Northern Ireland Ambulance Service Health and Social Care Trust

A Meeting of Trust Board to be held at 2.00pm
Thursday, 01 February 2018, NIAS HQ Boardroom, Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG

Welcome, Introduction and Format of Meeting   Paper Enclosed

1.0   Apologies

2.0   Procedure: Declaration of potential Conflict of Interest:
Quorum:

3.0   Minutes of the previous meeting of the Trust Board held 07 December 2017 (for approval and signature)   TB01//02/2018/01

4.0   Matters Arising
4.1

5.0   Chairman's Business

5.1   Chairman's Update

6.0   Chief Executive's Business

6.1   Chief Executive's Update

7.0   Performance Report as at 30 October 2016

7.1   **Highlight Reports by each Director**:
Operations   TB01/02/2018/02
Finance   TB01/02/2018/03
Human Resources   TB01/02/2018/04
Medical   TB01/02/2018/05
Risk Register   TB01/02/2018/06

8.0   Items for Approval

8.1   Briefing Note Charitable Funds   TB01/02/2018/07
8.2
8.3
8.4

9.0   Items for Information/Noting

9.1   Mid-Year Assurance Statement – Final   TB01/02/2018/08
9.2   Audit Committee Minutes 15/06/2017   TB01/20/2018/09
9.3   Audit Committee Minutes 12/10/2017   TB01/02/2018/10
9.4   Assurance Committee Minutes 02/11/2017   TB01/02/2018/11

10.0   Forum for Questions

11.0   Any Other Business

12.0   Summary & Forward Agenda

Next meeting of Trust Board will be held on Thursday, 12th April 2018 @ 2.00 pm, Southern Division (Venue to be confirmed)

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

Meeting to be held on Thursday 01 February 2018, 2:00pm at Ambulance Headquarters, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8SG

TB/01/02/2018/01

Minutes of Trust Board
Thursday 7 December 2017, 2.00pm
The Lodge Hotel, Coleraine

Present:

Mr P Archer	Chairman
Mr W Abraham	Non-Executive Director
Mr S Devlin	Chief Executive
Mrs S McCue	Director of Finance & ICT
Ms M Lemon	Interim Director of HR & Corporate Services
Dr N Ruddell	Interim Medical Director

In Attendance:

Mr J Wright	Assistant Director of Operations, Control & Communications
Ms H Coard	Senior Secretary
Ms M Smith	Senior Secretary

1.0 Apologies

The following apologies were noted:

Dr J Livingstone	Non-Executive Director
Mr A Cardwell	Non-Executive Director
Mr B McNeill	Director of Operations

2.0 Procedure: Declaration of potential Conflict of Interest / Pecuniary Interest / Quorum

The Chairman made a declaration that he has recently been appointed aTrustee on the Board of St John's Ambulance, he noted that this would only pose a conflict of interest on occasions when matters relating to St John's Ambulance where discussed by the Board. The Board was confirmed as quorate.

3.0 Minutes of the previous meeting of Trust Board held on 17 August 2017

The Minutes were approved on the proposal of Mr W Abraham, seconded by Mr T Haslett.

4.0 Matters Arising

4.1 Update on Fixed Wire Testing Exercise

The Chairman requested an update on the outcome of the fixed wire testing exercise which took place at NIAS HQ on Wednesday 18 October 2017. This exercise afforded NIAS the opportunity to test contingency plans for the control room in the event of a catastrophic failure of electrical systems at HQ as well as fixed wire testing of the Control Room and NIAS HQ.

The exercise proved to be successful and the Board noted that NIAS will be required to perform fixed wire testing again within the next five to ten years.

5.0 Chairman's Business

5.1 Chairman's Update

The Chairman gave an outline of his activities and meetings attended since his last report, highlighting the following:

- Meeting with Chair of Audit Committee
- Visit to Broadway and Bangor Ambulance Stations
- Attended AACE conference with Chief Executive, NIAS
- Attended dinner with former NI Assembly Minister for Finance
- Attended Chairs Forum, CIPFA Conference?
- Remuneration Committee
- Regular one to one performance review meetings with NIAS Chief Executive

6.0 Chief Executive's Business

6.1 Chief Executive's Update

Mr S Devlin outlined his activities and meetings attended since the last Trust Board, highlighting the following:

- NIAS hosted the Transformation Implementation Group where a presentation was given in respect of the new Clinical Response Model (CRM) proposed by the recent Demand and Capacity Review, this was followed by a meaningful and useful discussion.
- Meeting with Dalriada Urgent Care to discuss their approach in respect of the provision of an Out of Hours Service.
- Received notification from RQIA that improvement notices on Broadway and Bangor Ambulance Stations had been removed. Notices' in respect of governance issues will remain in place to January 2018, this is to allow adequate time for NIAS to develop and implement good governance practices in respect of Infection Prevention Control (IPC).
- Attended a World Quality Day event, this was a small but informative and useful gathering.
- Association of Ambulance Chief Executives (AACE) Council Meeting, this provided important information in respect of the Programme for Improvement in the NHS which will be very valuable to NIAS.

7.0 Performance Report as at 30 October 2017

7.1 Highlight Reports by Each Director

Operations Directorate

Mr J Wright, Assistant Director of Operations, Control, provided an update to Trust Board, highlighting the following:

- Call taking performance continues to meet standards required for NIAS to be recognised by IAED as an Accredited Centre of Excellence.
- Emergency call activity continues to rise with an increase of 3.8% over the same period in 2016
- NIAS continue to maintain their Emergency Medical Dispatcher (EMD) Awards Scheme, with certificates and badges being awarded for high compliance 999 calls and for calls with exemplary customer service. Other awards are for Baby Born, Cardiac Life Saver & Non Cardiac Life Saver. During September and October 2017 a total of 14 awards were received by EMD staff these included 2 Gold Awards for 999 High Compliance, 2 Gold Awards for Exemplary Customer Service and 2 Baby Born Awards.
- EAC Call Taking Contingencies – NIAS EAC currently have a Memorandum of Understanding or buddy system with the Scottish Ambulance Service (SAS) EAC to take each other's call overflows during exceptionally busy periods as part of their contingency planning. The Board noted that NIAS EAC had taken an exceptional amount of SAS EAC calls recently.
  NIAS are also planning a forthcoming meeting with the National Ambulance Service (NAS) in the Republic of Ireland (ROI) to discuss the potential for a similar arrangement to that with the SAS EAC. This would be in addition to agreed joint working arrangements that are already in place in respect of Border areas between Northern Ireland and the ROI.
- Recent increases in hospital turnaround times both in Northern Ireland and across the wider NHS Trusts' were highlighted as a current and ongoing issue that is having a significant impact performance statistics. This is due to unprecedented winter pressures this year, a number of measures have already been put in place to provide relief, these include increased HALO hours in Belfast, South East, South and North Divisions with a new HALO Service also being in the Western Division.
- Winter Pressures Proposals – NIAS submitted a Winter Pressures proposal paper to the Department for their consideration on 9 November. The Proposals were approved in their entirety, by the Department on 1 December 2017. Actions are currently ongoing to implement these proposals in a timely manner.
- Fleet – Commissioning of PCS Vehicles has experienced some delays due to Mobile Data Terminal (MDT) equipment issues, these issues are expected to be resolved soon.
- Estate – Handover of the new Enniskillen Ambulance station completed on 10 November 2017. Due to some major snagging issues Staff were working out of temporary accommodation. Many of the bigger snagging issues have now been resolved and staff have moved into the new station. Works on minor snagging issues are currently ongoing.

Finance & ICT Directorate

Mrs S McCue, Director of Finance provided an update to Trust Board, highlighting the following:

- Financial Breakeven – The Trust is currently reporting a small surplus of £5k for the seven months ending 31 October 2017, subject to key risks and assumptions. Breakeven at end March 2018.
- Budget savings have been made by delayed spending in some areas; expectations are that we will make savings by recurrent means.

- The Trust has received a revised Capital Resource Limit of £8.27 million (previously £7.72 million) The adjustments to the CRL allocation include an increase for enhancements of Omagh and Strabane ambulance stations. The majority of this budget is allocated to Fleet and Estate. Expenditure at 31 October 2017 was £1.84 million, the majority of this budget allocation is scheduled for expenditure in the last quarter of the 2017-18 financial year.
- Compliance with prompt payment of invoices is currently 94.7%, the target for prompt payment is 95%.
- Information Technology Systems – On 18 October 2017, NIAS conducted fixed wire testing exercise of NIAS HQ Data centre and equipment room, to facilitate this a full decamp of Emergency Ambulance Control (EAC) to the designated short term contingency site at the Resource Management Centre took place. Months of planning took place prior to the exercise which was recorded by the Emergency Planning Team as a full test of the business continuity plan for EAC.
- IT Systems Development – A project to replace the Mobile Data System (MDT) which transmits data from the command and control system to the ambulance is now at the Tender evaluation stage.
  A Business Case to implement the Regional Electronic Management Communications Hub (REACH) has been formally approved. A number of stakeholder workshops are ongoing to assist in the development of the user specification and all related procurement documentation.
  Cyber Security – NIAS IT Team are working collaboratively with the other five Trusts in Northern Ireland on an ongoing basis to research and implement a best practice approach in this area.
- Information Governance – An action plan to address outstanding items from the Control Assurance Exercise in 2016/17 is currently being developed. This work continues to be a priority for the Trust.
  Information Requests have increased in comparison to the same period in 2016. The excessive nature of recent information requests has led to some non-compliance with response times.

Human Resources Directorate
Ms M Lemon, Acting Director of HR&CS provided an update to Trust Board, highlighting the following:

- Recruitment Activity – The Trust Board noted that all recruitment for NIAS is now managed externally by BSO.
- Sickness Absence – The Trust Board were provided an overview of sickness absence by category and Division for the year to date a summary of ongoing work to address high levels of sickness absence was provided. The Board agreed that a further in depth discussion of work in this area would be put on the Agenda for the next Trust Board Workshop which is scheduled for Friday 19 January 2018.
- Flu Vaccine – NIAS have set a target for 40% of frontline staff to be vaccinated against flu this winter. To help facilitate that target, a number of Paramedics where trained to give the flu vaccine and are setting up vaccination clinics at various ambulance stations across Northern Ireland. To date 22% of front line staff have been vaccinated.
- Complaints – NIAS have recently been non-compliant in meeting the required deadlines for responding to complaints due to competing priorities for Area Managers. This was discussed at the Senior Operations Team Meeting on Wednesday 22 November 2017 and the policy and procedures for complaints handling is currently under review.
- The Trust Board discussed a recent complaint in respect of the perceived misuse of NIAS Fleet Vehicles after they have been disposed off by NIAS, they requested

that this issue was discussed further and an update provide at the next Trust Board Meeting on Thursday 1 February 2018.

- Education and Learning – The Trust Board were provided an overview of progress to date on the Paramedic Foundation Degree project. NIAS Training Team are currently working collaboratively with the University of Ulster to draft proposed modules for the program.
- Transformation Improvement Collaborative (TIC) – 14 projects are currently being progressed which largely focus on improvement. One such project was the implementation of the Clinical Support Desk (CSD); the paramedic CSD went operational on 2 October 2017. The initial results from outcome data for the month of October are encouraging and in line with national averages when compared to other Ambulance Services throughout the UK.
- Following the success of NIAS' inaugural Leadership conference on 22 September 2017, plans are progressing to host another conference in 2018.

Action: Sickness absence processes to be tabled for discussion at next Trust Board Workshop on Friday 19 January.

Medical Directorate

Dr N Ruddell, Interim Medical Director provided an update to Trust Board, highlighting the following:

- Emergency Planning and Business Continuity (EP&BC) – The Emergency Planning Team continues to participate in major incident planning and multi-agency exercises, the team recently attended a course organised by the National Interagency Liaison Officers (NILO) in early October 2017.
- Incident Reporting – A review of the Incident Report Procedure is ongoing and is expected to complete in Q4 of 2017/18. The Appointment of a Datix Administrator is September 2017 has relieved some pressure from the Risk Manager. Plans are also underway for the recruitment of an Infection Prevention Control (IPC) Lead and a Health & Safety Lead.
- Clinical Care - Infection Prevention Control (IPC) – the majority of the RQIA Improvement notices in relation to Broadway and Bangor Stations have been removed; two notices in relation to Governance will remain in place to end January in order to allow adequate time to implement and review best practice IPC processes. The Board also noted that the Trust are progressing options for vehicle cleaning both in the short and long terms.
- The 2017 "Restart a Heart Day" which was scheduled on 16 October was significantly impacted by Storm Ophelia, which resulted in the closure of schools across Northern Ireland, NIAS was therefore unable to provide planned training.
- Helicopter Emergency Medical Service (HEMS) Activity Report – The HEMS continues to be a success. Statistical data on activity reflects some issues with Key Performance Indicator (KPI) 2 time targets are dependent on how far the incident is from the HEMS base. Data categories will be reviewed. The Board noted that the control desk for HEMS will be moving to NIAS Control Room in the near future.
- The Board noted the Emergency Planning Report for the period September to October 2017.

8   **Items for Approval**

There were no items for approval.

9   **Items for Information/Noting**

9.1 Annual Trust Quality Report

NIAS Annual quality Report for the year ended 31 March 2017 was published in November 2017. Report highlights included data on cardiac care incidents, the Board noted consistently high quality in response times to cardiac incidents. Average time from the initial 999 call being received to the patient receiving treatment at hospital was 108 minutes.

Trust Board agreed this was an excellent Report and suggested that the Trust issue a press release regarding the statistics included in the Report and to increase the Report's profile.

9.2 Mid-Year Assurance Statement

Trust Board noted the Mid-Year Assurance Statement which was approved by the Audit Committee at their meeting on Thursday 12 October 2017. The Chairman discussed an ongoing matter being dealt with by the Remuneration Committee in respect on the paragraph on Succession Planning on the final page of the statement. A letter to the Department of Health is currently being drafted for signature by the Chairman prior to issue.

Action: HR Directorate to draft letter to the DOH in relation to Succession Planning in respect of the Mid-Year Assurance Statement for signature and issue by the Chairman.

9.3 Financial Memorandum / Management Statement

The Trust submitted an updated version of the Financial Memorandum between the Department of Health (DOH) and NIAS. This Memorandum is similar to those held between all the Health Trusts' and the DOH, the first part of the document is a Financial Memorandum and the second part of the document lays out a Management Statement. There have been minimal amendments since it was last circulated to the Trust Board at their meeting on 5 October 2017 were it was approved 'In Committee'.

Trust Board noted that the Financial Memorandum would be published on 14 December. Trust Board also acknowledged the usefulness of this document as a reference for members particularly as part of their induction packs.

9.4 Assurance Committee Minutes 31 August 2017

The Assurance Committee Minutes were noted.

9.5 Proposed Trust Board Schedule for 2018

The Trust Board Schedule of meetings for 2018 was noted.

9.6 PPI Film (ML)

Trust Board watched a short film produced by NIAS Training Centre in respect of Personal Performance Interviews, they noted this was used in training to NIAS standards for engaging with people.

10 Application of Trust Seal

10.1 NIAS reported the application of the Trust Seal to the following documents:
- Deed of transfer and conveyance of land at Tyrone County Hospital – signed and sealed 14 September 2017
- Access Road Agreement for land at Tyrone County Hospital – signed and sealed 14 September 2017
- Contract documentation for work at Altnagelvin Communications Room modular building – signed and sealed 20 November 2017
- Contract documentation for the relocation of Enniskillen Station's modular building and garage – signed and sealed 20 November 2017
- Lease (renewal) for Newcastle Ambulance Station – signed and sealed 29 November 2017

11   Forum for Questions

No questions had been tabled.

12   AOB

No further items were discussed under AOB.

13   Summary & Forward Agenda

No items raised.

Date, Time and Venue of Next Meeting

The next scheduled Trust Board meeting will be held on **Thursday 1 February 2018 @2pm in Belfast Area. Location to be confirmed.**

Signed: _____ **Dated:** _____
     (Chairman)

TB/01/02/2018/02

TRUST BOARD REPORT

OPERATIONAL DIRECTORATE

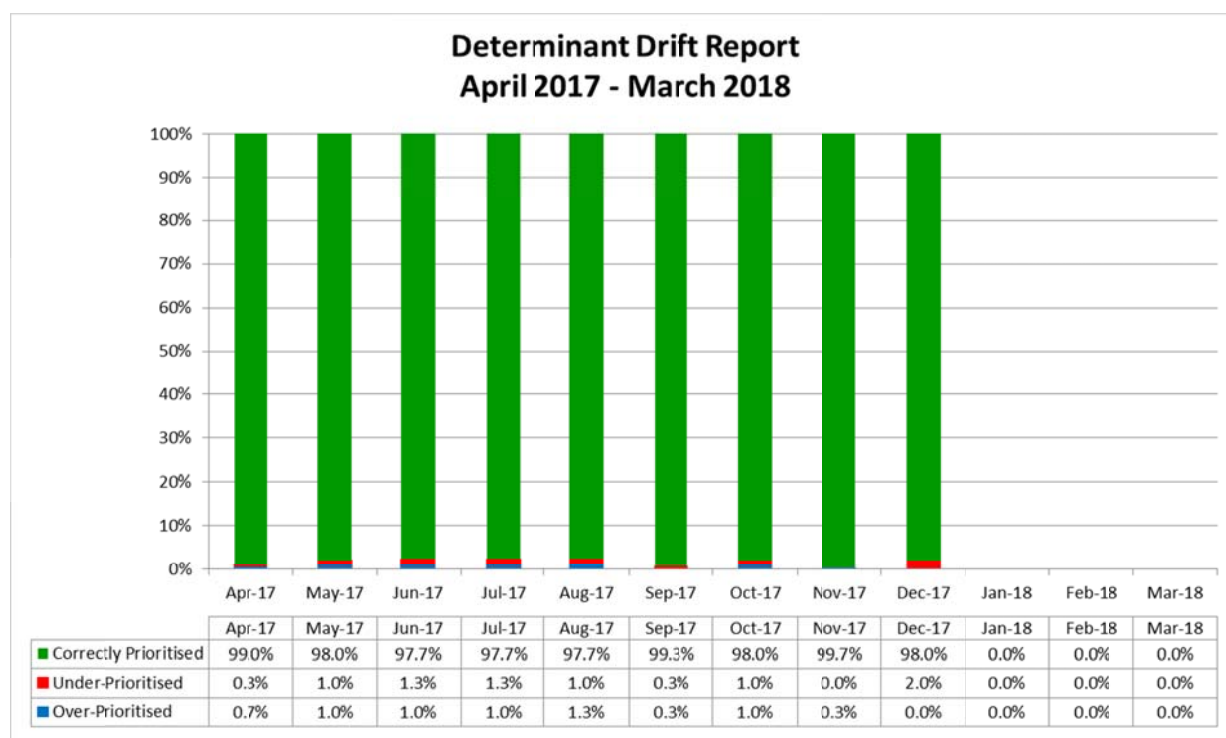**Reporting to 31 DECEMBER 2017**

PERFORMANCE ANALYSIS AND REPORT

Emergency and Non-Emergency Control Centres

Key performance indicator: No more than 5% of calls audited should be either 'under' or 'over' prioritised.

NIAS is committed to reviewing a percentage of 999 calls in line with annual call volume. For 2017-18 this equates to approximately 2.58% of 999 calls or approximately 70 calls per week.

Calls are measured across seven areas including customer service and final coding to ensure the highest standards of patient care are provided.

The monthly determinant drift report below indicates whether the audited calls have been 'over' or 'under' prioritised. NIAS has consistently been well within this target.

Determinant Drift Report
April 2017 - March 2018

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Correctly Prioritised	99.0%	98.0%	97.7%	97.7%	97.7%	99.3%	98.0%	99.7%	98.0%	0.0%	0.0%	0.0%
Under-Prioritised	0.3%	1.0%	1.3%	1.3%	1.0%	0.3%	1.0%	0.0%	2.0%	0.0%	0.0%	0.0%
Over-Prioritised	0.7%	1.0%	1.0%	1.0%	1.3%	0.3%	1.0%	0.3%	0.0%	0.0%	0.0%	0.0%

In October 2016, following extensive training, the Medical Priority Dispatch System (MPDS) protocols used to triage 999 calls including the associated software ProQa Paramount, were upgraded to the latest available versions.

ProQa Paramount allows for more "intelligent" instructions, tools and expanded capabilities. Combined with MPDS v13.0, these form the single most significant change in 999 triage within NIAS since the initial implementation of MPDS over 10 years ago and enhances the role of the Emergency Medical Dispatchers (EMDs) as an integral and critical component in the patient care chain of survival.

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 year 2017-18 to date. A number of calls are also under assessment for possible awards.

Type	Level	Nov & Dec 2017	Year to Date (Apr 17 – Mar 18)
999 High Compliance	Bronze	1	12
	Silver	0	4
	Gold	2	15
Exemplary Customer Service	Bronze	0	3
	Silver	0	8
	Gold	1	10
Baby Born		1	5
Cardiac Life Saver		0	0
Non-Cardiac Life Saver		1	1

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

In December we were faced with a significant increase in "999" call volume from the previous year and we answered a total of 24,020. Overall we saw an increase of 18.09% in "999" calls answered up from 20,340 in December 2016.

Month	Year 2014-15	Year 2015-16	Year 2016-17	Year 2017-18
Apr	14988	16079	16321	17403
May	15433	16795	17437	18365
Jun	15911	16321	17030	17173
Jul	16633	16266	17773	18352
Aug	16244	16814	17728	18486
Sep	16244	15802	16803	17994
Oct	15803	16701	18282	18208
Nov	15860	16083	16979	18236
Dec	18088	18494	20340	24020
Jan	16590	16989	17630	
Feb	16138	16188	16181	
Mar	16872	17740	17523	
Total	**194804**	**200272**	**210027**	**168237**

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.

NIAS also are in constant contact with the other Emergency Services. In the period Apr 2017 until Dec 2017 The Northern Ireland Ambulance have responded to 58 requests from the Coast Guard, 1021 requests from the Fire Service and 12789 request from the PSNI.
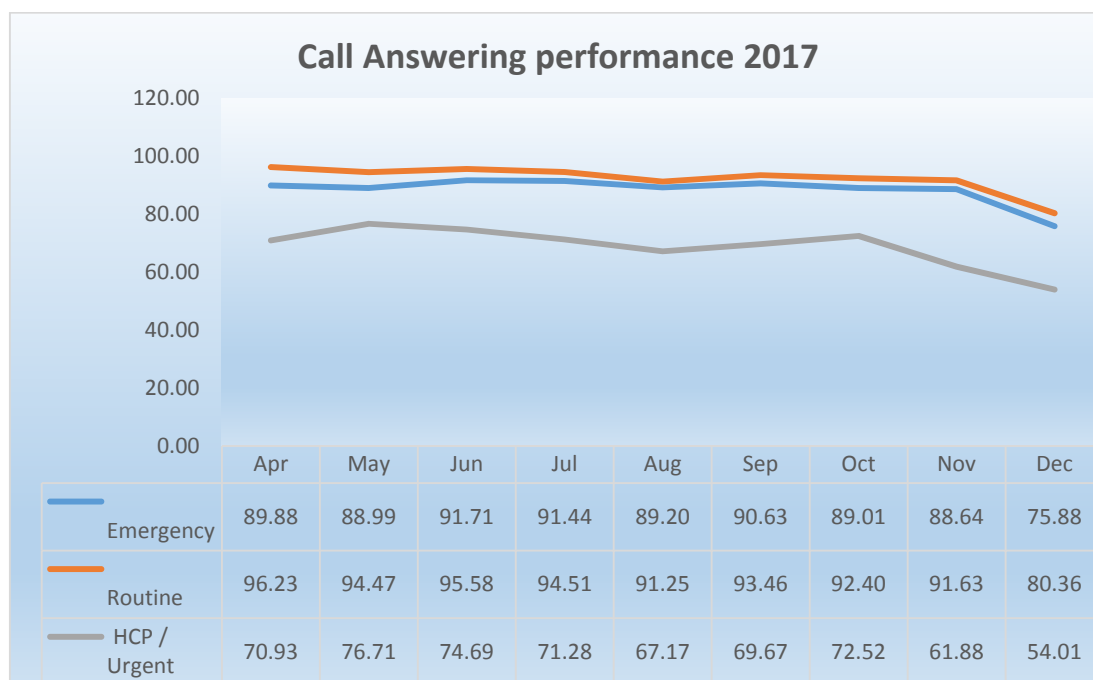
As part of contingency arrangements we answer "999" calls from Scotland as part of the Buddy arrangement. This December over the festive period (18/12/17- 03/01/18) we answered a total of 313 calls with the peak number (104) answered on 1st JAN).

999 Call Answer Times

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 2017 and an increase in the average percentage time to answer Emergency calls.

Call Answering performance 2017

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Emergency	89.88	88.99	91.71	91.44	89.20	90.63	89.01	88.64	75.88
Routine	96.23	94.47	95.58	94.51	91.25	93.46	92.40	91.63	80.36
HCP / Urgent	70.93	76.71	74.69	71.28	67.17	69.67	72.52	61.88	54.01

- 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.

- 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.

RESPONSE TIME PERFORMANCE REPORT

For April to December 2017

Summary of Trends:

1. **Cumulative NI Cat A performance from April - December 2017 = 47.5% (3.3% decrease for same period last year 50.9%)**

2. **Average response time across Northern Ireland for Cat A response in December 2017 was 16 minutes 10 seconds.**

3. **Cumulative Cat A Responses from April to December 2017 has increased by 1.4 % = 605 responses for the same period last year.**

4. **Total cumulative Emergency Call demand for April to December 2017 (including Cat HCP activity) has increased by 7.4% = 1456 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. Long delays evident over the Christmas and New Year period at the Ulster Hospital and other sites**

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
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
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

Performance Against Each KPI by Local Commissioning Group – Summary per month April 2017 to December 2017

KPI - From April 2017 to March 2018 – Cat A CUMULATIVE Position for April 17 to December 17												
LCG	Apr 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 17	Feb 18	Mar 17	2017/18
Belfast	61.5%	63.7%	66.2%	66.1	65.3	64.7%	63.9%	63.3%	60.3%				
South Eastern	43.3%	42.3%	44.7%	44.6	43.8	43.6%	43.7%	43.6%	41.0%				
Northern	41.0%	42.2%	42.9%	42.9	42.7	42.6%	42.5%	42.3%	40.5%				
Southern	44.5%	45.7%	45.5%	44.0	43.1	43.0%	42.5%	42.0%	40.5%				
Western	54.3%	55.4%	55.6%	54.7	53.5	53.5%	53.3%	53.6%	52.7%				
Northern Ireland	49.4%	50.5%	51.7%	51.2	50.5	50.3%	50.0%	49.7%	47.5%				

KPI - From April 2017, 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) – MONTHLY												
LCG	Apr 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 17	Feb 18	Mar 17	2017/18
Belfast	61.5%	65.7%	71.2%	66.0	62.1	62.0%	59.3%	58.7%	41.2%				
South Eastern	43.3%	41.2%	49.8%	44.3	40.7	42.7%	43.9%	43.1%	24.8%				
Northern	41.0%	43.2%	44.4%	42.7	42.2	41.6%	41.8%	41.2%	29.5%				
Southern	44.5%	46.9%	45.1%	39.4	39.5	42.2%	40.3%	38.2%	31.2%				
Western	54.3%	56.5%	56.0%	52.0	48.6	53.5%	51.9%	55.8%	47.2%				
Northern Ireland	49.4%	51.6%	54.2%	49.7	47.6	50.3%	48.1%	47.7%	34.6%				

KPI - 95% of Cat A have a conveying resource <21min – MONTHLY												
LCG	Apr 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 17	Feb 18	Mar 17	2017/18
Belfast	77.0%	74.0%	77.9%	75.0	78.8	74.9%	74.4%	71.7%	67.8%				
South Eastern	67.3%	69.3%	71.2%	73.5	66.4	66.5%	68.6%	73.4%	61.2%				
Northern	73.9%	72.1%	72.1%	74.9	73.4	72.3%	73.7%	62.3%	52.5%				
Southern	69.5%	68.7%	70.7%	66.9	64.9	65.8%	68.1%	65.5%	60.9%				
Western	78.0%	78.5%	76.6%	85.0	73.3	73.9%	75.0%	80.3%	68.8%				
Northern Ireland	73.4%	72.6%	73.9%	74.9	72.0	71.1%	72.2%	70.5%	62.4%				

KPI - 95% of Category B Response <21 mins - MONTHLY												
LCG	Apr 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 17	Feb 18	Mar 17	2017/18
Belfast	79.0%	81.5%	85.1%	82.0	77.8	78.2%	80.4%	76.4%	54.0%				
South Eastern	73.3%	72.7%	79.5%	71.8	70.1	68.7%	75.9%	68.1%	51.5%				
Northern	74.7%	74.9%	79.5%	74.8	73.1	75.5%	73.4%	74.0%	54.6%				
Southern	76.9%	77.3%	79.5%	73.3	67.3	71.4%	71.6%	70.9%	57.1%				
Western	81.8%	83.3%	83.4%	76.1	78.1	78.7%	77.4%	82.2%	68.2%				
Northern Ireland	77.0%	78.0%	81.5%	75.9	73.6	74.7%	75.9%	74.3%	56.6%				

KPI - 95% Category C Non- Health Care Professional <60mins - MONTHLY												
LCG	Apr 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 17	Feb 18	Mar 17	2017/18
Belfast	82.4%	83.5%	89.7%	87.3	81.8	83.4%	89.3%	79.2%	65.4%				
South Eastern	84.8%	86.5%	91.2%	83.1	84.3	82.9%	89.2%	80.1%	59.4%				
Northern	91.6%	87.9%	91.2%	88.7	92.0	87.5%	92.4%	90.9%	76.6%				
Southern	89.7%	88.8%	90.0%	87.0	87.2	89.9%	90.9%	91.3%	84.0%				
Western	92.2%	94.4%	92.0%	93.5	90.9	88.8%	92.5%	92.1%	83.8%				
Northern Ireland	87.9%	87.8%	90.7%	87.8	86.8	86.3%	90.8%	86.4%	74.2%				

KPI - Category Health Care Professional (formally GP Urgent) within agreed target of either 1, 2, 3, 4, hours (measured against first response at scene												
LCG	Apr 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 17	Feb 18	Mar 17	2017/18
Belfast	70.8%	64.1%	69.8%	72.6	63.2	61.2%	57.4%	50.8%	43.0%				
South Eastern	68.8%	66.3%	65.3%	70.9	61.9	61.5%	60.3%	48.0%	36.8%				
Northern	66.2%	65.7%	62.0%	62.0	55.6	58.2%	62.2%	63.1%	46.0%				
Southern	67.5%	64.3%	62.2%	59.8	59.0	54.9%	60.7%	52.5%	55.1%				
Western	64.7%	68.0%	70.6%	63.7	59.3	63.3%	61.7%	63.2%	52.6%				
Northern Ireland	67.9%	65.5%	65.9%	66.4	59.9	59.8%	60.3%	55.4%	45.8%				

NIAS - KPI - REGIONAL AND LCG AREA DECEMBER 2017

	Belfast	South Eastern	Northern	Southern	Western	NI
95% of Cat B Resps in 21 mins	54.0%	51.5%	54.6%	57.1%	68.2%	56.6%
95% Cat C Non HCP in 60 mins	65.4%	59.4%	76.6%	84.0%	83.8%	74.2%
% Cat C HCP in agreed target	43.0%	36.8%	46.0%	55.1%	52.6%	45.8%
% Cat A Resps in 8 mins	41.2%	24.8%	29.5%	31.2%	47.2%	34.6%
95% Cat A have Convey Resource in 21 mins	67.8%	61.2%	52.5%	60.9%	68.8%	62.4%
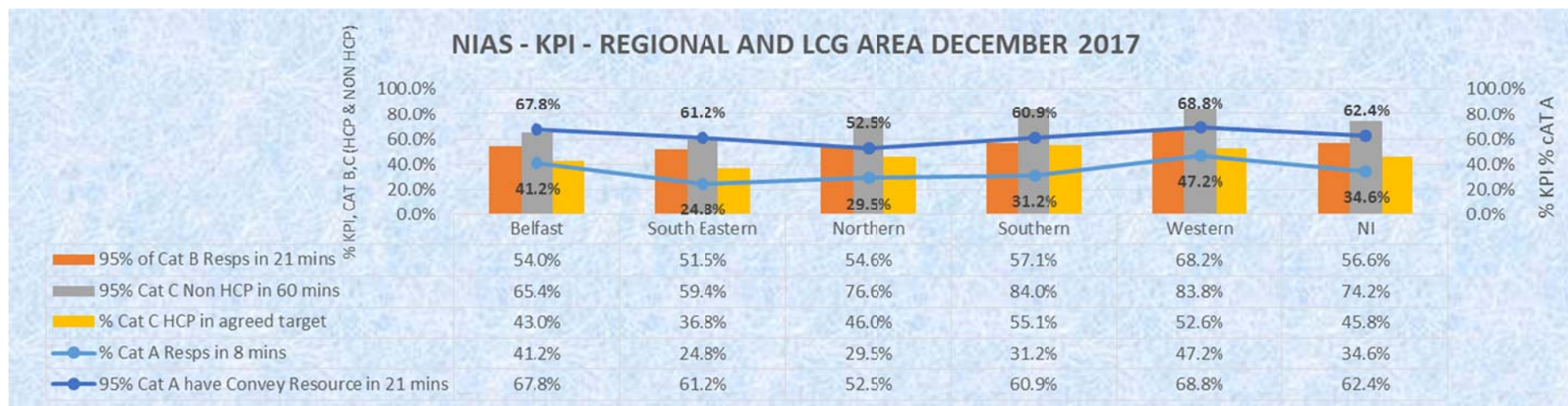
DEMAND COMPARISON DECEMBER 2017 v DECEMBER 2016 FOR 999 CALLS AND CARD 35 HCP ACTIVITY

NIAS - 999 Calls including Card 35 HCP Journeys Dec17 and Dec16

	NI	Belfast	S Eastern	Northern	Southern	Western
Dec17 Actual	18,523	4,465	3,382	4,625	3,108	2,943
Oct16 Actual	18,097	4,517	3,217	4,377	3,164	2,822
% Growth since Oct 16	2.4%	-1.2%	5.1%	5.7%	-1.8%	4.3%
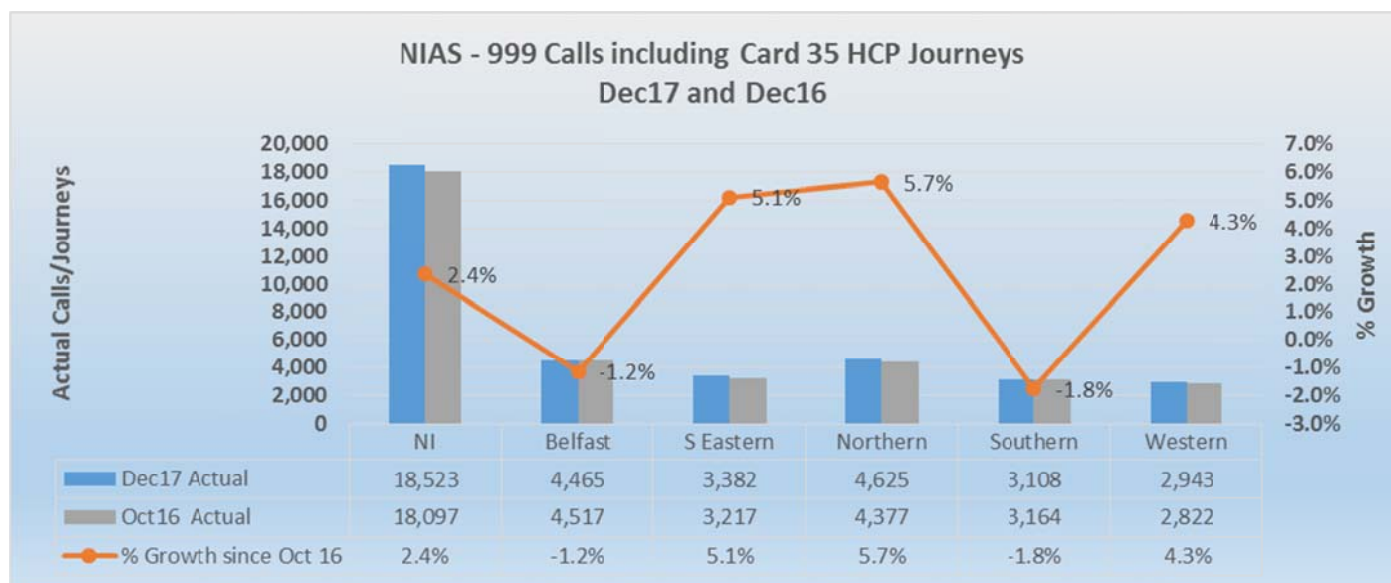
DEMAND COMPARISON BY MONTH FOR 2017/18 v 2016/17 FOR 999 CALLS AND CARD 35 HCP ACTIVITY

MONTH	Belfast LCG		South Eastern LCG		Northern LCG		Southern LCG		Western LCG		Northern Ireland	
	2017-18	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18	2016-17
Apr 17 (Actual)	4,312	4,486	3,130	2,961	4,164	3,960	2,897	2,823	2,721	2,589	17,224	16,819
% Change 16v17	-3.9%		5.7%		5.2%		2.6%		5.1%		2.4%	
May 17 (Actual)	4,820	4,648	3,235	4,414	4,414	4,137	3,081	3,004	2,894	2,701	18,444	17,554
% Change 16v17	3.7%		5.6%		6.7%		2.6%		7.1%		5.1%	
Jun 17 (Actual)	4,495	4,429	3,066	3,135	4,293	4,021	2,961	2,897	2,660	2,558	17,475	17,040
% Change 16v17	1.5%		-2.2%		6.8%		2.2%		4.0%		2.6%	
Jul 17 (Actual)	4,502	4,506	3,149	3,246	4,387	4,220	2,976	2,863	2,853	2,737	17,867	17,572
% Change 16v17	-0.1%		-3.0%		4.0%		3.9%		4.2%		1.7%	
Aug 17 (Actual)	4,625	4,484	3,229	3,225	4,201	4,099	2,936	2,899	2,768	2,796	17,759	17,503
% Change 16v17	3.1%		0.1%		2.5%		1.3%		-1.0%		1.5%	
Sept 17 (Actual)	4,658	4,435	3,264	2,924	4,101	4,105	2,943	2,926	2,702	2,508	17,668	16,898
% Change 16v17	5.0%		11.6%		-0.1%		0.6%		7.7%		4.6%	
Oct 17 (Actual)	4,668	4,651	3,259	3,261	4,438	4,501	3,136	3,182	2,802	2,767	18,303	18,362
% Change 16v17	0.4%		-0.1%		-1.4%		-1.4%		1.3%		-0.3%	
Nov 17 (Actual)	4,651	4,446	3,370	3,155	4,229	4,266	3,039	2,998	2,714	2,648	18,003	17,513
% Change 16v17	4.6%		6.8%		-0.9%		1.4%		2.5%		2.8%	
Dec 17 (Actual)	5,402	5,015	3,842	3,518	5,236	4,805	3,568	3,448	3,255	3,058	21,303	19,844
% Change 16v17	7.7%		9.2%		9.0%		3.5%		6.4%		7.4%	
Jan 17 (Actual)												
% Change 16v17												
Feb 17 (Actual)												
% Change 16v17												
Mar 17 (Actual)												
% Change 16v17												

Key Performance Indicator: Ambulance Turnaround at Emergency Departments within 30 minutes – DEC 17 V DEC 16

Lost NIAS Hours due to Out of Standard Ambulance Turnaround Times
(December 2017 and December 2016 OOS > than 30 mins)
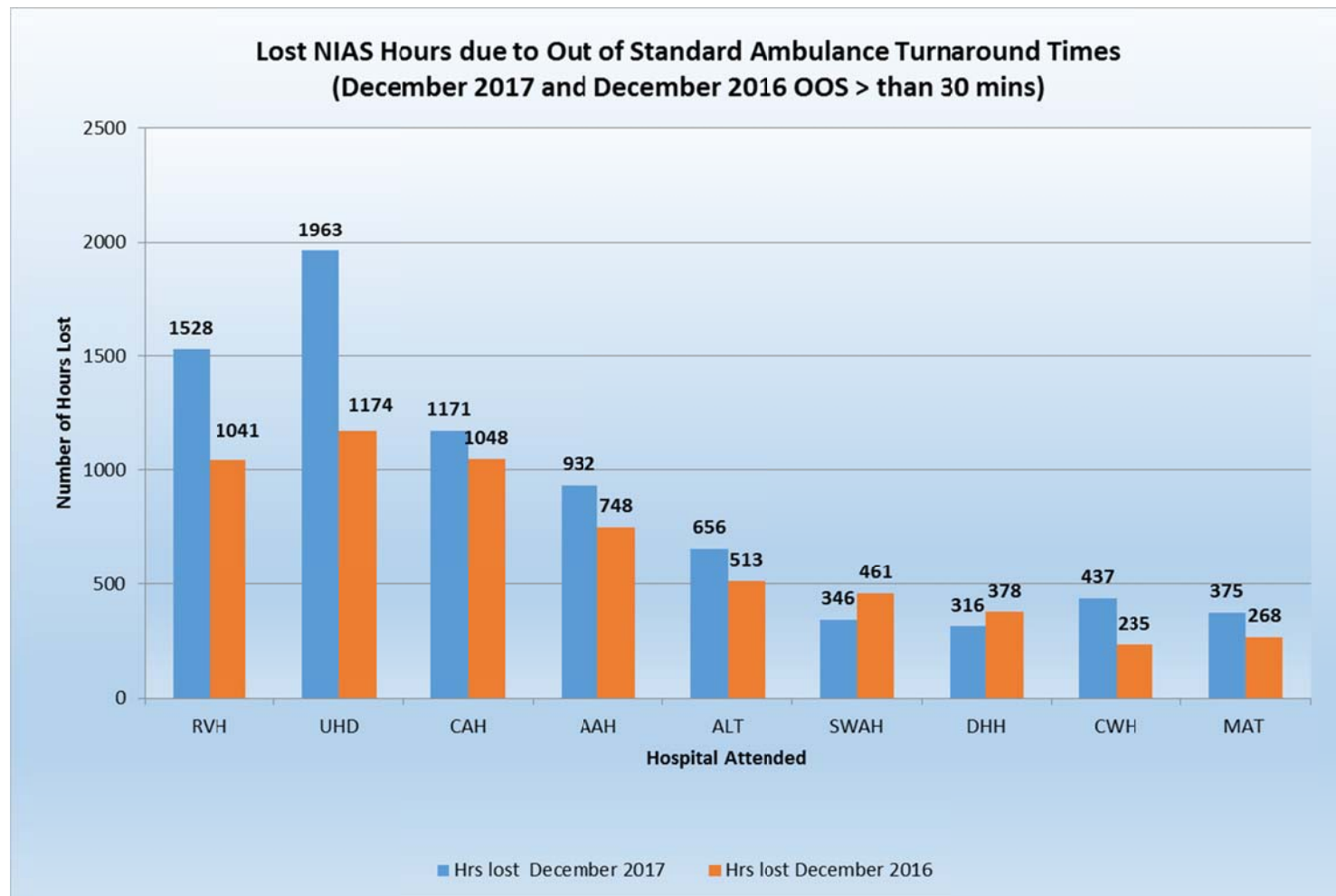
Key Performance Indicator: Provide non-urgent transport of patients across Northern Ireland through its Patient Care Service (PCS) to locally agreed specifications

	NEAC BOOKINGS AND JOURNEYS - DECEMBER 2017					
Bookings	**LCG AREA**	**Belfast**	**South Eastern**	**Northern**	**Southern**	**Western**	**NI**
	Dec-17	2416	1674	6872	4584	3545	**19091**
	Dec-16	2374	1975	6938	5117	3688	**20092**
	% Change	1.8%	-15.2%	-1.0%	-10.4%	-3.9%	**-5.0%**

	LCG AREA	**Belfast**	**South Eastern**	**Northern**	**Southern**	**Western**	**NI**
Completed Journeys	**Dec-17**	1708	1098	5212	3403	2632	**14053**
	Dec-16	1448	1325	5471	4082	2927	**15253**
	% Change	18.0%	-17.1%	-4.7%	-16.6%	-10.1%	**-7.9%**

	Journey Type	**Outpatient**	**Discharge**	**Transfer**	**Admission**	**Second Crew**	**Home Assessment**	**Total**
Completed Journeys	**Dec-17**	10727	2271	902	150	3	0	**14053**
	Dec-16	12598	1834	634	168	9	10	**15253**
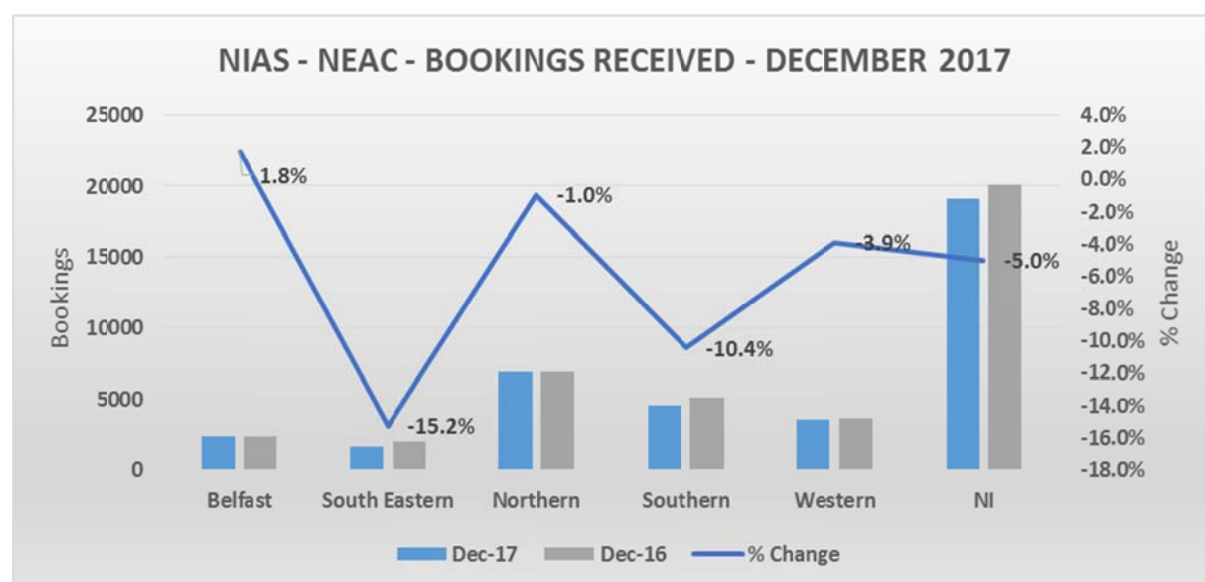
Dec 17

REGIONAL CATEGORY A PERFORMANCE: TOTAL NUMBER OF RESPONSES

NORTHERN IRELAND REGIONAL TOTAL

TOTAL NUMBER OF CATEGORY A RESPONSES	Number of Category A responses required to exceed Regional target (72.5%)
5875	4260

AVERAGE RESPONSE TIME [MM:SS]	
16:10	2226 responses below target

	BELFAST HSCT	SOUTH EASTERN HSCT	NORTHERN HSCT	SOUTHERN HSCT	WESTERN HSCT
Total number of Cat A responses	1495	1101	1361	1013	905
Number required to exceed LCG target (67.5%)	1010	744	919	684	611
Number of category A responses at scene within 8 mins	616 — 41.2%	273 — 24.8%	402 — 29.5%	316 — 31.2%	427 — 47.2%
	394 responses below target	471 responses below target	517 responses below target	368 responses below target	184 responses below target
Average response time [mm:ss]	15:17	19:00	17:13	15:57	12:50

REGIONAL CATEGORY A PERFORMANCE SUMMARY

Northern Ireland Ambulance Service Health and Social Care Trust
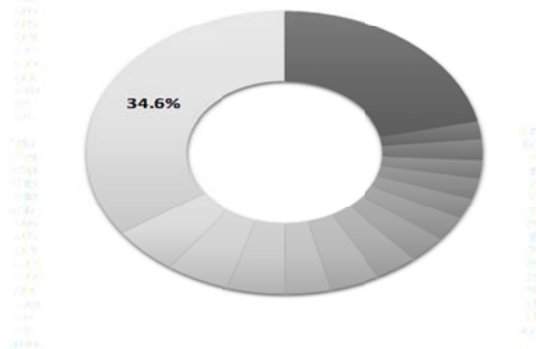
Category A Performance		%	Cumulative %
Within 8 minutes	2034	34.6%	34.6%
Within 8 - 9 minutes	319	5.4%	40.1%
Within 9 - 10 minutes	312	5.3%	45.4%
Within 10 - 11 minutes	277	4.7%	50.1%
Within 11 - 12 minutes	217	3.7%	53.8%
Within 12 - 13 minutes	244	4.2%	57.9%
Within 13 - 14 minutes	206	3.5%	61.4%
Within 14 - 15 minutes	182	3.1%	64.5%
Within 15 - 16 minutes	164	2.8%	67.3%
Within 16 - 17 minutes	141	2.4%	69.7%
Within 17 - 18 minutes	139	2.4%	72.1%
Within 18 - 19 minutes	121	2.1%	74.1%
Within 19 - 20 minutes	140	2.4%	76.5%
Within 20 - 21 minutes	118	2.0%	78.5%
Over 21 minutes	1261	21.5%	100.0%
Total	5875		

	BELFAST HSCT				SOUTH EASTERN HSCT				NORTHERN HSCT				SOUTHERN HSCT				WESTERN HSCT			
Response Time	N	%	Total	Response Time	N	%	Total	Response Time	N	%	Total	Response Time	N	%	Total	Response Time	N	%	Total
< 8 m	616	41.2%	41.2%	< 8 m	273	24.8%	24.8%	< 8 m	402	29.5%	29.5%	< 8 m	316	31.2%	31.2%	< 8 m	427	47.2%	47.2%
8 - 9 m	117	7.8%	49.0%	8 - 9 m	57	5.2%	30.0%	8 - 9 m	55	4.0%	33.6%	8 - 9 m	41	4.0%	35.2%	8 - 9 m	49	5.4%	52.6%
9 - 10 m	109	7.3%	56.3%	9 - 10 m	44	4.0%	34.0%	9 - 10 m	56	4.1%	37.7%	9 - 10 m	57	5.6%	40.9%	9 - 10 m	46	5.1%	57.7%
10 - 11 m	93	6.2%	62.5%	10 - 11 m	55	5.0%	39.0%	10 - 11 m	58	4.3%	42.0%	10 - 11 m	42	4.1%	45.0%	10 - 11 m	29	3.2%	60.9%
11 - 12 m	70	4.7%	67.2%	11 - 12 m	36	3.3%	42.2%	11 - 12 m	51	3.7%	45.7%	11 - 12 m	34	3.4%	48.4%	11 - 12 m	26	2.9%	63.8%
12 - 13 m	73	4.9%	72.1%	12 - 13 m	45	4.1%	46.3%	12 - 13 m	55	4.0%	49.7%	12 - 13 m	40	3.9%	52.3%	12 - 13 m	31	3.4%	67.2%
13 - 14 m	46	3.1%	75.2%	13 - 14 m	50	4.5%	50.9%	13 - 14 m	45	3.3%	53.0%	13 - 14 m	41	4.0%	56.4%	13 - 14 m	24	2.7%	69.8%
14 - 15 m	41	2.7%	77.9%	14 - 15 m	42	3.8%	54.7%	14 - 15 m	52	3.8%	56.9%	14 - 15 m	34	3.4%	59.7%	14 - 15 m	13	1.4%	71.3%
15 - 16 m	30	2.0%	79.9%	15 - 16 m	42	3.8%	58.5%	15 - 16 m	37	2.7%	59.6%	15 - 16 m	29	2.9%	62.6%	15 - 16 m	26	2.9%	74.1%
16 - 17 m	21	1.4%	81.3%	16 - 17 m	29	2.6%	61.1%	16 - 17 m	42	3.1%	62.7%	16 - 17 m	33	3.3%	65.8%	16 - 17 m	16	1.8%	75.9%
17 - 18 m	29	1.9%	83.3%	17 - 18 m	28	2.5%	63.7%	17 - 18 m	40	2.9%	65.6%	17 - 18 m	24	2.4%	68.2%	17 - 18 m	18	2.0%	77.9%
18 - 19 m	10	0.7%	83.9%	18 - 19 m	29	2.6%	66.3%	18 - 19 m	33	2.4%	68.0%	18 - 19 m	34	3.4%	71.6%	18 - 19 m	15	1.7%	79.6%
19 - 20 m	26	1.7%	85.7%	19 - 20 m	31	2.8%	69.1%	19 - 20 m	47	3.5%	71.5%	19 - 20 m	23	2.3%	73.8%	19 - 20 m	13	1.4%	81.0%
20 - 21 m	17	1.1%	86.8%	20 - 21 m	25	2.3%	71.4%	20 - 21 m	33	2.4%	73.9%	20 - 21 m	23	2.3%	76.1%	20 - 21 m	20	2.2%	83.2%
21 + m	197	13.2%	100.0%	21 + m	315	28.6%	100.0%	21 + m	355	26.1%	100.0%	21 + m	242	23.9%	100.0%	21 + m	152	16.8%	100.0%
Total		1495		Total		1101		Total		1361		Total		1013		Total		905	

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.

Fleet & Estate:

Fleet Section:

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.

- All conversions have been completed

- Commissioning of 2016/17 is nearing completion.

  - A&E commissioning is complete

  - 7 PCS, 2 cars going through commissioning.

- Conversions awarded for A&E and PCS for 2017/18

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

The percentages for non-emergency ambulances and Rapid response Vehicles will be addressed from April 2017 as the new vehicles are commissioned into service.

Compliance with the age of fleet key performance indicators is described in the following table:

Fleet Profile 2017/18	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
(% less than 5 yrs old)	**2017**										**2018**		
Emergency Ambulances	97.4	98.3	98.3	98.3	98.3	98.3	98.3	98.3	98.3	98.3			
Non-Emergency Ambulance	81.1	82.9	85.6	85.6	85.6	86.5	86.5	86.5	88.3	85.6			
Rapid Response Vehicles	71.4	71.4	76.2	79.1	81.4	81.4	81.4	81.4	86.0	88.4			
Support Vehicles	44.0	44.0	44.0	43.1	43.1	43.1	43.1	47.1	52.9	52.9			

Estate Section:

Objective 1: Commission and build a replacement Ambulance station in Enniskillen.

Key Performance Indicator: To deliver Project milestones as per plan

The new Enniskillen Station was handed over on 10 November 2017 and operational 4 December 2017.

Enniskillen modular moved to Omagh, refit is ongoing. This will enable PCS to move back into the station from leased property at Dromore Road. Land transfer has been agreed with Western Trust.

Objective 2: Build envelope around existing Communications in Altnagelvin.

Key Performance Indicator: To provide built structure around the existing modular building to protect communication equipment and prevent disruption of services.

Work has been completed, October 2017.

TB/01/02/2018/03

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

FINANCE DIRECTORATE

Director of Finance and ICT

December 2017 (Month 9)

FINANCIAL PERFORMANCE

Financial Breakeven

The Trust is currently reporting a small deficit of £1k for the nine months ending 31 December 2017 (Month 9), 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.

Financial position at the end of December 2017 (Month 9)

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		8,681	12,880	16,933	21,186	25,349	29,781	33,952	38,392			
Other Expenditure		2,071	3,004	4,284	5,831	7,787	8,918	10,311	11,483			
Expenditure Total		10,752	15,884	21,217	27,017	33,136	38,699	44,263	49,875	0	0	0
Income		73	99	136	292	394	511	660	700			
Net Expenditure		10,679	15,785	21,081	26,725	32,742	38,188	43,603	49,175	0	0	0
Net Resource Outturn		10,679	15,785	21,081	26,725	32,742	38,188	43,603	49,175	0	0	0
Revenue Resource Limit (RRL)		10,680	15,786	21,085	26,729	32,747	38,193	43,608	49,174			
Surplus/(Deficit) against RRL		1	1	4	4	5	5	5	(1)	0	0	0

NIAS Trust Board Budget Report at December 2017

(£ 000s)	FYB	YTD Budget	YTD Actual	YTD Variance
Chief Executive's Office				
Payroll	*153*	115	110	*5*
Non-Payroll	41	32	33	*(1)*
Chief Executive's Office Total	**194**	**147**	**143**	**4**
Director of Finance				
Payroll	1,580	1,225	1,199	*25*
Non-Payroll	675	501	499	*3*
Director of Finance Total	**2,255**	**1,726**	**1,698**	**28**
Director of HR				
Payroll	3,882	2,869	2,823	*46*
Non-Payroll	725	570	561	*9*
Director of HR Total	**4,607**	**3,440**	**3,384**	**55**
Dir of Ops (incl Divisions & RCC)				
Payroll	45,657	34,361	34,185	*177*
Non-Payroll	10,174	7,943	8,206	*(263)*
Dir of Ops (incl Divisions & RCC) Total	**55,831**	**42,304**	**42,390**	**(86)**
Medical Director				
Payroll	1,436	1,106	1,109	*(3)*
Non-Payroll	1,218	1,151	1,150	*1*
Medical Director Total	**2,655**	**2,257**	**2,259**	**(2)**
NIAS Total Payroll	**52,709**	**39,676**	**39,426**	**250**
NIAS Total Non-Payroll	**12,833**	**10,198**	**10,449**	**(251)**
NIAS Total	**65,543**	**49,874**	**49,875**	**(1)**

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.

Plans to stabilise the workforce and reduce the level of vacancies are well progressed and a full programme of recruitment and training is ongoing and further plans for the 2017/18 have been developed. Attendance management continues to be managed in line with the Trust's Health and Wellbeing Attendance Management Action Plan. Detailed monitoring of the budget and financial performance continues in conjunction with operational managers and the Senior Executive Management Team.

There are a number of income assumptions included in this financial position. These have largely been agreed for 2017/18. 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.

Budgets have been increased to reflect the increased employer national insurance costs from 2016/17. Further adjustments will be made during the year to reflect supported developments and the implementation of savings plans. Savings proposals to address a forecast £1.0m savings requirement in 2017/18 have been included in the Trusts planning assumptions.

Capital Spend

The Trust has received a revised indicative Capital Resource Limit (CRL) allocation of £6.48m (previously £8.27m). The adjustments to the CRL allocation reflect revised expenditure estimates for fleet and estate schemes and also a number of additions and revised estimates for ICT schemes. 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	0			
Estate	304	604	836	1,088	1,233	1,575	1,675	1,604	1,677			
Medical Equipment	0	0	0	0	0	0	0	0	0			
ICT Schemes	0	0	2	4	4	4	11	11	11			
General Capital	0	0	27	116	133	148	148	161	284			
Actual Spend	304	604	865	1,208	1,370	1,727	1,834	1,776	1,972	0	0	0
Original Forecast Profile of Expenditure	304	604	864	1,225	1,521	2,175	2,233	2,430	3,733	4,966	5,083	8,870
Revised Forecast Profile of Expenditure	304	604	865	1,208	1,370	1,727	1,834	1,776	1,972	3,470	3,880	6,477

Capital Expenditure
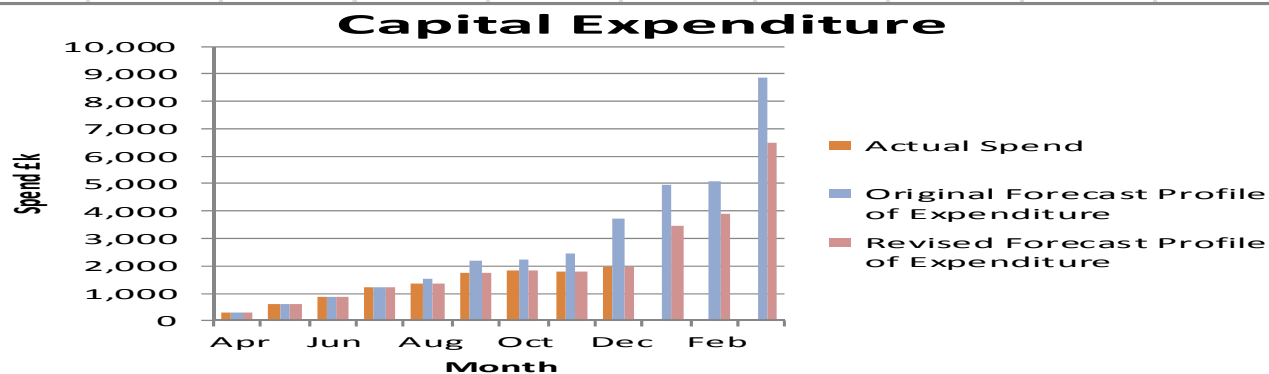
Prompt Payment of Invoices

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. The Trust is also engaging with BSO to review the calculation of prompt payment performance statistics.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Total bills paid	1,315	1,617	1,591	1,324	1,592	1,309	1,488	1,639	1,222				13,097
Total bills paid within 30 calendar days of receipt of undisputed invoice	1,288	1,519	1,483	1,269	1,524	1,253	1,337	1,446	1,132				12,251
% bills paid on time	97.9%	93.9%	93.2%	95.8%	95.7%	95.7%	89.9%	88.2%	92.6%				93.5%
Total bills paid within 10 working days (14 calendar days)	898	944	1,158	931	1,032	851	1,045	1,099	891				8,849
% bills paid on time	68.3%	58.4%	72.8%	70.3%	64.8%	65.0%	70.2%	67.1%	72.9%				67.6%

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.

6 November 2017   Telephony Fault

Emergency Ambulance Control call taker on one desk could not end incoming calls or put caller on hold. IT on-call diagnosed the fault as BT related to the call connect server. BT engineer attended site and fixed fault. One desk was effected for approximately 4 hours with minimum disruption to service.

27 November 2017 Radio Communications Fault

Both radio zones on the Digital Trunk Radio System dropped connectivity to desks in Emergency Ambulance Control resulting in loss of voice communications to Ambulance crews. IT On-Call diagnosed the fault as related to a background process application and applied a fix by restarting the application on all desks. All desks were effected for 2 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.

A project to replace the Mobile Data System which transmits data from the command and Control system to the Ambulance is now at tender evaluation stage.

A Business Case to implement an Electronic Patient report form system (EPRF) has been formally approved to proceed to procurement stage. This project will involve, through the project team, representatives across all directorates and a fuller appreciation of the costs involved will be provided through the procurement process. A number of workshops with stakeholders is ongoing to develop a user specification and all related procurement and contract documentation.

Cyber Security: NIAS has implemented Sophos antivirus and Sophos Intercept X which is an added layer of security aimed at preventing a zero day cyber-attack. These security tools are also used by the other five HSC Trusts in Northern Ireland. On-going engagement with HSC colleagues is helping to develop a regional plan and specific NIAS actions are being managed through the ISIG. Systems to advise HSC and other stakeholders of attempted unauthorised access to Corporate Networks are being reviewed at a regional level.

ICT Help Desk Performance

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

Target to Respond to 95%	Nov			Dec		
	No of Calls	Within time	Actual	No of Calls	Within time	Actual
Immediate	4	4	100%	0	0	0%
Urgent	42	42	100%	36	36	100%
High	12	12	100%	8	8	100%
Medium	480	466	97%	372	363	98%
Low	807	807	100%	543	543	100%
Total	1345			959		

ICT Planned Maintenance November 2017 – system upgrades Critical Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	
C3 A&E	740	4 Hours	1	No	These are business critical systems which manage front line resources and need to be available on a 24/7 365 basis.
C3 PCS	740	4 Hours	2	No	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.
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	0	No	
Voice Recorder	740	4 Hours	0.15	No	
Mobile Data	740	4 Hours	0	No	

ICT Planned Maintenance November 2017 – system upgrades Corporate Systems

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

ICT Planned Maintenance December 2017 – system upgrades Critical Systems

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

ICT Planned Maintenance December 2017 – system upgrades Corporate Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	These are business support systems which need to be available on a 24/7 365 basis.
E-mail	216	4 Hours	0	No	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.
File Server	216	4 Hours	0.15	No	
Virtual Server	218	2 Hours	0	No	
BlackBerry	216	4 Hours	0	No	
Promis	216	4 Hours	0	No	

Information Governance – Developments: 01/11/2017 TO 31/12/2017

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

- ***Control Assurance – Information Management: 76% Substantive Achieved through Self-Assessment for 2016/17.   Action Plan for outstanding items being 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. This will now be reviewed as part of project workflows under the remit of Transformation and Innovation Collaborative***
- ***Processing in all areas of the Information Department has noted to have increased across Freedom of Information, Solicitor and Police Enquiries during 2017/18 to date and has placed additional pressures on the Department***
- ***FOI Disclosure Log under FOI Publication Requirement continues to be updated on a monthly basis***
- ***Supporting Regional Ambulance Training Centre 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)***
- ***General Data Protection Act – Action Plan under development***
- ***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 mental health, CSD etc***
- ***Informatics and business intelligence to support Transformation and Information Collaborative workflows continue to be worked on including ambulance turnaround reports, Prison attendances etc***
- ***Supporting work and data streams in Frequent Caller Monitoring and Information Markers including policy/procedures and analytics***
- ***Ad hoc datasets including Scottish buddy monitoring activity, maternity activity, private and voluntary contract monitoring, HEMs reporting and quality assurance, discharge activity, Nursing Home activity, SE Division/Bangor activity, winter pressures activity including diverts, turnarounds, demand analysis to support strategic and media related enquiries; freedom of information requests continuing to extract emergency and non-emergency in different formats depending on the request nature***
- ***Patient Report Forms and 999 calls to support inter-face incidents and social worker enquiries; PRFs to support quality assurance of Quality Improvement***
- ***Cardiac and ROSC datasets currently being worked to support Community Resuscitation Strategy***

- 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, DATA PROTECTION (SUBJECT ACCESS), PSNI REQUESTS AND SOLCITOR ENQUIRIES PROCESSING LEVELS

Summary April 2017 – December 2017 requests compared with same period in 2016-17:

	April 17 – Dec 17	April 16 – Dec 16	% Increase / (Decrease)
1 Freedom of Information Requests Received	119	122	-2.5%
1a Freedom of Information Questions Received	464	384	+17.2%
2 Data Protection Act 1998 Section 7, Subject Access Requests Received	24	33	-28%
3 Police Service of Northern Ireland Requests Received	338	312	8.3%
4 Solicitor Enquiries Requests Received	485	455	+6.6%
Total (1a not included in the count)	**966**	**922**	**4.6% in processing**

1 FREEDOM FOR INFORMATION ACT (2000) – REQUESTS FOR INFORMATION – 01/04/2017 TO 31/12/2017

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 Data Protection Act (see following).

2017-18 Data

Freedom of information	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total Dec-17	Total Dec-16
Number of Requests Received	14	12	17	11	15	13	10	20	7				119	122
Number of Questions Received	70	34	81	35	54	48	29	66	47				464	384
Completed Requests processed within 20 days or less	11	7	14	9	12	5	7	9	0				74	92
Completed Requests exceeding 20 days	2	4	3	2	2	3	3	2	0				21	24
REQUESTS Still Being Processed (within 20)	0	0	0	0	0	0	0	0	4				4	
REQUESTS Still being processed (outside 20)	1	1	0	0	1	4	0	9	3				19	
Stood Down	0	0	0	0	0	1	0	0	0				1	
Number of Records Fully Disclosed	55	27	54	30	20	20	28	28	0				262	
Vexatious Requests	0	0	0	0	0	0	0	0	0				0	
Number of Records for which records not held	6	0	27	5	0	7	0	2	0				47	
Requests where exemptions wholly/partially applied	2	0	0	0	10	5	1	1	0				19	
Questions stood down	0	0	0	0	0	3	0	0	0				3	
QUESTIONS Still Being Processed (within 20)	0	0	0	0	22	0	0	0	37				59	
QUESTIONS Still Being Processed (outside 20)	7	7	0	0	2	13	0	35	10				74	
Referrals for Independent Review	0	0	0	0	0	0	0	0	0				0	
Appeals to the Information Commissioner	0	0	0	0	0	0	0	0	0				0	

Requestor Type

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	
Member of Public	6	8	8	3	7	1	5	4	2				44	
Local Government	0	1	0	0	0	0	0	0	0				1	
Staff Member	2	1	4	1	0	2	1	5	0				16	
Media	1	0	1	3	1	7	1	7	1				22	
Student	0	0	0	0	1	0	0	1	0				2	
Commercial Company	3	0	0	1	2	1	1	0	4				12	
Solicitor	0	0	0	0	0	0	0	0	0				0	
WhatDoTheyKnow.com	2	2	1	3	3	2	1	3	0				17	
NHS	0	0	3	0	1	0	1	0	0				5	
Trade Union	0	0	0	0	0	0	0	0	0				0	

%age completed within 20 working days	
Apr '17 - Dec '17	62.18%
Apr '16 - Dec '16	75.41%

Data may be subject to amendments.

2 DATA PROTECTION ACT 1998 – SECTION 7: SUBJECT ACCESS MONITORING

The Data Protection Act 1998 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 01/04/2017 to 31/10/2017

Data Protection Act 1998 – Section 7, Subject Access	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 17 – Dec 17	April 16 – Dec 16
Number of Requests Received	1	8	4	1	3	1	1	4	1				24	33
Completed Requests processed within 40 days or less	1	8	4	1	2	1	0	2	-				19	24
Completed Requests exceeding 40 days	0	0	0	0	1	0	0	2	-				3	6
Requests still being processed in line with 40 days	0	0	0	0	0	0	0	0	1				1	0
Identity Not Confirmed/Fee Not Received and therefore could not be further processed	0	0	0	0	0	0	1	0	0				1	3
Patient	1	1	1	1	3	0	0	2	0				9	16
NIAS Staff Member	0	5	0	0	0	0	0	1	1				7	13
External Agency	0	2	3	0	0	1	1	0	1				5	2
Relative of Patient	0	0	0	0	0	0	0	0	0				0	2

- **From 01/04/2017 to 31/12/2017: 83% of Subject Access Requests processed within 40 calendar days**
  (this is based on this requests that were fully processed i.e. identity and fee received)

- There are a number of DPA requests from 2016/17 that remain outstanding relating to staff requests for disciplinary files, HR records etc - these are currently being prioritised

3   POLICE SERVICE OF NORTHERN IRELAND REQUESTS – Police Acts, Common Law 01/04/2017 to 31/12/2017

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

Requests include the release of call incident logs, 999 calls, staff names and 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.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 17 – Dec 17	Apr 16- Dec 16
Number of Requests Received (based on receipt of correspondence date)	29	35	42	27	42	32	42	48	41				338	312

4   SOLICITOR ENQUIRIES 01/04/2017 to 31/12/2017

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 17 – Dec 17	Apr 16 – Dec 16
Number of Requests Received (based on receipt of correspondence date)	52	61	68	49	49	49	66	54	36				484	455

5   **DEPARTMENT OF HEALTH – REQUESTS FOR INFORMATION**

Processing for the Period 01/04/2017 to 31/12/2017

DHSSPS/AQ's/CORs/TOF's/INV's	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr 17 – Dec 17
Assembly Questions (Oral)	0	0	0	0	0	0	0	0	0				0
Assembly Questions (Written)	0	0	0	0	0	0	0	0	0				0
CORs Received	2	0	2	0	1	0	0	0	1				6
TOFs Received	1	0	0	0	0	0	0	0	0				1
INVs Received	0	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

17/18 - PRF v PATIENT NUMBERS COMPARISON

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.		
		Emergency	Routine	Total	Completed PRFs (Formic)	Difference between Emergency Responses and completed PRF's	Difference Patient Journeys and completed PRF's
April 2017	16028	12899	353	13252	15975	-53	+2,723
May 2017	17157	13789	366	14155	17310	+153	+3,155
June 2017	16293	12957	406	13363	16445	+152	+3,082
July 2017	16661	13204	342	13546	16520	-141	+2,974
August 2017	16475	13077	334	13411	16027	-448	+2,616
September 2017	16457	13031	358	13389	15477	-980	+2,088
October 2017	16756	13322	389	13711	15712	-1,044	+2,001
November 2017	16615	13112	372	13484	12435	-4,180	-1,049
December 2017	18523	14578	236	14814	8006	-10,517	-5,808
January 2018				0		+0	+0
February 2018				0		+0	+0
March 2018				0		+0	+0
Total	150965	119969	3156	123125	133907	-17,058	+10,782

Emergency Response(s) which arrived on scene only counts as 1 record irrespective of the number of resources that arrive on scene.

There will always be more Emergency responses than patient journeys as patients do not always respond.

All patient contact should result in a PRF being completed, and consequently the number of completed PRF's should always be higher that the Emergency Response(s) which arrived on scene figure.

Please note figures for 2017/2018 are provisional and will rise as data processing is ongoing.

TB/01/02/2018/04

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE

Director of Human Resources and Corporate Services

2018 / 02 / 01

(As at 31 December 2017)

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. Production of the Job Evaluation Report is currently in abeyance pending investigation of Trade Unions' challenge of the job evaluation process.

WORKFORCE INFORMATION

Monthly Corporate Workforce Information is published monthly in arrears, consequently the table below reflects the NIAS workforce position as at 30 November 2017. This information is taken from HRPTS.

NOVEMBER 2017	TRUST TOTAL	CX / BOARD	FINANCE / ICT	HRCS	MEDICAL	OPERATIONS
FUNDED (WTE) RECURRENT / (TEMPORARY FUNDING)	1,316.28 (27.00)	7.00 (0.00)	31.63 (1.00)	68.15 (11.00)	15.00 (9.00)	1,194.50 (6.00)
STAFF IN FUNDED POSTS (WTE) PERM STAFF / (TEMP STAFF)	1,186.24 (22.37)	1.00 (5.00)	22.63 (1.00)	63.49 (3.37)	16.00 (1.00)	1,083.12 (12.00)
VACANCY LEVELS (WTE)	**-134.67**	**-1.00**	**-9.00**	**-12.29**	**-7.00**	**-105.38**

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

On the basis of the information above @ 30 November 2017, the Trust has an overall vacancy level of **134.67** WTE posts. This compares to an overall vacancy level of 213.70 WTE posts @ 30 June 2014.

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 30 November 2017 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	21.72	-9.28	0	No recruitment activity planned, due to industrial relations issues, relating to the Station Supervisor model.	N/A	N/A	N/A
Paramedic	320.00	311.21	-8.79	29	No recruitment exercises took place during this period. Waiting List of 1 Internal Applicant in place until Jan-18. Waiting List of 14 External Applicants in place until Jul-18.	N/A	N/A	N/A
RRV Paramedic	86.00	74.74	-11.26	0	No recruitment planned.	N/A	N/A	N/A
EMT + Trainee EMT	301.00	267.53	-33.47	6	No recruitment exercises took place during this period. Waiting List of 28 Internal & External Applicants in place until Apr-18.	23 (Cohort 2). Clinical placements commenced during Sept-17, with full qualification anticipated by Mar-18.	N/A	N/A
ACA (inc. PCS Sup.) + Trainee ACA	263.50	249.57	-13.93	1	Waiting List of 53 Applicants in place until May-18.	N/A	N/A	N/A

An operational workforce planning meeting has been held to develop a plan around recruitment activity. Currently the Operations and HR Directorates are working together to develop recruitment and training plans to address the vacancy levels.

Section 1: **Human Resources & Corporate Services**

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

CORPORATE ABSENCE REPORT (@ 30 NOVEMBER 2017)

The HSC Trusts' sickness absence targets for the current Reporting Year were confirmed by the DHSSPSNI on 2 October 2017, namely **for those HSC Trusts with current performance sitting above 5.5%, the target will be a 5% improvement on the 2016/17 performance**. NIAS's cumulative % hours lost in 2016/17 was 10.47% (based on end-of-year re-run, as Regionally agreed), therefore NIAS's sickness absence target for 2017/18 is **9.95%.**

The table below provides a summary of the Trust's sickness absence for the period 1 April to 30 November 2017. Since the last Trust Board, monthly absence has decreased to 10.13% in November, therefore cumulatively, the Trust's absence remains on target, at **9.67%** cumulatively. The December 2017 figures were unavailable at the time of producing this Report.

2017/18 Monthly Sickness Absence including Comparators to Previous Reporting Year (2016/17)												
MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NIAS ABSENCE TARGET (2017/18)	**REDUCE SICKNESS ABSENCE RATES BY 5% ON 2016/17 PERFORMANCE TO 9.95%**											
NIAS cumulative % hrs lost (16/17)	9.78%	9.70%*	9.91%*	9.54%	9.68%	9.80%	9.91%	10.06%	10.40%	10.56%	10.49%	10.34%
NIAS monthly % hrs lost (16/17)	9.78%	9.64%	10.30%	8.39%	10.21%	10.41%	10.55%	11.09%	13.11%	13.12%	9.36%	8.69%
NIAS cumulative % hrs lost (17/18)	8.18%	7.98%	8.11%	8.40%	9.00%	9.36%	9.60%	9.67%				
NIAS monthly % hrs lost (17/18)	8.18%	7.82%	8.36%	9.30%	11.24%	11.25%	11.05%	10.13%				
Monthly % hrs lost (S/T)	2.27%	2.03%	2.30%	1.85%	2.00%	2.08%	3.15%	3.07%				
Monthly % hrs lost (L/T)	5.90%	5.79%	6.06%	7.45%	9.24%	9.15%	7.90%	7.06%				
Av. days lost (7.5 hrs) per Employee per Mth	1.59	1.75	1.79	1.90	2.52	2.29	2.42	2.17				
NIAS cumulative costs (£'000)	£272	£531	£824	£1,151	£1,557	£1,960	£2,343	£2,701				
* May-16 & Jun-16 cumulative absence figs adjusted due to late notifications received after production of reports.												
NIAS CUMULATIVE % HRS LOST:	**(2016/17)** 10.47%			**(2017/18 @ 30 November 2017)** 9.67%				**ON TARGET**				

calculation automatically divides working days over a standard 5-day week (Monday – Friday, based on a 7.5 hr day).

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

The Trust continues to take the following measures to address current levels of absence:
- Health and Wellbeing Group established under Engagement strategy;
- Health and Wellbeing Strategy under review;
- Attendance Management Policy and Procedure agreed and training ongoing;
- "Attendance Management" Management Toolkit under development;
- East Division Attendance Management pilot;
- Peer Support Model in developmental stages;
- Pilot of additional intervention by Inspire in relation to mental health issues within the EAC environment;
- Relaunch and promotion of the availability of Inspire services to all staff;
- Access of all staff to a fast-track Physiotherapy service;
- Promotion of flu vaccine uptake and introduction of peer vaccinations to increase accessibility of the vaccination to support delivery of NIAS target of 40% of frontline staff. Current uptake of frontline staff via peer support vaccinations is 17.1%, with an overall total of 29.7%. This compares to an 11% uptake reported in 2016/17.

COMPARISON OF NIAS % CUMULATIVE / MONTHLY ABSENCE: The following chart shows the comparison of cumulative % hours lost due to sickness absence from April-November (2017/18), compared to monthly % hours lost during the same period in 2017/18.
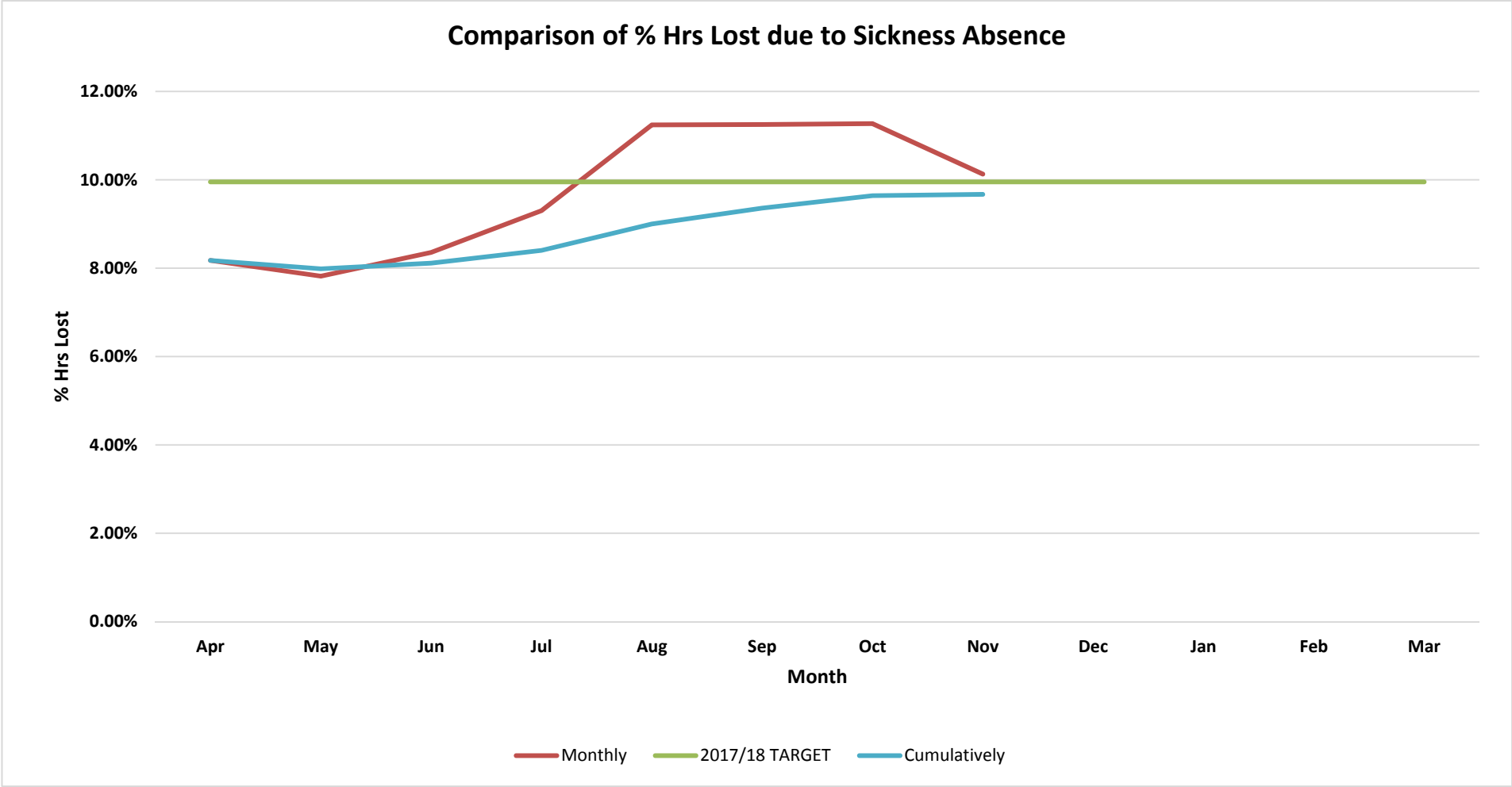
Comparison of % Hrs Lost due to Sickness Absence

Legend: Monthly — 2017/18 TARGET — Cumulatively

Top 5 Absence Categories / Reasons during the period 1 April 2017 to 30 Nov 2017 (% of Total Absence)

% Hrs Lost

Absence Category / Reason	%
Mental Health	25.38%
Musculoskeletal	23.49%
General Debility	11.86%
Accident/Untoward Incident at Work	10.40%
Post Surgical Debility	7.21%
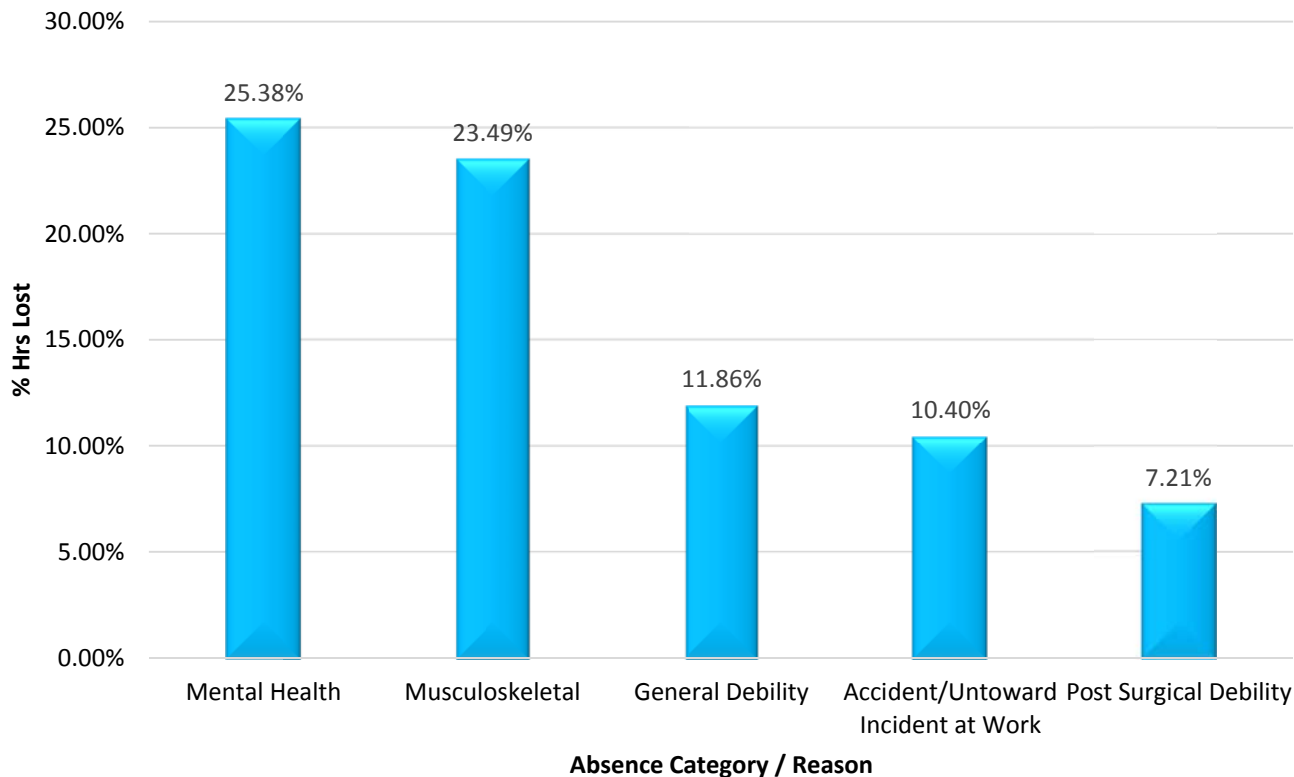
"OTHER" CATEGORIES WITH MORE THAN 1% ABSENCES INCLUDE:

Gastrointestinal	5.84%
Asthma, Chest, Resp.	3.41%
Hospital Investigations	2.13%
Heart/cardiac/circulatory	1.87%
Tumours and Cancers	1.65%
Influenza	1.40%
ENT	1.34%
Headache/Migraine	1.34%

OTHER CATEGORIES WITH LESS THAN 1% ABSENCES INCLUDE:-

Chronic Fatigue; Dental/Oral Problems; Endocrine/Glandular Problems; Eye Problems; Genitourinary & Gynaecological Conditions; Infectious Diseases; Pregnancy Related; Skin Conditions; Viral Illness.

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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)**

Disciplinary Cases:

Position as at December 2017	TRUST TOTAL	Patient Care	Wilful Damage	Criminal Conduct	Fraud	Failure to comply with Trust Policy / Procedure
Total Ongoing Cases	**9**	**1**	**0**	**0**	**0**	**8**
HCPC Referrals	4	2	0	2	0	0
Suspensions	2	1	0	0	0	1
New Cases	**0**	**0**	**0**	**0**	**0**	**0**

It should be noted that HCPC Referrals include matters which have been referred to HCPC, but are no longer being investigated by the Trust.

Grievance Cases:

Position as at December 2017	TRUST TOTAL	Transfer	Application of T&C	Recruitment	Job Evaluation	Equal Opps	Employee Relations Processes	Promotion	Pay
Total Ongoing Cases	**17**	**2**	**8**	**2**	**0**	**0**	**2**	**1**	**2**
Informal Stage	2	1	0	0	0	0	1	0	0
Formal Stage 1	11	1	4	2	0	0	1	1	2
Formal Stage 2 (Appeal)	4		4	0	0	0	0	0	0
New Cases	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Commentary (Employee Relations/Industrial Relations):

Trade Union Side continue to work in partnership with NIAS management to facilitate the ongoing Job Evaluation processes, including the evaluation of both new and existing posts. The Trust's established industrial relations mechanisms continue to function, with meetings of JCNC and its Sub Groups taking place on a regular basis.

Working Well Together / Harassment Cases:

Position as at December 2017	TRUST TOTAL
Total Ongoing Cases	**4**
Informal Resolution / withdrawn	0
Formal Stage 1	4
Formal Stage 2 (Appeal)	0
New Cases	**0**

Case File Closures:

The table shows the number of Employee Relations cases (i.e. Grievance, Disciplinary and Harassment/Working Well Together) which have been closed within a rolling 12 month period, by month.

Position as at Dec 2017	January	February	March	April	May	June	July	August	September	October	November	December
Grievance	10	0	0	0	2	2	0	1	3	5	1	0
Disciplinary	2	0	0	0	1	2	2	0	1	1	0	0
Harassment	0	0	0	0	0	0	0	0	0	1	0	0
Total	**12**	**0**	**0**	**0**	**3**	**4**	**2**	**1**	**4**	**7**	**1**	**0**

Section 1: Human Resources & Corporate Services

HRCS KPI: Compliments, Complaints & Claims

The following tables show the number of complaints / compliments received from April 2017 and the associated timescales for processing of same.

Total complaints received to date:	104				For same period last year:			84							
HANDLING TIMES OF COMPLAINTS FOR 2017-18															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2016-17
Complaints Received	12	13	7	11	13	15	14	12	7				**104**		161 *100%*
Total A&E & PCS Activity	27912	31167	30010	29171	29767	29267	29980	29493	29398				**266165**		
% Complaints/Activity	0.04%	0.04%	0.02%	0.04%	0.04%	0.05%	0.05%	0.04%	0.02%				**0.04%**		
Acknowledged within 2 working days	12	13	7	11	13	15	14	12	7				**104**	100%	160 *99.4%*
Acknowledged after 2 working days	0	0	0	0	0	0	0	0	0				**0**	0%	1 *0.6%*
Response within 20 working days	2	5	4	3	4	4	3	3	0				**28**	27%	44 *27.3%*
Response after 20 working days	6	5	2	4	0	1	0	2	0				**20**	19%	112 *69.6%*
Complaints Investigations ongoing	4	3	1	4	9	10	11	7	7				**56**	54%	5 *3.1%*
Cases referred to NI Ombudsman (cases ongoing)	0	0	1	0	0	0	1	1	0				**3**		2

NATURE OF COMPLAINTS RECEIVED 2017-18															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017-18	%	2016-17
Staff Attitude	10	7	3	6	5	4	6	2	2				45	43%	73 *45%*
Ambulance Late/No Arrival	1	3	3	3	5	7	5	8	2				37	36%	65 *40%*
Quality of Treatment & Care	0	1	0	0	1	1	2	1	3				9	9%	12 *7%*
Suitability of Equip/Vehicle	0	0	1	0	1	0	0	0	0				2	2%	5 *3%*
Other	1	2	0	2	1	3	1	1	0				11	11%	6 *4%*
Patient Property	0	0	0	0	0	0	0	0	0				0	0%	0 *0%*
TOTAL	**12**	**13**	**7**	**11**	**13**	**15**	**14**	**12**	**7**	**0**	**0**	**0**	104		161

Section 1:   **Human Resources & Corporate Services**

HRCS KPI: **Supporting Trust Priorities**

SERVICE AREA OF COMPLAINTS 2017-18															2016-17	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%		
Accident & Emergency	7	7	2	6	8	6	10	6	7				59	57%	90	56%
Patient Care Service	2	1	1	2	1	3	2	1	0				13	13%	10	6%
Control & Communications	2	4	4	2	4	5	2	5	0				28	27%	57	35%
Other	1	1	0	1	0	1	0	0	0				4	4%	4	2%
Voluntary Car Service	0	0	0	0	0	0	0	0	0				0	0%	0	0%
TOTAL	**12**	**13**	**7**	**11**	**13**	**15**	**14**	**12**	**7**	**0**	**0**	**0**	**104**	100%	**161**	100%

COMPLIMENTS RECEIVED 2017-18																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017-18		2016-17	
RECEIVED	16	36	15	18	23	13	30	30	28				**209**		**207**	
SERVICE AREA OF COMPLIMENTS RECEIVED																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2016-17	%	2016-17	
Accident & Emergency	13	35	14	15	22	11	27	30	28				**195**	93.3%	**190**	92%
Control	1	1	1	1	1	1	1	0	0				**7**	3.3%	**3**	1%
Patient Care Service	0	0	0	1	0	1	2	0	0				**4**	1.9%	**7**	3%
Voluntary Car Service	0	0	0	0	0	0	0	0	0				**0**	0.0%	**0**	0%
Other	2	0	0	1	0	0	0	0	0				**3**	1.4%	**7**	3%
TOTAL	**16**	**36**	**15**	**18**	**23**	**13**	**30**	**30**	**28**	**0**	**0**	**0**	**209**		**207**	

Section 1:   Human Resources & Corporate Services

HRCS KPI: Supporting Trust Priorities

CLOSED COMPLAINTS: November / December 2017

Type	Ref	First received	Closed	Subject (primary)	Description (Policies)	Outcome	Action taken (Investigation)
FORMAL	COMP/1294	25/08/2017	14/11/2017	Staff Attitude / Behaviour	Complainant states that NIAS crew member was 'cheeky'. Patient further states the crew had difficulty parking the ambulance and also needed to use the patient's own glucometer to perform blood sugar level test.	The investigation has shown that the crew acted appropriately. The crew were able to show that they used and carried their own glucometer at this call. The crew agree that parking was an issue at the scene but this did not have any adverse impact on the patient or their treatment.	Letter of explanation issued to the complainant. No further actions identified.
FORMAL	COMP/1334	22/11/2017	23/11/2017	Transport, Late or Non-arrival / Journey Time	Ambulance arrived an hour early to bring patient to appointment. Patient asked if ambulance could come back but was told she would need to reschedule ambulance. Patient had to leave house in great hurry and didn't bring medications or personal things due to lack of time. Patient's daughter was due to travel but had to stay behind to gather belongings. Caused a lot of upset and distress.	NIAS Manager contacted complainant to explain how Non-Emergency transport works and why the ambulance showed up early. Patient accepted explanation and NIAS manager also issued an apology for experience.	Letter issued with apology (informally resolved).
FORMAL	COMP/1318	23/10/2017	30/11/2017	Transport, Late or Non-arrival / Journey Time	Ambulance took too long to arrive which resulted in the police having to take patient to A&E. Complainant wants to know why the ambulance took so long to arrive to a critical situation.	Complaint upheld. The investigation has shown that there were no available ambulances at the time of this call due to high call volume at this time.	Letter of explanation around the delay and apology issued.

Type	Ref	First received	Closed	Subject (primary)	Description (Policies)	Outcome	Action taken (Investigation)
FORMAL	COMP/1284	07/08/2017	28/11/2017	Transport, Late or Non-arrival / Journey Time	RRV Paramedic requested an Ambulance for patient who required admission to hospital. Ambulance became delayed and when it finally arrived it was not suitable for patient (PCS Ambulance) as patient required continuous oxygen supply. This resulted in a further delay for the patient.	Complaint upheld. The investigation has shown that NIAS had no ambulances available due to high demand at the time of this call. An appropriate referral was made for the patient; however ambulance delays lead to a more immediate response being required.	Letter of apology and explanation given for the delays.
FORMAL	COMP/1301	18/09/2017	17/11/2017	Transport, Late or Non-arrival / Journey Time	Complaint regarding the delay of an ambulance for elderly lady who fell on street after suffering from a suspected stroke. Patient had to wait 1hr 48mins for an ambulance.	Complaint upheld. The investigation has identified that call activity was very high at the time of this 999 call and this was the main factor was the long delay.	Letter of apology issued for the lengthy delay of the ambulance which caused much distress.
FORMAL	COMP/1323	30/10/2017	23/11/2017	Transport, Late or Non-arrival / Journey Time	Complainant's friend took suspected stroke. Rang for an ambulance, waited 2 hours but it never showed up and they were not given any reason as to why. Patient's wife ended up taking patient to hospital.	Complaint upheld. Delay was due to significant workload on Halloween night with no available ambulances in the area able to provide a response. Full explanation and apology given.	Letter of apology and explanation issued for the delay and distress caused as a result.
FORMAL	COMP/1328	06/11/2017	17/11/2017	Quality of Treatment & Care	Mother of 16 month old baby who suffers from epileptic seizures has raised concerns as the NIAS emergency crew who recently attended were not able to administer the diazepam that the baby needed. The crew that were in attendance were both EMTs and the mother would like assurances that a paramedic can be in attendance for any future calls.	Complaint Upheld. EMT crew should not have been sent to this call. Station Officer contacted the complainant to discuss and apologise for this incident.	Clinical warning to be placed to the complainants address for any future 999 calls that her daughter may require. This will indicate that an EMT crew is not appropriate a paramedic is required. Full explanation and apology issued.
FORMAL	COMP/1327	06/11/2017	23/11/2017	Transport, Late or Non-arrival / Journey Time	Disabled patient waited over 2 hours for an ambulance to arrive. Spent over 2 hours lying on bedroom floor in pain and distress.	Complaint Upheld. The delay in response was due to the high volume of work at the time of this 999 call.	Letter of explanation and apology issued.

Type	Ref	First received	Closed	Subject (primary)	Description (Policies)	Outcome	Action taken (Investigation)
FORMAL	COMP/1316	19/10/2017	21/12/2017	Staff Attitude / Behaviour	Complainant has questions about what was recorded on her Patient Report Form and Refusal of consent to treatment/ travel disclaimer form. She feels this was not a true account of what occurred at the scene.	Complaint issue not raised within a reasonable timeframe. NIAS did make attempts to resolve, however the crews recollection of call is limited.	Incident took place over one year ago. Crew who were in attendance cannot fully recall the incident. As per Complaints Policy and Procedure, NIAS are not obliged to investigate the complaint as it occurred more than 12 months ago. Letter issued to complainant explaining this and apologising for being unable to investigate the matter further.
FORMAL	COMP/1324	30/10/2017	17/11/2017	Transport, Late or Non-arrival / Journey Time	Complainant broke ankle whilst playing football. Rapid response unit arrived an hour after ambulance was called. It took a further hour for a conveying ambulance to arrive which only had one paramedic which therefore meant that rapid response had to assist. Wants to know why it took so long for ambulance to arrive.	Complaint upheld. The delay in response was due to the high volume of work at the time of 999 call.	Letter of apology issued for the delay of the ambulance. Letter also explained why the ambulance was late and explained how NIAS were prioritising emergency calls based on clinical need.
FORMAL	COMP/1325	01/11/2017	29/11/2017	Transport, Late or Non-arrival / Journey Time	Complainant's severely disabled wife had a 10 hour wait on an ambulance to bring her back to nursing home.	Complaint upheld. Investigation has shown that the ambulance covering routine discharges for this area was under great pressure due to the high call volume at this time.	Letter of apology and explanation for delay issued.
FORMAL	COMP/1183	13/12/2016	01/12/2017	Transport, Late or Non-arrival / Journey Time	Complaint regarding the length of time it took for an emergency ambulance to arrive.	Complaint upheld. Delay was due to high demand and no available resources at the time of the call. However, the investigation has shown that the delay in response could potentially have been avoided.	Letter of apology and explanation issued. Detailed explanation of future resource plans included in response to the complainant.

Type	Ref	First received	Closed	Subject (primary)	Description (Policies)	Outcome	Action taken (Investigation)
FORMAL	COMP/1326	06/11/2017	19/12/2017	Staff Attitude / Behaviour	Complainant states that a NIAS staff member questioned her at the A&E Dept. about the authenticity of her illness, asked her questions around what meds she was on and who her Doctor/Consultant was. Complainant states she found this questioning distressing and unnecessary. The NIAS staff member did not transport/treat patient and had no relationship with the complainant.	Complaint withdrawn after a meeting between NIAS and the complainant, which better outlined the reason and rationale for being approached by the NIAS Staff member. The NIAS staff member in question had a legitimate reason to be asking the patient questions.	Station officer and Clinical Service Improvement Lead met with the complainant and she is satisfied the matter has been dealt with.
FORMAL	COMP/1292	23/08/2017	23/11/2017	Staff Attitude / Behaviour	Crew Member allegedly made rude comments about mental health patients.	Complaint Withdrawn. Patient has since passed away and daughter has informed NIAS that she no longer wishes to pursue the complaint. Investigation not completed.	Letter issued confirming that the complaint has been closed and offering our condolences on recent death.

Claims 2017-18

The tables below demonstrate the types of claims received / settled.

	C/O	A	M	J	J	A	S	O	N	D	J	F	M	Total
Employers Liability	32													
Claims Received		1	1	1	2	1	3	0	4	0				13
Claims Settled		0	0	1	2	0	0	0	0	0				3
Cases Ongoing														32
Public Liability	4													
Claims Received		0	0	0	0	0	0	1	2	0				3
Claims Settled		0	0	0	0	0	0	1	0	0				1
Cases Ongoing														4
Clinical Negligence	11													
Claims Received		0	1	0	0	0	0	0	0	0				1
Claims Settled		0	0	0	0	0	0	0	0	0				0
Cases Ongoing														11

Lessons Learned:

No 'lessons learned' reports during the November / December 2017 reporting period.

Commentary:

The Trust aims to ensure that all claims:

- Are dealt with promptly and efficiently within an organisational culture of openness which encourages all parties to resolve disputes, reduce delays and costs, and which ultimately reduces the requirements for litigation.
- Where litigation has been instigated that, without good reason, indefensible claims are not defended or settlement is delayed.
- Application of the risk management systems and processes detailed in the Trust's Risk Management Strategy to the management of claims including ensuring that all claims are thoroughly investigated, learning identified and improvements made so as to reduce the risk of further similar adverse events again occurring in the future.

Categories of Claims Received 2017-18

Categories	*Slips/ Trips/ Falls*	*Quality of Treatment /Delay*	*Needle Stick Injury*	*Equip / Vehicle Faults*	*RTA's*	*Other*
Employers Liability	6				3	4
Public Liability	1			1	1	
Clinical Negligence		1				

Claims Summary

Employers Liability Claims: (Received during November / December 2017)

1. Crew member was attending a verbally abusive patient. When attempting to perform a blood glucose measurement he was attacked by patient resulting in left index finger being seriously injured.

2. A vehicle owned by NIAS and driven by an employee knocked down another NIAS staff member causing injury to his back and hip.

3. Staff member was injured as a result of a road traffic accident. Claimant was standing in back of ambulance treating a patient when the ambulance collided with another vehicle. Suffered injury to neck, back and shoulder.

4. Sustained injury to his back when transferring a patient using a critical care trolley. He was pulling the trolley onto the tail-lift of the vehicle when he experienced pain in his lower back.

Public Liability Claims: (Received during November / December 2017)

1. When patient was being transported from a care home to hospital she fell on/around the access ramp of ambulance and sustained a laceration that required stitches.

2. Claimant was being treated in rear of ambulance when it collided with another vehicle.

Section 1: Human Resources & Corporate Services

HRCS KPI: Supporting Trust Priorities

Concerns raised under Public Interest Disclosure (NI) 1998 (WHISTLE BLOWING) 2017-18												
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017-18
0	0	0	0	0	0	1	0	0				**1**

Section 2:   Education, Learning & Development

HRCS KPI: Support Trust Priorities; Modernisation & Reform; Shaping & Developing Future Workforce; Education, Learning & Development

Regional Ambulance Training Centre (RATC) Education, Learning and Development

The RATC recently hosted a visit from the External Quality Assurance Assessor from FutureQuals, the awarding body for our Associate Ambulance Practitioner (AAP) and Ambulance Driving programmes. We are very happy to report that we had a satisfactory report from the assessor. He made comment in regard to the robust nature of our internal quality assurance processes. He also commented on the professional attitude adopted by the students who he interviewed during his visit. This report was made possible by the collaborate work of all those with the RATC training team.

ELD Highlight report:

- The annual Post Qualification 'Continuing Education' programme for Clinical staff is underway (a working title which supersedes the traditional 'Post Proficiency' or 'PP' terminology). The new title reflects the novel way in which the course will be formatted. Even though the course will always be a means to assist and ensure that our clinicians remain contemporary in their practice, it has been recognised that historically the assessment element may have hampered the learning experience for many. For example, it is intended that the annual re-validation of Intermediate and Advanced Life Support will be incorporated into the training on new defibrillators, in a scenario-based manner and thus remove a perceived barrier to learning which should in-turn enhance the retention of the contemporary thinking. The CE/PP will be delivered in separate training days over quarters 3 and 4.

- Delivery of the first day commenced in early October. This day comprised of Infection Prevention and Control (IPC) Training, along with new Conflict Resolution Training (CRT). The inclusion of the IPC element was as part of the measures put in place due to inspection reports from RQIA visits and this part of the programme required a lot of work at relatively short notice to prepare for delivery. The new CRT package blends sound theoretical principles with appropriate 'non-pain inducing' disengagement techniques. As of 23rd November 2017, RATC has provided IPC to staff across all clinical grades alongside the CRT. This training has taken place across three venues within NIAS and was completed in early January.

- Further days of the CE/PP will incorporate various skills and information which will include enhanced Respiratory Assessment; with an additional focus on upskilling our EMTs to provide additional interventions and drug therapies. RATC are very keen to support our EMT colleagues through this potential transition and the format of the CE will fully utilise the existing paramedic/EMT relationship to help impart and support the skills upgrade in a measured way.

"Train the Trainer" training has been completed with Corpuls to enable the introduction of the new defibrillators. It is intended that training for all A&E clinicians will commence in late January 2018 within the second day of the CE/PP programme. It had been expected to provide this training before Christmas but this has been delayed by the urgent need to provide Infection Prevention Control training highlighted by the recent RQIA inspection report.

- Cohort 3 of the Patient Assessment and Clinical Reasoning module (PACR) has been completed with Paramedic Station Supervisors and Station Officers availing of the opportunity this time. All candidates have been successful in passing the modular examination. The clinical leadership role of this group is vital to develop and will further facilitate the mainstreaming of the Trust's Quality Improvement vision.

- The RATC continues to deliver education and training despite a very challenging environment. This has included a backdrop of some staff vacancies in the team, a number of which are temporary due to long term secondments to other departments, such as HEMS, as well as staff who have moved to new permanent posts or left.

- In conjunction with the IPC training provided to all clinical staff. A one day mandatory IPC training day delivered by 3fivetwo healthcare was provided for managers this will conclude in early February.

- The second cohort of student EMTs (*Associate Ambulance Practitioner 2)* have emerged into practice placement and are actively bridging the theory-practice gap with the support of the Divisional Training Teams.

- RATC's interim External Quality Assurance visit from FutureQuals has taken place. The visit was delayed on request by FutureQuals and negates two visits within a short space of time. The visit pertains to the first AAP cohort and is a condition of running a regulated programme of education and training. RATC built upon the very positive initial visit report and cemented the AAP programme as fit-for-purpose whatever the scrutiny. It was successful, with the visiting EQA citing that the programme documentation was of a 'high to very high standard and internal quality assurance robust". Praise was also given to individual members of the RATC team for the work. Subsequently, RATC has achieved 'Direct Claim Status' for certification; this reflects well on the quality and quantity of work that the clinical/driving tutors have put into the AAP and Level 2 / Level 3 driving awards.

- RATC and the transformation team continue to collaborate with the HSC Clinical Education Centre and have secured a programme of courses open to both EMTs and paramedics alike. Following on from the universally welcomed 'Advanced ECG Interpretation' course; RATC and TMPT are now in a position to offer a diary of similar educational courses which will extend into Feb 2018 and beyond. The courses will include such topics as: Delirium; Safeguarding Adults and Children; Heart and Lung Sounds; Record Keeping; Epilepsy Awareness; Bereavement, Grief and Loss; and Falls prevention. These courses are attracting similar levels of interest as the pilot.

- Another draw on the RATC team has been the need to allow 3 of the CTOs to commence work on a course development group for the Foundation Degree in Paramedic Science, which is being developed in partnership with the Ulster University. To help address these situations, recruitment processes have been ongoing and on 1st November 6 staff took up permanent posts as Clinical Support Officers. A trawl is also ongoing for permanent and temporary Clinical Training Officers to join the team.

- On a broader ELD front, work is progressing to action the priorities which arose from our last BSO internal audit. A HRPTS Course Catalogue is now set up and available, roles have been allocated to the various training administrators and training will be rolled out in the coming weeks. This will enable the move to capturing all NIAS training records on HRPTS.

- Mandatory training and associated eLearning programmes are being developed to increase accessibility for frontline staff; staff will have access to iPad devices at their next CE/PP days to allow remote access to this mandatory training element. The eLearning site has been updated and all staff will have new login details which will be sent via email this week. This involved a big piece of work to ensure the bulk upload of all staff is completed correctly.

- Scoping is currently underway to find a suitable method of providing Wi-Fi / Mi-Fi to the student iPads for the CE day. Discussions with Vodafone are ongoing.

Section 3:	Equality & Human Rights/Personal and Public Involvement/ Patient Experience/Media and Communication
HRCS KPI:	Supporting Trust Priorities; Transformation and Modernisation; Equality and Human Rights; Partnership & Employee Engagement

Section 75 - Section 75 implementation requirements are set out in the Trust's Equality Scheme and delivery is monitored by the Trust's Equality and PPI Steering Group. - The Trust works mainstream section 75 considerations into policy development through engagement and screening processes. - NIAS contributes to the HSC regional Equality and Human Rights agenda through participation in the DHSSPS Equality and Human Rights Steering Group. - Contribute to regional work to develop revised Equality Scheme and Action Plan. Collaborative working with other HSC Trusts to review Equality Schemes and engage with the Equality Commission for Northern Ireland in relation to delivery of statutory duties within Health and Social Care.	**Key Work Streams underway include** - Re-establishment of Trust Equality Forum to ensure engagement with Trade Union representatives and staff in relation to equality issues. - Establishment of a NIAS Women's Forum. - Lead on achievement of Rainbow Project's Diversity Champion status across HSC Trusts. - Development and introduction of a Good Relations Strategy for NIAS. - Development of an Equality Toolkit and Training Module. - Contribution to the development of a regional Discovering Diversity e-learning module.
Human Rights - Human Rights consideration to Trust policy is incorporated within Equality and Human Rights Screening documentation. - The Trust has been engaging with the Northern Ireland Human Rights Commission in respect of Trust policy plans and the potential human rights considerations of these. - Work is underway to develop an Equality and Human Rights toolkit for policy leads to mainstream statutory obligations into the policy development, consultation and implementation processes.	**Supporting Trust policy** - The Equality, PPI and Patient Experience team support the Trust in respect of statutory obligations associated with strategic policy development. This includes Equality, Human Rights, PPI, and Patient Experience considerations. - Key in this regard has been the mainstreaming of statutory requirements within the Trust's Transformation and Modernisation agenda. This has involved engagement with Section 75 representative groups impacted by proposals, including AGENI, Diabetes UK and Epilepsy Action.

Section 3:	Equality & Human Rights/Personal and Public Involvement/ Patient Experience/Media and Communication
HRCS KPI:	Supporting Trust Priorities; Transformation and Modernisation; Equality and Human Rights; Partnership & Employee Engagement
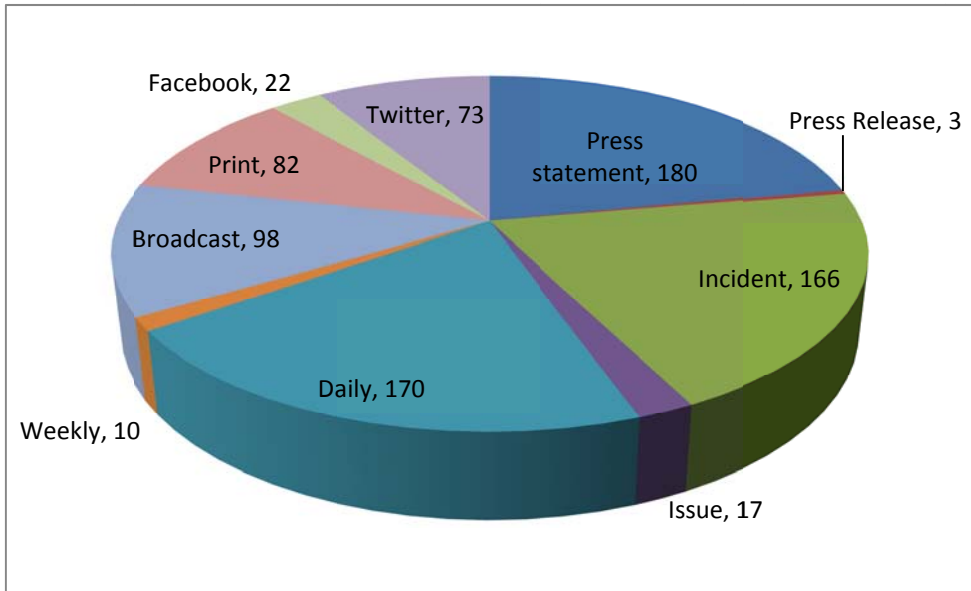
Press and Media Activity. Nov - Dec 2017

Key Themes in press coverage

- During Nov and Dec 2017, NIAS issued 3 proactive Press Releases and 180 Press Statements in response to enquiries from the media .

- 12 media interviews were conducted during the period on issues including assaults on crews, festive pressures and response delays.

- The number of media outlets reached in this period totalled 225.

- Press statements tend to be issued in response to particular incidents which, in this period, included fire at high rise flats in Dunmurry which attracted nationwide attention, assaults on crews and pressures over the Christmas and New Year period.

- In November NIAS was very active during Road Safety week and during December we worked extensively with BBC Foyle and BBC NI to highlight the issue of assaults on crews and pressures experienced at this time of the year.

- Our Social Media platforms continue to support mainstream media activity

Community Education

Number of Community Education Visits	55

- The Trust has continued to attend schools and community groups.

- Key messages have included the impact of hoax calls, innappropriate use of the service and violence against staff.

- Work is ongoing to further develop the public awareness campaign in respect of the changing face of the service linked to Transforming Your Care and the Trust's modernisation agenda

General Media and Communication Work Streams

- Ongoing engagement with regional and national communications groups has continued. Nationally this has involved work in line with priorities agreed by the Association of Ambulance Chief Executives (AACE) and regionally is linked to departmental objectives. The Trust's Media and Communications Manager continues to participate in the National Ambulance Communications Group (sub-group of AACE group) and its work streams.

- The Trust's Equality and Patient Experience and Communication functions support delivery of the Transformation and Modernisation agenda through leadership of a programme of Engagement and Communications. This included systems of communication and engagement with staff, service users, the public and other key stakeholders to inform development of the work streams within this framework.

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The Transformation Improvement Collaborative which has been established by the Chief Executive has been running for a few months now. This will be described in more detail in future reports as the Collaborative evolves. The members of the Transformation and Modernisation team are involved in a range of Modernisation and Improvement Projects during 17/18. An Outcomes model is being developed and a Dashboard is in development. See below updates on some of the projects.

Clinical Developments

There are a wide range of clinical developments underway including the introduction of new pieces of medical equipment in this project which is led by the Clinical Service Improvement Lead. Short CPD courses continue to be offered in conjunction with the Clinical Education Centre. Other developments include the following:

Wound management course
A one day wound management course was held in Nov for 20 staff from within the Belfast division.

Emergency Department waiting room referral pathway
The ED waiting room referral pathway was approved and implemented from Nov 2017. This pathway aims to improve hospital turnaround times by signposting patients with low acuity problems directly to the waiting room.

Frequent Callers
Clinical review of frequent callers continues. 70 frequent callers have been identified with case management commenced on those who use NIAS the most.

Research
A research group has been established. Meetings were held with a range of experts in Nov / Dec including Prof Julia Williams and Dr Bailie. A draft standard operating has been developed.

Lifeline
NIAS attend thousands of patients per year who present with a mental health problem. Of these patients, approximately 2200 patients refuse transport to hospital and are left in the community, often with no onwards referral. The Emergency Department is not always the most appropriate facility to provide care and support for these vulnerable patients. NIAS are now able to offer an alternative. NIAS have been working with the PHA and from Mon 6th Nov are formally able to access the Lifeline crisis response helpline for patients who are presenting with suicidal thoughts and / or behaviours. Paramedics in both ambulance control and at the scene of incidents will be able to access Lifeline across all of Northern Ireland 24 /7.

Calls responded to resulting in non attendance at hospital (monthly comparison April 2013 to November 2017)
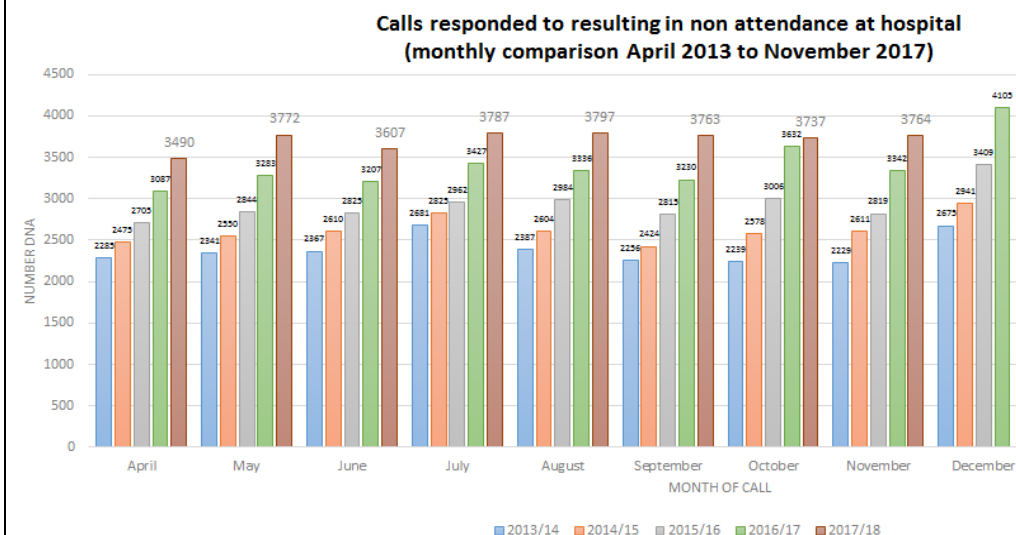
Appropriate Care Pathway Results

Summary of Referral to Alternative Destinations (other than EDs)

Please note, values marked with a * are External Data Sources, and are subject to change

	Cumulative Position	*Monthly Position*
	Alt. Destinations during first 8 months of 17/18 (attended hospital, non ED).	**Alternative Destinations NOVEMBER 2017**
BCH Direct (Paramedic Referrals only) *	392 *	58 *
Cath Labs (Accepted by Cath Lab)	270	33
Type 3 Hospitals and Minor Injury Units	139	15
Antrim Area Medical Assessment Unit (Paramedic Referrals only) *	128 *	32 *
Alcohol Recovery Centre *	66 *	9 *
Total	**995**	**147**

Appropriate Care Pathways/Referrals Made

April 2017 – November 2017 (Cumulative)		*November 2017*
Diabetes Treat and Leave / Refer	463	37
Falls Referral	1,187	162
Southern Trust Acute Care at Home Team *	39 *	8 *
South Eastern Trust Enhanced Care at Home Team *	12 *	1 *
Belfast Trust Acute Care at Home Team *	67 *	3 *
Palliative Care	25	0
Epilepsy	152	20
Respiratory	44	1
Community Nursing	78	8
GP Referral	1,441	208
Total	**3,508**	**448**

Clinical Support Desk Update: October – December 2017

The Paramedic Clinical Support Desk (CSD) went operational on 2 October 2017. These initial results are very encouraging and in line with call and outcome data from other Ambulance Services. Call audits of the CSD calls have also been undertaken and the calls audited are in compliance with the standards of the triage system used – Manchester Triage System.

HEADLINES

- 3443 calls processed through CSD
- Average 38 calls per day handled by CSD
- Peak of 75 calls on one day dealt with on 31 December 2017
- 3320* A&E Ambulance hours saved (*Average call cycle c.2hrs)

Total Calls	**3443**	%
CSD Outcome		
A&E Ambulance Required	1833	53%
No A&E Required	1610	47%
Of those not requiring an A&E ambulance:		
Hear & Treat (No Resource Required)	952	28%
Call deemed as Suitable for Intermediate Care Vehicle	658	19%

Peer Support

A programme of TIC work is focused on staff health and wellbeing, with a specific project on developing a peer support pilot project which can assist those staff under stress or dealing with trauma.

A staff engagement workshop took place on December 6, 2017. A wide-ranging discussion took place. There was staff consensus on the merits of instigating a pilot project on peer support. Detailed discussions took place on a protocol to trigger peer support.

The pilot is being led by the A/D HR&CS (Equality, PPI, Patient Experience), with support from the Transformation Programme Manager. Three sections of NIAS have been selected for the pilot project: Control,

HEMS and South.

The target date for commencement of the pilot project is w/c March 26. Project development and delivery is now being targeted to this date, and will include detailed draft proposals being brought through SEMT and TIC, as well as broader and ongoing staff engagement.

A follow-up staff engagement workshop is taking place on January 31.

Mobile Working Strategy: October – December 2017

This project will develop and Implement a NIAS Mobility working Strategy to outline what the workforce needs in order to take advantage of real time data access. A number of workshops have been arranged to ensure key stakeholders views are captured in the development of the Strategy.

The ICT enabling group representing a cross-directorate membership undertook a NIAS Mobile Maturity Assessment of where we are now and where we want to be in terms of:

- Policies and Governance
- Network and Infrastructure
- Mobile Security and Compliance
- Mobile management
- Mobile Applications

Mobile Maturity Assessment
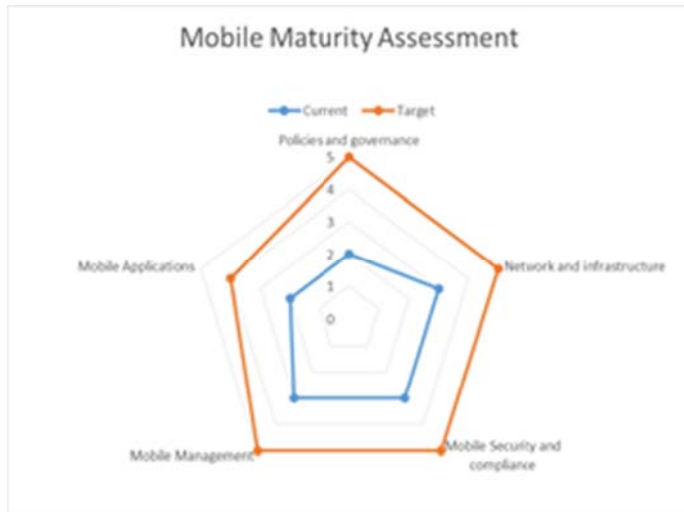
Work is ongoing with the development of the strategy and a target date for completion of a first draft document is February 2018.

TB/01/02/2018/05

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT
MEDICAL DIRECTORATE

Interim Medical Director
1 February 2018
(November-December 2017)

Medical Directorate Performance Report for Trust Board

Emergency Planning & Business Continuity	
	Please refer to attached Emergency Planning Reports for November-December 2017. The Trust's Emergency Planning Team continues to participate in major incident planning and multi-agency exercises. NIAS has submitted a business case for provision of an MTFA response and has subsequently submitted a revised case at the request of the Department of Health. The initial brief was for NIAS to provide a capability identical to that in other UK Services, but the DoH has now provided further information regarding a Home Office assessment which suggests that a similar level of capability is not required in Northern Ireland. On this basis an interim model has been proposed including the provision of vehicles, equipment, training and dedicated staff in order to provide a 24/7 MTFA response team. This fresh business case was provided to the Department on 3 January 2018. In line with the NIAS Business Continuity Strategy and Policy, and a Priority 1 finding from Internal Audit, the Business Continuity lead is continuing a series of meetings with representatives from all Departments of NIAS in order to review and develop individual Business Continuity Plans, and exercising of these will be undertaken in due course. It is anticipated that this will be completed prior to March 2018. Current on-call arrangements were subject to review by the NIAS Workforce Planning Group and a series of recommendations agreed. The implementation of these recommendations was initially deferred due to a number of significant events such as G8, World Police & Fire Games etc. This was further impacted by the outcome and recommendations of the review of industrial action and an independent review to inform the development of a policy on the use of marked vehicles in 2017/18.
Risk Management	
Corporate Risk Register	The Trust's Corporate Risk Register is presented monthly to SEMT, and to the Assurance Committee as a standing agenda item. A series of Directorate-specific Risk Register workshops, facilitated by the Risk Manager, took place earlier in the year. Following recommendations from Internal Audit, the Corporate Risk Register is now included with Trust Board papers and appears as an Appendix to this report.

	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. In accordance with the 2017/18 annual audit plan, BSO Internal Audit carried out an audit of Risk Management within Northern Ireland Ambulance Service (NIAS) during June 2017. The final report has been received and no Priority 1 issues identified. Further review of risk management is anticipated in Q4 2017/18 as part of the ongoing assurance process.
Incident Reporting Procedures	A review of the incident reporting procedure included the introduction of remote access to the Datix system allowing station management staff the ability to submit and review untoward incident reports while contributing to the overall database. Training has been undertaken for the relevant station management staff and the system is now live. A Datix Administrator has been appointed and took up post in September 2017. NIAS has adopted the revised regional serious adverse incident reporting procedure. NIAS continues to participate in the learning outcomes review from SAIs regionally with a composite report of Untoward and Serious Adverse Incidents being reported at each meeting of the Assurance Committee. A fourth meeting of the Trust's Learning Outcomes Review Panel took place in November 2017. The panel has been established to enhance and support individual and organisational learning from events such as untoward incidents, disciplinary investigations, claims, compliments, Serious Adverse Incidents (SAIs) etc. as well as feedback at organisational, local and individual levels. These are presented in a redacted form so that the emphasis is on learning as an organisation, rather than attributing blame. The outcome from the panel is reported to the Trust's Assurance Committee. Future meetings will include contributions from the Control Training Team reflecting national learning from AMPDS governance meetings.
Outcomes from Reports, Alerts, etc.	Regular reports on complaints, compliments, adverse incidents including SAIs 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. The electronic aide memoire developed by the Quality Improvement Team has been further updated following feedback from frontline staff. This contains protocols and referral pathways accessed via a dedicated phone app, although hard copies of the latest pathways are made available to all frontline staff. At present over 300 staff are making use of this facility.

Clinical Care	
Infection Prevention & Control	The Infection Prevention and Control Group continues to advise the Trust on matters relating to infection prevention and control, and the reduction of the risk to patients of healthcare-acquired infection, as well as the safeguarding of staff and patients from other infections. Activity in this regard is reported to Trust Board through the Assurance Committee. No healthcare acquired infections (HCAIs) were reported within the Trust during the year. In July the RQIA inspection team undertook audits of Broadway and Bangor ambulance stations. These highlighted a large number of concerns relating to the knowledge and practice of staff as well as vehicle and environmental cleanliness, which naturally raises concerns about the robustness of the assurance process. Follow-up inspections by RQIA demonstrated continued concerns and as a result, NIAS was served with improvement notices relating to the arrangements at Broadway and Bangor stations and the associated governance processes. A significant amount of work was undertaken to address all of these concerns, and follow-up assessments by RQIA showed substantial improvement. This resulted in the removal of the improvement notices for practice at the stations concerned, and training of staff, but the notice relating to governance processes was updated with recognition of the fact that this was an ongoing process and would require a longer timescale to demonstrate that it was fit for purpose. A review date of the end January 2018 was agreed and it is anticipated that RQIA will undertake a further assessment at this time. All NIAS stations were inspected in July 2017 by local Station Officers using the same criteria as the RQIA and similar issues relating to the estate have been identified in other locations. Custom and practice issues have been addressed locally and the regional training team developed a refresher training programme to highlight the importance of IPC and to encourage best practice as well as auditing its uptake. This has involved significant input from the training team and the Clinical Support Officers in particular, which has impacted on other important training and the roll-out of the new Corpuls defibrillators across the Service. This training is due for completion in mid-January 2018 and will have reached all operational staff with the exception of those on long-term sickness absence. Specific training was provided to station management, the training team themselves and also senior management in order to improve governance processes. The Operations Directorate is actively addressing the longer term approach to vehicle cleaning in order to adopt a system which will allow for regular cleaning of vehicles without the need to stand down operational crews, thereby avoiding a direct impact on operational response. The review of the IPC Policy & Procedures document remains a work in progress with completion

	anticipated before the end of January 2018.
Regional Community Resuscitation Strategy	The Community Resuscitation Lead (CRL) took up position on 2 October 2017. The Community Resuscitation Officers (CRO) started in post on 1 January 2018, working broadly in line with divisional boundaries. The CROs are currently progressing through an Induction programme to work across the main themes of their role – Schools, CFR Schemes, AED's and communities. All of the CROs are currently carrying out Area Profiles to establish a baseline of activity. The CRL has held a number of stakeholder meetings with local Councils, British Heart Foundation & Education Authority to discuss partnership working. Community Resuscitation has been included within Health and Wellbeing actions of Community plans in 4 Council Areas and progress has been made in a further 4 with plans to ensure inclusion across all 11 councils. The councils have positively responded to supporting the creation of a Community of Lifesavers. Over 1000 AEDs have been registered with NIAS and significant work has been carried out to ensure that the location of these AEDs can be shared with organisations like Council. The AED revised registration form and website will be going live mid-January 2018. This will enable NIAS to highlight where AEDs are located and that they are 'emergency ready' if required. Working in partnership with HSCB data is being analysed to provide statistics for Out of Hospital Cardiac Arrest including outcomes. This should be available in March 2018. There are currently 12 CFR Schemes and a CFR Co-ordinator Forum has been developed to enable the Co-ordinators to share good practice and ensure there is standardised processes in place across all schemes. This will ensure a high standard of training and a mechanism for data collection of CFR activity.
Regional Electronic Ambulance Communications Hubs (REACH) Project (previously ePRF)	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 to initiate procurement options and the full tender process. A procurement strategy has been agreed which will follow a restricted OJEU process. In preparation for this, a series of workshops have been held to engage staff in the preparation of our requirements. A supplier engagement event took place in November 2017. The event held at Knockbracken Hall was attended by 8 suppliers and 50+ attendees from NIAS, HSCB (ehealth), and ED staff from other Trusts with excellent feedback from both suppliers and staff about the engagement opportunity. Draft statement of requirements documents have been forwarded to PALS. A draft timetable for procurement has

	been revised following a meeting with PALS to reflect the contracting requirements that need to be agreed before tenders are issued and the resource implications for PALS. The delay is likely to be February 2018. The project has been rebranded REACH (Regional Electronic Ambulance Communication Hub) to reflect the wider reaching objectives of data sharing and integration on a regional basis with the other Trusts and alternative care pathways.
Annual Quality Report	The Trust's 2016/17 Annual Quality Report was presented to Trust Board in December 2017.
Alternative Care Pathways	Work has continued to embed the appropriate care pathways resulting in more patients being referred directly to specific services such as palliative care, home care teams, community diabetic teams, community respiratory teams, etc. Further pathways are being explored but will require co-operation from partner Trusts if these are to operate in a safe and sustainable fashion. Most recently a pathway for referral of patients with mental health issues to crisis counsellors. The Medical Director has written to all GPs in Northern Ireland detailing the process for ACPs and the Clinical Support Desk, and a number of meetings have been held with representatives of primary care in order to address concerns raised relating to the consideration of safety issues within all of the appropriate care pathways. Untoward incidents relating to referral pathways are individually reviewed by the improvement team. Work on policies including information markers and frequent callers continues, but these are not yet ready for submission to Trust Board. A temporary post has been created for an officer to focus on frequent callers and is currently managing around seventy patients by engaging with the patients directly and their relevant healthcare providers. Following significant delay due to difficulty in agreeing job evaluations with staffside representatives, the Clinical Support Desk Team is now fully operational, actively managing calls to both offer a hear and treat service, and to identify calls which may require a more urgent response. This process is based on the Manchester Triage System and is being closely monitored, with early reports indicating a significant upturn in activity and performance compared to the previous GP triage model. The benefit of the team has already been demonstrated to the extent that extra funding has been sought to increase cover over the busy Christmas period. The quality improvement programme to monitor and review compliance with the appropriate care pathways continues and a number of reports are attached indicating compliance and performance in the areas of:

	- Acute coronary syndrome care; - Cardiac arrest management; - Management of falls in older patients; - Management of hypoglycaemia; - Management of acute stroke. The focus on infection prevention and control issues as a result of the RQIA inspection has directly impacted on this process due to the commitment required from the Clinical Support Officer tier. As a direct result, the number of calls being audited has decreased significantly. However those being audited show continued progress across the areas outlined and work continues to ensure compliance in all areas. The transformation team developed a pathway for referral of patients suffering an acute mental health crisis to a partner agency (Lifeline) and this went live in December 2017. A further pilot will include the provision of "street triage" using a team comprising a paramedic, police officer and psychiatric nurse.
Helicopter Emergency Medical Service (HEMS)	The HEMS service became fully operational at the end of July 2017 and by the end of December 2017 had been tasked to 199 calls across all of Northern Ireland, with attendance at 124. This equates to approximately one serious trauma call per day. The service is based at the Maze Long Kesh site where a single helicopter carrying a team comprised of the pilot, critical care doctor and paramedic (also trained in flight operations) is available. A second paramedic mans the airdesk to notify the crew of calls likely to illicit a response and in January 2018, this function will move to EAC in NIAS Headquarters where the airdesk paramedic will have access to the full C3 system as well as face-to-face contact with the entire dispatch team. It is anticipated that this will increase the number of calls allocated to HEMS as well as reducing the dispatch time. As well as direct dispatch by the airdesk, air support can also be requested by NIAS road crews if required. When not responding to calls the HEMS team undertake constant training in order to maintain proficiency. Two aircraft are operated by the designated charity partner, Air Ambulance Northern Ireland (AANI), although the second is in effect a backup in the event of scheduled maintenance or technical problems, and is held at St Angelo Airport, Enniskillen. There have been a number of public events at the base to publicise the service. The helipad at the Royal Victoria Hospital site is not serviceable at this time, but plans for this are being moved forwards by the Belfast Trust with a view to completion in Spring 2018. This will significantly reduce the transfer time of patients who will have to undergo secondary road transfer from alternative sites at the Musgrave Park Hospital or Belfast City Airport in the interim.

	When flight operations are affected by weather or daylight restrictions, the team responds by road using a vehicle which has been provided with the call sign Delta 7. This is in keeping with all of the Delta call signs which represent a prehospital care doctor response, and historically was the personal call sign of Dr John Hinds, who campaigned for the introduction of the HEMS service. All UK air ambulance helicopters have call signs commencing "Helimed" in order to receive priority from air traffic control, and therefore the Delta call sign could not be assigned to the aircraft. The Chief Executive, Medical Director and Director of Finance attend the HEMS Management Board Meetings. The AANI charity is already raising very significant amounts from charitable donations as part of their work to ensure the long-term sustainability of the HEMS service. As part of the Memorandum of Understanding with AANI, the NIAS Clinical Team participate in events to raise the profile of the service with a view to raising further public support. The combined clinical advisory groups for HEMS and the Regional Trauma Network continue to meet and the NIAS Chief Executive has been appointed as the Chair of the Panel following the retirement of the previous Medical Director. The full implementation of the Regional Trauma Network is not a prerequisite for the introduction of the HEMS service, but it is hoped that it will commence in Q1 2018/19. The hospital Trusts have expressed concern regarding capacity for and repatriation of trauma patients, although regular review of HEMS missions has indicated a responsible approach to the choice of destination hospital for patients which should help to avoid overwhelming any individual site.

Personal Public Involvement / Patient Client Experience

Patient and Client Experience Standards (PCES)	The Trust's Patient Experience Workplan for 2017/18 includes: • 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 Voices leads to improved services; • engagement with the Comms Team on options for a NIAS 10,000 Voices awareness and promotional campaign; • continued promotion of 10,000 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; • re-launch 10,000 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.

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. Over 300 patient stories related to the Ambulance Service have been collected covering all aspects of the service, including emergency 999 response, Patient Care Service and 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:

- a presentation at the Always Events Regional Workshop, Lough Neagh Discovery Centre, 8 November 2017. NIAS is contributing to the development of regional "Always Events" on respect and attitude. The aim of Always Events is to identify and promote the aspects of patient experience that health and social care providers should always get right. Work is underway to create a regional model for the development of Always Events for implementation throughout HSC;
- engagement with British Deaf Association and service users with hearing impairments in collaboration with Northern Trust – 23 November 2017, Antrim Hospital;
- representation at the Regional 10,000 Voices Facilitators Working Group on 24 November 2017;
- shared learning form stories with NIAS Training staff to look at areas for learning and improvement (part of a review on how the patient's voice can be reflected in training).

Further work is underway to use 10,000 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.

Learning related to a minority of individual experiences which did not meet our required standards related to delays in ambulance arrival and staff attitude. These reflect themes included in complaints and work has been undertaken in relevant training programmes to address issues around attitude and behaviour.

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 the Corporate Induction Resource Pack and training programmes.

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 in collaboration with the PHA, and meetings in that regard remain ongoing. On 23 November, NIAS met again with PHA PPI leads to seek further guidance and support in terms of review of structures and systems. NIAS received additional support and resources from PHA colleagues in December. A paper is now being drafted for submission with recommendations to SEMT. A major focus during this reporting period has been on the development of a significant public and staff engagement programme for 2018. This will see engagement and consultation on a range of transformation policies in development, alongside a specific focus on the PPI standards, whilst taking into account the evolving DoH guidance on co-production and do-design.

EMERGENCY PLANNING REPORT November-December 2017

KPI No		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2	**No of Potential Major Incidents**	1	1	1	1	1			2	1			
	No of Declared Major Incidents		1			1							
	No of Airport alerts												
	Belfast International Airport					1			1				
	Belfast City Airport		1					1					
	City of Derry Airport												
	St Angelo Airport												
	Newtownards Airfield												
	Other airfields												
	Business Continuity	3	5	3	1	5	3	1	8	10			
	Hazardous Material Incidents (HART calls)				6	4							
	HART pre-planned deployments	1	2		2	1	6	2					
4	**Training sessions**	1	3	3		3	3	3	4	3			
	Emergency Planning	2	3	2	1	2	1	1	5	1			
	HART	7	11	6	1	1	2	7	8	5			
	Business Continuity	1							1				
5	**Exercises**												
	Live	1		2		1			1				
	Tabletop	1		2		1				2			
	Observer		2						1				
6	**Updates or Amendments to MIP**												
	Events		3	1	3	4	2	2					
	HART Calls / Deployments	68	93	79	101	90	87	79	85	81			
	GOLD Operational							1					

Potential Major Incident

On 12 November 2017 at 0247hrs NIAS received a 999 call for a report of a road traffic collision involving a bus with 30+ persons on board in Bellaghy, Co Londonderry. Tasked to the scene were 5 A&E crews, 2 Officers, a Mobile Control Vehicle & Emergency Equipment Vehicle. An additional two Officers contacted control but were not dispatched.

On 15 November 2017 at 1737hrs NIAS received a 999 call to Coolmoyne House, Dunmurry for a house fire with persons reported on the 9th Floor. Tasked to the scene 3 A&E crews, 3 Patient Care Service / Intermediate Care Vehicles, 4 Rapid Response Vehicles, HART 1&2, 7 Officers, 1 Doctor, 1 Helicopter Emergency Medical Service crew and the Mobile Control Vehicle & Emergency Equipment Vehicle. Two Trusts were alerted to the potential for large numbers of patients. Two patients were transported to Lagan Valley hospital for minor smoke inhalation.

On 3 December 2017 at 1058hrs NIAS received a call for a fire on the eighth floor of Bradbury Court. Tasked to the scene were 3 A&E crews, 1 Intermediate Care Vehicle crew, 1 Rapid Response Vehicle, 1 HART call sign, 1 Doctor and the Emergency Equipment Vehicle & Mobile Control Vehicle. An additional off-duty HART paramedic en route from home and two Officers were available off duty (not on call) if required.

Major Incidents

There were no declared Major Incidents during this period.

Airport Alerts

On 10 November 2017, in response to a "heads up" phone call from the Belfast City Airport, the emergency planning team made their way towards the Belfast International Airport. The International Airport called in an airport alert (999 call). The incident alert was not upgraded as the aircraft made a crash / emergency landing but only one patient received a minor hand injury. Officers were delegated the roles of forward triage officer, parking officer, and communications officer. The vehicles were parked in line with the Rendezvous Point (RVP) procedure, an Emergency Planning Support Officer took on the role of a loggist. All staff were requested to don full Personal Protective Equipment and the doctor in Oscar 34 was ask to be prepared to move forward with the forward triage officer as the first ambulance response. The plane landed and the landing was declared an aircraft accident as it landed without front landing gear. The passengers were removed from the aircraft by airport fire service and transported to the terminal building. At this point all resources not already arrived at the RVP were stood down. Oscar 47 and Oscar 34 were tasked to the survivor reception centre in the terminal building. The forward deployment was asked to switch to radio event 1 talk group this channel was monitored by HART 1 whilst the rest of the resources at the RVP remained on their normal channels. In consultation with Oscar 47 it was decided to scale down resources at the RVP, two A&E crews to be held at the RVP. Oscar 47 requested one ambulance be tasked to the Survivor Reception Centre to transport one patient to Antrim Area Hospital with a minor hand injury. At that point the decision was taken to stand down all other resources. As it was clear that there was not going to large numbers of patients, the officer in charge decided to attend the Multi-Agency Room (MAR) at the silver command room. When in the MAR a request came from the police for a NIAS attendance at the Friends & Family centre being set up in the airport hotel, HART 2 was tasked. NIAS stood down from the MAR and the friends and family centre at 1640hrs.

HAZMAT / Hazardous Area Response Team (HART) deployments

114 = Deployments with Breathing Apparatus skills / HAZMAT deployments

1 = Incident at height
 25 = Restricted space
   0 = Rope tech
   0 = Quick don
   0 = Mountain rescue
   0 = MTFA
 22 = In-land Water Operation
   4 = HAZMAT

William Newton

Northern Ireland Ambulance Service
Health and Social Care Trust

ACUTE CORONARY SYNDROME
QUALITY IMPROVEMENT COMPLIANCE
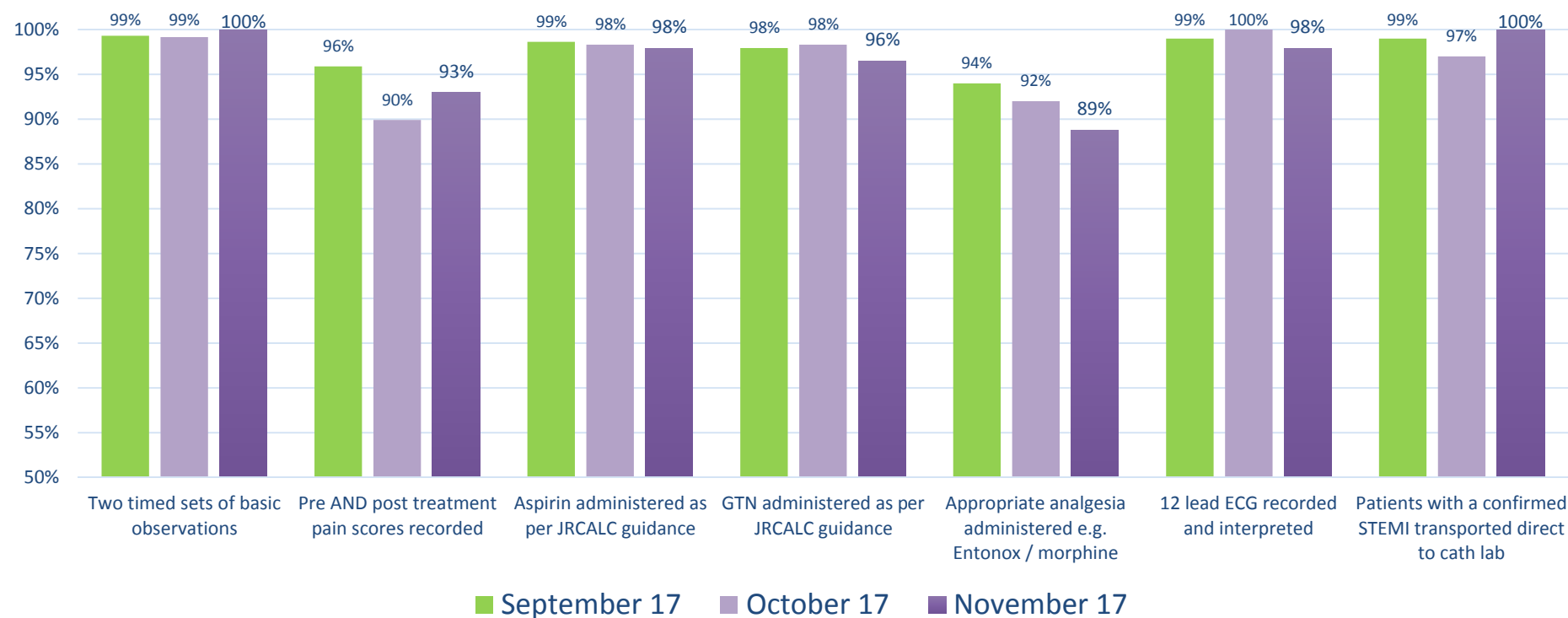
	September 17	October 17	November 17
Two timed sets of basic observations	99%	99%	100%
Pre AND post treatment pain scores recorded	96%	90%	93%
Aspirin administered as per JRCALC guidance	99%	98%	98%
GTN administered as per JRCALC guidance	98%	98%	96%
Appropriate analgesia administered e.g. Entonox / morphine	94%	92%	89%
12 lead ECG recorded and interpreted	99%	100%	98%
Patients with a confirmed STEMI transported direct to cath lab	99%	97%	100%

Legend: September 17, October 17, November 17

Northern Ireland Ambulance Service
Health and Social Care Trust
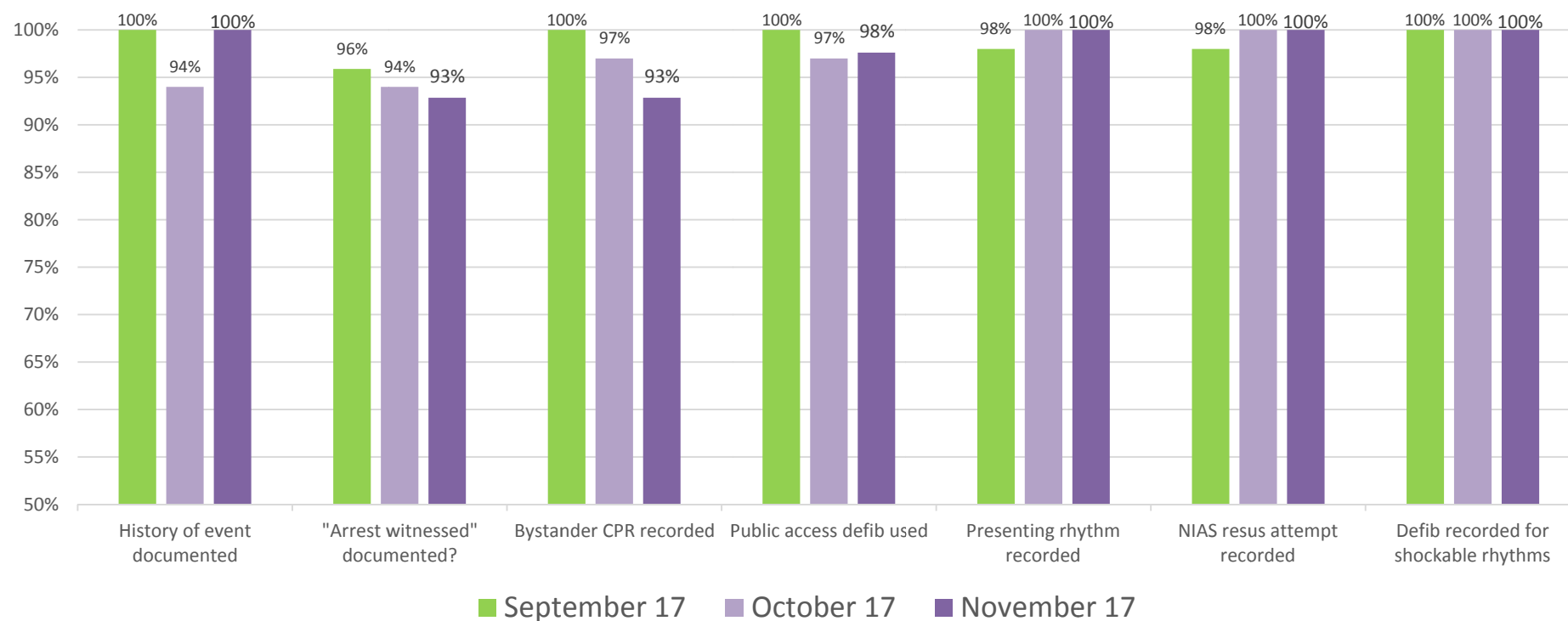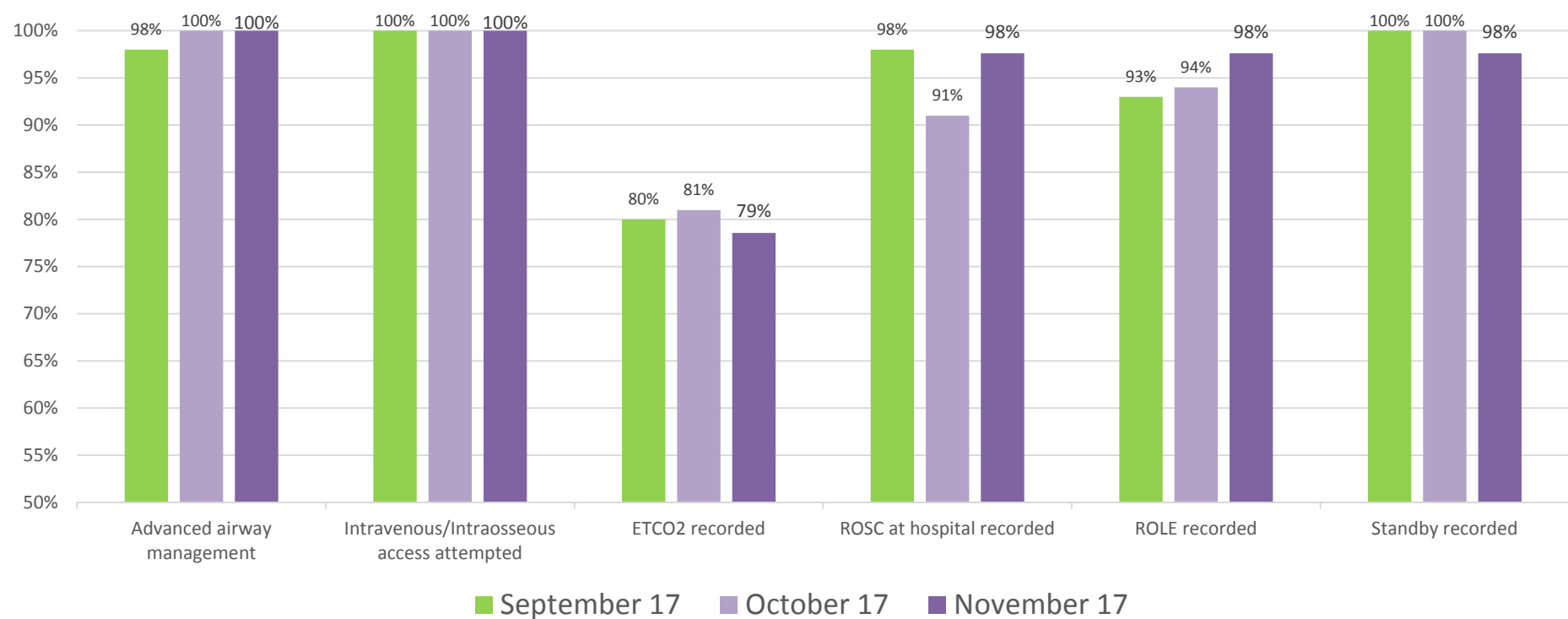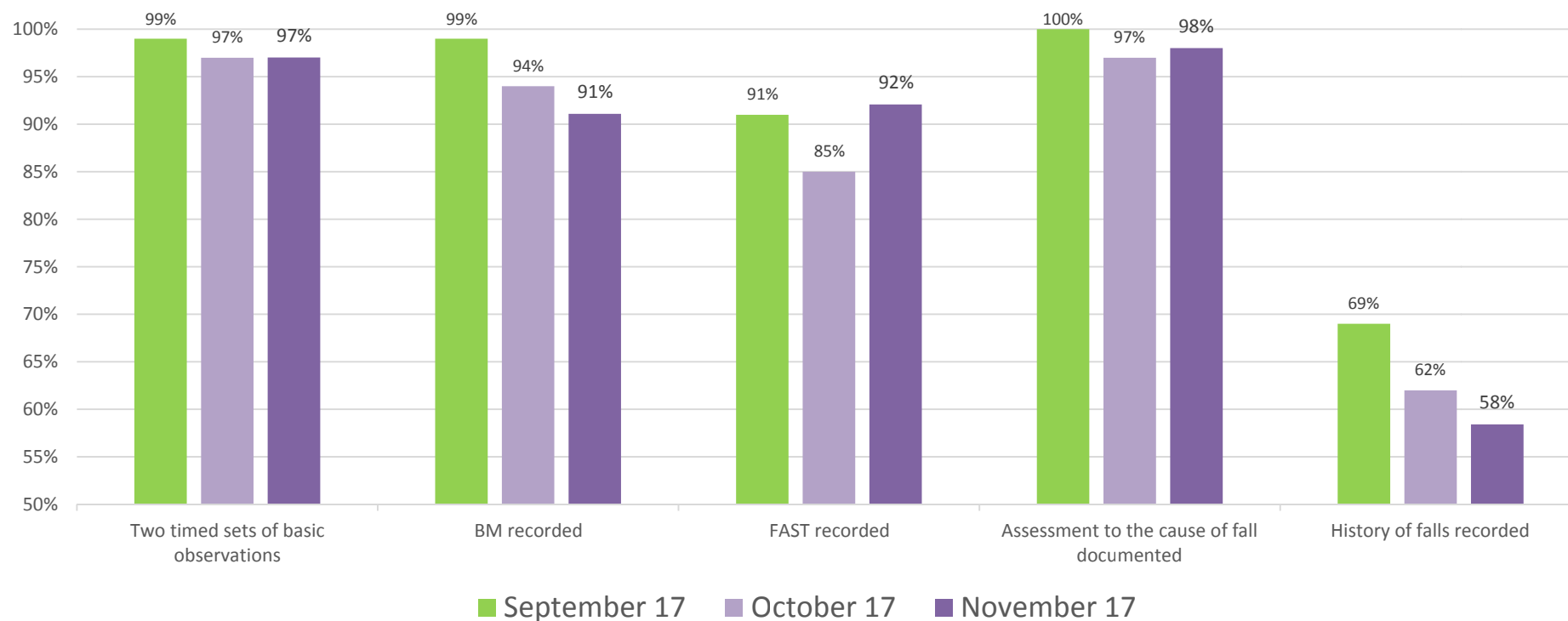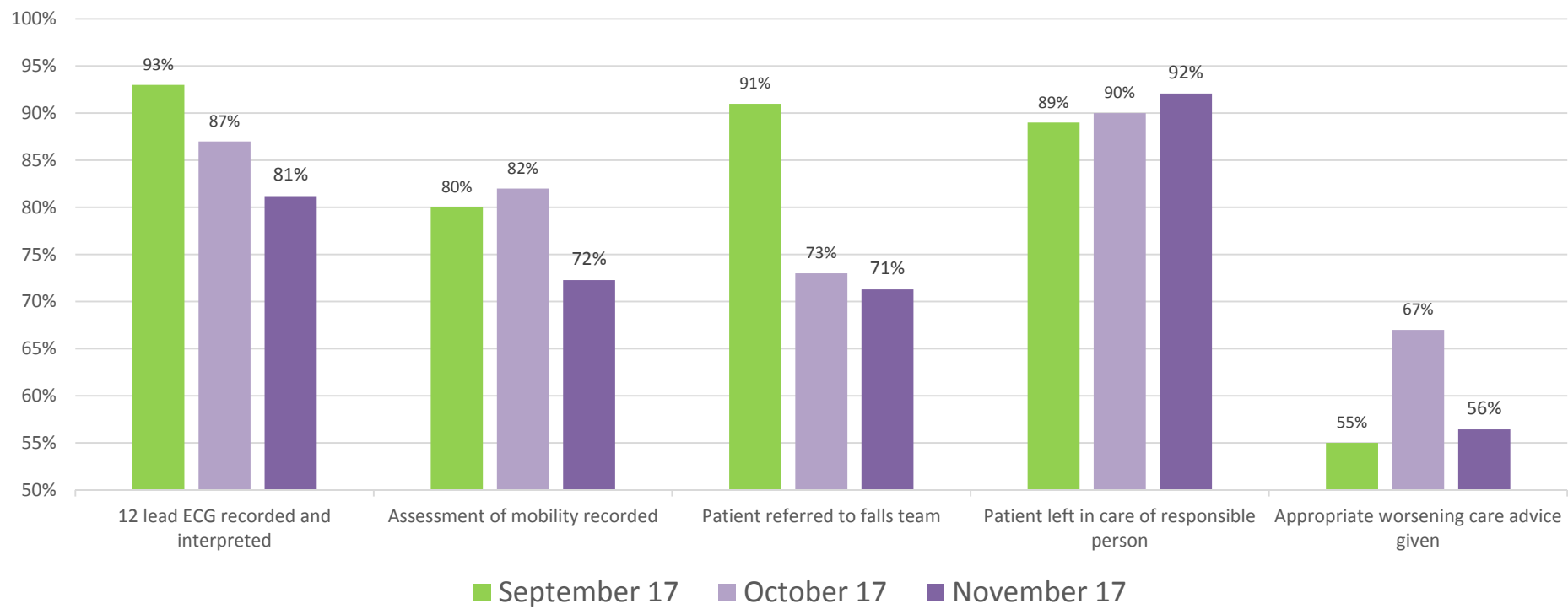
HYPOGLYCAEMIA
QUALITY IMPROVEMENT COMPLIANCE

Legend: September 17, October 17, November 17

Two timed sets of basic observations: 100%, 100%, 97%
Pre-treatment BM recorded: 100%, 100%, 100%
Post-treatment BM recorded: 100%, 100%, 100%
Appropriate treatment adminstered (for age and GCS): 100%, 97%, 97%
Carbohydrates adminstered post treatment: 89%, 97%, 100%
Patient referred to diabetic appropriate care pathway: 86%, 94%, 85%
Patient left in care of responsible person: 95%, 100%, 100%
Appropriate worsening care advice given: 84%, 88%, 88%

STROKE
QUALITY IMPROVEMENT COMPLIANCE

Northern Ireland Ambulance Service
Health and Social Care Trust

September 17   October 17   November 17

TB/01/02/2018/06

ID	Principal Aim,Objective.Value	Description (Policies)	Risk level (initial)	Risk level (current)	Risk level (Target)	Lead Director	Initial Action Taken to Control/ Mitigate Risk	Opened	Review Date	Action Plan to Address /Mitigate Risk
318	To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessable, timely and effective	There is a risk to the Trust of safe care to the public as a consequence of the impact of pressures within the HSC system due to winter pressures. NIAS are experiencing longer response times across all categories but significantly Category A response. This is due to increased turnaround times, assisting Trusts with equalising ambulance arrivals, resulting in crews being out of area, frequent requests for 999 diverts etc.	HIGH	HIGH	MEDIUM	DIROPS	NIAS has developed a Winter Plan. The plan focuses on increasing patient transport capacity and co-ordination to improve the flow within the system. NIAS liaises with the HCSB and Acute Trusts on daily conferences to assess and manage risk to services including ambulance. NIAS has introduced additional measures to support staff, e.g. respite for crews experiences long turnaround times. Ambulance receivers in place at Ulster Hospital Dundonald (UHD) and Craigavon Area Hospital (CAH). Additional Voluntary Ambulance Services (VAS) and Private Ambulance Services (PAS) to protect emergency response capacity Use of scripts in Emergency Ambulance Control (EAC)	15/01/2018	16/01/2018	Continue to implement agreed winter plan. Continue to work proactively with HSC and Acute Trusts. Continue to support staff. Continue to monitor risk on a daily basis.
300	To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessable, timely and effective	If adequate business continuity arrangements are not in place for Emergency Ambulance Control (EAC), there is a risk that calls may not be answered and patient care will be compromised. In the event of a systems failure in EAC the current options of decanting to either East Control Knockbracken or Non-Emergency Ambulance Control (NEAC), Altnagelvin could only be sustained for a short period, i.e. less than one week. The Trust needs to consider a more resilient contingency arrangement, i.e. a remote site with associated technology infrastructure.	HIGH	HIGH	MEDIUM	DIROPS	There are a number of contingencies in place in the event of a failure: If EAC is no longer functioning but systems are available, staff can operate from the onsite recovering room at RMC. If onsite recovery not available Control staff have to operate from Altnagelvin. C3 failure - move to paper based system. Radio/telephony failure - move to land lines/mobile telecommunications/Zetron/hand portable radios. ICCS failure - desk based phone contingency. BT failure - calls can be diverted to our 'Buddy' service the Scottish Ambulance Service (SAS). Discussion with IT with regards to improvement of mobile signal (August 2017). Review of fire risk assessment carried out, a number of recommendations have been made including fixed wiring test. Fixed wire testing took place 18th October 2017. Risk escalated to Corporate Risk Register at SEMT 24.10.17. Business Impact Analysis template has been produced and distributed to all Directorates (November 2017).	26/10/2016	16/01/2018	Complete review of arrangements for Business Continuity in Emergency Ambulance Control and Non-Emergency Ambulance Control required (Q3 16/17). Slippage due to EAC pressures - (Q1 18/19). Discussion required with IT with regards to contingencies for server failure (Q3 17/18) e.g. consideration of moving hardware to HSC data centres. Slippage due to EAC pressures - (Q1 18/19). Inspect water pipes above emergency ambulance control; determine if further action is required to reduce risk of further leak/rupture; which includes a possible realignment of pipework (Q3 17/18). Slippage due to EAC pressures - (Q1 18/19). Fixed wire debrief to be arranged (Q4 17/18).

ID	Principal Aim,Objective.Value	Description (Policies)	Risk level (initial)	Risk level (current)	Risk level (Target)	Lead Director	Initial Action Taken to Control/ Mitigate Risk	Opened	Review Date	Action Plan to Address /Mitigate Risk
252	To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessable, timely and effective	There is risk to the Trust that resources allocated to the strategic management of risk and governance are not sufficient. This includes areas such as patient safety, Quality 2020, PHA Initiatives, health and safety (including RIDDOR reporting, risk assessment, policy development etc.), medical devices, infection prevention and control, HCIs, medicines management, Serious Adverse Incident process, involvement reports to other Trusts, interface incidents, child protection/vulnerable adult/safeguarding reporting, address flags/warnings, frequent callers, oversight of risk registers/action plans, administration of the Datix Risk Management System, Oversight of RQIA Reports, Francis Report, Oversight of Trust wide Controls Assurance Process, action plans and continual improvement, general administration etc. The area is not presently sufficiently resourced to support the Trust in ensuring compliance across all related statutory requirements and Ministerial priority work streams in these areas. There is a risk that the administrative burden associated with these areas will detract from the management of risk within NIAS. There are not enough resources to take forward a number of outstanding reviews, IPC and H&S projects. Unlike other Trusts in respect of these initiatives, NIAS has not received dedicated funding. Due to the lack of resources, the Medical Director and Assistant Medical Director are constantly being diverted to operational/minor issues, reducing their ability to focus on core functions.	MEDIUM	HIGH	LOW	MEDDIR	At the introduction of its Risk Management processes the Trust created a role which was dedicated to discharging its duties in respect of risk management and statutory compliance with regard to risk management and specific health and safety regulations. Resource issue raised at SEMT (August 2014), initial draft document prepared Jan 2015. MD developed and submitted option appraisal Jan 2015. Recruitment document and option appraisal drafted for discussion between MD and CEO in April 2015. Temporary Risk Manager (RM) appointed with affect from 19th January 2016. Escalated to Corporate Risk Register 26.07.16. Temporary Incident Administrator in post from 28th November 2016, funded until March 17. Safeguarding Pathway introduced November 2016. Approval to recruit Risk Manager passed to HR January 2017. TUs agreed to re-engage with Job Evaluation process (February 2017). Upgrade to DATIX Version 14.0 complete (Risk Manager - August 2017). Datix Administrator appointed (October 2017). Planned Governance Review Complete; a number of recommendations have been made (MEDDir/CEO Q3 2017/18).	04/08/2014	16/01/2018	Permanent full time resource required for Risk/Governance Lead. Job Description and Approval to Recruit passed to HR (January 2017); awaiting evaluation (Led by MedDir, input from HR). Complete review of Incident Management processes required (to include new policy, procedure, investigation protocol, guidance for statements, SAIs, RIDDOR, inter-trust incidents, controlled drugs incidents process etc.). Risk Manager (Q3 17/18). This has slipped due to competing priorities. Expected completion (Q1 18/19). DATIXWeb Incident reporting training and instruction manuals required for line management for management of incidents (Risk Manager - July 2017). This has slipped due to competing priorities. Expected completion (Q1 18/19). Modernisation of Datix, full implementation of DATIXWeb incidents and DATIXWeb Risks (Risk Manager - August 2017). This has slipped due to competing priorities. Expected completion (Q1 18/19). Plan to appoint IPC specialist (MEDDir Q3 2017/18). Re-evaluation required, expected completion February 2018. Plan to appoint Clinical Lead (MEDDir Q3 2017/18). This has slipped due to competing priorities. Expected completion (Q1 18/19). Complete review of warnings/flags process (to include new policy, procedure). (MEDDir Q3 2017/18). This has slipped due to competing priorities. Expected completion (Q1 18/19). Complete review of safeguarding process (to include new policy, procedure). (MEDDir Q3 2017/18). This has slipped due to competing priorities. Expected completion (Q1 18/19). Complete review of frequent callers process (to include new policy, procedure). (Operations Q4 2017/18). This has slipped due to competing priorities. Expected completion (Q1 18/19). H&S Advisor Job description evaluated (October 2017). Recruitment expected January 2017
262	Build and maintain a high performing, appropriately skilled and educated workforce, suitability equipped and fit for purpose	There is a risk to the Trust in relation to the building condition incorporating physical structure, mechanical and electrical systems, space utilisation, statutory standards, and functional suitability. As at 30.12.17: Red - 23% will reflect a building that is, or is becoming largely untenable as a point for the delivery of an HSS service. Premises include Altnagelvin, Antrim, Ardoyne, Newtownards, Armagh, Ballycastle, Ballygawley, Broadway, Craigavon, Downpatrick, Enniskillen, Forster Green, Knockbracken, Larne and Omagh. Amber - 33% will reflect a building that may have a significant remaining useful life, subject to appropriate management, but which will need major refurbishment/ re-planning within 5-10 years. Green - 44% will reflect new and relatively new buildings, the standards of which continue to be largely current, and which can be expected to deliver a service for the foreseeable future, subject to appropriate management.	MEDIUM	HIGH	LOW	DIROPS	Annual Review by Divisional Management Teams / Heads of Departments Monthly Checks Annual Reviews by Asst. D Op's and Risk Manager. Minor Works Consultancy Framework (MWCF) appointed (2017). Property Asset Management Report return made to the DOH (PAM PLAN) Quarter 3 2017. State of the Estate Report completed and returned as per DOH request 8th June 2017. All facilities assessed using RQIA Assessment toolkit (August 2017). NIAS has taken all actions required to address estate issued raised in the July and September inspection reports for Broadway and Bangor Stations (Q3 17/18). Estates Officer focusing on RQIA improvement works appointed January 2018.	31/12/2014	16/01/2018	Annual review by Divisions / Heads of Departments delayed due to competing pressures. Anticipated completion March 18. Led by AD Operations. Also see local risk 9, Estate Strategy. Local managers are prioritising the estate improvements required from the assessment made using the RQIA tool kit. Anticipated completion March 18 Estate Strategy being reviewed to identify and support capital investment priorities (Q4 17/18). Led by AD Operations. Newly appointed Estates Officer undertaking visits to all stations with a view to prioritising five pieces of RQIA related work, potentially in larger stations, by year end (March 18). Led by AD Operations.
286	To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessable, timely and effective	There is a risk to the Trust in the provision of safe care to the public. Increasing demand for ambulance response and transportation continues to outstrip capacity and compromise the delivery of safe, high quality care. Demand has been increasing by 5% annually (increase of 26% since 2012).	MEDIUM	HIGH	MEDIUM	DIROPS	NIAS uses internationally accredited Clinical Prioritisation System (AMPDS) to differentiate calls on basis of urgency and assign resources to the most urgent calls as a priority. NIAS uses Computer Assisted Dispatch (CAD) and Tactical Deployment Plan to align available resources with anticipated demand to deploy resources to location where they are most likely to be required to respond promptly to most urgent calls. NIAS financial planning prioritises provision of front-line resources. Performance Improvement Plan 2017/18 developed and being implemented. Demographic funding for poorest performing LCG agreed with HSCB. Financial resource and activity/performance are issues discussed at Trust Board and with HSCB. NIAS Modernisation programme established, this introduces measures to manage demand which result in an alternative outcome which is more appropriate for the patient and better for NIAS/HSC. Proposed clinical response model developed and approved by Trust Board (September 2016) Demand / Capacity review commenced April 2017; report July 2017.	16/05/2016	16/01/2018	New clinical response model and associated revised response targets to be consulted on post Capacity Review. Expected completion Q4 17/18.

ID	Principal Aim, Objective. Value	Description (Policies)	Risk level (initial)	Risk level (current)	Risk level (Target)	Lead Director	Initial Action Taken to Control/ Mitigate Risk	Opened	Review Date	Action Plan to Address /Mitigate Risk
240	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessable, timely and effective	There is a risk to the Trust that increased levels of sickness absence could lead to an inability to deliver the required service, and contribute to the inability to achieve financial balance. There are also associated reputational issues.	MEDIUM	HIGH	LOW	DIROPS	RMC processes for rostered leave since 2014. Absence levels reviewed and targets identified for Directorates and Areas 2017/18. Introduced 10% casual leave process to support long notice requests. Implemented across all NIAS frontline operational staff (A&E and PCS) since Jan 2016. Health and Wellbeing Group established (2016). Weekly reports of expected dropped shifts shared by RMC with Senior Managers. Staff encouraged to proactively manage own health and wellbeing. Flu vaccination offered to all staff annually, along with other health promotion initiatives. Processes in place to redeploy available resources across the region. Use of Private Ambulance Services and Voluntary Ambulance Services as necessary. The revised Trust Attendance Management Procedure was implemented 31 July 2017, associated training delivered September 2017. ASAMs actively implementing Absence Management Policy; individual case management involving Occupational Health as necessary, led by ASAMs. Use of overtime as necessary. Use of bank staff as necessary. Development and implementation of Absence Management Service Improvement Plan as part of the Operational Performance Improvement Plan (Q1 17/18). Development and implementation of Operations procedures to support implementation of NIAS Absence Management Policy. Transformation Team to support programme of projects to facilitate reduction in sickness absence levels (Q2 17/18). Development and implementation of Operations procedures to support implementation of NIAS Absence Management Policy. Transformation Team to support programme of projects to facilitate reduction in sickness absence levels (Q2 17/18).	21/12/2012	16/01/2018	The focus of improving attendance is now two collaborative projects "good attendance" and "improved productivity resource management" being managed under the Trust's Transformation and Improvement Collaborative Projects. Expected completion Q4 17/18. Service improvement of RMC/GRS/associated support services to ensure Operational Managers are able to optimise resources (Q3 17/18). Ops/HR identifying options for electronic monitoring and reporting of monthly absence management figure (Q3 17/18). Occupational Health Workshop planned (Q4 2017/18). Health and Wellbeing Workshop has been held in relation to Pilot of a Peer Support Model for the Trust. Health and Wellbeing Partnership Project launched by NIAS and Unison in December 2017 and surveys are in the process of being issued to staff through agreed methodology.
4	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessable, timely and effective	There is a risk to the Trust from the failure to review, update and test the internal business continuity plans.	MEDIUM	HIGH	MEDIUM	MEDDIR	Four 'critical' activities were identified in 2011, Call Taking, Information Processing, Ambulance Despatch and Clinical Care. Existing plans reviewed to ensure that the areas which directly influence these 'critical' activities have been tested, activated and reviewed or debriefed: including: REMDC, Operational Divisions, and specific ICT Infrastructures. Business Continuity Strategy and Policy reviewed and updated October 13 and submitted to Assurance Committee December 13 and Trust Board January 14. Overarching Business Continuity submitted to Assurance Committee Sep/Oct 2014. EP/BCP planning was added to induction for all new staff (May 2015). Risk de-escalated from Corporate Risk Register local Medical Directorate risk register following Trust Board Workshop July 2014. An Emergency Preparedness and Business Continuity Planning Group was established June 2012 to oversee the process. Business Continuity incidents and plan activations are reviewed as standing agenda items. Internal Audit recommendations in relation to BCP are regularly reviewed and actions agreed. Terms of Reference and Schedule of Meetings submitted to the Assurance Committee on a quarterly basis. Training for Directorate functional leads in BPC completed in November 2015. Business Impact Analysis Training carried out February 2016. Escalated To Corporate Risk Register May 16. Emergency Planning Lead seconded on a full time basis, review of Strategy/Policy/Plan commenced Led by Emergency Planning Officer (Q1/Q2 17/18). BCP Strategy, Policy and overarching plan sent out for consultation to the Emergency Preparedness & Business Continuity Group Meeting members, Area Managers and Staff Side representatives (May 17); then presented to EP Group (June 2017). BIA template reviewed and reduced to a six page document, tabled at EP Group (June 2017). BCP Strategy and Policy ratified by Trust Board in August 17. Documents also placed on SharePoint for reference for Staff. EAC exercise completed and report available. Business Impact Analysis started with IT. Business Continuity Exercise (Fixed Wire Testing) completed on 18 Oct 17. Complete review of arrangements for Business Continuity in Emergency Ambulance Control and Non-Emergency Ambulance Control required (Q3 16/17). Risk 300 opened in order to address this as a separate issue (raised 26.10.17). Business Continuity Certificate has been obtained by Business Continuity Lead (November	30/12/2010	16/01/2018	Directorate functional leads to complete BIA & BCPs; supported by the Emergency Planning Unit Q2 17/18. This has slipped due to competing priorities, expected completion Q4 17/18. Business Continuity strategic plan has been produced and is currently out for comments with the EPBC group, to be ratified for the next EPBC meeting on 8th February 2018 Planning a test exercise with IT against a cyber security attack, to be completed by March 18.

ID	Principal Aim,Objective.Value	Description (Policies)	Risk level (initial)	Risk level (current)	Risk level (Target)	Lead Director	Initial Action Taken to Control/ Mitigate Risk	Opened	Review Date	Action Plan to Address /Mitigate Risk
311	Review and develop operational systems and processes to support the service delivery model and provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.	Information security across the HSC is of critical importance to delivery of care, protection of information assets and many related business processes. If a Cyber incident should occur, without effective security and controls, HSC information, systems and infrastructure may become unreliable, not accessible when required (temporarily or permanently), or compromised by unauthorised 3rd parties including criminals.

This could result in unparalleled HSC-wide disruption of services due to the lack of/unavailability of systems that facilitate HSC services (e.g. the ability to dispatch and monitor emergency ambulances, appointments, admissions to hospital, ED attendances) or data contained within. This may result in the need for HSC to cancel appointments and treatments, or divert emergency/essential clinical or other services.

The significant business disruption could also lead to increased waiting lists, delayed urgent clinical interventions and ambulance response, suboptimal clinical outcomes and potentially bring liabilities for the Service.

It could also lead to unauthorized access to any of our systems or information (including clinical/medical systems), theft of information or finances, breach of statutory obligations, substantial fines and significant reputational damage. | HIGH | HIGH | LOW | FINDIR | Technical Infrastructure:
HSC security hardware (e.g. firewalls)
NIAS security hardware
HSC security software (threat detection, antivirus, email & web filtering).
NIAS security software (threat detection, antivirus, email & web filtering).
Server / Client Patching.
3rd party Secure Remote Access
Data & System Backups.

Policy, Process:
Regional and Local ICT/Information Security Policies (2016).
Data Protection Policy (March 2016).
Change Control Processes (template developed).
User Account Management processes (IT Policy 2016).
Disaster Recovery Plans (last reviewed 2016).
Emergency Planning & Service/Business Continuity Plans (last reviewed 2016).
Corporate Risk Management Framework, Processes & Monitoring (last updated Oct 16).
Regional & Local Incident Management & Reporting Policies & Procedures (under review).

User Behaviours - influenced through:
Induction Policy.
Mandatory Training Policies.
HR Disciplinary Policy.
Contract of Employment.
3rd party Contracts / Data Access Agreements.
IG Training (ongoing).

Senior HSC IT Management concurred with Internal Audit's assessment that the National Cyber Security Centre (NCSC) 10 Steps to Cyber Security was appropriate guidance for HSCNI organisations to use as benchmark for their Cyber Security Control environments (Q1 17/18).
ICT Security Monitoring is a standing agenda item on IGSG which reports to the Assurance | 09/08/2017 | 16/01/2018 | Internal Audit has substantively assessed three of NCSC 10 Steps to Cyber Security in respect of Incident Management, Malware Prevention and Secure Configuration (December 2017). Internal Audit Assignment report with an assurance classification for each organisation will be provided (Q4 17/18).
A regional business case to fund improved cyber security for HSC is currently in development Q4 17/18.
A series of Business Impact assessments in relation to Business Continuity is ongoing. NIAS Emergency Planning Department (Q3 17/18). Delayed, expected completed Q1 18/19.
A SIRO Cyber Security Programme Workshop is to be arranged to baseline the key perceived cyber security threats that exist across all HSC organisations. This workshop will examine and collate existing controls, accountability, processes and general preparedness for Networks and Information Systems Directive and General Data Protection Regulation (GDPR) with a view to formulating a regional approach that adopts the information security compliance framework detailed in ISO 27001 (Q3 17/18). Delayed, expected completed Q1 18/19.
Explore "faux" cyber security exercises to test user behaviours, service continuity / disaster recovery plans (AD ICT, Q4 17/18). |
| 312 | To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessable, timely and effective | There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance.

The Trust has consistently returned a break-even financial position and has a sound understanding of cost / income with controls in place to manage spend. There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely:
1. Increases to Savings Target given significant emerging pressures across Northern Ireland public sector. The Trust has been advised at this date (July 2017) of a savings requirement of £1m in 2017/18.
2. Overspending against core budget.
3. Cost Pressures and Service changes not fully recognised and funded by Commissioners. Income levels for prior year developments, new service developments and other unavoidable pressures have been highlighted to HSCB /DoH colleagues and the Trust is assuming that these costs will be met in full.
4. 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.

Given the challenging financial position for the public sector in Northern Ireland NIAS will continue to actively engage with Commissioners and DoH to track emerging financial pressures and their impact on NIAS. Any changes in these assumptions will result in further contingency measures which are likely to impact directly on the delivery of front line services. | HIGH | HIGH | LOW | FINDIR | Controls are in place to mitigate each of these factors as follows:
A. Applying internal budgetary control processes led by Director of Finance reporting monthly to Chief Executive as Accounting Officer. This will continue to be underpinned by detailed budget reports produced by finance to support budget holders. Directors are held accountable to Chief Executive. Financial position is a standing item on SEMT agenda for DoF to provide update and test assumptions.
B. Submission and engagement with DoH/HSCB re any emerging financial implications for HSC in the context of Northern Ireland public sector budgets to be reflected in NIAS Trust Delivery Plan. Ongoing monitoring, review and engagement with stakeholders.
C. Ongoing monitoring, review and engagement with stakeholders will continue throughout to highlight emerging cost pressures and service changes.
D. Ongoing monitoring, review and engagement with stakeholders will continue throughout recognising that there remain uncertainties in particular in respect of the outcome of Agenda for Change (both in terms of timing and magnitude).
E. Development and implementation of a Trust Delivery Plan, including savings proposals, by NIAS for 2017/18 in conjunction with Trust Board. Engagement with staff and patient representatives and fulfillment of any statutory consultation requirements.
i) Ongoing application of controls A to E above.

At July 2017, the Trust awaits guidance from HSCB over the format and content of the Trust Delivery Plan for 2017/18. The Trust continues with the regular completion and submission of Trust Monitoring Returns and other financial returns. The Trust continues with the budgetary reporting cycle to Budget Holders, SEMT and Trust Board.
Guidance on the Trust Delivery Plan structure and timeline for 2017/18 was received in September and a draft submitted to HSCB in November 2017.
In December 2017, the Trust received notification that the HSCB are generally satisfied with the content of the Trust Delivery Plan. This approval noted the forecast balanced position in 2017/18 was largely due to in year non recurrent savings and referenced ongoing discussion with HSCB in regard to achieving a balanced financial position in subsequent financial years. | 28/07/2017 | 16/01/2018 | Ongoing application of controls A to E (controls in place) throughout 2017/18.
The Trust is engaging with HSCB/DoH in a comprehensive exercise to forecast expenditure levels in the current and subsequent financial years. |

ID	Principal Aim,Objective,Value	Description (Policies)	Risk level (initial)	Risk level (current)	Risk level (Target)	Lead Director	Initial Action Taken to Control/ Mitigate Risk	Opened	Review Date	Action Plan to Address /Mitigate Risk
316	To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessable, timely and effective	Due to demand for services it may not be possible for NIAS to stand vehicles down for cleaning. This may result in the failure to comply with Infection Prevention and Control Policy and Procedures which could present a risk to patient safety. NIAS uses Operational crews to clean scheduled vehicles thus reducing levels of cover. Recent modelling has identified there is insufficient capacity to meet demand and performance targets. Further reduction of capacity for vehicle cleaning could enhance risk to Patients through delayed response and transport.	HIGH	HIGH	LOW	DIROPS	Infection Prevention Control Policy & Procedures 2015. Vehicles identified for weekly clean by Emergency Ambulance Control. When possible and subject to available funding additional cover will be provided to enable crews to be stood down. NIAS will continue to provide protected time to facilitate cleaning and make ready after patient handover as required to meet standards under the Trusts Infection Prevention Control Policy & Procedures 2015.	13/10/2017	16/01/2018	NIAS are committed to reviewing alternatives to using frontline staff to clean vehicles. Two options are being explored: Use of contractors under the Trust's facilities contract and development of an in house model using non clinical staff. Both options will require Commissioner Support. Operations Director & ADOps, expected completion date Q4 17/18. Review/streamlining of procedures for monitoring cleaning underway (ASAMs Q3 16/17). Area Managers progressing plans to introduce dedicated cleaning teams by January 2018.
283	To Achieve the best outcomes for patients whilst Ensuring High Quality Corporate Governace, Risk Managemen t and probity	If Human Resources does not have adequate resources to support the Trusts key priorities, there will be delays in the delivery organisational objectives. There is also a risk to the timely delivery of departmental objectives and an inability to meet statutory requirements. There is the potential to lead to further delays in meeting statutory requirements. Ongoing organisational pressures resulting in significantly increased workload for HR staff (relating to Workforce Stabilisation Programme which commended in June 2014); new/additional unfunded HR workstreams (relating to Job Evaluation and mainstreaming of residual BSTP workstreams) and lack of stability within the HR Department over the last number of years (due to secondments to BSTP project and long term sickness absence of key members of staff).	HIGH	HIGH	LOW	DIRHR	(1) Ongoing prioritisation of statutory duties; (2) Operation of Escalation Procedures together with robust performance management arrangements; (3) Employment of temporary agency staff for short fixed term periods, with budgetary constraints; (4) Prioritisation of engagement in regional and local workstreams; (5) Support mechanisms for HR staff including line management support, Carecall 24 hour confidential counselling service and Occupational Health; (6) Work on HR role clarity and development of managers toolkit for HR processes has commenced (7) Recruitment activity has transitioned to RSSSC (8) Relevant statutory duties up-to-date and processes in place to review	29/04/2016	16/01/2018	HSC Leadership Centre review in relation to HR structure and capacity to has been undertaken and further work on proposed structure has been completed by DHRCS. Workstreams related to statutory requirements continue to be prioritised. Role clarity work in progress; Managing Attendance Procedure has been agreed and launched and training/tool kit is under development (Q3 17/18).
309	To Achieve the best outcomes for patients whilst Ensuring High Quality Corporate Governace, Risk Managemen t and probity	If the Trust does not adhere to Infection Prevention and Control (IPC) Policy, Procedures and associated guidelines, there may be a risk to patient safety, staff safety and potentially organisational reputation.	HIGH	HIGH	LOW	MEDDIR	IPC covered in PP training (2009/10). IPC contained in annual workbook (2012/13). Hand hygiene audits carried out (2014). IPC Policy and Procedures in place and signed for by all staff (2015). Infection Prevention & Control Group established and meeting quarterly; items escalated to Assurance Committee as necessary (ongoing). Vehicle cleaning is considered as a 'standing item'. Incident reporting procedures in place (under review). IPC training included in Futurequals EMT syllabus (16/17 & 17/18). Vehicle cleaning reporting system developed with EAC recording on a database (ongoing). Presentation on 'Make ready' system to IPC and MEG (November 2016). RQIA highlighted difficulties in maintaining vehicle cleaning regimes due to operational pressures (05.07.17). Corporate IPC Action Plan developed (July 2017). ASAM IPC Risk Management Workshop (August 17). Regional IPC refresher programe ongoing (commenced 17.10.17). Implementation of regional IPC Audit Tools (July 17 forward). IPC Group meeting monthly from October 2017. IPC KPIs for 2017/18 set (September 2017). IPC KPIs updated following feedback from RQIA (November 2017). Note also Vehicle Cleaning Risk 316 opened due to increasing pressures and a change in Lead Director (October 2017). IPC Lead Job Description evaluated (October 17). Estates Officer appointed (January 18). Agency vehicle cleaning staff pilot ongoing (January 2018).	24/07/2017	16/01/2018	Review of IPC Policy, Procedures & SOPs (MEDDir & Risk Manager Q3 17/18). Delayed - anticipated Q4 17/18. Appointment of IPC Lead (MEDDir Q3 17/18). Delayed due to requirement to change and re-evaluate JD, anticipated Q4 17/18. Ongoing review of systems and procedures for facilities, equipment and vehicle cleaning (Ops Dir 2018/19). External consultant engaged to deliver 7 one day IPC sessions for line management and Training (MEDDir Q3 17/18). Mop up sessions to be delivered February and March 18. Job description for Vehicle Cleansing Operative under development, anticipated evaluation February 2018.

TB/01/02/2018/07

CHARITABLE TRUST FUNDS AMALGAMATION

The Board of the NIAS HSC Trust as corporate trustee has delegated responsibility to manage the Charitable Trust Funds to the Director of Finance and ICT. The Director of Finance and ICT oversees the day to day financial management and accounting for the Charitable Trust Funds during the year.

There are four Charitable Trust Funds of which one is unrestricted and three are restricted. The restricted funds relate to specific regional areas and correspond with certain ambulance stations.

Charitable Trust Fund balances as at 30 September 2017 are:

- General (unrestricted)   £5,905

- Newry   £2,758

- Ballymoney (A Barr)   £2,139

- Omagh   £162

The Trustee's Annual Report for 2016-17 detailed that as the Omagh fund's balance had reduced to £160, that it would be reviewed in 2017-18 with a view for the funds to be transferred to the General fund.

As no significant donations have been received in 2017-18 to date for the Omagh fund, it is appropriate to close the fund and transfer the balance of £162 to the General fund to enable the funds to be utilised. It is anticipated that this balance would still be available for requests from Omagh station within the General fund where possible.

Recommendation to Trust Board

The Director of Finance & ICT proposes that the Trust Board in its capacity as corporate trustee approves the proposal to close the Omagh fund and transfer the remaining balance to the General fund.

TB/01/02/2018/08

MID-YEAR ASSURANCE STATEMENT 2017/18

This statement concerns the condition of the system of internal governance in the Northern Ireland Ambulance Service (NIAS) HSC Trust as at 30 September 2017.

The scope of my responsibilities as Accounting Officer for NIAS, the overall assurance and accountability arrangements surrounding my Accounting Officer role, the organisation's business planning, risk management and governance framework remain as set out in the Governance Statement which was signed on 15 June 2017. The purpose of this mid-year assurance statement is to attest to the continuing effectiveness of the system of internal governance. In accordance with Departmental guidance, I do this under the following headings.

1. Governance Framework

The Governance framework as described in the most recent Governance Statement continues in operation. The Assurance Committee, Audit Committee, and Remuneration Committee continue to meet regularly to discharge their assigned business. Minutes of meetings, together with Board meeting minutes containing the Committees' reports, have been provided to and are available for Departmental inspection to further attest to this.

2. Assurance Framework

An Assurance Framework, which operates to maintain and help provide reasonable assurance of the effectiveness of controls, has been approved and is reviewed by the Board. Minutes of Board and Committee meetings are available to further attest to this. The Assurance Framework is considered as a standing agenda item at each meeting of the Trust's Assurance Committee. The format of the Assurance Framework has been revised and approved by the Assurance Committee and will be subject to further development to reflect revised corporate objectives as part of an updated corporate plan.

3. Risk Register

I confirm that the Corporate Risk Register has been regularly reviewed by the Board of the organisation and that risk management systems/processes are in place throughout the organisation. As part of the Board-led system of risk management, the Register is presented to the Assurance Committee for discussion and approval and all significant risks are reported to the Board, most recently on 5 October 2017. In addition, I confirm that Information Risk continues to be managed and controlled as part of this process.

4. Performance against Business Plan Objectives / Targets

I confirm satisfactory progress towards the achievement of the objectives and targets set out in the organisations business plan as approved by the Department with the following exception:

The Trust's target is that 72.5% of Category A potentially immediately life threatening calls be responded to within 8 minutes, 67.5% in each Local Commissioning Group (LCG).

NIAS continues to pursue these targets for Category A performance. From April to September 2017 the Trust achieved a Regional cumulative performance of 50.3% a 1.5% decrease from the same period last year. The LCG target was only achieved in Belfast and only for the month of July. The average response time for September 2017 was 10 minutes 56 seconds compared with 10 minutes 18 seconds for September 2016 (6% increase).

Demand Capacity Pressures.

Not being able to meet the continued increase in demand continues to be the main factor in failing to achieve the performance target. Comparing 2017 data with 2016, for April to September, total emergency demand has increased by 2.6% (2,281 calls). The month of May has been the busiest month to date with demand up by 5.1% (890 calls) this is the equivalent of an additional 30 calls per day.

NIAS have been citing demand and capacity pressures to Commissioners and the Department of Health Representatives as being the key reason for the failure to meet Category A performance recurrently since 2012. NIAS commissioned the Association of Ambulance Service Chief Executives (AACE) to undertake a Demand Capacity Review, in March 2017 with the final Report presented to NIAS Trust Board on 17 August 2017. The report achieved all of the objectives of the specification and highlighted the following:

- Emergency demand predicted to rise by 3.1% per year to 2021/22;
- Retaining existing performance targets and do nothing projected an A8 performance of 45.8% i.e. 26.7% below the target 2021/22;
- Recommended NIAS introduce a "Clinical Reponse Model"; and
- Achieving the new targets for the Clinical Response Model would require an additional 4,478 Emergency Ambulance hours per week plus 179 Intermediate care Ambulance hours (ICV). This is the equivalent to 333 Full Time Equivalents (FTEs).

The principles underpinning the current response model were developed in 1974. Time based standards have been used as a key performance measure for ambulance services both nationally and internationally, despite a lack of evidence that they lead to good clinical care for most patients. Given the development of the role and skills of Paramedics and other ambulance personnel in the pre-hospital environment, the 1974 response principles are limiting the delivery of best care to patients and are not making best use of service resources or clinical skills.

Significant and sustained increases in call demand have also been seen in Ambulance Services in England, Wales and Scotland who have recognised the need to change their response models and have implemented significant change programmes using patient outcome data as the basis for determining the priority of the ambulance response.

2017/18 Performance Improvement Plan

The 2017/18 Performance Improvement Plan has been approved by Trust Board. The plan focuses on two main areas:

1. Ensuring compliance with commissioned response capacity.
2. Improving the impact of our response model.

Ensuring compliance with commissioned response capacity

Key elements include:
- A review of Intermediate Care Ambulance cover, plus the use of Voluntary and Private Ambulances to support winter pressures along with the introduction of flexible shift patterns and bank staff to support compliance with planned hours. All completed and continue to be reviewed;
- An Improvement Collaborative Project to achieve an average hospital Turnaround times of 30 minutes. In progress; and
- Improve unit hour production through efficiencies from work force planning and recruitment, management of sickness and management of leave. In progress.

Improving the impact of our response model

Key elements include:
- Improve patient flow and reduce Emergency Department (ED) breaches through use of Hospital Ambulance Liaison Officers. Completed;
- Use of the revised ED Dashboard to "equalise ED attendance" completed; and
- Increase Hear and Treat rates through the introduction of a Paramedic led Clinical Support Desk in Emergency Ambulance Control. Go live date 6 October.

Workforce Recruitment Activity

A number of developments in respect of the Paramedic role within NIAS have resulted in recruitment to new posts within the Trust. These include:
- Helicopter Emergency Service (HEMS) Paramedic;
- Clinical Support Desk (CSD) Paramedic; and
- Community Paramedic

Current workforce information (as at 31 August 2017) indicates the following frontline vacancies:

Post	Vacancies (WTE)
Paramedic	12.83
Rapid Response Vehicle (RRV) Paramedic	9.26
Emergency Medical Technician (EMT)	24.51
Ambulance Care Attendant (ACA)	10.20

A recruitment exercise for Health and Care Professions Council (HCPC) registered Paramedics commenced in June 2017. From this recruitment 7 Paramedics are due to begin work with the Trust in November 2017 and a waiting list is in place. In addition, a further course is planned for 24 EMTs in year.

5. Finance

I confirm that proper financial controls are in place to enable me to ensure value for money, propriety and regularity of expenditure under my control, manage my organisation's budget, protect any financial assets under my care and achieve maximum utilisation of my budget to support the achievement of financial targets.

I confirm compliance with the principles set out in MPMNI and the Financial Memoranda which includes:
- Safeguarding funds and ensuring that they are applied only to the purposes for which they were voted;
- Seeking Departmental approval for any expenditure outside the delegated limits in accordance with Departmental guidance;
- Preparation of business cases for all expenditure proposals in line with Northern Ireland Guide Expenditure Appraisal and Evaluation (NIGEAE) and Departmental guidance and ensuring that the organisation's procurement, projects and processes are systematically evaluated and assessed;
- Accounting accurately for the organisation's financial position and transactions;
- Securing goods and services through competitive means unless there are convincing reasons to the contrary; and
- Procurement activity should be carried out by means of a Service Level agreement with a recognised and approved Centre of Procurement Expertise (CoPE).

Adequacy and adherence to these controls are regularly reviewed internally and through the work of Internal and External Audit and a programme of assessment of compliance with applicable Controls Assurance Standards. Issues identified as part of this process are detailed within sections 7-9.

6. Information Governance – General Data Protection Regulation (GDPR)

I confirm that my organisation is taking appropriate steps and carrying out the necessary actions to ensure we are appropriately prepared for GDPR by 25 May 2018.

7. Controls Assurance

I confirm implementation of action plans arising from the year-end self-assessments of compliance with Controls Assurance Standards has commenced. Progress on delivery of the action plans is in line with mid-year expectations.

There has been a significant rise in the level of information requests (7.8% increase April – August 2017 compared to the same period in 2016). This represents a growth from 494 requests (under Data Protection and Freedom of Information) in April 2016 to August 2016 compared to 536 in the same period in 2017. Additional staff resources have been assigned to alleviate these pressures which will contribute to the completion of internal audit recommendations.

The Trust continues to work to progress all Controls Assurance action plans within agreed timeframes and available resources.

8. External audit reports

I confirm implementation of the external auditor's accepted recommendations has commenced. Progress on delivery of the recommendations is in line with mid-year expectations.

There are a number of recommendations that have been partially implemented, for example the Trust continues to work to implement all aspects of Agenda for Change within national and regional processes and timescales. There remains, however, a significant number of staff that continue to be paid on account, without prejudice and subject to the outcome of the evaluation process. Given that the final outcome of the process remains uncertain, the risk to financial breakeven and stability remains as previously reported by external audit.

The Trust continues to work to progress all of the external auditor's accepted recommendations within agreed timeframes and available resources.

9. Internal audit

I confirm implementation of the accepted recommendations made by Internal Audit has commenced. Progress on delivery of the recommendations is in line with mid-year expectations. Of the 183 recommendations examined, 132 (72%) have been fully implemented, a further 50 (27%) have been partially implemented and 1 (1%) remains to be implemented.

In respect of the recommendation that remains to be implemented, the Trust is required to review the procedures for the management of unsocial hours for both core and relief staff.

In respect of the recommendations that have been partially implemented, significant progress has been made in the preparation for a data flow exercise and the development of an overarching framework of business continuity exercises, however full implementation of these recommendations remain a challenge.

The Trust continues to work to progress all of the internal auditor's accepted recommendations within agreed timeframes and available resources.

In addition to the mid-year follow up review of Internal Audit recommendations, Internal Audit have completed and reported on one assignment in the first six months of 2017/18. Fieldwork in a further audit three audits (Resource Management, Helicopter Emergency Medical Service – HEMS and Governance and Assurance Reporting) is complete. The audit assignment and levels of assurance provided are as follows:

AUDIT ASSIGNMENT	LEVEL OF ASSURANCE PROVIDED BY INTERNAL AUDIT
Risk Management	Satisfactory

Action plans have been or will be developed to address these findings within agreed timeframes and available resources.

Business Service Organisation (BSO) Internal Audit also conducts a programme of Shared Service audits as part of the BSO Internal Audit Plan. The recommendations in these reports are the responsibility of BSO Management to take forward and are presented to the BSO Governance and Audit Committee. As NIAS relies on the BSO Shared Service Centres for the delivery of a range of services, a summary of these reports is provided to NIAS and the NIAS Audit Committee. The audit assignments and levels of assurance provided are as follows:

SHARED SERVICES AUDIT ASSIGNMENT	LEVEL OF ASSURANCE PROVIDED BY INTERNAL AUDIT
Payroll Processing Shared Service (Follow up review as at September 2017)	Limited
Payroll Stability	Unacceptable

Internal Audit provided Limited assurance in relation to Payroll Processing. Internal Audit recognise that work has commenced to address the issues however it has not been completed and implemented to strengthen the control environment in practice. These recommendations relate to key payroll areas such as overpayments, variance monitoring controls, managing the resolution of customer queries and maternity payment calculations.

Internal Audit provided unacceptable assurance in relation to payroll stability. Whilst it acknowledges that steps have been taken to commence the process of addressing a number of outstanding recommendation areas work has not, in the opinion of Audit, sufficiently progressed to show other than unacceptable assurance at this stage.

NIAS will continue to work with BSO, Shared Services Centres and other HSC Organisations within the established regional structures in order to address these findings and deliver the benefits of the new systems and ways of working.

10. RQIA and other reports

I confirm that implementation of the accepted recommendations made by external bodies is ongoing. The Regulation and Quality Improvement Authority (RQIA) Action Plan is a standing item on the agenda of the Assurance Committee.

RQIA conducted an Independent Review of the Northern Ireland Ambulance Service to assess the progress made in taking forward the recommendations of the 2011 RQIA Review and the recommendations relevant to NIAS made in the 2014 RQIA Review of Unscheduled Care. Progress updates on the associated action plan are provided to Assurance Committee twice yearly, most recently on 4 May 2017.

RQIA carried out unannounced inspections for Infection Prevention and Control (IPC) in July of two stations – Broadway and Bangor. Both inspections highlighted serious concerns and senior management met with RQIA in July and August to begin to address these concerns. Subsequent follow up unannounced inspections at the same stations in

September resulted in the issue of Improvement Notices requiring the Trust to implement a number of improvements to achieve minimum compliance by 30 October 2017. In line with RQIA process, the Trust has developed a Quality Improvement Plan which it is vigorously implementing.

The Trust continues to work to progress all of the accepted recommendations made by external agencies within agreed timeframes and available resources.

11. NAO Audit Committee Checklist

I confirm completion of the NAO Audit Committee Checklist and that action plans will be implemented within agreed timeframes and available resources to address any issues. I also confirm that any relevant issues will be reported to the Department.

12. Board Governance Self-Assessment Tool

I confirm completion of the Board Governance Self-Assessment Tool and that action plans will be implemented to address any issues. The Action Plan is considered by Trust Board, most recently on 1 June 2017. I also confirm that any relevant issues will be reported to the Department.

13. Internal Control Divergences

Category A Response Performance

This is considered in detail in Section 4.

Regulation and Quality Improvement Authority (RQIA) Inspections

This is considered in detail in Section 10.

Agenda for Change

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 i.e. 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.

NIAS continues to engage with DoH to seek completion of this process. In the meantime DoH have begun work on a Workforce Review for NIAS in partnership with the Trust and trade union colleagues.

Trade Unions raised a grievance in respect of the ongoing Agenda for Change process and the Trust has engaged independent support (through the Leadership centre) to resolve the grievance to the satisfaction of all parties.

Staff Welfare and Attendance Management

NIAS's sickness absence target for 2017/18, as agreed with the DoH, is to "improve sick absence rates by 5% on 2016/17 levels". NIAS therefore must achieve an absence rate of 9.95% in 2017/18.

The month of August 2017 saw a particular spike in absence which rose to 11.24% for the month however at 31 August 2017 the Trust was on track to meet this target with a cumulative absence level of 9.00 %.

Whilst NIAS is on track to meet the 2017/18 target, it is acknowledged that absence within NIAS remains higher than in other HSC Trusts/NHS Trusts. The following measures are being undertaken to address current levels of absence and promote health and wellbeing among our staff:

- Health and Wellbeing Group established under Engagement Strategy;
- A new Attendance Management Policy and procedure is in the process of being rolled out through a programme of management training;
- A dedicated Attendance Management Station Officer post has been created;
- Work is underway to recruit a Health and Wellbeing Project Manager;
- Work with Inspire Wellbeing to promote workforce Health and Wellbeing;
- Establishment of a trade union partnership Health and Wellbeing Project;
- Access of all staff to a fast-track Physiotherapy service; and
- Promotion of flu vaccine uptake including exploration of peer vaccination and flu communications plan.

These measures are in addition to those identified as part of the Demand and Capacity Review and Performance Improvement Plan considered in Section 4.

Industrial Relations

Job Evaluation processes have been restored within the Trust and continue to progress.

In addition to existing consultative mechanisms for trade union engagement the Trust has also established a Partnership Project with Unison which includes membership of other recognised trade unions with a focus on Health and Wellbeing.

Financial Position 2017/18

NIAS has plans in place which are designed to deliver efficiency savings and achieve financial breakeven. It is anticipated at this stage of the year that the Trust is on target to achieve financial breakeven by year end. However, this is subject to a series of assumptions as follows:

- 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.

- Income levels for prior year developments, new service developments and other unavoidable pressures have been highlighted to HSCB /DoH colleagues and the Trust is assuming that these costs will be met in full. These have largely been agreed.
- Savings remain as advised to NIAS of £1m. The Trust has plans in place to achieve these savings on a non-recurrent basis in the year. Any further efficiency savings in 2017/18 have the potential to impact adversely on front line service delivery.

Any changes in these assumptions may result in the deferral of service developments or contingency measures that may impact directly on the delivery of front line services.

Continuing uncertainty and the political environment internationally, nationally and locally has the potential to add significantly to the financial challenges ahead. The Trust has been advised that some resources made available through 2017/18 are non-recurrent. These are in addition to the non-recurrent delivery of savings and creates an estimated opening recurrent gap of £2.2m in 2018/19. As with other financial years the Trust will continue to work with HSCB, DoH and other stakeholders and remains committed to achieving financial breakeven and achieving any further required savings while maintaining safe and effective care to patients.

Electronic Patient Care Report Form (EPRF)

The currently NIAS paper-based system continues to significantly constrain the structure and content of our clinical records as well as our clinical audit process and NIAS remains the only Ambulance Service within the UK that has no electronic clinical record.

An outline business case for an electronic clinical record has been submitted, however support for the revenue implications of this development remains outstanding. The Trust has been supported to progress to procurement to validate the revenue estimates and inform a full business case ahead of any further approval to proceed. NIAS also continues to engage with key stakeholders as part of the implementation of a Regional Electronic Healthcare Record.

The Trust will continue to work with DoH and the HSC Board to progress and support these essential elements of the modernisation agenda through the EPRF Programme Board.

HSC Structural Change

NIAS will continue to engage at all levels throughout the HSC system to safeguard ambulance priorities in any revision to HSC structures and processes, moving forward pending the Minister's announcement of future structural changes.

The implications of the extension of shared services to ICT, Business Information, Medical/Nurse/AHP Bank and Occupational Health Services remains a challenge. NIAS is anxious to ensure that core line-of-business systems and processes are appropriately

supported and secured in any change proposals. NIAS has participated fully in information gathering exercises to enable better understanding of these services in NIAS.

Paramedic Pre-registration Education

The Trust has established a Pre-registration Paramedic Education Project to facilitate future training of Paramedics. The project team has undertaken a formal procurement exercise through BSO PaLS to engage a Higher Education Institute to work in partnership with the Trust to develop and deliver a HCPC approved level 5 programme. The tender strategy and specification have been developed and the advertised tender closed on Friday 29 September 2017.

Succession Planning

Given the growth in demand for the service and movement to new service models it is anticipated that the management structure will change and opportunities will appear with consequential challenges to succession planning. This may be further impacted by potential Trust Board level changes to include the appointment of a new Chair.

There are no other significant internal control divergences that have been identified to me.

14. Mid-year assurance report from the Head of Internal Audit

I confirm that I have referred to the Mid-Year Assurance report from the Head of Internal Audit which details the assurances the organisation has received from internal audit in the first six months of the year and reports on the accepted internal audit recommendations.

Mr Shane Devlin
CHIEF EXECUTIVE & ACCOUNTING OFFICER
12 October 2017

TB/01/02/2018/09

Northern Ireland Ambulance Service
Health and Social Care Trust

<u>*Minutes of a meeting of the Audit Committee held on Thursday 15 June 2017 at 10.00am*</u>
<u>*in the Boardroom, Ambulance Headquarters,*</u>
<u>*Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG*</u>

PRESENT:	Mr W Abraham	Non-Executive Director (Chair)
	Dr J Livingstone	Non-Executive Director
IN ATTENDANCE:	Mr S Devlin	Chief Executive
	Mrs S McCue	Director of Finance & ICT
	Mr P Nicholson	Assistant Director of Finance
	Mr A Phillips	Financial Accounts Manager
	Mr B Clerkin	External Audit (ASM)
	Mr R Ross	External Audit (NIAO)
	Mr D Charles	BSO Internal Audit
	Ms H Hagan	Department of Health (DoH)
	Mr D Mahaffy	Senior Secretary

Welcome and Introduction to the Meeting
Mr Abraham (Chair) welcomed everyone and thanked all members for their attendance.

1.0 Apologies

An apology was received from Mrs C McKeown, BSO Internal Audit.

2.0 Declaration of Potential Conflict of Interest & Confirmation of Quorum

No conflicts of interest declared and the meeting was confirmed as quorate.

3.0 Minutes of Previous Meeting of the Audit Committee held on 17 May 2017 (for approval)

The minutes were approved on the proposal of Dr Livingstone and seconded by Mr Abraham.

4.0 Matters Arising

4.1 Self Assessment

The Chair confirmed that this is being progressed and will be reported at the next Audit Committee.

There were no other matters arising not covered in the Agenda.

5.0 Chairman's Business

The Chairman advised that the Audit Committee Annual Report will be presented at the 'In Committee' meeting of the Trust Board being held on the afternoon of 15 June 2017.

6.0 Closed Meeting

At this point Mrs McCue, Mr Nicholson, Mr Phillips and Mr Mahaffy were requested to leave the meeting to allow Audit Committee members to meet independently with the Internal and External Auditors. After a period of time they were invited back to the meeting. Mr Abraham advised that there were no matters arising or actions required as a result of the closed meeting.

7.0   For Noting

7.1   External Audit Draft Report to those Charged with Governance (Including Draft Letters of Representation – Public and Charitable Trust Funds) 2016/17

Mr Ross provided an overview of the report as follows:

- NIAO anticipate recommending to the Comptroller & Auditor General to certify the 2016-17 financial statements with an unqualified audit opinion, without modification. No report on the account is required.
- In reaching this opinion NIAO have made the following key audit judgements:
- Section 3 of the report details one unadjusted misstatement relating to general accruals. Management have not corrected this misstatement as they do not consider it to be material in the context of the financial statements as a whole. Mrs McCue outlined the balance between the short period of time to prepare the accounts and the estimates required to achieve this.
- As a result of the audit, four adjustments were made to the first draft of the financial statements as follows:
  - Reclassification of defibrillators to assets under construction from plant and machinery additions;
  - Correction of historical difference in relation to transport equipment costs and accumulated depreciation;
  - Reclassification of land transfer; and
  - Reclassification of transport equipment transfers.

The net effect of the adjustments was £nil. These are presented to Audit Committee to show the extent to which the draft financial statements have been subject to change as a result of the audit process.

- There is a significant risk in relation to Agenda for Change and the lack of agreement on the pay banding of Paramedic, Rapid Response Paramedic and Emergency Medical Technicians. In light of the continued level of uncertainty, the auditor considers that this is appropriately disclosed as a contingent liability in the financial statements.
- Risks have been identified with controls operating within the Human Resources, Payroll, Travel and Subsistence (HRPTS) system and in Payroll Shared Services. NIAS continues to mitigate against these risks through dedicated resources targeted at the timely and accurate payment of staff and also the maintenance and improvement of controls in this area.
- Progress has been made in implementing prior year internal audit recommendations in a number of areas. Outstanding and new Internal Audit findings should remain a focus for the Trust.
- There were a number of minor findings regarding the quality of information in the first draft Audit Report and Accounts of 4 May 2017, with NIAS taking these comments on Board.
- A minor issue in relation to the reporting of prompt payment performance figures will be added to the report.
- The Department of Health have provided wording to all Trusts around challenges expected in 2017/18 which are included in the Governance Statement.

The Chair and Dr Livingstone thanked the NIAS team and Internal and External Auditors for their hard work and for their consistently high level of performance.

8.0   For Approval

8.1   Draft, Audited, Uncertified Exchequer Funds and Consolidated Charitable Trust Funds Annual Accounts 2016/17 (Including Annual Report, Remuneration Report and Governance Statement)

Mrs McCue confirmed that since the last meeting this document has been through the full audit process and a significant amount of review. Numerous amendments and presentational and typographical changes had been made. Mrs McCue referred the Committee to the Governance Statement on page 82 and confirmed that no significant changes had been made from the first

draft which had been presented at the 17 May 2017 meeting. Mrs McCue also confirmed that the risk in relation to Agenda for Change regarding Job Evaluations for NIAS Paramedics, RRV Paramedics and EMT posts continues to be highlighted at all levels.

Mr Abraham confirmed that NIAS is the only Trust achieving the Prompt Payment target of 95% and recognised the effort by all those involved, including budget holders, to achieve this
Mrs McCue confirmed a Revenue Resource Limit (RRL) of £71.584k and Net Expenditure £71.583k, resulting an underspend of £1k. The Trust has a Capital Resource Limit of £8.831k and Net expenditure of £8.827k resulting in an underspend of £4k. Both of these are excellent results.

Mrs McCue thanked all those involved in producing the Accounts and Annual Report and confirmed that there is still a small window of opportunity to amend typographical errors before it is finalised.

8.2 Draft, Audited Uncertified Charitable Trust Fund Annual Accounts and Trustee's Annual Report 2016/17

Mrs McCue presented the Charitable Trust Funds Annual Accounts and Trustee's Annual Report. The overall current balance is £11,103 made up of Total Unrestricted Funds of £6,505 and Total Restricted Funds of £4,598. Mrs McCue thanked Mr Phillips for his work in relation to Charitable Trust Funds.

9.0 Resolution to Trust Board

Subject to the satisfactory completion of outstanding audit matters, the Audit Committee agreed a resolution to Trust Board for the approval and signature as appropriate of:

Exchequer and Consolidated Charitable Trust Funds 2016/17

- Letter of Representation
- Performance Report
  - Performance Overview
  - Performance Analysis
- Accountability Report
  - Corporate Governance Report
  - Remuneration and Staff Report
  - Accountability of Audit Report
- Annual Accounts

Charitable Trust Funds
- Letter of Representation
- Annual Accounts
- Governance Statement
- Trustee's Annual Report

The Resolutions were agreed and signed, as appropriate by Mr Abraham, Dr Livingstone and Mrs McCue.

10.0 AOB

10.1 NIAS are currently undertaking a self-assessment exercise around cyber security which will be presented at the Trust Board Workshop in July 2017. It is anticipated that Internal Audit will also be attending. It was noted that BSO and other Trusts are also completing their own self-assessments.

11.0 Date, Time and Venue of Next Meetings

12 October 2017 at 2.00pm, Boardroom, NIAS Headquarters.

Please note that these dates may be subject to change and/or additional dates may be scheduled to accommodate Departmental deadlines.

Signed

(Chairman)

Date   12th October 2017

TB/01/02/2018/10

Northern Ireland Ambulance Service
Health and Social Care Trust

HSC

Minutes of a meeting of the Audit Committee held on Thursday 12 October 2017 at 2.00pm
in the Boardroom, Ambulance Headquarters,
Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG

PRESENT:

Mr W Abraham	Non Executive Director (Chair)	
Dr J Livingstone	Non Executive Director	

IN ATTENDANCE:

Mrs S McCue	Director of Finance & ICT
Mr P Nicholson	Assistant Director of Finance
Mr A Phillips	Financial Accounts Manager
Mr D Charles	BSO Internal Audit
Mr B Clerkin	External Audit (ASM)
Mr M Carson	External Audit (NIAO)
Miss K Magee	Senior Secretary
Ms M McCaughey	Senior Secretary

Welcome and Introduction to the Meeting
Mr Abraham (Chair) welcomed everyone and thanked all members for their attendance.

1.0 Apologies
There were no apologies received.

2.0 Declaration of Potential Conflict of Interest & Confirmation of Quorum
No conflicts of interest declared and the meeting was confirmed as quorate.

3.0 Minutes of Previous Meeting of the Audit Committee held on 15 June 2017 (for approval)
The Chair had asked for any amendments to be forwarded to NIAS within five working days. In the absence of any amendments, these minutes were approved.

4.0 Matters Arising
There were no matters arising not covered in the agenda.

5.0 Chairman's Business
None.

6.0 Internal Audit

6.1 HSC(F) 47-2016 DAO (DOF) 07/16 – Internal Audit Opinions & Prioritisation of Recommendations
Mr Charles presented this circular, which had previously been provided to Audit Committee, noting the changes to Internal Audit opinions and prioritisation of recommendations. Internal Audit opinions were changed and no longer include 'Substantial' opinion and priority definitions have been revised to reflect organisational priorities. The format of papers presented to Audit Committee in this report have changed to reflect these new definitions of assurance and prioritisation of recommendations.

There followed a discussion, particularly in relation to the removal of the substantial level of audit opinion. It was noted that the audit opinions are based on the system reviewed but that recommendations will now be prioritised organisationally where possible. This would likely lead to instances in audit reports of systems being given a Limited opinion only containing Priority 2

or 3 recommendations. It was envisaged that this will enable the identification of significant issues at an organisational level and a focus on Priority 1 audit recommendations.

6.2 Progress Report

Mr Charles presented the progress report detailing key performance indicators and highlighted delivery of audit days against plan and the progress against specific audit assignments. He again highlighted the definitions of the levels of assurance and the prioritisation of audit findings and recommendations.

Mr Charles provided a summary of the Risk management Internal Audit Report for 2017/18. Satisfactory assurance was provided in relation to Risk Management. No Priority 1 weaknesses were identified. Three priority 2 weaknesses were identified in relation to:

- The timeliness of presentation of the Corporate Risk Register to Trust Board
- The consideration by Trust Board of potential risks that could or should be included in the Corporate Risk Register
- The provision and completion of Risk Management training for all staff.

There were also four Priority 3 audit findings and recommendations. There followed a discussion on the various audit findings and the requirement to make this report available to the Assurance Committee was highlighted.

6.3 Mid-Year follow up

Mr Charles provided a summary of the Mid-Year follow up that was conducted in September 2017. At the time of the review 183 recommendations were examined, of which:
- 132 (72%) were fully implemented
- 50 (27%) were partially implemented
- 1 (1%) had not yet been implemented
- 14 of these recommendations had been reprioritised under the new audit recommendation definitions.

There followed a detailed discussion on a number of the recommendations and issues associated with delayed implementation. Mrs McCue highlighted the importance given by the Executive Team to taking steps to addressing all recommendations, in particular those categorised as Priority 1. She highlighted issues in relation to Information Governance, Ambulance Service marked cars, Performance Management and the maintenance of clinical/medical Equipment on Trust vehicles.

Mr Abraham raised the issue of Board Effectiveness and Mr Charles confirmed that there had been a survey sent out to all non-executives and there were some trends of potential areas of improvement and a second survey would be carried out to make sure areas had improved.

Issues in relation to Agenda for Change were also discussed including the current position in relation to job evaluation, accounting treatment and potential financial implications. Mr Charles confirmed that all recommendations will remain live until they are fully implemented.

6.4 Shared Services Update

Mr Charles presented the Shared Services Update. NIAS are reliant upon BSO Shared Services for a range of functions including Payroll, Accounts Payable, Accounts Receivable and Recruitment. Of the reports that had been finalised in the year to date, Satisfactory assurance was provided in respect of Income Shared Services and also the Finance, Procurement and Logistics (FPL) Upgrade Project structure and governance.

In relation to Payroll Shared Services (Follow Up Review) September 2017, Limited Assurance was provided in terms of payroll processing and payroll system stability and Unacceptable Assurance in relation to payroll function stability.

Mr Charles outlined the progress that had been made in relation previous audit recommendations in relation to payroll processing. These recommendations relate to key payroll areas such as overpayments, variance monitoring, customer relationships and pay calculation. In many of these areas, work has commenced to address the issues identified but had not been completed or implemented to a level to strengthen the control environment in practice and address the recommendations made.

The assurance in relation to payroll system stability has improved from Unacceptable to Limited. BSO management have worked through a remediation plan with the system supplier and there had been no major incidents affecting the stability of the payroll system in the last six months. Internal audit noted that during this time there had been no events, for example a pay award, that had resulted in large volumes of retrospective calculations that had contributed to previous system stability issues. It was also noted that BSO management had been planning from a systems perspective for events, such as pay awards, that had the potential to impact on system stability.

In relation to payroll function stability, it was acknowledged that BSO management had taken steps to address the recommendations made, particularly through the establishment of a Payroll Improvement Project and associated workstreams and governance structures. However, work is not sufficiently progressed at this stage to impact on the current level of Unacceptable assurance provided.

It was further noted that the recommendations in these shared service reports are the responsibility of BSO management to take forward, but that there was significant engagement between BSO and HSC organisations, including NIAS, across all shared service functions.

The steps that NIAS management had taken to mitigate against the risks outlined, including the continued processing of travel and subsistence claims and the dedicated resources applied to support the accurate and timely payment to staff, were discussed. Mrs McCue advised that this mitigation, previously outlined and supported by Audit Committee, remains in place.

6.5 Head of Internal Audit Mid-Year Assurance Report

Mr Charles provided a summary of the Mid-Year Assurance Report. This was welcomed by Audit Committee as a clear document highlighting the assignments completed to date, including shared service audits, and the follow up on previous Internal Audit recommendations.

6.6 Head of Internal Audit General Annual Report 2016-17

Mr Charles introduced this report. This was the second such annual report to be produced and aimed to bring together all of the work carried out by BSO Internal Audit to assist in sharing learning across all HSC and other organisations. It provided an analysis of 256 audit reports across BSO Internal Audit client base.

There followed a discussion on various elements within the report including the breakdown of assurances provided and a comparison of these between years and across organisations. Common areas of limited assurance included procurement and contract management and also payments to staff.

The non-assurance work provided by Internal Audit was also discussed, with a particular focus on the work done to review culture within organisations. Mr Abraham requested that Internal Audit provide any relevant information or guidance on culture utilised as part of this work.

7.0   For Approval

7.1 NIAS Mid-Year Assurance Report

Mrs McCue introduced the Mid-Year Assurance Statement (MYAS) and outlined the format and structure of the statement and its purpose. She highlighted that the targets for Category A performance were not achieved and the steps taken by the Trust to improve performance in this area. She also highlighted the demand and capacity pressures and the findings of the independent review of this area.

Mr Livingstone raised the issue of the timing of this report and the RQIA Inspection report, which followed a few days after the end of September. He suggested that the MYAS should make a reference to this as the position should be acknowledged. Mr Abraham suggested that wording be included even though this is a subsequent events to the period covered by the MYAS.

There was also discussion around the ongoing Agenda for Change process, the levels of sickness absence and staff welfare. The continuing budgetary uncertainty and the forecast financial gap of £2.2m in 2018/19 was also noted. The Audit Committee took further time to review the document and with a number of amendments, agreed to recommend to Trust Board that the MYAS should be approved by the Trust Board and signed by the Chief Executive.

8.0   External Audit

8.1 Report to Those Charged with Governance 2016/17

This document was the final version of the report for 2016/17 along with an associated covering letter and represented the final part of the 2016/17 final accounts and external audit process. The draft report had been discussed extensively at previous meetings of the Audit Committee. Mr Clerkin welcomed any questions in relation to the final report.

9.0   For Noting

9.1 Single Tender Actions (STA)/Direct Award Contracts (DAC) Register (to September 2017)

Mr Nicholson provided an update on the elements contained within the register to September 2017. There followed a discussion on the number of DACs, values and RAG status. There was also discussion on the timing of procurement and tendering exercises to be in place in time for the expiry of these DACs. The duration of DACs and subsequent contracts was also discussed.

9.2 Audit Committee Self-Assessment Checklist

The completed Audit Committee Self-Assessment Checklist was considered by the Audit Committee. Mr Abraham highlighted areas around Committee support that could be improved. The progress and improvements made over all areas as part of regular self-assessment was noted. It was highlighted that a revised format of the checklist had recently been issued by the National Audit Office. This would be incorporated into subsequent self-assessments and it will hopefully progress further next year. Mrs McCue acknowledged the difficult timeframes.

10.0   Closed Meeting

A closed meeting took place with the internal and external auditors. Mr Abraham advised that there were no matters arising or actions required as a result of the closed meeting.

11.0   Any Other Business

11.1 Counter Fraud & Probity Services 2016/17 End of Year Report
Mrs McCue presented the report which was noted by Audit Committee. Mr Nicholson also provided an update on current NIAS fraud cases.

11.2 Public Sector Shared Services Programme (HSC(F) 34-2017)
Mrs McCue presented the report which was noted by Audit Committee

11.3 Finance Procurement and Logistics (FPL) System Upgrade
Mrs McCue provided an update on the current upgrade and highlighted the processing time that had been lost. This had the potential to impact on prompt payment performance.

11.4 Management Statement & Financial Memorandum
Mrs McCue advised that these complete documents would be provided to the full Trust Board and this item was on the Agenda to provide background and context to Audit Committee. The Management Statement sets out the broad framework within which the Trust operates. The Financial memorandum sets out in greater detail certain aspects of financial provisions that the Trust must observe. The documents are drawn up by DoH and the revised documents represent a five year review (the last one was signed in 2011). The documents have gone through an extensive round of informal consultation with Trusts and it is now a standard document with very few variations between organisations, for example one such variation for NIAS is the number of Non-Executive Directors on the Board. It represents a significant update and is a foundation document of how the Trust is required to operate. Copies will be provided to Executive and Non-Executive Trust Board members and will also be presented at the next Trust Board and then annually at Trust Board thereafter.

12.0   Date, Time and Venue of Next Meetings

2018 meeting schedule to be circulated.

Signed

(Chairman)

Date   19th January 2018

TB/01/02/2018/11

Minitues of a Meeting of the Assurance Committee
Thursday 2 November 2017 11.00am
Board Room, NIAS, Knockbracken Healthcare Park, Belfast

PRESENT	Mr T Haslett	Non-Executive Director (Acting Chair)
	Mr W Abraham	Non-Executive Director
IN ATTENDANCE	Mr S Devlin	Chief Executive
	Dr N Ruddell	Interim Medical Director
	Mr B McNeill	Director of Operations
	Mrs S McCue	Director of Finance & ICT
	Ms M Lemon	Director of HR & Corporate Services (Acting)
	Mrs K Keating	Risk Manager
	Mrs J McSwiggan	Note-taker

1.0 Apologies

An apology was noted from Dr J Livingstone, Non-Executive Director.

2.0 Procedure

2.1 Declaration of Potential Conflicts of Interest
No potential conflicts of interest were declared.

2.2 Quorum
The Committee was confirmed as quorate.

2.3 Confidentiality of Information
The Chair reminded those present that some information, such as that relating to specific patients, requires confidentiality, and that meetings should otherwise be open and transparent.

3.0 Minutes of the Assurance Committee Meeting held on 31 August 2017

The Minutes were presented for noting by the Assurance Committee. The Minutes had been previously circulated, agreed and signed by the Committee Chair.

The Chair thanked the Minute-taker for the regular provision of detailed Minutes.

4.0 Matters Arising

All matters arising are covered within the Agenda.

5.0 Chairman's Business

5.1 Assurance Committee Meeting Dates for 2018
It was noted that Assurance Committee meeting dates would be influenced by Trust Board meeting dates, yet to be agreed by the Chief Executive's office. It was agreed that meeting dates should avoid holiday periods where possible.

6.0 RQIA IPC Inspection Report

It was agreed that an overview of recent developments be provided at this meeting, with more detailed discussions to take place at the Trust Board workshop following this meeting.

It was noted that two improvement notices had been issued by RQIA to Bangor and Broadway stations relating to IPC issues that included vehicle and station cleanliness, training and governance. Following significant improvement work at both stations, RQIA conducted a further unannounced inspection of both stations on 31 October, and reviewed training and governance arrangements at NIAS HQ on 1 November. No formal feedback has been received but RQIA had noted that issues raised had been addressed. A further meeting with RQIA is to take place on 3 November and it is anticipated that the Trust will then be advised of RQIA's decision on further action.

The Committee expressed its thanks to all who have been involved in this work, with particular thanks to K Keating who has co-ordinated much of the work.

7.0 Health & Safety Executive Report on Enniskillen Temporary Station

It was noted that HSE had visited the temporary Enniskillen station in response to an anonymous complaint by a member of staff. All issues raised were addressed promptly and no further action by HSE is anticipated. It was noted that the temporary accommodation was due to an unexpected delay in the completion of the new Enniskillen station, and the move into the new station would commence on 14 November.

The Committee asked for assurance that the Trust has safeguards in place to ensure that the issues raised would not recur elsewhere. It was agreed that the Trust would seek guidance from Health Estates within the Department of Finance in order to build these safeguards into NIAS Standard Operating Procedures and contract requirements for temporary structures.

It was noted that the Trust's Health & Safety Committee had also discussed this correspondence and actions arising at their meeting on 19 October.

8.0 Standing Items

8.1 Assurance Framework as at 30 September 2017
It was noted that the current focus is on the Trust's Risk Register, and once the risk environment is established, this will be reflected within the Assurance Framework.

8.2 Corporate Risk Register as at 30 September 2017
It was noted that two risks had been revised since the last meeting:

- **316** – vehicle cleaning had been extracted from the main IPC risk to create a separate risk because of the issues raised by RQIA. This will be covered in more detail at the subsequent Trust Board meeting.

- **262** – this had been escalated from local risk register to reflect challenges around the condition of NIAS buildings/estate. The Committee noted that all Trusts are required to report on this using Property Asset Management (PAM) Plan software, which somewhat distorts the risk level to the organisation. Consideration would be given to how these risks could be reflected more accurately in future. As a result of the demand capacity review, a review of the Trust's estates strategy will commence in the new year. The Committee requested an understanding of actions needed to improve the Trust's estate moving forwards. It was agreed that the RQIA toolkit returns for estate will highlight what work is required and by whom.

8.3 **Local Risk Register Review (Operations) at 30 September 2017**
The Operations Local Risk Registers for Operations, Control and Estates were noted.

8.4 **Serious Adverse Incidents as at 30 September 2017**
An increase in the number of Serious Adverse Incidents reported was noted, and three incidents of unexpected deaths of service users were highlighted, with clarification on the context and terminology provided to the Committee. The Committee recognised that the current pressures and their impact on service users illustrated in this report are central to the recent demand capacity review.

8.5 **Clinical Incidents as at 30 September 2017**
Noted. The Committee was assured by the robust audit trail in place for controlled drugs. It was also noted that the introduction of updated controlled drugs forms should help reduce documentation errors.

8.6 **Untoward Incidents as at 30 September 2017**
The Committee discussed media reports on a recent assault on a member of staff in Derry. It was agreed that the Trust's zero tolerance approach be emphasised in future media coverage.

The Committee noted that Conflict Resolution Training (CRT) is incorporated into the current one-day training being rolled out.

In addition to the public message of zero tolerance, the importance of community education was highlighted, and it was noted that NIAS is no longer resourced to provide its Community Education Programme.

Action: NIAS to identify opportunities for funding a community education programme.

The Committee noted with concern that violence towards Ambulance staff is not a specific offence in Northern Ireland unlike the rest of the UK.

8.7 **Coroner's Reports & Letters**
None to report during this reporting period.

8.8 **Medical Device Alerts**
The Committee noted that all alerts are reviewed and during this reporting period none were directly relevant to NIAS, except for guidance being issued

to all staff with regards the correct use and disposal of batteries. Another alert relating to exposure to nitrous oxide is being considered for relevance in the ambulance context rather than the hospital context to which it originally related.

8.9   NICE Guidelines and Departmental Advisory Notices
The Committee noted that all such notices are reviewed and during this reporting period none were directly relevant to NIAS.

It was noted that the Trust will be introducing peer vaccination this year for flu and is actively promoting staff uptake of the vaccine.

8.10   Pharmacy & Medicines Management Update
It was noted that a new Departmental Pharmaceutical Inspector was now in post and had restarted the station pharmacy inspections paused following the retirement of the previous inspector. Three unannounced inspections of stations had been performed with satisfactory outcomes.

9.0   Reports from Groups and Committees

9.1   Presentation on the Learning Outcomes Review Group
This item has been deferred to the next meeting.

9.2   Health & Safety Committee Meeting 29 June 2017
This meeting was not quorate.

9.3   Health & Safety Committee Meeting 28 September 2017
This meeting was not quorate.

9.4   Fire Compliance Group – Finalised Notes of Meeting 27 June 2017
Noted.

9.5   Fire Compliance Group – Draft Notes of Meeting 26 September 2017
It was noted that the fixed wire testing on 18 October had been successfully completed, and the extensive planning required was acknowledged by the Committee.

9.6   Medical Equipment Group
No meetings of the Group were held during the reporting period.

9.7   Infection Prevention & Control Group – Notes of Meeting 26 July 2017
Noted.

9.8   Infection Prevention & Control Group – Notes of Meeting 21 Sept 2017
It was noted that this Group will now meet on a monthly basis to address IPC issues raised by RQIA. Further discussion regarding RQIA is scheduled to take place in the Trust Board meeting immediately following on from Assurance Committee.

9.9   Emergency Preparedness & Business Continuity Group – Notes of Meeting 12 October 2017
Noted. NIAS has a Priority 1 audit finding but is believed to be on schedule to meet this in light of ongoing work by the Business Continuity Lead.

9.10 Information Governance Steering Group – Notes of Meeting 4 September 2017

Noted. The potential impact of General Data Protection Regulation (GDPR) requirements was highlighted, including completion of the data mapping exercise.

The Committee was assured to note the Trust's extensive work in conjunction with the other Trusts in relation to cybersecurity. It was noted that Internal Audit will review the Trust's response in the new year.

It was noted that Department of Health funding for this work does not apply to Northern Ireland.

9.11 Learning Outcomes Review Group – Notes of Meeting 25 July 2017

Noted.

10.0 Additional Items

10.1 Controls Assurance Standards

It was noted that the Regional Procurement Board has developed an extensive alternative to the existing Controls Assurance Standards and this will be circulated to Chief Executives for agreement. It is anticipated that more information will be available at the next Assurance Committee meeting.

10.2 RQIA IPC Audits & Inspections re: Restraint and Seclusion

No update at this time as report has not been received from RQIA.

10.3 RQIA Inspection Reports Action Plan – Progress Update

It was noted that this is a separate report to the current IPC action plan discussed under Agenda Item 6. This composite report is updated and presented to the Committee twice a year.

10.4 Francis Report Action Plan – Progress Update

It was noted that this progress update must be reviewed and presented to the Committee twice a year, although many of the items are actions for the Department of Health.

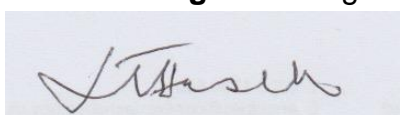**10.5 Internal Audit Final Report – Risk Management**

It was noted that there are no Priority 1 recommendations contained within the report. Of the Priority 2 and 3 recommendations, some have already been actioned and work is ongoing to address the remaining issues.

11.0 Any Other Business

The Committee congratulated S Devlin on his appointment to Chief Executive of the Southern HSC Trust and wished him well in his new role.

Date of Next Meeting – to be agreed.

Signed: _____   Date: _____ 4 December 2017
        (Trevor Haslett, Acting Chairman)

Northern Ireland Ambulance Service Health and Social Care Trust

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