



***A Meeting of Trust Board to be held at
Thursday 7 February 2019, at NIAS Headquarters, Belfast***

1.0 Welcome and Introductions

2.0 Apologies

[Click on links to navigate document](#)

3.0 Minutes of the meeting of the Trust Board held 6 December 2018 *(for approval & signature)* **TB 07/02/2019/01**

4.0 Matters Arising

5.0 Chair's Business

6.0 Chief Executive's Business

7.0 Allocation of Emergency Vehicles Policy & Procedures *(for approval)* **TB 07/02/2019/02**

8.0 Clinical Response Model Consultation update

9.0 Health & Safety Policy Statement *(for approval)* **TB 07/02/2019/03**

10.0 EU Exit Plan (verbal update)

11.0 Directors Highlight Reports at December 2018
(by exception only)

Medical
Operations
Finance
Human Resources

TB 07/01/2019/04
TB 07/01/2019/05
TB 07/01/2019/06
TB 07/01/2019/07

12.0 Application of Trust Seal

13.0 Forum for Questions

14.0 Any Other Business

15.0 *Next meeting of Trust Board will be held on Thursday, 4 April 2019 in the NIAS Southern Trust Area. The location will be confirmed in due course.*

Standing Orders

This section is designed to provide information extracted from Standing Orders pertinent to the smooth running of the public Board meeting. The full Standing Orders are available for consideration at any time through the Chief Executive's Office or from the website. The excerpts below represent key items relevant to assist with the management of the Public Meeting.

Admission of Public and the Press

3.17 Admission and Exclusion on Grounds of Confidentiality of business to be transacted

The public and representatives of the press may attend meetings of the Board, but shall be required to withdraw upon a resolution of the Trust Board as follows:

'that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 23 (2) of the Local Government Act (NI) 1972'

3.18 Observers at Board meetings

The Trust will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Trust Board's meetings and may change, alter or vary these Terms and Conditions as it deems fit.

PROCEDURE RELATING TO SUBMISSION OF QUESTIONS FROM THE PUBLIC AT NIAS TRUST BOARD MEETINGS

Questions may be put to the Board which relate to items on the Agenda.

Every effort will be made to address the question and provide a response during the meeting at the appropriate point on the Agenda.

If it is not possible to provide a response during the meeting a written response will be provided within seven days.

Questions must be put to the Board in written form and must be passed to the Senior Secretary before the item on the Agenda entitled "Forum for Questions".



Northern Ireland Ambulance Service
Health and Social Care Trust



TRUST BOARD

***Thursday 7 February 2019 at 10.00am, at Ambulance Headquarters, Site 30,
Knockbracken Healthcare Park, Saintfield Road, Belfast***

TB/07/02/2019/01



Minutes of Trust Board

**Thursday 6 December 2018, 10:30am, Tyner Room, Downshire Hospital, 53
Ardglass Road, Downpatrick, BT30 6JQ**

Present:

Mrs N Lappin	Chair
Mr T Haslett	Non-Executive Director
Mr A Cardwell	Non-Executive Director
Mr D Ashford	Non-Executive Director
Dr J Livingstone	Non-Executive Director
Mr M Bloomfield	Chief Executive
Mrs S McCue	Director of Finance & ICT
Ms R O'Hara	Director of HR & Corporate Services
Mr B McNeill	Director of Operations
Dr N Ruddell	Medical Director

In Attendance:

Ms H Coard	Senior Secretary
Ms M Smith	Senior Secretary
Mr G O'Rourke	HEMs Paramedic (for Item 14 Only)
Ms S Loughran	Emergency Medical Technician (for Item 16 only)
Mr A Mac Giolla Bhrighde	Emergency Medical Technician (for Item 16 only)
Mr G Mercer	Station Officer Coleraine (for Item 16 only)

1.0 Welcome and Introductions:

The Chair welcomed everyone to Downshire Hospital, the Board was confirmed as quorate.

2.0 Apologies:

Apologies were received from Mr William Abraham, Non-Executive Director.

3.0 Minutes of Trust Board Meeting on 4 October 2018

The minutes were approved subject to some agreed minor amendments on the proposal of the Chair and seconded by Dr J Livingstone.

4.0 Matters Arising:

There were no matters arising.

5.0 Chair's Business:

The Chair outlined her activities and meetings attended since the last Trust Board meeting as follows:

- Two meetings of the Health Trust project groups, set up to implement the recommendations coming out of the O'Hara Report in relation to the Inquiry into Hyponatraemia related Deaths in Northern Ireland, have taken place since the last Trust Board.

- The Chair attended the opening of the new Enniskillen Ambulance Station. The Chair acknowledged the hard work that had gone into the project and offered thanks, on behalf of the Trust Board, to all those involved in the success of this project and of the official opening event.
- A number of meetings with MLAs have taking place in relation to promoting and encouraging responses to the ongoing consultation on proposals for the implementation of the new Clinical Response Model (CRM). The Chair noted that the majority of feedback received to date had been very positive and supportive of the proposal.
- A meeting of the 'Project Echo' group, in respect of good governance practices within the Health and Social Care Trusts took place. The Chair acknowledged the useful information presented by NIAS Risk Manager, Katrina Keating on the innovative approaches taken by NIAS in relation to good governance.
- Attended AACE meeting with Mr Bloomfield in November 2018. Points of note from this meeting including a matter in relation to the provision of Maternity uniforms for NIAS employees. The Chair proposed that a Board level discussion should take place on this subject.
- Internal Audit have been reviewing the Trust's current governance structures. The Chair proposed that a Trust Board Workshop is arranged in early 2019 to fully discuss this matter.
- Attended meeting with Sue Gray, Permanent Secretary of the Department for Finance, to discuss a range of issues in relation to NIAS including the approval process for high value capital projects.
- Internal Audit have requested a meeting with the Chair to discuss an upcoming Audit on Patient Flow, this meeting will take place next week following a discussion of this subject with the Director of Operations.

6.0 Chief Executive's Business:

Mr Bloomfield outlined his activities and meetings attended since the last Trust Board as follows:

- CRM Consultation – A range of meetings and events have been taking place in relation to stakeholder engagement on the CRM Consultation. The Trust has attended meetings with all the Local Commissioning Groups (LCGs), District Councils, Patient Client Council and other related stakeholder groups. An 'easy read' version of the consultation paper has recently been produced and circulated. As a result of this, it has been decided to extend the closing date for responses to the consultation to Friday 18 January 2019. SEMT held a workshop to discuss the development of a plan to implement the CRM and to consider resource requirements.
- Infection Prevention Control (IPC) – the RQIA made unannounced inspections to Craigavon Ambulance Station and NIAS HQ on 28 November 2018 and to several other stations the following day. Feedback received from the RQIA since these inspections has been positive. The RQIA have recognised the improvements made by the Trust but noted that there are still some ongoing issues. The RQIA will meet with the Trust next week. The Board will be provided with an update following the meeting.
- Winter Plan – Winter pressures are expected to be considerable this year as increases in demand for services have continued over the summer months. Mr Bloomfield noted that he has recently attended several meetings in respect of Winter Pressures with the Permanent Secretary from the Department of Health and other Health Trust Chief Executives. Regional work is ongoing on tasks to improve hospital turnaround times. The Ulster Hospital recently piloted a new Ambulance Receiver role. Learning outcomes from the pilot were largely positive with statistics on turnaround times

showing a decrease during the period of the trial. It is expected that other Trusts will provide an Ambulance Receiver the large Emergency Departments during winter.

- Mr Bloomfield proposed that a Trust Board Workshop is arranged to discuss long term strategic direction for NIAS. The Trust is being supported by AACE in this work.
- The Trust attended a meeting with NIFRS last week. NIAS were represented by Mr Bloomfield, Mr McNeill and Dr Ruddell.
- NIAS participated in a MFTA training exercise with NIFRS and PSNI last week. The exercise was designed and led by a member of the NIAS HART Team. Mr Bloomfield attended part of this exercise and commented on how impressed he was by the professionalism and dedication of everyone involved.
- NIAS hosted a national research event on behalf of the College of Paramedics in November 2018.

Items for Approval/Noting

7.0 Frequent and Vulnerable Caller Policy (for approval)

Dr Ruddell presented an overview of the draft Policy on the Identification and Management of Frequent Callers and Vulnerable Service Users for approval by the Trust Board.

Dr Ruddell acknowledged the excellent work carried out by the project team on this policy which is led by Joanna Smylie. The policy outlines how NIAS will identify and manage frequent and vulnerable callers in a consistent and clinically appropriate manner.

The Board held a discussion on matters related to the policy. Mr McNeill highlighted that, if adequately resourced, the implementation of this policy and associated procedures would potentially provide an opportunity for NIAS to reduce demand on services.

The Trust Board approved the policy on the proposal of Dr Livingstone and seconded by Mr Cardwell.

8.0 Learning from Incidents Policy (for approval)

Dr Ruddell provided background information and an overview of the Learning from Incidents policy. The purpose of this policy is to raise the standard of incident management within NIAS. The policy document identifies and sets out the Trust's corporate commitment to the appropriate level of investigation of incidents. It aims to embed good governance practices by ensuring that all managers make adequate arrangement for the provision of suitable resources, calling upon employees to fully engage in, and be responsible for incident management.

A brief Q&A followed in which the Board sought clarification of certain aspects of the policy. It was noted that a NIAS specific procedures document was in the process of being prepared for issue to employees in the near future.

The Trust Board approved the Policy subject to some agreed wording amendments on the proposal of Dr J Livingstone and seconded by Mr D Ashford.

9.0 Procurement Working Group Terms of Reference (for approval)

Mrs McCue presented an overview of the Procurement Working Group Revised Terms of Reference. This document had previously been discussed and reviewed by the Audit Committee at their meeting on 11 October 2018.

A brief Q&A followed in which the Chair queried some of the function of the Procurement Working Group. Mrs McCue noted that the purpose of the Group was to scrutinise and provide advice and guidance on procurement matters and procedures within the Trust.

The Board approved the Revised Terms of Reference on the proposal of Mr A Cardwell, seconded by Mr T Haslett.

10.0 Annual Equality Report (for noting)

Ms O'Hara presented the Trust's Statutory Equality and Good Relations Duties Annual Progress Report 2017-18. This report was prepared using a template circulated by the Equality Commission. It presents the Trust's progress in fulfilling statutory equality and good relations duties and implementation of Equality Scheme commitments and Disability Action Plans, between April 2017 and March 2018.

The Trust Board noted the report.

11.0 Audit Committee Minutes (13/06/2018) (for noting)

The Trust Board reviewed and noted the minutes of the Audit Committee meeting on Wednesday 13 June 2018.

12.0 Assurance Committee Minutes (05/09/2018) (for noting)

The Trust Board reviewed and noted the minutes of the Assurance Committee meeting on Wednesday 5 September 2018.

13.0 Marked Cars Verbal Update:

Mr Bloomfield provided background information in respect of the development of a policy in relation to the allocation of marked cars to Ambulance Officers. The draft policy is in an advanced stage of development and has been reviewed by the Trust's Senior Executive Management Team. It was noted that the final policy would be submitted for approval by the Trust Board at their next meeting.

14.0 HEMS Update

The Chair welcomed Mr Glen O'Rourke and invited him to present an update on the work of the HEMS.

Points of note from Mr O'Rourke's presentation included:

- Definitions and differences between the Air Ambulance Service and the HEMS Service.
- HEMS service has been designated 580 times since it commenced operating, averaging 36 call per month.
- HEMS work closely with the Emergency Ambulance Control (EAC) Team to quickly identify emergency calls that require HEMS
- The stand down rate for HEMS is 30%
- NIAS Information Management, IT and EAC teams have worked collaboratively with the HEMS team to create a robust and inclusive statistical data system for the collection of information on all HEMS calls and call outs. Mr O'Rourke demonstrated the flexibility of this system throughout his presentation.

A brief Q&A session followed and the Chair thanked Mr O'Rourke for his informative and useful presentation.

14.0 Directors Highlight Reports as at October 2018:

14.1 Human Resources & Corporate Services

Ms O'Hara, Director of HR & Corporate Services, provided an update to the Trust Board. The following highlights were noted:

- The HR Report now includes details of UK Ambulance Services absence KPIs.

14.2 Finance & ICT

Mrs McCue, Director of Finance & ICT, provided an update to the Trust Board. The following highlights were noted:

- Financial Breakeven – At end October 2018 there was a small deficit of £7k; the Trust is predicting breakeven at year end.
- Capital expenditure is on track as per budget forecasts.
- By end of October 2018 there was an increase in the number of information requests received.
- The Chair queried methods of monitoring and reviewing ACP pathways as per bullet point 4 on page 115 of the report; Mrs McCue noted that these were reviewed by SEMT through a TIC Group.

14.3 Operations

Mr McNeill, Director of Operations, provided an update to the Trust Board. The following highlights were noted:

- The Trust is predicting a slight improvement in respect of CAT A Performance Improvement Trajectory as winter resilience plans commenced on 1 December 2018.
- The Trust Board was advised that performance levels may drop in the coming months as a result of 48 EMT staff being released from their duties for the commencement of the Diploma in Paramedic Practice in early January 2019. Delays in the recruitment process for trainee EMT's to backfill these posts will impact the number of staff available for rostered shifts on a short-term basis. This was duly noted by the Board.

14.4 Medical

Dr Ruddell, Medical Director, had no significant highlights to report.

16.0 Staff Bravery Awards:

The Chair welcomed Mr Glynn Mercer, Station Officer Antrim, Ms Shauna Loughran, Paramedic and Mr Aona Mac Giolla Bhrighde, Emergency Medical Technician (EMT) from North Division. Ms Loughran and Mr Mac Giolla Bhrighde were invited to share their experience of an incident they were recently involved in whilst on duty. They had just completed a callout and were returning to their base when they spotted smoke billowing from a house in Moneymore. They stopped, contacted control to inform them of the incident and then made their way to the house where they proceeded to lead an elderly gentleman from the house to safety, before going on to warn neighbours of the danger.

Their actions were above and beyond the call of duty and undoubtedly saved lives. The Chair, then awarded Ms Loughran and Mr Mac Giolla Bhrighde, NIAS first Bravery Award and offered sincere thanks on behalf of the Trust Board and the entire Service.

It was noted that the Trust are now planning to host an Annual Awards Ceremony to accommodate and acknowledge awards to staff.

17.0 Forum for Questions:

There were no questions asked under this agenda item.

18.0 Any Other Business:

The following items were discussed under AOB:

- Brexit – Dr Ruddell provided an update in respect of a meeting he recently attended regarding potential impact on the Health Service should the UK leave the EU with no deal. He noted that there are many planned contingencies in place already for the continued supply of fuel, pharmaceuticals etc.
- The Chair offered congratulations on behalf of herself and the Board to Mr Ashford on his recent appointment as Chair of the Probation Board for NI.

Date of Next Meeting:

The next meeting of the Trust Board will be held on Thursday 7 February 2019, location to be confirmed.

Signed: _____
(Chairman)

Dated: _____

TB/07/02/2019/02

NORTHERN IRELAND AMBULANCE SERVICE

HSC TRUST

TRUST BOARD MEETING 7 FEB 2019

PRESENTATION OF PAPER

Title:	Policy on the Allocation of Emergency Vehicles to Ambulance Officers
Purpose:	The purpose of the policy is to ensure the Trust has in place a robust and effective policy on the allocation of emergency vehicles to Ambulance Officers, developed in accordance with the needs of the Trust and relevant legislation and to address the requirements of Internal Audit.
Content:	See policy document
Recommendation:	It is recommended Trust Board ratifies the policy for immediate circulation and implementation.
Previous Forum:	N/A
Prepared by:	Linda Rafferty, Programme Manager
Presented by:	Brian McNeill, Director of Operations



Title:	Policy on the Allocation of Emergency Vehicles to Ambulance Officers		
Author:	Linda Rafferty, Programme Manager		
Ownership:	Brian McNeill, Director of Operations		
Date of SEMT Approval:	22/01/2019	Date of Trust Board Approval:	
Operational Date:		Review Date:	March 2020
Version No:	Version V1.0	Supercedes:	N/A
Key Words:			
Other Relevant Policies:	<ul style="list-style-type: none"> Standards for the Allocation of Emergency Vehicles to Ambulance Officers Driving Policy On Call Information Pack Major Incident Plan 		

Version Control for Drafts:			
Date	Version	Author	Comments
23/11/2018	V0.1	Operations Directorate	Initial draft circulated to SEMT and ADoF for comment
17/12/2018	V0.2		Second draft
02/01/2019	V0.3		Third draft circulated to users and managers for comment
22/01/2019	V1.0		Final version for Trust Board ratification on 07/02/2019.

CONTENTS	PAGE NO.
1.0 Introduction	3
2.0 Purpose	3
3.0 Scope of the Policy	4
4.0 Roles and Responsibilities	4
5.0 Definitions	4 - 5
6.0 Essential Criteria	6
7.0 Key Policy Principles	6 - 7
8.0 Implementation of the Policy	8
9.0 Monitoring	8
10.0 Evidence Base/References	8
11.0 Consultation Process	9
12.0 Equality Statement	9
13.0 Signatories	9

1.0 INTRODUCTION

- 1.1 The Northern Ireland Ambulance Service HSC Trust (NIAS) has a fleet of emergency vehicles that are allocated to Ambulance Officers on either an individual basis or via a pool system in accordance with job role requirements, for the purposes of providing a clinical/management response to an emergency or to a major or significant incident, and in pursuance of core duties, in accordance with Trust requirements and relevant legislation.
- 1.2 This policy has been developed in order to define a consistent and comprehensive approach to the allocation of emergency vehicles to Ambulance Officers, and to ensure that relevant staff have the appropriate resources consistent with their job role requirements to deliver a high-quality service to both patients and staff.

2.0 PURPOSE

- 2.1 The purpose of this policy is to:
- ensure the Trust has in place a robust and effective policy on the allocation of emergency vehicles to Ambulance Officers, developed in accordance with the needs of the Trust and relevant legislation;
 - ensure that the publicly owned assets of the Trust, in this case emergency vehicles, are delivering value for money and being utilised in a manner consistent with Managing Public Money Northern Ireland (MPMNI);
 - ensure the Trust is compliant with HMRC guidance on benefits in kind and other PAYE requirements in relation to the allocation of emergency vehicles to Ambulance Officers;
 - ensure Trust employees are aware of their personal responsibilities and requirements under HMRC guidance on benefits in kind and other PAYE requirements in relation to the use of emergency vehicles by Ambulance Officers.
- 2.2 This policy shall provide governance assurance regarding the management and oversight of the allocation and use of the specific assets and shall provide assurance regarding compliance with the Trust's Standing Financial Instructions (SFIs) on the use and safeguarding of the assets.
- 2.3 This policy shall be supported by the Trust's Standards for the Allocation of Emergency Vehicles to Ambulance Officers to ensure its effective and consistent implementation.

3.0 SCOPE OF THE POLICY

- 3.1 This policy applies solely to the allocation of emergency vehicles to Ambulance Officers in Band 7 roles or above who meet the essential criteria specified in Section 6 of this document.

All other Trust vehicles are out with the scope of this policy.

4.0 ROLES & RESPONSIBILITIES

- 4.1 The Trust's Chief Executive, as accountable officer, has overall responsibility for ensuring the objectives of this policy are met and resources are made available to implement the policy.
- 4.2 **This policy applies to:**
- 4.2.1 Ambulance Officers in Band 7 roles or above who meet the Trust's criteria to have an emergency vehicle made available to them on either an individual basis or via a pool system, for the purposes of providing a clinical/management response to an emergency or to a major or significant incident, and in pursuance of their core duties:
- in normal hours, and
 - outside of normal hours when available and as requested by Emergency Ambulance Control, and
 - whilst participating in the Trust's Officer on-call system, to include Area Managers and Doctors participating in the Trust's Senior on-call system.
- 4.2.2 Managers of those described in 4.2.1
- 4.2.3 Those responsible for the management of the Trust's On-Call systems, Resource Escalation Action Plan and Emergency Ambulance Control Demand Management Plan.

5.0 DEFINITIONS

- 5.1 **Emergency Vehicle:** For the purposes of this policy the term "emergency vehicle" refers to a vehicle which has been allocated to an Ambulance Officer on either an individual basis or via a pool system. The vehicle shall have permanent flashing blue lights fitted, full ambulance livery, carry a range of equipment and clinical supplies and shall be suitable for use in responding to an emergency or to a major or significant incident.
- 5.2 **Individual Basis:** The majority of emergency vehicles as defined in 5.1 are allocated to Ambulance Officers on an individual basis where a pool system is not possible due to the geographical spread of job roles across Northern Ireland and/or the requirements of core duties during normal hours. Examples of job roles with individual allocation of emergency vehicles include Area Managers, Station Officers, members of the Emergency Planning Team and Divisional Clinical Training Officers.

- 5.3 **Pool System:** A pool system is in operation at the Regional Ambulance Training Centre to support the pursuance of Clinical Training Officers (CTO) core duties during normal hours and those CTO's who participate in the Trust's Officer on-call system.
- 5.4 **Ambulance Officer:** The term "Ambulance Officer" is used to describe those NIAS employees in Band 7 roles or above who meet the essential criteria of this policy.
- 5.5 **Clinical/Management Response** is defined as an Ambulance Officer's requirement to respond to an emergency or to a major or significant incident in order to:
- provide clinical patient care within their scope of practice;
 - manage the scene in accordance with relevant training and Trust requirements ;
 - provide an out-of-hours management response to support Trust employees working 24/7 shifts in the event of a significant incident occurring.
- 5.6 **Normal Hours** is defined as a post-holder's core hours of work i.e. their 37.5 hours per week.
- 5.7 **Outside of Normal Hours** is the term used to describe occasions when persons in roles which meet the essential criteria of this policy may provide a clinical/management response to an emergency or to a major or significant incident, when available and when requested to do so by Emergency Ambulance Control (EAC), outside of normal hours and when not officially participating on the relevant on-call rota.
- 5.8 **On-Call** is defined as an Ambulance Officer's requirement to participate in a planned on-call rota commitment in order to respond to an emergency or to a major or significant incident in accordance with relevant training and Trust requirements.

6.0 ESSENTIAL CRITERIA

Ambulance Officers in Band 7 roles or above must meet the following essential criteria in order to determine eligibility for the allocation of an emergency vehicle:

- 1a. Be a Health & Care Professions Council (HCPC) Registered Paramedic or General Medical Council (GMC) Registered Doctor. Post-holders must ensure cyclical re-registration in accordance with the requirements of their registrant body

OR

- 1b. Be a member of the Trust's Emergency Planning Team with a job role that requires use of an emergency vehicle

AND

2. Hold a recognised Ambulance Emergency Driving Qualification and be in a position to use this qualification

AND

3. Be required, as part of their job role, to provide a clinical/management response to an emergency or to a major or significant incident in the following circumstances:
 - During normal hours when requested by Emergency Ambulance Control (EAC). Requests will be based on assessment of Resource Escalation Action Plan and EAC Demand Management Plan; **and**
 - Outside of normal hours when available and as requested by EAC; **and**
 - Whilst participating in the Trust's Officer On-Call system, to include Area Managers and Doctors participating in the Trust's Senior On-Call system.

7.0 KEY POLICY PRINCIPLES

- 7.1 Ambulance Officers who have an emergency vehicle made available to them and relevant line managers shall be provided with written Standards regarding the allocation and use of an emergency vehicle to support the implementation of this policy.
- 7.2 Ambulance Officers who have an emergency vehicle made available to them and relevant line managers shall be provided with HMRC guidance regarding benefits in kind and other PAYE requirements.

- 7.3 The allocation of an emergency vehicle, either on an individual basis or via a pool system, shall be explicitly linked to the job role in accordance with the above criteria, not to an individual post-holder, and to support the business needs of the Trust.
- 7.4 An emergency vehicle shall be made available to an Ambulance Officer for the purposes of providing a clinical/management response to an emergency or to a major or significant incident and in pursuance of normal duties in accordance with Trust requirements and relevant legislation.
- 7.5 Ambulance Officers who have an emergency vehicle made available to them must meet the current HMRC exemption conditions for emergency vehicles as specified in the Trust's Standards for the Allocation of Emergency Vehicles to Ambulance Officers.
- 7.6 Only business travel and private use (restricted to ordinary commuting) are allowed.
- 7.7 Adherence to the allowable usage of an emergency vehicle ensures that the current terms of the HMRC exemption conditions are met.
- 7.8 If a role is vacated, and the person replacing the post-holder meets the essential criteria of this policy, then the new post-holder shall be provided with access to an emergency vehicle to enable them to fulfil the duties of the job role.
- 7.9 If an Ambulance Officer with access to an emergency vehicle moves into a new role that does not automatically provide access to an emergency vehicle, the manager with responsibility for the new role shall seek Director level advice in order to determine if access to an emergency vehicle should continue, taking into consideration the business needs of the Trust. In such circumstances, the Ambulance Officer taking up the new role must be required to continue to fully meet the essential criteria of this policy.
- 7.10 If a role changes its main responsibilities or is changed in any way that no longer meets the essential criteria specified in this policy, then the emergency vehicle allocated to that role shall revert back to fleet management. It is the relevant line manager's responsibility to monitor any such changes that may impact on the allocation of an emergency vehicle on an ongoing basis and to take action as appropriate.
- 7.11 In the event a new role is created or the responsibilities of an existing role changes that may warrant the allocation of an emergency vehicle in accordance with this policy, the manager with responsibility for the post shall, **having sought Director level approval in the first instance**, prepare a business case setting out the rationale for the allocation and associated procurement of an additional emergency vehicle.

8.0 IMPLEMENTATION OF THE POLICY

8.1 Dissemination

- 8.1.1 This policy shall be disseminated to those described in Section 4 of this policy via email and shall be included on the Trust's intranet site.
- 8.1.2 This policy shall be implemented in conjunction with the Trust's Standards for the Allocation of Emergency Vehicles to Ambulance Officers, Driving Policy, On Call Information Pack and Major Incident Plan.

8.2 Resources

- 8.2.1 This policy applies to the current fleet of emergency vehicles (and their replacements in accordance with the NIAS fleet replacement system) that are made available to identified staff either on an individual basis or via a pool system, in accordance with the essential criteria and key principles specified in this policy.

8.3 Exceptions

- 8.3.1 There are no exceptions to this policy other than those determined by the Chief Executive.

9.0 MONITORING

- 9.1 This policy shall be monitored by the Director of Operations and shall be kept under review in anticipation of potential changes to the income tax and national insurance contributions treatment of emergency services (effective date after 5 April 2020), as detailed in the HMRC Policy paper "Changes to the Income Tax and National Insurance contributions treatment of emergency vehicles" published 6 July 2018.

10.0 EVIDENCE BASE/REFERENCES

- 10.1
 - Internal Audit Report 2014/15
 - Independent Review of the Management of Marked Cars November 2016
 - NIAS Driving Policy 2016
 - NIAS Driving Procedures 2017 (draft V0.10)
 - NIAS Review of Allocation of Marked Cars 21 September 2018
 - NIAS Review of Allocation of Marked Cars Addendum 14 December 2018
 - Section 248A Income Tax Earnings and Pensions Act (ITEPA) 2003, EIM23600 & EIM23605
 - HMRC Policy paper "Changes to the Income Tax and National Insurance contributions treatment of emergency vehicles" published 6 July 2018

11.0 CONSULTATION PROCESS

11.1 The following individuals and groups of staff were consulted with during the development of this policy:

- Current users of Emergency Vehicles as described in this policy and relevant line managers
- Assistant Director of Finance
- Fleet Manager
- Senior Management Executive Team

12.0 EQUALITY STATEMENT

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

12.2 The outcome of the screening exercise for this policy is:

Major impact ☐
Minor impact ☐
No impact. ☒

12.3 The Trust shall consider both the Disability Discrimination Act 1995 and the Disability Discrimination (NI) Order 2006 in terms of disability and driving, on an individual basis, should the need arise.

13.0 SIGNATORIES

<i>Linda Rafferty</i>	22/01/2019
Linda Rafferty, Lead Author	Date
	22/01/2019
Brian McNeill, Lead Director	Date



Title:	Standards for the Allocation of Emergency Vehicles to Ambulance Officers		
Author(s)	Linda Rafferty, Programme Manager		
Ownership:	Brian McNeill, Director of Operations		
Operational Date:		Review Date:	March 2020
Version No:	Version V0.1	Supercedes:	N/A
Other Relevant Policies:	<ul style="list-style-type: none"> • Policy on the Allocation of Emergency Vehicles to Ambulance Officers • Driving Policy • On Call Information Pack • Major Incident Plan 		

Version Control for Drafts:			
Date	Version	Author	Comments
17/12/2018	V0.1	Operations Directorate	Initial draft
02/01/2019	V0.2		2 nd draft amended per ADoF comments
22/01/2019	V1.0		Final version following consultation exercise

CONTENTS	PAGE NO.
1.0 Introduction	3
2.0 Definitions	4
3.0 Key Standards	5 - 8
4.0 Consultation Process	8
5.0 Signatories	9
Annex 1 Tax Guidance EIM23600	10
Annex 2 Tax Guidance EIM23605	11
Annex 3 HMRC Policy Paper 6 July 2018	12 - 15

1.0 INTRODUCTION

- 1.1 The Northern Ireland Ambulance Service HSC Trust (NIAS) has a fleet of emergency vehicles that are allocated to Ambulance Officers on either an individual basis or via a pool system in accordance with job role requirements, for the purposes of providing a clinical/management response to an emergency or to a major or significant incident, and in pursuance of core duties, in accordance with Trust requirements and relevant legislation.
- 1.2 A Policy on the Allocation of Emergency Vehicles to Ambulance Officers has been developed in order to define a consistent and comprehensive approach to the allocation of emergency vehicles to Ambulance Officers, and to ensure that relevant staff have the appropriate resources consistent with their job role to deliver a high-quality service to patients and staff.
- 1.3 These Standards¹ have been developed to support the Trust's Policy on the Allocation of Emergency Vehicles to Ambulance Officers. They shall provide those Ambulance Officers who have been allocated an emergency vehicle and other key stakeholders with essential information regarding the allocation and use of an emergency vehicle, particularly in relation to Trust requirements and HMRC policy on benefits in kind and other PAYE requirements.
- 1.4 **These Standards apply to:**
- 1.4.1 Ambulance Officers in Band 7 roles or above who meet the Trust's criteria to have an emergency vehicle made available to them on either an individual basis or via a pool system, for the purposes of providing a clinical/management response to an emergency or to a major or significant incident, and in pursuance of their core duties:
- in normal hours, and
 - outside of normal hours when available and as requested by Emergency Ambulance Control, and
 - whilst participating in the Trust's Officer on-call system, to include Area Managers and Doctors participating in the Trust's Senior on-call system.
- 1.4.2 Managers of those described in 1.4.1
- 1.4.3 Those responsible for the management of the Trust's On-Call systems, Resource Escalation Action Plan and Emergency Ambulance Control Demand Management Plan.

¹ "Standards" are mandatory actions or rules that give formal policies support and direction.

2.0 **DEFINITIONS**

- 2.1 **Emergency Vehicle:** The term “emergency vehicle” refers to a vehicle which has been allocated to an Ambulance Officer on either an individual basis or via a pool system. The vehicle shall have permanent flashing blue lights fitted, full ambulance livery, carry a range of equipment and clinical supplies and shall be suitable for use in responding to an emergency or to a major or significant incident.
- 2.2 **Individual Basis:** The majority of emergency vehicles as defined in 2.1 are allocated to Ambulance Officers on an individual basis where a pool system is not possible due to the geographical spread of job roles across Northern Ireland and/or the requirements of core duties during normal hours. Examples of job roles with individual allocation of emergency vehicles include Area Managers, Station Officers, members of the Emergency Planning Team and Divisional Clinical Training Officers.
- 2.3 **Pool System:** A pool system is in operation at the Regional Ambulance Training Centre to support the pursuance of Clinical Training Officers (CTO) core duties during normal hours and those CTO’s who participate in the Trust’s Officer on-call system.
- 2.4 **Ambulance Officer:** The term “Ambulance Officer” is used to describe those NIAS employees in Band 7 roles or above who meet the essential criteria specified in Section 3.1 of this document.
- 2.5 **Clinical/Management Response** is defined as an Ambulance Officer’s requirement to respond to an emergency or to a major or significant incident in order to:
- provide clinical patient care within their scope of practice;
 - manage the scene in accordance with relevant training and Trust requirements ;
 - provide an out-of-hours management response to support Trust employees working 24/7 shifts in the event of a significant incident occurring.
- 2.6 **Normal Hours** is defined as a post-holder’s core hours of work i.e. their 37.5 hours per week.
- 2.7 **Outside of Normal Hours** is the term used to describe occasions when persons in roles which meet the essential criteria specified in Section 3.1 of this document may provide a clinical/management response to an emergency or to a major or significant incident, when available and when requested to do so by Emergency Ambulance Control (EAC), outside of normal hours and when not officially participating on the relevant on-call rota.
- 2.8 **On-Call** is defined as an Ambulance Officer’s requirement to participate in a planned on-call rota commitment in order to respond to an emergency or

to a major or significant incident in accordance with relevant training and Trust requirements.

3.0 KEY STANDARDS

3.1 Ambulance Officers in Band 7 roles or above must meet the following essential criteria in order to determine eligibility for the allocation of an emergency vehicle:

- 1a. Be a Health & Care Professions Council (HCPC) Registered Paramedic or General Medical Council (GMC) Registered Doctor. Post-holders must ensure cyclical re-registration in accordance with the requirements of their registrant body

OR

- 1b. Be a member of the Trust's Emergency Planning Team with a job role that requires use of an emergency vehicle

AND

2. Hold a recognised Ambulance Emergency Driving Qualification and be in a position to use this qualification

AND

3. Be required, as part of the job role, to provide a clinical/management response to an emergency or to a major or significant incident in the following circumstances:
 - During normal hours when requested by Emergency Ambulance Control (EAC). Requests will be based on assessment of Resource Escalation Action Plan and EAC Demand Management Plan; **and**
 - Outside of normal hours when available and as requested by EAC; **and**
 - Whilst participating in the Trust's Officer On-Call system, to include Area Managers and Doctors participating in the Trust's Senior On-Call system.

3.2 The allocation of an emergency vehicle, either on an individual basis or via a pool system, shall be explicitly linked to the job role in accordance with the above criteria, not to an individual post-holder, and to support the business needs of the Trust.

3.3 An emergency vehicle shall be made available to an Ambulance Officer for the purposes of providing a clinical/management response to an

emergency or to a major or significant incident and in pursuance of normal duties in accordance with Trust requirements and relevant legislation.

3.4 Ambulance Officers who have an emergency vehicle made available to them must meet the current exemption conditions for emergency vehicles as specified in the HMRC tax guidance EIM23600 (Annex 1), EIM23605 (Annex 2) and **in conjunction** with the current arrangements for the taxation of emergency vehicles as detailed in the HMRC Policy paper “Changes to the Income Tax and National Insurance contributions treatment of emergency vehicles” published 6 July 2018 (Annex 3) which extends the aforementioned exemption conditions.

3.5 Only business travel and private use (restricted to ordinary commuting) are allowed. HMRC rules define business travel, private use and ordinary commuting as follows:

Business travel

- journeys that employees have to make in the performance of their duties
- journeys that employees make to or from a place they have to attend in the performance of their duties, but not journeys that are ordinary commuting or private travel

Private use

- any use other than for the employee’s business travel

Ordinary commuting

- the journey employees make most days between their home and their permanent workplace

3.6 Adherence to the allowable usage of an emergency vehicle ensures that the current terms of the HMRC exemption conditions are met.

The current legislation:-

- Introduces transitional arrangements for calculating the income tax payable on the benefit of an emergency vehicle made available for private use for the period 6 April 2017 to 5 April 2020
 - These shall allow the cash equivalent for the benefit to be calculated on the proportion of the ratio of total to non-business miles travelled in the relevant tax year
- Amends section 205 of ITEPA 2003 to ensure that fuel provided for the emergency vehicle is not treated as an additional expense, under certain circumstances where:
 - The employer has provided fuel for business use only
 - The employer has provided fuel for private use and the employee has made good the cost of any private fuel expense in full before 6 July following the end of the relevant tax year
 - The employee has paid for the fuel themselves and only had the business expense reimbursed

- Shall be applied retrospectively to the beginning of the tax year 2017 to 2018
 - Amends section 248A of ITEPA 2003 to extend the exemption so that it can apply where the vehicle is used for ordinary commuting as well as on-call commuting and for private journeys made while on-call – this shall also apply retrospectively from the beginning of the 2017 to 2018 tax year.
- 3.7 If a post is vacated, and the person replacing the post-holder meets the above essential criteria, then the new post-holder shall be provided with access to an emergency vehicle to enable them to fulfil the duties of the job role.
- 3.8 If an Ambulance Officer with access to an emergency vehicle moves into a new role that does not automatically provide access to an emergency vehicle, the manager with responsibility for the new role shall seek Director level advice in order to determine if access to an emergency vehicle should continue, taking into consideration the business needs of the Trust. In such circumstances, the Ambulance Officer taking up the new role must be required to continue to fully meet the essential criteria as specified in Section 3.1 of this document.
- 3.9 If a role changes its main responsibilities or is changed in any way that no longer meets the essential criteria, then the emergency vehicle allocated to that role shall revert back to fleet management. It is the relevant line manager's responsibility to monitor any such changes that may impact on the allocation of an emergency vehicle on an ongoing basis and to take action as appropriate.
- 3.10 In the event a new role is created or the responsibilities of an existing role changes that may warrant the allocation of an emergency vehicle, the manager with responsibility for the role shall, **having sought Director level approval in the first instance**, prepare a business case setting out the rationale for the procurement and allocation of an additional emergency vehicle.

The business case shall set out:

- i. how the role meets the criteria for the allocation of an emergency vehicle;
- ii. having sought advice from the Fleet Management Department, the specification and costs of the emergency vehicle, including any capital and revenue running costs (estimates if appropriate).

The business case should be submitted via the Fleet Management Department in the first instance who shall verify the specification and costs, confirm availability of a suitable existing emergency vehicle or lead-in time for the procurement and delivery of an additional emergency vehicle;

The completed business case should then be submitted to the relevant Director (or Chief Executive if appropriate) for approval or non-approval;

The decision regarding approval or non-approval shall be communicated via the relevant Director to the appropriate line manager. The Finance and the Fleet Departments shall also be advised.

- 3.11 The majority of emergency vehicles as defined in Section 2.1 are allocated to Ambulance Officers on an individual basis where a pool system is not possible due to the geographical spread of job roles across Northern Ireland and/or the requirements of core duties during normal hours.
- 3.12 A pool system is in operation at the Regional Ambulance Training Centre to support the pursuance of Clinical Training Officers (CTO) core duties during normal hours and those CTO's who participate in the Trust's Officer on-call system.
- 3.13 Ambulance officers are responsible for ensuring allocated emergency vehicles comply with the Trust's Infection Prevention and Control (IPC) standards and are re-stocked with the necessary equipment and clinical supplies required to provide a clinical/management response to an emergency or to a major or significant incident, and in pursuance of core duties.
- 3.14 These Standards shall be disseminated to those described in Section 1.4 via email and shall be included on the Trust's intranet site.
- 3.15 The Standards shall be implemented in conjunction with the Trust's Policy on the Allocation of Emergency Vehicles to Ambulance Officers, Driving Policy, On-Call Information Pack and Major Incident Plan.

4.0 CONSULTATION PROCESS

- 4.1 The following individuals and groups of staff were consulted with during the development of this document:
 - Current users of Ambulance Officer emergency vehicles and relevant line managers
 - Fleet Manager
 - Assistant Director of Finance
 - Senior Management Executive Team

5.0 SIGNATORIES

<i>Linda Rafferty</i>	22/01/2019
Linda Rafferty - Lead Author	Date
	22/01/2019
Brian McNeill - Lead Director	Date

Tax Guidance EIM23600

Condition 1: The Person

The person must be “employed” in an emergency service”. This means,

- Constables and other persons employed for police purposes;
- Persons employed for the purposes of a fire, or fire and rescue service;
- Persons employed in the provision of ambulance or paramedic services.

Condition 2: The Emergency Vehicle

For the purposes of this exemption, an emergency vehicle

- Is a vehicle which is used to respond to emergencies, and
- Either: has fixed to it a lamp designed to emit a flashing light for use in emergencies (“fixed” indicates that the light must be a permanent fitting to vehicle. It need not be permanently fixed to the exterior of the vehicle, but a vehicle with only a light which can be removed from the vehicle is not an ‘emergency vehicle’ for the purposes of this exemption)
- Or: would have such a lamp fixed to it but for the fact that a special threat to the personal physical security of those using it would arise by reason of it being apparent that they were employed in an emergency service.

Condition 3: The Terms on which the Emergency Vehicle is made available

- The emergency vehicle must be made available on terms which **prohibit** its private use other than when the person is on-call or engaged in on-call commuting.

Tax Guidance EIM23605

Condition 4: The Person is On-Call

Part 1: meaning of on-call:

- At the time they use the emergency vehicle, the person must be liable, as part of normal duties, to be called on to use it to respond to emergencies.

Part 2: permitted use while on-call

- Use is not limited to ordinary commuting etc, but such use as is permitted can only be reasonably local to the area in which the employee lives and works (they are unlikely to be in a position to meet Part 1 of this condition otherwise).

Condition 5: The Person is engaged in On-Call commuting

Part 1: meaning of on-call commuting

- At the time they use the emergency vehicle, the person must be required to use it in order that it is available for their use, as part of normal duties, for responding to emergencies.

Part 2: permitted use while engaged in on-call commuting

- The emergency vehicle can only be used for ordinary commuting, or for travel between two places that is for practical purposes substantially ordinary commuting.

GOV.UK

Policy paper

Changes to the Income Tax and National Insurance contributions treatment of emergency vehicles

Published 6 July 2018

This publication is available at <https://www.gov.uk/government/publications/changes-to-the-taxation-of-emergency-vehicles/changes-to-the-income-tax-and-national-insurance-contributions-treatment-of-emergency-vehicles>

Who is likely to be affected

Emergency services staff who are provided with emergency vehicles for private use and their employers.

General description of the measure

Following a number of representations made after the introduction of the changes to 'use of assets' legislation, the government decided to amend the law to support the work of the emergency services. The measure introduces legislation to:

- extend the scope of the current exemption for emergency vehicles to cover all commuting journeys
- introduce transitional arrangement for the taxation of emergency vehicles under the 'use of assets' legislation to provide more beneficial arrangements for the period 6 April 2017 to 5 April 2020
- allow the cost of fuel to be excluded from the calculation of additional expenses when the employer has not provided any fuel for private use, the cost of fuel for any private mileage has been made good in full, or any reimbursement by the employer is only for fuel used for business mileage.

Policy Objective

The measure ensures that a small number of employees in the emergency services shall not face an immediate, significantly increased taxable benefit charge for the private use of their emergency vehicle following changes to the 'use of assets' legislation in Finance Act 2017.

It shall allow further time for them to unwind existing contractual arrangements before they are affected by the rule change.

Extending the scope of the existing emergency vehicle exemption may mean that fewer users of emergency vehicles are subject to change under the use of assets rules.

Although ordinary commuting is typically considered a private expense, extending the 'on-call' exemption to allow for ordinary commuting in an emergency vehicle is designed to aid the provision of vital public services.

This recognises that the emergency services require flexibility to maintain fast response times and ensures that a tax charge shall not discourage employees from taking vehicles home.

Background to the measure

Case law has determined that unmarked emergency vehicles fitted with flashing blue lights, which are made available for private use, are not chargeable to tax under the car benefit legislation in Chapter 6 of Part 3 Income Tax (Earnings and Pensions) Act 2003 (ITEPA), but instead under the use of assets provisions in Chapter 10 of Part 3.

There is an existing exemption in Part 4 of ITEPA (248A, EIM23600 and EIM23605) for emergency vehicles if the only private use is for on-call commuting or for private journeys made while on-call.

The 'use of assets' legislation was amended in Finance Act 017 with the intention of broadly reflecting in statute long-standing practice. The changes set out rules for calculating the value of the benefit. Draft legislation was published in December 2016 for technical consultation.

During consultation there was no indication that a number of emergency service staff were using emergency vehicles for private use in a way that meant the relevant exemption did not apply. As a result of the changes to the legislation, some individuals faced a significant increase in the taxable value of the benefit.

Following a number of representations made after the introduction of the changes to "use of assets" legislation, the government decided to amend the law to support the work of the emergency services. There have been no previous announcements of these changes.

Detailed Proposal

Operative date

The legislative changes introduced by the measure shall apply retrospectively from 6 April 2017. The transitional arrangements for emergency vehicles shall expire after 5 April 2020.

Current law

The current provisions for calculating the cash equivalent of an asset made available for an employee's private use are set out in Chapter 10 of Part 3 of ITEPA. The exemption regarding the use of an emergency vehicle is set out in Chapter 3 of Part 4 of ITEPA.

Proposed revisions

Legislation for Income Tax shall be introduced in Finance Bill 2018-19 which:

- introduces transitional arrangements for calculating the income tax payable on the benefit of an emergency vehicle made available for private use for the period 6 April 2017 to 5 April 2020
 - these shall allow the cash equivalent of the benefit to be calculated on the proportion of the ratio of total to non-business miles travelled in the relevant tax year
- amends section 205 of ITEPA 2003 to ensure that fuel provided for the emergency vehicle is not treated as an additional expense, under certain circumstances where:
 - the employer has provided fuel for business use only
 - the employer has provided fuel for private use and the employee has made good the cost of any private fuel expense in full before 6 July following the end of the relevant tax year
 - the employee has paid for the fuel themselves and only had the business expense reimbursed
- shall be applied retrospectively to the beginning of the tax year 2017 to 2018
- amends section 248A of ITEPA 2003 to extend the exemption so that it can apply where the vehicle is used for ordinary commuting as well as on-call commuting and for private journeys made while on-call – this shall also apply retrospectively from the beginning of the 2017 to 2018 tax year.

The benefit is subject to Class 1A National Insurance contributions and no changes to National Insurance contributions legislation are required.

Economic impact

This measure is not expected to have any significant economic impacts.

Impact on individuals, households and families

This measure shall benefit individuals working for the emergency services, as it extends the exemption for those individuals who have modest private usage of emergency vehicles.

Equalities impacts

These changes shall impact those sharing protected characteristics which are representative of employees who are provided with an emergency vehicle made available for private use. They are more likely to be in working age groups.

Impact on business including civil society organisations

This measure is expected to have a negligible impact on employers. Negligible one-off costs include familiarisation with the new rules. It is not expected that there shall be any on-going costs.

There is no impact on civil society organisations

Operational impact (£m) (HMRC or other)

Negligible – guidance changes shall be required.

As the legislation is being made retrospective, by virtue of its powers of collection and management, HMRC shall not be collecting tax that would otherwise be due under the Finance Act 2017 changes.

Other impacts

Other impacts have been considered and none have been identified.

Monitoring and evaluation

The measure shall be kept under review through communication with affected taxpayer groups.

Further advice

If you have any questions about this change contact the Employment Income Team at email: employmentincome.policy@hmrc.gsi.gov.uk

TB/07/02/2019/03



Title:	Joint Health & Safety Policy Statement		
Author(s):	Katrina Keating, Risk Manager Gary Alexander, Health & Safety Advisor		
Ownership:	Michael Bloomfield, Chief Executive Roisin O'Hara, Health & Safety Committee Joint Chair Peter McCahon, Health & Safety Committee Joint Chair		
Date of SEMT Approval:	23 rd October 18	Date of Trust Board Approval:	7 th February 2019
Operational Date:	7 th February 2019	Review Date:	February 2021
Version No:	5.0	Supersedes:	V.4 1 st April 2012
Key Words:	Health and Safety Policy, Organisation, Arrangements, Risk Assessment, commitment, consultation, moral, legal, financial		
Links to Other Policies / Procedures:	Risk Assessment Procedure, Control of Substances Hazardous to Health Procedure, Smoke Free Procedure, Infection, Prevention & Control Policy & Procedures		

Version Control:			
Date:	Version:	Author:	Comments:
May 2006	1.0	Risk Manager	
January 2007	2.0	Risk Manager	
November 2011	3.0	Risk Manager	
April 2012	4.0	Risk Manager	
February 2019	5.0	Risk Manager	

1.0 INTRODUCTION:

This Health and Safety Policy sets out the Northern Ireland Ambulance Service Health and Social Care Trust's (NIAS) approach to the management of health and safety across the organisation. This Policy is supported by a number of health and safety procedures which establish a framework for the effective and systematic management of health and safety across NIAS. The Policy and procedures form part of the Trust's internal control and corporate governance arrangements

2.0 SCOPE:

This Health and Safety Policy applies to all aspects and activities of the Trust; it covers the management of all health and safety across the organisation.

3.0 ROLES / RESPONSIBILITIES:

In NIAS, the management of health and safety is everyone's business. Everyone is responsible for their own health and safety and that of those around them, regardless of level, role or location, and it is essential that everyone takes relevant responsibility for managing health and safety risks so as to support the continual improvement of a vital service.

It is vital that line management display a positive attitude to health and safety ensuring that all activities are adequately resourced both financially and physically. Success in health and safety management is dependent upon the integration of health and safety into all management functions within NIAS.

Further information on organisational and functional health and safety responsibilities is set out in a separate document entitled 'Health and Safety Responsibilities' (pending).

4.0 KEY POLICY PRINCIPLES:

NIAS is committed to ensuring, so far as is reasonably practicable, the health, safety and welfare of all its staff, service users, volunteers, students, visitors, contractors and anyone else who may be affected by its activities. Whilst the Trust will take all reasonable steps to ensure the health and safety of its staff, it is also the duty of each employee to take reasonable care of their own and other peoples health, safety and welfare and to report any situation which may pose a serious or imminent threat to the well being of themselves or of any other person.

4.1 The Emergency Care Environment:

Risk is an inherent aspect of emergency care and its supporting activities. There is a clear recognition that we must accept a level of risk in order to meet the high standard we set ourselves, and that is expected by the society we serve in the provision of a service in a potentially uncontrolled, unstable or even hostile environment. We accept the potential costs of such risks in the realisation that the benefits to patients can outweigh the risks; for example in emergency driving, Rapid Response Paramedics working alone and in the work of Hazardous Area Response Teams (HART). We

acknowledge our staff regularly accept and manage significant risk in order to help others; for them not to do this would render us a much less effective organisation.

4.2 Trust Commitment:

The Trust must comply with the minimum legal requirements and wherever possible shall exceed them. The following general duties, as required by the Health and Safety at Work (NI) Order 1978 and the Management of Health and Safety Work (NI) Regulations 2000, will form the focus of the Trust's health and safety provisions:

- The provision and maintenance of a working environment for Trust employees that is, so far as is reasonably practicable, safe, without risks to health, and adequate with regards to welfare facilities and arrangements.
- The provision and maintenance of plant and systems of work that are, so far as is reasonably practicable, safe and without risks to health.
- The provision of arrangements that are, so far as is reasonably practicable, safe, and without risks to health, relating to the use, handling, storage and transport of articles and substances.
- The provision of such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of all Trust employees.
- The maintenance of any place of work under the Trust's control, including access and egress, in a condition that is, so far as is reasonably practicable, safe and without risks to health.
- The carrying out, where applicable, of suitable and sufficient assessments of the risks to the health and safety of Trust employees, and any others who may be affected by Trust undertakings.

The promotion, enhancement and maintenance of a positive health and safety culture within the Trust, is achieved by all employees displaying a positive attitude towards health and safety. It is vital that employees at all levels accept that they have responsibilities for health and safety. Success in health and safety management is dependent upon the integration of health and safety into all management functions within the Trust.

5.0 EQUALITY STATEMENT:

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

5.2 The outcome of the equality screening for this procedure undertaken on 24th July 2018 is:

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

6.0 SIGNATORIES:

Roisin O'Hara

Joint Chair

Date: 18th October 2018

Peter McCahon

Joint Chair

Date: 18th October 2018

TB/07/02/2019/04

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT MEDICAL DIRECTORATE

Interim Medical Director
7 February 2019
(November-December 2018)

Medical Directorate Performance Report for Trust Board

Emergency Planning & Business Continuity	
	<p>Uncertainty remains over the potential impact of the EU Exit plans which has been exacerbated by the political uncertainty following the Westminster meaningful vote. However contingency planning is continuing in line with Departmental guidance. In particular work is in progress to address NIAS fuel stocking capability, and assurances have been received regarding supply of pharmacy, medical equipment (and specifically defibrillator consumables). Regional working parties led by the Department of Health are addressing other wider issues included below:</p> <ul style="list-style-type: none"> • Supply of medical equipment; • Provision of pharmaceutical supplies; • Implications for non-EU staff and staff who live across the border; • Cross-border ambulance response for emergency calls and in the event of a major incident; • Elective cross-border care (transfer of patients to and from ROI for specific procedures e.g. paediatric cardiac surgery in Dublin). <p>Please refer to attached Emergency Planning Report for November-December 2018.</p> <p>The Trust's Emergency Planning Team continues to participate in major incident planning and multi-agency exercises.</p> <p>The recruitment process for 24/7 HART response is underway. NIAS has provided an update to the DoH regarding progress to date including acquisition of vehicles and equipment and awareness training for the wider staff group in the event of a mass casualty event. This has included joint exercises with PSNI and NIFRS.</p>
Risk Management	
Corporate Risk Register	<p>The Trust's Corporate Risk Register is presented monthly to SEMT, and to the Assurance Committee as a standing agenda item. The format of this presentation has been updated in order to highlight new, deleted or altered risks. Following recommendations from Internal Audit, the Corporate Risk Register is now included with Trust Board papers and appears as an Appendix to this report.</p> <p>The Local Risk Registers of each Directorate are presented to the Trust's Assurance Committee on a rolling basis to ensure that all are considered during the year.</p>

<p><i>Incident Reporting Procedures</i></p>	<p>The review of SAls and other incidents remains a challenge due to the small governance team within NIAS and competing pressures, particularly within the Medical Directorate and also the Operations Directorate when contribution is required in order to finalise reports.</p> <p>The planned regional review of incident handling by RQIA is progressing and NIAS has been asked to submit four sample cases for discussion. NIAS continues to participate in the learning outcomes review from SAls regionally with a composite report of Untoward and Serious Adverse Incidents being reported at each meeting of the Assurance Committee. New SAls are reported weekly at SEMT.</p> <p>NIAS is represented on multiple regional workstreams relating to the recommendations of the O'Hara Report into hyponatraemia-related deaths in Northern Ireland. This involves staff from multiple levels within the organisation up to Non-Executive Directors and the Chair of Trust Board. The inquiry made 96 separate recommendations, many of which relate to incident reporting and investigation. The Department has given clear direction that a regional approach should be taken rather than Trusts introducing disparate approaches. The topic is a standing item on the agenda of the Learning Outcomes Review Group. It is evident that while some recommendations have no relevance to the Ambulance Service, many have direct relevance with future planning implications for the Trust.</p>
<p><i>Outcomes from Reports, Alerts, etc.</i></p>	<p>Regular reports on complaints, compliments, adverse incidents including SAls involving NIAS, Coroner's reports, medication and device alerts continue to be provided to the Assurance Committee as standing agenda items. NIAS also continues to review relevant NICE guidelines and regional learning and quality letters and reports for relevance to an ambulance service. All of these areas are eligible for discussion at the Trust's Learning Outcomes Review Group which is aimed at disseminating relevant learning from incidents across the entire Service.</p>
<p>Clinical Care</p>	
<p><i>Infection Prevention & Control</i></p>	<p>RQIA undertook inspection visits at four stations and also met with members of the Trust Board as well as senior governance officers within the Trust. As a result of their findings, RQIA removed the three existing improvement notices but implemented a new improvement notice relating to corporate governance, highlighting the issue of embedding the good practice already established and ensuring that ongoing training was in line with an appropriate strategy. The Medical Director has met with the Head of Training and Lynne Charlton to address this issue.</p>

	<p>While the findings of the most recent review by RQIA are welcome, the importance of ensuring continued good practice and progressing the implementation plan (with particular regard to estate, vehicle cleaning and governance arrangements) cannot be overstated. This will still require significant initial and ongoing investment and a business case is due to be submitted to the Department of Health reflecting this position.</p>
Regional Community Resuscitation Strategy	<p>Community</p> <ul style="list-style-type: none"> • All 11 Council areas have discussed the possibility of including Community Resuscitation within Health and Wellbeing of the Community Plans. The following Councils have a Community Resuscitation Action Plan in place – Ards & North Down, Lisburn & Castlereagh, Mid Ulster Council & Antrim and Newtownabbey Council. Armagh, Banbridge & Craigavon have had workshops and Community Resuscitation is now captured under Preventable deaths. Fermanagh and Omagh have confirmed that they will also progress an action group for Community Resuscitation and are currently identifying the partners to invite. Derry and Strabane are in the process of identifying dates and progressing their Health & Wellbeing plans. <p>AEDs</p> <ul style="list-style-type: none"> • An AED interactive mapping database has now gone live on NIAS website and all Councils have been made aware and are keen to also include the link on their respective websites too. • Currently in the process of developing an A5 flyer regarding registration of defibs. • Currently scoping the idea of an identifiable sticker on registered defibs to let members of the public know it is registered. <p>Community First Responders</p> <ul style="list-style-type: none"> • GoodSam App Project team has met to progress the work of GoodSam which will be integrated in March/April 2019, testing of the system is already underway and training of control staff is planned for Feb 2019. • All documentation, processes and training relating to CFR Schemes are being reviewed. • Discussions have taken place with interesting parties regarding new CFR Schemes. <p>Schools</p> <ul style="list-style-type: none"> • Heartstart Teacher training is now progressing across 6 teacher training venues. Both update training for existing teachers and initial training for new teachers is taking place and the feedback has been very positive.

	<p>Data</p> <ul style="list-style-type: none"> 2017/18 data for Out of Hospital Cardiac Arrest is now complete and was presented at the British Heart Foundation's Out of Hospital Cardiac Arrest Summit.
<p><i>Regional Electronic Ambulance Communications Hubs (REACH) Project (previously ePRF)</i></p>	<p>The business case for introduction of an electronic Patient Report Form (ePRF) received the support for capital from the Department of Health and Department of Finance in June 2017. A Project Board led by the Chief Executive has been established and work has now commenced on the procurement.</p> <p>Stage 2 of the procurement process has now completed. An Invitation to tender (ITT) was issued to 4 suppliers on 30 Oct 2019. NIAS received 2 tenders within the stated timescales. One tender was rejected due to late receipt and one supplier chose not to respond.</p> <p>The Contract Adjudication group made up of Clinical, Operational, IT, Control, Information and Audit carried out individual evaluations against functional, technical and quality specifications. A consensus meeting was held on 7 December 2019 and a report issued to PALS.</p> <p>PALS confirmed that they could not release the financial envelope until the full qualitative evaluation had been completed. The final stage of this – supplier demonstrations, is planned for early January.</p> <p>The initial evaluations have been completed ahead of schedule to mitigate against delays in PALS issuing the ITT to suppliers.</p> <p>The procurement plan is on back on track to complete and appoint a preferred supplier by mid-February 2019.</p>
<p><i>Appropriate Care Pathways</i></p>	<p>The Appropriate Care Pathways aim to enhance patient care by offering them a choice as to the care they receive. As a result fewer patients are transported to the ED. NIAS non-conveyance remains at 25%. Other key events which occurred in November-December were:</p> <p>RESEARCH: As prehospital care develops in NI, there are opportunities to undertake prehospital research. NIAS has now partnered with the SHSCT who will provide governance support and guidance for any NIAS staff keen to become involved in research. A draft MOU has been produced.</p> <p>The national paramedic research conference was held in NI for the first time in December. It was attended by Dr Ruddell and the CEO. Thirty members of NIAS staff were supported to attend.</p>

	<p>ED TURNAROUND TIMES: Dr Roberts and the Patient Safety Forum have been leading a piece of work around ED turnaround times. The Medical Directorate have been involved in all the workshops and played a key roles in the re-design of the ED waiting room referral pathway which has been endorsed by all Trusts.</p> <p>AHP CONFERENCE: NI paramedics became recognised AHPs in 2018. NIAS supported a number of staff attend the annual AHP conference. Frank Orr gave a presentation on the role of the paramedic which received extremely positive feedback. Furthermore, Joanna Smylie received a recognition award for her work on frequent callers.</p> <p>FRAILITY: Approximately 50% of calls to NIAS are for patients over the age of 65%. As a result there is a need to develop a range of frailty pathways. NIAS are working closely with the BGS and presented at their first NI BGS frailty conference.</p> <p>NURSING HOME ENGAGEMENT: NIAS presented at a range of events aimed at helping nursing homes prepare for winter pressures. One of the aims of the presentations were to identify a number of homes who would be willing to trial the Manchester Triage Tool. Three homes in Belfast and two in South East Trust have now been identified.</p> <p>SEPSIS: NIAS have worked closely with the Patient Safety Forum regarding the timely identification of sepsis. One of the outcomes of this work has been the production of a patient leaflet regarding the signs and symptoms of sepsis.</p> <p>CLINICAL SUPPORT DESK: The DCR table which the CSD paramedics use has been extended. This means that the CSD paramedics are now assessing a much wider range of emergency calls. In addition, a test was carried out on Friday 21 December whereby an additional CSD was placed in PSNI HQ. This test was successful and of 18 PSNI requests for an ambulance, only 3 were sent.</p>
Helicopter Emergency Medical Service (HEMS)	<p>NIAS and the charity partner Air Ambulance Northern Ireland (AANI) continue to meet on a regular basis to review areas of operational, financial and more recently clinical performance.</p> <p>The Operational Lead demonstrated a dashboard highlighting operational performance indicators at the last meeting of Trust Board, and this work is mirrored by a set of clinical performance indicators which review treatment for every call. The HEMS team have organised a series of</p>

	<p>clinical governance days which include partners from other agencies and Trusts. One key proposal is the introduction of administration of blood in the prehospital setting.</p> <p>HEMS paramedics are employed by NIAS but the medical cover continues to be provided by consultants in addition to their own regular employment which is a variation from the original intention that this would be incorporated within their Trust job plans. This has the potential to threaten full coverage of the HEMS Service if staff cannot be released as was originally agreed by Trust Chief Executives. The paramedics were originally employed on a temporary contract for a one-year duration given the uncertainty over timing of the introduction of the service, but it has already been agreed to extend these contracts in order to provide continuity within the service. The potential for employing some paramedic staff on a permanent basis is being considered alongside the rotation of other paramedics as a secondment.</p> <p>Finance for the upgrading of the helipad at the Royal Victoria Hospital site was confirmed by the Department of Health and Department of Finance, and it is anticipated that test flights will begin in the next couple of weeks.</p>
Personal Public Involvement / Patient Client Experience	
<u>Patient and Client Experience Standards (PCES)</u>	<p>The Patient Experience Workplan for 2018/19 includes:</p> <ul style="list-style-type: none"> • continued collection of patient stories and work with the PHA and service users on the evaluation of the stories in order to ensure learning from 10,000 More Voices leads to improve services; • engagement with the Comms Team on options for a NIAS 10,000 More Voices awareness and promotional campaign; • continued promotion of 10,000 More Voices and gathering of more stories from patients and staff, reviewing progress and learning from results with service users; • promotion of the pilot of the Appropriate Care Pathways survey; • launch ACP survey on falls with SE Trust Falls Team; • re-launch 10,000 More Voices staff survey; and • learning from results – ensuring that learning is shared with senior management and lessons learnt are used in training and service delivery. <p>The Trust continued to promote 10,000 More Voices and gather more stories from patients and staff, review progress and learn from results with service users. As at 31 December, 334 survey questionnaires had been returned for the generic survey and 24 as part of the ACP pilot survey, covering all aspects of the service, including emergency 999 response, Patient Care Service and</p>

ambulance control. The results from feedback have been very positive and reflect a high degree of satisfaction in terms of compliance with the patient experience standards. The vast majority of patients (90%) described their experience as either positive or strongly positive.

The following activities were completed to promote 10,000 More Voices during the reporting period:

- Antrim Hospital Ambulance Liaison Officer to promote generic survey to patients at Antrim Hospital; and
- Generic and ACP surveys to be offered to patients by RRV paramedics based in Newry Ambulance Station.

Further work is underway to use 10,000 More Voices as a learning and engagement tool for the Transformation and Modernisation Programme around Transforming Your Care and Appropriate Care Pathways. A pilot of a separate survey on Appropriate Care Pathways has been developed and is being implemented.

Staff attitude, behaviour and communication are continuing themes emerging from complaints and we continue to work to address these issues through internal processes including training. We will also prioritise staff attitude and will raise awareness of and communicate the patient experience standards across all staff groups through learning and development programmes including induction training.

Personal and Public Involvement (PPI)

The Trust's Personal and Public Involvement (PPI) Strategy outlines its commitment to involving key stakeholders such as service users, carers and their representatives in the development of services.

During this reporting period, work continued on reviewing NIAS's PPI strategy and structure, and meetings in that regard remain ongoing.

Following discussions at the Equality and PPI Steering Group, a review paper on PPI, with strategic and structural recommendations, will be presented through the Equality Forum, the Equality and PPI Steering Group, and SEMT.

The Trust has continued engagement and consultation on a range of transformation policies in development, alongside a specific focus on the PPI standards, taking into account the DoH's recently published guidance on co-production and co-design. Work has continued during this reporting period on developing a significant public and staff engagement programme, particularly

in relation to the consultation on the new Clinical Response Model which closed on 18 January 2019. As part of this consultation, significant engagement activities have been carried out, including meetings with Local Commissioning Groups.

Clinical Education and Training

The very busy and challenging year in education and training finished on a high note, when the Health and Care Professions Council (HCPC) formally approved the NIAS/UU Foundation Degree in Science in Paramedic Practice (FdSc) in December (with no conditions). This paved the way for the first cohort of FdSc Paramedic Students to commence in January. During October to December preparations had continued toward fulfilling commencement of the FdSc. This included the provision of a bridging course for a number of NIAS Emergency Medical Technicians (EMTs) to become the first cohort. These candidates subsequently underwent an Accreditation for Prior Learning (APL) process for entry onto the FdSc programme, resulting in 47 successful candidates to make up the cohort.

In support of delivery for the FdSc around 100 Paramedics completed development as Practice Educators and will support student Paramedics when they go on Ambulance Practice placements. In addition, Clinical Support Officers completed a Level six module for Teaching in Practice to equip them for their role as Lead Practice Educators in Divisions. Some of the Clinical Training Officers are continuing studies towards Higher Education qualifications.

Core Training programmes have increased, in part to support the Paramedic programme. Twenty student EMTs completed their AAP programme and entered operational duties on 26 November. A further two AAP courses then commenced in November. To enable the facilities in RACTC at HQ to be used for the Paramedic programme, provision for these courses has been made at other venues, with one being held in Belfast and the other on the UU Campus at Magee. Students from a third cohort (of 4) of trainee Ambulance Care Attendants commenced training in November and went operational at the end of December. These AAP and ACA programmes are part of a significant commitment to train sufficient numbers of staff at those levels, to enable backfill of positions and assist in workforce stabilisation as staff move on to training for other grades. (Note to enable 48 Paramedics to be trained and vacancies addressed, the plan is to also train 96 EMTs and 96 ACAs).

Delivery of annual Continuing Education programme (Post Proficiency - PP) which had commenced in October continued through November and December. This day of CE/PP incorporated various skills and information, with an additional focus on upskilling our EMTs to

provide additional interventions and drug therapies. Originally planned to run until Christmas, this has been extended into the new year to allow capacity for the Paramedic Bridging, whilst minimising the release of frontline operational staff. A second day of CE/PP which was scheduled to run January – March 2019 will be postponed until after April. This means the deferment of clinical updates including resuscitation, Post-resuscitation care and mandatory eLearning. This is due to operational pressures and the associated limitations on release of staff for training at a time when all the other courses are also ongoing.

RACTC and the transformation team continue to collaborate with the HSC Clinical Education Centre who are delivering a programme of voluntary, short courses open to both EMTs and paramedics alike.

A recruitment trawl is ongoing for Clinical Support Officers to fill a number of permanent and temporary vacancies. The temporary vacancies, which are having an impact on training capacity, are due to a number of secondments to other roles, such as Clinical Training Officers, HEMS and Transformation projects.

EMERGENCY PLANNING REPORT FOR NOVEMBER-DECEMBER 2018

KPI No		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2	No of Potential Major Incidents	1	2		1	3		1					
	No of Declared Major Incidents			1	1								
	No of Airport alerts												
	Belfast International Airport												
	Belfast City Airport	1			1	1							
	City of Derry Airport												
	St Angelo Airport												
	Newtownards Airfield												
	Other airfields												
	Business Continuity		2	1	2	3	3	7	7				
	Hazardous Material Incidents (HART calls)												
	HART pre-planned deployments	1	1	1	2	1	3						
4	Training sessions	1	3	1	1	3	4	8	3				
	Emergency Planning	3	2	1	2	2	4	3	6	4			
	HART	4	6	1	1		6	3	8	1			
	Business Continuity			1									
5	Exercises												
	Live	2	1	2			1						
	Tabletop							1	1				
	Observer				1								
6	Updates or amendments to MIP												
	Events		5			2	2		1				
	HART Calls/ deployments	67	97	93	106	76	96	99	92	100			
	GOLD operational												

Potential Major Incident

There were no potential Major Incidents during this period.

Major Incidents

There were no declared Major Incidents during this period.

Airport Alerts

There were no Airport alerts during this period.

HAZMAT / Hazardous Area Response Team (HART) deployments

109 = Deployments with Breathing Apparatus skills/ HAZMAT deployments

37 = Restricted space

18 = In-land Water Operations

0 = Incident at height

2 = Mountain rescue

26 = HAZMAT

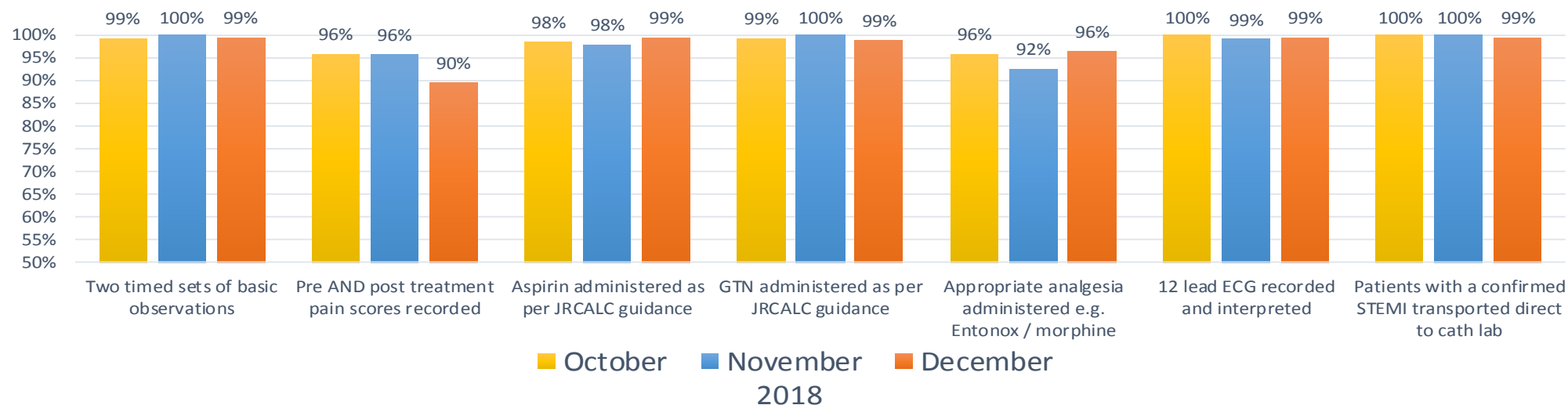


William Newton

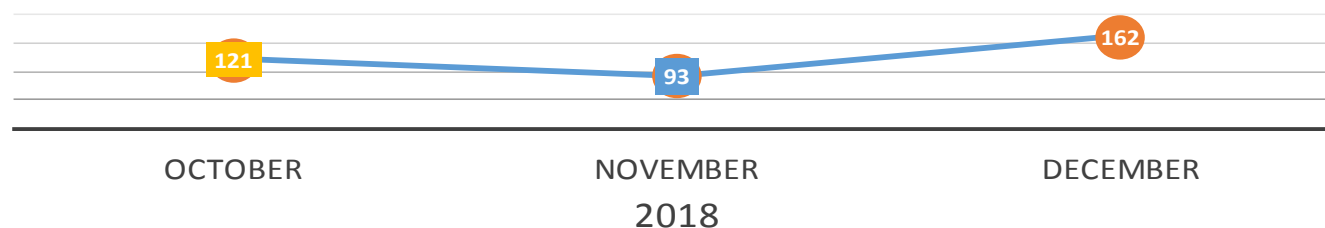
Assistant Director of Emergency Planning



ACUTE CORONARY SYNDROME QUALITY IMPROVEMENT COMPLIANCE

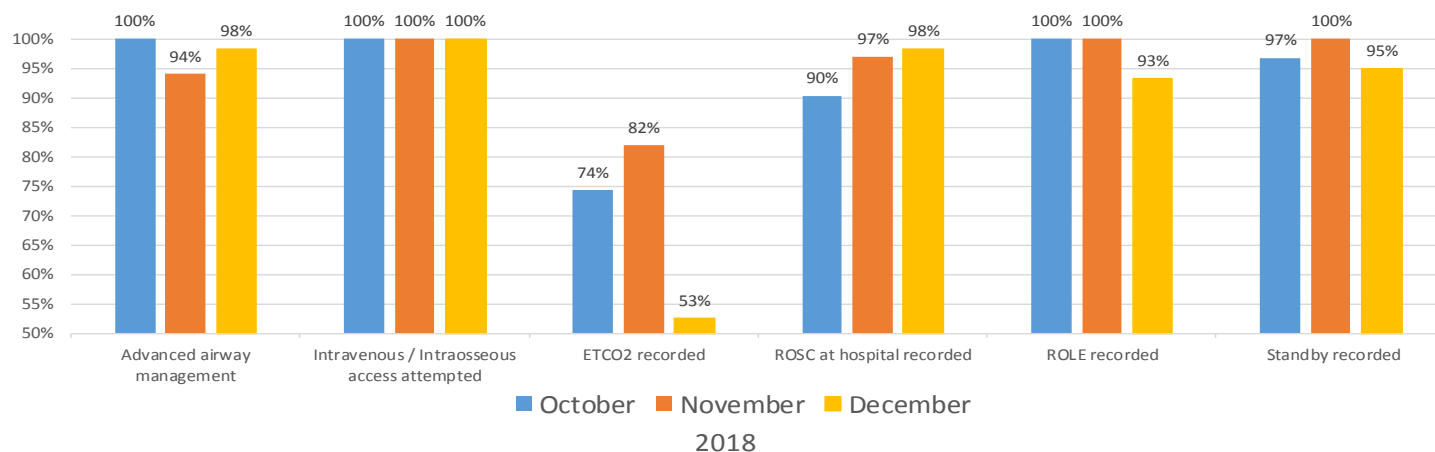
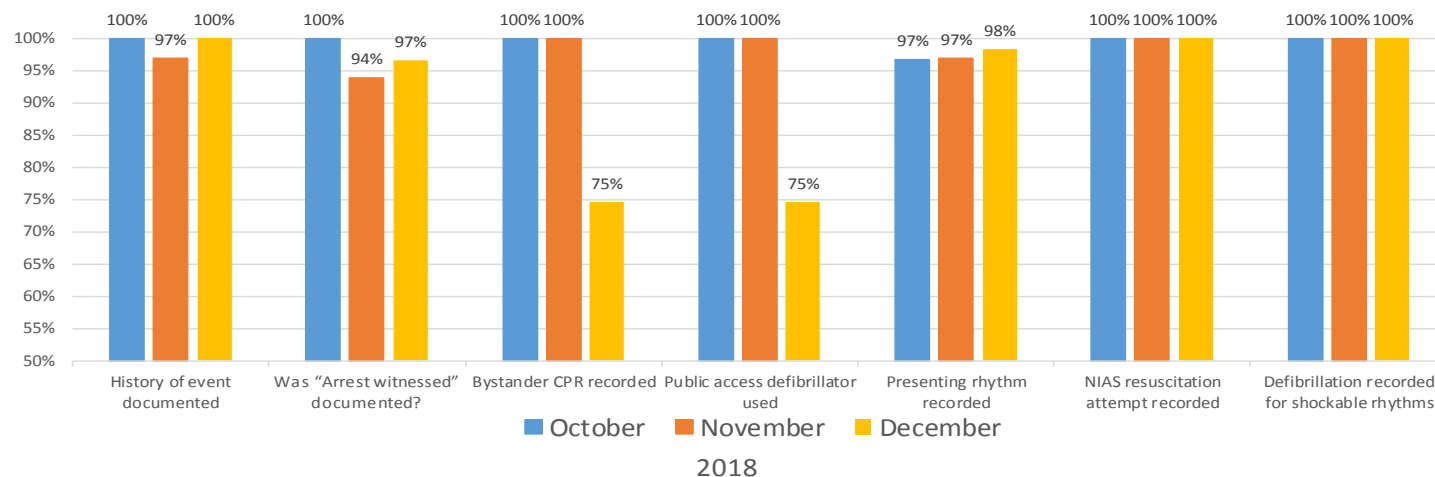


Total PRFs Audited

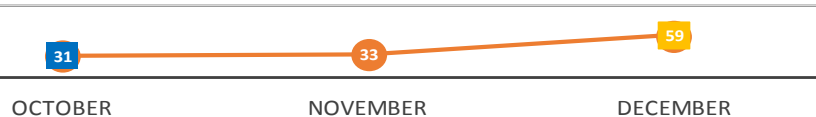




CARDIAC ARREST
QUALITY IMPROVEMENT COMPLIANCE

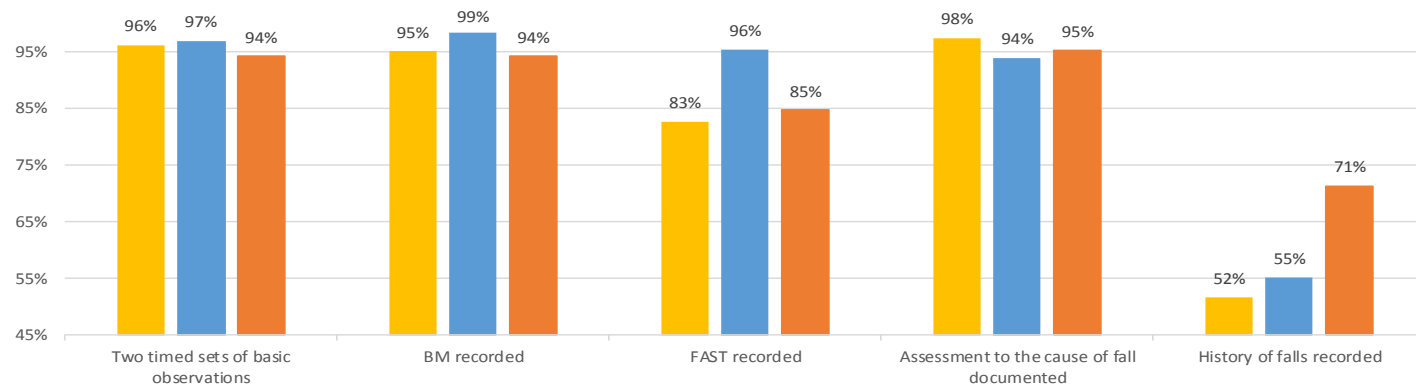


Total PRFs Audited



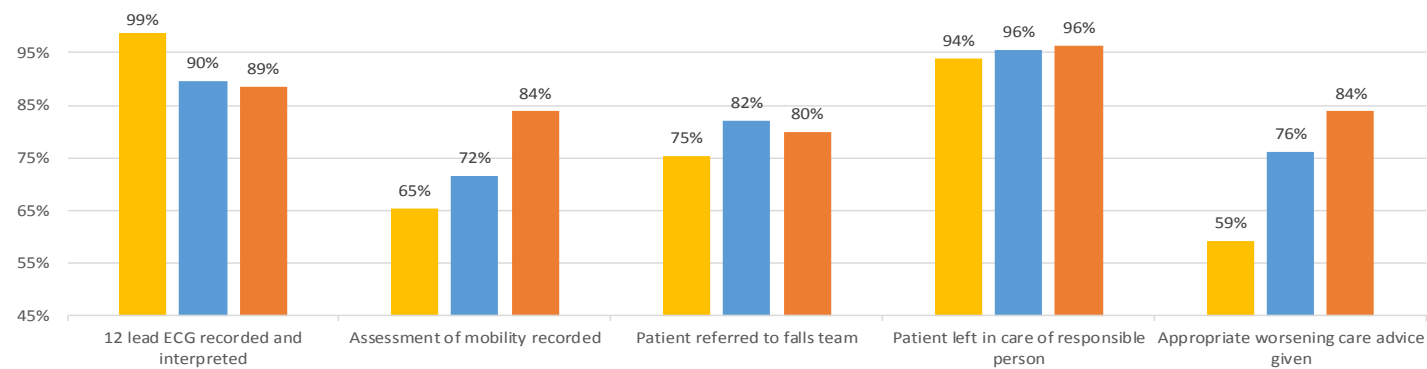


FALLS
QUALITY IMPROVEMENT COMPLIANCE



■ October ■ November ■ December

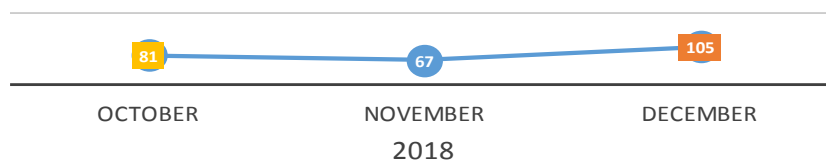
2018



■ October ■ November ■ December

2018

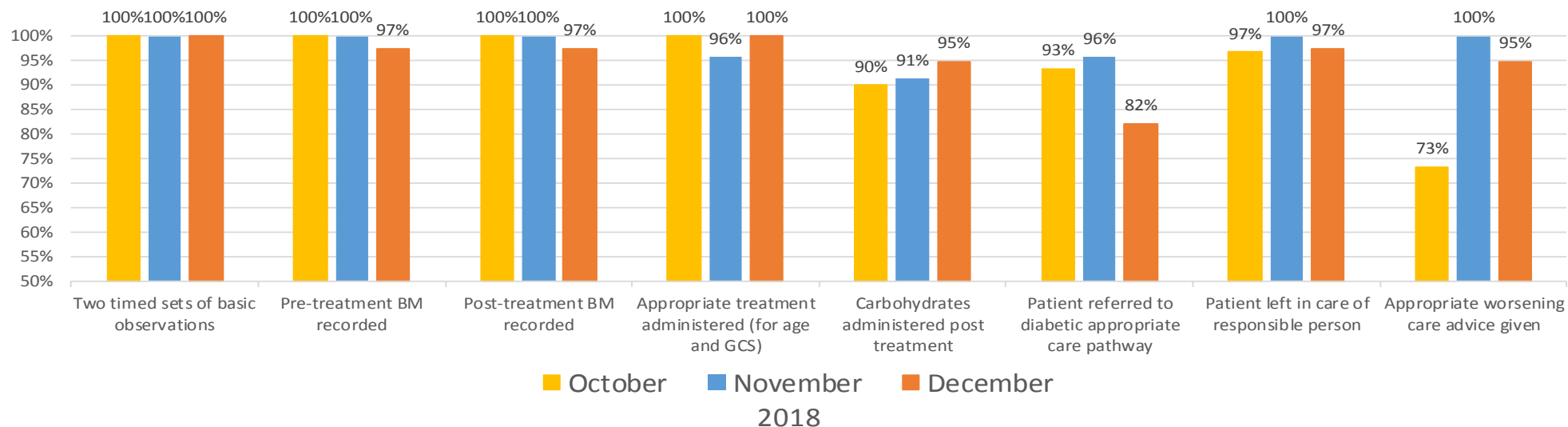
Total PRFs Audited



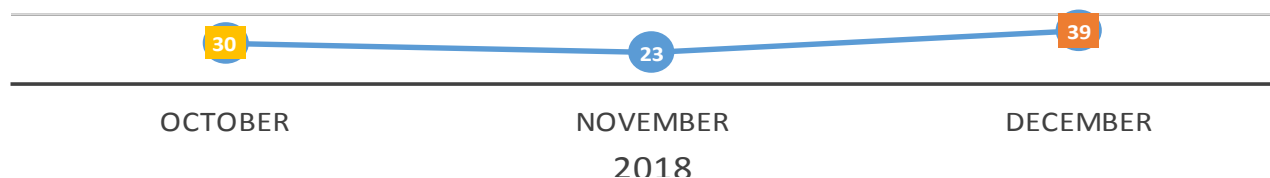


HYPOGLYCAEMIA

QUALITY IMPROVEMENT COMPLIANCE



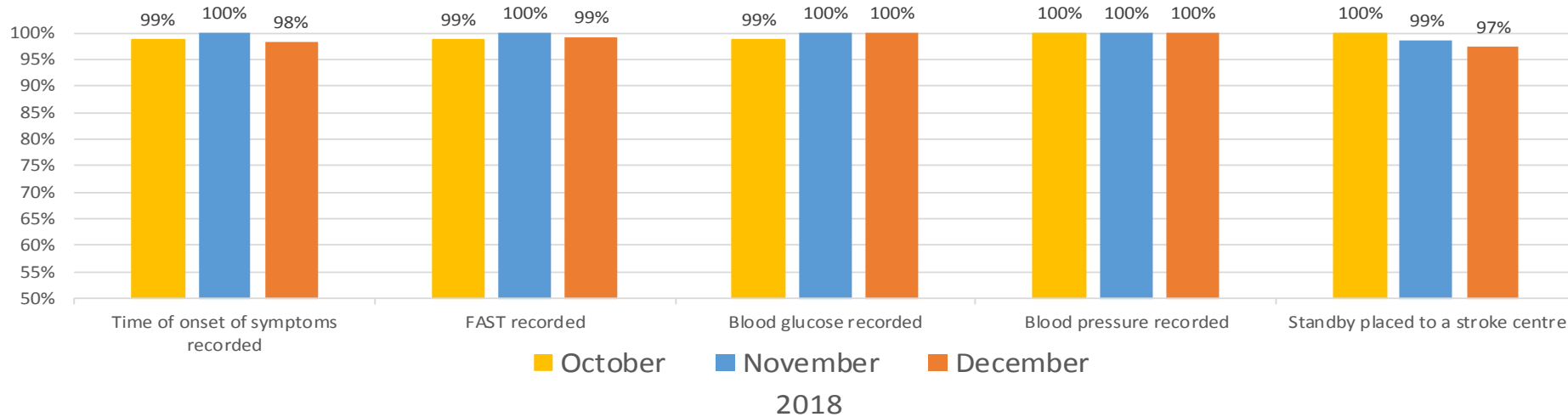
Total PRFs Audited





STROKE

QUALITY IMPROVEMENT COMPLIANCE



Total PRFs Audited



TB/07/02/2019/05

TRUST BOARD REPORT
OPERATIONAL DIRECTORATE

Reporting to December 2018

Emergency & non emergency Ambulance Control Reports

EAC Call Taking Statistics

Emergency Ambulance Control has three designations of call covered by Automatic Call Distribution (ACD): Emergency, Routine and Urgent / HCP.

Emergency Call Activity

The number of “999” calls being answered is continuing to rise. The barrier of 20,000 plus calls has been breached on a number of occasions and looks set to continue. This trend on increasing “999” calls each year is evident from the statistics shown in the table below.

Month	Year 2014-15	Year 2015-16	Year 2016-17	Year 2017-18	Year 2018-19
Apr	14988	16079	16321	17403	17598
May	15433	16795	17437	18365	19864
Jun	15911	16321	17030	17173	19263
Jul	16633	16266	17773	18352	19170
Aug	16244	16814	17728	18486	19125
Sep	16244	15802	16803	17994	19335
Oct	15803	16701	18282	18208	19297
Nov	15860	16083	16979	18236	19102
Dec	18088	18494	20340	24020	22418
22418Jan	16590	16989	17630	20444	
Feb	16138	16188	16181	17756	
Mar	16872	17740	17523	20233	
Total	194804	200272	210027	226670	133652

As well as taking calls from the general public NIAS also takes calls from hospitals, GP surgeries and other health care professionals. These types of call are classified as Health Care professional (HCP) calls and have a small dedicated team who deal with processing these calls.

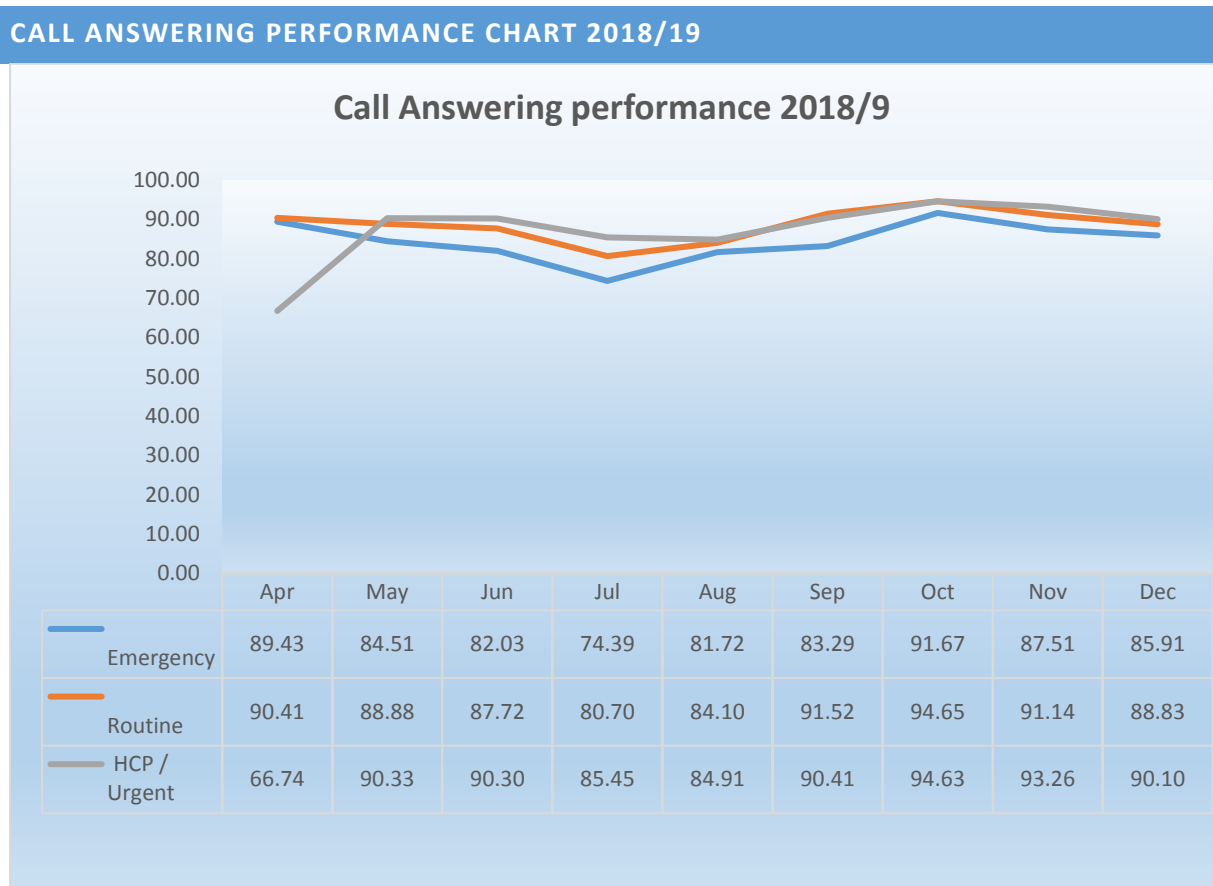
As part of contingency arrangements we answer “999” calls from Scotland as part of the Buddy arrangement. From the 2nd May 2018 we enabled electronic call passing between NIAS and the Scottish Ambulance Service where if either Control Room takes calls for the other they are automatically populated on each others command and control screen and Ambulance resources can be dispatched as normal.

999 Call Answer Times

Key Performance Indicator

NIAS aims to answer telephone calls as quickly as possible and the target is 95% of all Emergency calls answered in two seconds.

The table below shows the performance on call answering by month from April to December 2018 and an increase in the average percentage time to answer Emergency calls.



- Call answering shows a higher achieved target for Routine calls due to all staff having the skill sets to handle them.
- The target of 95% 999 call taking is yet to be achieved – new recruitment in EMD levels would be expected to improve this performance level however overall increases in call volumes has impacted this figure particularly in December, January and March as each of these months exceeded the 20,000 call mark.
- EMDs are required by the IAED to remain on the line for certain health critical situations. They remain on the line until one of NIAS operational resources is in attendance at the scene. High volumes of incidents and reduced levels of cover can impact on availability of call takers resulting in delays. The average delay is 5 seconds for the average 4% of calls not meeting the 2 second standard.
- End of year averages for call taking performance were as follows: Emergency 87.89%, Routine 91.41% and Urgent / HCP 67.95%.
- Measures introduced have seen improvement in answering HCP calls
- Further measures to cut down on non-call related routine calls have also been introduced.

Emergency & non emergency Ambulance Control Reports

EMD Award Scheme

NIAS has an EMD award scheme in place awarding certificates and badges for randomly selected calls with overall “High Compliance” and for calls with exemplary (100%) Customer Service. Other awards are for Baby Born, Cardiac Life Saver & Non-Cardiac Life Saver. In order to attain these specific awards the call must be reviewed as “Compliant” or “High Compliance”.

The table below shows the level and number of awards attained by EMDs for the reporting period as well as the previous year 2017-18 and the year to date. A number of calls are also currently under assessment for possible awards.

Type	Level	November & December 2018	Year (Apr 17 – Mar 18)	Year to Date (Apr 18 – Mar 19)
999 High Compliance	Bronze	1	14	4
	Silver	3	8	8
	Gold	1	17	6
Exemplary Customer Service	Bronze	1	3	4
	Silver	1	8	2
	Gold	1	13	6
Baby Born		1	2	8
Cardiac Life Saver		2	5	4
Non-Cardiac Life Saver		2	1	5

In addition to the above 2 EMDs have attained 250 High Compliance (exemplary) calls. A new award is pending for this level which will be incorporated in future reports.

RESPONSE TIME PERFORMANCE REPORT YEAR END REPORT

For April 2018 to December 2018

Summary of Trends:

1. Cumulative NI Cat A performance from April 2018 - December 2018 = 38.5% (9.1% decrease for same period last year 47.6%)
2. Average response time across Northern Ireland for Cat A response in December 2018 was 15 minutes 47 seconds. Cat A response for December was 33%; this has been the lowest monthly performance to date.
3. Cumulative Cat A Responses from April to December 2018 has increased by 1.5 % = 660 responses for the same period last year.
4. Total cumulative Emergency Call demand for April to December 2018 (including Cat HCP activity) has decreased by -0.4% = -722 calls for the same period last year.
5. Trends for ambulance turnaround times greater than the standard (i.e. 30 mins) continue to heavily impact on NIAS response and availability.

Key Performance Indicator: Resources are deployed in line with the Category/Code and measured through Key Performance Indicators

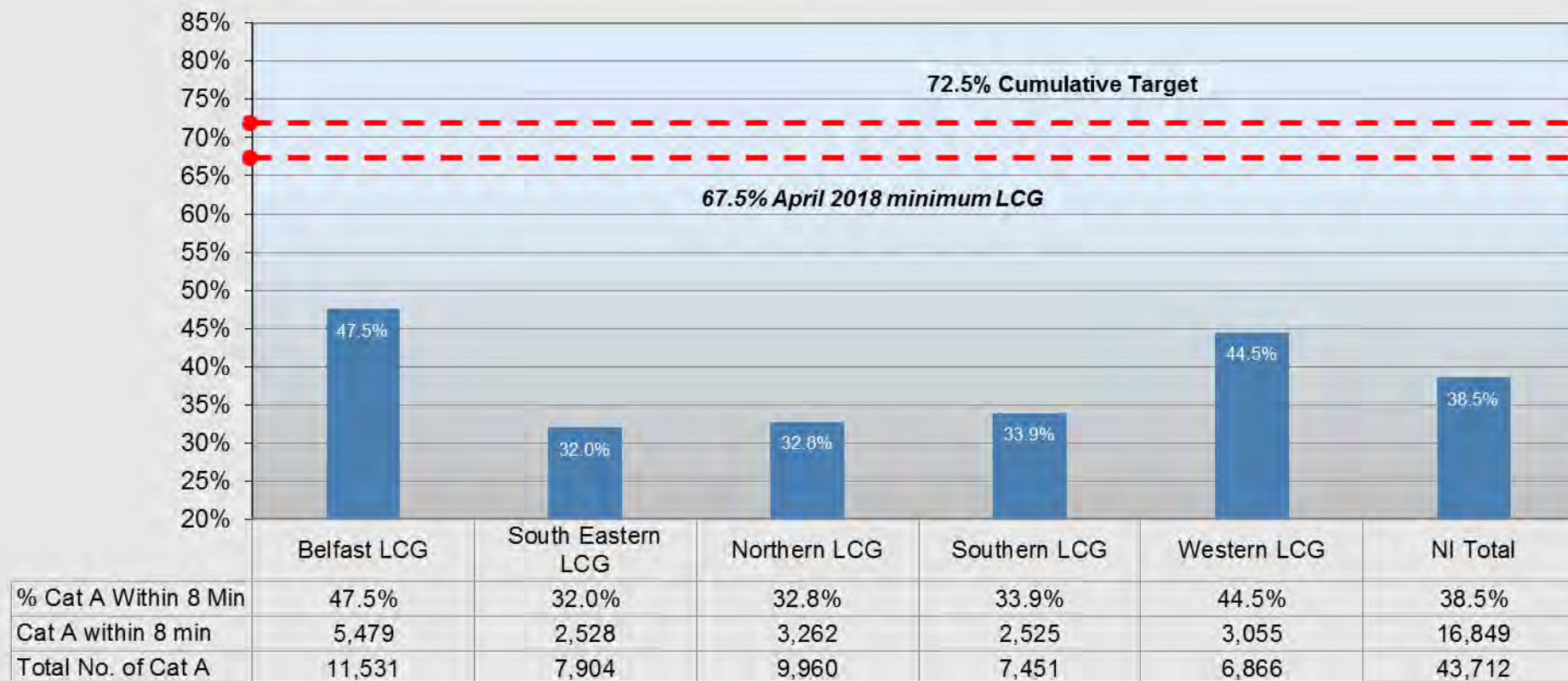
When the call taking process is completed calls are categorised for deployment as per table:

Call type	Category / code	Key Performance Indicators
999 Potentially immediately life threatening	A (Purple/ Red)	< 8 minutes
999 Serious but not life threatening	B (Amber)	< 21 minutes
999 Neither life threatening or serious	C (Green)	< 60 minutes
Healthcare Professional Calls (HPC)(GPs who 'book' and ambulance after seeing a patient and deciding they need to be admitted to hospital within a set time frame)	HCP Calls	1 hour 2 hours 3 hours

		4 hours
Routine	Routine	As agreed with caller and call taker

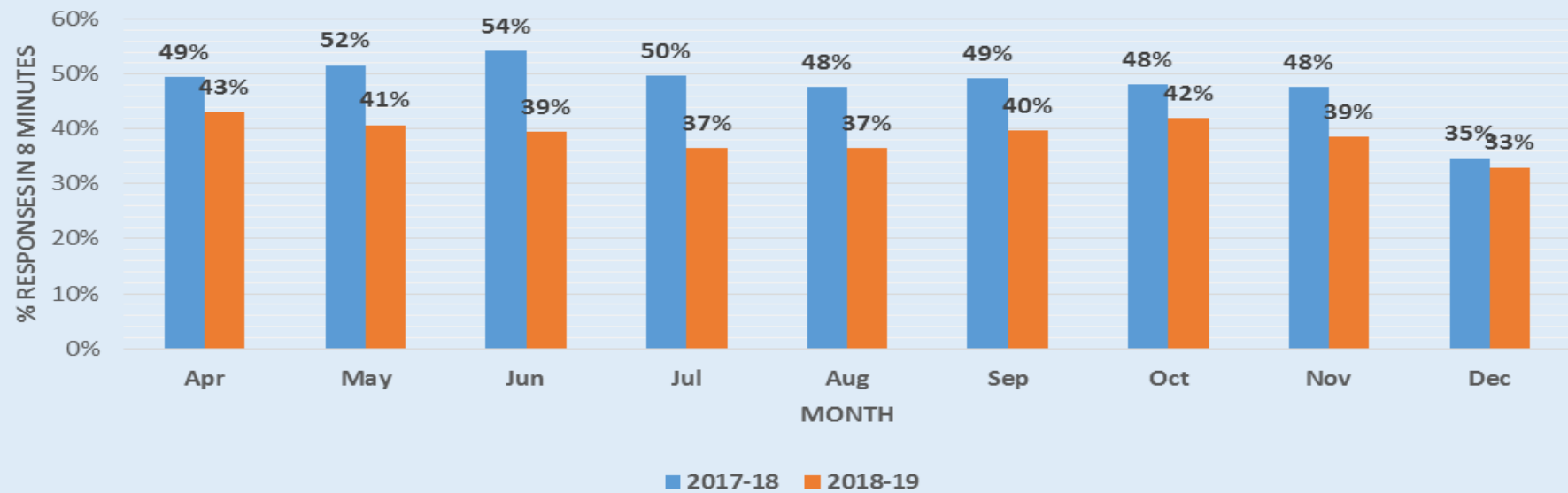
KEY PERFORMANCE INDICATORS (KPIs) for the Year 2017/18		
<i>From April 2016, 72.5% of Cat A (potentially immediately life threatening) calls to be responded to within 8 minutes, 67.5% in each Local Commissioning Group area (LCG) with 95% of Cat A have a conveying resource <21 min</i>		
95% of Category B Response <21 mins		
95% Category C Non- Health Care Professional <60mins		
Health Care Professional (formally GP Urgent) within agreed target of either 1, 2, 3, 4, hours		

**% Cat A Calls Responded to Within 8 Minutes
Cumulative from April 2018 to end December 2018**

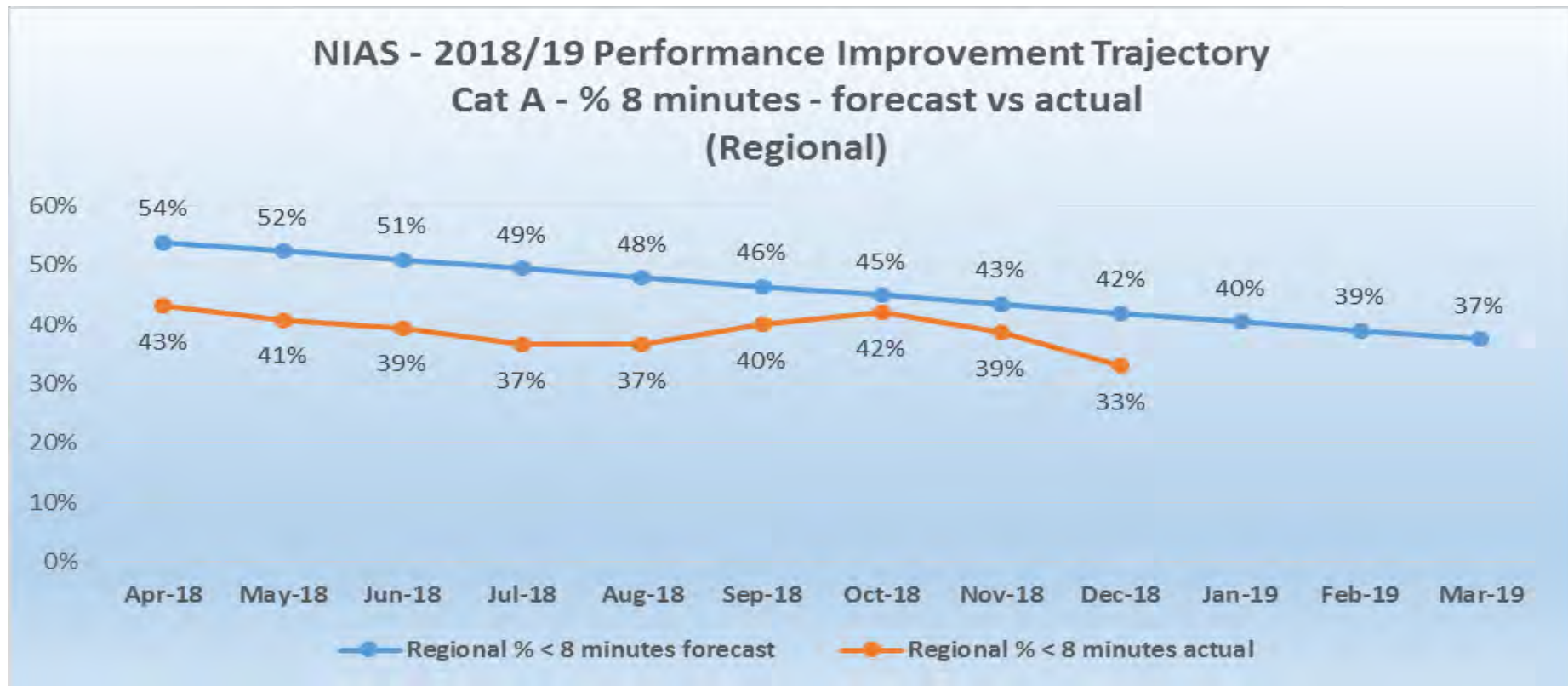


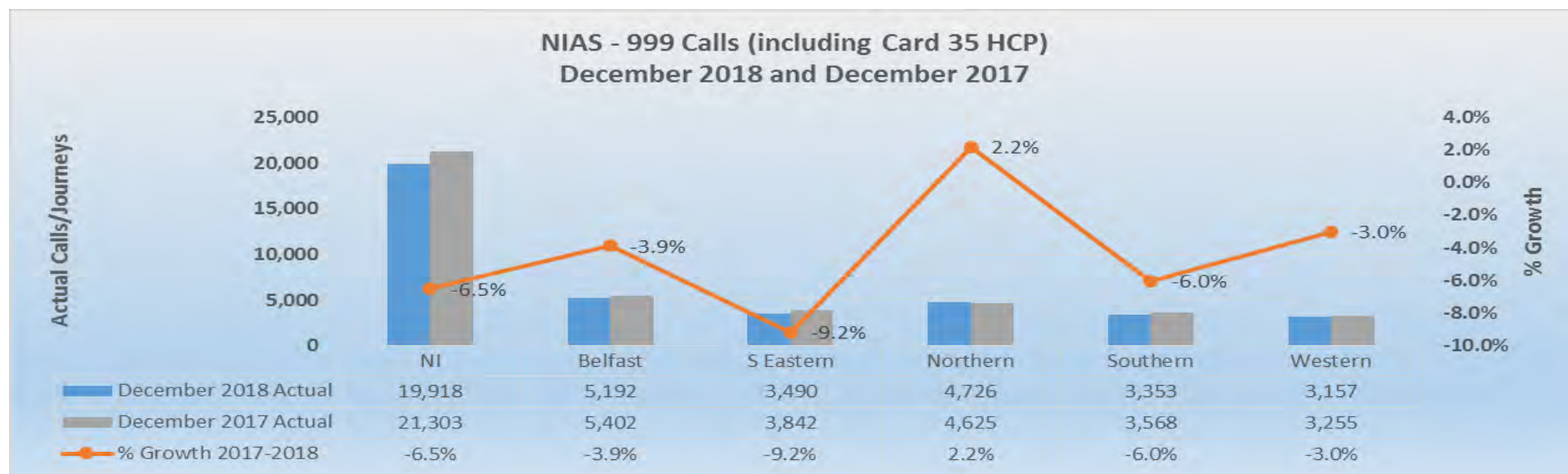
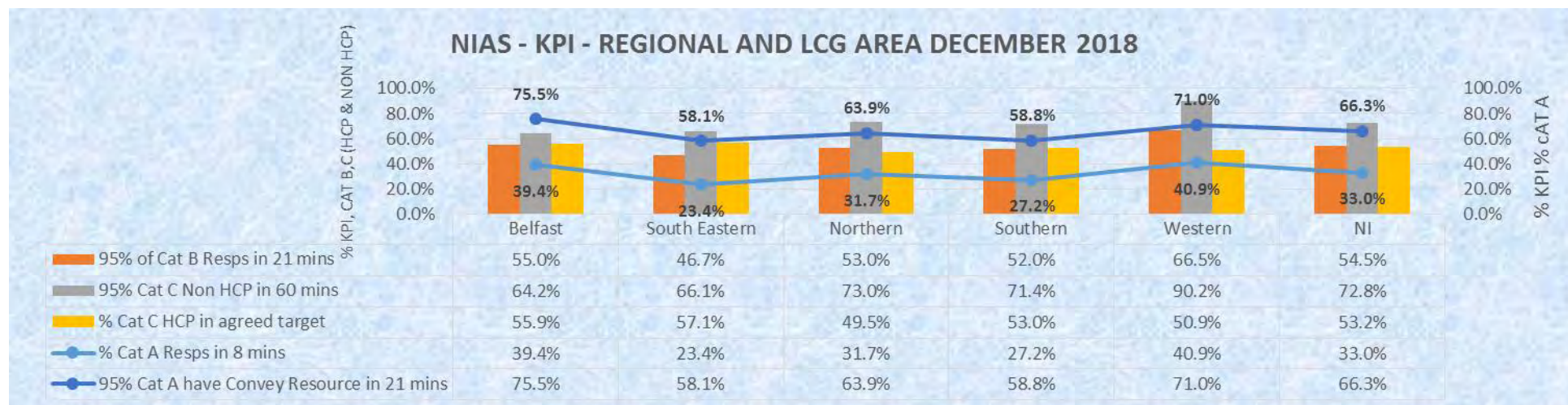
From April 2018, 72.5% of Category A (life threatening) calls are to be responded to within eight minutes, 67.5% in each LCG area.
*Disclaimer may be subject to change at a later date.

NIAS Cat A Performance (% <8 minutes)

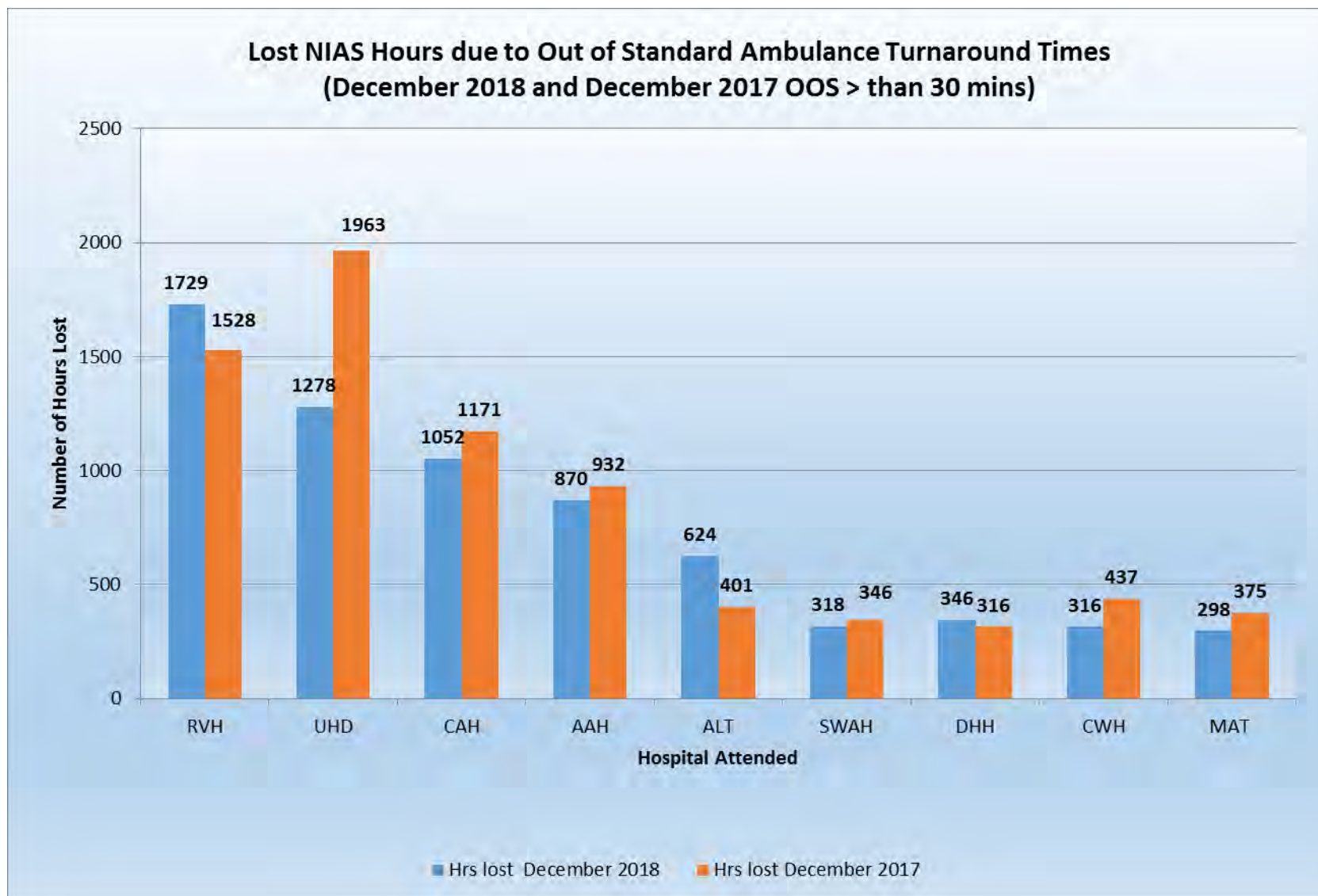


Cat A Performance – Performance Improvement Trajectory



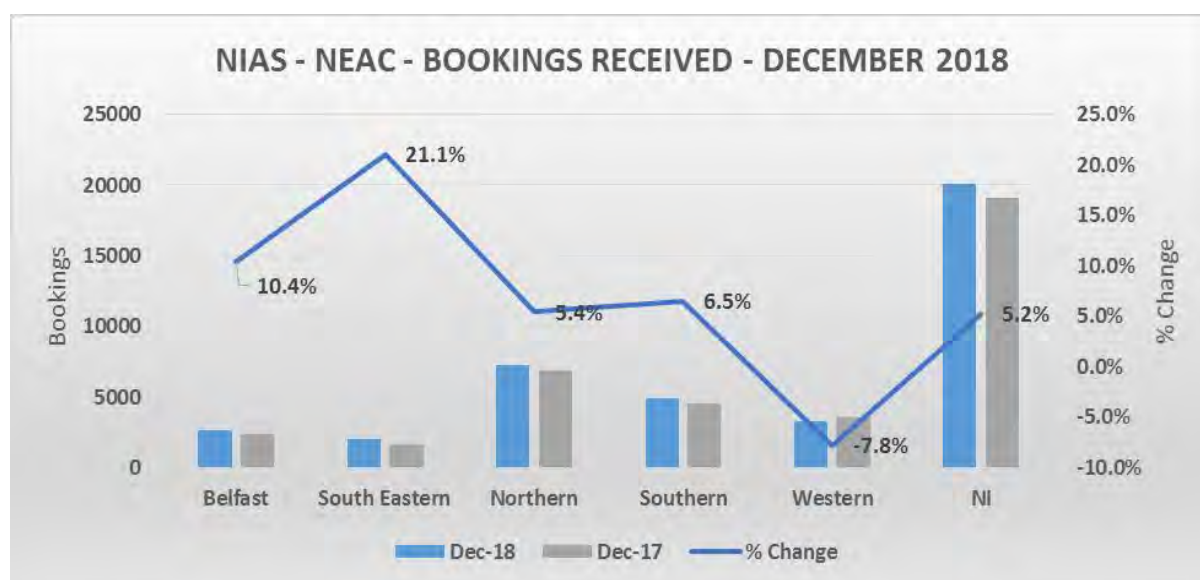


Key Performance Indicator: Ambulance Turnaround at Emergency Departments within 30 minutes – Dec 2018 V Dec 2017



Key Performance Indicator: Provide non-urgent transport of patients across Northern Ireland through its Patient Care Service (PCS) to locally agreed specifications

	NEAC BOOKINGS AND JOURNEYS - OCTOBER 2018							
Bookings	LCG AREA	Belfast	South Eastern	Northern	Southern	Western	NI	
	Dec-18	2668	2027	7245	4884	3269	20093	
	Dec-17	2416	1674	6872	4584	3545	19091	
	% Change	10.4%	21.1%	5.4%	6.5%	-7.8%	5.2%	
Completed Journeys	LCG AREA	Belfast	South Eastern	Northern	Southern	Western	NI	
	Dec-18	2013	1398	5575	3557	2417	14960	
	Dec-17	1708	1098	5212	3403	2632	14053	
	% Change	17.9%	27.3%	7.0%	4.5%	-8.2%	6.5%	
Completed Journeys	Journey Type	Outpatient	Discharge	Transfer	Admission	Second Crew	Home Assessment	Total
	Dec-18	11451	2273	1095	135	5	1	14960
	Dec-17	10727	2271	902	150	3	0	14053





CATEGORY A PERFORMANCE: AVERAGES AND OUTLIERS

Dec 18

REGIONAL CATEGORY A PERFORMANCE: TOTAL NUMBER OF RESPONSES

NORTHERN IRELAND REGIONAL TOTAL

TOTAL NUMBER OF CATEGORY A RESPONSES

5538

AVERAGE RESPONSE TIME (MM:SS)

15:47

Number of Category A responses required to exceed
Regional target (72.5%)

4016

2187 responses below target

BELFAST HSCT

Total number of Cat A responses
1527

Number required to exceed LCG target (67.5%)
1031

Number of category A responses at scene within 8 mins
602
39.4%

429 responses below target

Average response time (mm:ss)
14:20

SOUTH EASTERN HSCT

Total number of Cat A responses
988

Number required to exceed LCG target (67.5%)
667

Number of category A responses at scene within 8 mins
231
23.4%

436 responses below target

Average response time (mm:ss)
17:56

NORTHERN HSCT

Total number of Cat A responses
1242

Number required to exceed LCG target (67.5%)
839

Number of category A responses at scene within 8 mins
394
31.7%

445 responses below target

Average response time (mm:ss)
16:22

SOUTHERN HSCT

Total number of Cat A responses
920

Number required to exceed LCG target (67.5%)
622

Number of category A responses at scene within 8 mins
250
27.2%

372 responses below target

Average response time (mm:ss)
17:14

WESTERN HSCT

Total number of Cat A responses
861

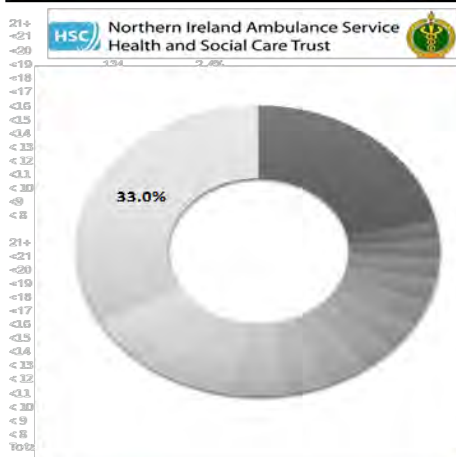
Number required to exceed LCG target (67.5%)
582

Number of category A responses at scene within 8 mins
352
40.9%

230 responses below target

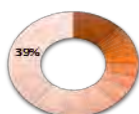
Average response time (mm:ss)
13:31

REGIONAL CATEGORY A PERFORMANCE SUMMARY



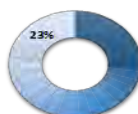
Category A Performance	
Within 8 minutes	1829
Within 8 - 9 minutes	296
Within 9 - 10 minutes	282
Within 10 - 11 minutes	260
Within 11 - 12 minutes	253
Within 12 - 13 minutes	206
Within 13 - 14 minutes	213
Within 14 - 15 minutes	178
Within 15 - 16 minutes	175
Within 16 - 17 minutes	150
Within 17 - 18 minutes	141
Within 18 - 19 minutes	134
Within 19 - 20 minutes	111
Within 20 - 21 minutes	111
Over 21 minutes	1199
Total	5538

%	Cumulative %
33.0%	33.0%
5.3%	38.4%
5.1%	43.5%
4.7%	48.2%
4.6%	52.7%
3.7%	56.4%
3.8%	60.3%
3.2%	63.5%
3.2%	66.7%
2.7%	69.4%
2.5%	71.9%
2.4%	74.3%
2.0%	76.3%
2.0%	78.3%
21.7%	100.0%



BELFAST HSCT

Response Time	N	%	Total
< 8 m	602	39.4%	39.4%
8 - 9 m	130	8.5%	47.9%
9 - 10 m	101	6.6%	54.5%
10 - 11 m	103	6.7%	61.3%
11 - 12 m	83	5.4%	66.7%
12 - 13 m	62	4.1%	70.8%
13 - 14 m	62	4.1%	74.9%
14 - 15 m	50	3.3%	78.1%
15 - 16 m	36	2.4%	80.5%
16 - 17 m	26	1.7%	82.2%
17 - 18 m	22	1.4%	83.6%
18 - 19 m	24	1.6%	85.2%
19 - 20 m	17	1.1%	86.3%
20 - 21 m	19	1.2%	87.6%
21 + m	190	12.4%	100.0%
Total	1527		



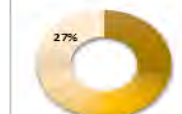
SOUTH EASTERN HSCT

Response Time	N	%	Total
< 8 m	231	23.4%	23.4%
8 - 9 m	49	5.0%	28.3%
9 - 10 m	49	5.0%	33.3%
10 - 11 m	42	4.3%	37.6%
11 - 12 m	39	3.9%	41.5%
12 - 13 m	41	4.1%	45.6%
13 - 14 m	54	5.5%	51.1%
14 - 15 m	29	2.9%	54.0%
15 - 16 m	32	3.2%	57.3%
16 - 17 m	45	4.6%	61.8%
17 - 18 m	30	3.0%	64.9%
18 - 19 m	29	2.9%	67.8%
19 - 20 m	22	2.2%	70.0%
20 - 21 m	27	2.7%	72.8%
21 + m	269	27.2%	100.0%
Total	988		



NORTHERN HSCT

Response Time	N	%	Total
< 8 m	394	31.7%	31.7%
8 - 9 m	57	4.6%	36.3%
9 - 10 m	46	3.7%	40.0%
10 - 11 m	44	3.5%	43.6%
11 - 12 m	60	4.8%	48.4%
12 - 13 m	42	3.4%	51.8%
13 - 14 m	46	3.7%	55.5%
14 - 15 m	41	3.3%	58.8%
15 - 16 m	41	3.3%	62.1%
16 - 17 m	24	1.9%	64.0%
17 - 18 m	39	3.1%	67.1%
18 - 19 m	33	2.7%	69.8%
19 - 20 m	35	2.8%	72.6%
20 - 21 m	24	1.9%	74.6%
21 + m	316	25.4%	100.0%
Total	1242		



SOUTHERN HSCT

Response Time	N	%	Total
< 8 m	250	27.2%	27.2%
8 - 9 m	24	2.6%	29.8%
9 - 10 m	48	5.2%	35.0%
10 - 11 m	38	4.1%	39.1%
11 - 12 m	35	3.8%	42.9%
12 - 13 m	28	3.0%	46.0%
13 - 14 m	29	3.2%	49.1%
14 - 15 m	35	3.8%	52.9%
15 - 16 m	41	4.5%	57.4%
16 - 17 m	37	4.0%	61.4%
17 - 18 m	23	2.5%	63.9%
18 - 19 m	23	2.5%	66.4%
19 - 20 m	19	2.1%	68.5%
20 - 21 m	27	2.9%	71.4%
21 + m	263	28.6%	100.0%
Total	920		



WESTERN HSCT

Response Time	N	%	Total
< 8 m	352	40.9%	40.9%
8 - 9 m	36	4.2%	45.1%
9 - 10 m	38	4.4%	49.5%
10 - 11 m	33	3.8%	53.3%
11 - 12 m	36	4.2%	57.5%
12 - 13 m	33	3.8%	61.3%
13 - 14 m	22	2.6%	63.9%
14 - 15 m	23	2.7%	66.6%
15 - 16 m	25	2.9%	69.5%
16 - 17 m	18	2.1%	71.5%
17 - 18 m	27	3.1%	74.7%
18 - 19 m	25	2.9%	77.6%
19 - 20 m	18	2.1%	79.7%
20 - 21 m	14	1.6%	81.3%
21 + m	161	18.7%	100.0%
Total	861		

Data Disclaimer

Please note there may be slight amendments to the data due to system changes and/or data quality issues that may arise. Please use this data with caution and necessary disclaimer.

NIAS ESTATES

Omagh modular Transfer and Strabane

NIAS continues to have meetings (latest meeting 22nd January 2018 with the appointed Design Team (GM design) to finalise the account and agree completion of works.

GM design has project managed the works in conjunction with the NIAS Project Manager. The Project was due to finish in February 2018 but as at date of writing a Completion certificate has not been issued.

NIAS has sought advice from Directorate of Legal Services on this matter

Facilities Maintenance (FM) Contract

NIAS commenced a review in February 2018 of works conducted under the auspices of the FM Contract to not only improve value for money but also to help establish a service standard for the management of reactive repairs, planned repairs and minor works. NIAS holds both Operational and Commercial Contract reviews on a monthly basis.

Significant progress has been made to streamline processes, increase throughput of works and to provide assurance that NIAS can demonstrate value for money, particularly in respect of recent Audit recommendations on evidentiary support for invoice approval.

NIAS has agreed with the FM contractor that all estimates for work are on a budget basis and NIAS should only pay for hours spent on site in addition to materials costs agreed in advance with NIAS.

The FM contract also covers cleaning. NIAS IPC Lead and NIAS Head of Estates working with FM contractor to vary the contract to provide adequate cleaning at all sites (listed in the FM Contract) to achieve outcome specification of PAS 5748 Standard. Cleaning Standards varies considerably from site to site and this variation is unacceptable

Ballymena and Enniskillen Project Board

The Final Project Board was held on the 17th January 2019. All outstanding issues, including defects and latent defects will be summarised in preparation for a discussion with Directorate of Legal Services.

It is worth noting that Todd Architects, the CPD Design Team, has not issued final completion certificates and, therefore, the defects period has not yet ended. Guidance will be sought on a legal remedy to resolve any outstanding issues including a balancing of costs v legal costs.

Clinical Sluice Programme

NIAS need to upgrade the Sluice Facilities in the majority of its Ambulance Stations to meet the requirements of RQIA. NIAS targeted 21 sites in the first phase and funding was approved for £627k. Practical completion was targeted as 31st March 2019.

The Procurement exercise, conducted by the FM Contractor, has ended for all Sluice Sites and works commenced on a number of the 21 sites.

The Procurement exercise has highlighted a significant shortfall in funding approved (£627k) and the new revised total (should the tender evaluation and recommendation be accepted) of, £1.3m.

NIAS has encountered numerous, repeat issues, with the quality of the design drawings, submitted to building control against what a builder would actually require which has led to a significant variations to the tender sums along with significant delays in receiving planning approval.

NIAS is reviewing the current programme to establish the quantum of sites to be completed by 31st March along with the cost. This update will reference planning and building control.

NIAS Head of Estates and AD of Finance are in regular discussion regarding this issue. Further updates will be supplied

NIFRS

NIAS and NIFRS Service Level Agreement expired in 2014. NIFRS and NIAS in discussions to formalise a licence agreement to facilitate NIAS using NIFRS property. The Licence agreement is with NIFRS solicitor for review and completion in Q1 2018/19. NIAS and NIFRS legal representation is currently discussing the licence agreement.

Collaboration

NIAS and NIFRS have commenced discussions on collaborative estates development. A joint meeting with was held in November with members of both organisations senior management team to progress a review to establish the basis of collaboration (if possible). NIFRS, NIAS and CPD in discussion with design team to establish a feasibility exercise.

Estate Strategy

A new Estate Strategy is in draft and will be presented to SEMT by Q4 2018/19. A discussion document is already available

IPC

NIAS Head of estates in conjunction with IPC lead continue to work on estates IPC Compliance matters, prioritising immediate high risk items.

Compliance

NIAS has embarked upon a series of estates surveys covering fire risk assessments, Health and safety, legionella and asbestos. Remedial works are prioritised based on risk. All results due by Q4 2018/19

10 Year Capital Plan

NIAS Head of Estates, in conjunction with CPD, has created a 10 year estates capital bid programme in response to a Departmental request. The Estate bid is aligned to the draft estate strategy and takes into account recommendations contained with the

demand capacity review. The value of NIAS 10 year estate bid is currently £92m; however when the whole NIAS bid is known this is subject to change. The Capital Bid does not include Compliance Spend, deemed as Revenue Spend by NIAS Finance and the Department.

Team

NIAS now has an additional dedicated Business case resource, specifically to write Revenue and Capital business cases for minor works (a Departmental requirement) as well as large capital business cases as determined by the estate strategy and the 10 year capital plan.

David McKelvey
Head of Estates (T)
23rd January 2019

Fleet:

Objective 1: To provide a professionally managed, safe and reliable ambulance Fleet, which supports the operational model for service delivery.

Key Performance Indicator: Replace around 20% of fleet annually.

- A&E Ambulance for 2019 currently in build for completion march 2019.
- PCS vehicles rolled out. 16 of 21 vehicles operational with remaining currently going operational.
- Cars all completed and operational.
- Specialist vehicles only one outstanding for completion February 2019.

Key Performance Indicator: Age of fleet should be less than 5 years old.

The percentage of all vehicle types less than 5 years old has increased and will continue to do so as the Trust continues to make new vehicles operational. Compliance with the age of fleet key performance indicators is described in the following table:

Fleet Profile 2017/18	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
(% less than 5 yrs old)		2018											
Emergency Ambulances	98.3	80	80	80	80.2	82.8	83.6	93.1	99.1	99.1	99.1	99.1	99.1
Non-Emergency Ambulance	85.6	77.5	79.2	80	80	80	78.4	79.3	82.9	86.5	88.3	87.38	90.18
Rapid Response Vehicles	88.4	88.3	88.3	88.3	88.3	86	62.8	67.4	69.8	79.1	88.3	81.4	81.4
Support Vehicles	52.9	58.8	58.8	59.6	56.8	56.8	50	56.8	56.6	58.5	64.2	66.04	66.04
Fuel Used & CO2 Generated 2017/18	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Allstar Fuel card Purchases	143955	143501	131030	144952	126049	128202	121485	114819	114196	117391.01	126165.59	126976.65	133564.61
NIAS Bunkered Sites	18839	20582	18676	19912	16153	20791	20016	20820	22145	22482.58	22762.45	24308.8	24588.55
Total Fuel (Litres)	162794	164082	149706	164864	142201	148994	141501	135639	136341	139873.59	148928.04	151285.45	158153.16
Total CO2 (1 Litre x 2.6391kgs) Generated	429629.6	433028.8	395089.1	435092.6	375282.7	393210.1	373435.3	357964.9	359817.5	369140.4	393036.0	399257.4	417382.0
MOT Pass Rate 2017/18	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No of vehicles presented for MOT	24	46	38	35	24	24	24	18	10	7	19	29	31
No of vehicles passed MOT first time	24	45	36	34	23	20	23	16	8	6	16	28	31
First Time MOT Pass Rate (%)	100.00%	97.83%	94.74%	97.14%	95.83%	83.33%	95.83%	88.89%	80.00%	85.71%	84.21%	96.55%	100.00%
Miles covered	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total Fleet Mileage	656525	661303	482239	641810	619605	670256	652306	589690	615258	624616	679519	656798	

TB/07/02/2019/06

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

FINANCE DIRECTORATE

Director of Finance and ICT
December 2018 (Month 9)

FINANCIAL PERFORMANCE

Financial Breakeven

The Trust is currently reporting a small deficit of £3k for the nine months ending 31 December 2018 (Month 8), subject to key risks and assumptions. In particular, Accident & Emergency staff are currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS.

The Trust is currently forecasting a breakeven position at the end of 2018/19. This is dependent on a number of significant assumptions, particularly in regards to the deliverability and expenditure on training, ambulance receivers, VAS/PAS and estates work.

Financial position at the end of December 2018 (Month 9)

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		8,954	13,465	17,941	22,383	27,041	31,635	36,276	41,026			
Other Expenditure		2,917	4,037	5,870	7,125	8,360	9,603	10,986	12,329			
Expenditure Total		11,871	17,502	23,811	29,508	35,401	41,238	47,262	53,355			
Income		134	201	277	334	401	468	615	692			
Net Expenditure		11,737	17,301	23,534	29,174	35,000	40,770	46,647	52,663			
Net Resource Outturn		11,737	17,301	23,534	29,174	35,000	40,770	46,647	52,663			
Revenue Resource Limit (RRL)		11,737	17,302	23,535	29,175	34,993	40,763	46,644	52,660			
Surplus/(Deficit) against RRL		0	1	1	1	(7)	(7)	(3)	(3)	0	0	0

NIAS Trust Board Budget Report at December 2018

		YTD		
(£ 000s)	FYB	Budget	Actual	Variance
Chief Executive's Office				
Payroll	173	130	130	0
Non-Payroll	72	60	58	2
Chief Executive's Office Total	245	190	188	2
Director of Finance				
Payroll	1,570	1,195	1,194	1
Non-Payroll	778	628	628	0
Director of Finance Total	2,348	1,823	1,822	1
Director of HR				
Payroll	1,434	1,091	1,094	(3)
Non-Payroll	750	589	572	17
Director of HR Total	2,184	1,680	1,666	14
Dir of Ops (incl Divisions & RCC)				
Payroll	47,343	35,631	35,347	284
Non-Payroll	11,517	9,249	9,555	(306)
Dir of Ops (incl Divisions & RCC) Total	58,860	44,880	44,902	(22)
Medical Director				
Payroll	4,248	3,266	3,260	6
Non-Payroll	1,570	1,515	1,516	(1)
Medical Director Total	5,818	4,781	4,776	5
NIAS Total				
NIAS Total Payroll	54,768	41,311	41,025	286
NIAS Total Non-Payroll	14,688	12,040	12,329	(289)
NIAS Total	69,456	53,351	53,354	(3)

Underlying this overall financial forecast is a complex budgetary position. There are a range of vacancies creating underspends against the pay budget. The level of underspend is reduced by overtime costs to provide operational cover. There are also significant levels of sickness absence that can create a financial pressure beyond budgeted levels. Expenditure on Voluntary and Private Ambulance Services and also the Voluntary Car Service to offset these vacancies and maintain cover and performance is creating a corresponding pressure on the non-pay budget. NIAS is also coordinating some Voluntary and Private Ambulance Service activity on behalf of other HSC Trusts. The cost of this is being recharged to the respective HSC Trust.

There are a number of income assumptions included in this financial position. The Trust continues to work with HSCB and other stakeholders to highlight emerging cost pressures and service changes with a view to achieving objectives and maintaining financial balance.

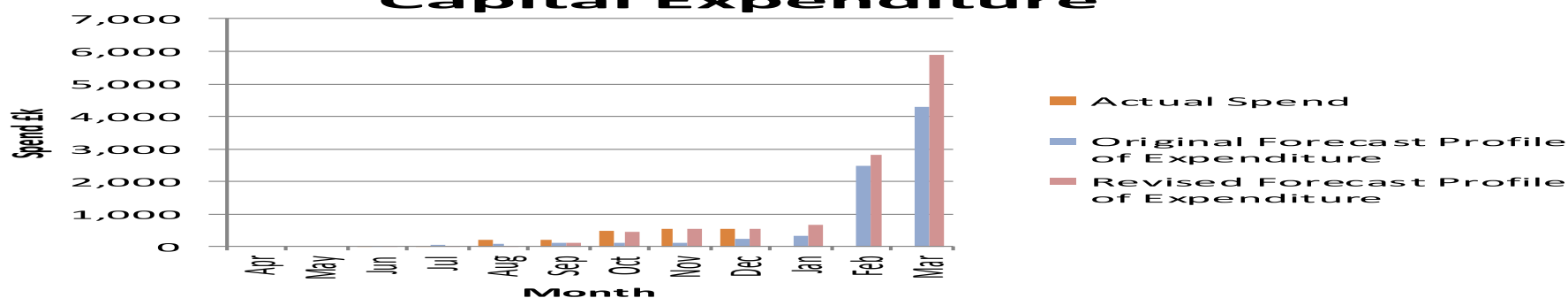
The Trust is also required to identify and deliver savings proposals to address a forecast £0.827m savings requirement in 2018/19.

Capital Spend

The Trust is currently forecasting a Capital Resource Limit (CRL) allocation of £5.904m (Previously £5.229m). The adjustments to the CRL allocation include latest estimates for specific ICT Schemes. The allocation also allows the Trust to continue with planned cyclical fleet replacement. Resources had previously been earmarked for a replacement ambulance facility in the Southern Division, subject to business case approval, procurement and implementation in the current financial year. It has not been possible to achieve these requirements within the year and the Trust will update and submit a revised business case for this project in due course. The Department of Health have issued revised guidance on the reporting of capital expenditure. This includes detailed monthly reporting and forecasting of levels and profiles of spend. The Trust continues to engage with the Department of Health in relation to capital expenditure forecasts. Forecast levels and profiles of expenditure can vary for a number of reasons, not least as a result of tender exercises and also supplier capacity and project risks and lead times. The capital requirements for all projects are continually reviewed and any changes in the forecast profile and level of expenditure will be reflected in further adjustments to the CRL allocation.

Cumulative Capital Spend (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet	0	0	0	0	0	0	0	0	7			
Estate	0	0	0	0	0	0	0	0	0			
Medical Equipment	0	0	0	0	0	0	0	0	0			
ICT Schemes	0	0	13	18	197	197	459	459	459			
General Capital	0	0	0	13	23	23	23	85	85			
Actual Spend	0	0	13	31	220	220	482	544	551	0	0	0
Original Forecast Profile of Expenditure	0	0	20	58	80	100	102	114	239	344	2,494	4,294
Revised Forecast Fleet & General	0	0	0	0	0	0	0	85	92	199	2,349	4,244
Revised Forecast ICT	0	0	13	31	31	103	459	459	459	459	459	1,660
Revised Forecast Profile of Expenditure	0	0	13	31	31	103	459	544	551	658	2,808	5,904

Capital Expenditure



Prompt Payment of Invoices

The Trust is required to pay non HSC trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. The target is to pay 95% of invoices within 30 calendar days of receipt of a valid invoice, or the goods and services, whichever is the latter. A further regional target to pay 70% (increased from 60%) of invoices within 10 working days (14 calendar days) has also been set.

Performance by number of invoices paid for each of these measures is shown below.

A range of plans are in place to improve and maintain performance in this area. As aged invoices are cleared and paid, performance between months can vary. Performance for the full year has been reviewed and updated at the end of October 2018. Performance for November and December are provisional and subject to review.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Total bills paid	987	2,050	1,823	1,739	1,579	1,693	2,312	2,056	2,057				16,296
Total bills paid within 30 calendar days of receipt of undisputed invoice	948	1,924	1,613	1,644	1,466	1,606	2,219	1,883	1,832				15,135
% bills paid on time	96.0%	93.9%	88.5%	94.5%	92.8%	94.9%	96.0%	91.6%	89.1%				92.9%
Total bills paid within 10 working days (14 calendar days)	639	1,259	1,121	1,026	1,144	1,309	1,730	1,452	1,275				10,955
% bills paid on time	64.7%	61.4%	61.5%	59.0%	72.5%	77.3%	74.8%	70.6%	62.0%				67.2%

Business Services Organisation (BSO) Procurement & Logistics Service (PaLS) Key Performance Indicators (KPI's)

The Business Services Organisation provides a range of services to The Trust, including Procurement and Logistics Services (PaLS), Legal Services, Technology Services and Internal Audit. New reporting arrangements for the Service Level Agreements have identified Key Performance Indicators (KPI's) in respect of Purchasing and Supply. Performance against these KPI's to the end of December 2018 (Month 9) is as follows:

Key Performance Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Average Processing Time Per Requisition Days (Target 5 Days)	3.86	5.46	5.59	6.09	3.94	3.78	4.66	3.89	4.18			
Percentage of Products Supplied on First Request % (Target 95%)	98.90%	98.80%	98.80%	99.20%	99.00%	99.40%	99.50%	97.03%	99.26%			
Number of Lines Issued (Stock and Non Stock Line)	1,683	1,444	1,516	1,439	1,505	1,239	1,596	1,543	1,843			
Value of Spend £k (Stock and Non Stock)	255	608	208	447	322	492	673	2,931	915			

Information Technology Systems - System Availability

Robust procedures are in place to confirm ongoing availability of Trust systems. Any system failures are reported in this section.

26 November 2018 Radio Communications Fault

Both radio zones on the Digital Trunk Radio System dropped connectivity to desks in Emergency Ambulance Control resulting in loss of status messaging to Ambulance control in EAC and NEAC. Fault identified by PSNI as a result of a contractor failing to reconnect a cable after routine maintenance. All desks were effected for 21 hours with minimum disruption to service as Mobile Data system and mobile phones were still available.

Information Technology Systems - Developments

Any system developments are reported in this section.

Work is progressing on the implementation of a replacement Mobile Data system with our new providers Terrafix. The target completion date for full implementation across all the NIAS fleet is end June 2019.

A Business Case to implement an Electronic Patient report form system (EPRF) has been formally approved to proceed to procurement stage. This procurement process is now complete with a preferred supplier identified.

Cyber Security: A HSC Cyber Security Programme Board has been set up to define Cyber Security assessment standards for HSC organisations and to undertake or commission assessment of achievements against those standards. The Board will also make recommendations on priority actions and required investment to address gaps and further proactive cyber security measures and be in position to provide a transparent statement on the status of Cyber Security and preparedness for the HSC. Funding has been identified By HSCB for each HSC Trust to procure and implement network device scanning and network vulnerability scanning software.

ICT Help Desk Performance

Key* - Immediate 4 Hours, Urgent 1 Day, High 2 Days, Medium 3 Days, Low 7Days

	November			December		
Target to Respond to 95%	No of Calls	Within time	Actual	No of Calls	Within time	Actual
Immediate	14	14	100%	0	0	100%
Urgent	54	53	98%	51	51	100%
High	4	4	100%	9	9	100%
Medium	580	561	97%	460	459	100%
Low	1055	1055	100%	794	794	100%
Total	1707			1314		

ICT Planned Maintenance November 2018 – system upgrades Critical Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	These are business critical systems which manage front line resources and need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.
C3 A&E	740	4 Hours	0.20	No	
C3 PCS	740	4 Hours	0.20	No	
Pro-QA	740	4 Hours	0.20	No	
ICCS A&E	740	4 Hours	0	No	
ICCS PCS	740	4 Hours	0	No	
DTR	740	4 Hours	0	No	
Voice Recorder	740	4 Hours	0.20	No	
Defib	740	4 Hours	0.10	No	
Mobile Data	740	4 Hours	0	No	

ICT Planned Maintenance November 2018 – system upgrades Corporate Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	<p>These are business support systems which need to be available on a 24/7 365 basis.</p> <p>It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.</p>
E-mail	206	4 Hours	0	No	
File Server	206	4 Hours	0.10	No	
Virtual Server	208	2 Hours	0	No	
BlackBerry	206	4 Hours	0.10	No	
Promis	206	4 Hours	0.10	No	

ICT Planned Maintenance December 2018 – system upgrades Critical Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	<p>These are business critical systems which manage front line resources and need to be available on a 24/7 365 basis.</p> <p>It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.</p>
C3 A&E	740	4 Hours	0	No	
C3 PCS	740	4 Hours	0	No	
Pro-QA	740	4 Hours	0	No	
ICCS A&E	740	4 Hours	0	No	
ICCS PCS	740	4 Hours	0	No	
DTR	740	4 Hours	1	No	
Voice Recorder	740	4 Hours	0.15	No	
Defib	740	4 Hours	0.15	No	
Mobile Data	740	4 Hours	0	No	

ICT Planned Maintenance December – system upgrades Corporate Systems

There was no planned maintenance on Corporate Systems during this period.

Information Governance/Informatics – Developments: 01/11/2018 to 31/12/2018

Developments in the provision of Information are reported in this section.

- **Control Assurance – Information Management: 76% Substantive Achieved through Self-Assessment for 2017/18. Action Plan for outstanding items developed. This work continues to be a priority of the Trust. Along with outstanding Priority 1 Audit Recommendations relating to Information Governance aspects relating to Information Asset Register and Data Flow Exercise. Work in this area has been ongoing and templates for an Information Asset Register and Data Flow template have been created and information gathering has been completed in Finance and ICT, HR and Corporate Services including Regional Ambulance Training Centre, Medical Directorate including Emergency Planning/Risk Management, Operations in HQ, Resource Management Centre. Visits to local Division Areas ongoing**
- **General Data Protection Regulations (to replace Data Protection Act 1998 in May 2018) – Action Plan Monitoring,**
- **Supporting Medical Directorate and Transformation Collaborative with Quality Improvement Templates and data analysis. These continue to be developed and monitored. Includes Falls, Hypoglycaemia, Acute Coronary Syndrome, Cardiac Arrest (refer to Medical Directorate section of report for reporting)**
- **ACP monitoring aspects reviewed. ACP pathways continued to be monitored and reviewed. Ad hoc datasets have been provided to support further initiatives as required ie quality improvement**
- **Informatics and business intelligence to support Transformation and Information Collaborative workflows continue to be worked on as required**
- **Supporting work and data streams in Frequent Caller Monitoring and Information Markers including policy/procedures and analytics**
- **Partnership working with Emergency Ambulance Control and Information Department relating to patient flow and development of tool**
- **Ad hoc datasets to support winter pressures including hospital turnaround times, patient flows, community first responder dashboard, paediatric attendances, trauma injuries etc**
- **Patient Report Forms and 999 calls to support inter-face incidents, Serious Adverse Incidents, Child Protection Issues, Vulnerable adults etc; PRFs to support quality assurance of Quality Improvement including palliative care, over 65s, Entonox etc**
- **AED (Automatic External Defibrillators) Location Interactive Tool being updated on monthly basis**
- **Interactive tool developed to support Frequent Caller Activity**
- **Interactive tool developed to support HEMs Activity**
- **Out of Hospital Cardiac Arrest Report for 2017/18 being finalised including patient outcomes to support Community Resuscitation Strategy including new dashboard presentation output**

The Information Team has developed a suite of reports to support performance management which includes daily, weekly, monthly analysis of operational performance; hospital turnaround times; non-emergency transportation etc. These are shown in the Operations section of this Report. Clinical indicators are available in the Medical Directorate's section. Assurance in the area of IG is sought through the Information Governance Steering Group, chaired by DOF&ICT as SIRO with Medical Director as Caldicott Guardian. Minutes are reported to Assurance Committee.

**INFORMATION GOVERNANCE SUMMARY OF FREEDOM OF INFORMATION, GENERAL DATA PROTECTION REGULATIONS
(SUBJECT ACCESS), PSNI REQUESTS AND SOLCITOR ENQUIRIES PROCESSING LEVELS**

Summary 2018/19 requests compared with same period in 2017/18:

	April 18 – Dec 18	April 17 – Dec 17	% Increase / (Decrease)
1 Freedom of Information Requests Received	163	119	37%
1a Freedom of Information Questions Received	528	464	13.7%
2 General Data Protection Regulations, Subject Access Requests Received	49	24	104%
3 Police Service of Northern Ireland Requests Received	350	338	3.5%
4 Solicitor Enquiries Requests Received	439	485	-10.5%
Total (1a) not included in Count	1001	966	3.6%

1 **FREEDOM FOR INFORMATION ACT (2000) – REQUESTS FOR INFORMATION – 01/04/2018 to 31/12/2018**

Freedom of Information Act (2000) relates to any information held in an electronic or manual format and can be accessed by anyone who requests it. Exemptions are limited and unless they specifically apply, information must be released. Personal information is accessible using the General Data Protection Regulations (see following).

2018-19 Data

Freedom of information	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total Dec-18	Total Dec-17
Number of Requests Received	19	6	26	24	15	12	31	20	10				163	119
Number of Questions Received	67	18	74	49	61	31	115	80	33				528	464
Completed Requests processed within 20 days or less	11	5	23	21	11	10	23	20	9				133	76
Completed Requests exceeding 20 days	6	1	2	2	2	2	3	0	0				18	32
REQUESTS Still Being Processed (within 20)	0	0	0	0	0	0	0	0	1				1	
REQUESTS Still being processed (outside 20)	1	0	0	1	2	0	5	0	0				9	
Stood Down	1	0	1	0	0	0	0	0	0				2	
Number of Records Fully Disclosed	44	17	69	42	33	29	79	78	31				422	
Vexatious Requests	0	0	0	0	0	0	0	0	0				0	
Number of Records for which records not held	3	1	0	4	0	2	0	0	0				10	
Requests where exemptions wholly/partially applied	0	0	0	0	0	0	2	2	1				5	
Questions stood down	5	0	5	0	0	0	0	0	0				10	
QUESTIONS Still Being Processed (within 20)	0	0	0	0	0	0	0	0	1				1	
QUESTIONS Still Being Processed (outside 20)	15	0	0	3	28	0	34	0	0				80	
Referrals for Independent Review	0	0	0	0	0	0	0	0	0				0	
Appeals to the Information Commissioner	0	0	0	0	1	0	0	0	0				1	

%age completed within 20 working days	
Apr '18 - Dec '18	81.60%
Apr '17 - Dec '17	63.87%

Requestor Type

Member of Public	3	1	9	8	3	6	15	5	6				56	
Local Government	1	0	0	0	0	0	1	0	0				2	
Staff Member	2	3	10	10	6	4	6	4	2				47	
Media	3	0	3	2	1	2	4	1	0				16	
Student	2	0	0	0	0	0	0	0	0				2	
Commercial Company	2	1	2	2	3	0	3	3	0				16	
Solicitor	0	0	0	0	0	0	0	0	0				0	
WhatDoTheyKnow.com	5	1	2	2	2	0	2	6	1				21	
NHS	0	0	0	0	0	0	0	0	1				1	
Trade Union	0	0	0	0	0	0	0	1	0				1	

Data will be subject to amendments.

2. DATA PROTECTION ACT 1998/GENERAL DATA PROTECTION REGULATIONS – SUBJECT ACCESS MONITORING

The Data Protection Act 1998 (replaced with the General Data Protection Regulations/DPA 2018 on 25 May 2018) allows an individual to have the right to see and/or receive a copy of personal data held about them on both electronic and manual records and to have any incorrect data amended or deleted.

Processing (Subject Access) for the Period 01/04/2018 to 31/12/2018

General Data Protection Regulations/Data Protection Act 2018 – Subject Access	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 18 – Dec 18	April 17 – Dec 17
Number of Requests Received	2	3	8	2	9	6	6	7	6				49	24
Completed Requests processed within 40 days or less (from 25 May 2018 standard is 30 days)	2	1	5	2	7	4	5	5	2				33	19
Completed Requests exceeding 40 days (from 25 May 2018 standard is 30 days)	0	1	1	0	1	2	1	0	0				6	3
Requests still being processed in line with 40 days (from 25 May 2018 standard is 30 days)	0	0	0	0	0	0	0	0	0				0	0
Outstanding Requests exceeding 40 days (from 25 May 2018 standard is 30 days) and still being processed	0	1	1	0	1	0	0	2	4				9	0
Identity Not Confirmed/Fee Not Received and therefore could not be further processed	0	0	1	0	0	0	0	0	0				1	1
Patient	2	1	1	1	0	3	1	1	3				13	9
NIAS Staff Member	0	0	1	0	3	2	4	4	3				17	7
External Agency ie Solicitor acting on behalf of patient/staff	0	1	6	1	6	1	1	2	0				18	5
Relative of Patient	0	1	0	0	0	0	0	0	0				1	0

- There are a number of DPA requests from 2017/18 that remain outstanding relating to staff requests for disciplinary files, HR records etc - these are currently being prioritized.

3 **POLICE SERVICE OF NORTHERN IRELAND REQUESTS – Police Acts, Common Law 01/04/2018 to 31/12/2018**

Purpose: for the prevention, investigations and detection of crime; for apprehension and prosecution of offenders; or to prepare a file for Coroners Court etc.

Requests include the release of call incident logs, 999 calls, radio transmissions, staff names/shift patterns, Patient Report Form, and staff witness statements in line with legislative requirements to assist with PSNI investigations, for example, investigation of fatal road traffic collisions, murder enquiries, alleged assaults.

<i>Requests will relates and include the release of call incident logs, 999 call, staff names and shift patterns, Patient Report Form, staff witness statements in line with legislative requirements to assist with PSNI investigations for example, investigation of fatal road traffic collisions, murder enquiries, alleged assaults etc</i>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 18 – Dec 18	Apr 17- Dec 17
Number of Requests Received (based on receipt of correspondence date)	29	44	33	32	40	47	50	32	43				350	338

4 **SOLICITOR ENQUIRIES 01/04/2018 to 31/12/2018**

Requests for Information which fall under the remit of the Data Protection Act 1998/General Data Protection Regulations and/or Access to Health Records (NI) Order 1993.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 18 – Dec 18	Apr 17- Dec 17
Number of Requests Received (based on receipt of correspondence date)	56	39	47	44	54	58	58	56	27				439	485

5 DEPARTMENT OF HEALTH – REQUESTS FOR INFORMATION

Processing for the Period 01/04/2018 TO 31/12/2018

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr 18 – Oct 18
DHSSPS/AQ's/CORs/TOF's/INV's													
Assembly Questions (Oral)	0	0	0	0	0	0	0	0					0
Assembly Questions (Written)	0	0	0	0	0	0	0	0					0
CORs/SCORs Received	1	1	2	0	2	1	4	0					11
TOFs Received	0	0	0	0	0	0	0	0					0
INVs Received	0	0	0	0	0	0	0	0					0

As no Government is currently in operation within Northern Ireland, requests have been limited since March 2017.

18/19 - PRF v PATIENT NUMBERS COMPARISON

Summary

Month	Emergency Response(s) which arrived on scene	Patient Journeys where a patient has transported to a hospital	Number of PRF's completed for the treatment of a patient.	
		EmergencyRoutineTotal	Completed PRFs (Formic)	Difference between Emergency Responses and completed PRF'sDifference Patient Journeys and completed PRF's
April 2018	15611	1229834112639	14781	-830+2,142
May 2018	16710	1323835613594	15730	-980+2,136
June 2018	16172	1269434413038	15289	-883+2,251
July 2018	16117	1269433413028	14911	-1,206+1,883
August 2018	15862	1253931412853	15050	-812+2,197
September 2018	15881	1257733112908	14861	-1,020+1,953
October 2018	16414	1316637213538	15759	-655+2,221
November 2018	16561	1322932613555	15942	-619+2,387
December 2018	17217	1367923313912	12257	-4,960-1,655
January 2019		0		+0+0
February 2019		0		+0+0
March 2019		0		+0+0
Total	146545	1161142951119065	134580	-11,965+15,515

Please note figures for 2018/2019 are provisional and will rise as data processing is ongoing.

TB/07/02/2019/07

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE

Director of Human Resources and Corporate Services

(As at 31 December 2018)

Section 1: Human Resources & Corporate Services**HRCS KPI: Shaping & Developing Future Workforce (Workforce Information, Recruitment, Job Evaluation)****JOB EVALUATION - PARAMEDICS, RRV PARAMEDICS AND EMTS**

Further to the report to Trust Board in December 2015, NIAS has received Partnership correspondence from the Regional Quality Assurance (RQA) team advising that the RQA team had reached a conclusion “that the current banding levels ie: EMT (Band 4); Paramedic (Band 5) and RRV Paramedic (Band 5) remain unchanged”. This outcome requires to be validated by the RQA team through the production of a Job Evaluation report which remains outstanding from the RQA team. All affected staff were advised of the conclusion of the RQA team in December 2015 and will be formally notified of the outcome of their job evaluation process following completion of the Job Evaluation Report. Thereafter in line with due process they will have the right to request a review of the outcome. This process continues to sit out with the Trust; The Trust has recently written to the Regional JE Management and Trade Union Leads in relation to how they wish to move the process forward.

WORKFORCE INFORMATION

Monthly Corporate Workforce Information is published monthly in arrears; consequently the table below reflects the NIAS workforce position as at **31 December 2018**. This information is taken from HRPTS.

DECEMBER 2018	TRUST TOTAL	CX / BOARD	FINANCE / ICT	HRCS	MEDICAL	OPERATIONS
FUNDED (WTE) RECURRENT / (TEMPORARY FUNDING)	1,329.28 (46.00)	7.00 (0.00)	31.63 (4.00)	25.15 (11.00)	68.00 (15.00)	1,197.50 (16.00)
STAFF IN FUNDED POSTS (WTE) PERM STAFF / (TEMP STAFF)	1,247.80 (18.09)	1.00 *(6.00)	22.78 (1.00)	22.49 (2.37)	61.80 (2.00)	1,139.73 (6.72)
OVERALL VACANCY LEVELS (WTE)	-109.39	0.00	-11.85	-11.29	-19.20	-67.05

NB: The above figures do not include individuals who support ELD clinical programmes as required, nor individuals employed on Bank Contracts.

On the basis of the information above @ **31 December 2018**, the Trust has an overall vacancy level of **109.39** WTE posts.

*Non-Executives employed on a Fixed Term Contract.

Section 1: Human Resources & Corporate Services
HRCS KPI: Shaping & Developing Future Workforce (Workforce Information, Recruitment, Job Evaluation)
RECRUITMENT ACTIVITY

The following table provides a breakdown of frontline vacancies as at **31 December 2018** and provides related details on current recruitment activity, in line with operational directives.

Post	Funded Est (WTE)	Staff-in-Post (WTE)	Vacancy (WTE)	Bank Staff	Recruitment Activity	Current Trainees (WTE)	Date Next Training Cohort Due to Commence	Further Planned Training Cohorts
Station Supervisor	31.00	15.82	-15.18	0	No recruitment activity planned, due to issues, relating to the Station Supervisor model, which currently remain ongoing.	N/A N/A		N/A
Paramedic	320.40	304.52	-15.88	31	Opened ended qualified Paramedic recruitment campaign ongoing.	45 TBC		TBC
RRV Paramedic	85.20	66.20	-19.00	0	No recruitment activity planned.	0	N/A	N/A
EMT + Trainee EMT	301.40	315.15	None	6	Current active waiting list for Trainee EMT's. Further internal recruitment for Trainee EMT's due to commence January 2019, followed by external recruitment. Open ended recruitment for Qualified EMTs ongoing.	41	2 courses of 48 Students in total due to commence in May-19.	2 courses of 48 Students in total planned to commence Oct-19.
ACA (inc. PCS Sup.) + Trainee ACA	263.50	255.23	-7.27	2	External recruitment for Trainee ACA's planned to commence in February 2019.	19	1 course of 24 Students due to commence Jan-19.	1 course of 24 Students planned to commence Jun-19. 1 course of 24 Students planned to commence Oct-19.

Section 1: Human Resources & Corporate Services

HRCS KPI: Supporting Staff To Achieve High Quality Performance (Attendance Management)

CORPORATE ABSENCE REPORT (@ 31 DECEMBER 2018)

The Trust's sickness absence target for the current Reporting Year (2018/19), as advised by the Department of Health, is to show a 5% improvement on the 2017/18 absence levels, ie a reduction from 10.50% to 9.97%. Whilst monthly absence fell during October and November, absence rose again during December, consequently the Trust continues to remain off track to achieve its absence target.

2018/19 Monthly Sickness Absence including Comparators to Previous Reporting Year (2017/18)												
MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NIAS ABSENCE TARGET (2018/19)	REDUCE SICKNESS ABSENCE RATES BY 5% ON 2017/18 PERFORMANCE TO 9.97%											
NIAS cumulative % hrs lost (17/18)	8.18%	7.98%	8.11%	8.40%	9.00%	9.36%	9.60%	9.67%	10.14%	10.50%	10.57%	10.50% ⁴
NIAS monthly % hrs lost (17/18)	8.18%	7.82%	8.36%	9.30%	11.24%	11.25%	11.05%	10.13%	14.05%	13.55%	11.38%	10.83%
NIAS cumulative % hrs lost (18/19)	9.73%	9.88%	10.92%	11.33%	11.36%	11.52%	11.44%	11.25%	11.35%			
NIAS monthly % hrs lost (18/19)	9.73%	10.02%	13.09%	12.57%	11.50%	12.32%	11.05%	9.98%	12.09%			
Monthly % hrs lost (S/T)	2.65%	2.12%	3.41%	2.66%	2.49%	2.61%		2.81%	2.86%	3.38%		
Monthly % hrs lost (L/T)	7.08%	7.89%	9.66%	9.91%	9.01%	9.69%		8.24%	7.12%	8.72%		
Av. days lost (7.5 hrs) per Employee per Mth	1.97	2.24	2.54	2.68	2.55	2.38	2.47	2.13	2.32			
Av. NIAS cumulative costs (£'000)	£354	£360	£458	£441	£408	£412	£410	£405	£410			
NIAS CUMULATIVE % HRS LOST:	(2017/18) 10.59%					(2018/19 @ 31 December 2018) 11.35%				NOT ON TARGET		

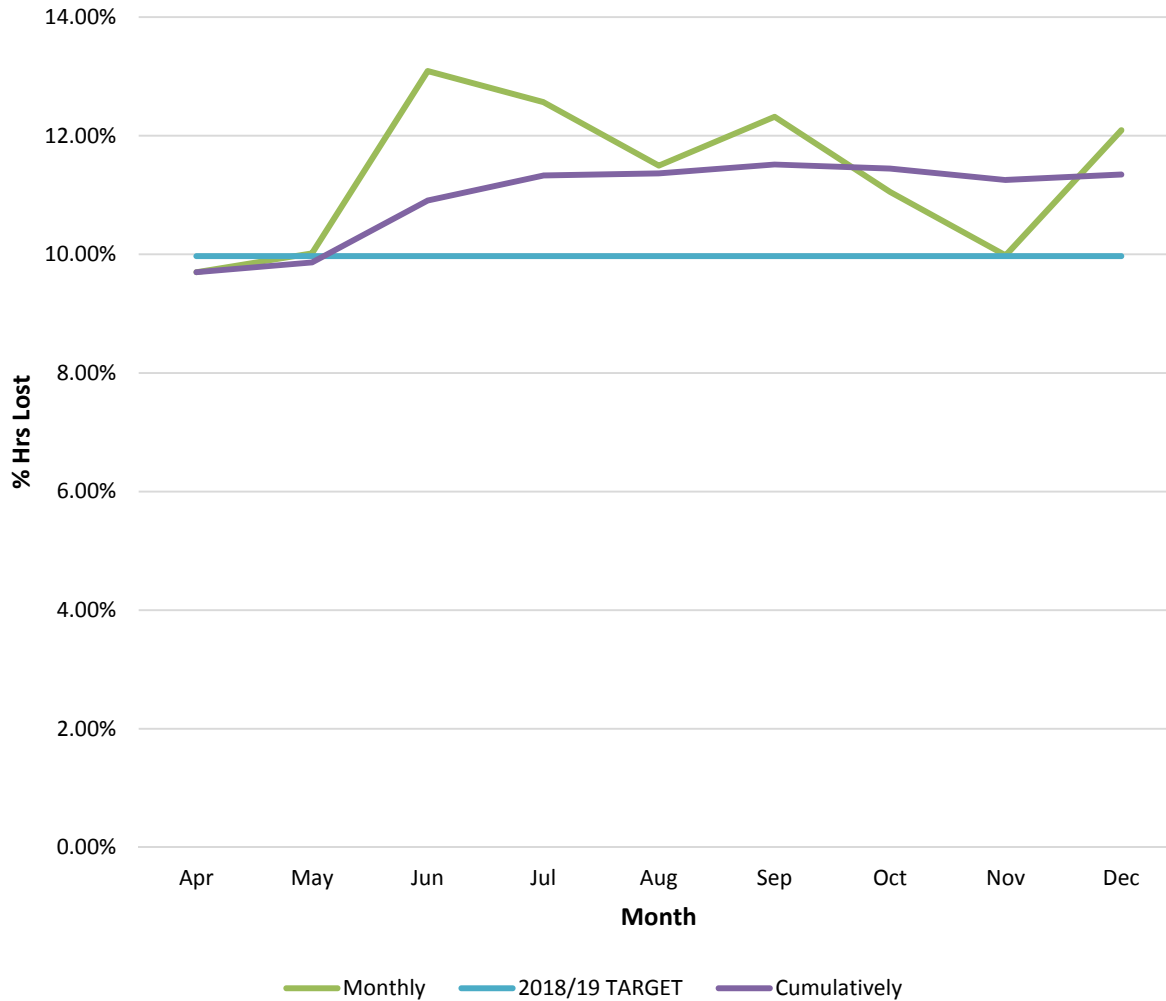
NB:(1) The Figures exclude Bank Staff and the Non-Executive Team; (2) The information is reported from HRPTS and, in line with HSC

regional reporting, is in % hours lost; (3) In respect of average days lost it should be noted that, whilst the majority of NIAS staff are shift workers (approx 88%), who mostly work 12 hour shifts, the HRPTS calculation automatically divides working days over a standard 5-day week (Monday – Friday, based on a 7.5 hr day). (4) 10.5% represents the final cumulative total for NIAS, as per the Regional HRPTS re-run absence figures, (as re-run in May 2018).

The Trust continues to take the following measures to address current levels of absence:

- Two Attendance Management improvement projects established under the Transformation & Improvement Collaborative.
- Recruitment initiated for HR Lead for Attendance Management.
- BSO Internal Audit completed audit of compliance with current Attendance Management Policy/Procedure and recommendations to be taken forward.
- AACE associate completed a review of attendance management and related practices and recommendations to be taken forward.
- Flu vaccination campaign commenced at the end of October 2018 – 48.4% of frontline staff received vaccination through NIAS peer vaccination programme as at 31 December 2018.
- Workstreams under Health & Well-Being Programme ongoing including: Unison Partnership Project; Peer Support Project; Health & Wellbeing workshops for staff.
- Collaborative working within regional HSC on Attendance Management workstreams.

Comparison of % Hrs Lost due to Sickness Absence



ABSENCE CATEGORIES / REASONS WITH MORE THAN 1% ABSENCES (APR – DEC 18) INCLUDE:

Mental Health	27.38%
Other Reasons	24.52%
Back problems + Injury / Fracture + Other Musculoskeletal problems	19.97%
Accident / Untoward Incidents at work	9.94%
Gastrointestinal problems	6.45%
Asthma, Chest, Resp.	2.47%
Tumours and Cancers	2.28%
Heart, Cardiac & Circulatory Problems	1.59%
ENT	1.01%

ABSENCE REASONS RECORDED WITHIN “OTHER REASONS” CATEGORY (APR – OCT 18) INCLUDE:

General Debility	58.10%
Hospital Investigation	13.06%
Post Surgery Debility	12.89%
Chronic Fatigue	4.70%

ABSENCE CATEGORIES WITH LESS THAN 1% ABSENCES (APR – DEC 18) INCLUDE:-

Burns/Poisoning/Frostbite/Hypothermia; Dental/Oral Problems; ENT Problems; Endocrine/Glandular Problems; Eye Problems; Genitourinary & Gynaecological Conditions; Headache/migraine; Infectious Diseases; Influenza; Nervous System Disorders; Pregnancy related; Skin Conditions; Substance Abuse; Viral Illness.

Section 1: Human Resources & Corporate Services

HRCS KPI: Supporting Staff to Achieve High Quality Performance (to promote a culture of performance management, developing sound systems for managing performance and underperformance issues effectively and constructively)

England Ambulance Services	April 2018	May 2018	June 2018	July 2018	August 2018	Sept 2018	Nov 2018	Dec 2018
East Midlands Ambulance Service NHS Trust	4.85%	4.72%	5.07%	5.47%	5.66%	5.45%	Not available at time of print	Not available at time of print
East of England Ambulance Service NHS Trust	5.68%	5.54%	5.67%	5.84%	5.88%	6.06%		
Yorkshire Ambulance Service NHS Trust	5.66%	5.23%	5.15%	5.09%	5.43%	5.29%		
South Central Ambulance Service NHS Foundation Trust	4.96%	5.13%	5.68%	6.18%	6.49%	6.24%		
London Ambulance Service NHS Trust	4.99%	5.02%	5.31%	5.20%	5.42%	5.20%		
S/East Coast Ambulance Service NHS Foundation Trust	4.84%	4.41%	4.34%	4.87%	4.86%	5.20%		
North East Ambulance Service NHS Foundation Trust	6.40%	6.01%	6.18%	6.11%	6.00%	5.63%		
North West Ambulance Service NHS Trust	5.33%	5.36%	5.20%	5.45%	5.68%	5.78%		
West Midlands Ambulance Service NHS Foundation Trust	3.36%	3.25%	3.10%	3.28%	3.26%	2.97%		
South Western Ambulance Service NHS Foundation Trust	4.58%	4.57%	4.61%	5.02%	5.31%	5.32%		
<i>By Staff Group - Ambulance</i>	5.10%	4.90%	5.03%	5.19%	5.41%	5.31%		
<i>By Organisation Type - Ambulance</i>	5.01%	4.89%	4.98%	5.18%	5.34%	5.26%		
	2017/18							
Scottish Ambulance Service	7.67%							
	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	2017	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18	Oct-Dec 18
Welsh Ambulance Service	6.30%	6.90%	7.40%	6.80%	8.10%	7.50%	Not available at time of print	
Information Source:								
1. NHS Digital (www.digital.nhs.uk)								
2. IDS Scotland (www.isdscotland.org)								
3. Stats Wales (www.statswales.gov.wales)								

Section 1: Human Resources & Corporate Services
HRCS KPI: Complaints and Compliments

The following tables show the number of complaints / compliments received from April 2018 and the associated timescales for processing of same.

Total complaints received to date: 96						For same period last year:				104						
HANDLING TIMES OF COMPLAINTS FOR 2018-19																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2017-2018	
Complaints Received	8	12	7	4	29	11	9	13	3				96		133	100%
Total A&E & PCS Activity	27600	29922	28815	28405	28631	27842	29914	29544	28867				259540			
% Complaints/Activity	0.03%	0.04%	0.02%	0.01%	0.10%	0.04%	0.03%	0.04%	0.01%				0.04%			
Acknowledged within 2 working days	8	11	7	4	16	11	9	13	3				82	85%	133	100%
Acknowledged after 2 working days	0	1	0	0	13	0	0	0	0				14	15%	0	0.0%
Response within 20 working days	0	0	2	0	2	0	0	2	0				6	6%	29	22.0%
Response after 20 working days	4	0	0	0	0	0	1	0	0				5	5%	30	23.0%
Complaints Investigations ongoing	4	12	5	4	27	11	8	11	3				85	89%	74	55.0%
Cases referred to NI Ombudsman (cases ongoing)	0	0	2	1	1	0	0	0	0				4		3	

NATURE OF COMPLAINTS RECEIVED 2018-19															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017-18	%	2017-2018
Staff Attitude	3	2	3	0	9	3	3	5	1				29	30%	52 39%
Ambulance Late/No Arrival	1	4	1	3	11	6	3	6	1				36	38%	43 32%
Quality of Treatment & Care	4	5	0	1	7	2	2	0	0				21	22%	24 18%
Suitability of Equip/Vehicle	0	0	0	0	0	0	0	0	0				0	0%	2 2%
Other	0	1	3	0	2	0	1	2	1				10	10%	12 9%
Patient Property	0	0	0	0	0	0	0	0	0				0	0%	0 0%
TOTAL	8	12	7	4	29	11	9	13	3	0	0	0	96		133

COMPLIMENTS RECEIVED 2018-19															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018-19		2017-18
RECEIVED	25	17	11	17	15	22	23	30	19				179		298
SERVICE AREA OF COMPLIMENTS RECEIVED															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018-19	%	2017-18
Accident & Emergency	24	14	10	15	14	21	22	25	17				162	90.5%	274 92%
Control	1	0	1	2	1	0	0	4	0				9	5.0%	14 5%
Patient Care Service	0	3	0	0	0	0	1	1	0				5	2.8%	6 2%
Voluntary Car Service	0	0	0	0	0	0	0		0				0	0.0%	0 0%
Other	0	0	0	0	0	1	0		2				3	1.7%	4 1%
TOTAL	25	17	11	17	15	22	23	30	19	0	0	0	179		298

Section 1: Human Resources & Corporate Services						
HRCS KPI: Supporting Trust Priorities						
CLOSED COMPLAINTS: NOVEMBER / DECEMBER 2018						
First received	Opened	Closed	Specialty admitted	Subject (CH8)	Description	Outcome
27/04/2018	27/04/2018	11/12/2018	Accident and Emergency	Quality of Treatment & Care	Patient was administered an incorrect drug via incorrect route. Adverse effect on patient reported. Patient wishes incident to be recorded as a formal complaint. Matter will be investigated via the Serious Adverse Incident (SAI) procedure.	Complaint upheld. The investigation has shown that the patient was not treated in line with clinical guidelines. SAI conducted. Full letter of explanation issued with apology.
21/11/2018	21/11/2018	21/11/2018	Patient Care Services	Transport, Late or Non-arrival/Journey Time	PCS ambulance failed to show up to collect elderly patient for an important appointment.	Complaint not upheld. GP Provided incorrect address for patient. Apology given for distress caused and explanation given.
16/08/2018	16/08/2018	13/11/2018	Accident and Emergency	Staff Attitude/Behaviour	Concerns of video circulating on social media involving a crew member that complainant states was 'dangerous unprofessional and illegal'.	Complaint upheld. The behaviour of both members of staff demonstrated poor judgement, and they have been reminded of their responsibilities in relation to Ambulance Service Code of Conduct and HCPC Professional Standards. However, the IO is satisfied that this incident did not involve a delayed response to a call or place a member of the public at risk. No NIAS resources were damaged as a result of the crew's actions.
02/08/2018	02/08/2018	02/11/2018	Emergency Ambulance Control	Transport, Late or Non-arrival/Journey Time	Concerns that no ambulances were available in her area after two separate incidents within days of each other. Would like assurances around ambulance provision in that area.	Complaint upheld. At the time of the 999 calls, demand for ambulances was high and resources were limited in this area. Ambulance Control were having to carefully prioritise ambulances based on clinical need.
23/02/2018	23/02/2018	02/11/2018	Accident and Emergency	Quality of Treatment & Care	Complainant has raised concerns around how her late mother was treated by a NIAS paramedic before she passed away suddenly from aneurysm.	Complaint not upheld. Based on the initial complaint, details from the call and the interviews and written statements from the crew, the investigating Officer has concluded there is no case to answer against the crew. A letter of condolence and explanation was issued.

First received	Opened	Closed	Specialty admitted	Subject (CH8)	Description	Outcome
25/06/2018 25/06/2018	18	28/11/2018	Accident and Emergency	Staff Attitude/Behaviour	Complainant suffered head injury at work and is unhappy with comments that the crew member stated regarding complainants injury. Did not offer to take to patient to A&E.	Complaint upheld. The paramedic accepts that he attempted to use humour on the call that was misinterpreted and inappropriate. The paramedic sincerely apologises for the incident.
15/02/2018	15/02/2018	12/11/2018	Accident and Emergency	Quality of Treatment & Care	Patient is unhappy with treatment from crew, stating that crew member was asking personal questions to his children and that she was undermining his diagnosis at one stage 'did not believe him'.	Complaint not upheld. Investigation and information shows that the complainant was aggressive to the crew and they withdrew from the call.
02/11/2018 02/11/2018	18	27/11/2018	Accident and Emergency	Transport, Late or Non-arrival/Journey Time	Complainant unhappy with response time of emergency ambulance. Waited over 3 hours.	Complaint upheld. Letter of apology and explanation for ambulance delay. The delay was due to the high volume of calls at that time.
29/05/2018	29/05/2018	02/11/2018	Accident and Emergency	Quality of Treatment & Care	Parent has raised concerns as a RRV paramedic who arrived to treat his daughter did not recognise that the young girl had a badly broken leg.	Complaint upheld. Letter of apology and explanation issued. The paramedic's examination of the patient appears to have not been as effective as it should have been. The family have requested to meet with the investigating Officer to discuss the complaint further. Meeting with family has been arranged.
16/08/2018 16/08/2018	18	13/11/2018	Accident and Emergency	Staff Attitude/Behaviour	Complainant has raised concerns around a popular video that has been circulating on social media that was allegedly made by a NIAS staff member.	Complaint upheld. The behaviour of both members of staff demonstrated poor judgement, and they have been reminded of their responsibilities in relation to Ambulance Service Code of Conduct and HCPC Professional Standards. However, the IO is satisfied that this incident did not involve a delayed response to a call or place a member of the public at risk. No NIAS resources were damaged as a result of the crew's actions.

First received	Opened	Closed	Specialty admitted	Subject (CH8)	Description	Outcome
20/08/2018	20/08/2018	13/11/2018	Accident and Emergency	Staff Attitude/Behaviour	Complainant has raised concerns around a video that has been circulating on social media that she feels was 'dangerous' and 'juvenile'. Questions also whether a road traffic offence has been committed.	Complaint upheld. The behaviour of both members of staff demonstrated poor judgement, and they have been reminded of their responsibilities in relation to Ambulance Service Code of Conduct and HCPC Professional Standards. However, the IO is satisfied that this incident did not involve a delayed response to a call or place a member of the public at risk. No NIAS resources were damaged as a result of the crew's actions.
25/04/2018	25/04/2018	14/11/2018	Accident and Emergency	Quality of Treatment & Care	Complaint in relation to the management of a patient's tracheostomy. Patient feels that paramedic was not fully aware of how to manage the call. The complainant also questioned the quality of the ambulance equipment and how often it is tested.	Complaint not upheld. The investigation has shown that the crew acted appropriately throughout the call. There is no evidence to suggest that any equipment in the ambulance was defective.
01/09/2017	01/09/2017	13/11/2018	Patient Care Services	Transport, Late or Non-arrival/Journey Time	Complaint regarding late arrival of PCS Ambulance for elderly frail patient. Patient was late for outpatient appointment as a result and ambulance crew said they would wait on patient whilst at appointment, however when he returned the crew had left.	Complaint upheld. Patient was late as crew were delayed with difficult morning appointment. Ambulance was again delayed on return pickup due to pressures on that day.
02/11/2018	02/11/2018	02/11/2018	Non-Emergency Ambulance Control	Transport, Late or Non-arrival/Journey Time	Concerns about the delay of non-emergency transport.	Complaint upheld. Letter of apology issued. The letter explained why the ambulance was delayed and outlined the non-emergency booking process, as requested.



Northern Ireland Ambulance Service Health and Social Care Trust

www.nias.hscni.net