS Board will be given a full account of the reasons for withdrawal and a chance to make representations. Withdrawal of NIAS Accounting Officer status would bring into question employment as Chief Executive and the Chair should engage with the Department should such circumstances arise.

12.2 As outlined in section 8, the NIAS Chief Executive is accountable to the NIAS Board for the stewardship of NIAS. This includes advising the Board on matters of financial propriety, regularity, prudent and economical administration, efficiency, and effectiveness.

12.3 The Departmental Accounting Officer must be informed in the event that the judgement of the NIAS Accounting Officer (on matters for which they are responsible) is over-ridden by the NIAS Board. The NIAS Accounting Officer must also take action if the NIAS Board is contemplating a course that would infringe the requirement for financial propriety, regularity, prudent and economical administration, efficiency or effectiveness. In all other regards, the Departmental Accounting Officer has no day-to-day involvement with NIAS or its' Chief Executive.

12.4 In line with DoF requirements, the NIAS Accounting Officer will provide an annual declaration of fitness to act as Accounting Officer to the Departmental Accounting Officer.

It is noted that Accounting Officer training (provided by the Chief Executives' Forum) must be completed by all new designated Accounting Officers at least within six months of appointment. Refresher training should be undertaken at least every six years.



### 13. Attendance at Public Accounts Committee

13.1 The NIAS Chief Executive/Accounting Officer may be summoned to appear before the Public Accounts Committee to give evidence on the discharge of their responsibilities as Accounting Officer (as laid out in their Accounting Officer appointment letter) on issues arising from the Comptroller and Auditor General's (C&AG's) studies or reports following the annual audit of accounts.

13.2 The Chair may also, on occasion, be called to give evidence to the Public Accounts Committee on such relevant issues arising within the C&AG's studies or reports, in relation to the role and actions taken by the Board, where appropriate.

13.3 In addition, the Departmental Accounting Officer may be summoned to appear before the Public Accounts Committee to give evidence on the discharge of their responsibilities as Departmental Accounting Officer with overarching responsibility for NIAS. In such circumstances, the Departmental Accounting Officer may therefore expect to be questioned on their responsibilities to ensure that:

- there is a clear strategic control framework for NIAS;
- sufficient and appropriate management and financial controls are in place to safeguard public funds;
- the nominated Accounting Officer is fit to discharge his or her responsibilities;
- there are suitable internal audit arrangements;
- accounts are prepared in accordance with the relevant legislation and any accounting direction; and
- intervention is made, where necessary, in situations where the NIAS Accounting Officer's advice on transactions in relation to regularity, propriety or value for money is overruled by the body's Board or its Chair.

## Assurance Framework

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### 14. Autonomy and Proportionality

- 14.1 The Department will ensure that NIAS has the autonomy to deliver effectively, recognising its status as a separate legal entity which has its own Board and governance arrangements. Guidance on proportionate autonomy has been considered in determining the extent of engagement and assurance established between NIAS and the Department and is reflected in this agreement.
- 14.2 A proportionate approach to assurance will be taken based on NIAS's overall purpose, business and budget and a mutual understanding of risk. The approach will include an agreed process through which the NIAS Accounting Officer provides written assurance to the Department that the public funds and organisational assets for which they are personally responsible are safeguarded, have been managed with propriety and regularity, and use of public funds represents value for money.
- 14.3 Recognising the governance arrangements in place within the organisation, the NIAS Accounting Officer will arrange for their written assurance to be discussed at the NIAS Audit and Risk Assurance Committee and presented to the NIAS Board prior to submission to the Department where possible. If not possible, or practicable, the Chair of the NIAS Board should have sight of the assurance statement, prior to it being submitted to the Department.
- 14.4 The NIAS Chair will provide written confirmation that the NIAS Accounting Officer's formal assurance has been considered by the Board and is reflective of NIAS's current position.
- 14.5 In addition to the NIAS Accounting Officer's written assurance, the Department will take assurance from the following key aspects of NIAS's own governance framework:
- Annual Review of Board Effectiveness;



- Completion of Board Appraisals which confirm Board member effectiveness;
- Internal Audit assurance and External Quality Assessment of the Internal Audit function;
- Externally audited Annual Report and Accounts, reviewed/considered by the NIAS Audit and Risk Assurance Committee.

## 15. Board Effectiveness

15.1 The NIAS Chair will ensure that the NIAS Board undertakes an annual review of Board Effectiveness<sup>2</sup> which encompasses committees established by the Board.

15.2 The Chair will discuss the outcome of the annual review of Board Effectiveness with the DoH EBM Sponsor and the lead official to ensure a partnership approach to any improvements identified. This will inform the annual programme of Board training/development and discussions in respect of Board composition and succession.

15.3 In line with any parameters set out in founding (or other) legislation, the Chair in conjunction with the Department, and Ministers where appropriate, will consider the size and composition of the NIAS Board, proportionate to the size and complexity of NIAS and keep this under review.

15.4 In addition to the annual review of Board Effectiveness NIAS will undertake an externally facilitated review of Board effectiveness at least once every three years covering the performance of the Board, its Committees, and individual Board members. The Chair will liaise with the Department to identify a suitably skilled facilitator for the external review (this can be a peer review and should be proportionate) and will share the findings/outcome report with the Department on completion of the review.

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<sup>2</sup> NIAO Good Practice Guide on Board Effectiveness

## 16. Board Appraisals

- 16.1 The Chair of NIAS will conduct an annual appraisal in respect of each Non-Executive Board member which will also inform the annual programme of Board training/ development. The Chair will engage with the Chief Executive / Departmental EBM Sponsor and lead official as appropriate on improvements identified through the appraisal process and the annual training/development programme.
- 16.2 The Chair's annual appraisal will be completed by the relevant EBM within the Department. The appraisal will take account of the Key Characteristics of a good chairperson (particularly for the Chair to have well developed interpersonal skills) set out in the NIAO Good Practice Guide on Board Effectiveness available on the NIAO website. There will be close engagement between the Chair and DoH EBM Sponsor on improvements identified through the appraisal process.

## 17. Internal Audit Assurance

- 17.1 NIAS is required to establish and maintain arrangements for an internal audit function that operates in accordance with the Public Sector Internal Audit Standards (PSIAS). The Department must be satisfied with the competence and qualifications of the Head of Internal Audit and that the requirements for approving appointments are in accordance with PSIAS.
- NIAS utilise BSO's Internal Audit services. BSO Internal Audit is PSIAS compliant and based on an overarching Service Level Agreement and Memorandum of Understanding with the Department, BSO discharges functions, such as Internal Audit to HSC Trusts, on behalf of DoH.
- 17.2 NIAS will provide its internal audit strategy, periodic audit plans and annual audit report, including the Head of Internal Audit's opinion on risk management, control and governance to the Department. NIAS will ensure the Department's internal audit team have complete right of access to all relevant records. This applies whether the internal audit function is provided in-house or is contracted out.

17.3 NIAS will ensure regular, periodic self-assessments of the internal audit function in line with PSIAS and will share these with the Department. NIAS will also liaise with the Department on the External Quality Assessment (EQA) of the internal audit function which (in line with PSIAS) is required to be conducted at least once every five years by a qualified independent assessor.

17.4 NIAS will alert the Department to any less than satisfactory audit reports at the earliest opportunity on an ongoing basis. NIAS will also alert the Department to a less than satisfactory annual opinion from the Head of Internal Audit at the earliest opportunity. NIAS and the Department will then engage closely on actions required to address the less than satisfactory opinion in order to move NIAS to a satisfactory position as soon as possible.

17.5 The Department will take assurance from the fact that NIAS has met the requirements of PSIAS and has a satisfactory annual opinion from the Head of Internal Audit as part of its overall assurance assessment.

## **18. Externally Audited Annual Report and Accounts**

18.1 NIAS is required to prepare an Annual Report and Accounts in line with the Government Financial Reporting Manual (FReM) issued by DoF and the specific Accounts Direction issued by the Department, and in accordance with the deadlines specified.

18.2 The C&AG will arrange to audit the NIAS's annual accounts and will issue an independent opinion on the accounts. The C&AG passes the accounts to the Department who shall lay them before the NI Assembly together with NIAS's annual report.

18.3 The C&AG will also provide a Report to Those Charged with Governance (RTTCWG) to NIAS which NIAS will share with the Department.



- 18.4 NIAS will alert the Department to any likely qualification of the accounts at the earliest opportunity. In the event of a qualified audit opinion or significant issues reported in the RTTCWG the Department will engage with NIAS on actions required to address the qualification/significant issues.
- 18.5 The Department will take assurance from the external audit process and an unqualified position as part of its overall assurance assessment.
- 18.6 The C&AG may carry out examinations into the economy, efficiency, and effectiveness with which NIAS has used its resources in discharging its functions. The C&AG may also carry out thematic examinations that encompass the functions of NIAS.
- 18.7 For the purpose of audit and any other examinations, the C&AG has statutory access to documents as provided for under Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003.
- 18.8 Where making payment of a grant, or drawing up a contract, NIAS should ensure that it includes a clause which makes the grant or contract conditional upon the recipient or contractor providing access to the C&AG in relation to documents relevant to the transaction. Where subcontractors are likely to be involved, it should also be made clear that the requirements extend to them.

## Signatories

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NIAS and the Department of Health agree to work in partnership with each other in line with the NI Code of Good Practice ***‘Partnerships between Departments and Arm’s-Length Bodies’*** and the arrangements set out in this Agreement.

Signed (NIAS Chair)

Date

Signed (NIAS Chief Executive)

Date

Signed (Department of Health)

Date



## Annex 1 - Applicable Legislation

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List the founding legislation and other key statutes which provide NIAS with its statutory functions, duties and powers.

The applicable legislation is:

- [Health and Personal Social Services \(Northern Ireland\) Order 1972 \(legislation.gov.uk\)](#)
- The Health and Personal Social Services (Northern Ireland) Order 1991 ([The Health and Personal Social Services \(Northern Ireland\) Order 1991 \(legislation.gov.uk\)](#))
- The [Health and Personal Social Services \(Northern Ireland\) Order 1994 \(legislation.gov.uk\)](#)
- [The Northern Ireland Ambulance Service Health and Social Services Trust \(Establishment\) Order \(Northern Ireland\) 1995 \(legislation.gov.uk\)](#)
- The Health and Social Services Trusts (Membership and Procedure) (Amendment) Regulations (Northern Ireland) 2007 ([legislation.gov.uk](#))
- [Health and Social Care \(Reform\) Act \(Northern Ireland\) 2009 \(legislation.gov.uk\)](#)

## Annex 2 – Annual Engagement Plan

Good engagement is one of the key principles in the Partnership Code, underpinning the other principles of: Leadership; Purpose; Assurance; and Value.

As laid out in the Code, partnerships work well when relationships between Departments and ALBs are open, transparent, honest, constructive and based on trust and when there is mutual understanding of each other's objectives and clear expectations about the terms of engagement.

This engagement plan outlines the key areas of engagement between the Department of Health and NIAS and has been drawn up and agreed between the Department and NIAS.

Engagement Plan 2023/24		
Policy Development and Delivery		
<i>Add details of the planned engagement between the ALB and the Department in relation to development and monitoring of existing and new areas of policy.</i>		
Policy Area	Frequency/Timing	Lead Departmental/ALB Officials
Northern Ireland Ambulance Service (NIAS) policy	Regular monitoring of existing policy. As required when developing new areas of policy.	DoH Policy Lead Director NIAS Director of Planning, Performance & Corporate Services
Strategic Planning		
Activity	Date	Lead Departmental/ALB Official
ALB Strategic Planning Workshops – encompassing strategic planning and risk identification. Informed by input on Departmental	Sufficiently well in advance of the Business Year to inform development of the Business Plan for the year ahead	DoH Policy Lead Director NIAS Director of Planning, Performance & Corporate Services

priorities/plans and risk areas		
Engagement on the draft Business Plan and identification of areas of strategic interest to the Department to inform further scheduled engagement during the year	Sufficiently well in advance of the Business Year As required	DoH Policy Lead Director NIAS Director of Planning, Performance & Corporate Services (initially and then with relevant NIAS Directors)
Submission/presentation of the ALB Business Plan	February each year	DoH Policy Lead Director NIAS Chief Executive NIAS Director of Planning, Performance & Corporate Services
Approval of the ALB Business Plan	March each year	DoH Policy Lead Director NIAS Director of Planning, Performance & Corporate Services
Engagement on areas of strategic interest iro the ALB Business Plan during the year	January each year	DoH Policy Lead Director NIAS Director of Planning, Performance & Corporate Services

### Joint Working

*Add details of any interchange opportunities, and/or joint programme/project delivery boards*

Activity	Frequency/Timing	Lead Departmental/ALB Official
None	N/A	N/A

### Board Appointments

*Add details of any engagement related to Public Appointment exercises*

Activity	Date	Lead Departmental/ALB Official
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Public Appointments, new appointments, reappointment, or extension activity	Annual Workplan / as required	DoH Head of Public Appointments DoH Head of HSC Sponsorship Branch NIAS Chair
Succession Planning	Annually	DoH Head of Public Appointments NIAS Chair
Completion of Skills Audits for Non-Executive Directors	As required	NIAS Chair DoH Head of Public Appointments DoH Head of HSC Sponsorship Branch
Completion of Skills Audits for Non-Executive Director Chairs	As required	DoH Head of Public Appointments DoH Head of HSC Sponsorship Branch NIAS Outgoing Chair NIAS Chief Executive

#### Senior Executive Recruitment (including Chief executive)

*Add details of any engagement related to the recruitment of a new Senior Executive (if anticipated during the year ahead). ALBs should engage with the Department at an early stage in the event of the recruitment of a new Senior Executive. While recognising the role of the Board as employer, the Department will work closely with the ALB in the recruitment and selection process in line with extant guidance.*

Activity	Date	Lead Departmental/ALB Official
Approval to recruit to posts in Senior Executive grades (including Chief Executive)	In advance of proposed recruitment	DoH Director of Workforce Policy NIAS Chief Executive
Chief Executive acknowledges, in writing, receipt of a formal letter of designation as Accounting Officer defining the role	As required	NIAS Chief Executive DoH Head of HSC Sponsorship Branch



and responsibilities of this position		
Chief Executive has, within six months and preferably within three months of appointment, attended an accounting officer training course run by Chief Executives Forum	Between 3 and 6 months of appointment	NIAS Chief Executive DoH Head of HSC Sponsorship Branch
Refresher Accounting Officer Training is undertaken at least every six years	Every 6 years	NIAS Chief Executive DoH Head of HSC Sponsorship Branch
<b>Assurances</b> <i>Add details of the timetable for submission of key assurance sources and any other assurance related activity</i>		
<b>Action</b>	<b>Date</b>	<b>Lead Departmental/ALB Official</b>
Outcome of the Review of Board Effectiveness	Annual review with an externally facilitated review at least once every three years	NIAS Chair
Planning for the externally facilitated review of Board Effectiveness	Externally facilitated review at least once every three years	NIAS Chair
Board Appraisals and planned training/development for Board members	Annually following the end of the Business year.	NIAS Chair DoH Director of Public Appointments DoH Director of HSC Sponsorship
Chair Appraisal	Following the end of the Business year. After Board Appraisals have been completed by the Chair and the annual Review of Board	DoH Director of Public Appointments DoH EBM Sponsor DoH Permanent Secretary NIAS Chair

	Effectiveness has concluded	
Departmental Attendance at ARAC	Attendance as observer 1xpa	DoH Head of HSC Sponsorship Branch NIAS Chair
Assurance Statement	Bi-annual mid and end year	NIAS Chief Executive NIAS Director of Planning, Performance & Corporate Services DoH Head of HSC Sponsorship Branch DoH Head of Governance Unit
Draft Governance Statement	Annual - end year	NIAS Chief Executive NIAS Director of Finance DoH EBM Sponsor DoH Head of HSC Sponsorship Branch DoH Head of Governance Unit
Annual Report and Accounts	Annual	NIAS Chief Executive NIAS Director of Finance DoH Director of Finance
Report to those Charged with Governance	Bi-annual	NIAS Chief Executive NIAS Director of Finance
Engagement on other planned NIAO reports	As required	NIAS Chief Executive NIAS Director of Finance
Head of Internal Audit Annual report/Opinion	Annual	NIAS Chief Executive
Internal Audit Strategy and Plans	Annual	NIAS Chief Executive NIAS Director of Finance
Internal Audit External Quality Assessment	To be conducted at least once every five years	NIAS Chief Executive NIAS Director of Finance

Ground Clearing Meetings	Bi-Annual	DoH EBM Sponsor DoH Director of HSC Sponsorship NIAS Directors
Accountability Meetings	Mid and end year	DoH Permanent Secretary DoH EBM Sponsor NIAS Chair NIAS Chief Executive
Internal Audit reports with less than satisfactory assurance	Once - for consideration/ comment/ approval (where noted)	NIAS Directors DoH Policy Leads DoH Head of HSC Sponsorship Branch
Fraud return	Annually - for consideration/ comment/ approval (where noted)	NIAS Director of Finance DoH Director of Finance
Annual Report, with the draft submitted to the Department two weeks before the publication date ( <i>detailed timetable for the annual accounts, SIC etc is set by Finance Directorate</i> )	Annually - For information	NIAS Chief Executive NIAS Director of Finance DoH Director of Finance
Anti-Fraud Policy	Once, and then when revised - for information	NIAS Director of Finance DoH Director of Finance DoH Head of HSC Sponsorship Branch
Safety, Quality, Patient Experience & Performance (Safety) Committee papers (including draft minutes) for each meeting as and when issued to Committee members	Monthly - For information	NIAS Director of Quality, Safety & Improvement NIAS Medical Director  DoH Head of HSC Sponsorship Branch
Assurance Framework	Annually - For information	NIAS Director of Finance DoH Head of HSC Sponsorship Branch



Safety, Quality, Patient Experience & Performance (Safety) Committee Terms of Reference	Once, and then when revised - for information	NIAS Director of Quality, Safety & Improvement NIAS Medical Director DoH Head of HSC Sponsorship Branch
Audit and Risk Committee papers (including draft minutes) for each meeting as and when issued to Committee members)	Monthly - For information	NIAS Director of Finance DoH Head of HSC Sponsorship Branch
Audit and Risk Committee Terms of Reference	Once, and then when revised - for information	NIAS Director of Finance DoH Head of HSC Sponsorship Branch
Audit Strategy	Once, and then when revised - for information	NIAS Director of Finance DoH Head of HSC Sponsorship Branch
Board meeting papers (including draft minutes) for each meeting as and when issued to Board members)	Monthly - For information	NIAS Chief Executive DoH Head of HSC Sponsorship Branch
Business Continuity plan	Annually - For information	NIAS Director of Planning, Performance & Corporate Services DoH Head of HSC Sponsorship Branch
Code of Conduct for board members	Once, and then when revised - for information	NIAS Chair DoH Head of HSC Sponsorship Branch
Code of Practice for staff	Once, and then when revised - for information	Relevant NIAS Director DoH Head of HSC Sponsorship Branch
Complaints procedure	Once, and then when revised - for information	NIAS Director of Quality, Safety & Improvement  DoH Head of HSC Sponsorship Branch



Consultation Scheme	Once, and then when revised - for information	NIAS Director of Planning, Performance & Corporate Services DoH Head of HSC Sponsorship Branch
Corporate Plan (including the Business Plan), must be produced for Departmental approval	Annually - for consideration/ comment/ approval (where noted)	NIAS Chief Executive NIAS Director of Planning, Performance & Corporate Services DoH Head of HSC Sponsorship Branch
Corporate Risk Register	Bi-annual - for consideration/ comment/ approval (where noted)	NIAS Chief Executive NIAS Director of Planning, Performance & Corporate Services DoH Head of HSC Sponsorship Branch
Equality scheme	Once, and then when revised - for information	NIAS Director of HR & OD DoH Head of HSC Sponsorship Branch
Fraud Response Plan	Once, and then when revised - for information	NIAS Director of Finance DoH Director of Finance DoH Head of HSC Sponsorship Branch
Grievance and Disciplinary procedures	Once, and then when revised - for information	NIAS Director of HR & OD DoH Head of HSC Sponsorship Branch
Head of Internal Audit's end-of-year and mid-year opinions on risk management, control and governance	Annually - for consideration/ comment/ approval (where noted)	NIAS Director of Finance DoH Director of Finance
Inspection reports by external bodies (e.g. RQIA, MHRA, HTA, CPA), as specified in directions	Once - for consideration/ comment/ approval (where noted)	Relevant NIAS Director DoH Head of HSC Sponsorship Branch
Internal Audit Progress Report	Annually - for consideration/ comment/ approval (where noted)	NIAS Director of Finance DoH Head of HSC Sponsorship Branch

Internal Audit work-plan	Annually - for consideration/ comment/ approval (where noted)	NIAS Director of Finance DoH Head of HSC Sponsorship Branch
Mid-year Assurance Statement (by end-October each year)	Annually - for consideration/ comment/ approval (where noted)	NIAS Director of Finance DoH Head of HSC Sponsorship Branch
NIAO management letters	Once - for consideration/ comment/ approval (where noted)	NIAS Director of Finance DoH Head of HSC Sponsorship Branch
Publication scheme	Once, and then when revised - for information	Relevant NIAS Directors DoH Head of HSC Sponsorship Branch
Register of board members' interests	Annually - For information	NIAS Director of Finance DoH Head of HSC Sponsorship Branch
Report on quarterly assessment of progress being made in the delivery of the Corporate/Business Plan's aims and objectives	Quarterly - for consideration/ comment/ approval (where noted)	NIAS Director of Planning, Performance & Corporate Services DoH Head of HSC Sponsorship Branch
Whistle-blowing procedures	Once, and then when revised - for information	NIAS Director of HR & OD DoH Head of HSC Sponsorship Branch

### Budget Management

*Add details of the information and returns to be provided.*

Item and Purpose	Date	Lead Departmental/ALB Official
Engagement on budget requirements and Forecast Expenditure for the Financial Year	Annual	SPPG Director of Finance and Corporate Governance – HSC NIAS Director of Finance
Departmental approval of the annual budget	Annual	SPPG Director of Finance and Corporate Governance - HSC
Monthly Financial Management Returns	Monthly	SPPG Director of Finance and Corporate Governance – HSC NIAS Director of Finance

Monthly Cash Forecast	Monthly	SPPG Director of Finance and Corporate Governance – HSC NIAS Director of Finance
Monitoring Round Returns	As required	SPPG Director of Finance and Corporate Governance – HSC NIAS Director of Finance
Provisional Outturn	Annual/As required	SPPG Director of Finance and Corporate Governance - HSC
Final Outturn	Annual/As required	SPPG Director of Finance and Corporate Governance - HSC
DoF Commissioned Monitoring Rounds	June, October, and January (work commences the previous month)	DoH Head of Financial Management Unit / ALB
Business cases outside APB delegated limits or falling within the definition of Novel, Contentious or repercussive	Ad hoc	DoH Head of Finance Policy and Accountability Unit / ALBs
Write off outside delegated limits or which could be considered Novel, Contentious or repercussive	Ad hoc	DoH Head of Finance Policy and Accountability Unit / ALBs
Clinical Negligence claims, EL/OL Claims outside delegated limits or which could be considered Novel, Contentious or repercussive	Ad hoc	DoH Head of Finance Policy and Accountability Unit / ALBs
Test Drilling samples	Interim - November and Final – March	DoH Head of Finance Policy and Accountability Unit / ALBs
FAU circulars and memos in relation to Year – End Accounts production*	Year – End (March)	DoH Head of Financial Accounting Unit / All ALBs
Circulars – FD letters*	Ad hoc	DoH Head of Finance Policy and Accountability Unit / DoH Head of Financial Accounting Unit / All ALBs



Capital Spend Returns	Monthly	DoH Head of Capital Resources Unit / All ALBs
Capital Resource Limits (CRL) Returns	Ad hoc	DoH Head of Capital Resources Unit / All ALBs
ISNI Delivery Tracking System Updates	Monthly	DoH Head of Capital Resources Unit / All ALBs
Disposals	Bi-annually	DoH Head of Capital Resources Unit / All ALBs
General Capital Outturn	Annually	DoH Head of Capital Resources Unit / All ALBs
Capital Budget Exercises/10 Year Plan	Ad hoc	DoH Head of Capital Resources Unit / All ALBs
<b>Other</b> <i>Tailor as required to reflect the specific requirements</i>		
<b>Item and Purpose</b>	<b>Submission Date</b>	<b>Lead Departmental/ALB Official</b>
Accounting Officer - Fitness to Act as Accounting Officer	Annual request from the Departmental Accounting Officer	DoH Director of ALB Governance DoH Director of HSC Sponsorship
Fraud Reporting	Immediate reporting of all frauds (proven or suspected including attempted fraud	DoH Director of Finance NIAS Chief Executive NIAS Director of Finance
Media management protocols – independence of NIAS to engage with media/announcements of corporate and policy communications significant to NIAS - arrangements to share press releases where relevant – ensure no surprises.	Ad hoc	DoH Director of Communications NIAS Chief Executive  NIAS Head of Communications
Preparation of business cases – Departments and ALBs to consider working	Ad hoc	DoH Director of Estates NIAS Director of Finance



together to share expertise where appropriate.		
Whistleblowing cases/ Speaking Up/Raising Concerns.	Ad hoc	DoH Head of Corporate Governance Unit NIAS Director of HR & OD
NI Public Service Ombudsman (NIPSO) Cases	Ad hoc	NIAS Chief Executive DoH Director of HSC Sponsorship
<b>Review of the Partnership Arrangement</b>		
<i>Tailor as required to reflect the specific requirements</i>		
<b>Item and Purpose</b>	<b>Date</b>	<b>Lead Departmental/ALB Official</b>
Light touch review of the Partnership Agreement	Schedule following the end of the Business Year	DoH EBM Sponsor NIAS Chair NIAS Chief Executive
Formal review of the Partnership Agreement	To be conducted once every three years	DoH Permanent Secretary DoH EBM Sponsor NIAS Chair NIAS Chief Executive

## Annex 3 - Delegations

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### Delegated authorities

NIAS shall obtain the Department's prior written approval before:

- entering into any undertaking to incur any expenditure that falls outside the delegations or which is not provided for in the ALB's annual budget as approved by the Department;
- incurring expenditure for any purpose that is or might be considered novel or contentious, or which has or could have significant future cost implications;
- making any significant change in the scale of operation or funding of any initiative or particular scheme previously approved by the Department;
- making any change of policy or practice which has wider financial implications that might prove repercussive or which might significantly affect the future level of resources required; or
- carrying out policies that go against the principles, rules, guidance and advice in Managing Public Money Northern Ireland.

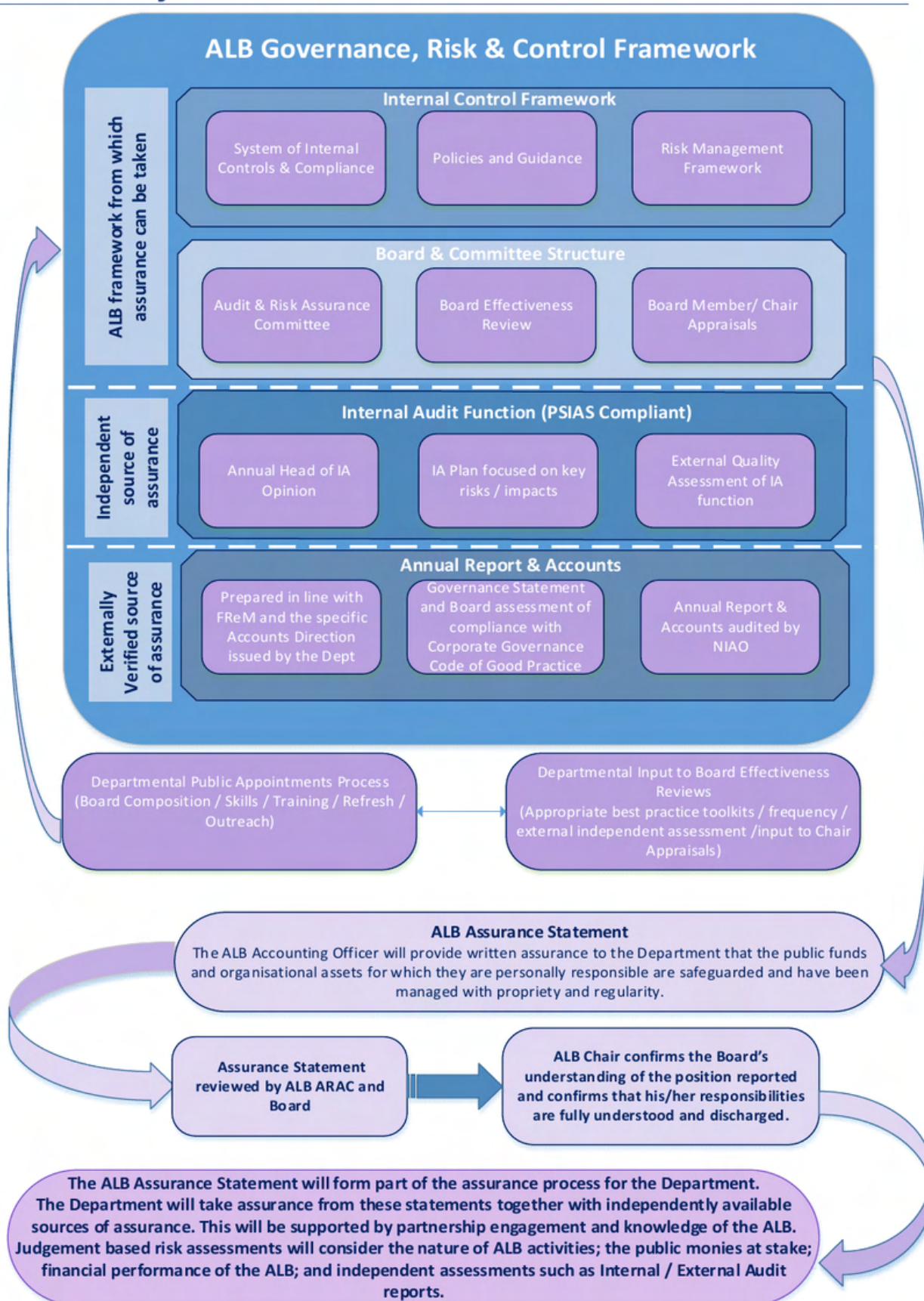
### NIAS Specific Delegated Authorities

The Department's internal framework of delegated authority applies to NIAS [[HSC\(F\) 33-2023 - Revised HSC & NIFRS Delegated Limits and requirements for Departmental / DoF approval](#)].

There are no other specific delegated authorities applicable to NIAS.

***These delegations shall not be altered without the prior agreement of the Department and, where applicable, DoF.***

## Annex 4 – System of Assurance





## **Annex 5 – Concerns/Complaints in respect of Board members**

In line with the NI Code of Good Practice and the arrangements in this Partnership Agreement the approach to concerns/complaints raised in respect of NIAS Board members should be transparent and collaborative. The principle of early and open engagement is important, with the Department made aware of any concerns/complaints as soon as practicable.

While Board Members are Public Appointees/office holders rather than NIAS employees an NIAS employee may utilise NIAS grievance procedure/other HR procedure to raise a complaint against a Board member. The NIAS employee raising the grievance should expect this to be handled in line with NIAS HR procedures.

Concerns/complaints might also be raised through:

- Raising Concerns/Whistleblowing arrangements;
- Complaints processes;
- Directly with NIAS or the Department.

Where a concern/complaint is received within NIAS in respect of an individual Board Member this should be provided to the NIAS Chair who should notify the Department at the outset in order that lead responsibility for handling the complaint/concern is clear in advance.

Where a concern/complaint relates to the NIAS Chair, NIAS should notify the Department at the outset for the Department to determine the approach to handling the complaint/concern.

Differences of view in relation to matters which fall within the Board's responsibilities are a matter for the Board to resolve through consensus-based decision making in the best interests of the NIAS.

Exceptionally a concern/complaint may be raised by a Board Member about a fellow Board Member or a senior member of NIAS staff. The NIAS Chair should notify the Department at the outset to ensure that arrangements for handling the



concern/complaint are clear. The Department may determine that it should make arrangements to deal with the concern/complaint. This will be agreed at the outset.

Arrangements for concerns/complaints in respect of Board members should be reflected in all relevant procedures, including Standing Orders and Board Operating Frameworks.

## Annex 6 - Applicable Guidance

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The following guidance is applicable to NIAS:

### Guidance issued by the Department of Finance

- Managing Public Money NI
- Public Bodies – A Guide for NI Departments
- Corporate Governance in central government Departments – code of good practice
- DoF Risk Management Framework
- HMT Orange Book
- The Audit and Risk Assurance Committee Handbook
- Public Sector Internal Audit Standards
- Accounting Officer Handbook – HMT Regularity, Propriety and Value for Money
- Dear Accounting Officer Letters
- Dear Finance Director Letters
- Dear Consolidation Officer and Dear Consolidation Manager Letters
- The Consolidation Officer Letter of Appointment
- Government Financial Reporting Manual (FReM)
- Guidance for preparation and publication of annual report and accounts
- Procurement Guidance
- Better Business Cases NI

### Other Guidance and Best Practice

- Specific guidance issued by the Department
- EU Delegations
- Recommendations made by the NI Audit Office/NI Assembly Public Accounts Committee
- NIAO Good Practice Guides
- Guidance issued by the Executive's Asset Management Unit
- NI Public Services Ombudsman guidance
- Commissioner for Public Appointments for Northern Ireland Guidance

## Annex 7 – Role of the Minister

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### Role of the Minister

The Chair of NIAS is responsible to the Minister. Communication between the Board and the Minister should normally be through the Chair.

The Departmental Accounting Officer is responsible for advising the relevant Minister on a number of issues including the NIAS objectives and targets, budgets and performance.

In addition to being answerable to the Assembly as laid out in paragraph 2.4, the Minister is also responsible for:

- Setting the strategic direction and overall policies and priorities for the ALB as reflected in the PfG;
- Approving the ALB's Business Plan;
- Setting the ALB's budget; and
- Appointment of non-executive board members. The Minister may also be involved in considering the size and composition of the NIAS Board – see para 15.3.

## Annex 8 – Partnerships between Departments and Arm’s Length Bodies: NI Code of Good Practice

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### NI Code of Good Practice

[NI Code of Good Practice v3 \(300323\).pdf \(finance-ni.gov.uk\)](#)





TRUST BOARD

PRESENTATION OF PAPER

<b>Date of Trust Board:</b>	28 March 2024
<b>Title of paper:</b>	Strategic Priorities 2024-25
<b>Brief summary:</b>	<p>A short presentation will be provided to the Board outlining the Trust’s strategic priorities for 2024-25 as agreed at the workshop on 15 February and describing how these will be reflected in the Corporate Plan.</p> <p>Discussion will also focus on how these priorities will be progressed.</p>
<b>Recommendation:</b>	<div>For Approval <input type="checkbox"/></div> <div>For Noting <input checked="" type="checkbox"/></div>
<b>Previous forum:</b>	Strategic Planning workshop – 15/2/24 SMT – 19/3/24
<b>Prepared and presented by:</b>	Andoni Arandia, Assistant Director Maxine Paterson, Director Planning, Performance & Corporate Services
<b>Date:</b>	21 March 2024



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



## TRUST BOARD

### PRESENTATION OF PAPER

<b>Date of Trust Board:</b>	28 March 2024
<b>Title of paper:</b>	Trust Performance Corporate Scorecard (March 2024)
<b>Brief summary:</b>	<p>This paper is presented to Trust Board for noting the key performance indicators across the Trust for data up to and including February 2024.</p> <p>The Trust Performance report provides members with further details on some of these key performance indicators, including trends over time and comparisons across financial years.</p>
<b>Recommendation:</b>	<p><b>For Approval</b> <input type="checkbox"/> <b>For Noting</b> <input checked="" type="checkbox"/></p>
<b>Previous forum:</b>	SMT – 19/3/24
<b>Prepared and presented by:</b>	<p>Neil Walker, Head of Performance</p> <p>Maxine Paterson, Director Planning, Performance &amp; Corporate Services</p>
<b>Date:</b>	21 March 2024



# TRUST CORPORATE SCORECARD

NORTHERN IRELAND AMBULANCE SERVICE

March 2024

for February 2024 Data and Performance

## Executive Summary

The Trust Performance report continues to evolve, and you will notice changes over the coming months to the report to help everyone in the organisation understand where performance is good and where we need to drive improvements.

February 2024 was a particularly challenging month during the month the Trust operated at REAP 3 Major Pressure. Although it must be noted that pressures continue across the system which is reflected in some of our performance measures in this paper. Action short of strike continues within the trust and is also impacting on some of our key performance metrics.

Demand:

- Demand for our services remains at a steady state,
  - Call answer demand in EAC has increased by 2% when comparing Year to Date 2022-23 & 2023-24.
  - Call responses have remained the same when comparing Year to Date 2022-23 & 2023-24.
  - Patients conveyed to Hospital has also decreased by 3% comparing Year to Date 2022-23 & 2023-24.

Response Times:

- Response times In February were a challenge across all categories.
- However, Category 2 response times are of significant concern deteriorating by 23mins from Quarter1 to Quarter 3 during 2023 and remaining exceptionally high at 59mins for February 2024. This is linked to increases in delayed Handovers and has an impact on patients waiting in the community for a response.
- NIAS continues to manage Action Short of Strike (ASOS). Category 1 calls are the only calls being responded to in the last hour of shift. The end of shift protocol continues to be implemented across the trust:
  - Sending oncoming crews to ED to relieve late finished crews
  - Holding calls at the end of shift until the relieving crews is released from ED

Clinical Hear & Treat and See & Treat

- The Clinical H&T rate continued to improve and increased to 5% for February 24, which was a 1% increase from January 24. Clinical See & Treat also increased to 14.1%.

Handover:

- February 24 saw the trust lose >10k hrs with handover delays >15mins this is an increase of 55% compared with February 23, were the trust lost >6K.
- The patients waiting longer than 2hrs to handover at Emergency departments are deteriorating quarter on quarter though 2023 and February 2024 showed very little sign of improvement.

Area	Quarter 1	Quarter 2	Quarter 3	Jan-24	Feb-24
Region	8.8%	12.2%	19.2%	24.1%	18.9%

Patient Care Service:

- Patient experience KPIs continue to require attention to improve the experience of our patients being taken to and from appointments. We are only achieving 35% of patients making appointments on time.
- Productivity and efficiency in February 24 shows an increase from January with average number of patients per shift transported at 4.73 through February 2024.
- The productivity and efficiency metrics for the NIAS PCS crews continue to trend in a positive way over the past 6 months, which reflects the improvement work being carried out in this part of the organisation.

Serious Adverse Incidents, Complaints, Compliments and Care Opinion:

- There have been 10 potential SAls reviewed, with the Trust notifying 4 during February 24. The trust has currently got 21 SAls open, and they are all at level 1 review.
- During February 2024, the Trust received 21 complaints and 37 compliments, along with 11 stories submitted via care opinion during February 23

Absence Management:

- The Year-to-date Sickness absence rate is 14.53% for the trust. February 2024, was the best performing month for sickness absence this year at 12.08%.
- 68% of the Trusts sickness absence is contained within the following categories (Mental Health, Injury | Fracture, Miscellaneous, Influenza and Untoward accident). Concerted effort has begun to address the top 100 longest term absentees to bring these to conclusion.
- The largest category for sickness absence within the trust is for mental health reasons, with stress being the prevalent reason.



December 2023

Indicator	Measure	Detail	Latest Reported Period													2023/24 Target	Reporting Frequency	
Our Patients will be professionally cared for: Always with compassion and respect			Outturn 22/23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24			
1.01	Category 1 Mean Response Time	The Average Time taken to respond to a Category 1 Call	10	9	10	10	11	11	11	11	11	12	13	12		10 mins	Monthly	
1.02	Category 1 90th Centile Response Time	The time taken to respond to 90% of Category 1 Calls	21	19	20	20	21	23	22	22	22	23	25	23		21 mins	Monthly	
1.03	Category 1T Mean Response Time	The Average Time taken to respond to a Category 1 Call with Transport	13	13	14	14	14	15	15	16	15	16	17	16		19 mins	Monthly	
1.04	Category 1T 90th Centile Response Time	The time taken to respond to 90% of Category 1 Calls with Transport	27	26	27	29	27	32	28	31	27	32	34	30		30 mins	Monthly	
1.05	Category 2 Mean Response Time	The Average Time taken to respond to a Category 2 Call	36	31	31	37	38	44	47	51	47	73	70	59		36 mins	Monthly	
1.06	Category 2 90th Centile Response Time	The time taken to respond to 90% of Category 2 Calls	80	68	69	81	84	100	105	111	102	167	160	134		80 mins	Monthly	
1.07	Category 3 90th Centile Response Time	The time taken to respond to 90% of Category 3 Calls	233	183	196	262	280	360	328	483	363	532	513	375		233 mins	Monthly	
1.08	Call Answering Performance	% of calls answered within 5 Secs	89.5%	86.9%	85.3%	82.4%	80.7%	80.2%	82.2%	85%	86%	86%	89%	86%		90%	Monthly	
1.09	No. of Calls Answered within Emergency Ambulance Control	Number of Calls Answered within EAC each month (Emergency 999 calls)	20,789	16,595	18,106	18,440	18,939	19,664	19,187	20,336	19,046	22,548	21,424	16,701		N/A	Monthly	
Our Staff will feel positive and proud to work for NIAS																		
2.01	Cumulative % Hours lost from Sickness	Total Hours lost due to sickness absence/Total hours available (%) Year to Date 2023/24	12.15%	14.25%	14.20%	14.25%	14.27%	14.64%	14.60%	14.65%	14.82%	14.90%	14.76%	14.53%		11.2%	Monthly	
2.02	Cumulative % Hours lost from Short Term Sickness	Total Hours lost due to Short Term sickness absence/Total hours available (%). Year to Date 2023/24	2.72%	2.57%	2.20%	2.33%	2.35%	2.55%	2.61%	2.63%	2.67%	2.74%	2.82%	2.83%		N/A	Monthly	
2.03	Cumulative % Hours lost from Long Term Sickness	Total Hours lost due to Long Term sickness absence/Total hours available (%). Year to Date 2023/24	9.43%	11.68%	12.00%	11.92%	11.92%	12.09%	11.99%	12.02%	12.15%	12.16%	11.94%	11.70%		N/A	Monthly	
2.04	Organisational Vacancy rate	Percentage of Vacancies within the Trust															Monthly	
2.05	Cumulative Staff Turnover rate	Percentage of turnover of staff within the Trust over the past 12 months		5.13%	5.06%	5.77%	5.95%	6.20%	6.00%	5.80%							Monthly	
2.06	Staff Engagement Survey	Number of Staff Engagement Surveys Complete																
2.07	Statutory and Mandatory Training	Percentage of Staff that have completed Statutory and Mandatory training	20.0%															TBC
Our Stakeholders and partners will have confidence in us as a reliable provider at the centre of USC																		
3.01	Average Handover Time at Type 1 ED	The average time it takes to hand a patient over to a Type 1 Hospital ED	64	56	53	57	60	64	66	85	78	89	104	84		15 mins	Monthly	
3.02	Lost Hours from Handover delays >15mins	The Hours lost from handovers exceeding the 15min target at Type 1 EDs	8,967	9,780	9,861	7,686	8,425	8,978	8,748	12,035	10,649	12,145	14,242	10,518		N/A	Monthly	
3.03	Number of Patients >2hrs for Handover	Number of Patients that wait >2hrs to be handed over at Type 1 EDs	16,286	991	880	1,028	1,205	1,369	1,332	2,087	1,814	1,983	2,345	1,758		0	Monthly	
3.04	Hear & Treat Rate	The percentage of patients being clinically treated via the Clinical Hub within Emergency Ambulance Control	4.2%	3.5%	3.2%	4.5%	4.0%	3.4%	4.0%	3.9%	3.8%	4.4%	4.5%	5.0%		5.2%	Monthly	
3.05	See and Treat Rate	The Percentage of patients being clinically treated at Scene by the Ambulance Crews	14.2%	14.0%	14.4%	14.8%	14.8%	14.3%	14.3%	14.6%	14.1%	13.8%	14.3%	14.1%		15.2%	Monthly	
3.06	Conveyance Rate	The Percentage of patients being conveyed to Hospital	81.6%	82.50%	82.40%	80.70%	81.20%	82.10%	81.70%	81.48%	82.10%	81.80%	81.20%	80.90%		N/A	Monthly	
3.07	Number of Scheduled journeys made	The number of journeys to and from a Healthcare facility by NIAS Patient Care Service resources	157,507	12,167	13,345	13,845	12,840	13,256	12,426	12,641	13,070	12,147	12,825	12,424			Monthly	
3.08	Average Number of Patient Journeys per shift	The Average number of patients transported by PCS resources within each shift	3.65	3.58	3.70	3.80	3.89	3.90	3.84	4.29	4.32	4.15	4.25	4.48		N/A	Monthly	
3.09	Average Number of Patient transported per Run	The Average number of patients transported to a healthcare facility per Run	1.19	1.19	1.19	1.23	1.26	1.23	1.23	1.36	1.37	1.37	1.36	1.39		N/A	Monthly	
3.10	The Percentage of patient Journeys that arrive on time	The percentage of PCS journeys that arrive within 60mins of the patients appointment time	30%	39%	36%	36%	39%	37%	37%	34%	37%	40%	35%	34%		95%	Monthly	
3.11	The Percentage of patient Journeys that start on time	The Percentage of journeys that start within 60mins of the patient being booked ready by the healthcare facility	56%	70%	71%	70%	70%	68%	67%	68%	67%	66%	65%	73%		95%	Monthly	
Our Communities will continue to value and trust us																		
4.01	Number of potential SAIs reviewed	The number of potential SAIs that have been reviewed by the Trust	135	13	9	11	18	13	13	21	14	11	13	10		N/A	Monthly	
4.02	Number of SAIs notified	The number of SAIs that have been notified to SPPG	42	3	3	2	0	5	4	6	8	8	1	4		N/A	Monthly	
4.03	Number of Complaints	The number of complaints that have been received within the month by the trust for investigation	148	17	15	11	16	15	22	23	29	20	18	21		N/A	Monthly	
4.04	Number of Compliments	The number of Compliments that have been received within the month by the Trust	272	58	41	36	32	29	36	31	34	16	32	37		N/A	Monthly	
4.05	Nmber of patient stories received	The number of patient stories submitted within the month to the Trust	128	23	20	14	16	20	12	14	11	6	9	11		N/A	Monthly	
4.06	Forecast Revenue Expenditure	Forecast Deficit / Surplus for YE against total revenue resource limit (000s)	£ -	£ -	£ 500	£ 550	£ 733	£ 917	£ 1,100	£ -	£ -	£ -	£ -	£ -		£ -	Monthly	





## 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

#### Monthly Demand

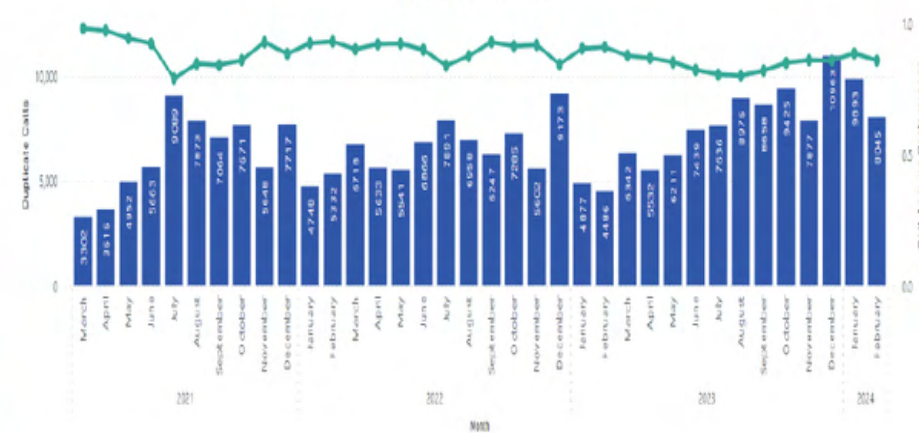
● 2021 ● 2022 ● 2023 ● 2024



### Call Answering Performance and Duplicate Calls

#### Duplicate Calls (N) compared with Call Answer Performance (%)

● Duplicate Calls ● Call Answer Performance



- **February 24** has seen an increase in demand levels of 6% when compared with February 2023. The Year-to-date demand for 2023-24 has been 2% more than the same period 2022-23. In the same period, **Incidents** the trust has had to respond to have remained static Year to date 2023-24 to 2022-23.
- **February 2024** saw an average of 596 calls per day received by EAC and this was mirrored across ambulance services in England.
- **Call Answering performance** continued to be a challenge through February 24 as staffing challenges within the control room persisted at weekends. However, **February 2024 call answering performance** was **86%** for the month, which is a continued improvement in the trusts call answer performance
- **Duplicate Calls** continued to decrease in February 2024 from the peak in December 2023, however duplicates persist at a high level just over 8,000



Our Patients

999 Response Time Performance

Response Times Scorecard

Latest Month		Feb-24		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	00:11:59	00:11:27	00:11:26	00:08:25	00:06:59	12		
Category 1 response - 90th Centile	15 Minutes	00:23:21	00:22:15	00:22:17	00:14:56	00:12:04	12		
Category 1T response - Mean	19 Minutes	00:15:50	00:15:01	00:14:56	00:10:24	00:07:53	12		
Category 1T response - 90th Centile	30 Minutes	00:30:17	00:29:50	00:29:39	00:18:56	00:13:50	11		
Category 2 response - Mean	18 Minutes	00:58:32	00:47:48	00:46:38	00:36:20	00:25:16	12		
Category 2 response - 90th Centile	40 Minutes	02:13:51	01:45:36	01:42:44	01:17:39	00:51:38	12		
Category 3 response - Mean	Not a target	02:29:24	02:13:39	02:10:13	02:04:12	01:11:37	9		
Category 3 response - 90th Centile	2 Hours	06:19:56	05:37:48	05:28:12	04:51:59	02:54:14	10		
Category 4 response - Mean	Not a target	04:16:45	03:43:00	03:12:46	02:33:04	01:27:48	12		
Category 4 response - 90th Centile	3 Hours	11:24:56	10:59:30	08:58:35	05:56:23	03:46:39	11		



## Our Patients

## 999 Response Time Performance

## Response Times

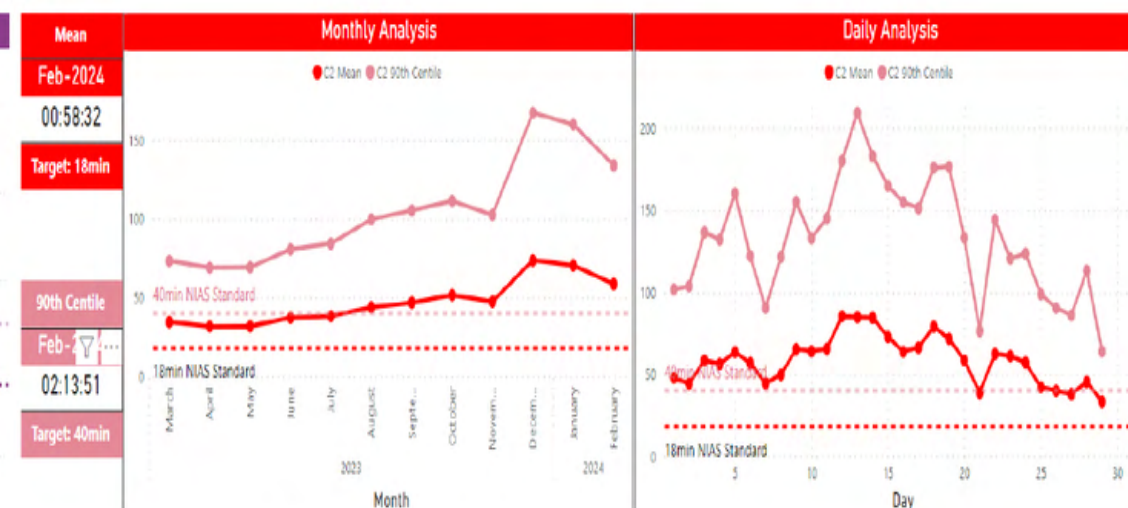
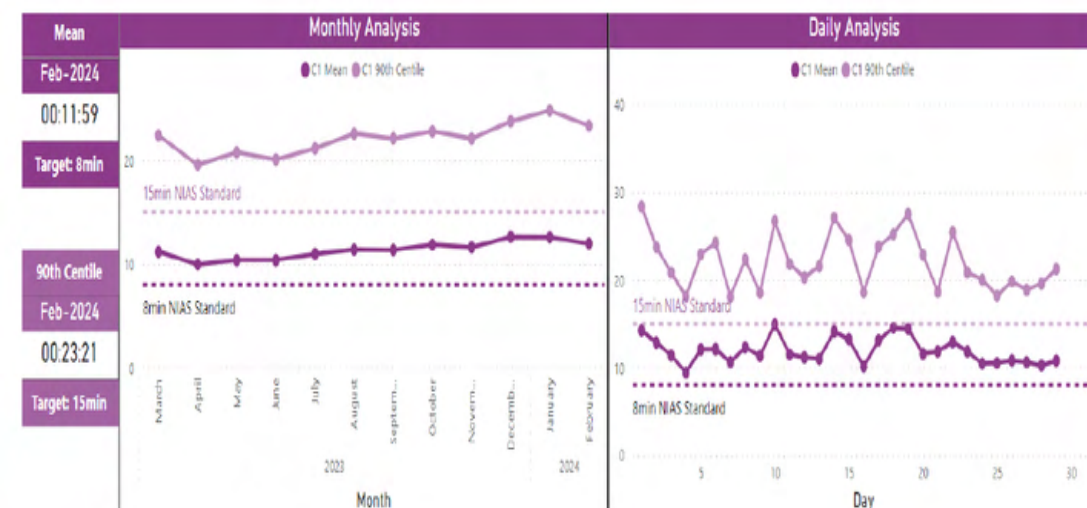
CATEGORY 1 and CATEGORY 2 Response Times are measured based on the mean and the 90th centile of the response time provided.

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

- February 24 Category 1 mean response time was 11 minutes 59 seconds; while the Category 1 90th centile was 23 minutes 21 seconds.
- February 24 continues to see a challenging Category 1 mean response. This is replicated on the Category 1 90th centile performance.

### Category 2

- February 2024 Category 2 mean response time was 58 minutes 32 seconds; while the Category 2 90th centile was 2 hours 13 minutes and 51 seconds.
- Both the Category 2 mean and 90th centile response times remain a challenge in February 24. These measures have been particularly impacted by:
  - A significant deterioration handover delays as seen in the quarterly deterioration in >2hr delays outlined in slides further in this paper.
  - Action short of Strike (ASOS) is being seen most clearly within our category 2 response times.
- The delay in this category 2 response time is having a significant impact on patient safety





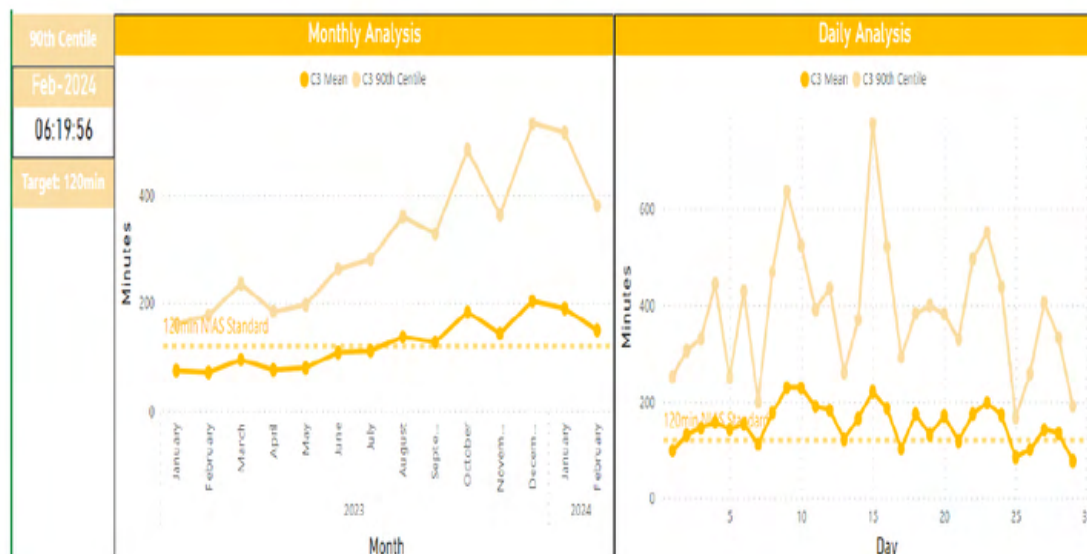
Our Patients

999 Response Time Performance

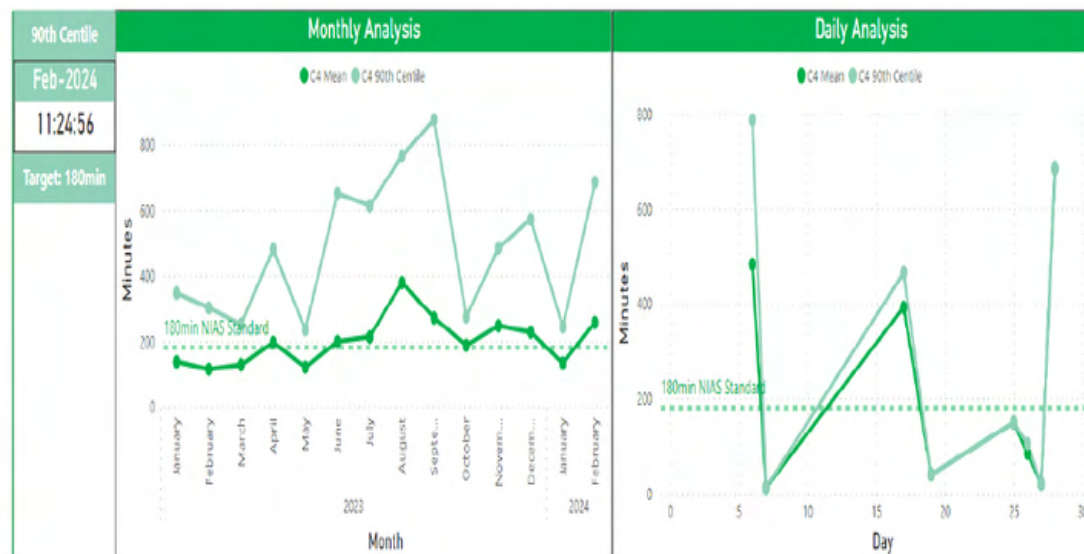
Response Times

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**

- February 24 Category 3 mean response time was 2 hours 29 minutes 24 seconds; while the Category 3 90th centile was 6 hours 19 minutes and 56 seconds, over 4 hours above target.
- As outlined in the previous slide, category 3 response times are impacted by the same root causes.

**Category 4**

- February 24 Category 4 mean response time was 4 hour 16 minutes 45 seconds; while the Category 4 90th centile was 11 hours 24 minutes and 56 seconds. While this is an improvement from the summer months, 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.

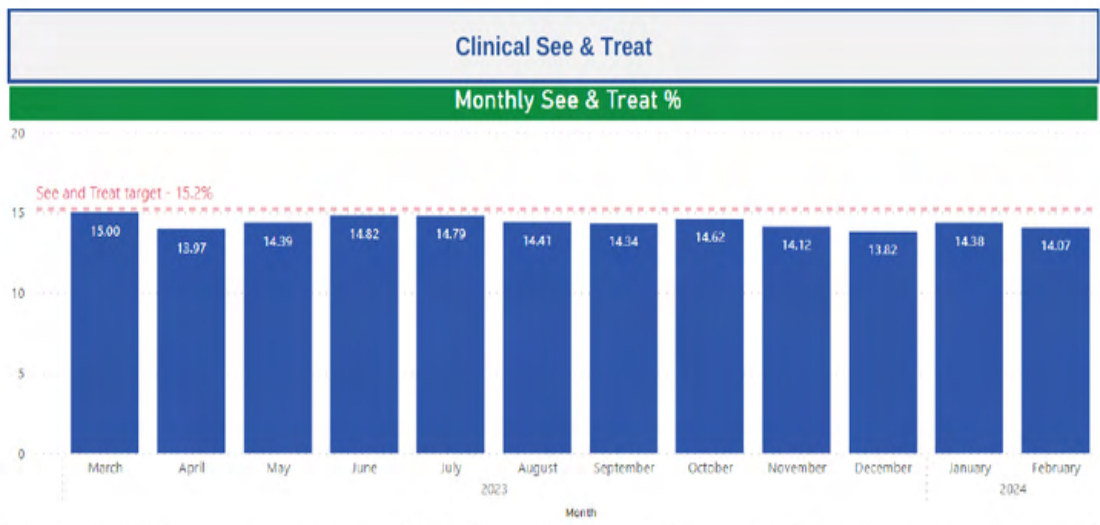
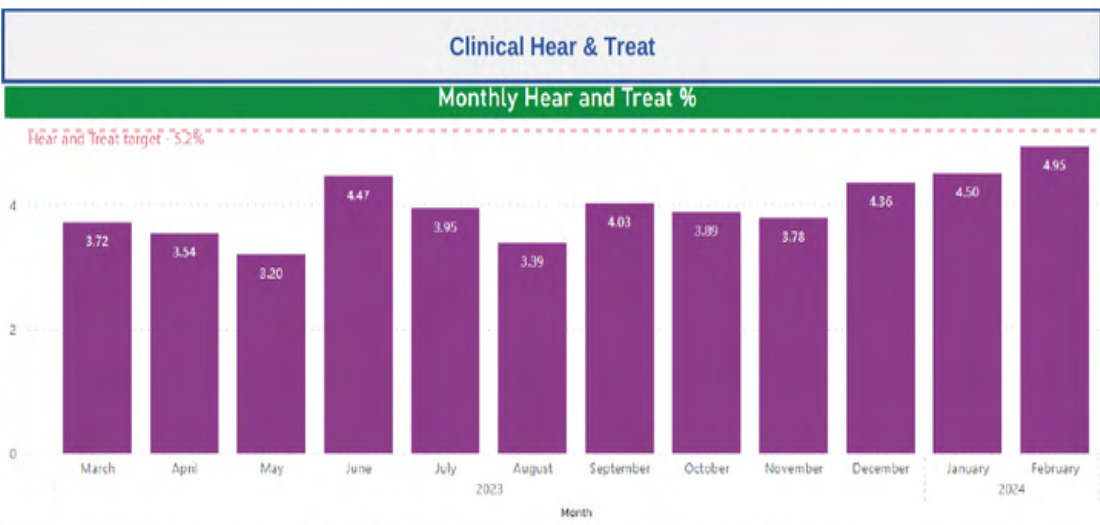
Our Patients

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



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.

February 2024 saw an intense period of training within the clinical hub for the first 2 cohorts of newly appointed clinicians. Despite this intense training improvements continue to be seen in the Hear & treat rate in February 2024.

The aimed improvement trajectory is to increase Hear & Treat by a further 1.5% by 31st March 2024.

As with Hear & Treat, a revised See & Treat dashboard has been finalised, which will allow for analysis of practice down to station level.

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

Increasing See & Treat use will require education and support of clinicians to ensure safe and effective changes in practice. A supportive education package is being developed.

The aimed improvement trajectory is to increase See & Treat by a further 1.5% by 31st March 2024.





## Our Patients

## Emergency Performance

## Hospital Handover Performance

Our operational efficiency is critical to our success. One of our key dependencies is the ability to handover a patient in a timely manner when conveyed to hospital. As such, we must strive to be as efficient as possible whilst always delivering the very best care for our patients.

### Arrival at Hospital to Patient Handover

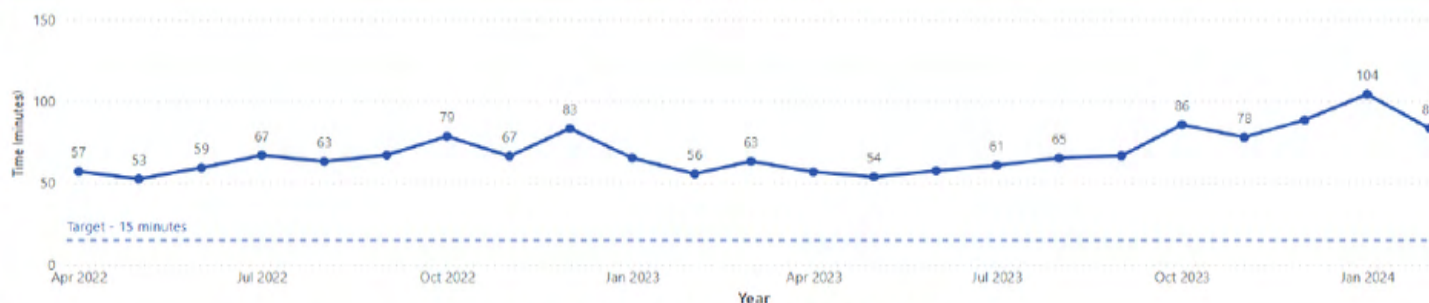
Hospital Attended	Total Attendances	Total Handovers	Total Handovers Over 15mins	% Over 15mins	Total Handovers over 60mins	% Over 60mins	Total Time Lost (Hours)	Average Handover Time (Minutes)
ULSTER	1179	1179	1131	95.93%	679	57.59%	2,819.81	158.29
CRAIGAVON AREA	1186	1186	1117	94.18%	503	42.41%	1,504.31	90.88
ROYAL GROUP	1873	1873	1743	93.06%	831	44.37%	2,177.82	84.45
CAUSEWAY	593	593	563	94.94%	258	43.51%	645.30	80.13
MATER	497	497	453	91.15%	164	33.00%	450.75	69.09
ALTNAGELVIN	1105	1105	1040	94.12%	473	42.81%	967.39	87.24
ANTRIM AREA	1575	1575	1476	93.71%	464	29.46%	1,290.30	63.91
DAISYHILL	489	489	460	94.07%	115	23.52%	286.78	49.95
SOUTH WEST	570	570	516	90.53%	142	24.91%	323.56	48.63
LAGAN VALLEY	78	78	42	53.85%	7	8.97%	24.66	31.80
RBSC	98	98	71	72.45%	6	6.12%	20.31	26.30
BELFAST CITY	37	37	27	72.97%	1	2.70%	5.75	22.87
DOWNE	24	24	13	54.17%	0	0.00%	2.14	18.43
<b>Total</b>	<b>9304</b>	<b>9304</b>	<b>8652</b>	<b>92.99%</b>	<b>3643</b>	<b>39.16%</b>	<b>10,518.86</b>	<b>82.53</b>

Total Time Lost (Hours) - Last 12 months

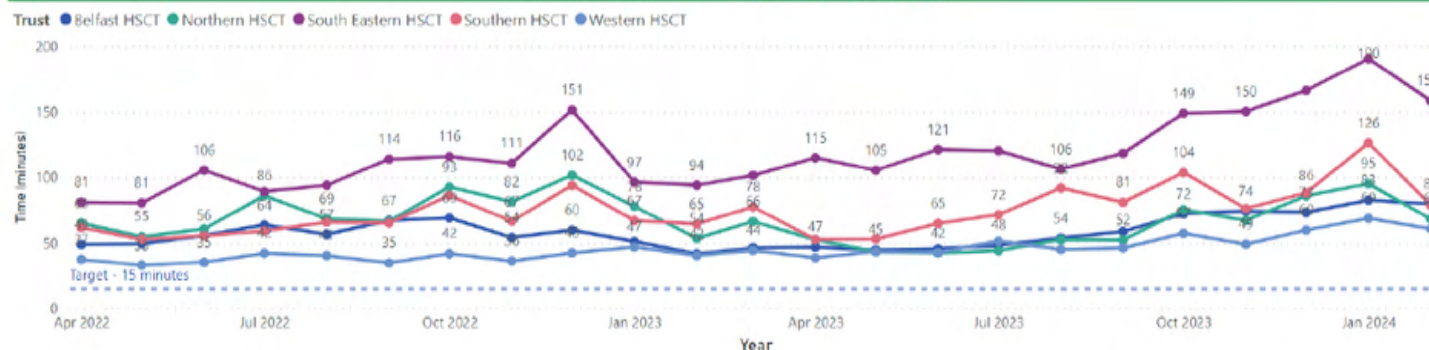
117,646.18

In February 2024, NIAS experienced a total of 10,518 lost hours. This is the equivalent of 30 shifts per day where crews are waiting with patients outside EDs; 26% of our planned capacity. These lost hours were experienced from 8,652 instances where our crews waited longer than 15mins to handover their patient at ED. 3,643 handovers took longer than an hour in February 2024

### Monthly Handover Times



### Monthly Handover Times for Type 1 EDs, by Trust



In February 24, >76% of the 10,518 lost hours occurred at the four ED sites listed below in order of hours lost:

- Ulster Hospital (2.8k hours; 946 > 15min; 58% > 1hr)
- Craigavon Hospital (1.5k hours; 94% > 15min; 42% > 1hr)
- Royal Victoria (2.1k hours; 93% > 15min; 42% > 1hr)
- Antrim Area (1.2k hours; 94% > 15min; 29% > 1hr)

In the full year 2023, >92% of the handovers exceeded the 15min target at our acute EDs, resulting in circa 113k hours lost. The lost hours experienced in February 24 is a decrease of 3,724 hrs or 26% from January 24, whilst the number of instance of delayed handovers decreased by 3% in the same period.

The 10,518 operational hours being lost are equivalent to 877 12-hours shifts per month, or 30 12-hour shifts per day.





## Our Patients

## Emergency Performance

## 2hr Back Stop Regional Performance

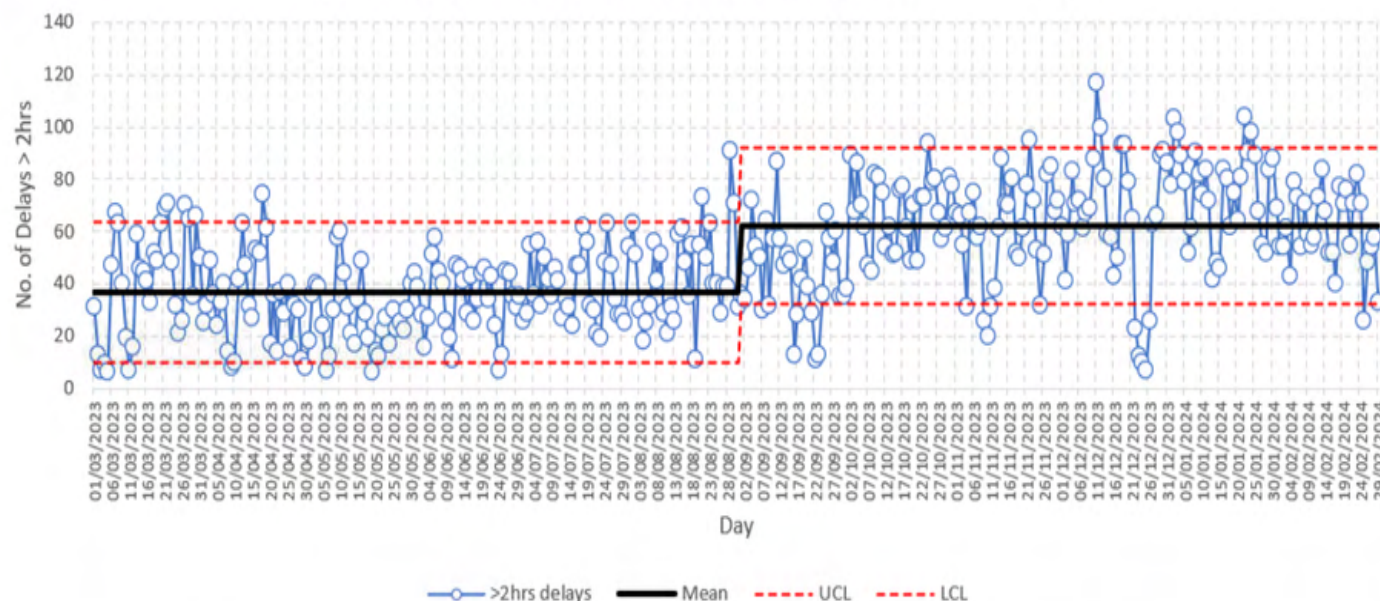
Our operational efficiency is critical to our success. One of our key dependencies is the ability to handover a patient in a timely manner when conveyed to hospital. As such, we must strive to be as efficient as possible whilst always delivering the very best care for our patients.

Area	Quarter 1	Quarter 2	Quarter 3	Jan-24	Feb-24
South Eastern	21.1%	23.5%	32.8%	37.2%	34.8%
Belfast	6.6%	9.8%	18.9%	21.1%	20.7%
Southern	9.5%	18.8%	20.2%	27.7%	17.4%
Northern	5.4%	7.2%	17.2%	23.6%	14.3%
Western	2.8%	5.3%	8.1%	13.3%	9.3%
Region	8.8%	12.2%	19.2%	24.1%	18.9%

The table shows the deterioration in >2hr delays by trust from March 2023. February 2024 has seen an improvement from January in 2hr Performance.

There has been a quarter-on-quarter decline since the introduction of the 2hr backstop across the region. In some areas a third of patients will experience a >2hr delay to get into an Emergency department. Whilst just under a fifth will experience >2hr delay across the region.

Daily Number of Handover >2hrs across the Region | March 23 - February 23



The chart to the left is a statistical Process Control (SPC) chart, outlining the variation in the handover process. Since September 23, there has been a step decline in the 2hr backstop performance.

The trust is now experiencing an average 62 patients per day being delayed >2hrs before being admitted into Emergency departments across the region.

This SPC chart strongly indicates that the processes to reduce the 2hr handover delays are showing no signs of control over the past number of months.

The desirable trend would be one that shows a sustained run of data points below the centre line, trending towards zero driving an outcome of sustaining zero handovers >2hrs.





## Our Patients

### Patient-focused KPIs

**KPI 1 - That 95% of inward journeys will arrive within the 60mins prior to an appointment time.**

**KPI 2 - That 95% of outward journeys will start within 60 minutes of the patient being booked as ready by the clinic/hospital**

In both of these measures month to month comparison between 2022/23 & 2023/24 began to show similar performance since Oct there are two potential influencing factors

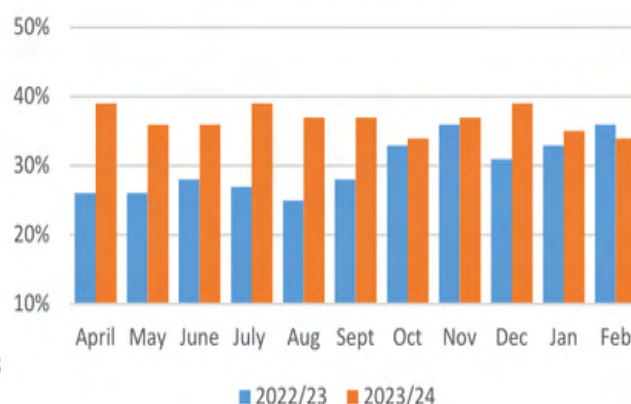
- October 2022 was the month of the Perfect Day Trial where NIAS and the trailing Trusts took additional measures to improve compliance.
- October 2023 seen the commencement of Destination Focused Planning.

### Points to Note

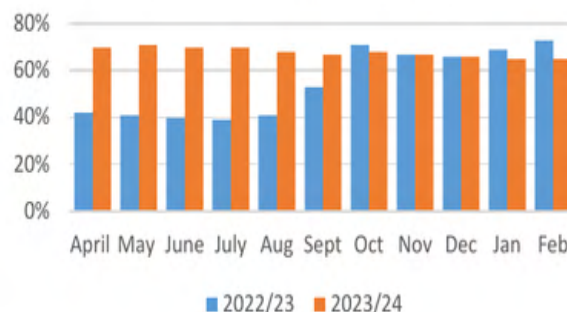
- Compliance against KPIs 1 & 2 relates to Ambulance Journeys where timestamps have been completed. Timestamp compliance rates in Feb = NIAS 85.4%
- We are currently working to develop a comprehensive set of productivity indicators and while these are being worked on in the PCS Improvement Project, we will continue to report on Patients transported and Patients per journey.
- It remains the aim to be able in the near future to report on more specific utilisation and productivity indicators such as productive time v unproductive time.

## Non-Emergency Performance

### KPI Inward Journey



### KPI 2 Outward Journey



### Productivity & Efficiency KPIs (NIAS crews only)

#### KPI - Average Number of Patients Transported per Shift

The notable improvement in this indicator of activity from Oct both has largely been maintained with a slight drop in Dec (due to the no of Public Holidays when there would be limited Clinics).

This can largely be attributed to the commencement of Destination Focused Planning in Oct 23.

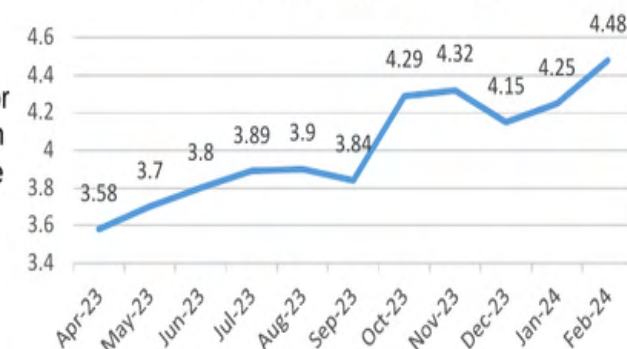
#### KPI - Average Number of Patients Transported per Journey (Run)

As above there has been a significant improvement in this measurement since Oct for the same reason.

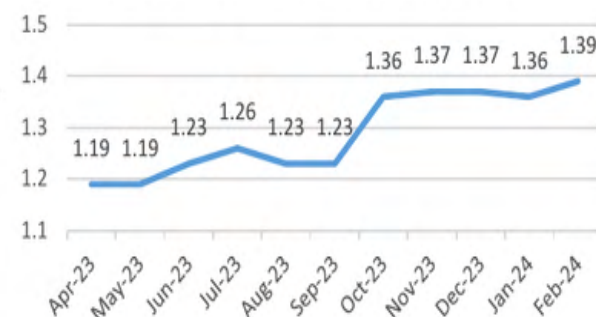
To underline these figures NIAS crews carried out approx. 1000 more patient journeys in each month since Oct '23 when compared to the same month in 2022/23

## Productivity Performance

### Patient Journeys Per Shift



### No of Patients transported per run





## Our Patients

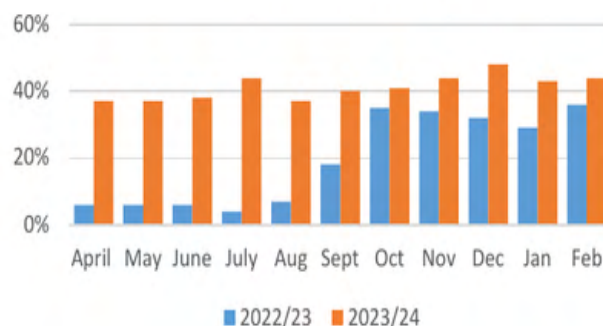
### Patient-focused KPIs

**KPI 1 - That 95% of inward journeys will arrive within the 60mins prior to an appointment time.**

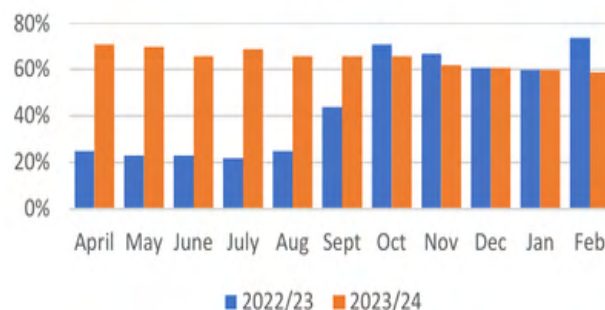
**KPI 2 - That 95% of outward journeys will start within 60 minutes of the patient being booked as ready by the clinic/hospital**

It should be noted that in the early part of 2022/23 there was very poor and inconsistent data collection methods in use with the Independent Ambulance Sector. As part of the PCS Improvement Programme this was addressed during 2022/23

KPI 2 Inward Journey



KPI 2 Outward Journey



## IAS Non-Emergency Performance

### Productivity & Efficiency KPIs (NIAS crews only)

#### KPI - Average Number of Patients Transported per Shift

There is noted monthly variation in this indicator. Further work is required to improve our understanding of the factors influencing variation.

It should also be noted that length of IAS shifts can vary significantly depending of the service need that they are employed to meet on a day to day basis.

#### KPI - Average Number of Patients Transported per Journey (Run)

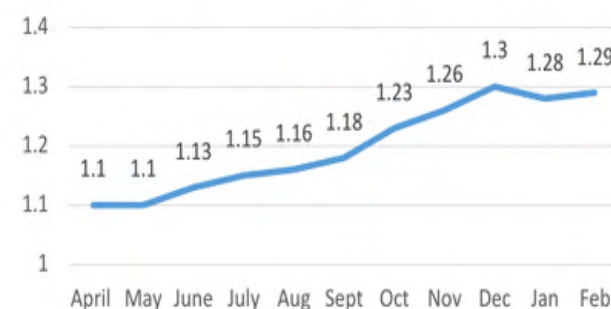
Gradual Improvement in this measure is reflective of a discontinuation of Covid measures that had been restricting the number of patients that could be on the same vehicle and the recent improvement focus on destination planning to better utilise the carrying capacity of vehicles.

## IAS Productivity Performance

Patient Journeys Per Shift



No of Patients Transported Per Run



### Points to Note

- Compliance against KPIs 1 & 2 relates to Ambulance Journeys where timestamps have been completed. The no. of IAS journeys with complete timestamp information has varied significantly during the year in Feb '24 this was at 93.7% compliance.
- These reporting measures for IAS non-emergency performance mirror the reporting measures for NIAS non-emergency performance in 2023/24 and will also be developed to a more comprehensive suite of measures going forward.





## Our Patients

## Emergency Performance

## Actions to Improve Performance

- Through the delivering value programme, service improvements are being identified and implemented through the operational efficiencies project. Further information can be found within the Delivering value programme update.
- Additional mitigation has been employed at the end and start of shifts to reduce the impact of late finishes on staff. The Trust is currently using its own staff to relieve crews at ED. This essentially means that these crews coming on shift are tasked to make their way to Emergency Departments to allow those crews finishing to get away as close to their finish time as possible.
- Newly appointed Integrated clinical hub clinicians are going through training over the coming weeks, which will allow a revised rota will be implemented from March 2024, that is based on call demand for the service. Performance management and clinical audit mechanisms have been strategically implemented to quantify and understand the hub's impact, aiming to optimise its full potential.
- Additional HALO positions are now filled to support Emergency Departments & crews during handover of patients at Emergency Departments.
- Newly Qualified Paramedics, Qualified Paramedics and qualified Emergency Medical Technicians posts are offered with a commencement date of 3<sup>rd</sup> April 2024. There will be 5 QPs, 5 NQPs and 5 Qualified EMTs joining the trust.
- Work is being prioritised to develop principles and approaches to introducing enhanced rotas to support staff health and wellbeing, along with delivering operational cover during times patients require the Trusts services.
- New logistics post has commenced within EAC to reduce some of the administrative burden for EAC DCM staff to protect capacity for focus on performance and staff welfare.
- Improved utilisation of alternative care pathway and destinations to support our data to provide enhanced planning tools across operations and to remove admin processes that take away operational hours for our station officers;
- 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.
- Challenges with Duplicate Call activity and staffing in EAC have been highlighted earlier in the performance report. EAC have reviewed the process and how we can address this and have plans to mitigate
- NIAS have committed to work with GIRFT colleagues to develop a full understanding of the regional Directory of Services (DOS) and actions to deliver this recommendations will be taken forward with support from our RCC affiliates.





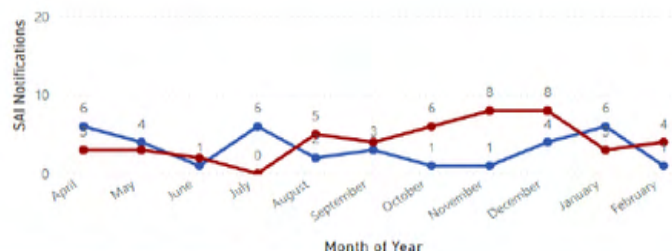
## Our Patients

### Serious Adverse Incidents

During February 2024, the Trust reviewed 10 potential SAI's resulting in 4 notification to SPPG. All incidents were notified as Level 1 reviews. Currently there are 21 open SAIs all of which are Level 1 reviews.

SAI Notifications to SPPG since 01/04/2022 by Month

Financial Year ● 2022-2023 ● 2023-2024



### Themes

The 3 key National Ambulance Risk and Safety Forum themes remain consistent and are as follows:

- Delays in call answering and dispatch
- Call Handling & Dispatch Incidents
- Clinical Assessment and or treatment on scene

The top NIAS themes are as follows:

- Delayed response out with standard associated with a patient outcome of death
- Deteriorating Patient – community
- Elderly patients who have fallen

### Recommendations & Learning

5 SAI's were closed in February with the following learning identified:

- Learning identified in relation to securing patients for transport
- Review and completion of NIAS driving policy required
- Consideration for seatbelt warning devices to be fitted to all vehicles.
- Importance of correct call categorization at point of initial 999 call
- Challenges within CSD/CSM staffing impacting provision of timely welfare calls.
- Challenges in management of late finished impacting NIAS ability to provide timely response.

### Complaints, Compliments & Care Opinion

During February 2024, 37 compliments & 21 complaints were received.

Complaints Received

Financial Year ● 2022-2023 ● 2023-2024



Compliments Received

Financial Year ● 2022-2023 ● 2023-2024

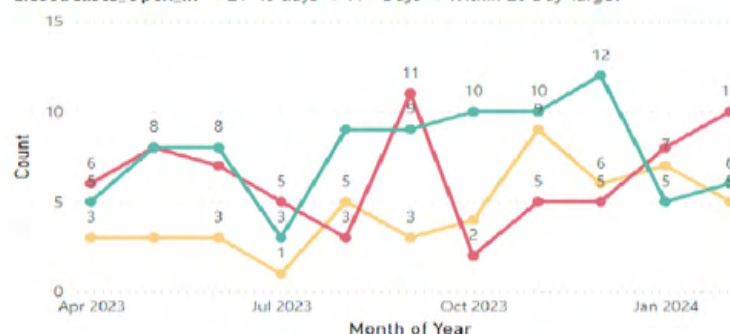


### Timeliness of Process

21 complaints were closed during February 2024.

Timeliness of Closed Cases over current Financial Year

Closed Cases Open... ● 21-40 days ● 41+ Days ● Within 20 Day Target



At the end of February 2024, 39 complaints remained opened with the average number of days opened being 41 working days.

**Learning:** Of the 21 complaints closed, 76% were upheld/ partially upheld with some of the following learning outcomes identified: use of CSP scripts during increased CSP levels; Allocating A&E vehicles to back up RRVs responding to CAT1 & 2 calls; PCS route planning; and Customer Service.

### Service Improvement Plans

- Feedback leaflet for frontline staff to issue to service users (under development)
- Development of learning outcomes action dashboard (completed)
- Refresh of public facing feedback sections of external website (completed)
- Feedback survey for complainants & staff to complete following resolution of the complaint. (under development)

### Care Opinion

During February 2024, 11 stories were submitted via Care Opinion. By 3rd of March these stories were viewed 773 times. The main areas of feedback were:

What's good – Professional / Friendly / Paramedics  
Improvements – Ambulance wait / Waiting in Ambulance / Delays  
Feelings – Fantastic / Grateful / Thankful





## Our People

## Absence

## Sickness

The Maximising Attendance Project Board continues to meet on a weekly basis to progress delivery of project work streams against the Delivery Plan.

Cumulative total sickness absence rates have decreased for two consecutive months; respective February monthly figures of 12.08% and 9.15% are at their lowest this financial year. However, cumulative short-term absence has continued to increase steadily since May 2023. Comparative figures for other HSC organisations are included overleaf.

Managerial action has continued to focus on progressing the top 50 longest-term absences and extending to the top 100. Moreover, managers are placing additional focus on those employees with the highest number of recurring short-term absences in the previous 12-month period. Progress is monitored and reported on a monthly basis via Directors to the Chief Executive.

Of those long-term absence cases closed since the last report, 8 have retired on the grounds of ill-health, 6 are making application for ill-health retirement, 33 have had a return to work facilitated, 1 has exited employment, 1 has been dismissed on the grounds of ill health and 16 require redeployment to an alternative role. This has supported a reduction in long-term absence, which is reflected in the February 2024 figures. A robust case management approach to the remaining 35 of these long-term absences continues, with focused case management meetings scheduled.

The identification of suitable alternative employment for staff requiring redeployment on medical grounds continues to prove challenging. To date, for those currently seeking redeployment, 11% have been permanently redeployed, 20% have been temporarily redeployed and 18% have had potential suitable employment identified for them. 10% of these staff no longer require to be deployed and the remaining 41% remain on the Redeployment Register having yet to have a suitable alternative post identified for them.

Top 5 Sickness Categories 2023/24*		Mental Health Reasons	
Mental Health	29.95%	Stress	14.71%
Injury, Fracture	12.16%	Stress-Work Related	7.45%
Miscellaneous	10.55%	Anxiety	2.75%
Influenza	8.17%	Grief/Bereavement	2.68%
Accident/Untoward Incident	7.67%	Other Mental Health	1.18%
* Accounts for 68.51% of absence		Depression	0.63%
# Miscellaneous includes General Debility (5.13%);		Panic attacks	0.36%
Hospital Investigations (2.38%); Post Surgical		Insomnia	0.05%
Debility (1.54%); Post Viral Fatigue (1.18%); Chronic		Behavioural Disorder	0.04%
Fatigue (0.28%)			

Mental health reasons, and in particular stress/work-related stress, continue to account for approximately 1/3 of all sickness absence. Health and Well-Being approaches to addressing the underlying causes of sickness absence, and specifically mental health related absence, were outlined in a detailed report to PFOD on 29/2/24.

### 2023/24 Cumulative Sickness Absence by Month including Comparison with Previous Reporting Year

Month		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1.	Absence Target (2023/24)	11.24% <sup>1</sup>											
2.	Current Status against Target	14.53% ↓											
3.	Cumulative % hours 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%
4.	Cumulative % hours lost (23/24) (Total)	14.25%	14.19%	14.25%	14.27%	14.64%	14.60%	14.65%	14.82%	14.90%	14.76%	14.53%	
4.1	Cumulative % hours lost (23/24) (Non-Covid)	13.15%	13.27%	13.40%	13.46%	13.71%	13.33%	13.44%	13.88%	13.94%	13.78%	13.58%	
4.2	Cumulative % hours lost (23/24) (Covid)	1.1%	0.95%	0.85%	0.81%	0.93%	1.02%	1.04%	0.94%	0.96%	0.98%	0.95%	
4.3	Cumulative % hours lost (23/24) Short-Term	2.57%	2.20%	2.33%	2.35%	2.55%	2.61%	2.63%	2.67%	2.74%	2.82%	2.83%	
4.4	Cumulative % hours lost (23/24) Long-Term	11.68%	12.00%	11.92%	11.92%	12.09%	11.99%	12.02%	12.15%	12.16%	11.94%	11.70%	
5.	Monthly % hours lost (23/24) Total	14.25%	14.13%	14.36%	14.34%	16.04%	14.41%	14.91%	16.01%	15.56%	13.60%	12.08%	
6.	Average standard working days lost/employee/month	2.78	2.98	3.01	2.93	3.60	2.94	3.19	3.43	3.19	3.05	2.47	
7.	Average estimated cost per month (£'000)	860	859	859	822	£911	£820	£840	£890	£858	£739	£643	

<sup>1</sup>To reduce absence rates to 92.5% of absence levels reported in 2022/23 (based on annual re-run) by end March the 2023/24 financial year.

↑	Above target and increase from last month
↓	Above target and decrease from last month
↑	Below target and increase from last month
↓	Below target and decrease from last month



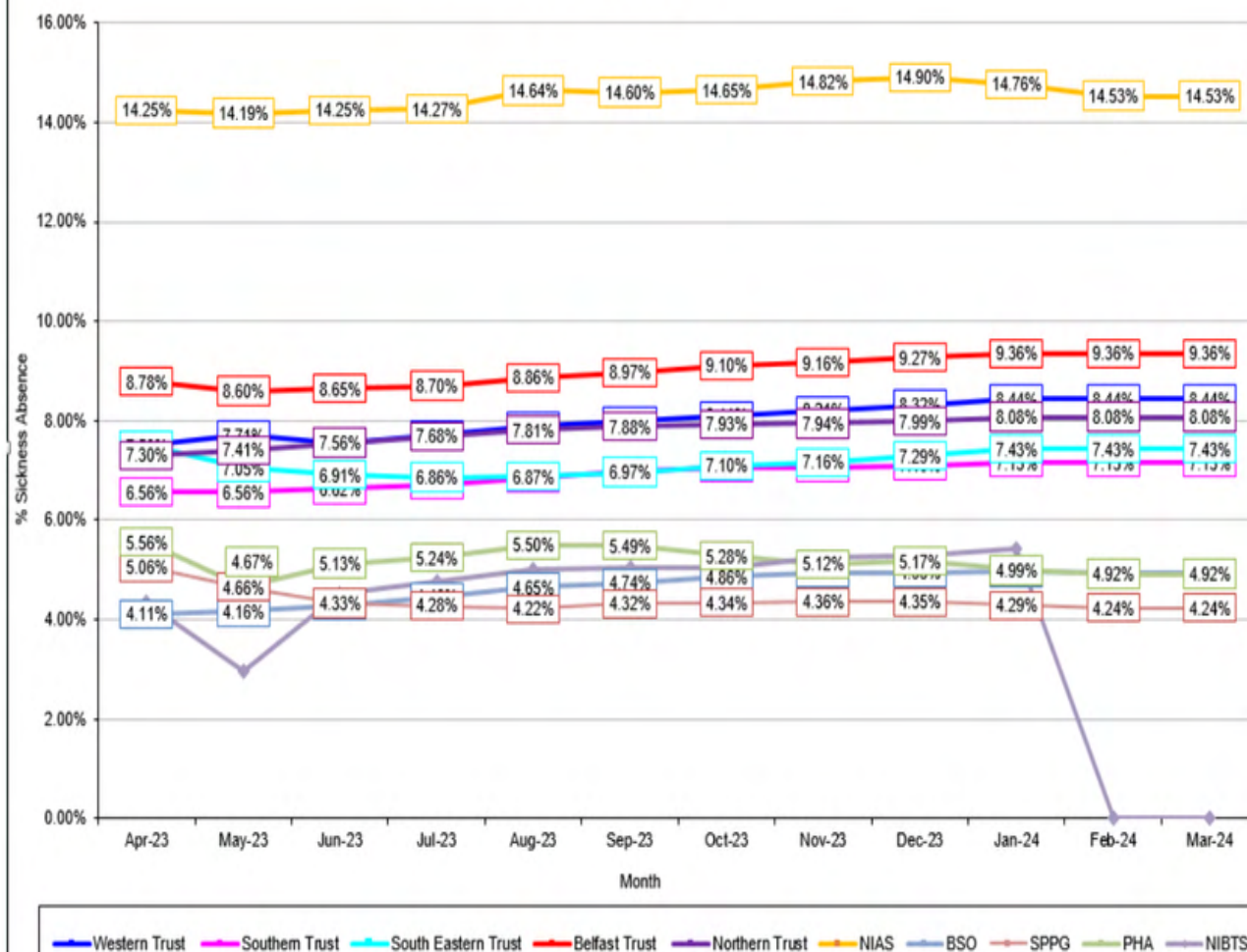


Our People

Absence

Sickness

Regional HSC Cumulative % Sickness Absence  
April 2023 - March 2024



Regional HSC Short-Term Monthly Sickness Absence April 2023 - March 2024

HSC Org	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
WHSCT	1.65%	1.73%	1.66%	1.63%	2.02%	2.12%	2.14%	2.20%	2.19%	2.75%		
SHSCT	1.48%	1.43%	1.45%	1.40%	1.89%	2.16%	2.10%	2.12%	1.90%	2.43%		
SEHSCT	1.91%	1.35%	1.26%	1.28%	1.56%	1.75%	2.12%	2.09%	2.21%	2.45%		
BHSCT	2.00%	1.70%	1.68%	1.58%	1.99%	2.29%	2.43%	2.46%	2.46%	2.83%		
NHSCT	1.13%	1.30%	1.17%	1.08%	1.45%	1.62%	1.70%	1.62%	1.49%	2.28%		
NIAS	2.57%	1.82%	2.59%	2.40%	3.37%	2.94%	2.70%	2.98%	3.34%	3.51%	2.93%	
BSO	1.12%	0.97%	1.09%	0.90%	1.13%	1.31%	1.56%	1.79%	1.33%	1.51%	1.73%	
SPPG	0.86%	0.75%	0.93%	0.32%	0.64%	0.88%	0.91%	1.00%	1.09%	0.97%	0.74%	
PHA	1.02%	0.37%	0.92%	0.72%	1.38%	0.91%	0.95%	1.22%	0.68%	1.38%	1.58%	
NIBTS	1.04%	1.27%	0.89%	1.46%	2.40%	1.71%	2.22%	3.10%	3.09%	2.51%		

Regional HSC Long-Term Monthly Sickness Absence April 2023 - March 2024

HSC Org	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
WHSCT	5.83%	6.02%	6.27%	6.52%	6.54%	6.52%	6.67%	6.73%	7.05%	6.66%		
SHSCT	5.08%	5.13%	5.31%	5.55%	5.50%	5.49%	5.37%	5.09%	5.47%	5.15%		
SEHSCT	5.83%	5.32%	5.37%	5.43%	5.35%	5.71%	5.76%	5.60%	6.13%	6.15%		
BHSCT	6.78%	6.73%	7.06%	7.28%	7.47%	7.24%	7.45%	7.17%	7.64%	7.38%		
NHSCT	6.16%	6.21%	6.67%	6.98%	6.84%	6.64%	6.50%	6.41%	6.83%	6.78%		
NIAS	11.68%	12.31%	11.77%	11.93%	12.68%	11.46%	12.22%	13.03%	12.22%	10.09%	9.15%	
BSO	3.16%	4.21%	3.69%	4.13%	4.30%	3.92%	3.91%	3.75%	3.88%	3.56%	3.02%	
SPPG	4.20%	3.02%	2.88%	3.75%	3.30%	3.93%	3.47%	3.57%	3.83%	3.01%	3.09%	
PHA	4.21%	3.15%	4.95%	5.17%	5.46%	4.21%	3.55%	2.83%	2.44%	2.10%	2.57%	
NIBTS	3.31%	1.23%	3.85%	4.12%	3.49%	3.05%	2.78%	3.58%	2.34%	3.33%		





## 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%	82.4%	80.7%	80.2%	82.2%	85.1%	86.1%	85.9%	89%	85.9%	
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	3.5%	3.2%	4.5%	4.0%	3.4%	4.0%	3.9%	3.8%	4.4%	4.5%	5.0%	
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	14.0%	14.4%	14.8%	14.8%	14.5%	14.4%	14.7%	14.2%	13.9%	14.5%	14.1%	
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%



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	10mins	10mins	11mins	11mins	11mins	12mins	12mins	13 mins	13mins	12mins	
Cat 1 Mean Trajectory	10mins	10mins	10mins	10mins	10mins	10mins	10mins	10mins	10mins	10mins	10mins	10mins
Category 1 90 <sup>th</sup> Centile	19mins	20mins	20mins	21mins	23mins	22mins	23mins	22mins	24 mins	25mins	23mins	
Cat 1 90 <sup>th</sup> Centile Trajectory	21mins	21mins	21mins	21mins	21mins	21mins	21mins	21mins	21mins	21mins	21mins	21mins
Category 1T Mean	13mins	14mins	14mins	14mins	15mins	15mins	16mins	15mins	16 mins	17mins	16mins	
Cat 1T Mean Trajectory	19mins	19mins	19mins	19mins	19mins	19mins	19mins	19mins	19mins	19mins	19mins	19mins
Category 1T 90 <sup>th</sup> Centile	26mins	27mins	29mins	27mins	32mins	28mins	31mins	28mins	32 mins	34mins	30mins	
Cat 1T 90 <sup>th</sup> Centile Trajectory	30mins	30mins	30mins	30mins	30mins	30mins	30mins	30mins	30mins	30mins	30mins	30mins



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	31mins	37mins	38mins	44mins	47mins	52mins	47mins	74 mins	70mins	59mins	
Cat 2 Mean Trajectory	36mins	36mins	36mins	36mins	36mins	36mins	36mins	36mins	36mins	36mins	36mins	36mins
Category 2 90 <sup>th</sup> Centile	68mins	69mins	81mins	84mins	100mins	105mins	111mins	102mins	167 mins	160mins	134mins	
Cat 2 90 <sup>th</sup> Centile Trajectory	80mins	80mins	80mins	80mins	80mins	80mins	80mins	80mins	80mins	80mins	80mins	80mins
Category 3 90 <sup>th</sup> Centile	183mins	196mins	262mins	280mins	360mins	328mins	483mins	363mins	531 mins	513mins	379mins	
Cat 3 90 <sup>th</sup> Centile Trajectory	233mins	233mins	233mins	233mins	233mins	233mins	233mins	233mins	233mins	233mins	233mins	233mins



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%	8.7%	9.0%	8.3%	7.8%	7.3%	7.6%	8.1%	7.0%	7.0%	
<=15mins Trajectory	2%	4%	8%	8%	12%	15%	17%	19%	22%	25%	25%	25%
<=30mins	38.4%	36.5%	38.2%	36.1%	33.5%	33.2%	28.6%	29.3%	28.6%	26.0%	27%	
<=30min Trajectory	14%	14%	20%	25%	30%	35%	35%	40%	40%	45%	55%	60%
<=60mins	74.8%	76.1%	75.6%	73.1%	69.6%	69.7%	60.9%	63.5%	61.2%	56%	60.9%	
<=60mins Trajectory	59%	65%	65%	70%	70%	70%	75%	75%	80%	85%	90%	95%
>2hrs	9.2%	7.67%	9.6%	10.9%	12.7%	13.1%	20.1%	17.7%	19.8%	24.1%	18.9%	
>2hrs Trajectory	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
No of Patients >2hrs	997	881	1,040	1,206	1,371	1,334	2,090	1,821	1,992	2,345	1,758	
No of Patients >2hrs Trajectory	0	0	0	0	0	0	0	0	0	0	0	0

# Trust Board Finance Report

January 2024 (Month 10)



Northern Ireland Ambulance Service  
Health and Social Care Trust



# Contents

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





# Executive Summary

## Statutory financial performance targets

RAG  
status

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

The Trust is reporting a breakeven position at 31 January 2024 (Month 10) and forecasting a breakeven position for the year ending 31 March 2024, subject to key assumptions.

### Manage within allocated Capital Resource Limit (CRL)

The Trust has received a Capital Resource Limit (CRL) allocation of £6.381m. This includes allocations for Fleet & Estate (£5.7m), ICT (£0.555m), Leases (£0.1m) and Backlog Maintenance (£0.026m). Resources identified for replacement defibrillators are subject to business case approval and supplier capacity.

### Prompt payment target-95% of suppliers within 30 days

Cumulative performance is 96.9% for the nine months ending 31 January 2024 (Month 10).



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

The Trust is reporting a breakeven position at 31 January 2024 (Month 10) and forecasting a breakeven position for the year ending 31 March 2024. However, levels of expenditure over the winter months have been lower than previous years and less than the forecasted amounts as part of the forecast breakeven position. The Trust is working to quantify the impact of this downturn and the potential impact on breakeven.

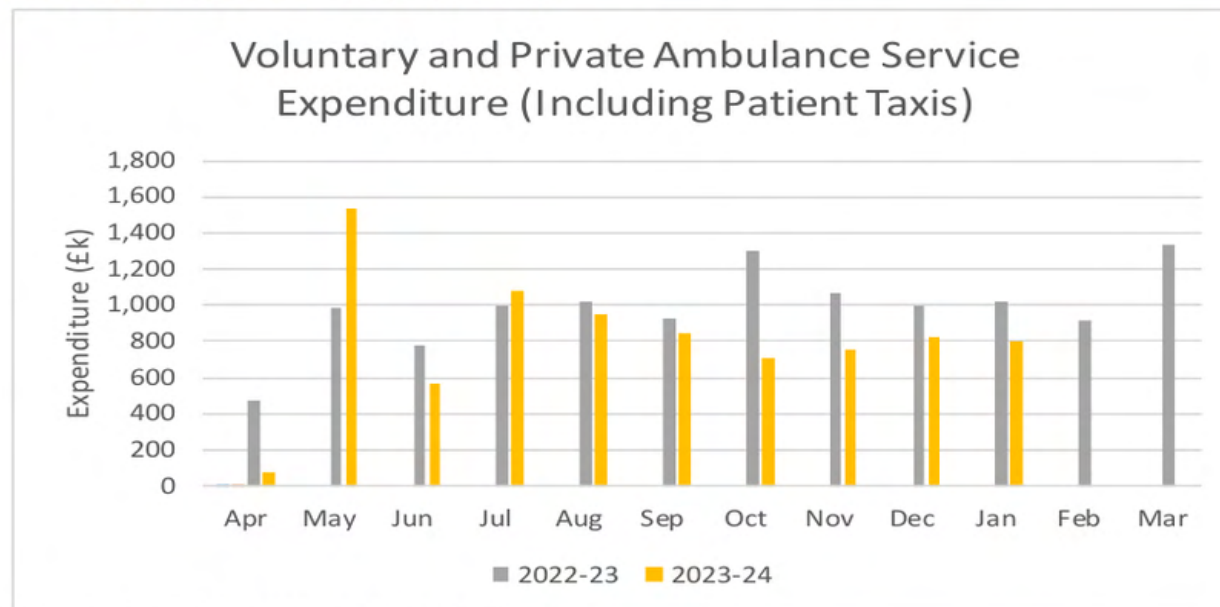
There are a number of assumptions and key factors underlying this position, specifically:

- \* Allocations - These will be in line with those notified to the Trust as part of the financial planning process.
- \* Savings Plans – The Trust has been set a target of £1.975m. Initial estimates are that these will be challenging to deliver and will require specific action and monitoring during the year. Importantly, all the proposals identified are non-recurrent in nature and a number are not repeatable.
- \* Resource Optimisation – Expenditure during the year on overtime and third party providers will be managed within available resources. This has to be balanced against demand, performance and quality considerations as expenditure in these areas is lower than previous years but the service remains under significant pressure.
- \* Accounting Treatment – Assuming no unsupported major in year changes to accounting treatment.
- \* Regional financial planning for 2024-25 with Trusts and DoH/SPPG continues against a backdrop of a seriously constrained financial position across the public sector.



# Voluntary & Private Ambulance Services (VAS/PAS)

- \* The Trust has benefited from significant additional funds as part of the response to Covid-19. This funding was applied to additional support from VAS/PAS to maintain and enhance ambulance provision during this difficult period. The Trust welcomes the support that VAS/PAS has given NIAS and HSC during this time.
- \* Expenditure on VAS/PAS in 2019-20 was £5.2m. Expenditure in 2020-21 was £10.1m, 2021-22 was £9.7m and 2022-23 was £9.2m. This level of expenditure was affordable given operational vacancies within the Trust and also with the additional resources provided in response to the pandemic. As the output of the training school fills vacancies, levels of expenditure should reduce.
- \* The sustained impact of pressures across HSC has resulted in the continued reliance on VAS/PAS to maintain services. The Trust has largely been operating at the highest levels of escalation and VAS/PAS spend remains significant. In 2022-23, further costs of the order of £2.6m were also incurred for the provision of patient taxis. Monthly expenditure in 2022-23 and the year to date are shown below.



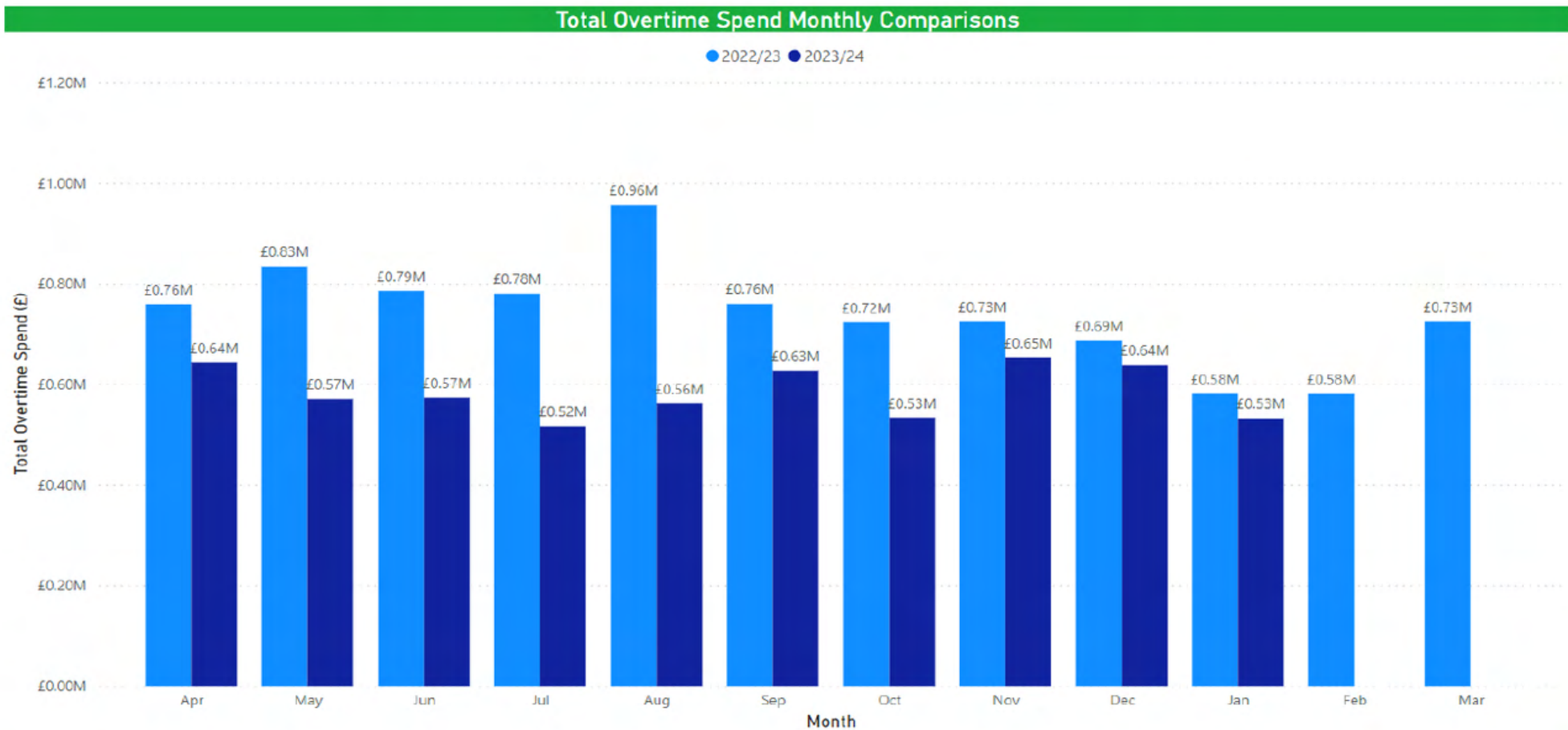


# Overtime Expenditure

- \* The Trust relies on the use of overtime for the provision of services, predominantly for the provision of Ambulance cover. This reliance is for a number of reasons including vacancies, planned and unplanned absences and additional cover or programmes of work.
- \* Overtime is payable to staff in pay bands 1-7 under Agenda for Change (AfC) terms and conditions at a rate of time plus one half, with the exception of public holidays which are paid at double time.
- \* Overtime is paid monthly in arrears and claims should routinely be submitted within three months of the work being carried out. Staff also have the option of taking time off in lieu as an alternative to an overtime payment.
- \* Given the varying requirements for overtime, expenditure can vary significantly at different times in the year. This, combined with other changes between years, can mean that expenditure between years, and particularly between months between different years, may not be directly comparable.
- \* However, even with this variability, overall overtime has been remarkably consistent in prior years averaging circa £6m per annum. Costs in 2022-23 increased to £7.9m which was affordable with additional Covid allocations. Expenditure showed a slight downward trend for the last three months of 2022-23 (figures for March 2023 include pay award arrears estimated to be in the order of £300k). This downward trend has broadly continued for the first eight months of the 2023-24 financial year, with the exception of a slight upturn in September and November 2023. This control of expenditure will need to be maintained and sustained for the rest of the financial year to manage within currently available resources.
- \* The Trust has largely completed a programme of work to recruit substantively to positions that have historically been filled with overtime. There was a significant lead time for the recruitment and training of these staff. As the output of the training school fills vacancies, levels of expenditure on overtime should reduce. Levels of sickness absence are also a major driver of overtime spend.

# Overtime Expenditure

## Total Overtime Spend Monthly Comparisons (£)



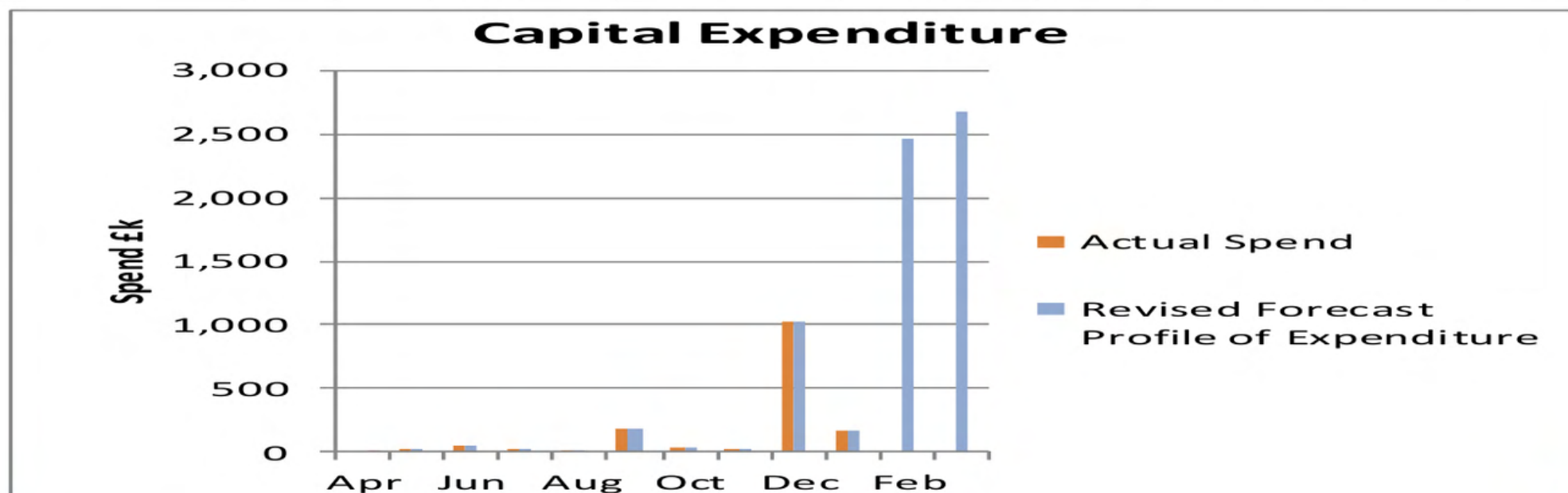


# Manage within allocated Capital Resource Limit (CRL)

103

The Trust has received a Capital Resource Limit (CRL) allocation of £6.381m (previously £6.381m). This includes allocations for Fleet & Estate (£5.7m), ICT (£0.555m), Leases £0.1m and Backlog Maintenance (£0.026m). Additional funding has also been identified in year for increased fleet costs and replacement defibrillators, however this is subject to formal allocations and business case approval, procurement timelines and supplier capacity.

- \* Expenditure has traditionally been profiled towards the end of the financial year due to a number of factors, including business case approval, the availability of funds, procurement timescales, supplier capacity, internal capacity, project risks and lead times. Significantly, expenditure on fleet is profiled to the end of the financial year to maintain a smooth fleet age profile.
- \* These risks have been compounded recently due to a number of factors including EU exit, the global movement of goods, the global availability of raw materials and also associated costs of materials, production and delivery. The Trust continually reviews capital schemes to understand and mitigate against these risks.
- \* Provisional figures for expenditure at January 2024 (Month 10) is £1.550m against the allocation of £6.381m.





# Prompt Payment of Invoices

- The Trust is required to pay non HSC trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. The target is to pay 95% of invoices within 30 calendar days of receipt of a valid invoice, or the goods and services, whichever is the latter. A further regional target to pay 70% of invoices within 10 working days (14 calendar days) has also been set.
- Performance by number of invoices paid for each of these measures is shown below. A range of measures are in place to improve and maintain performance in this area. As aged invoices are cleared and paid, performance between months can vary.
- The Trust has achieved both the 95% and 70% targets for the last three years and continues with efforts to maintain this level of performance in 2023-24.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Cum	Target
Total bills paid	1,940	2,425	2,348	1,974	2,252	2,283	2,608	2,302	1,643	2,801			22,576	
Total bills paid within 30 calendar days of receipt of undisputed invoice	1,900	2,316	2,280	1,876	2,193	2,226	2,569	2,219	1,589	2,640			21,808	
% bills paid on time 30 days	97.9%	95.5%	97.1%	95.0%	97.4%	97.5%	98.5%	96.4%	96.7%	94.3%			96.6%	>95%
Total bills paid within 10 working days (14 calendar days)	1,745	1,629	1,854	1,621	1,919	1,858	2,087	1,790	1,395	1,514			17,412	
% bills paid on time 10 days	89.9%	67.2%	79.0%	82.1%	85.2%	81.4%	80.0%	77.8%	84.9%	54.1%			77.1%	>70%
Targets			30 days	>95%	>90%	<90%		10 days	>70%	>65%	<65%			



# End of Report



Northern Ireland Ambulance Service  
Health and Social Care Trust





Northern Ireland Ambulance Service  
Health and Social Care Trust



**MINUTES OF THE PEOPLE, FINANCE AND ORGANISATIONAL  
DEVELOPMENT COMMITTEE HELD AT 9.30AM ON  
WEDNESDAY 6 DECEMBER 2023 IN THE BOARDROOM, NIAS HQ**

**PRESENT:** Mr J Dennison Committee Chair  
Ms M Larmour Non-Executive Director (Trust Chair)

**IN**

**ATTENDANCE:** Mr M Bloomfield Chief Executive  
Ms M Lemon Director of Human Resources & Organisational Development (HR & OD)  
Mr P Nicholson Director of Finance, Procurement, Fleet & Estates  
Ms M Paterson Director of Planning, Performance & Corporate Services  
Ms L Gardner Asst Director HR  
Ms S Watters Senior Learning & Development Officer (observer)  
Mrs C Mooney Board Secretary

**APOLOGIES:** Ms V Cochrane Asst Director HR

**1 Apologies & Opening Remarks**

The Committee Chair thanked Ms Larmour for facilitating the quorum.

The Chair noted that the HR Assurance Framework (agenda item 9) had not yet been finalised and said that Ms Lemon hoped to be in a position to present the final draft to the February meeting.

Ms Lemon noted that an update on the rebaselined plan would also be provided to the February meeting.



## 2 **Procedure**

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

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

No declarations of conflict of interest were made.

### 2.2 **Quorum**

The Chair confirmed the Committee as quorate.

### 2.3 **Confidentiality of Information**

The Chair emphasised the confidentiality of information.

## 3 **Previous Minutes (PC06/12/23/01)**

The minutes of the previous meetings held on 16 and 19 October 2023 were **APPROVED** by the Committee.

## 4 **Matters Arising (PC06/12/23/02)**

Ms Lemon advised that, following discussion at the October meeting, the Delivery Plan had been reviewed with a view to reordering and reprioritising the objectives therein.

Ms Lemon reported that the work in relation to providing dashboard data on a Divisional basis continued and said the Committee would be kept apprised of this work.

## 5 **Finance Update (PC06/12/23/03)**

Mr Nicholson drew the Committee's attention to Page 2 of the report which forecast a breakeven position at October 2023 and at the year end. He explained that the Trust had reviewed initial allocations and had identified £1.366 million which had originally been earmarked for training. Mr Nicholson said that this, as well as a forecast reduction in the annual leave creditor of £0.864 million, meant that the Trust would be in a position to cover its original forecast deficit of £2.2 million.

Mr Nicholson said that there were some indications of expected additional allocations around deficit support, PPE and the Integrated Clinical Hub. He explained that the Hub was based in EAC and had been designed to manage some of the additional operational pressures experienced by the Trust.

Continuing, Mr Nicholson pointed out that, in addition to the breakeven position, the Trust had been set a savings target of £1.975 million. He indicated that the proposals identified to make the savings were non-recurrent in nature as well as non-repeatable and had been progressed through the Resource Optimisation workstream of the Trust's Delivering Value Programme.

He also highlighted that the management of overtime and management of expenditure on IAS had shown marked changes to previous years and were broadly in line with the forecast within the initial plan. He said it would be important to recognise this and the collaborative approach shown by Assistant Directors across the financial elements of this work, particularly through the workstreams within the Trust's Delivering Value Programme.

Mr Nicholson highlighted the salient points within the various sections of the Finance Report.

Mr Dennison said that, while he welcomed the positive outturn to 2023-24, he recognised the challenges ahead.

Mr Bloomfield provided a brief update on discussions at the recent Performance and Transformation Executive Board meeting where it had been made clear that the financial outlook was extremely challenging.

Mr Bloomfield agreed with Mr Nicholson in relation to recognising the efforts of all staff to bring expenditure under control. However, he stressed the importance of balancing this against safety and quality. He noted the increase in complaints with regard to non-emergency transport not just from service users but also from other Trusts. Mr Bloomfield said it would be important to monitor the position to ensure expenditure was not reduced so far as to result in the Trust not delivering the service to an acceptable standard.

Ms Paterson acknowledged the fine balance to be struck as well as increasing productivity within the same envelope.

Mr Bloomfield welcomed the current financial position and said that the positive outturn was a result of DoH support as well as allocations to offset deficits. He pointed out that the NIAS savings target had been proportionate to the other Trusts which had indicated that it was becoming increasingly difficult to achieve savings.

Ms Larmour said she was a member of the Public Sector Chairs' Forum and discussions there had reflected the significant challenges ahead. She said it was clear from a recent briefing from the Head of the Civil Service, Ms J Brady, that there would not be any additional funding available in the 2024-25 year.

She sought further clarification about the reduction in the annual leave creditor.

Mr Nicholson alluded to discussions at the Trust's ARAC meetings and references to the liability of outstanding annual leave. He explained that, prior to Covid-19, staff on average carried forward five days' annual leave which accounted for around £1.5 million of a liability. However, he said, over the period of Covid-19, this liability increased as staff had been unable to take holidays as well as accruing leave due to sickness absence. He said that this had increased the liability to the order of £4 million which had been funded previously from Covid-19 allocations. Mr Nicholson indicated that, as this reduced, it had the effect of reducing expenditure in the current year. However, he pointed out that this would not be repeatable in subsequent years and the exact detail would not become clear until 31 March 2024.

Ms Larmour referred to Page 6 of the report which showed total overtime spend per area and asked why one station's spend would be significantly more than others.

Mr Nicholson explained that this could be for a number of reasons. He cited the example of the changes to surgery at the South West Acute Hospital and the requirement on the Trust to provide additionality or particular stations having higher absence levels which linked to the requirement for overtime.



Mr Nicholson also pointed out that, for example, staff based in Altnagelvin station could undertake overtime in other stations but that this would not necessarily be reflected in movements between Divisions.

Responding to a question from Ms Larmour on whether Area Managers controlled the provision of overtime to staff, Ms Byrne explained that Area Managers had authority to approve overtime to ensure core staffing levels. She said that there had been a much more focused approach on identifying those areas where overtime would be required.

Ms Larmour acknowledged the culture shift in terms of moving away from the significant levels of funding available throughout the pandemic.

Mr Bloomfield said that that change had resulted in staff expressing concern re the availability of overtime. However, he stressed that the Trust could only staff up to its funded establishment. He said it was important to strike the right balance in terms of reducing staff offers to undertake overtime.

The Committee **NOTED** the Financial Report as presented by Mr Nicholson.

5 **Maximising Attendance:**  
**- Progress Report**  
**- Delivery Plan Update (PC06/12/23/04)**

Ms Lemon drew the Committee's attention to the Progress Report and highlighted the salient points. She explained that the paper also attempted to describe the actions in place and to what extent the Trust had achieved traction in relation to attendance management.

Ms Lemon acknowledged that it would be challenging to meet the DoH target which was to reduce absence rates to 92.5% of the sickness absence levels reported in 2022-23, by the end of the 2023-24 financial year. This represented a target of 11.24% for NIAS.

Mr Dennison referred to the significant focus on stress and asked whether this was a major contributing factor to short-term and long-term absence.

Ms Lemon explained that both stress and musculo-skeletal (MSK) injuries were major causal factors of stress and she described the actions taken by the Trust to address these areas. These included a MSK pathway to physiotherapy and additional manual handling training.

Mr Dennison sought further detail on what would make an overall change to the cumulative total of absence.

Ms Gardner referred to the cyclical nature of absence and the use of secondary Key Performance Indicators (KPIs) to measure improvement. She explained that, while ultimately the measures may result in reductions and measures of success, absence may not necessarily reduce.

Ms Lemon alluded to the variation in practice and believed that KPIs would allow the actions taken by managers to be monitored to determine to what extent change was being delivered and whether it was more prevalent in some areas than others.

Ms Byrne said she would expect the same rigor to be applied through the management tiers.

Mr Bloomfield referred to the monthly meetings he held with Ms Lemon and Ms Byrne at which they discussed information around how many staff had been returned to work from long-term absence; how many staff had left NIAS employment; how many staff had been referred to Occupational Health Services (OHS) and were there plans in place to manage these staff.

Ms Lemon emphasised the importance of management intervention and said the Trust was implementing a huge cultural shift and placing expectations upon managers which were not there previously. She said that the Trust was at an early stage of identifying good practice with a view to showcasing this to managers.

Ms Lemon said that the Trust had recently provided more opportunities to bring managers together than had existed previously.

Ms Byrne highlighted the establishment of the Assistant Director Forum and the linkages between that and the Trust's Senior Management Team.

Ms Larmour said that there was a clear commitment to progressing this work and she highlighted the importance of face-to-face interaction and engagement. She suggested that further clarity needed to be provided to Area Managers and Station Officers around how they would be held to account in terms of staff management.

Ms Byrne alluded to the regular Assistant Director/Area Manager meetings and the re-commencement of the Station Officer Forum.

Ms Larmour welcomed these meetings. She noted that the Trust Chief Executive had been clear in his engagement with various management groups of the priority attached to attendance management. Ms Larmour asked how governance and accountability had been incorporated into the internal structure.

Ms Lemon suggested that the standardisation of meetings and clarity that managers were responsible for managing absence.

Mr Bloomfield confirmed that managers were clear on the responsibilities placed upon them around attendance management and the need for them to be aware of the detail. However, he acknowledged that this had not yet translated into improvement.

Ms Lemon clarified that the KPIs were clear at Area Manager level, not at Station Officer level. She said that, while Area Managers had been advised of the expectations around staff management, it would be important to introduce some KPIs with a view to standardising the approach.

Ms Byrne referred to the involvement of HR Advisers and the considered advice provided at Divisional level. She pointed out that every operational manager had a nominated HR Adviser as a point of contact.



Mr Bloomfield acknowledged the point re accountability lying with Area Managers and said he believed further clarity was still required about how this operated at Station Officer level.

Responding to a question from Mr Dennison as to when the Trust might expect to see a reduction in numbers and the forecast position in March, Ms Lemon said that the focus was on seeing a clear trajectory around those members of staff currently off being brought back to work. She added that she would also like to see some traction around the processes referred to by Mr Bloomfield, for example, numbers of staff applications for ill-health retirement as well as an improvement in the numbers of staff returning to work.

In terms of seasonal absence, Ms Lemon stressed the importance of managers having early leadership discussions with the relevant staff with support from HR Advisers. She suggested it would be interesting, after the Christmas break, to compare staff absence with the previous Christmas figures.

Ms Gardner suggested that the development of a HR Assurance Framework would be helpful and would ensure there was no ambiguity in terms of what staff were responsible for.

Alluding to a case management approach, Ms Gardner acknowledged that the process was not as time-bound as it needed to be. She recognised that there was case drift and, in the past, management meetings had not taken place on a timely basis. Ms Gardner referred to the backlog of redeployment considerations and confirmed that nine had been actioned since April and acknowledged that the process needed to be more dynamic.

Ms Larmour said that the redeployment process needed to be accelerated and more agile.

### **Delivery Plan Update**

Ms Lemon explained that there would be significant emphasis on the Delivery Plan in the next Quarter and added that she hoped to report on the secondary information at that stage.

She highlighted a number of barriers encountered with the delivery of the Plan. She cited the example of OHS and the need to hold providers to account through KPIs. Ms Lemon noted that there was

currently a five-month turnaround in relation to applying for ill-health retirement and consideration of the application and said this delay was outside of the Trust's control. She pointed out that the delay often led to staff taking sick leave during the interim period.

Ms Larmour asked if there was any information in relation to the number of staff applying for ill-health retirement and also in relation to those staff who were on sick leave pending consideration of their application.

Ms Lemon advised that the DoH was aware of the position and had sought information from all Trusts.

Ms Lemon stressed the importance of the health and wellbeing of the workforce and alluded to the Health and Wellbeing Strategy which had been approved by the Board in August 2022 and which reflected actions in terms of mental health support and physical fitness support.

Alluding to governance and accountability, Ms Lemon highlighted the importance of effective communications and said work was being undertaken in this regard. She pointed out that Trade Union colleagues continued to highlight the issue of safe staffing.

Mr Bloomfield said that the actions being taken were appropriate to deliver the outworkings of the Strategy. However, he acknowledged the linkages between the actions and starting to see an improvement in the overall absence levels and said that this would take time to see the desired outcomes.

Ms Lemon pointed out that, front and centre to this work, was the mainstreaming of the management role. She explained that this had involved a significant cultural shift and reminded the Committee that, in the past, staff did not have to speak to their manager to report being absent from work. She added that this had also been an Internal Audit recommendation and said that significant work had been required to ensure a reversal of this practice. Ms Lemon pointed out that some Trade Union colleagues were not supportive of this new practice.

Ms Larmour said that the Board would like to have a level of assurance that mechanisms were in place to demonstrate that those staff responsible for managing staff were accountable. She

suggested that there would always be a certain level of inconsistency of approach. Ms Larmour acknowledged that there was insufficient evidence to assure her that there was accountability at the right level and a recognition that managers were regularly meeting to discuss such issues. She suggested that there needed to be a mechanism to allow managers to come together and be supported with a view to educating and learning from each other.

Ms Larmour highlighted that the aim was to ensure a healthy and happy workforce and said that issues needed to be addressed in a collaborative manner.

Ms Lemon alluded to performance management in terms of managers being clear around the areas for which they would be held accountable for across the organisation.

Ms Byrne highlighted the need to support managers and remove some of the more administrative tasks and said the Trust was working to address this.

Ms Larmour was of the view that the Trust needed to be more agile in the current environment.

The Committee **NOTED** the updates provided.

## 7 **HR & OD Balance Scorecard as at October 2023** **(PC06/12/23/05)**

By way of summary, Ms Lemon acknowledged that sickness absence continued to be a significant challenge for the Trust and said that the earlier discussion referred. She advised that the use of overtime was being considered within the Delivering Value Resource Optimisation Project and had been covered in Mr Nicholson's earlier Finance Report.

She advised that headcount, turnover and use of non-permanent staff had remained relatively static since the previous report. Ms Lemon reported that there were currently no whistleblowing cases and general Employee Relations (ER) activity remained at a steady level. She noted that, with the introduction of a new Learning Management System (LMS) in April 2023, all statutory and mandatory training records had now been migrated to allow for compliance monitoring in future scorecards.



Referring to ER, Ms Lemon acknowledged the potential impact on absence. She said she would like to be able to present to the Committee what performance might look like in this area, for example, how many cases; the timeframes involved and whether any trends in relation to grievances had been identified.

The Chair noted that KPIs 11-14 never appeared to be populated and sought clarification around this.

Responding, Ms Lemon stressed the importance of not relying on the engagement score from the previous staff survey. She advised that the Trust was planning to undertake some Pulse surveys in Quarter 4 which, it was hoped, would provide a better understanding of staff satisfaction. Ms Lemon acknowledged that further work was required around the quantitative data needed for the dashboard. She alluded to the introduction of the new LMS and said the Trust was now in a better position to report on this.

The Chair referred to the short-term absence information and said that, while the KPI gave the impression that this was reducing, other information would point to increases.

Ms Lemon undertook to revisit this and report back to the February meeting.

Ms Larmour referred to KPI 7, ER Issues (Level 1&2), in particular grievance and harassment, and asked what percentage of staff were impacted by these. She noted the levels in both areas.

Ms Lemon clarified that the figures represented those cases which were open as opposed to the number of the cases opening. She suggested that it might be more helpful to report on how many cases had been closed as well as how many grievance and harassment cases were created on a monthly basis.

The HR & OD Scorecard was **NOTED** by the Committee.

## 8 **Conflict, Bullying and Harassment Policy (PC06/12/23/06)**

Ms Lemon explained that the DoH Workforce Policy Directorate issued Circular HSC (AfC) (5) 2023 "Implementation of Conflict, Bullying and Harassment Policy" on 9 November 2023, requiring all

HSC organisations to adopt the revised Conflict, Bullying and Harassment (CBH) regional policy.

She drew the Committee's attention to the paper which provided details of the proposal to implement the HSC (CBH) Policy locally within NIAS with effect from 1 April 2024 as well as the actions which would be taken to support implementation.

Mr Bloomfield indicated that each Trust would be expected to introduce the Policy.

Ms Gardner confirmed that there had been Trade Union engagement in the development of the Policy.

The Committee **APPROVED** the adoption of the Policy.

## 9 **Development of HR Assurance Framework – verbal update**

Ms Lemon advised that, while a risk register had been established within the Directorate, it would be helpful to have an effective HR Assurance Framework which would assist in identifying risks. She explained that this work was progressing and a workshop was being held this morning to consider what a Directorate Risk Register might look like as well as best practice around an Assurance Framework.

Ms Lemon said she intended to present the Framework to the Committee at its February meeting for consideration.

Responding to a question from Ms Larmour, Ms Paterson advised that the post of Risk Manager was currently being evaluated with a view to commencing a recruitment exercise for the post as soon as possible. However, in the meantime, Mr Seamus Mullen would provide support. Ms Paterson referred to the importance of the Risk Manager post and said that it may become necessary to supplement the risk management capacity within the Trust to ensure resilience.

Ms Larmour noted that, in terms of resilience, there were a number of posts which she described as 'instrumental' within the Trust which could potentially place functions at risk. She suggested it would be helpful to identify such posts and referred to the importance of exit interviews with those staff who had decided to take up posts elsewhere.

Mr Bloomfield pointed out that the Trust had recruited a number of posts at risk to mitigate vulnerabilities in certain functions. However, it was important to ensure a balance between resilience of corporate support functions and ensuring appropriate resources were allocated towards the operational frontline.

10 **Actions from meeting with PFOD Chair/Chair/Chief Executive/Director HR & OD on 28 September 2023 – verbal update**

Ms Lemon explained that she and Ms Byrne met on a weekly basis to discuss attendance management and said that, in addition to this, both she and Ms Byrne met with the Chief Executive on a monthly basis to review progress.

Ms Lemon advised that, at the September meeting, there had been some discussion as to what extent members could be assured that managers now viewed attendance management as an integral element of their role and have clarity around what was expected of them. Ms Lemon said that she did believe there had been significant progress in relation to this.

Mr Bloomfield said that he would agree with Ms Lemon's assessment.

Ms Larmour noted the number of staff in temporary posts and stressed the importance of transitioning to permanent posts where possible. She commented that she would like to see more evidence of managers meeting to discuss managing attendance.

Ms Lemon advised that a number of sessions had taken place with managers.

The Chair thanked Ms Lemon for her update.

11 **HR & OD Capacity and Structure – verbal update**

Ms Gardner and Ms Watters withdrew from the meeting at this point and Ms Lemon provided a detailed update in relation to the HR & OD capacity and structure.



12 **Date of next meeting**

The next meeting of the Committee is scheduled to take place on Thursday 29 February 2024.

13 **Any Other Business**

There were no items of Any Other Business.

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 3.30PM.**

**SIGNED:**



**DATE:**

29 February 2024



## **'PEOPLE' COMMITTEE REPORT TO TRUST BOARD 28/3/24**

The People, Finance and Organisational Development Committee met on Thursday 29 February 2024.

Issues discussed included:

	<p><b><u>Committee membership</u></b></p> <p>The Chair welcomed Phelim Quinn and Paul Corrigan to their first meeting as Committee members. Mr Quinn and Mr Corrigan had been appointed as Trust Non-Executive Directors on 11 December 2023 and 1 January 2024 respectively.</p>
	<p><b><u>Finance Update</u></b></p> <p>The Committee noted the Finance report which covered the following areas:</p> <ul style="list-style-type: none"> <li>• Financial Position 2023-24</li> <li>• Overtime Expenditure</li> <li>• Use of Voluntary &amp; Private Ambulance Services</li> <li>• Use of Staff Substitution</li> <li>• Use of HSC Leadership Centre Associates</li> <li>• Capital Programme 2023-24</li> <li>• Business Case Database</li> </ul>
	<p><b><u>HR&amp;OD Balance Scorecard</u></b></p> <p>The Committee noted that the Scorecard had been updated to include information for January 2024 across nine of the 15 Key Performance Indicators (KPIs). With the continued roll out of the Regional HSC Learning Management System, work was ongoing to provide monitoring information on statutory and mandatory training. The Committee acknowledged that the process for populating the scorecard was subject to continuous improvement in terms of ongoing refinement of calculations and data definitions.</p>



	<p><b><u>Maximising Attendance Progress Report</u></b></p> <p>The Director of HR &amp; OD presented a report detailing progress around the Maximising Attendance project, including Trust performance against the DoH target. The Committee noted that, while the target was challenging in the context of NIAS, the data at departmental level was showing some improvement trajectory in individual areas.</p>
	<p><b><u>HR Assurance Framework – working draft</u></b></p> <p>The Committee was presented with a working draft of the HR Assurance Framework which focussed on the Directorate's core business as usual objectives across key functions and their associated levels of assurance.</p>
	<p><b><u>Organisational Culture</u></b></p> <p>The Committee received a high-level overview of work done to date in the context of organisational culture and an outline of plans for the way forward.</p>