



***A Meeting of Trust Board to be held at 10.30am
Thursday, 4 October 2018, NIAS Western Divisional Headquarters,
Altnagelvin Hospital, Gransha Road, Londonderry, BT47 6GT***

1.0 Welcome and Introductions

2.0 Apologies

3.0 UK Dispatcher Of The Year Award 2018

**4.0 Minutes of the meeting of the Trust Board held 16
August 2018 (for approval & signature)**

[Click on Links to Navigate](#)

TB 04/10/2018/01

5.0 Matters Arising

6.0 Chair's Business

7.0 Chief Executive's Business

8.0 Overview of NEAC Service - Mr M Stewart

9.0 NIAS 2018-19 Trust Delivery Plan – For Approval

TB 04/10/2018/02

10.0 IPC Update - Ms L Charlton

TB 04/10/2018/03

11.0 Winter Plan – For Noting - Mr B McNeill

TB 04/10/2018/04

**12.0 Assurance Committee Minutes 10/05/2018 – For
Noting**

TB 04/10/2018/05

**13.0 Director's Highlight Reports as at June 2018 (by
exception)**

Finance

TB 04/10/2018/06

Operations

TB 04/10/2018/07

Medical

TB 04/10/2018/08

Human Resources

TB 04/10/2018/09

14.0 Any Other Business

**15.0 Next meeting of Trust Board will be held on Thursday,
6th December 2018, location 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 16 June 2018, 10:0am at
NIAS Western Divisional Headquarters, Altnagelvin Hospital, Gransha Road,
Londonderry, BT47 6GT***

TB/04/10/2018/01



Minutes of Trust Board

***Thursday 16 August 2018, 10:00am in the Boardroom NIAS HQ,
Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG***

Present:

Mrs N Lappin	Chair
Mr T Haslett	Non-Executive Director
Mr A Cardwell	Non-Executive Director
Mr D Ashford	Non-Executive Director
Mr M Bloomfield	Chief Executive
Mrs S McCue	Director of Finance & ICT
Ms M Lemon	Interim Director of HR & Corporate Services
Mr B McNeill	Director of Operations
Dr N Ruddell	Interim Medical Director

In Attendance:

Ms H Coard	Senior Secretary
Ms M Smith	Senior Secretary
Mr N Hawryliw	Paramedic (For Item 3 Only)
Mr D Mackle	Paramedic in Training (For Item 3 Only)
Mr M Strong	Internal Audit (For Observation)

1.0 Welcome and Introductions:

Mrs Lappin welcomed everyone to her first meeting as Chair of the Trust Board, and noted the 'Public' meeting will now take place first, followed by the 'In Committee' meeting.

The Board also noted that Mr Strong from Internal Audit would be in attendance at the Trust Board's public meeting in an observatory capacity.

2.0 Apologies:

Apologies were received from:

Dr J Livingstone, Non-Executive Director

Mr W Abraham, Non-Executive Director

Ms R O'Hara, Director of HR & Corporate Services.

3.0 Causeway Coast and Glens Council Bravery Award:

The Chair welcomed Mr Mackle, Paramedic and Mr Hawryliw, Emergency Medical Technician, who are based in Ballycastle Station, to the Trust Board and invited them to present an overview of an incident on Monday 19 March 2018 where they were

tasked with attending an incident involving a 22 year male who had fallen 60 feet onto cliffs at Torr Head close to Murlough Bay.

Mr Mackle and Mr Hawryliw outlined the circumstances of the incident and the difficulties they encountered due to the terrain and conditions at the location of the incident. The incident was also attended by the Helicopter Emergency Medical Service (HEMS) and the Hazardous Area Response Team (HART).

Following the incident Mr Mackle and Mr Hawryliw were nominated for and subsequently awarded an Outstanding Bravery Award in the Causeway Coast and Glens People of the year Awards 2018. Board members noted the exceptional nature of this response and welcomed that it had been recognised by this award.

The Chair, on behalf of the Board, thanked Mr Mackle and Mr Hawryliw for their hard work and dedication to their work.

4.0 Minutes of the previous meeting of Trust Board held on 13 June 2018

The minutes of the last meeting on 13 June 2018 were approved by Trust Board and signed by The Chair.

5.0 Matters Arising:

There were no matters arising.

6.0 Chair's Business:

The Chair outlined her activities and meetings since taking up the post on Sunday 1 July 2018:

- Attended meeting of Chairs and Chief Executives of UK and Ireland Ambulance Services organised by the Association of Ambulance Chief Executives (AACE)
- The Chair noted that both she and Mr Ashford, were participating on working groups in respect of the implementation of the recommendations coming out of the Report on the Inquiry into Hyponatraemia Related Deaths. The Chair requested a further Non-Executive Director to volunteer to participate in this work.
- The Chair reminded Trust Board Members to complete and return annual survey in respect of Board effectiveness.

7.0 Chief Executive's Business:

Mr Bloomfield outlined his activities and key issues since the last Trust Board as follows:

- Attended the year end accountability Meeting at the Department of Health (DoH) along with the former Chair, Mr Archer. No significant issues were raised and the meeting proved to be a useful forum to discuss a number of important issues including;
 - Clinical Response Model (CRM) consultation process,
 - Hospital Turnaround Times
 - Matters relating to the banding of Paramedics in Northern Ireland.

- On-going work in respect of Infection Prevention Control policies and procedures – the Department acknowledged they are content that the Trust are track
- Staff Engagement – Mr Bloomfield has visited several stations to engage with the Trust's front line staff. These visits have enabled discussions with staff which have been on the whole positive.
- Mr Bloomfield attended the Station Officer's Forum meeting. He also went out with one of the front line crews in Belfast on a night shift to gain understanding of the typical issues front line staff deal with on a daily basis.
- Attended AACE meeting in Birmingham with The Chair. This meeting highlighted common issues facing all Ambulance Services throughout the UK and Ireland. Mr Bloomfield noted that AACE will be working with the Emergency Ambulance Control (EAC) team to assist in preparations for winter planning.
- HEMS Anniversary Event – Mr Bloomfield attended an event to mark the first anniversary of the launch of HEMS. This event was also attended by the DoH Permanent Secretary. It was acknowledged that HEMS has proven to be a vital service and it is envisaged that it will be provided on a long term basis.
- Trust Delivery Plan (TDP) – Mr Bloomfield advised that the HSCB have requested submission of the NIAS TDP for 2018/19 by 14 September 2018 and a working draft of the plan by 21 August 2018. It was proposed that a final draft of the TDP was tabled for review and discussion at a workshop following the Assurance Committee meeting on Wednesday 5 September 2018. The Trust Board agreed with this proposal.
- The DoH has formally recognised Paramedics as members of the Allied Health Professionals (AHP) Group. This recognition aligns Paramedics in Northern Ireland with their peers in the rest of the UK and acknowledges their professional contribution in working across the Health Service.

8.0 Annual Report 2017/18:

Mr Bloomfield provided an overview of the Trust's Annual Report and Accounts for the year ended 31 March 2018. It was noted that the Report had previously been reviewed by the Audit Committee at their meeting on 13 June 2018 and approved by the Trust Board "In Committee" at the June 2018 meeting for submission to the DoH.

The Annual Report was now being presented to Trust Board meeting in Public for noting.

The Trust Board noted the Annual Report and Accounts.

9.0 Annual Accounts 2017/18:

The Trust Board reviewed and discussed the Annual Accounts for 2017/18. The Annual Accounts were noted.

10.0 Replacement for Craigavon Ambulance Station:

Mr Bloomfield provided background information in respect of ongoing estate issues at Craigavon Station, which were highlighted following inspections by the RQIA in February 2018. He referred to a subsequent visit to Craigavon by the Trust Board in April 2018 in which Board members were able to observe the significant estate issues. Due to the amount of required to get Craigavon station to the standards required it was

agreed that it would be more efficient to explore options for building a replacement station.

Mr Bloomfield welcomed Mr McKelvey and invited him to present on proposals for a new station at Craigavon.

Mr McKelvey presented an update on progress to date with plans to build a new modular building for Craigavon station. It was noted that the Southern Trust identified and offered a site in the grounds of Craigavon Area Hospital for use by NIAS. Options for new builds were investigated and it was agreed that a modular building would be the most effective in terms of time and costs for the build. Quotes were sought for modular buildings and a business case was drawn up for submission to the DoH to request funds in the 2018/19 financial year.

The Estates team have worked collaboratively with the building designers and staff at Craigavon to come up with a design for the building. Mr McKelvey then presented a short video showing 3D CAD modelling for the proposed new building.

Timelines for the project were discussed and it was noted that while very challenging, it is possible to complete the building by the end of March 2019 subject to planning approval being received.

A Q&A session followed the presentation in which Mr Haslett expressed concerns regarding expenditure of the budget for this project within the 2018/19 financial year timeframe. The Board also discussed the processes required to get capital spend projects approved and the timescales for building a modular building versus a traditional build project. It was acknowledged that if this project completes within the expected timeframe that it will help set a precedent for how similar estates projects are implemented in the future.

The Chair thanked Mr McKelvey for all his hard work on the project to date and noted that this project would provide a good opportunity for the Trust to review its Estates Planning and Strategy going forward.

11.0 Update on enquiry into Hyponaetmia Related Deaths Recommendations:

Dr Ruddell presented an update on the outcomes of the Report on the Inquiry into Hyponatraemia Related Deaths. The report included recommendations which led to the establishment of nine work streams made up of staff across all the Health Trusts in Northern Ireland. The purpose of the work streams is to ensure that the report's recommendations are implemented.

The majority of the recommendations are related to a hospital environment, however it is important that NIAS participate in the work streams coming out of this report.

Dr Ruddell noted that the overarching aim of the work streams coming out of this report is to encourage open and honest behaviours from staff when mistakes are made which lead to serious adverse incidents.

The Board noted the position in relation to this important issue and The Chair thanked Dr Ruddell for his update.

12.0 Items for Information/Noting

12.1 Emergency Preparedness & Response Annual Report

Dr Ruddell presented the Emergency Preparedness & Response Annual Report. A brief discussion was held regarding the audit of the NIAS Major Incident Plan, reviewed in 2017/18. This will be submitted for review and discussed by the Assurance Committee upon completion.

The Trust Board noted the report.

12.2 Assurance Committee Minutes from meeting held on 10 May 2018

The Trust Board noted the minutes of the Assurance Committee meeting held on 10 May 2018.

12.3 Audit Committee Minutes from meeting held on 23 May 2018

The Trust Board noted the minutes of the Audit Committee meeting held on 23 May 2018.

13.0 Directors Highlight Reports as at June 2018:

13.1 Human Resources & Corporate Services

Ms Lemon, Director of HR & Corporate Services (Acting), highlighted the following:

- Absence Report – following a rise in sickness absence figures the Trust will work collaboratively with AACE to carry out a review of absence rates. The purpose of this review is to better understand underlying issues for sickness absence and to devise a plan for proactively addressing these issues
- Recruitment Activity – following receipt of £4.7m transformation funding a large scale recruitment exercise for Paramedics, EMTs and ACAs is currently underway. The purpose of this recruitment exercise is to backfill a number of core vacancies and return to baseline staffing position.

13.2 Finance & ICT

Mrs McCue, Director of Finance & ICT, highlighted the following:

- Financial Breakeven – at end of June there was a small surplus, it is expected that the Trust will be at breakeven by the year end on 31 March 2019.
- Capital Spend - Mr Haslett requested that a breakdown of expenditure on fleet was included in the next report.
- Telephony Outages – three incidents of telephony outages were reported during May 2018, all calls during the period of outages were picked up by our colleagues in the Scottish Ambulance Service as per an agreed Memorandum of Understanding. The Trust are working closely with the telephony provider to resolve any issues regarding the outages.
- FOI Requests – There has been a significant increase in FOI requests received in comparison to the same period last year. Many of these requests are received from members of staff. The Trust Board requested a review of why staff members use this method to request information.

13.3 Operations

Mr McNeill, Director of Operations, highlighted the following:

- Cat A Performance – Performance for response to Cat A emergency calls has dropped by 10% on the same period last year. A combination of circumstances has led to this drop in performance although it is largely because of dropped shifts due to scheduled annual leave and sickness absence.

A Performance Improvement Plan has been developed as a result of this and includes:

- The implementation of recruitment and training plan to backfill core vacancies.
- AACE have been engaged and are working closely with Emergency Ambulance Control (EAC) in order to assist NIAS in developing a Demand Management Plan.
- Additional shifts to be offered to PCS crews at times of high demand
- Discussions with HR and Occupational Health regarding the possibility of offering light duties to front line staff who are unable to return to their posts at present due to injury.
- Increased use of Voluntary and Private Ambulance Services
- Hospital Turnaround Times – The Trust is proactively participating in a Regional Working Group led by Dr Mark Roberts, to look at improving turnaround times at Emergency Departments (EDs). The potential for recruiting Ambulance Receivers at EDs is also being considered.
- Estate Issue – An update on snagging issues with newly built stations at Ballymena and Enniskillen was requested for consideration by the Trust Board at their next meeting on Thursday 4 October 2018.

13.4 Medical

Dr Ruddell, Medical Director, highlighted the following:

- Emergency Planning and Continuity – Following approval of the MTFA business case and subsequent allocation of funding by the DoH, vehicles and equipment has been purchased and the recruitment process for a 24/7 HART response to MTFA incidents is underway.
- IPC – A second meeting with the DoH has taken place in respect of the Trust's special measures regarding IPC. The meeting was very positive and the Department indicated that they were satisfied with the Trust's progress to date.
- Electronic IPC Audits of Stations – Electronic Audit forms are now in use for monthly IPC audits of stations. There will be a period of embedding this method of submitting IPC audits, however it appears to be working well so far.

14.0 Any Other Business:

Mr Bloomfield congratulated Dr Ruddell being appointed to the post of Medical Director for NIAS. Trust Board Members also offered their congratulations.

15.0 Next Trust Board Meeting:

**The next meeting of the Trust Board will be held on Thursday 4 October 2018,
location to be confirmed.**

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

TB/04/10/2018/02

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING – 4 OCTOBER 2018



FOR APPROVAL

Title:	2018/19 Trust Delivery Plan
Purpose:	The Health and Social Care Board has issued the Commissioning Plan for 2018/19 and asked Trusts to submit approved Trust Delivery Plans (TDPs) by 5 October 2018.
Content:	The attached draft TDP 2018/19 sets out NIAS' response to the direction, targets and priorities set by the DoH through the HSC Commissioning Plan, detailing the actions to be taken to achieve these using the resources allocated to the Trust in 2018/19.
Recommendation:	Trust Board is asked to approve the 2018/19 TDP for submission to the Health and Social Care Board
Previous Forum:	NIAS Trust Board Workshop, 5 September 2018
Prepared by:	Sharon McCue, Director of Finance
Presented by:	Michael Bloomfield, Chief Executive



Northern Ireland Ambulance Service
Health and Social Care Trust



2018-19

Trust Delivery Plan

VISION

“To provide excellent quality of care, experience and outcomes for the patients we serve”

This vision is underpinned by our core values that will help us to deliver the highest levels of care and services.

Our Core Values are:

- **Compassion**
- **Respect**
- **Integrity**
- **Learning & Improvement**

NIAS has identified six key themes from which the Corporate Objectives and annual priorities are developed. They provide clarity for the general public and our staff who deliver our services and ensure consistency between strategy and delivery.

Our 6 Key Themes are:

- **Motivated & Engaged Workforce:** the Trust will explore how we can fully achieve this for staff, at all levels. We will find opportunities for staff involvement and engagement in developing and modernising how we deliver our services. We will collaboratively develop and deliver modernisation and improvement, and encourage staff to have a greater understanding of their impact on service delivery and outcomes for patients. We will enable staff to be part of learning activities that are adapted and appropriate for them.
- **Right Resources to Patients Quickly:** the Trust will develop sustainable, innovative workforce and systems solutions building on the recommendations of the NIAS Demand & Capacity Review, 2017. We will aim to have the right number of staff with the right skills to ensure our quality of service meets agreed standards in terms of time and clinical quality. We will develop highly skilled staff equipped to deliver safe patient care with a focus on the delivery of clinical excellence and appropriate pathways. Through this we will ensure we deploy the right resources, skills and response that is appropriate to clinical need.
- **Improving Experience & Outcomes for Patients:** The Trust will ensure that we listen to and learn from patients and others in the planning and delivery of services. We will promote meaningful engagement and involvement in service developments. We will use a range of standards, measures and

indicators to offer assurance that our service is operating effectively, safely and in the best interest of patients.

- **Clinical Excellence at Our Heart:** we will ensure the best outcomes for our patients through working to the highest standards of care and developing, leading and sharing best clinical practice. We will ensure clinicians receive the highest standards of education, learning and development to perform effectively and safely. Clinical staff will be equipped to carry out their role supported by advancements in technology, medical equipment, clinical practice and clinical audit. NIAS will develop and implement clinical supervision for regulated professionals. We will involve our staff and others to identify and develop best models of clinical practice and appropriate systems and processes for measuring outcomes.
- **Recognised for Innovation:** the Trust will continue to work collaboratively on innovations and transformations that deliver on our priorities. We will position NIAS as an integral part of the whole HSC system and influence and shape services to ensure improvements to the patient experience and outcome. We will develop and embed a quality improvement methodology within the Trust and celebrate related successes. NIAS has a vital role to play in the delivery of urgent and emergency care, providing a range of clinical responses to patients in their homes and community settings and can potentially integrate seamlessly across the spectrum of providers in health and social care. We can increasingly shift the balance of care away from hospitals, reduce demand on emergency departments and take the pressure off general practice. There are real benefits to be gained for patients by investing in NIAS services to improve the future sustainability and performance of the health system overall. NIAS will identify the impact of those changes in an open and evidenced manner using clear, validated and timely data is essential.
- **Effective, Ethical, Collective Leadership:** the Trust will develop an Organisational Development Framework and annual delivery plan that will provide a focus on promoting the right culture and supporting behaviours to drive improvements and transformations. We will ensure there are leadership development opportunities to develop the skills and confidence of our leaders to support the Trust priorities, as outlined in the Corporate Plan.

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1. Introduction

This Trust Delivery Plan (TDP) aims to highlight the work programme for the Northern Ireland Ambulance Service (NIAS) for the financial year 2018/19. In recognition of the direction set through the Health and Social Care Commissioning Plan, NIAS's TDP identifies the way in which NIAS will contribute to the full range of priorities. Recognition of the importance of building and extending partnerships through working collaboratively with our HSC colleagues and the wider NI community underpins this document. Fundamentally we aim to provide high-quality, safe, effective care to the people of Northern Ireland, and to secure improved health and well-being for the whole community as a result.

This plan has been developed at a time of significant challenge in health and social care as a consequence of increased demand for our services and a difficult financial environment. In these challenging times it is imperative that Health and Social Care organisations work together to improve patient experiences and outcomes, and to promote equality of opportunity and address health inequalities. We are committed to engaging with service users, our staff, trade union representatives, HSC colleagues and other stakeholders as we strive to meet the challenges before us. Progress in the delivery of this work will be contingent on NIAS working effectively in partnership with our colleagues throughout the Northern Ireland healthcare system.

2. Local Context

The Northern Ireland Ambulance Service (NIAS) responds to the needs of a population in Northern Ireland in excess of 1.8 million people in the pre-hospital environment. It directly employs in excess of 1,200 staff, across thirty-five ambulance stations, two Ambulance Control Centres (Emergency and Non-Emergency), a Regional Education & Training Centre and Headquarters. NIAS has an operational area of approximately 5,450 square miles, serviced by a fleet of 227 working ambulances. We provide ambulance care, treatment and transportation services to the people of Northern Ireland twenty four hours per day, seven days per week, and three hundred and sixty five days per year.

The Northern Ireland Ambulance Service (NIAS) faces a range of significant challenges and major issues over the period covered by this plan. Key among these is the need to deliver safe, high-quality care whilst also seeking to transform our services to meet the changing needs of the public. This is in a context of ever tighter financial requirements to balance income and expenditure each year. This Trust Delivery Plan describes how we intend to address these challenges, building on the progress made to date, and sets out our ambition to deliver the best and appropriate care to patients in Northern Ireland who require Ambulance Services, putting them at the heart of everything we do.

NIAS provides a range of ambulance response and transportation resources dealing with emergency calls, urgent and non-urgent calls and maintaining emergency preparedness for major incidents. All emergency calls are assigned to a category reflecting clinical urgency: Category A (life threatening), Category B (non-life threatening but serious) or Category C (neither life threatening or serious but requiring some form of clinical intervention). This differentiation of 999 calls on the basis of clinical urgency allows NIAS to assign priority for response, care, treatment and transportation to those patients in greatest need, and, where appropriate, redeploy ambulances from less serious to more serious calls. A significant proportion of NIAS workload arises from transportation to hospital of patients referred by GPs and other healthcare professionals (HCPs) working outside hospitals on both a scheduled and unscheduled basis. While this activity is generally less clinically urgent than the 999 emergency activities, it remains a core element of our total activity and meeting the requirements of the patients is no less demanding or important.

NIAS is fully committed to responding positively to the challenges and opportunities presented by transformation and modernisation agenda. We welcome the engagement to date at both local and regional level, and will continue to contribute and influence plans in this regard.

3. Detailed Trust Delivery Plans

3.1 TRUST RESPONSE TO DOH COMMISSIONING PLAN DIRECTION (67 MINISTERIAL OUTCOMES)

APPENDIX 2:

TRUST RESPONSE TO DOH COMMISSIONING PLAN DIRECTION (67 MINISTERIAL OUTCOMES)

Aim: To improve the health of the population

Outcome 1: Reduction of health inequalities

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
1.1 By March 2020, in line with the Department's ten year <i>"Tobacco Control Strategy"</i> , to reduce the proportion of 11-16 year old children who smoke to 3%; reduce the proportion of adults who smoke to 15%; and reduce the proportion of pregnant women who smoke to 9%.	Not applicable to NIAS	
1.2 By March 2019 to have expanded the <i>"Weigh to a Healthy Pregnancy"</i> to now include women with a BMI over 38. This programme is one element of the Departmental strategy <i>"A Fitter Future for All"</i> , which aims by March 2020, to reduce the level of obesity by 4 percentage points and overweight and obesity by 3 percentage points for adults, and by 3 percentage points and 2 percentage points for children.	Not applicable to NIAS	
1.3 By March 2019, through continued promotion of breastfeeding to increase in the percentage of infants breastfed, (i) from birth, and (ii) at 6 months. This is an important element in the delivery of the <i>"Breastfeeding Strategy"</i> objectives for	Not applicable to NIAS	

	achievement by March 2025.		
1.4	By March 2019, establish a minimum of 2 “Healthy Places” demonstration programmes working with General Practice and partners across community, voluntary and statutory organisations.	Not applicable to NIAS	
1.5	By March 2019, to ensure appropriate representation and input to the PHA/HSCB led Strategic Leadership Group in Primary Care to embed the Make Every Contact Count approach.	Not applicable to NIAS	
1.6	By March 2019, to establish a baseline of the number of teeth extracted in children aged 3-5 years - as phase 1 of the work to improve the oral health of young children in Northern Ireland over the next 3 years and seek a reduction in extractions of 5%, against that baseline, by March 2021.	Not applicable to NIAS	
1.7	By March 2019, to have further developed, and implemented the “ <i>Healthier Pregnancy</i> ” approach to improve maternal and child health and to seek a reduction in the percentage of babies born at low birth weight for gestation.	Not applicable to NIAS	
1.8	By March 2019, ensure the full delivery of the universal child health promotion programme for Northern Ireland, “ <i>Healthy Child Healthy Future</i> ”. By that date: <ul style="list-style-type: none"> • The antenatal contact will be delivered to all first time mothers. • 95% of two year old reviews must be delivered. These activities include the delivery of core contacts by Health Visitors and School Nurses which will enable and support children & young adults to become successful, healthy adults through the promotion of health and wellbeing.	Not applicable to NIAS	
1.9	By March 2019, ensure the full regional roll out of Family Nurse Partnerships, ensuring that all teenage mothers have equal access to the family nurse partnership programme. The successful delivery of this objective will directly contribute to PfG Outcome 14 “We give our children and young people the best start in life”.	Not applicable to NIAS	

1.10	By March 2019, the proportion of children in care for 12 months or longer with no placement change is at least 85%; and 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission). The aim is to secure earlier permanence for looked after children and offer them greater stability while in care.	Not applicable to NIAS	
1.11	By March 2019, to have further enhanced out of hours capacity to de-escalate individuals presenting in social and emotional crisis, including implementation of a “street triage” pilot and a “Crisis De-escalation Service” pilot. This work builds on previous investments in community mental health crisis teams and is an important element of the work to reduce the suicide rate by 10% by 2022 in line with the draft <i>“Protect Life 2 Strategy”</i> .	NIAS will work in partnership with PSNI and the South Eastern Trust to commence a street triage pilot in August 2018 whereby a paramedic / community psychiatric nurse and PSNI officer can jointly attend / assess options for patients presenting in acute mental health crisis. The results of this pilot will be reviewed by all parties in due course.	G
1.12	By September 2018, to have advanced the implementation of revised substitute prescribing services in Northern Ireland, including further exploration of models which are not based in secondary care, to reduce waiting times and improve access. This is an important element in the delivery of the strategy to reduce alcohol and drug related harm and to reduce drug related deaths.	Not applicable to NIAS	
1.13	By July 2018, to provide detailed plans (to include financial profiling) for the regional implementation of the diabetes feet care pathway. Consolidation of preparations for regional deployment of the care pathway will be an important milestone in the delivery of the <i>“Diabetes Strategic Framework”</i> .	Not applicable to NIAS	

Aim: To improve the quality and experience of health and social care

Outcome 2: People using health and social care services are safe from avoidable harm

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
<p>2.1 By March 2019 all HSC Trusts should have fully implemented phases 2, 3 and 4 of <i>Delivering Care</i>, to ensure safe and sustainable nurse staffing levels across all emergency departments, health visiting and district nursing services.</p>	Not applicable to NIAS	
<p>2.2 By 31 March 2019:</p> <ul style="list-style-type: none"> • Ensure that total antibiotic prescribing in primary care, measured in items per STAR-PU, is reduced by 2% from the 2017/18 level of prescribing and: • Taking 2017/18 as the baseline figures, secure in secondary care: <ul style="list-style-type: none"> ○ a reduction in total antibiotic use of 1%, measured in DDD per 1000 admissions; ○ a reduction in carbapenem use of 3%, measured in DDD per 1000 admissions; ○ a reduction in piperacillin-tazobactam use of 3%, measured in DDD per 1000 admissions, and ○ EITHER <ul style="list-style-type: none"> ▪ that at least 55% of antibiotic consumption (as measured in DDD per 1000 admissions) should be antibiotics from the WHO Access AWaRe* category, OR <ul style="list-style-type: none"> ▪ an increase of 3% in use of antibiotics from the WHO Access AWaRe* category, as a proportion of all antibiotic use. <p>With the aim of reducing total antibiotic prescribing (DDD per 1000 population) by 10% by 31 March 2021.</p> <p><i>*For the purposes of the WHO Access AWaRe targets, TB drugs are excluded.</i></p>	Not applicable to NIAS	

<p><i>Reducing Gram-negative bloodstream infections</i></p> <p>2.3 By 31 March 2019:</p> <ul style="list-style-type: none"> to secure an aggregate reduction of [W]% of Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa bloodstream infection acquired after two days of hospital admission, with the aim the of securing a regional aggregate reduction of [X]% by 31 March 2021, and to secure a regional aggregate reduction of [Y]% of all Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa bloodstream infections, with the aim the of securing a regional aggregate reduction of [Z]% by 31 March 2021. <p><i>Values for W, X, Y and Z will be confirmed in May 2018 following surveillance data validation by PHA</i></p>	<p>Recognising that all HSC staff have a responsibility to contribute to the reduction of HCAIs, a review of NIAS infection prevention and control practice by RQIA has been followed by a significant focus to knowledge and training, IPC practice, vehicle cleaning and trust-wide governance arrangements in respect of Infection Prevention and Control. A dedicated IPC lead has been seconded to NIAS and arrangements are being explored with other HSC Trusts to provide ongoing IPC support until a permanent IPC lead is appointed. Progress will be reassessed by the RQIA as part of their review programme.</p>	A
<p>2.4 By 31 March 2019, to secure a regional aggregate reduction of T% in the total number of in-patient episodes of Clostridium Difficile infection in patients aged 2 years and over and in-patient episodes of MRSA infection compared to 2017/18.</p> <p><i>Values for T to be confirmed post reporting of 17/18 figures.</i></p>	As above	A
<p>2.5 Throughout 2018/19 the clinical condition of all patients must be regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.</p>	<p>NIAS has incorporated NEWS scoring within the latest iteration of our paper-based patient report form in order to facilitate monitoring of patients in the acute phase of pre-hospital care and early assessment within emergency departments. This will be adopted into the planned electronic patient report form undergoing tender as part of the NIAS REACH project.</p>	A
<p>2.6 By March 2019, review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers.</p>	Not applicable to NIAS	
<p>2.7 By March 2019, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016 and the HSC Board must have established baseline compliance for community</p>	Not applicable to NIAS	

pharmacy and general practice. Reports to be provided every six months through the Medicines Optimisation Steering Group.		
2.8 During 2018/19 the HSC, through the application of care standards, should continue to seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, inspected that (a) receive a failure to comply, and (b) subsequently attract a notice of decision, as published by RQIA.	Not applicable to NIAS	

Outcome 3: Improve the quality of the healthcare experience

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
3.1 By March 2019, all patients in adult inpatient areas should be cared for in same gender accommodation, except in cases when that would not be appropriate for reasons of clinical need including timely access to treatment.	Not applicable to NIAS	
3.2 During 2018/19 the HSC should ensure that care, permanence and pathway plans for children and young people in or leaving care (where appropriate) take account of the views, wishes and feelings of children and young people.	Not applicable to NIAS	
3.3 By March 2019, patients in all Trusts should have access to the Dementia portal.	Not applicable to NIAS	
3.4 By March 2019, to have arrangements in place to identify individuals with palliative and end of life care needs, both in acute and primary settings, which will then support people to be cared for in their preferred place of care and in the manner best suited to meet their needs.	NIAS has in place a system whereby patients in receipt of primary care can be “flagged” on ambulance control systems following notification by clinicians in the primary or acute setting. This is used to notify responding ambulance crews to patient decisions regarding resuscitation / admission avoidance based on both advanced directives submitted by patients and DNACPR advice from clinicians.	G
3.5 By March 2019 the HSC should ensure that the Co-production model is adopted when designing and delivering transformational change. This will include integrating PPI, co-production, patient experience into a single organisational plan.	NIAS will develop an integrated PPI, co-production, patient experience work plan and monitor progress through its Equality and PPI Steering Group	A

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use them

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
4.1 By March 2019, to increase the number of available appointments in GP practices compared to 2017/18	Not applicable to NIAS	
4.2 By March 2019, to have 95% of acute/ urgent calls to GP OOH triaged within 20 minutes.	Not applicable to NIAS	
4.3 From April 2018, 72.5% of Category A (life threatening) calls responded to within 8 minutes, 67.5% in each LCG area.	<p>The NIAS improvement trajectory for 2018/19 is based on analysis of Category A data and trends for NI and each Trust for the last three years. This is set out below.</p> <p>The forecasts using this methodology show an further decrease in Regional category A Performance from 45% year end 2017 /18 to 42% 2018/19.</p> <p>A number of factors impact on the accuracy of the trajectory:</p> <ul style="list-style-type: none"> - Forecast Planned v Actual levels of cover. - Weather Condition - Demand trends (assumed 3%) - Hospital turnaround times <p>NIAS will be carrying out a public consultation during 2018/19 on a proposed new Clinical Assessment Model which proposed a suite of clinically indicated response times. If implemented following Ministerial approval, together with an associated expansion in staffing levels, this will ensure resources are targeted at the most clinically urgent patients.</p>	A

		<table><tr><td>2018/19 Performance Trajectory</td><td>2018/19</td></tr><tr><td>Regional - % within 8 minutes (72.5%)</td><td>42%</td></tr><tr><td colspan="2"></td></tr><tr><td>Belfast LCG - % within 8 minutes (67.5%)</td><td>54%</td></tr><tr><td>Northern LCG - % within 8 minutes (67.5%)</td><td>36%</td></tr><tr><td>South Eastern LCG - % within 8 minutes (67.5%)</td><td>34%</td></tr><tr><td>Southern LCG - % within 8 minutes (67.5%)</td><td>34%</td></tr><tr><td>Western LCG - % within 8 minutes (67.5%)</td><td>48%</td></tr></table>	2018/19 Performance Trajectory	2018/19	Regional - % within 8 minutes (72.5%)	42%			Belfast LCG - % within 8 minutes (67.5%)	54%	Northern LCG - % within 8 minutes (67.5%)	36%	South Eastern LCG - % within 8 minutes (67.5%)	34%	Southern LCG - % within 8 minutes (67.5%)	34%	Western LCG - % within 8 minutes (67.5%)	48%	
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4.4	By March 2019, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department; and no patient attending any emergency department should wait longer than 12 hours.	Not applicable to NIAS																	
4.5	By March 2019, at least 80% of patients to have commenced treatment, following triage, within 2 hours.	Not applicable to NIAS																	
4.6	By March 2019, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	Not applicable to NIAS																	

4.7	By March 2019, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	While not independently able to deliver this target, NIAS works within the Regional Stroke Strategy Implementation Group and has introduced destination protocols regionally for patients presenting with symptoms or signs suggestive of acute stroke. This includes appropriate triage at the time of receipt of an emergency call to identify cases likely to represent an acute stroke via a ratified stroke diagnostic tool, appropriate emergency response (minimum Cat B for acute stroke), incorporation of FAST assessment into the NIAS patient report form and clear protocols regarding pre-alerting of receiving hospital units. These actions service to increase the likelihood of suitable patients receiving thrombolysis therapy. NIAS will continue to work with the group with regard to reorganisation of stroke services and the potential for a regional approach to intra-arterial therapy.	A
4.8	By March 2019, all urgent diagnostic tests should be reported on within two days.	Not applicable to NIAS	
4.9	During 2018/19, all urgent suspected breast cancer referrals should be seen within 14 days; at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat; and at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	Not applicable to NIAS	
4.10	By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks.	Not applicable to NIAS	
4.11	By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks.	Not applicable to NIAS	
4.12	By March 2019, 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment and no patient waits longer than 52 weeks.	Not applicable to NIAS	

4.13	By March 2019, no patient waits longer than: nine weeks to access child and adolescent mental health services; nine weeks to access adult mental health services; nine weeks to access dementia services; and 13 weeks to access psychological therapies (any age).	Not applicable to NIAS	
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Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
5.1 By March 2019, secure a 10% increase in the number of direct payments to all service users.	Not applicable to NIAS	
5.2 By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified.	Not applicable to NIAS	
5.3 By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.	Not applicable to NIAS	
5.4 By March 2019, have developed baseline definition data to ensure patients have timely access to a full swallow assessment.	Not applicable to NIAS	
5.5 By March 2019, Direct Access Physiotherapy service will be rolled out across all Health and Social Care Trusts.	Not applicable to NIAS	
5.6 By May 2018, to have delivered the Children & Young People's Developmental & Emotional Wellbeing Framework along with a costed implementation plan	Not applicable to NIAS	
5.7 During 2018/19, ensure that 99% of all learning disability and mental health discharges take place within seven days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days.	Not applicable to NIAS	

Outcome 6: Supporting those who care for others

COMMISSIONING PLAN DIRECTION OUTCOME		PROVIDER RESPONSE	RAG
6.1	By March 2019, secure a 10% increase (based on 2017/18 figures) in the number of carers' assessments offered to carers for all service users.	Not applicable to NIAS	
6.2	By March 2019, secure a 5% increase (based on 2017/18 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	Not applicable to NIAS	
6.3	By March 2019, to create a baseline for the number of young carers receiving short breaks (ie non-residential respite).	Not applicable to NIAS	

Aim: Ensure the sustainability of health and social care services provided**Outcome 7: Ensure the sustainability of health and social care services**

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
7.1 By March 2019, to have commenced implementation of new contractual arrangements for community pharmacy services.	Not applicable to NIAS	
7.2 By March 2019 to establish an outcomes reporting framework for Delegated Statutory Functions (DSF) that will demonstrate the impact and outcome of services on the social wellbeing of service users and the baseline activity to measure this.	Not applicable to NIAS	
7.3 By March 2019, to establish a baseline of the number of hospital cancelled, consultant led, outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment and by March 2020 seek a reduction of 5%.	Not applicable to NIAS	
7.4 By March 2019, to reduce the percentage of funded activity associated with elective care service that remains undelivered.	Not applicable to NIAS	
7.5 By March 2019, ensure that 90% of complex discharges from an acute hospital take place within 48 hours, with no complex discharge taking more than seven days; and all non-complex discharges from an acute hospital take place within six hours.	NIAS will continue to work with other Trusts to prioritise the timely discharge of patients from acute hospitals, including the co-ordination of independent ambulance providers during the winter period with the agreement of other Trusts.	A
7.6 By March 2019, to have obtained savings of at least £90m through the 2016-19 Regional Medicines Optimisation Efficiency Programme, separate from PPRS receipts.	Not applicable to NIAS	

Aim: Support and empower staff delivering health and social care services

Outcome 8: Supporting and transforming the HSC workforce

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
8.1 By June 2018, to provide appropriate representation on the programme board overseeing the implementation of the health and social care Workforce Strategy.	NIAS will ensure appropriate representation on Workforce Strategy work streams through established links with HSC HRD Forum, HRD7 and related sub-groups	A
8.2 By June 2018, to provide appropriate representation on the project board to establish a health and social care careers service.	As above	A
8.3 By March 2019, to have completed the first phase of the implementation of the domiciliary care workforce review.	Not applicable to NIAS	
8.4 By June 2018, to provide appropriate representation to the project to produce a health and social care workforce model.	As 8.1	A
8.5 By March 2019, to provide appropriate representation and input to audits of existing provision across the HSC, in line with actions 10 – 14 of the Workforce Strategy.	As 8.1	A
8.6 By December 2018, to provide the information required to facilitate the proactive use of business intelligence information and provide appropriate personnel to assist with the analysis.	The Trust has identified some specific Information tools to expand its Business Intelligence function using its small team of analysts. NIAS is working with regional colleagues to share knowledge and experiences and plans to acquire these tools by December 2018.	A
8.7 By December 2018, to ensure at least 40% of Trust staff (healthcare and social care staff) have received the seasonal flu vaccine.	NIAS introduced a system of peer-vaccination during the 2017/18 flu season. With the introduction of these measures, the rate of uptake within NIAS increased from approximately 11% in 2016/17 to 34.6% in 2017/18.	A

	Lessons learned during this season are being used to modify the approach for the coming year. The Trust will develop a programme of communication to promote the flu vaccine and will work to deliver improved uptake rates.	
8.8 By March 2019, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2017/18 figure.	The Trust will undertake a comprehensive review of sick absence levels and related systems in order to inform an action plan to achieve the target.	R
8.9 By March 2019, to have an agreed and systematic action plan to create a healthier workplace across HSC and to have contributed to the Regional Healthier Workplace Network as part of commitments under PfG.	NIAS will establish a Health and Wellbeing Action Plan which will ensure appropriate contribution to HSC Healthier Workforce Network and work streams	A
8.10 By March 2019 to pilot an OBA approach to strengthen supports for the social work workforce	Not applicable to NIAS	
8.11 By March 2019, 50% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework and 5% to have achieved training at level 2 by March 2020.	The Trust will incorporate this within our Education, Learning and Development Plan for 2017/18 and monitor progress against this target through ELD reporting systems.	A
8.12 By March 2019, to have developed and commenced implementation of a training plan on suicide awareness and suicide intervention for all HSC staff with a view to achieving 50% staff trained (concentrating initially on frontline staff) by 2022 in line with the draft Protect Life 2 strategy.	In recent years NIAS initiated a programme of 'SafeTalk' which was delivered to all frontline staff during Post Proficiency training. It is now included in the programme for new recruits to ACA and AAP. Training has also been provided to staff in the Emergency Ambulance Control centre with plans to extend further e.g. HQ staff if required. The training is also included on the Mandatory Training Matrix.	G

4. Detailed Trust Delivery Plans

3.2 Trust Response to relevant Regional / PoC / Priorities

The Commissioning Plan highlights challenges facing NIAS which are recognised by the Commissioner and goes on to indicate measures of support to address demographic change and the difficult operating environment.

NIAS has achieved a great deal in recent years which provides a strong stable platform on which to build the Service to meet the challenges we face. We continue to invest in our ambulance personnel by bringing in new staff, increasing the number of clinicians we employ and training them in new clinical skills and interventions. We have developed and delivered a series of Appropriate Care Pathways which provide a different option to the traditional response of transport to hospital for patients. As a result we are treating and caring for more patients at home, accessing alternative destinations and are continuing to work with our staff, patients and other stakeholders to extend this development. At the end of March 2018, in comparison to the working year 2013/14, an additional 17,226 patients were not conveyed to hospital by NIAS following a 999 call. By March 2018, NIAS were transporting an average 130 patients per month to a destination other than the ED and referring an average 483 patients per month to a specific appropriate care pathway. As a result, NIAS has seen its non-conveyance rate rise from 17.2% in 2013/2014 to 24.6% by March 2018.

We acknowledge, with regret, our inability to achieve the targets set in regard to providing a sub 8 minute response to 72.5% of Category A calls. However, increasing demand for emergency response has impacted heavily on our capacity to respond promptly. We delivered a sub 8 minute response to these life threatening calls in 45% of cases throughout Northern Ireland in 2017/18. We remain committed to improving the speed of our response to the most clinically urgent patients while providing timely and appropriate services, including alternatives to hospital attendance, to those whose need is less immediate. NIAS has developed proposals for a new Clinical Response Model which will target those calls which are immediately life threatening.

3.2 NIAS RESPONSE TO REGIONAL COMMISSIONING PLAN PRIORITIES (17)

APPENDIX 3:

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to ensure that available capacity within NIAS is maximised in the context of increasing demand for services.	<p>NIAS's response should:</p> <ul style="list-style-type: none"> demonstrate plans to improve emergency response times across NI outline how the capacity-demand review will ensure alignment of NIAS resources with predicted demand. 	<p>NIAS will implement a performance plan.</p> <p>Specific actions include :</p> <ol style="list-style-type: none"> Put in place open trawl for qualified Paramedics, EMT, PCS and EMDs to fill vacancies. Develop and implement a Demand management plan for Emergency Ambulance Control. Develop contingency plan for increasing call take capacity to manage peaks in demand. Rank all operational shifts priority order to be covered to manage risk in the event of low levels of cover and or peaks in demand. Increase ICV capacity to support Emergency Ambulance and RRV crews. Introduce a revised RRV deployment plan to maximise contribution of RRV Cat A response. Develop and implement a revised Rest break policy. Improve ambulance turnaround times and 	A

			<p>work with partners to improve performance.</p> <p>9. Increase Capacity in Resource management Centre.</p> <p>10. Expand use of ICVs for any suitable transfers.</p> <p>11. Revise procedure for use of Bank Staff.</p> <p>12. Implement revised procedure to improve advanced planning of cover.</p> <p>13. Increase Voluntary Car Service in South Eastern Area.</p>	
2.	<p>Effective arrangements should be in place to introduce a new clinical response model which prioritises the sickest and deploys the most appropriate resources based on improved triage.</p> <p>The HSCB accepts there is a shortfall in ambulance capacity to fully realise this model in coming years.</p>	NIAS's response should outline plans to introduce the Clinical Response Model, including required public consultation.	<p>1. NIAS will present a consultation paper to its Board 16 August 2018. This commences a period of pre-consultation on CRM which will be used to inform the 12 week public consultation which will commence September 2018.</p> <p>2. NIAS will continue to address baseline vacancies at Paramedic, EMT and PCS grades through use of allocated transformation funds for 2018-19, in preparation for the potential increase of 333 WTE as recommended in the Demand Capacity Review and required to implement the CRM.</p> <p>3. Complete the equality and rural impact assessments.</p> <p>Present post consultation proposal to HSCB and DoH.</p>	A

3.	Effective arrangements should be in place to address the issues raised by RQIA following infection control inspections.	NIAS should provide details on the response to RQIA inspections and recommendations, including details of improvement planned.	<p>NIAS has developed a comprehensive action plan relating to all areas of improvement required by RQIA. This is addressing the key themes of training of staff, embedding of practice, vehicle cleaning, NIAS estate and infrastructure, and governance arrangements. The Estates Team have brought forward proposals for replacement of some facilities, and are developing a business plan for the longer term estate strategy. NIAS has recently moved to electronic reporting of audits around IPC, having used a paper-based system which was comprehensively revised last year. This is now starting to produce real-time feedback highlighting the critical issues with regard to IPC compliance.</p> <p>NIAS undertook refresher training of all available frontline staff on IPC practice as well as additional training for management staff in relation to standards and audit arrangements.</p> <p>NIAS has moved to a system of dedicated cleaning teams responsible for the regular deep cleaning of the NIAS vehicle fleet. This allows operational crews to focus on providing an operational response and clinical care while significantly improving compliance with the cleaning schedule for vehicles.</p> <p>NIAS continues to meet regularly with DOH to consider progress as part of enhanced monitoring</p>	<p>A</p> <p>A</p>
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			arrangements. The Department has indicated a willingness to support the longer term improvement through appropriate commissioning arrangements. Individual stations have identified key priorities for action, with many of these already addressed.	
4.	Effective arrangements should be in place to manage the increasing demand for non-emergency transport.	NIAS's response should outline how it will work with the HSCB to introduce eligibility criteria for non-emergency transport which prioritise patients with mobility difficulties.	<p>NIAS recognise that to ensure the delivery of a user friendly, high quality, responsive and efficient transport service for those who need it most, the service must be based on the assessed need and the consistent application of eligibility criteria which requires revision.</p> <p>NIAS would welcome the opportunity to work in collaboration with the Commissioner for Ambulance Service and DOH, to review access arrangements and booking protocols. This will aim to ensure better co-ordination of requests for transportation based on a comprehensive review of:</p> <ul style="list-style-type: none"> a) Health and Personal Social Services (Northern Ireland) Order 1972 Article 10 b) Health and Personal Social Services (Northern Ireland) Order 1972 Article 15 c) Chronically Sick and Disabled Persons (Northern Ireland) Act 1978 Section 2(d) d) Chronically Sick and Disabled Persons (Northern Ireland) Act 1978 Section 1(1) 	A
5.	Effective arrangements should be in place to better coordinate	NIAS's response should outline progress in relation to the pilot with	Belfast Trust has extended the pilot until 31 March 2019. NIAS extended the operating hours to midnight Monday to Friday and it was extended	A

	Hospital-related non-emergency transport and to maximise benefits of procuring independent providers on a regional basis.	Belfast and Southern Trusts which is coordinating hospital-related non-emergency transport and efforts to realise this to cover the whole region long-term.	<p>to all Trusts during Winter 2017/18. The pilot has successfully eliminated transport duplication in Belfast Trust and has been very well received by BHSC and their staff. The pilot has contributed to a higher success rate with complicated and palliative discharges, as well as supporting sound contract management.</p> <p>All Trusts benefited from inter Trust coordination that enabled the most efficient use of Independent sector providers. Southern Trust has not yet joined the pilot however has approved in principle. Western Trust and South-Eastern Trust have indicated they would like to participate in the pilot when they join the regional Non-emergency transport Framework.</p>	
6.	Effective arrangements should be in place to appropriately manage the increasing demand on emergency ambulance services in the winter period.	NIAS's response should bring forward a winter plan which outlines how it will manage increased demand in winter 2018/19.	<p>NIAS will continue to focus on the delivery of services to patients and service users and will undertake specific local planning in response to levels of demand experienced across the HSC during the winter period.</p> <p>The plan will include:</p> <ul style="list-style-type: none"> • Reduce unnecessary admissions through Hear and Treat and alternative care pathways from the Emergency Ambulance Control Clinical Support Desk. • Reduce admissions through Treat and Leave and use of alternative care pathways by frontline Paramedics. • Maximise discharge and admission capacity through increased levels of Intermediate Care Service, Patient Care Service, Voluntary Ambulance Service and Private Ambulance Service. 	A

			<ul style="list-style-type: none"> • Provide regional discharge planning function from NEAC. This proposal would extend hours of operation and provide Regional Coordination, working closely with HALOs within Trusts. • Reduced handover times - Extend HALO hours and work with other partners to improve Hospital Turnaround Times. • Maximise conveying resource through focused planning. • Reduced conveyance to hospitals through Clinical Support Desk (CSD) Paramedics in control promoting use alternative Care Pathways (ACPs) including mental health pathways. • Active use of HSC Hospitals Dashboard to manage demand across the HSC system. • Use of scripts by call takers in Control to inform service users of potential delays in response and to consider alternative transport arrangements to Ambulance Service if clinically appropriate. 	
7.	Effective arrangements should be in place to improve ambulance turnaround times in hospitals.	NIAS's response should describe how it will significantly improve the handover time for patients, with at least 70% of handovers being completed in less than 30 minutes from April 2018.	<p>NIAS will fully participate with the HSCB Regional project to improve patient handover at ED.</p> <p>NIAS will continue to work with EDs to develop local solutions to improve hand over times.</p> <p>NIAS will work in collaboration with the Ulster Hospital and Voluntary Ambulance Services to pilot the use of Ambulance Receivers in the Ulster Hospital, to consider roll out to other four EDs as appropriate.</p>	A
8.	Effective, integrated arrangements,	NIAS's response should demonstrate	NIAS now has 15 Appropriate Care Pathways providing offering alternatives to the Emergency	A

	<p>organised around the needs of individual patients, should be in place in community settings to provide care for people at home, avoiding the need for hospital attendance and admission.</p>	<p>how it is embedding the range of alternative care pathways across all localities in NI during 2018/19, including the paramedic-led clinical decision desk.</p>	<p>Department through treatment in the community or providing an alternative destination to address their clinical need. NIAS is increasing its partnership working across the region with other Healthcare Professionals and statutory agencies including Trust based Mental Health Professionals, Occupational Therapists, Out of Hours Providers, GPs & PSNI with the aim to improve out of hospital interventions for a range of conditions and enhance the interventions available for the existing pathways.</p> <p>The role of the Clinical Support Desk (CSD) within Ambulance Control is also being expanded to provide appropriate clinical advice to a greater range of 999 calls. The staffing levels of the CSD will increase by 50% and work is commencing on introducing additional Healthcare Professionals such as Mental Health Professionals and Nurses into the CSD to further expand the range and types of 999 calls assessed as suitable for referral to the CSD.</p>	
9.	<p>Effective arrangements should be in place to fully utilise the Helicopter Emergency Medical Service (HEMS) to support the existing road-based emergency service.</p>	<p>NIAS's response should demonstrate how it will monitor the performance of HEMS during 2018/19 in line with the Commissioning Specification and agreed key performance indicators.</p>	<p>NIAS attends regular management board meetings with the charity partner AANI in order to review performance against the commissioning specifications. Performance indicators relating to availability of the Service and response times etc. are reported at these meetings and more recently a series of clinical performance indicators has been developed in partnership with the regional trauma clinical advisory group. A report was published in June 2018 detailing the progress and</p>	G

			<p>activity of the first year of operations of the Service including a breakdown by type of incidents attended, location of incidents, and the performance indicators detailed above. The NIAS Finance Director is now a member of these meetings in order to enable NIAS to ensure that the charity's financial activities are in line with the arrangements for funding as laid down by the Department of Health. To date over 400 missions have been undertaken by the HEMS Service with no significant adverse incidents reported. NIAS will continue to review both operational and clinical performance through agreed KPIs.</p>	
10.	<p>Effective arrangements should be in place to facilitate and promote collaboration, coordination, communication, learning, sharing of information between different agencies providing resuscitation training.</p>	<p>NIAS's response should demonstrate how it will work with existing providers of community resuscitation and ensure a smooth transition to the new model of community resuscitation that reflects the recommendations of the 2014 Northern Ireland Community Resuscitation Strategy</p>	<p>In January 2018 the Community Resuscitation Team commenced work across Northern Ireland. The team leader is supported by five Community Resuscitation Officers who have been promoting the areas of life support training and the provision of public access defibrillators. The team have met with all Northern Ireland Councils in order to address issues around community planning for the future.</p> <p>The team attended the all-Ireland resuscitation conference hosted in Cork in order to share learning and develop networks in relation to community resuscitation.</p> <p>The team will continue to engage with community first responder groups across Northern Ireland</p>	G

			<p>and is working to standardize governance arrangements and standards.</p> <p>A report has been produced detailing out of hospital cardiac arrest survival in Northern Ireland for benchmarking with other UK Ambulance Services.</p>	
11.	Effective arrangements should be in place to deliver appropriate CPR and BLS training programmes.	<p>NIAS should provide plans to increase access to CPR training across NI and Basic Life Support (BLS) training in community and educational settings via:</p> <ul style="list-style-type: none"> • Engagement with CPR training providers • Engagement with Voluntary and Community organisations • Further development of Community and first responder schemes 	<p>NIAS hosts regular meetings with other stakeholders including the five acute Trusts, charity providers (BHF etc.), and government Departments. The team is working with the providers of BLS training in schools across Northern Ireland and is building a case for the inclusion of BLS training within the standard school curriculum as has recently been agreed in England.</p> <p>NIAS will continue to participate in the annual "Restart a Heart Day" programme in order to raise awareness of bystander BLS.</p>	G
12.	Effective arrangements include the development of public information / guidance about Automatic External Defibrillators (AEDs) covering purchasing, maintenance, location, access and signage	NIAS should provide plans to develop website literature and guidance information materials on AEDs.	Owners of defibrillators are able to register their units via the NIAS website which captures all the necessary information required to make these available to the NIAS emergency ambulance control staff during a live call. Using this, NIAS has created a database of over 1000 public access defibrillators which is linked to our control system, alerting the public to the presence of a nearby defibrillator in the event of a cardiac arrest.	G

			<p>NIAS has developed updated guidelines for those who are considering or who have acquired a defibrillator detailing the practicalities of maintaining, storing, registering and using their device.</p> <p>A Memorandum of Understanding has been signed with the providers of the GoodSam app which is used internationally to direct BLS-trained bystanders to a likely cardiac arrest, thereby increasing the likelihood of bystander CPR being provided in advance of arrival of the Ambulance Service. This system will be introduced across Northern Ireland.</p> <p>NIAS has met with representatives of the British Heart Foundation in order to consider joint working on the production of a national database used by all Ambulance Services relating to access to public defibrillators.</p>	
13.	Effective arrangements should be in place to realise the workforce requirements outlined in the NIAS Capacity-Demand Exercise (July 2017), specifically reform in Field Ops, building on reform already underway in Control.	NIAS's response should outline how it will take forward workforce reform, including recruitment and training requirements.	A new education model will be delivered, the cornerstone of which is a Foundation Degree Programme for Paramedics, developed in partnership with Ulster University, subject to relevant approval processes. In order to support workforce implications associated with this new model a comprehensive programme of recruitment and education will be developed. This will contribute to an improved baseline to facilitate future workforce developments associated with	A

			Capacity-Demand recommendations.	
14.	Effective arrangements should be in place to provide training programmes for paramedics which address accreditation difficulties with existing programmes.	NIAS's response should outline how it will work with the HSCB and DoH to develop proposals to support the training of new paramedics which may include a university degree route, building on the foundation level training commencing in 2018/19.	DoH and HSCB are represented on NIAS Paramedic Education Project Board which is overseeing the Foundation Degree work streams. In addition DoH have indicated an intention to Commission a BSc Programme and NIAS will continue to engage as appropriate with them in support of the delivery of this.	A

UNSCHEDULED CARE

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
5	Effective arrangements should be in place to provide Acute / Enhanced Care at Home that provides active treatment by health care professionals in the persons own home for a condition that would otherwise require acute hospital in-patient care.	Trust responses should demonstrate how, working with appropriate partners Acute / Enhanced Care at Home services will be made available 24/7 and linkages to core primary / community care teams and NIAS.	<p>A number of the NIAS appropriate care pathways include referral to service partners who undertake assessment and treatment in the domiciliary setting. This includes referral to district nursing services, primary care and specialist teams such as heart failure nurses and respiratory nurses working for the acute hospital Trusts.</p> <p>NIAS will continue to refine a directory of services accessible to frontline staff via the Clinical Support Desk team working in NIAS emergency ambulance control and a dedicated online app for NIAS staff.</p>	G
9	Effective arrangements should be in place to increase the number of unscheduled care patients managed	Trust responses should demonstrate the ambulatory care pathways prioritised for implementation /	NIAS has further embedded over a dozen appropriate care pathways, some of which relate to direct admission to specialist services within	G

	<p>on ambulatory pathways avoiding the need to be admitted to hospital</p>	<p>enhancement in 2018/19 plans for same day / next day referrals to services as well as direct GP access for patient management advice.</p>	<p>the hospital setting. Other pathways include direct referral to community services e.g. district nursing services, primary care and specialist teams such as heart failure nurses and respiratory nurses working for the acute hospital Trusts. Most recently NIAS has begun a pilot of a mental health street triage service combining input from a NIAS clinician, community psychiatric nurse and PSNI officer in order to streamline the signposting of patients with an acute mental health crisis to the most appropriate care setting.</p> <p>In October 2017 a Paramedic Clinical Support Desk (CSD) was established to deal with non-life threatening conditions. A specially trained Paramedic engages with the patient in order to determine whether an appropriate care pathway is suitable including reassurance and advice, referral to primary care (in hours and out of hours), referral to District Nursing services or advice regarding self-transport to hospital. The Paramedic is also available to give secondary clinical advice to crews attending calls.</p> <p>The results have been very encouraging and in line with call and outcome data from other Ambulance Services. Regular call audits of the CSD calls are undertaken and the calls audited are in compliance with the standards of the triage system used – Manchester Triage System. Indications are that the volume of calls receiving</p>	
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			<p>an alternative response has increased substantially compared to the previous pilot that was undertaken by General Practitioners working in the emergency control room setting.</p> <p>HEADLINES</p> <ul style="list-style-type: none"> • Between October 2017 and end of June 2018 approximately 10,000 calls have been handled by the Clinical Support Desk. • Analysis of these calls indicates that 49% of the calls handled result in a non-emergency response, divided fairly equally between no ambulance being required and the deployment of a non-emergency vehicle. • A small number of calls result in an increase in triage priority indicating that appropriate safety netting is in place. <p>The CSD contributed significantly to assisting with the management of winter pressures during 2017/18, helping to minimise any potential increase in the number of patients taken to Emergency Departments over this busy period. On the basis of this performance, further recruitment has been undertaken with the intention of expanding the hours of operation of the CSD and enabling more calls to be handled during peak periods, as well as extending the scope of calls handled by the CSD.</p>	
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RESPIRATORY

	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to deliver findings from the annual respiratory baseline assessment (subject to some alterations to targets agreed with DoH and limitations of recording mechanisms).	<p>Trust responses should demonstrate that plans are in place to contribute to:</p> <ul style="list-style-type: none"> • Maintenance of current service standards and, where applicable, meeting minimum standards as outlined in the baseline review undertaken in years 1 and 2 of the revised Respiratory Service Framework. • Development of services in line with Year 3 requirement arising from the baseline assessment (where not otherwise explicitly mentioned in this summary) 	This topic is not directly applicable to NIAS.	

5. Resource Utilisation (see *Appendix 5 of TDP guidance*)

4.1 Financial Strategy

Review of 2017/18 Financial Performance

The Trust delivered against a range of statutory and regulatory financial duties during the year. The Revenue Resource Limit (RRL) for 2017/18 was £76.3 million with a small revenue surplus of £61k was achieved against a background of financial savings. Cumulative savings of an additional £1 million were required from NIAS for the 2017/18 financial year. This savings target was delivered through a range of non-recurrent measures.

With the support of the HSCB, the Trust also delivered a significant programme of modernisation mostly in response to changes in service delivery both in NIAS and in the wider Health and Social Care system.

The Trust also benefited from £7.2 million of capital investment. This included the replacement of ambulance vehicles and investment in the ambulance estate, medical equipment and information and communications technology.

Financial Planning 2018/19

The political and economic environment internationally, nationally and locally in 2018/19 has the potential to add significantly to the financial challenges ahead. For NIAS there are significant changes to the delivery of paramedic education which will demand restructuring of our model of training. There are plans to carry out a significant recruitment exercise to address underlying vacancies this year.

An extensive piece of work is underway to propose a different way of focusing our scarce resources on the most serious calls through changes to our call response model. This will entail planned engagement with the public and their representatives to allow full consideration of these proposed changes. This will include defining the appropriate level of front line resources to meet increasing demand for our services in the future.

Levels of capital investment will also need to be maintained in order to maintain fleet, estate and technology to appropriate standards. There will also be further requirements to deliver cash releasing efficiency savings.

The estimated Revenue Resource Limit (RRL) for 2018/19 is £73 million and the Trust is forecasting a breakeven position at year end, subject to a number of assumptions.

The Trust has been advised of a requirement to deliver £984K of savings in 2018/19. The Trust will continue to work with all stakeholders to achieve required savings while

maintaining safe and effective care to patients. Areas currently under consideration include:

- Management of vacancies
- Constraining non pay expenditure in non-front line areas
- Release of staff for continuing education
- Expenditure on replacement uniforms

The Trust has also been supported by the Health and Social Care Board (HSCB) to meet a range of financial pressures and to deliver a number of priority investments both in the current financial year and beyond.

The Trust is currently forecasting a capital investment programme of £5.2 million. This includes the replacement of ambulance vehicles and investment in the ambulance estate. Investment is also planned to further develop and maintain the NIAS Information and Communications Technology platform.

NIAS will continue to engage with the HSCB and the Department of Health (DoH) to identify and address any financial implications arising from resolution of outstanding Agenda for Change (AFC) issues.

The Trust is grateful for the support of the HSCB and the DoH in securing the levels of investment in the ambulance service. The Trust will continue to work with all HSC partners to build on this and continue to provide safe, effective and quality care within available resources.

Further detail on resources and assumptions are contained in the appendices to this plan.

4.2 Workforce Strategy

NIAS has a comprehensive programme of Recruitment and Education in place for 2018-19 to address vacancy levels and facilitate education transformation. This challenging programme involves a significant increase in recruitment and education activity and ultimately aims to deliver an additional 48 Paramedics, 96 Emergency Medical Technicians (EMT) and 96 Ambulance Care Attendant (ACA) posts. It is intended that this should deliver an improved baseline position on which to further develop the Trust's Workforce with the potential to in the future implement the recommendations within the recent Demand-Capacity Review.

The Trust continues to engage in the DoH Workforce Review of NIAS frontline posts in order to inform a more long term workforce strategy. In 2018/19 NIAS will be fully

represented as appropriate on DoH Workforce Strategy work streams in order to ensure NIAS involvement in related HSC workforce strategic planning.

Education, Learning & Development

The Trust continues to enshrine Education Learning and Development as a key priority in its plans for the year. In this regard an Annual Education, Learning Development Plan (ELDP) is developed to further improve the skills and competencies of ambulance professionals to meet the challenges of the future.

It also addresses the need for increasing the workforce levels of frontline ambulance personnel where appropriate, in order to maintain an appropriate skill mix.

As indicated previously, the ELDP for 2018/19 will focus on support of workforce plans in delivering a challenging programme of education for Paramedics, EMTs and ACAs. A particular focus this year, subject to HCPC Approval, will be delivery of a Foundation Degree Programme for Paramedics in partnership with Ulster University. This marks the beginning of implementation of a transformative approach to clinical education of Paramedics in particular. The Trust will work with HSCB and DoH in relation to further developments including DoH planned commissioning of a BSc Programme.

In addition to clinical education the Trust will also ensure a particular focus on Leadership Development during 2018-19. During this period the Trust will hold a Leadership Conference and will work with the HSC Leadership Centre to design and deliver a comprehensive programme of Leadership Development for the organisation.

Performance Management and Appraisal

The Trust measures and assesses the following through its Performance Management Framework:

- Progress and performance against corporate objectives and targets
- The competence and capability of NIAS staff to discharge their duties safely and effectively and identifies the systems available to identify and address related issues

The Trust has an annual Personal Development & Contribution Review (PDCR) process in place, which has been developed in partnership by the NIAS Knowledge & Skills Framework (KSF) Trade Union and management leads. The process enables an assessment of personal contribution to achieving Corporate Objectives and related Development Review Process, effectively providing an opportunity to appraise each member of staff on their personal knowledge and skills in carrying out their role; to evidence their personal contribution to the Trust's vision, values, aims and objectives, and to develop an annual Personal Development & Contribution Plan (PDCP).

Other measures of performance management and appraisal include:

- Processes are in place for those non-frontline posts that require professional regulation to ensure fitness to practice and adherence to Continuous Professional Development (CPD) requirements
- NIAS medical staff are contractually obliged to participate in Medical Appraisal and Revalidation process. The Trust is fully compliant in this regard
- NIAS paramedics are professionally regulated by the Health & Care Professions Council (HCPC) and are personally required to maintain CPD. The HCPC carries out random 2-yearly checks in this regard
- All frontline operational staff are required to undertake and successfully complete annual re-assessment of essential clinical skills
- All frontline operational staff are required to undergo regular work-based observational assessments by Clinical Support Officers. The assessments identify any areas of practice that require improvement, development or remedial training. This provides an important element of Clinical Supervision for the Trust

Clinical Support Officers carry out regular clinical audits on priority aspects of clinical practice for frontline staff. These audits are an important element of Clinical Supervision for the Trust and the outcomes are prioritised to ensure continuous improvement in the associated practice.

4.3 Plans for Shift left of resources and other Transformation Initiatives

During 2018-19 NIAS will continue with its Transformation and Modernisation work streams. This will include continued focus on Alternative Care Pathways. In addition during 2018/19 the Trust will embark on a programme of engagement and consultation on a proposed new Clinical Response Model.

The NIAS Transformation and Modernisation Programme will continue in 2018/19 and will include the following improvement projects.

- Development and Implementation of a new Clinical Response Model
- Further development of Paramedic led Clinical Support Desk
- Development and Implementation of a Control Service Improvement Plan
- Implementation of a Clinical Development workplan and increased Clinical Performance Indicators (to include ACPs)
- Implementation of an Electronic Patient Record System
- Delivery of a Data Workstreams management plan

Performance against key deliverables for NIAS Trust and the benefits realisation to the wider HSC is reported at each Collaborative Improvement Meeting.

5. Governance

The Board of the NIAS HSC Trust is accountable for internal control. The Chief Executive of NIAS has responsibility for maintaining a sound system of internal control that supports the achievement of the policies, aims and objectives of the organisation, and for reviewing the effectiveness of the system.

The system of internal control in NIAS accords with Department of Finance guidance, and in developing a Governance Statement for 2018/19, NIAS will maintain consistency with guidance and direction. The Board exercises strategic control over the operation of the organisation through a system of corporate governance which includes:

- A schedule of matters reserved for Board decisions
- A scheme of delegation, which delegates decision making authority within set parameters to the Chief Executive and other officers
- Standing orders and standing financial instructions
- The establishment of an Audit Committee
- The establishment of a Remuneration Committee
- The establishment of an Assurance Committee

Risk Management

NIAS recognises that risk management is at the very heart of an effective organisation. NIAS has established processes for identifying, assessing, evaluating and treating risks to its aims and objectives, this will increase its ability to achieve the same. NIAS is revising its strategic governance and assurance arrangements incorporating a comprehensive Corporate Risk Management Policy and Strategy reflecting ISO 31000 Risk Management Principles and Guidelines. The policy sets the overall direction and risk appetite; the strategy sets out responsibilities and processes for risk identification and management, as well as prompting the development of new risks.

The Trust is committed to ensuring that good risk management processes are adopted at all levels of the organisation and for all activities and that these processes will support initiative and innovation whilst enabling the organisation and its employees to learn. The Trust is committed to fostering an open and honest culture where people are prepared to challenge and be challenged about why and how they do things in the interest of their patients, staff, the Trust and the public.

During 2018-19 the Trust will review and revise its Risk Management Strategy and associated incident reporting and management procedures. This will also reflect the regional procedures for the reporting and management of Serious Adverse Incidents (SAIs). The Trust will continue to engage with other HSC organisations in relation to SAI reporting and will apply any relevant learning. Such SAIs will continue to be reported to Trust Board through the Trust's Assurance Committee and will include learning outcomes, recommendations and action plans as appropriate. The Trust has established a Learning Outcomes Review Panel to facilitate the identification and application of learning from untoward incidents, SAIs, complaints, patient experience and claims etc.

During 2018-19 the Trust will review its Business Continuity Strategy and associated policy and procedures. A Business Impact Analysis will be completed to inform the prioritisation of development, review and testing of Trust business continuity plans.

Controls Assurance Standards

The Trust is currently compliant with all relevant Controls Assurance Standards to the level as required by the Department. The Trust will continue to develop systems and processes to deliver compliance with Controls Assurance Standards. Action plans will be developed for any areas of non-compliance within Controls Assurance Standards. Progress against such plans will be monitored and reported to Trust Board through the Trust's Assurance Committee. NIAS has begun to make the necessary arrangements for the replacement of the standards for 2018/19.

Information Governance

The Trust recognises fully that information is required every day across the Trust to discharge our duties. The Trust understands that a large majority of the information we hold is of a personal nature. The Trust uses this information in many ways e.g. To respond effectively to emergencies, to ensure that non-emergency patients are taken to Hospital appointments, to ensure the continuity of care of a patient we are treating, to support clinical research etc. The Trust is very aware of the importance of keeping personal data in a secure and confidential manner and train all staff to support this culture through face to face training, e-learning and workbooks. Information Governance was included as part of the mandatory training for all staff during the year.

In NIAS, the information governance is the framework of legislation and best practice guidance including the Data Protection Act 1998, the Freedom of Information Act 2000, Duty of Confidentiality etc that regulates the manner and way in which the Trust collects, obtains, handles, uses, shares and discloses information. The Trust holds information obtained from our patients, clients, suppliers, other Trusts, Police, Solicitors, Coroners, Police Ombudsman and other stakeholders, as well as from our staff. The Trust uses this information to provide assurance on the level of care and service provision we deliver to

our patients and for planning and business continuity. Good quality information forms the basis of high quality care.

The emphasis which General Data Protection Regulations (GDPR) places on information governance presents a challenging programme of work however it should also increase user awareness of their responsibilities in this area.

6. Promoting Wellbeing, PPI, & Patient/Client Experience

NIAS has applied a renewed focus on the promotion of the Health and Wellbeing of the workforce. The Trust has established a Health and Wellbeing working group which is working to ensure the engagement and involvement of trade unions and our staff are central to delivery of health and wellbeing objectives. A key specific output of this work will be a Peer Support Model for frontline staff dealing with trauma.

The Trust has also worked with Unison to establish a partnership project under the 'Time for Change' methodology. Health and Wellbeing is the theme of the project which involves Trust managers and trade union colleagues working together with a focus to improve the health and wellbeing of our workforce. This work will include baseline surveys around Health and Wellbeing in order to establish a comprehensive action plan to address key issues identified.

In addition NIAS will continue to work with partner organisations such as INSPIRE to implement practical support mechanisms such as access to counselling and other support systems.

The Trust will continue to implement systems such as ensuring access to a fast-track Physiotherapy service and promotion of the flu vaccine for NIAS staff.

During 2018-19 NIAS will work with PHA in order to agree an action plan with a programme of work for PPI and Patient and Client Experience.

In both these areas the Trust will contribute to regional HSC work streams.

In relation to PPI NIAS continues to work to mainstream the involvement of those who use our services in key planning decisions and processes. In particular this year the Transformation and Modernisation agenda will be a key focus in establishing the framework for the future delivery of our service. The Trust will ensure such decisions and planning will be underpinned by a programme of engagement, involvement and consultation. Particular focus during 2018-19 will be engagement and involvement of key stakeholders on proposals for a new Clinical Response Model.

In respect of Patient and Client Experience the Trust will engage with PHA in relation to implementation of a programme of work which is in line with its stated priorities around this area. This will include a focus on 'Hello My Name Is....' for NIAS and a particular focus on

increasing uptake of the 10,000 More Voices campaign as well as exploration of the 'Always Event' methodology in the Trust. In respect of this methodology the ambulance environment presents a challenge in respect of delivery and during 2018/19 the Trust will review implementation with a view to improving uptake and related learning.

APPENDIX 4

INFORMATION FOR TRUST DELIVERY PLANS 2018/19

Trust **The Northern Ireland Ambulance Service HSC Trust**

Table No.

FP1 **Forecast Financial Position**

This should reflect both the planned 2018/19 in -year and full year projected financial position. **Please note that Confidence & Supply Transformation Funding and associated expenditure is not to be included in the TDP returns.**

As it is currently projected that the total forecast expenditure for all Trusts in 2018/19 is to exceed the level of income currently available for 2018/19, the DoH has given approval for a number of Trusts to carry a level of authorised over spend as part of their 2018/19 Financial Plan. The Trust's notified Control Total must not be exceeded during 2018/19 and Trusts will be required to make every effort to minimise the level of authorised overspend.

In the absence of a Minister, no decision can be taken to implement a pay award for 2018/19. For the purposes of the TDP neither assumed income for pay nor estimated pay expenditure should be factored into the financial position.

FP2 **Reconciliation of RRL Income**

This table should be used to indicate income assumptions by reconciling current RRL to planned income anticipated from HSCB and PHA. Once agreed as part of the TDP, additional Trust income is not to be assumed without the approval of DoH.

FP3 **Trust Savings Target 2018/19 (excluding Regional Pharmacy - see Table 3a)**

In regard to the advised Trust Savings Target for 2018/19, this table should reflect the savings plan proposals included within the calculation of the financial position.

As appropriate, a commentary should be included against planned measures together with a RAG status. Additional rows can be inserted as required. Each proposal should be identified by Programme of Care.

FP3a **Regional Medicines Optimisation Efficiency Savings 2018/19**

This table is to indicate the proposals to address the Trust's Medicines Optimisation Efficiency target for 2018/19, which it is expected will be delivered to the target level set. All Medicines efficiency savings are to be reported against this target.

FP4 **Workforce Planning - Indicative Impact on WTE**

Trusts should provide estimate of staffing impact of the cash releasing plans detailed on FP3 and indicative allocations/investments on paid WTE.

FP5 **Workforce Planning - Total Staff**

This should indicate the projected paid WTE for the Trust analysed between Trust's staff and Agency/Locum staff and across all staff groups

FP6 **Detail of Income**

This table should analyse all income in 2018/19 by Programme of Care

FP7 **Detail of Expenditure**

This table should analyse all expenditure in 2018/19 by Programme of Care **before** impact of any savings delivery

FP8 **Demography**

Gross pressure by Scheme by Programme of Care should be recorded with slippage identified separately in the proforma and the Trust identifying:

- The level of modelled demand that will be avoided in year by the reform and transformation investments made by LCGs in prior years
- The level of demand that is realised in year that can be addressed through productivity and other cash avoidance means

FP9 **Reconciliation Check**

This table provides high level reconciliation between FP1 in year position and the tables on Income (FP2), Expenditure (FP7) and Savings (FP3 & FP3a).

INFORMATION FOR TRUST DELIVERY PLANS 2018/19

FP1

TRUST:

The Northern Ireland Ambulance Service HSC Trust

Contact Name: Mrs Sharon McCue
Position: Director of Finance & ICT
Phone No: 02890400999

Note: This table excludes all Provisions, Depreciation, Impairment Expenditure.

Date Completed: Aug-18

TABLE 1 FINANCIAL POSITION	2018/19	
	In Year Effect	Full Year Effect
	£'000	£'000
1.0 Expenditure:		
1.1 Staff costs	57,687	65,405
1.2 Other expenditure	16,271	18,448
1.3 Total expenditure	73,957	83,853
2.0 Income:		
2.1 Income from activities	330	330
2.2 Other income	472	472
2.3 Total income	802	802
3.0 Net expenditure	73,155	83,051
add: RRLs agreed for services provided by other HSC bodies		
4.1 BSO		
4.2 Other (specify)		
4.3 Other (specify)		
4.4 Total RRLs agreed	-	-
5.0 Net resource outturn	73,155	83,051
6.0 Calculation of Revenue Resource Limit (RRL)		
6.1 Allocation from HSCB (as per FP2)	73,155	83,051
6.2 Allocation from PHA (as per FP2)		
6.3 Total Allocation from HSCB/PHA	73,155	83,051
6.4 NIMDTA		
6.5 RRL agreed with other HSC bodies (specify)		
6.6 RRL agreed with other gov't departments (specify)		
6.7 Revenue Resource Limit	73,155	83,051
7.0 Surplus / (Deficit) against RRL	0	0
7.1 % Surplus / (Deficit) against RRL	0.00%	0.00%

8.0	Control Total for 2018/19 (show as minus)	0
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9.0	Variance of In year Surplus/(Deficit) to Control Total for 2018/19	0
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Notes:

Accident & Emergency staff 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 are as outlined in the assumed allocations and the Trust is assuming that these costs will be met in full. The Trust is working to deliver a savings requirement of £1.0m in 2018/19. The Trust assumes that no further efficiency savings will be required.

Name of Trust:

The Northern Ireland Ambulance Service HSC Trust

RECONCILIATION OF RRL TO PLANNED INCOME

Date Completed: Aug-18

INCOME FROM COMMISSIONERS	2018/19	
	In-Year Effect	Full Year Effect
1. HSCB	£'000	£'000
RRL as at April 2018	64,293	64,293
<u>Indicative Allocations:</u>		
RRL Allocations		
Retraction of Trauma Network Funding	(12)	(12)
Non Pay 2018/19	337	337
Reduction in Campaign Advertising	(30)	0
1% pay award monies 2017/18 (HSCB)	505	505
Demography 2017/18 25% funded from non recurrent £60m	229	229
FYE Demography 17/18	220	220
RCCE - Enniskillen Ambul Control	80	0
RCCE - MDTs	10	0
Recurrent Savings Gap 17/18	1,000	0
Trust Savings Requirement (Share of £44.7m Secondary Care Target)	(827)	(827)
Legacy Transformation Ambulance Alternative Care Pathways	714	714
Legacy Transformation Community Resuscitation Development Officers	260	260
Legacy Transformation ICP North - ACAH - Transport Patients to Direct Assessment Unit	100	100
Legacy Transformation Medical Training and Staff running costs for HEMS	925	925
Apprenticeship levy	3	3
Ring Fenced (if applicable)		
Mental Health	0	0
Legacy Transformation (TYC -non recurrent element)	167	0
EITP	0	0
LIBOR	962	0
Ringfenced TYC - Regional ICT NRR	120	0
Sub Total RRL Allocations	4,764	2,455
RRL as at 31 July 2018	69,057	66,748
<u>Other</u>		
C&S Transformation Fund	TBC	TBC
C&S Transformation Fund - any required reduction	TBC	TBC
Demography 2018/19 (LS email 16.02.18.)	756	756
Pay Award 2018/19	TBC	TBC
Winter Resilience	680	680
RCCE	1,000	1,000
MIMMS	10	10
MTFA	750	750
MTFA Slippage Estimate	(375)	0
Paramedic Profile	1,090	1,670
NISTAR	114	114
Infection Prevention and Control (Cleaning Operatives) £1m - Demography	0	1,000
Infection Prevention and Control (Estate) £0.6m - RCCE	0	1,000
HEMS LIBOR AANI Tier 2 TO BE CONFIRMED . Estimated at £1m	0	0
BSO Income Realignment	31	31
Increased Non Pay Costs	200	200
Additional non recurrent funding	(43)	(43)
Additional non recurrent savings	(157)	(157)
Additional NR funding USC/Winter/Flow	43	43
Total Indicative Allocations	4,098	7,053
<u>Other Assumed Allocations</u>		
Total Other Allocations	0	0
HSCB Income as per FP1	73,155	83,051
2. PHA	£'000	£'000
RRL as at xxxx	0	0
<u>Indicative Allocations:</u>		
<u>Ring Fenced</u>		0
EITP		
<u>Other</u>		
Total Indicative Allocations	0	0
<u>Other Assumed Allocations</u>		
Total Other Allocations	0	0
PHA Income as per FP1	0	0
Total Allocation from HSCB/PHA	73,155	83,051

Name of Trust:

FP3

Aug-18

[illegible]

Name of Trust:

FP3a

Regional Medicines Optimisation Efficiency Savings 2018/19

[illegible]

Trust

The Northern Ireland Ambulance

Date Completed: Aug 18

2018/19 Gross Planned Workforce Reductions (Savings Plans on FP3)*(Show Reductions as Negatives)*

	Admin	AHP	Support Services	Nursing / Midwifery	Social Work	Professional / Technical	Medical / Dental	Ambulance	Totals
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Permanent Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Temporary Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Decreases in Overtime & ADH Payments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Agency/Bank Staff (Equivalent)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Independent Sector Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Totals	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

This table is expected to capture the WTE (or WTE Equivalents) of all Reductions incorporated in the Trust Savings Plan.

2018/19 Planned Increases due to Backfill (Increases due to Re-Provision to facilitate Savings Plans on FP3)

	Admin	AHP	Support Services	Nursing / Midwifery	Social Work	Professional / Technical	Medical / Dental	Ambulance	Totals
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Permanent Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Temporary Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Increases in Overtime & ADH Payments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Agency/Bank Staff (Equivalent)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Independent Sector Staff/foster carers	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Totals	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

This table is expected to capture the WTE (or WTE Equivalents) of increases due to re-provision to facilitate savings (e.g. Skill mix adjustments) in the Trust Savings Plan.

2018/19 Planned Workforce Increases (New Investments)

	Admin	AHPs	Support Services	Nursing / Midwifery	Social Work	Professional / Technical	Medical / Dental	Ambulance	Totals
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Permanent Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	114.0	114.0
Temporary Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Increases in Overtime & ADH Payments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Agency/Bank Staff (Equivalent)	0.0	0.0	21.0	0.0	0.0	0.0	0.0	0.0	21.0
Independent Sector Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Totals	0.0	0.0	21.0	0.0	0.0	0.0	0.0	114.0	135.0

This table is expected to capture the WTE (or WTE Equivalents) of increases due to indicative HSCB Investment (e.g. Demography and other Service Development)

2018/19 Net Planned Workforce Increases (Decreases)

	Admin	Estates	Support Services	Nursing / Midwifery	Social Work	Professional / Technical	Medical / Dental	Ambulance	Totals
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Permanent Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	114.0	114.0
Temporary Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Increases in Overtime & ADH Payments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Agency/Bank Staff (Equivalent)	0.0	0.0	21.0	0.0	0.0	0.0	0.0	0.0	21.0
Independent Sector Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Totals	0.0	0.0	21.0	0.0	0.0	0.0	0.0	114.0	135.0

INFORMATION FOR TRUST DELIVERY PLANS 2018/19

FP5

Name of Trust:

The Northern Ireland Ambulance Service HSC Trust

Workforce Planning

Date Completed: Aug 18

Staff Group	Actual WTE as at 31 March 2018			Staff on Payroll	Agency/Locum Staff	Total
	On Payroll	Agency/locum	Total	Projected WTE 31-Mar-19	Projected WTE 31-Mar-19	Projected WTE 31-Mar-19
Admin & Clerical	84	38	122	84	38	122
Estate Services	0	0	0	0	0	-
Support Services	3	19	22	3	40	43
Nursing & Midwifery	0	0	0	0	0	-
Social Services	0	0	0	0	0	-
Professional & Technical	0	0	0	0	0	-
Medical & Dental	1	0	1	1	0	1
Ambulance Service	1,097	17	1,114	1,211	17	1,228
Total	1,185	74	1,259	1,299	95	1,394

INFORMATION FOR TRUST DELIVERY PLANS 2018/19

TRUST: The Northern Ireland Ambulance Service HSC Trust

Date Completed: Aug-18

Detail of Income 2018/19

Description	POC 1	POC 2	POC 3	POC 4	POC 5	POC 6	POC 7	POC 8	POC 9	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Opening HSCB RRL 2018/19	64,293									64,293
Opening PHA RRL 2018/19										0
Retraction of Trauma Network Funding	(12)									(12)
Non Pay 2018/19	337									337
Reduction in Campaign Advertising	(30)									(30)
1% pay award monies 2017/18 (HSCB)	505									505
Demography 2017/18 25% funded from non recurrent £60m	229									229
FYE Demography 17/18	220									220
RCCE - Enniskillen Ambul Control	80									80
RCCE - MDTs	10									10
Recurrent Savings Gap 17/18	1,000									1,000
Trust Savings Requirement (Share of £44.7m Secondary Care Target)	(827)									(827)
Legacy Transformation Ambulance Alternative Care Pathways	714									714
Legacy Transformation Community Resuscitation Development Officers	260									260
Legacy Transformation ICP North - ACAH - Transport Patients to Direct Assessment Unit	100									100
Legacy Transformation Medical Training and Staff running costs for HEMS	925									925
Apprenticeship levy	3									3
Ring Fenced (if applicable)										0
Mental Health	0									0
Legacy Transformation (TYC -non recurrent element)	167									167
EITP	0									0
LIBOR	962									962
Ringfenced TYC - Regional ICT NRR	120									120
										0
										0
Other Assumed Allocations:										0
C&S Transformation Fund	TBC									0
C&S Transformation Fund - any required reduction	TBC									0
Demography 2018/19 (LS email 16.02.18.)	756									756
Pay Award 2018/19	TBC									0
Winter Resilience	680									680
RCCE	1,000									1,000
MIMMS	10									10
MTFA	750									750
MTFA Slippage Estimate	(375)									(375)
Paramedic Profile	1,090									1,090
NISTAR	114									114
Infection Prevention and Control (Cleaning Operatives) £1m - Demography	0									0
Infection Prevention and Control (Estate) £0.6m - RCCE	0									0
HEMS LIBOR AANI Tier 2 TO BE CONFIRMED . Estimated at £1m	0									0
BSO Income Realignment	31									31
Increased Non Pay Costs	200									200
Additional non recurrent funding	(43)									(43)
Additional non recurrent savings	(157)									(157)
Additional NR funding USC/Winter/Flow	43									43
										0
Total Income	73,155	0	0	0	0	0	0	0	0	73,155

Should agree to FP2

TRUST: The Northern Ireland Ambulance Service HSC Trust

Date Completed: Aug-18

[illegible]

INFORMATION FOR TRUST DELIVERY PLANS 2018/19

RECONCILIATION CHECK

		2018/19
		In Year Effect
		£'000
1.0	Surplus / (Deficit) against RRL (FP1)	0
2.0	Income (FP2)	73,155
3.0	Expenditure as per (FP7)	74,139
4.0	Trust Savings Target 2018/19 Delivery (FP3)	984
5.0	Regional Medicines Optimisation Efficiency Savings 2018/19 (FP3a)	0
6.0	Surplus / (Deficit) against RRL (should agree to 1.0 above)	0

TB/04/10/2018/03

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING – 4th October 2018



PRESENTATION OF PAPER:

Title:	Hygiene, Cleanliness and Infection Prevention & Control (IPC) Update
Purpose:	<p>In 17-18 RQIA unannounced inspections and monitoring visits in Infection Prevention and Control (IPC), Hygiene and Cleanliness across NIAS, highlighted serious concerns regarding monitoring and assurance mechanisms for hygiene, cleanliness and (IPC) at station and vehicle level. At organisational level serious concerns were identified regarding governance systems, audit and assurance, education, training and access to expertise in hygiene, cleanliness and IPC.</p> <p>Six improvement notices were issued between July 2017 and February 2018. Three notices related to Safe & Effective Care – Ensuring Safe Practice and Appropriate Management of Risk, were lifted upon subsequent inspection. Three notices remain requiring improvement in Corporate Leadership and Accountability of the Organisation with a compliance date of October 2018.</p> <p>Whilst the improvement notices and subsequent improvement plans focused on three specific ambulance stations (Broadway, Bangor and Craigavon) the learning has identified the need to address systemic issues across the organisation in relation to;</p> <ul style="list-style-type: none"> <input type="checkbox"/> Maintenance <input type="checkbox"/> Station cleanliness <input type="checkbox"/> Vehicle/equipment cleaning <input type="checkbox"/> Training/ education and <input type="checkbox"/> Governance & assurance across the organisation. <p>Subsequently an <i>Infection Prevention and Control Hygiene & Cleanliness</i> Quality Improvement Plan (QIP) was developed to address areas for improvement under each of the above headings.</p> <p>To purpose of the briefing paper is to update Trust Board on progress against the Improvement Plan in advance of meeting with Regional Quality and Improvement Authority (RQIA) planned for Friday 5th October.</p>
Content:	<p>Progress highlights in relation to:</p> <ul style="list-style-type: none"> • Collaborative working regionally and nationally; • Each of the areas within the NIAS <i>Infection Prevention and Control Hygiene & Cleanliness</i> Quality Improvement Plan (QIP)
Recommendation:	For noting
Previous Forum:	IPC Group & SEMT
Prepared and Presented by:	Lynne Charlton



Northern Ireland Ambulance Service
Health and Social Care Trust

Infection Prevention and Control Hygiene & Cleanliness Improvement Plan

DoH Progress Update

September 2018

Progress Highlights - Collaborative Working

Collaborative working

- Trust meetings to discuss partnership working between Trust Infection Prevention Control (IPC) teams and NIAS now complete. Collaborative working proposal (which focuses on priority areas- hand hygiene, aseptic non touch technique and personal protective equipment) now prepared for consideration by acute Trusts.

Public Health Agency

- PHA Health Protection staff currently engaging with NIAS crews during a number of 'ride alongs' and station visits to inform PHA collaboration on NIAS specific IPC resources.

Health & Social Care Board

- Briefing meetings with HSCB in relation to progress and potential commissioning implications continue.

Northern Ireland IPC Lead Nurses Forum

- Agreement from Chair of the NI Lead Nurses Forum in relation to delivery of 'Link *IPC Paramedic/Emergency Medical Technician developmental training*' for NIAS personnel.

Association of Ambulance Chief Executives.

- Attendance at National Infection Prevention Control Subgroup meetings ongoing.
- Head of IPC, East of England Ambulance Service visiting NIAS 3rd-5th October to share experience and learning from CQC visits with NIAS senior management, NIAS crews and Chair NI Lead Nurses forum.

External Organisations

- Clinical Lead from national antt organisation visiting NIAS on 1st and 2nd October to deliver training on pre hospital and emergency cannulation to NIAS Clinical Support Officers (CSO) to enhance observations of practice and competency assessments for NIAS clinical crews.
- Engagement with external provider in relation to design of intravenous (IV) cannulation packs for use by NIAS crews.

Quality Improvement Plan progress highlights since previous meeting (June 21st 2018).

Maintenance

To put in place the necessary improvements to ensure that all Ambulance Stations are compliant with Regional Healthcare Hygiene & Cleanliness standards.

- Electronic audit tool with an automated action plan, escalation and reporting function now in use for audit in all Divisions at station level. Areas for improvement across the division identified within reporting function and findings reviewed at local level and corporately at monthly IPC meeting. Learning from current system and processes guiding necessary amendments to system, reporting and escalation process.
- Funding approved for clinical & domestic sluice upgrade project. Phase 2 (design phase) near completion. Phase 3 (construction phase) expected to commence with appointment of builders Oct18.
- Estates minor works prioritisation programme continues across each NIAS division addressing agreed IPC priorities in a phased approach within each station.
- Internal agreement to trial high density storage in one station in first instance.

Station Cleanliness

To put in place the necessary contracts, policies and procedures, and specifications to ensure that domestic cleaning arrangements are in place to achieve Regional Healthcare and Hygiene Cleanliness Standards

- Development of standardised NIAS cleaning specification for further consultation (based on learning from other UK ambulance services, NHS National Specification for Ambulance Trusts and PAS 5748).
- Review of the DoH NI Policy for the Provision and Management of Cleaning Services to inform further development of NIAS governance and accountability arrangements for environmental cleanliness across all Divisions.
- Findings from station cleanliness audits identifying areas for improvement in relation to station cleanliness. Areas for escalation & discussion with external providers of domestic services are identified in cleaning provider QA audits.
- Meeting with Facilities Management (FM) Contract Provider to discuss NIAS cleaning provider quality assurance audit findings and agree subsequent required action.
- Engagement with HSC Trust Providers of domestic services regarding current provision and potential amendments to meet an agreed NIAS specification have commenced, initially in one NIAS division with an intention to roll out across all NIAS divisions.

Vehicle Cleaning

Implement a Trust wide model/programme for vehicle cleaning which meets service needs and national specifications for cleanliness standards.

- Corporate induction day for all cleaning operatives held 25th July.
- Cleaning operatives in each NIAS division continue deep cleaning vehicles currently on two weekly schedules. Findings from vehicle cleanliness audits identifying areas for improvement in relation to vehicle cleanliness and defects along with facilitating discussions regarding future NIAS vehicle cleaning model.
- Engagement with National Ambulance IPC group in relation to outcome of study commissioned by the National Quality, Governance and Risk Directors Group (QGARD), to review the decontamination of ambulances, report now issued in draft and is being considered by National IPC group.
- Roll out at beginning of September of new universal cleaning wipes for use in vehicle cleaning. The wipe cleans and disinfects in one, replacing the need for multiple wipes and surface cleaners.
- Engagement internally and with technical staff to develop on line audit tool function to report on compliance with agreed deep cleaning schedule.

Training/Education/Staff engagement

Ensure appropriate support mechanisms are established and provided to staff implementing policies and procedures relating to hygiene, cleanliness and IPC.

- NIAS communication team have commenced filming of NIAS specific IPC resources to raise staff awareness and to support staff with implementation of policies and procedures.
- Engagement with HSC Trusts regarding proposals of IPC team support within NIAS divisions to support staff with IPC priorities such as hand hygiene and Aseptic Non Touch Technique (ANTT) underway.
- Clinical lead from national ANTT organisation coming to NI on 1st and 2nd October to deliver pre hospital and emergency specific ANTT training to Clinical Support Officers.
- NIAS Clinical Support Officers (CSOs) have developed an online tool to record observations of practice of hand hygiene and ANTT to support staff with necessary improvements and identify good practice for learning.
- IPC Champions identified within NIAS divisions. Engagement with IPC Lead Nurse Forum and National IPC leads within UK ambulance service to deliver IPC champion specific training and development.

- NIAS IPC communication strategy developed and in draft to facilitate consultation with staff to agree most effective communication methods to raise awareness and support staff with implementation of procedures relating to hygiene, cleanliness and IPC.

Governance & Assurance Arrangements

Ensure an effective Assurance Framework is in place, to provide robust assurance of best practice in hygiene, cleanliness and IPC across the organisation.

- NIAS IPC specific assurance framework and assurance mapping in draft for further internal consultation and approval.
- IPC related KPIs developed and approved at IPC Group for onward approval at Assurance Committee.
- Electronic audit tool with an automated action plan, escalation and reporting function now in use for audit in all Divisions at station and vehicle level. Areas for improvement across the division identified within reporting function and findings reviewed at local level and corporately at monthly IPC meeting. Learning from current system and processes guiding necessary amendments to system, reporting and escalation process.

TB/04/10/2018/04



Northern Ireland Ambulance Service
Health and Social Care Trust



Unscheduled Care Resilience Plan Winter 2018/19

August 2018

Introduction

The Northern Ireland Ambulance Service (NIAS) is experiencing significant operational challenges throughout the year due to a range of factors, but primarily the significant increases in demand over the past five years which have not been matched with corresponding increases in capacity. This shortfall in capacity has been recognised in the Demand and Capacity Review carried out in 2017 which has informed the development of a proposed new Clinical Response Model which is currently being consulted on.

The Winter period brings particular challenges and is a particularly busy period for NIAS. Increased 999 activity, increased staff absence, handover delays at acute hospitals and reduced services in the wider health economy all affect our ability to respond to patients quickly. Delayed turnarounds at hospital reduced emergency ambulance capacity 72,000 hours of ambulance cover in 2017/18, equating to approx. 6,000 shifts.

Staff vacancies mean that overall NIAS staffing levels are 15% below the required level as we enter the Winter period, with a subsequent over reliance on overtime to provide the service. A much needed programme to recruit 48 additional Paramedics will soon commence, however this in itself presents an added challenge on operational capacity as this number of experienced Ambulance Technician staff become unavailable for front line duties as they enter the Paramedic programme over the Winter period.

All of the above has an impact on NIAS' ability to respond to Category A (life threatening) calls within the 8 minute standard. Performance in 2017/18 was 45%, with the challenges associated with Winter particularly evident – performance ranged from 34% to 39% in the months between December 2017 and March 2018, compared with a range of 47% to 54% between April and November 2017.

While significant efforts continue on an ongoing basis to provide maximum shift cover across Northern Ireland within available resources, including substantial use of voluntary and private ambulances to supplement capacity, the additional pressures associated with the Winter period are not expected to be any less than in previous years given the challenges briefly outlined above. Protecting the 999 response capability must continue to be our primary focus if we are to deliver a safe service as a minimum, over the Winter period.

This plan describes the key strategic and operational actions NIAS will take during Winter 2018/19 to maintain safety, quality and performance, and contribute to the wider unscheduled care system. It has been developed taking account of the experience and learning from last Winter, and seeks to address the specific areas listed in the HSCB Chief Executive's letter dated 3 August 2018 - "NIAS Unscheduled Care Resilience Planning: Winter 2018/19".

1. Winter Plan 2018/19 - Overview

The NIAS Winter Plan 2018/19 is structured under the following four areas:

- Operational Resilience
- Supporting Timely Discharge
- Improving Patient Flow Across Trust Boundaries
- Hospital Turnaround

The actions planned under each of these broad areas are outlined below.

2. Operational Resilience

2.1 Development of a Demand Management Plan.

NIAS plan to engage support from the Ambulance Service Association of Chief Executives (AACE) to work with NIAS Emergency Control Team in a Demand Management Plan to be implemented in advance of winter 2018/19. The objectives of the plan are to:

- enable NIAS to identify and respond dynamically to service pressures.
- ensure NIAS continues to maintain a safe and clinically appropriate level of care at times of increased demand and resource pressure.
- provide all NIAS staff with a plan in times of increased demand and resource pressure.
- be open and transparent with the wider health economy at times of high demand.
- reduce Clinical Risk

The Demand Management Plan will review the Trust's Performance Recovery Plan to provide assurance that all potential mitigating actions have been identified, and identify those actions which will require specific Control Room input and delivery. It will also review the current Control Room arrangements for managing escalating demand within a resource constrained environment.

2.2 Plans to supplement existing capacity with Voluntary and Private Ambulance Services

NIAS has a framework in place which enables it to commission support from Voluntary Ambulance Service (VAS) and Private Ambulance Service (PAS) providers. NIAS use VAS and PAS regularly during the year. NIAS will increase the use of VAS and PAS as required over the winter period to:

- Complement NIAS Patient Care Service (PCS) in increasing capacity for transfers and discharges.
- Complement NIAS Intermediate Care Service in supporting Emergency Ambulance Crews, by responding to low acuity calls, thereby protecting Paramedic Ambulances for Category A life-threatening Calls.

2.3 Extending Clinical Support Desk

The role of the Clinical Support Desk (CSD) within Ambulance Control will be expanded to provide appropriate clinical advice to a greater range of 999 calls. The staffing levels of the CSD will increase by 50% and work is commencing on introducing additional Healthcare Professionals such as Mental Health Professionals and Nurses into the CSD to further expand the range and types of 999 calls assessed as suitable for referral to the CSD. NIAS will provide a full Clinical Support Desk service over the Holiday period.

2.4 Planning of staff leave over the holiday period

All requests for staff leave are co-ordinated through the NIAS Resource Management Centre. The Resource Management Centre is responsible for monitoring compliance against commissioned hours for all front line services including Control Centres. All requests for leave and associated backfill are managed by the Resource Centre, with short falls filled with VAS and PAS where possible. NIAS plan to recruit additional Emergency Control Call takers prior to the holiday period which will further increase resilience during this busy period.

2.5 Maximising the uptake of flu vaccination

NIAS successfully introduced a “Peer Vaccination Programme” for winter 2017/18. The Trust trained Paramedics to administer the Flu Vaccine to eligible staff at their base locations. A small team of Paramedics provided mobile Flu Vaccine clinics to all eligible staff. This improved the levels of staff uptake for the flu vaccination from 11% in 2016/17 to 35% in 2017/18. NIAS will build on the approach taken last year and seek to further increase the level of staff vaccination for winter 2018/19.

3. Supporting Timely Discharge

3.1 Coordination of hospital non-emergency transport for discharges

The pilot with Belfast and Southern Trusts for coordination of hospital requests for non-emergency transport has been extended to 31 March 2019. NIAS have extended the service to midnight Monday to Friday. As per last year NIAS will offer the service to all Trusts during the winter period to be more efficient and effective in the planning and delivery of transport requests and contribute to management of complicated and palliative discharges. Discussions are taking place with the other Trusts to embed this as a Regional Service throughout the year not just during winter.

4. Improving Patient Flow Across Trust Boundaries

4.1 Equalise Unscheduled Care Pressures across Emergency Departments

NIAS will as far as possible smooth demand to equalise unscheduled care pressures across the region through continuous monitoring of ED activity using the HSCB Dash Board, NIAS C3 information system and Control room feedback reports. Decisions to smooth will take account of the Ambulance Service operational requirements at that time and the need to ensure safe levels of cover are maintained and clinical risks to patients are managed.

NIAS will also continue to work with HSCB/PHA and other Trusts to put in place any temporary ambulance diverts agreed between Trusts.

4.2 Engagement with Primary Care and maximising NIAS Appropriate Care Pathways

NIAS now has 15 Appropriate Care Pathways offering alternatives to the Emergency Department through treatment in the community or providing an alternative destination to address their clinical need. NIAS is increasing its partnership working across the region with other Healthcare Professionals and statutory agencies including Trust based Mental Health Professionals, Occupational Therapists, Out of Hours Providers, GPs and the PSNI with the aim of improving out of hospital interventions for a range of conditions and enhance the interventions available for the existing pathways. We will seek to maximise the opportunities associated with this work stream during 2018/19.

5. Hospital Turnaround

5.1 Improving Ambulance Turnaround times

NIAS will fully participate in the HSCB Commissioned Regional Project to improve patient handover at ED (led by Dr M Roberts), and work positively with other organisations in taking forward the outcomes of this work.

In the interim, during 2018/19 NIAS will continue to work with EDs to develop local solutions to improve hand over times, based on 4 key principles:

- The patients in the urgent care pathway who are at highest risk of preventable harm are those for whom a high priority 999 emergency call has been received, but no ambulance resource is available for dispatch.
- Acute Trusts should always seek to accept handover of patients within 15 minutes of an ambulance arriving at the ED or other urgent admission facility (e.g. medical/surgical assessment units, ambulatory care etc.).
- Leaving patients waiting in ambulances or in a corridor supervised by ambulance personnel is inappropriate.
- The patient is the responsibility of the ED from the moment that the ambulance arrives at the ED.

NIAS will work in collaboration with the Ulster Hospital and Voluntary Ambulance Services to pilot the use of Ambulance Receivers in the Ulster Hospital, and consider roll out to other EDs during the winter as appropriate.

NIAS will also pilot a new ambulance arrivals screen complete with an arrivals button which will more accurately record time of handover.

5.2 Hospital Ambulance Liaison Officers (HALOs) in Emergency Departments

NIAS will increase the hours of cover for HALOS at RVH, Ulster, Craigavon and Antrim Emergency Departments over peak winter period. NIAS will provide HALO cover in line with the winter 2017/18 arrangement for Altnagelvin. The function of HALOs in hospital sites is to liaise with ambulance crews and clinical hospital staff/managers to ensure:

- NIAS hand over patients into the care of hospital staff as safely and quickly as possible, then make ready and clear, protecting NIAS capacity to responds to 999 calls and major incidents.
- Work collaboratively with Trust ED Teams in optimising patient flow within the ED departments.

The escalation and management of handover and turnaround delays will be coordinated in the first instance by the HALOs, with support and guidance provided by the Duty Control Managers or Local Area Manager. Station officers / Area Manager can be mobilised to challenged sites in order to ensure ambulances are able to hand over their patient(s), clear within the agreed time parameters to maximise resource availability.

6. Internal and External Communications

- 6.1 NIAS will communicate issues in relation to winter pressures internally through regular Team briefings, use of the mobile data transmission to frontline crews, and the HALO network.

NIAS will communicate externally through its Communications Department following agreed protocols, in particular in relation to regional messages in relation to temporary redirection of Ambulances as a consequence equalising unscheduled care pressures across the region.

7. Resourcing the Plan

- 7.1 NIAS will take forward the actions outlined in this Plan within the Winter Pressures allocation notified by the HSCB, with the exception of the measures in para 5.1 above which will require additional funding (to be quantified) as discussed at the meeting with DoH, HSCB/PHA on 15 August 2018.

TB/04/10/2018/05



***Minutes of a Meeting of the Assurance Committee
Thursday 10 May 2018 10am
Board Room, NIAS, Knockbracken Healthcare Park, Belfast***

PRESENT	Mr T Haslett	Non-Executive Director (Chair)
	Mr W Abraham	Non-Executive Director
	Mr A Cardwell	Non-Executive Director
	Mr D Ashford	Non-Executive Director
IN ATTENDANCE	Mr Michael Bloomfield	Chief Executive
	Dr N Ruddell	Interim Medical Director
	Mrs S McCue	Director of Finance & ICT
	Mrs M Lemon	Director of HR & Corporate Services
	Mrs K Keating	Risk Manager
	Mrs J McSwiggan	Note-taker

1.0 Welcome and Apologies

The Committee welcomed Dale Ashford, Non-Executive Director, to the Board and Assurance Committee.

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 14 March 2018

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

4.0 Matters Arising

6.0 IPC Progress Update: the high level IPC plan is included within the papers for this meeting. An update on the meeting with the Department of Health will be provided to the Committee.

6.1 Reviewed IPC Policy & Procedures: the IPC SOPs have been provided to the Committee via an overarching presentation on IPC.

The Committee Chair had approached the Trust Chairman to request the provision of additional support, and it was noted that the IPC Lead, L Charlton, has now been

seconded to NIAS as recommended by RQIA.

7.0 Review of Terms of Reference: it was noted that an Associate from the HSC Leadership Centre has been invited to review the Trust's structures and governance arrangements; this work is now underway and was welcomed by the Committee.

8.2 Corporate Risk Register at 31 January 2018: the risk in relation to turnaround time and the impact on the delivery of service has been escalated.

8.6 Untoward Incidents at 31 January 2018: The Committee Chair had communicated the Committee's concerns to the Trust Chairman.

Other matters arising are covered within the Agenda.

5.0 Chairman's Business

The Chair had no business to report.

6.0 IPC Progress Update

The Committee noted that the first monitoring meeting with the Department of Health had taken place, and had been a positive and supportive meeting, with recognition of the improvement work carried out to date. A commitment to allocate capital to improving the Trust's estate was confirmed for the replacement of Craigavon Station with a new modular building. M Bloomfield suggested that the Estates Plan be shared with the Committee.

It was noted that in addition to estate issues, the Trust must continue to focus on staff awareness and practice.

RQIA intend to review the Trust's governance arrangements again in October 2018.

It was noted that the plan shared with the Department has also been shared with RQIA and is supported by more detailed operational plans.

7.0 Standing Agenda Items

7.1 Assurance Framework at 31 March 2018

It was agreed that as part of the review being undertaken by an Associate from the HSC Leadership Centre this framework will be reviewed to ensure it sets out the range of assurances in place and their frequency, avoiding the current duplication. It was agreed that a link to the Risk Register be maintained and the review of the current framework was welcomed.

In response to a query regarding cybersecurity, it was noted that NIAS is liaising with colleagues across the other Trusts to put contingency plans and structures in place to deal with a cyberattack. This will be discussed further at Audit Committee.

7.2 Corporate Risk Register at 31 March 2018

The Committee noted three risks for de-escalation:

- Vehicle cleaning
- Winter pressures
- Resource and capacity issues within the HR Department

The Committee noted the risk relating to financial stability for the year 2017/18. The Trust is currently compiling final accounts for 2017/18 and is forecasting a breakeven position, subject to completion of the accounts, review by external audit and certification by NIAO. It is only after satisfactory completion of this process that this risk for 2017/18 can be reviewed against the target level and the risk currently (April 2017) remains HIGH. The Committee also noted the new risk relating to financial stability for 2018/19 as HIGH.

It was noted that work with risk owners is ongoing in order to review the status of all risks. The Committee agreed that it would be more beneficial moving forwards to highlight changes in risk rating since the last meeting, rather than since the risk was opened.

7.3 Local Risk Register Review (Medical) at 31 March 2018

The increasing demands on the Risk Manager were noted, and it was anticipated that the planned review of the Trust's structures would help address this.

7.4 Serious Adverse Incidents at 31 March 2018

Further detail and clarification on several incidents was provided to the Committee. The theme of increasing operational pressures impacting on response times was noted, and the Committee is aware of the outcome of the demand and capacity review.

The Committee asked that the reporting on engagement with families be reviewed to provide more clarity.

It was noted that Serious Adverse Incident Reporting training is currently underway across the Service. Training in the provision of witness statements to PSNI is also being planned.

7.5 Clinical Incidents at 31 March 2018

It was noted that the main themes are unchanged. The increasing volume of inter-Trust and interface incidents was noted.

It was noted that the Medication category includes administrative errors.

7.6 Untoward Incidents at 31 March 2018

It was noted that the main themes are unchanged. The H&S Advisor is now in post and will review underlying root causes for these themes. The H&S Committee is being restructured to provide more assurance and address some of these longstanding issues.

The Committee agreed that these tables are self-explanatory and no additional narrative is required.

7.7 Coroner's Reports and Letters

None within this reporting period.

7.8 Medical Device Alerts

Noted.

7.9 NICE Guidelines and Departmental Advisory Notices

Noted.

7.10 Pharmacy & Medicines Management Update

Noted.

8.0 Standing Agenda Items

8.1 Presentation on Learning Outcomes Review Group

The Committee thanked Dr Ruddell for a useful presentation on the role of the Learning Outcomes Review Group, and the Committee noted the following:

- The challenges of communicating learning to and embedding it in such a widespread organisation.
- Major learning outcomes identified within the Trust are included within PP training.
- NIAS also shares learning through its membership of various national and international groups.
- Individual members of staff can submit suggestions for learning through the untoward incident reporting procedure, or via their line management.

8.2 Health & Safety Committee

No meetings were held within this reporting period. The Committee noted that the HR Department are reviewing the scheduling of meetings, and it is anticipated that more in-depth reports will be presented to the Committee in future, rather than simply the Minutes of these meetings.

8.3 Fire Compliance Group

No meetings were held within this reporting period.

8.4 Medical Equipment Group

No meetings were held within this reporting period.

8.5 Infection Prevention & Control Group – Notes of Meeting Notes of Meeting 6 February 2018

Noted.

8.6 Infection Prevention & Control Group – Notes of Meeting 9 March 2018

Noted.

The Committee noted the change in format of these meetings to provide live assurance to RQIA – reports from Divisions are now reviewed in much more detail with the area management providing in-depth assurance that the improvements reported are in fact being made.

8.7 Emergency Preparedness & Business Continuity Group – Notes of Meeting 8 February 2018

Noted.

8.8 Information Governance Steering Group

No meetings were held within this reporting period.

8.9 Learning Outcomes Review Group – Notes of Meeting 19 February 2018 and Terms of Reference

Noted.

9.0 Additional Items

9.1 Controls Assurance Standards

The Committee noted that the controls assurance process is undergoing substantial review, and this will be the final report in this format submitted to the Health & Social Care Board.

9.2 RQIA Audits & Inspections re: Restraint & Seclusion – update

It was noted that the Trust awaits a report from RQIA on this review.

9.3 RQIA Inspections, Reports and Reviews Composite Action Plan – Progress Update

A progress report on a range of RQIA reports is presented to the Committee every six months.

9.4 Francis Report Action Plan – Progress Update

A progress report is provided to the Committee every six months. It was noted that most actions by the Trust had now been completed, while others require implementation by the Department of Health. It is possible that many aspects of this report will be superseded by work flowing from the report of Justice O'Hara relating to deaths from hyponatraemia.

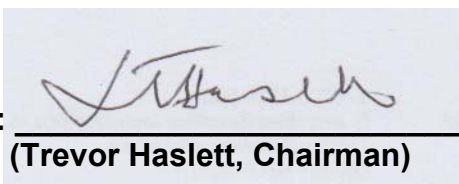
10.0 Any Other Business

- It was noted that the Department of Health's recent announcement of funds for the Health Service workforce included a significant investment in the Trust's new paramedic training programme, and this was welcomed by the Committee.
- With regards previous discussions around personal use of marked cars, an update will be provided at the next Audit Committee meeting.

Date of Next Meeting

The next meeting takes place on **Tuesday 4 September 2018 at 11am.**

Signed: _____



(Trevor Haslett, Chairman)

Date: 5 June 2018

TB/04/10/2018/06

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

FINANCE DIRECTORATE

Director of Finance and ICT
August 2018 (Month 5)

FINANCIAL PERFORMANCE

Financial Breakeven

The Trust is currently reporting a small surplus of £1k for the five months ending 31 August 2018 (Month 5), 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 August 2018 (Month 5)

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		8,954	13,465	17,941	22,383							
Other Expenditure		2,917	4,037	5,870	7,125							
Expenditure Total		11,871	17,502	23,811	29,508					0	0	0
Income		134	201	277	334							
Net Expenditure		11,737	17,301	23,534	29,174					0	0	0
Net Resource Outturn		11,737	17,301	23,534	29,174					0	0	0
Revenue Resource Limit (RRL)		11,737	17,302	23,535	29,175							
Surplus/(Deficit) against RRL		0	1	1	1	0	0	0	0	0	0	0

NIAS Trust Board Budget Report at August 2018

(£ 000s)	FYB	YTD		
		Budget	Actual	Variance
Chief Executive's Office				
Payroll	173	72	72	(0)
Non-Payroll	61	32	31	0
Chief Executive's Office Total	234	104	104	0
Director of Finance				
Payroll	1,531	657	653	4
Non-Payroll	683	333	337	(4)
Director of Finance Total	2,214	990	990	0
Director of HR				
Payroll	3,683	1,540	1,559	(19)
Non-Payroll	729	332	330	1
Director of HR Total	4,412	1,872	1,889	(18)
Dir of Ops (incl Divisions & RCC)				
Payroll	46,852	19,628	19,384	244
Non-Payroll	10,447	5,116	5,335	(218)
Dir of Ops (incl Divisions & RCC) Total	57,298	24,745	24,719	26
Medical Director				
Payroll	1,550	708	713	(5)
Non-Payroll	1,185	1,091	1,092	(2)
Medical Director Total	2,735	1,799	1,806	(7)
NIAS Total Payroll	53,789	22,606	22,383	223
NIAS Total Non-Payroll	13,105	6,903	7,125	(222)
NIAS Total	66,893	29,509	29,508	1

Figures last updated: 24/09/2018 15:49

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

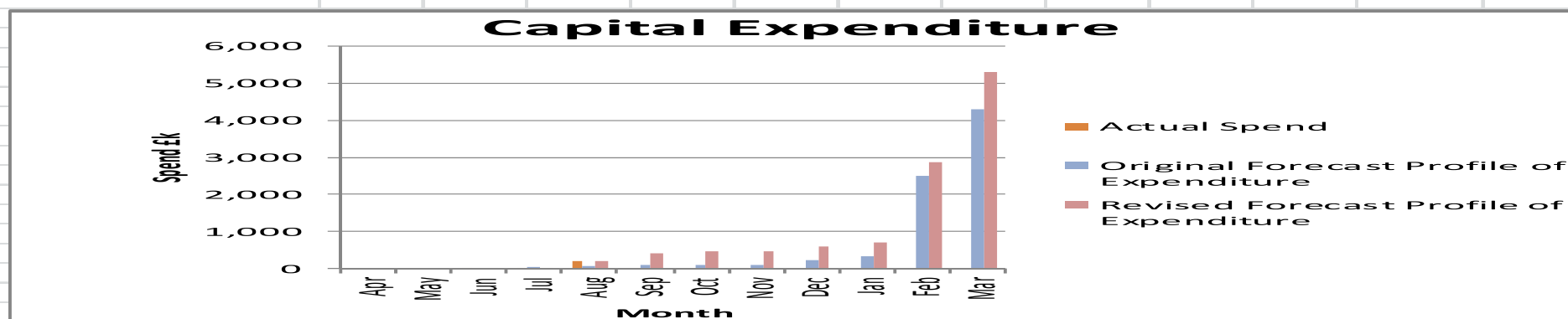
There are a number of income assumptions included in this financial position. The Trust continues to work with HSCB and other stakeholders to highlight emerging cost pressures and service changes with a view to achieving objectives and maintaining financial balance.

The Trust is also required to identify savings proposals to address a forecast £0.984m savings requirement in 2018/19.

Capital Spend

The Trust is currently forecasting a Capital Resource Limit (CRL) allocation £5.283m of (Previously £4.294m). The adjustments to the CRL allocation include latest estimates for specific ICT Schemes. The allocation also allows the Trust to continue with planned cyclical fleet replacement. Resources had previously been earmarked for a replacement ambulance facility in the Southern Division, subject to business case approval, procurement and implementation in the current financial year. It has not been possible to achieve these requirements within the year and the Trust will update and submit a revised business case for this project in due course. The Department of Health have issued revised guidance on the reporting of capital expenditure. This includes detailed monthly reporting and forecasting of levels and profiles of spend. The Trust continues to engage with the Department of Health in relation to capital expenditure forecasts. Forecast levels and profiles of expenditure can vary for a number of reasons, not least as a result of tender exercises and also supplier capacity and project risks and lead times. The capital requirements for all projects are continually reviewed and any changes in the forecast profile and level of expenditure will be reflected in further adjustments to the CRL allocation.

Cumulative Capital Spend (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet	0	0	0	0	0							
Estate	0	0	0	0	0							
Medical Equipment	0	0	0	0	0							
ICT Schemes	0	0	13	18	197							
General Capital	0	0	0	13	23							
Actual Spend	0	0	13	31	220	0	0	0	0	0	0	0
Original Forecast Profile of Expenditure	0	0	20	58	80	100	102	114	239	344	2,494	4,294
Revised Forecast Fleet & General	0	0	0	0	0	20	40	62	187	294	2,444	4,244
Revised Forecast ICT	0	0	13	31	220	398	418	418	418	418	418	1,039
Revised Forecast Profile of Expenditure	0	0	13	31	220	418	458	480	605	712	2,862	5,283



Prompt Payment of Invoices

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

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

A range of plans are in place to improve and maintain performance in this area. As aged invoices are cleared and paid, performance between months can vary. Performance for June to August is provisional only and currently under review.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Total bills paid	987	2,050	1,823	1,739	1,579								8,178
Total bills paid within 30 calendar days of receipt of undisputed invoice	948	1,924	1,477	1,520	1,377								7,246
% bills paid on time	96.0%	93.9%	81.0%	87.4%	87.2%								88.6%
Total bills paid within 10 working days (14 calendar days)	639	1,259	985	902	1,055								4,840
% bills paid on time	64.7%	61.4%	54.0%	51.9%	66.8%								59.2%

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

The Business Services Organisation provides a range of services to The Trust, including Procurement and Logistics Services (PaLS), Legal Services, Technology Services and Internal Audit. New reporting arrangements for the Service Level Agreements have identified Key Performance Indicators (KPI's) in respect of Purchasing and Supply. Performance against these KPI's to the end of August 2018 (Month 5) is as follows:

Key Performance Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Average Processing Time Per Requisition Days (Target 5 Days)	3.86	5.46	5.59	6.09	3.94							
Percentage of Products Supplied on First Request % (Target 95%)	98.90%	98.80%	98.80%	99.20%	99.00%							
Number of Lines Issued (Stock and Non Stock Line)	1,683	1,444	1,516	1,439	1,505							
Value of Spend £k (Stock and Non Stock)	255	608	208	447	322							

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.

3rd July – A fault occurred on a network switch impacting on Radio communications, telephony in NEAC and the EAC triage system (Paramount). The fault caused the network switch to reboot and this in turn interrupted the impacted systems. Paramount and radio systems were brought back on line quickly by IT on-call and the telephone required BT to reset their application. Normal service resumed to all impacted applications within 2 hours. No calls were lost or Ambulance despatch impacted.

28th August – Telephony issue in NEAC resulting in PCS Control unable to receive incoming calls. BT engineer identified the fault as a server reboot issue and resolved the issue by restarting the application. The system was down for 2 hours and in that time no non-emergency calls were presented to PCS Call takers.

28th August – The router connecting NIAS to the Vodafone internet link failed impacting on access to the internet and the transfer of ECG data from defibrillators. Faulty equipment replaced by Vodafone and a fault resolved after a downtime of 7 Hours. Contingency arrangements were in place during the outage with minimal disruption to service.

Information Technology Systems - Developments

Any system developments are reported in this section.

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

A Business Case to implement an Electronic Patient report form system (EPRF) has been formally approved to proceed to procurement stage. This procurement process is now underway with the first phase of tender evaluation now complete.

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

ICT Help Desk Performance

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

	July			August		
Target to Respond to 95%	No of Calls	Within time	Actual	No of Calls	Within time	Actual
Immediate	9	9	100%	11	11	100%
Urgent	50	50	100%	56	54	96%
High	4	4	100%	6	5	83%
Medium	466	463	99%	545	535	98%
Low	1231	1231	100%	1204	1204	100%
Total	1760			1822		

ICT Planned Maintenance July 2018 – system upgrades Critical Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	<p>These are business critical systems which manage front line resources and need to be available on a 24/7 365 basis.</p> <p>It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.</p>
C3 A&E	740	4 Hours	1	No	
C3 PCS	740	4 Hours	0.5	No	
Pro-QA	740	4 Hours	0.10	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	0.5	No	
Defib	740	4 Hours	0.05	No	
Mobile Data	740	4 Hours	0	No	

ICT Planned Maintenance July 2018 – system upgrades Corporate Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	<p>These are business support systems which need to be available on a 24/7 365 basis.</p> <p>It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.</p>
E-mail	206	4 Hours	0	No	
File Server	206	4 Hours	0.10	No	
Virtual Server	208	2 Hours	0	No	
BlackBerry	206	4 Hours	0.05	No	
Promis	206	4 Hours	0.10	No	

ICT Planned Maintenance August 2018 – system upgrades Critical Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	<p>These are business critical systems which manage front line resources and need to be available on a 24/7 365 basis.</p> <p>It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.</p>
C3 A&E	740	4 Hours	4.5	Yes	
C3 PCS	740	4 Hours	4.15	Yes	
Pro-QA	740	4 Hours	0.15	No	
ICCS A&E	740	4 Hours	0	No	
ICCS PCS	740	4 Hours	0	No	
DTR	740	4 Hours	0	No	
Voice Recorder	740	4 Hours	0.20	No	
Defib	740	4 Hours	0.10	No	
Mobile Data	740	4 Hours	0	No	

ICT Planned Maintenance August 2018 – system upgrades Corporate Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	<p>These are business support systems which need to be available on a 24/7 365 basis.</p> <p>It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.</p>
E-mail	206	4 Hours	0	No	
File Server	206	4 Hours	0.10	No	
Virtual Server	208	2 Hours	0	No	
BlackBerry	206	4 Hours	0.15	No	
Promis	206	4 Hours	0.10	No	

Information Governance/Informatics – Developments: 01/07/2018 to 31/08/2018

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

- **Control Assurance – Information Management: 76% Substantive Achieved through Self-Assessment for 2017/18. Action Plan for outstanding items developed. This work continues to be a priority of the Trust. Along with outstanding Priority 1 Audit Recommendations relating to Information Governance aspects relating to Information Asset Register and Data Flow Exercise. Work in this area has been ongoing and templates for an Information Asset Register and Data Flow template have been created and information gathering is underway in all Directorate areas**
- **General Data Protection Regulations (to replace Data Protection Act 1998 in May 2018) – Action Plan Developed and being monitored, Privacy Notices Aspects for public and staff placed on Trust's website, appointment of Data Protection Officer, letters issued to contractors to support GDPR, training material updated**
- **Partnership workshop with Operations Directorate regarding business intelligence and current performance reports. 2 x Dashboards have also been developed re: Ambulance Turnarounds and Performance**
- **Supporting Medical Directorate and Transformation Collaborative with Quality Improvement Templates and data analysis. These continue to be developed and monitored. Includes Falls, Hypoglycaemia, Acute Coronary Syndrome, Cardiac Arrest (refer to Medical Directorate section of report for reporting)**
- **ACP monitoring aspects reviewed. ACP pathways continued to be monitored and reviewed. Ad hoc datasets have been provided to support further initiatives as required i.e. quality improvement**
- **Informatics and business intelligence to support Transformation and Information Collaborative workflows continue to be worked on as required**
- **Supporting work and data streams in Frequent Caller Monitoring and Information Markers including policy/procedures and analytics**
- **Ad hoc datasets including HEMs Yearly Report, NHS Benchmarking, Nursing Home Attendances for RQIA, Age Profile Attendances for 2016/17 and 2017/18, GP Out of Hours Attendances 2017/18, Quality Report datasets. Freedom of Requests noted to be increasing in relation to analytic datasets including vehicle dispatches, longest response times, responses in postcode areas, performance in the last 5 years, alcohol and drink related calls etc**
- **Patient Report Forms and 999 calls to support inter-face incidents, Serious Adverse Incidents, Child Protection Issues, Vulnerable adults etc; PRFs to support quality assurance of Quality Improvement**
- **AED (Automatic External Defibrillators) locations interactive Map tool developed and continues to be updated.**
- **Out of Hospital Cardiac Arrest Report for 2017/18 being finalised including patient outcomes to support Community Resuscitation Strategy including new dashboard presentation output**
- **Datasets and demographics extraction for 2017/18 to support Clinical Support Model ongoing**

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

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

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

	April 18 – August 18	April 17 – August 17	% Increase / (Decrease)
1 Freedom of Information Requests Received	90	69	30.4%
1a Freedom of Information Questions Received	269	274	-1.8%
2 General Data Protection Regulations, Subject Access Requests Received	25	17	47%
3 Police Service of Northern Ireland Requests Received	178	175	1.7%
4 Solicitor Enquiries Requests Received	239	279	-14%
Total (1a) not included in Count	532	540	-1.5%

1. **FREEDOM FOR INFORMATION ACT (2000) – REQUESTS FOR INFORMATION – 01/04/2018 to 31/08/2018**

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

2018-19 Data

Freedom of information	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total Aug-18	Total Aug-17
Number of Requests Received	19	6	26	24	15								90	69
Number of Questions Received	67	18	74	49	61								269	274
Completed Requests processed within 20 days or less	11	5	23	21	11								71	53
Completed Requests exceeding 20 days	6	1	0	2	0								9	13
REQUESTS Still Being Processed (within 20)	0	0	0	0	4								4	
REQUESTS Still being processed (outside 20)	1	0	2	1	0								4	
Stood Down	1	0	1	0	0								2	
Number of Records Fully Disclosed	44	17	54	42	28								185	
Vexatious Requests	0	0	0	0	0								0	
Number of Records for which records not held	3	1	0	4	0								8	
Requests where exemptions wholly/partially applied	0	0	0	0	0								0	
Questions stood down	5	0	1	0	0								6	
QUESTIONS Still Being Processed (within 20)	0	0	0	0	33								33	
QUESTIONS Still Being Processed (outside 20)	15	0	19	3	0								37	
Referrals for Independent Review	0	0	0	0	0								0	
Appeals to the Information Commissioner	0	0	0	0	0								0	

%age completed within 20 working days	
Apr '18 - Aug '18	78.89%
Apr '17 - Aug '17	76.81%

Requestor Type

Member of Public	3	1	9	8	3								24	
Local Government	1	0	0	0	0								1	
Staff Member	2	3	10	10	6								31	
Media	3	0	3	2	1								9	
Student	2	0	0	0	0								2	
Commercial Company	2	1	2	2	3								10	
Solicitor	0	0	0	0	0								0	
WhatDoTheyKnow.com	5	1	2	2	2								12	
NHS	0	0	0	0	0								0	
Trade Union	0	0	0	0	0								0	

Data may be subject to amendments

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

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

Processing (Subject Access) for the Period 01/04/2018 to 31/08/2018

General Data Protection Regulations/Data Protection Act 2018 – Subject Access	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 18 – Aug 18	April 17 – Aug 17
Number of Requests Received	2	3	8	2	10								25	17
Completed Requests processed within 40 days or less (from 25 May 2018 standard is 30 days)	2	1	5	2	8								18	14
Completed Requests exceeding 40 days (from 25 May 2018 standard is 30 days)	0	1	2	0	1								4	2
Requests still being processed in line with 40 days (from 25 May 2018 standard is 30 days)	0	0	0	0	1								1	0
Outstanding Requests exceeding 40 days (from 25 May 2018 standard is 30 days) and still being processed	0	1	0	0	-								1	-
Identity Not Confirmed/Fee Not Received and therefore could not be further processed	0	0	1	0	0								1	1
Patient	2	1	1	1	0								5	10
NIAS Staff Member	0	0	1	0	3								4	6
External Agency ie Solicitor acting on behalf of patient/staff	0	1	6	1	7								15	1
Relative of Patient	0	1	0	0	0								1	0

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

3. POLICE SERVICE OF NORTHERN IRELAND REQUESTS – Police Acts, Common Law 01/04/2018 to 31/08/2018

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

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

[illegible]

4. SOLICITOR ENQUIRIES 01/04/2018 to 31/08/2018

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

[illegible]

5. DEPARTMENT OF HEALTH – REQUESTS FOR INFORMATION

Processing for the Period 01/04/2018 TO 30/06/2018

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr 18 – Aug 18
DHSSPS/AQ's/CORs/TOF's/INV's													
Assembly Questions (Oral)	0	0	0	0	0								0
Assembly Questions (Written)	0	0	0	0	0								0
CORs/SCORs Received	1	1	2	0	2								6
TOFs Received	0	0	0	0	0								0
INVs Received	0	0	0	0	0								0

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

18/19 - PRF v PATIENT NUMBERS COMPARISON

Summary

Patient Journeys where a patient has transported to a hospital

Number of PRF's completed for the treatment of a patient.

Month	Emergency Response(s) which arrived on scene	Emergency	Routine	Total	Completed PRFs (Formic)	Difference between Emergency Responses and completed PRF's	Difference Patient Journeys and completed PRF's
April 2018	15611	12298	341	12639	14710	-901	+2,071
May 2018	16710	13238	356	13594	15638	-1,072	+2,044
June 2018	16172	12694	344	13038	14490	-1,682	+1,452
July 2018	16117	12694	334	13028	13875	-2,242	+847
August 2018	15862	12539	314	12853	11645	-4,217	-1,208
September 2018				0		+0	+0
October 2018				0		+0	+0
November 2018				0		+0	+0
December 2018				0		+0	+0
January 2019				0		+0	+0
February 2019				0		+0	+0
March 2019				0		+0	+0
Total	80472	63463	1689	65152	70358	-10,114	+5,206

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 than the Emergency Response(s) which arrived on scene figure.

TB/04/10/2018/07

TRUST BOARD REPORT
OPERATIONAL DIRECTORATE

Reporting to August 2018

Emergency & non emergency Ambulance Control Reports

EAC Call Taking Statistics

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

Emergency Call Activity

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

Month	Year 2014-15	Year 2015-16	Year 2016-17	Year 2017-18	Year 2018-19
Apr	14988	16079	16321	17403	17598
May	15433	16795	17437	18365	19864
Jun	15911	16321	17030	17173	19263
Jul	16633	16266	17773	18352	19170
Aug	16244	16814	17728	18486	19125
Sep	16244	15802	16803	17994	
Oct	15803	16701	18282	18208	
Nov	15860	16083	16979	18236	
Dec	18088	18494	20340	24020	
Jan	16590	16989	17630	20444	
Feb	16138	16188	16181	17756	
Mar	16872	17740	17523	20233	
Total	194804	200272	210027	226670	95020

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

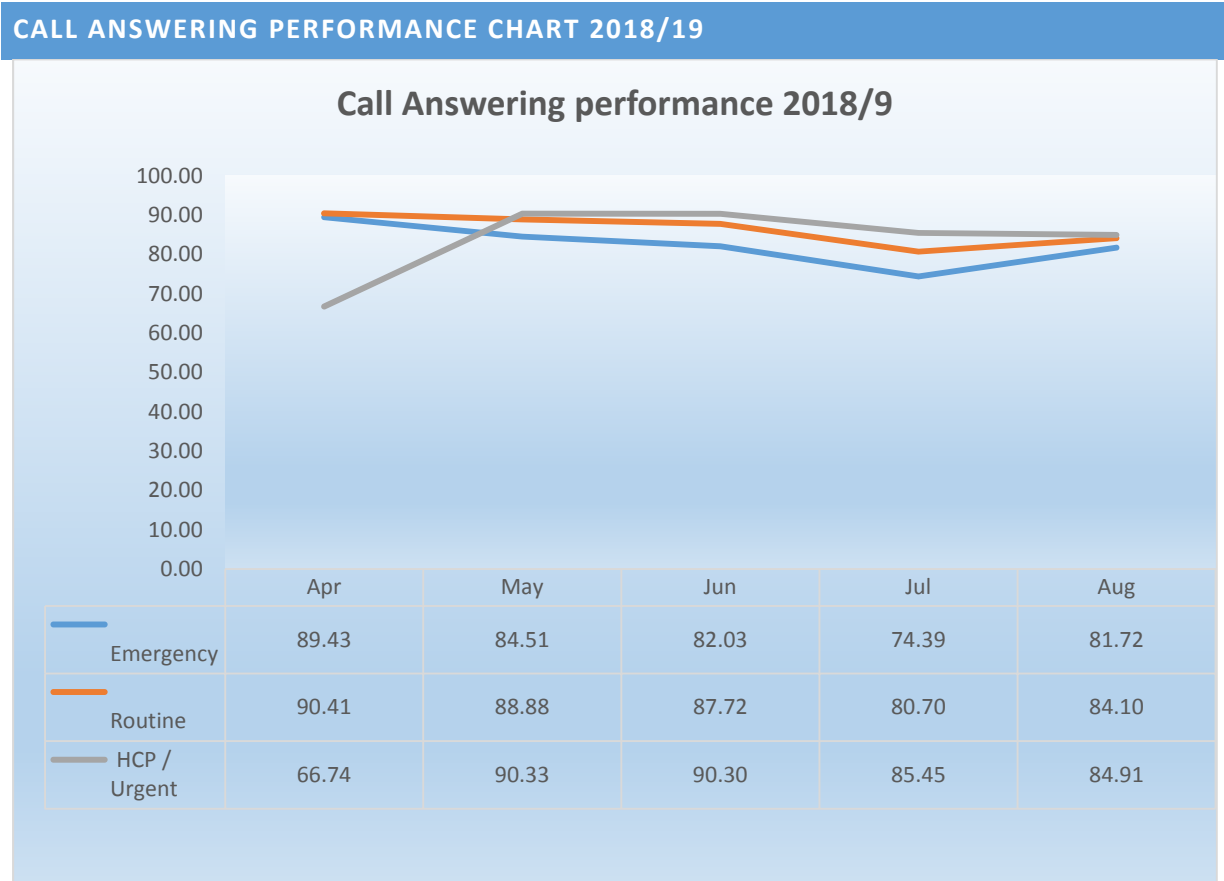
As part of contingency arrangements we answer “999” calls from Scotland as part of the Buddy arrangement. From the 2nd May 2018 we enabled electronic call passing between NIAS and the Scottish Ambulance Service where if either Control Room takes calls for the other they are automatically populated on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

999 Call Answer Times

Key Performance Indicator

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

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



- Call answering shows a higher achieved target for Routine calls due to all staff having the skill sets to handle them.
- The target of 95% 999 call taking is yet to be achieved – new recruitment in EMD levels would be expected to improve this performance level however overall increases in call volumes has impacted this figure particularly in December, January and March as each of these months exceeded the 20,000 call mark.
- EMDs are required by the IAED to remain on the line for certain health critical situations. They remain on the line until one of NIAS operational resources is in attendance at the scene. High volumes of incidents and reduced levels of cover can impact on availability of call takers resulting in delays. The average delay is 5 seconds for the average 4% of calls not meeting the 2 second standard.

- End of year averages for call taking performance were as follows: Emergency 87.89%, Routine 91.41% and Urgent / HCP 67.95%.
- Measures introduced have seen improvement in answering HCP calls
- Further measures to cut down on non-call related routine calls have also been introduced

EMD Award Scheme

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

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

Type	Level	July & August 2018	Year (Apr 17 – Mar 18)	Year to Date (Apr 18 – Mar 19)
999 High Compliance	Bronze	1	14	1
	Silver	1	8	3
	Gold	1	17	2
Exemplary Customer Service	Bronze	3	3	3
	Silver	0	8	0
	Gold	2	13	5
Baby Born		3	2	5
Cardiac Life Saver		1	5	3
Non-Cardiac Life Saver		0	1	2

RESPONSE TIME PERFORMANCE REPORT YEAR END REPORT

For April 2018 to August 2018

Summary of Trends:

1. Cumulative NI Cat A performance from April 2018 - August 2018 = 38.9% (11.6% decrease for same period last year 50.5%)
2. Average response time across Northern Ireland for Cat A response in August 2018 was 14 minutes 12 seconds.
3. Cumulative Cat A Responses from April to August 2018 has increased by 2.8 % = 641 responses for the same period last year.
4. Total cumulative Emergency Call demand for April to August 2018 (including Cat HCP activity) has decreased by 0.9% = -166 calls for the same period last year.
5. Trends for ambulance turnaround times greater than the standard (i.e. 30 mins) continue to heavily impact on NIAS response and availability.

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

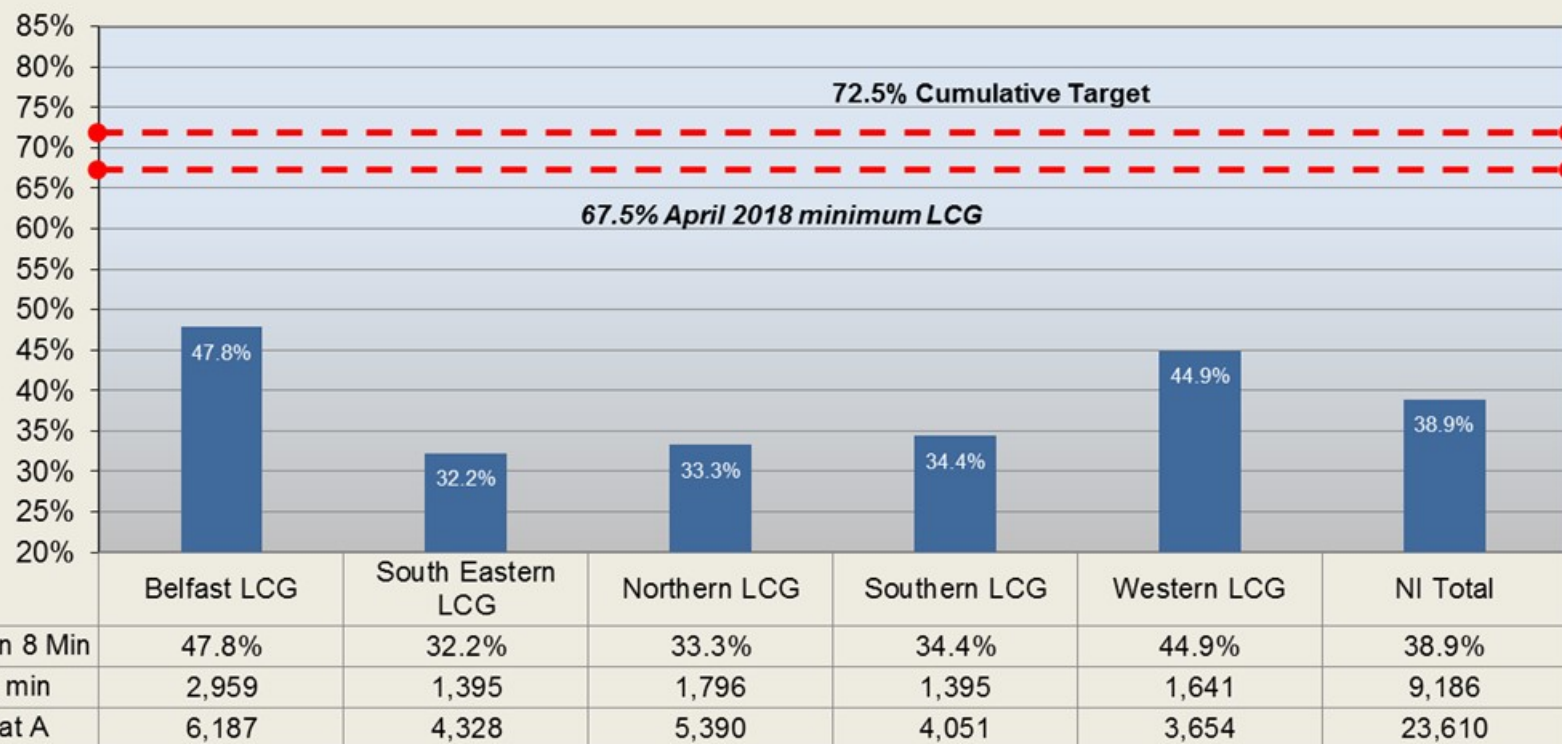
When the call taking process is completed calls are categorised for deployment as per table:

Call type	Category / code	Key Performance Indicators
999 Potentially immediately life threatening	A (Purple/ Red)	< 8 minutes
999 Serious but not life threatening	B (Amber)	< 21 minutes
999 Neither life threatening or serious	C (Green)	< 60 minutes
Healthcare Professional Calls (HPC)(GPs who 'book' and ambulance after seeing a patient and deciding they need to be admitted to hospital within a set time frame)	HCP Calls	1 hour 2 hours 3 hours 4 hours
Routine	Routine	As agreed with caller and call taker

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



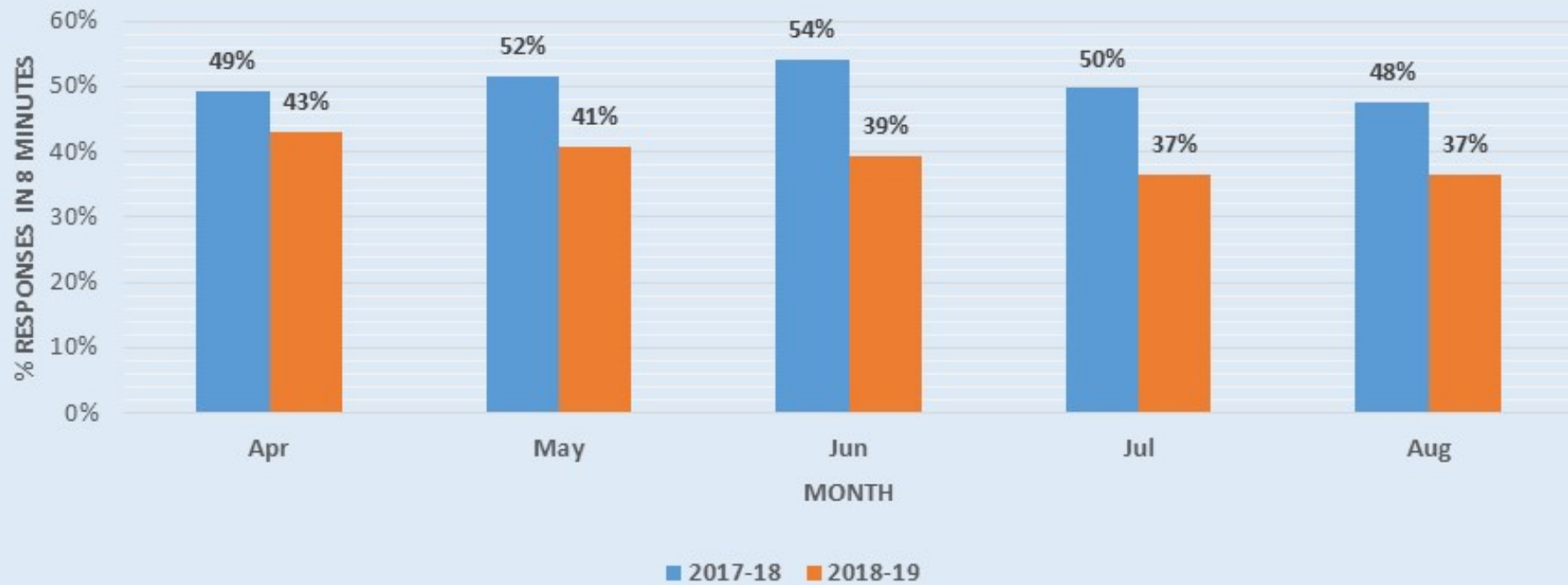
% Cat A Calls Responded to Within 8 Minutes Cumulative from April 2018 to end August 2018



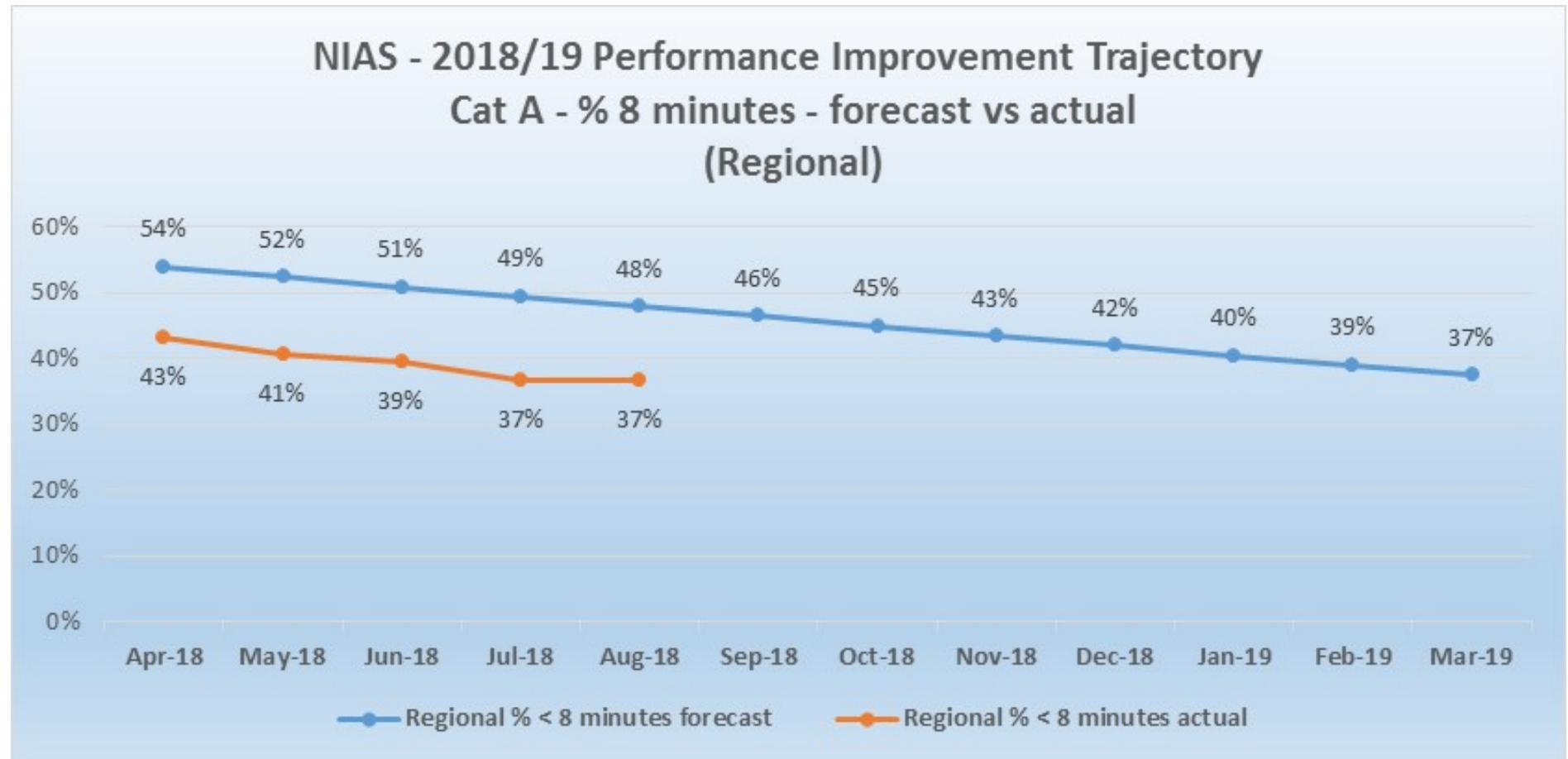
From April 2018, 72.5% of Category A (life threatening) calls are to be responded to within eight minutes, 67.5% in each LCG area.

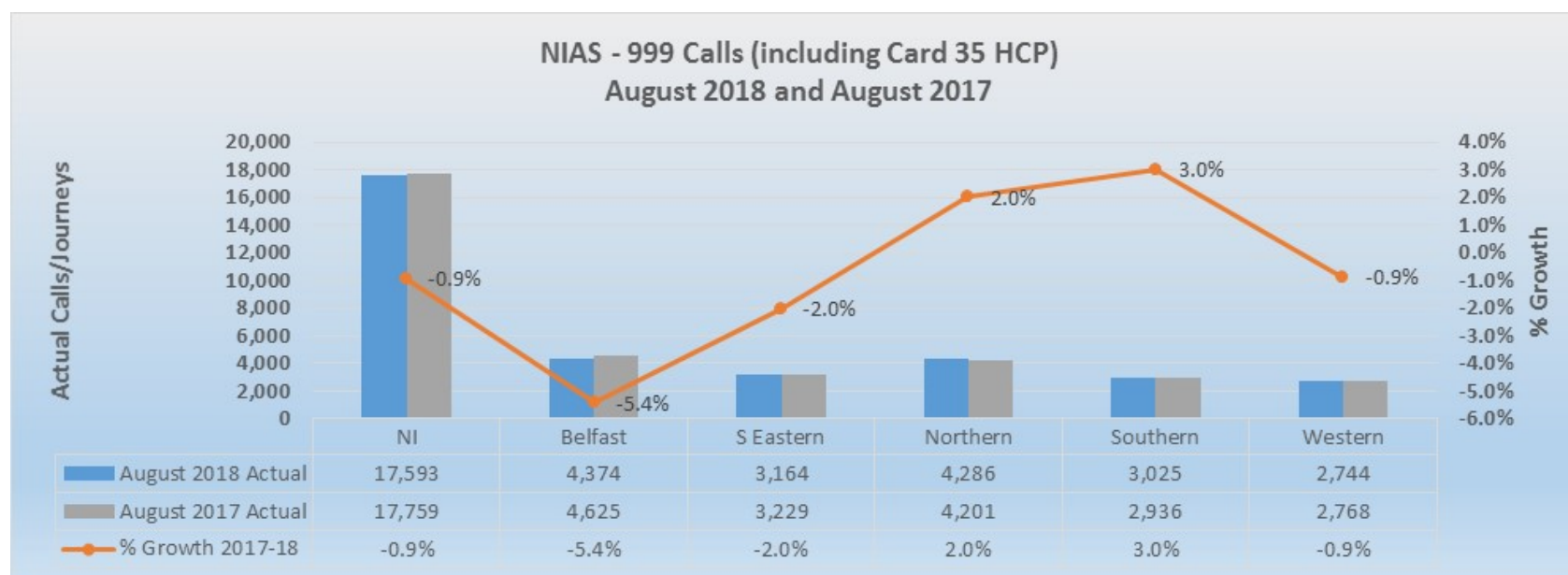
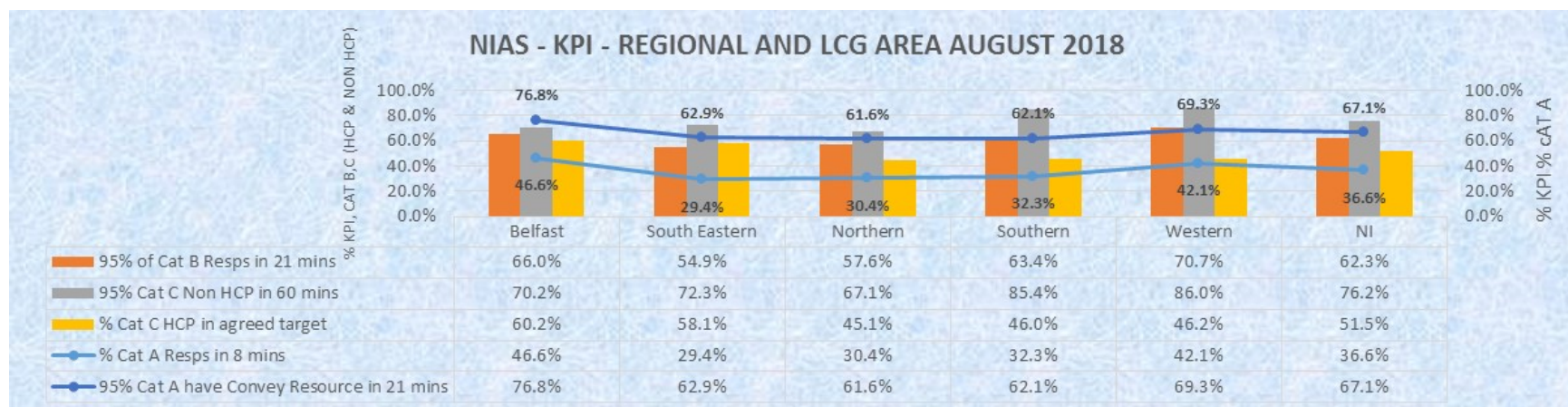
*Disclaimer may be subject to change at a later date.

NIAS Cat A Performance (% <8 minutes)

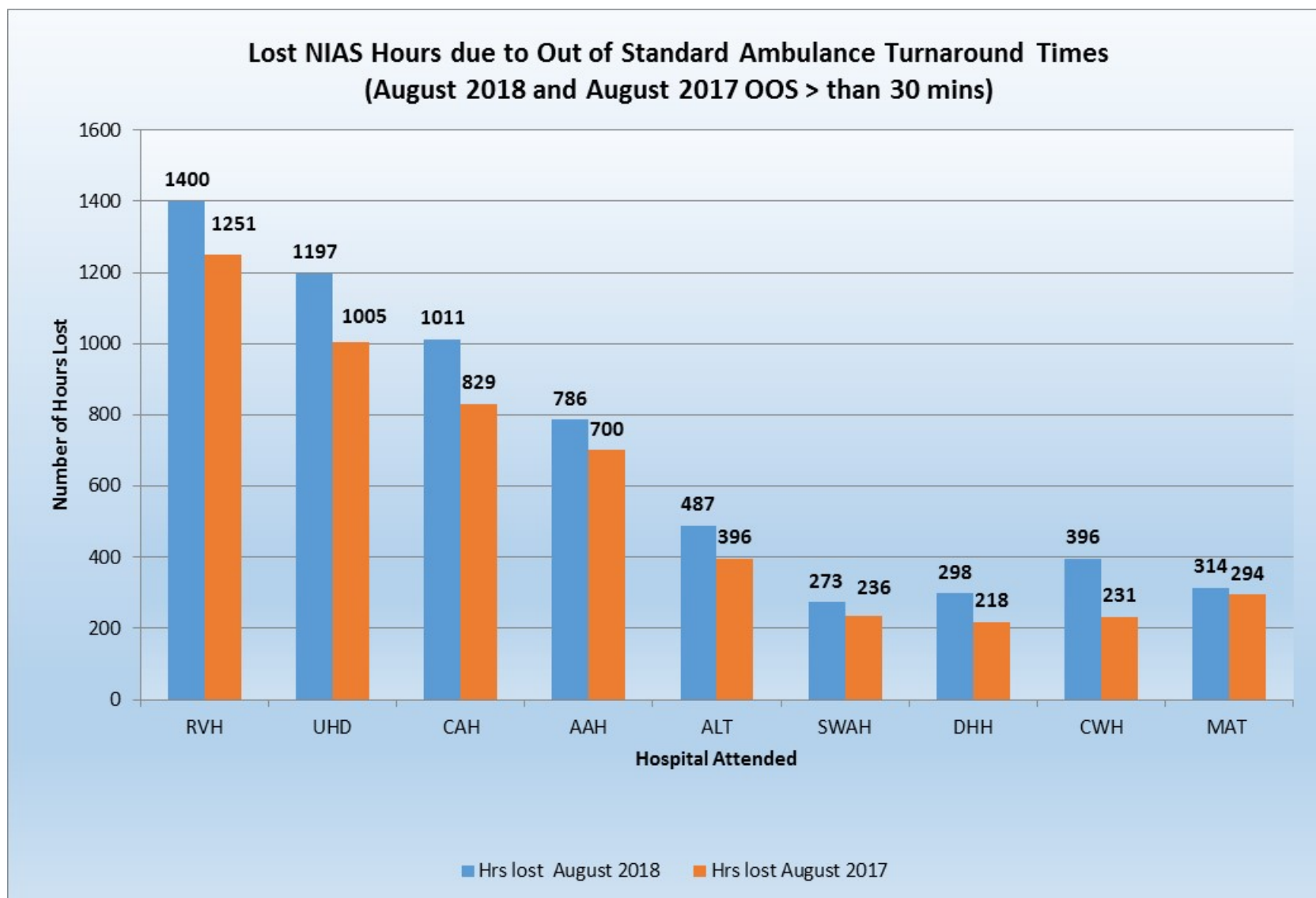


Cat A Performance – Performance Improvement Trajectory





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



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

	NEAC BOOKINGS AND JOURNEYS - AUGUST 2018							
Bookings	LCG AREA	Belfast	South Eastern	Northern	Southern	Western	NI	
	Aug-18	2622	2014	7159	4642	3115	19552	
	Aug-17	2487	2260	7032	4963	3878	20623	
	% Change	5.4%	-10.9%	1.8%	-6.5%	-19.7%	-5.2%	
Completed Journeys	LCG AREA	Belfast	South Eastern	Northern	Southern	Western	NI	
	Aug-18	1908	1497	5658	3642	2515	15220	
	Aug-17	1767	1532	5578	3816	3046	15739	
	% Change	8.0%	-2.3%	1.4%	-4.6%	-17.4%	-3.3%	
Completed Journeys	Journey Type	Outpatient	Discharge	Transfer	Admission	Second Crew	Home Assessment	Total
	Aug-18	11978	2168	937	123	10	4	15220
	Aug-17	1767	1532	5578	3816	3046		15739



CATEGORY A PERFORMANCE: AVERAGES AND OUTLIERS

Aug 18

REGIONAL CATEGORY A PERFORMANCE: TOTAL NUMBER OF RESPONSES

NORTHERN IRELAND REGIONAL TOTAL

TOTAL NUMBER OF CATEGORY A RESPONSES

4777

AVERAGE RESPONSE TIME [MM:SS]

14:12

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

3464

1718 responses below target

BELFAST HSCT

Total number of Cat A responses
1248
Number required to exceed LCG target (67.5%)
843
Number of category A responses at scene within 8 mins
581 46.6%
262 responses below target
Average response time [mm:ss]
10:47

SOUTH EASTERN HSCT

Total number of Cat A responses
874
Number required to exceed LCG target (67.5%)
590
Number of category A responses at scene within 8 mins
257 29.4%
333 responses below target
Average response time [mm:ss]
15:14

NORTHERN HSCT

Total number of Cat A responses
1129
Number required to exceed LCG target (67.5%)
763
Number of category A responses at scene within 8 mins
343 30.4%
420 responses below target
Average response time [mm:ss]
17:50

SOUTHERN HSCT

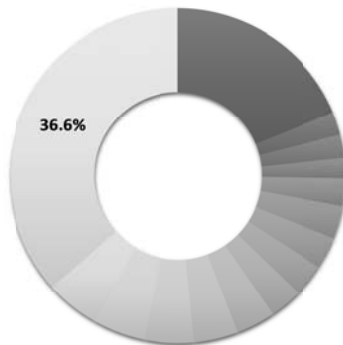
Total number of Cat A responses
795
Number required to exceed LCG target (67.5%)
537
Number of category A responses at scene within 8 mins
257 32.3%
280 responses below target
Average response time [mm:ss]
14:27

WESTERN HSCT

Total number of Cat A responses
731
Number required to exceed LCG target (67.5%)
494
Number of category A responses at scene within 8 mins
308 42.1%
186 responses below target
Average response time [mm:ss]
12:53

REGIONAL CATEGORY A PERFORMANCE SUMMARY

HSC Northern Ireland Ambulance Service
Health and Social Care Trust



Category A Performance	
Within 8 minutes	1746
Within 8 - 9 minutes	243
Within 9 - 10 minutes	244
Within 10 - 11 minutes	231
Within 11 - 12 minutes	202
Within 12 - 13 minutes	180
Within 13 - 14 minutes	150
Within 14 - 15 minutes	151
Within 15 - 16 minutes	147
Within 16 - 17 minutes	149
Within 17 - 18 minutes	127
Within 18 - 19 minutes	93
Within 19 - 20 minutes	107
Within 20 - 21 minutes	106
Over 21 minutes	901
Total	4777

%	Cumulative %
36.6%	36.6%
5.1%	41.6%
5.1%	46.7%
4.8%	51.6%
4.2%	55.8%
3.8%	59.6%
3.1%	62.7%
3.2%	65.9%
3.1%	69.0%
3.1%	72.1%
2.7%	74.7%
1.9%	76.7%
2.2%	78.9%
2.2%	81.1%
18.9%	100.0%

Response Time	N	%	Total
< 8 m	581	46.6%	46.6%
8 - 9 m	100	8.0%	54.6%
9 - 10 m	82	6.6%	61.1%
10 - 11 m	69	5.5%	66.7%
11 - 12 m	56	4.5%	71.2%
12 - 13 m	50	4.0%	75.2%
13 - 14 m	46	3.7%	78.8%
14 - 15 m	33	2.6%	81.5%
15 - 16 m	31	2.5%	84.0%
16 - 17 m	33	2.6%	86.6%
17 - 18 m	18	1.4%	88.1%
18 - 19 m	15	1.2%	89.3%
19 - 20 m	13	1.0%	90.3%
20 - 21 m	13	1.0%	91.3%
21 + m	108	8.7%	100.0%
Total	1248		

Response Time	N	%	Total
< 8 m	257	29.4%	29.4%
8 - 9 m	40	4.6%	34.0%
9 - 10 m	37	4.2%	38.2%
10 - 11 m	44	5.0%	43.2%
11 - 12 m	37	4.2%	47.5%
12 - 13 m	40	4.6%	52.1%
13 - 14 m	33	3.8%	55.8%
14 - 15 m	26	3.0%	58.8%
15 - 16 m	35	4.0%	62.8%
16 - 17 m	31	3.5%	66.4%
17 - 18 m	37	4.2%	70.6%
18 - 19 m	26	3.0%	73.6%
19 - 20 m	22	2.5%	76.1%
20 - 21 m	23	2.6%	78.7%
21 + m	186	21.3%	100.0%
Total	874		

Response Time	N	%	Total
< 8 m	343	30.4%	30.4%
8 - 9 m	30	2.7%	33.0%
9 - 10 m	50	4.4%	37.5%
10 - 11 m	52	4.6%	42.1%
11 - 12 m	47	4.2%	46.2%
12 - 13 m	40	3.5%	49.8%
13 - 14 m	37	3.3%	53.1%
14 - 15 m	36	3.2%	56.2%
15 - 16 m	37	3.3%	59.5%
16 - 17 m	39	3.5%	63.0%
17 - 18 m	32	2.8%	65.8%
18 - 19 m	24	2.1%	67.9%
19 - 20 m	33	2.9%	70.9%
20 - 21 m	33	2.9%	73.8%
21 + m	296	26.2%	100.0%
Total	1129		

Response Time	N	%	Total
< 8 m	257	32.3%	32.3%
8 - 9 m	33	4.2%	36.5%
9 - 10 m	35	4.4%	40.9%
10 - 11 m	43	5.4%	46.3%
11 - 12 m	37	4.7%	50.9%
12 - 13 m	33	4.2%	55.1%
13 - 14 m	21	2.6%	57.7%
14 - 15 m	36	4.5%	62.3%
15 - 16 m	22	2.8%	65.0%
16 - 17 m	24	3.0%	68.1%
17 - 18 m	24	3.0%	71.1%
18 - 19 m	14	1.8%	72.8%
19 - 20 m	21	2.6%	75.5%
20 - 21 m	23	2.9%	78.4%
21 + m	172	21.6%	100.0%
Total	795		

Response Time	N	%	Total
< 8 m	308	42.1%	42.1%
8 - 9 m	40	5.5%	47.6%
9 - 10 m	40	5.5%	53.1%
10 - 11 m	23	3.1%	56.2%
11 - 12 m	25	3.4%	59.6%
12 - 13 m	17	2.3%	62.0%
13 - 14 m	13	1.8%	63.7%
14 - 15 m	20	2.7%	66.5%
15 - 16 m	22	3.0%	69.5%
16 - 17 m	22	3.0%	72.5%
17 - 18 m	16	2.2%	74.7%
18 - 19 m	14	1.9%	76.6%
19 - 20 m	18	2.5%	79.1%
20 - 21 m	14	1.9%	81.0%
21 + m	139	19.0%	100.0%
Total	731		

REGIONAL CATEGORY A PERFORMANCE: OUTLIERS - NUMBER OF RESPONSES EXCEEDING 15 MINUTES

BELFAST HSCT

Response Time	N
15 - 30 mins	184
30 - 45 mins	33
45 - 60 mins	6
Over 60 mins	8

SOUTH EASTERN HSCT

Response Time	N
15 - 30 mins	280
30 - 45 mins	57
45 - 60 mins	16
Over 60 mins	7

NORTHERN HSCT

Response Time	N
15 - 30 mins	374
30 - 45 mins	78
45 - 60 mins	26
Over 60 mins	16

SOUTHERN HSCT

Response Time	N
15 - 30 mins	247
30 - 45 mins	35
45 - 60 mins	13
Over 60 mins	5

WESTERN HSCT

Response Time	N
15 - 30 mins	200
30 - 45 mins	32
45 - 60 mins	10
Over 60 mins	3

NIAS ESTATES

Estate Strategy – A new proposed Estate Strategy is in Draft and highlights of the proposed strategy were presented to SEMT in Q2 2018/19. A process of further consultation will commence in due course. The strategy will generate a fair amount of public interest and therefore the consultation period will be at least a 3 month process.

Clinical Sluice Programme - NIAS need to upgrade the Sluice Facilities in the majority of its Ambulance Stations to meet the requirements of RQIA. Essentially, each station needs to have separate Clinical Sluice and Domestic Sluice facilities. Currently, most stations contain one shared sluice facility, and this doesn't meet the standards required by RQIA. NIAS has identified 21 sites requiring work .Estimated costs are £627k. A request for funding has been made to the Department and approved .BSO PALS have overseen the procurement process for the Modular Buildings and Internal fit out required, satisfying VFM requirements. The competition will complete with the appointment of contractor. Work Commences on site in October 2018 and is targeted to complete by March 2019

Craigavon Replacement Programme - NIAS submitted a bid for £1.6m funding on the 13th April 2018 for a replacement Ambulance Station in full of modular construction on the Craigavon Area Hospital Site. Funding was approved on the 30th April 2018. A Preplanning Application was submitted to the planning authority in May 2018, specifying egress and ingress; this has been approved. Full planning permission submission is subject to approval of final design and transfer of site . Collaboration has taken place with local staff representatives and management and on design. SHSCT has agreed to transfer a site, identified in the SHSCT development plan to NIAS, due Q3 2018/19 although at time of writing this formal transfer has not yet taken place

Due mainly to procedural reasons, the Craigavon Replacement Programme has been paused and the allocated funds have been returned to the Department.

NIAS is preparing an additional business case to allow engagement with the CPD Design Team (The IBI Group) to review and report a recommendation on the best solution for NIAS in the Craigavon area which may bring about a modification to the design as outlined above.

The Business case for Craigavon Replacement will be rewritten and submitted based on the accepted recommendation

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

NIAS has requested an Asset Condition Survey (from the FM Contract Operator) for each of its 64 sites. This information is based on Planned Preventative Maintenance and records of repair to NIAS sites.

The Asset Condition Surveys will better enable NIAS to identify programme of works and costs. Depending on Value of works a further request to the DOH will be made for additional funding to expedite the works this year.

Ballymena and Enniskillen Project Board – Regular monthly meetings continue with CPD to manage the defects at both Ballymena and Enniskillen. NIAS and CPD are considering options to address these issues.

Omagh Modular Transfer - NIAS and GM Design are in dispute regarding the final account. The project is 10 months overdue and also over budget. NIAS has sought legal advice from Directorate of Legal Services on the matter.

Derriaghy –3 month notice to terminate lease was issued on 20th April 2018. Notice period has been extended until 30th September 2018 to fully examine the implications of displacing staff to Lisburn and Ballynahinch and currently with Director of Operations. LPS has now reached agreement with landlord, saving £6k approx. per year, and can assure that the lease is a value for money proposition. SOC has been issued to DOH AEMB for comment. Completion due in October 2018. NIAS has reached agreement to share NIFRS property, on informal basis, in Derriaghy.

NIFRS – NIAS and NIFRS Service Level Agreement expired in 2014. NIFRS and NIAS in discussions to formalise a licence agreement to facilitate NIAS using NIFRS property. The Licence agreement is with NIFRS / NIAS solicitor for review and completion in Q2 2018/19.

NIFRS Collaboration – NIAS and NIFRS have commenced discussions on collaborative estates development. A joint meeting with CPD was held in June to discuss a joint development in Downpatrick. A business case will be submitted for approval by NIAS SEMT in Q3 2018/ 19 to further explore this option.

Compliance - A series of surveys, to address statutory compliance, have commenced at all NIAS sites. Asbestos, Legionella and Fire Risk Assessments are due to complete in Q3 2018/19 along with a series of Fire Audits being conducted by a Fire Risk Auditor from BSO

Training – NIAS has secured the use of facilities on the Knockbracken Healthcare site as well as facilities at Magee College on a short term basis to additional address baseline training requirements.

NIAS FLEET:

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

Key Performance Indicator: Replace around 20% of fleet annually

- A&E Ambulance roll out complete and all new ambulances operational.
- PCS vehicles being rolled out. 5 of 21 operational with remaining vehicles being commissioned and currently going operational.
- Cars & Specialist vehicles currently being commissioned and rolled out.

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

The percentage of all vehicle types less than 5 years old has reduced however there is currently a large number of vehicles becoming operational which will improve the number under 5 years old.

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

Fleet Profile 2017/18	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
(% less than 5 yrs old)						2018							
Emergency Ambulances	98.3	98.3	98.3	98.3	98.3	80	80	80	80.2	82.8	83.6	93.1	99.1
Non-Emergency Ambulance	86.5	86.5	86.5	88.3	85.6	77.5	79.2	80	80	80	78.4	79.3	82.9
Rapid Response Vehicles	81.4	81.4	81.4	86	88.4	88.3	88.3	88.3	88.3	86	62.8	67.4	69.8
Support Vehicles	43.1	43.1	47.1	52.9	52.9	58.8	58.8	59.6	56.8	56.8	50	56.8	56.6
Fuel Used & C02 Generated 2017/18	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Allstar Fuel card Purchases	127486	133735	136493	144296	143955	143501	131030	144952	126049	128202	121485	114819	114196
NIAS Bunkered Sites	13535	10881	10646	11303	18839	20582	18676	19912	16153	20791	20016	20820	22145
Total Fuel (Litres)	141021	144616	147139	155600	162794	164082	149706	164864	142201	148994	141501	135639	136341
Total CO2 (Tonne) Generated	369474	378893	385504	407671	426519	429896	392229	431944	372567	390363	370733	355374	357212
MOT Pass Rate 2017/18	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
No of vehicles presented for MOT	17	15	10	21	24	46	38	35	24	24	24	18	10
No of vehicles passed MOT first time	17	14	7	21	24	45	36	34	23	20	23	16	8
First Time MOT Pass Rate (%)	100.00%	93.33%	70.00%	100.00%	100.00%	97.83%	94.74%	97.14%	95.83%	83.33%	95.83%	88.89%	80.00%
Miles covered	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Fleet Mileage	625910	670650	625800	621946	656525	661303	482239	641810	619605	670256	652306	589690	615258

TB/04/10/2018/08

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT MEDICAL DIRECTORATE

Interim Medical Director
4 October 2018
(July-August 2018)

Medical Directorate Performance Report for Trust Board

Emergency Planning & Business Continuity	
	<p>Please refer to attached Emergency Planning Report for July-August 2018.</p> <p>The Trust's Emergency Planning Team continues to participate in major incident planning and multi-agency exercises.</p> <p>Following approval of the MTFA business case, funding was allocated by Department of Health and vehicles and equipment were purchased. The recruitment process for 24/7 HART response to MTFA incidents has commenced, although this cover will not be to the same extent as that provided in other areas of the UK as this model was rejected by the Department following submission of a business case designed to meet the original specification of having an identical response model.</p> <p>Significant work has been undertaken in the area of Emergency Planning and Business Continuity, with the production of a Trust Policy and Strategy. This has seen the Priority 1 finding from Internal Audit reduced in keeping with the progress made. The EP&BC lead has been progressing continuity plans and testing arrangements with NIAS Directorates, although those from the Operations Directorate relating to individual station plans remain outstanding.</p>
Risk Management	
<i>Corporate Risk Register</i>	<p>The Trust's Corporate Risk Register is presented monthly to SEMT, and to the Assurance Committee as a standing agenda item. The format of this presentation has been updated in order to highlight new, deleted or altered risks. Following recommendations from Internal Audit, the Corporate Risk Register is now included with Trust Board papers and appears as an Appendix to this report.</p> <p>The Local Risk Registers of each Directorate are presented to the Trust's Assurance Committee on a rolling basis to ensure that all are considered during the year.</p>
<i>Incident Reporting Procedures</i>	<p>NIAS has adopted the use of DatixWeb across the Service in order to improve the efficiency of incident reporting and allow for realtime review of progress. Work is underway to integrate this further with other Trusts and to use the system for a variety of other purposes e.g. complaints, device alerts etc. The work is supported by a full-time Datix Administrator working within the Medical Directorate.</p>

	<p>The O'Hara Report into hyponatraemia-related deaths in Northern Ireland produced 96 separate recommendations, many of which relate to incident reporting and investigation. These have many implications for Trusts, and the Department is leading multiple workstreams related to this with clear direction that a regional approach should be taken rather than Trusts introducing disparate approaches. NIAS has already submitted responses to several workstreams and is providing representation on several of the lead groups.</p> <p>The review of SAls remains a challenge due to the small governance team within NIAS and competing pressures, particularly within the Operations Directorate when contribution is required in order to finalise reports. NIAS will be participating in a review of SAI management by RQIA. NIAS continues to participate in the learning outcomes review from SAls regionally with a composite report of Untoward and Serious Adverse Incidents being reported at each meeting of the Assurance Committee. New SAls are reported weekly at SEMT.</p>
<i>Outcomes from Reports, Alerts, etc.</i>	<p>Regular reports on complaints, compliments, adverse incidents including SAls involving NIAS, Coroner's reports, medication and device alerts continue to be provided to the Assurance Committee as standing agenda items. NIAS also continues to review relevant NICE guidelines and regional learning and quality letters and reports for relevance to an ambulance service. All of these areas are eligible for discussion at the Trust's Learning Outcomes Review Group which is aimed at disseminating relevant learning from incidents across the entire Service. It has been decided that in future most of these reports will be made by exception as many of the device alerts have no direct relevance to the context of an Ambulance Service.</p>
Clinical Care	
<i>Infection Prevention & Control</i>	<p>NIAS remains under the special measure recommended by RQIA calling for improved governance across the organisation relating to infection prevention and control. Significant work has been undertaken over the past year including refresher training for all available frontline staff, enhanced training for management staff responsible for stations and the auditing of IPC performance, introduction of a dedicated vehicle cleaning team regionally, a computerised system of audit to facilitate checks on both performance of frontline staff and the state of cleanliness / repair of vehicles and stations. This audit system (Docworks) is producing live reports which are reviewed at the Infection Prevention & Control Group on a rolling Divisional basis and work is ongoing to ensure consistency of assessment across the Trust. The IPC Policy & Procedures have been reviewed and are being reissued to all staff. Additionally a Trust-wide review of station facilities has been completed in order to prioritise areas for renovation or replacement.</p>

	<p>The Department has now hosted two review meetings with the Chair of Trust Board, Chief Executive, Medical Director and IPC lead to discuss progress. Welcome support was given in relation to financial backing for NIAS infrastructure changes and there was recognition of the work undertaken to date in terms of local practice and wider governance.</p>
<p><i>Regional Community Resuscitation Strategy</i></p>	<p>Community</p> <ul style="list-style-type: none"> Discussions have taken place with 11 Council areas to include Community Resuscitation within Health and Wellbeing of the Community Plans. To date the following Councils have a Community Resuscitation Action Plan in place – Ards & North Down, Lisburn & Castlereagh, Mid Ulster Council. Belfast have agreed to include Community Resuscitation within their Belfast Strategic Partnership. Armagh, Banbridge & Craigavon have had workshops and Community Resuscitation is now captured under Preventable deaths. Antrim and Newtownabbey are planning to develop a Community Resuscitation Action Group prior to Christmas. All other areas are discussing how Community Resuscitation can be included within the Community Plans <p>AEDs</p> <ul style="list-style-type: none"> FAQs are in development for NIAS website. NIAS have agreed to be part of the National Defibrillator Network which is being funded by British Heart Foundation. <p>Community First Responders</p> <ul style="list-style-type: none"> GoodSam App Project team has been developed to progress the work of GoodSam which will be integrated in November 2018 and following testing of the system and training of control staff is planned to go live in March 2019. All documentation, processes and training relating to CFR Schemes is being reviewed <p>Schools</p> <ul style="list-style-type: none"> Heartstart Teacher Training dates for the 2018/19 Academic year have been secured and venues booked across NI teacher training sites. EANI have agreed to work in partnership with the Community Resuscitation Team to provide admin support for the teacher training days. <p>Data</p> <ul style="list-style-type: none"> 2017 data collection for Out of Hospital Cardiac Arrest is now complete and is hopefully going to be published on 16 October – Restart a Heart Day.

<p><i>Regional Electronic Ambulance Communications Hubs (REACH) Project (previously ePRF)</i></p>	<p>The business case for introduction of an electronic Patient Report Form (ePRF) received the support for capital from the Department of Health and Department of Finance in June 2017. A Project Board led by the Chief Executive has been established and work has now commenced on the procurement.</p> <p>Stage 1 of the procurement process has now completed. A Supplier Questionnaire was issued via the etenders website, closing on 9 July. A Contract Adjudication Group made up from Clinical Staff including the Medical Director, IT, Information and Audit and Control carried out individual evaluations on the tenders received and a consensus meeting was held on 20 August 2018 attended by PALS. Six tenders were received and based on the evaluation criteria and pass rate, the CAG concluded that four out of the six suppliers would be invited to tender.</p> <p>PALS are in receipt of the documentation and we are currently awaiting a date for publication of the tender documents.</p> <p>Indicative timetable is as follows:</p> <ul style="list-style-type: none"> • Publication of ITT Sept 2018 • Return of tenders 30 Days (end Oct 2018) • Evaluation of tenders Nov 2018 • Supplier demonstrations Nov 2018 • Consensus December 2018 • Decision to award by Jan 2019
<p><i>Alternative Care Pathways</i></p>	<p>The “street triage” pilot has commenced whereby a prehospital team comprising a NIAS paramedic, community psychiatric nurse and a PSNI Officer undertake crisis intervention assessments for patients suffering from acute mental health problems in the community. This is being supported by the South Eastern HSC Trust.</p> <p>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. This has seen a significant reduction in the number of calls from some patients. Several patients have also been subject to court proceedings relating to use of the emergency services. Furthermore the officer is also in a position to engage with other agencies in order to address social and medical circumstances which may aid in resolving a patient’s problems with the added benefit of reducing further calls to emergency services.</p>

	<p>The success of the Clinical Support Desk has been recognised and further recruitment has resulted in the selection of more paramedics to extend both the hours and volume of cover for this service.</p>
<p><i>Helicopter Emergency Medical Service (HEMS)</i></p>	<p>NIAS and the charity partner Air Ambulance Northern Ireland (AANI) continue to meet on a regular basis to review areas of operational, financial and more recently clinical performance. The Clinical and Operational Leads have developed a set of clinical performance indicators and review every call for compliance. A series of clinical governance days have been organised which often involve partners from other agencies and Trusts.</p> <p>HEMS paramedics are employed by NIAS but the medical cover continues to be provided by consultants in addition to their own regular employment which is a variation from the original intention that this would be incorporated within their Trust job plans. This has the potential to threaten full coverage of the HEMS Service if staff cannot be released as was originally agreed by Trust Chief Executives. The paramedics were originally employed on a temporary contract for a one-year duration given the uncertainty over timing of the introduction of the service, but it has already been agreed to extend these contracts in order to provide continuity within the service. The potential for employing some paramedic staff on a permanent basis is being considered alongside the rotation of other paramedics as a secondment.</p> <p>The helipad at the Royal Victoria Hospital site has undergone significant commissioning work but the Fire Service have identified an area of concern relating to the pumps used to direct a continuous supply of water in the event of a rooftop fire. Upgrading of the pumps requires additional expenditure and the subsequent business case is currently sitting with the Department of Finance for approval. Once signed off it is estimated that the pad could become operational within approximately six weeks. 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, although there may still be a case for the use of Musgrave Park Hospital as a landing site for paediatric patients.</p>
<p>Personal Public Involvement / Patient Client Experience</p>	
<p><u>Patient and Client Experience Standards (PCES)</u></p>	<p>The Trust continued to promote 10,000 More Voices and gather more stories from patients and staff, review progress and learn from results with service users. As at 31 August, 334 survey questionnaires had been returned for the generic survey and 20 as part of the ACP pilot survey, covering all aspects of the service, including emergency 999 response, Patient Care Service and</p>

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

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

- Antrim Hospital Ambulance Liaison Officer to promote generic survey to patients at Antrim Hospital.
- Generic and ACP surveys to be offered to patients by RRV paramedics based in Newry Ambulance Station.
- Promotion of generic and ACP surveys at Belfast, Foyle and Newry Pride events.
- Link to 10,000 More Voices published on NIAS website.

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

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.

Last year's patient experience workplan has been reviewed for 2018/19 to include:

- continued collection of patient stories and work with the PHA and service users on the evaluation of the stories in order to ensure learning from 10,000 More Voices leads to improve services;
- engagement with the Comms Team on options for a NIAS 10,000 More Voices awareness and promotional campaign;
- continued promotion of 10,000 More Voices and gathering of more stories from patients and staff, reviewing progress and learning from results with service users;

	<ul style="list-style-type: none"> • promotion of the pilot of the Appropriate Care Pathways survey; • launch ACP survey on falls with SE Trust Falls Team; • re-launch 10,000 More Voices staff survey; and • learning from results – ensuring that learning is shared with senior management and lessons learnt are used in training and service delivery.
<u>Personal and Public Involvement (PPI)</u>	<p>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.</p> <p>During this reporting period, work continued on reviewing NIAS's PPI strategy and structure, and meetings in that regard remain ongoing.</p> <p>Following discussions at the Equality and PPI Steering Group meeting in March 2018, a review paper on PPI, with strategic and structural recommendations, will be presented through the Equality Forum, the Equality and PPI Steering Group, and SEMT.</p> <p>Effort has continued during this reporting period on developing 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, taking into account the DoH's recently published guidance on co-production and co-design.</p>

EMERGENCY PLANNING REPORT FOR JULY-AUGUST 2018

[illegible]

Potential Major Incident

On 16 July 2018 @16.09 NIAS received a 999 call to a Road traffic Accident on the Belfast Road, Newtownards involving a bus and a water tanker. Tasked to the scene 3 A&E crews, 1 Rapid Response Vehicle, 3 Officers, 1 HART, 1 Intermediate Care Vehicle and one private ambulance. The Ulster Hospital and the Royal Victoria Hospital were alerted to receive casualties. Three patients were transported to the Ulster Hospital and three patients were taken to the Royal Victoria Hospital. Incident was stood down @18.06.

On 8 August 2018 @16.02 NIAS received a call for reports of an explosion (possibly gas) at Upper Newtownards Road, Belfast. Tasked to the scene 6 A&E crews, 1 Intermediate Care Vehicle crew, 7 Officers, 3 HART call signs. Two Trusts were alerted to the potential Major Incident, one patient was taken to Ulster Hospital and one patient was assessed on scene and refused to travel. The scene was stood down by the officer on scene @16.17.

On 10 August 2018 @ 21.03 NIAS received an alert to the ED at the Ulster Hospital for reports of a fire. Tasked to the scene 3 Officers and 2 Intermediate Care Vehicle crews. An additional 4 officers were available but were not tasked, also the Emergency Equipment Vehicle and the Mobile Control Vehicle were available but not tasked. NIAS put in place a divert to the Belfast Trust whilst the incident was ongoing. This was lifted @00.18 when the incident was declared over.

On 28 August 2018 @ 12.05 NIAS were alerted to a fire that NIFRS were dealing with from 11.30 approximately. Tasked to the scene 2 HART call signs, 4 Officers, 2 A&E crews, 1 Ambulance Care Award crew, 1 Delta call sign and the Mobile Control Vehicle. The incident was held as a potential Major Incident as there was a requirement HART paramedic cover and due to the potential for the building collapsing, an officer presence was required until mid-night. No patients were as a result of the fire however to persons in the crowd watching the fire were treated by paramedics and transported to hospital.

Major Incidents

On 16 July 2018 @ 13.36 NIAS received a call from fire service informing that they were dealing with a leak of ammonia gas at Harbour Road Kilkeel. They stated that they were dealing with a number of casualties at a food production facility. The initial information said that there were two patients presenting with symptoms and 30 people exposed to the cloud. At 14.15 Romeo 7 declared a Major Incident as he was dealing with seven patients symptomatic and a further 33 patients that needed assessed. Tasked to the scene 5 A&E crews, 3 Patient Care Service/Intermediate Care Vehicle crews, 2 Rapid Response Vehicles, 6 Officers, 1 HART and HELIMED 23, the Mobile Control Vehicle and the Emergency Equipment Vehicle were mobilised but stood down before arriving, in addition 1 HART and 1 Officer were tasked to Daisy Hill Hospital and one Officer was tasked to Craigavon Hospital. In total 14 patients were transported to Daisy Hill Hospital 5 were medically discharged at scene and a further 33 were discharged at scene with medical advice. The incident was stood down at 16.00 by Oscar 7 incident officer at scene. The Emergency Planning Officer held a short "hot debrief" at scene.

Airport Alerts

On 18 July 2018 @ 08.44 NIAS received a call to the George Best Belfast City Airport for a plane making an emergency landing with reports of a smashed windscreen. Tasked to the scene 5 A&E crews, 2 Rapid Response Vehicles, 6 Officers, 1 HART call sign, the Emergency Equipment

Vehicle and the Mobile Control Vehicle. Two hospitals were alerted to the potential for patients. The incident was stood down by Oscar 9 first officer on scene at 09.23. No patients were treated or transported from the scene.

On 6 August 2018 @ NIAS received an airport Alert to the George Best Belfast City Airport for an aircraft making an emergency landing with an engine failure. Tasked to the scene 3 A&E crews, 1 Intermediate Care Vehicle crew, 2 Rapid Response Vehicles, 2 HART call signs, 6 Officers, 1 doctor, the Emergency Equipment Vehicle & Mobile Control Vehicle and one private ambulance. The incident was stood down when the plane landed safely @09.47.

HAZMAT / Hazardous Area Response Team (HART) deployments

102 = Deployments with Breathing Apparatus skills/ HAZMAT deployments

33 = Restricted space

35 = In-land Water Operations

0 = Incident at height

0 = Mountain rescue

12 = HAZMAT



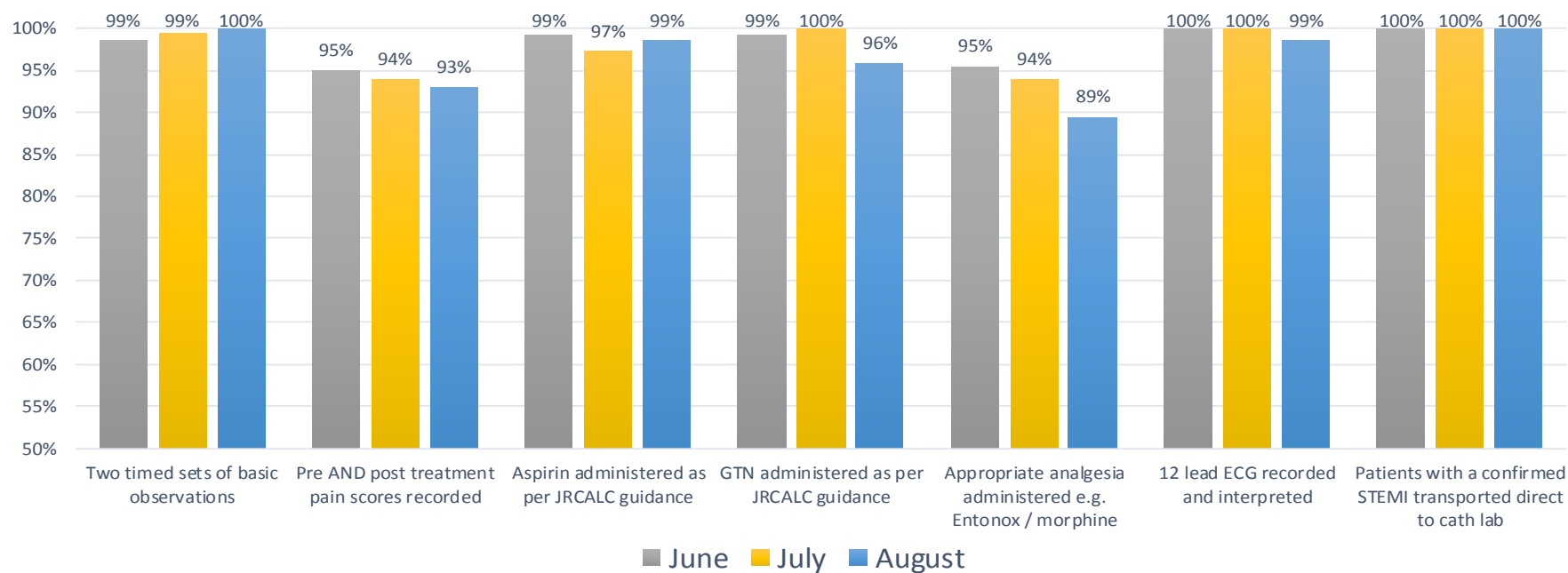
William Newton

Assistant Director of Emergency Planning



Northern Ireland Ambulance Service
Health and Social Care Trust

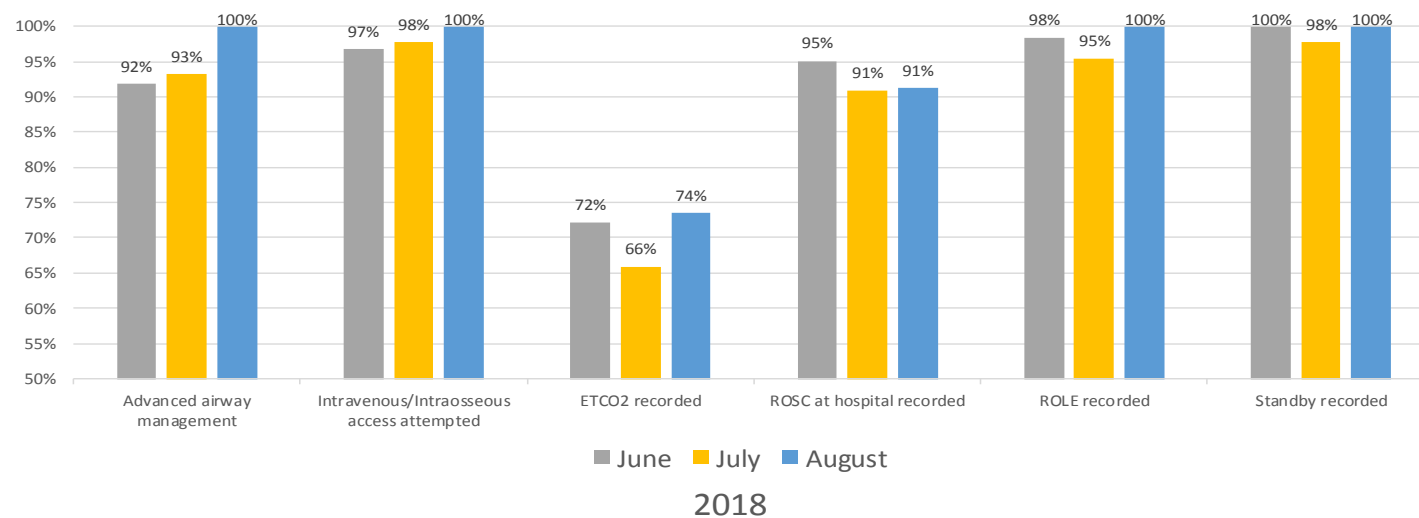
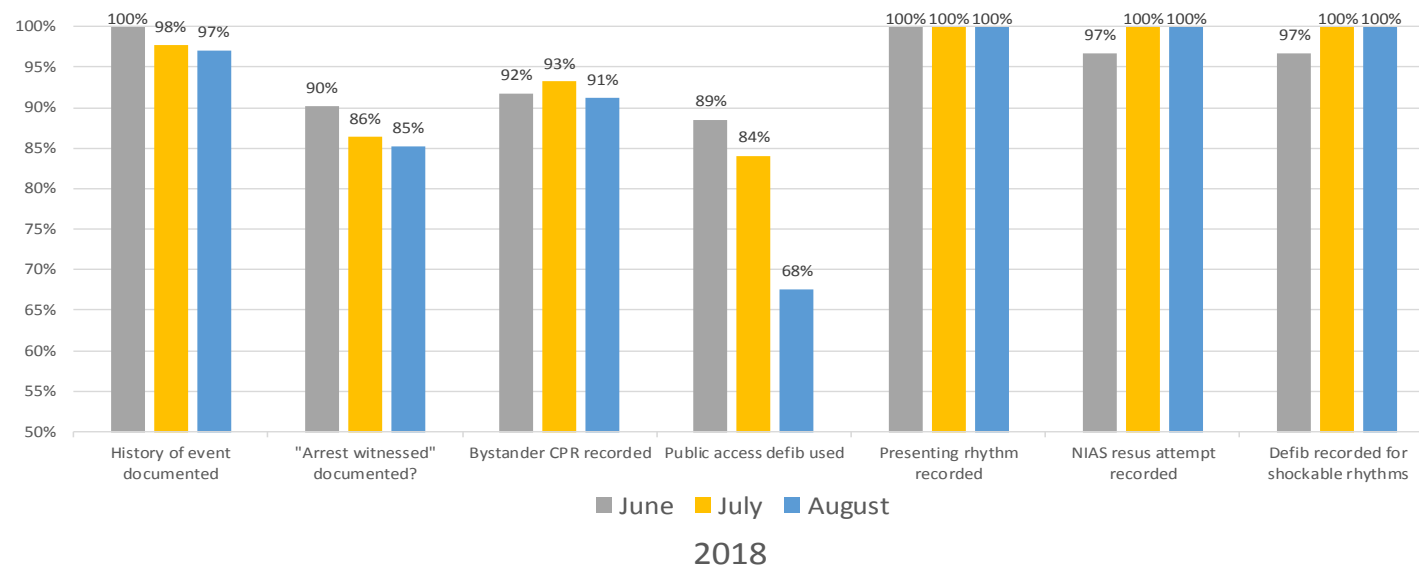
ACUTE CORONARY SYNDROME QUALITY IMPROVEMENT COMPLIANCE



2018

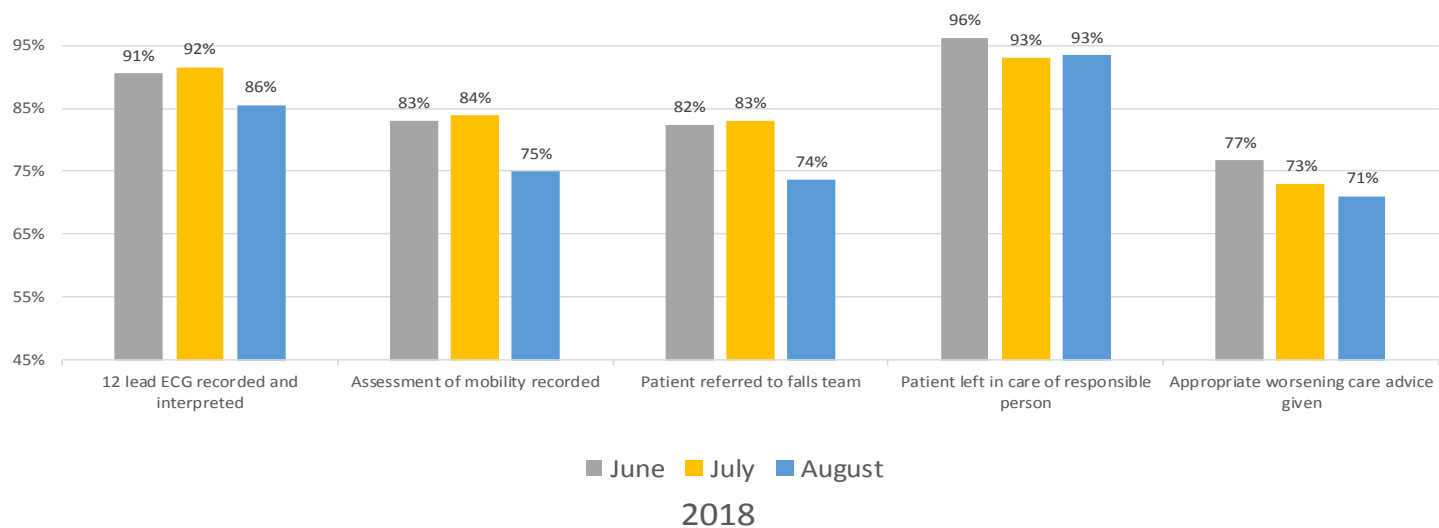
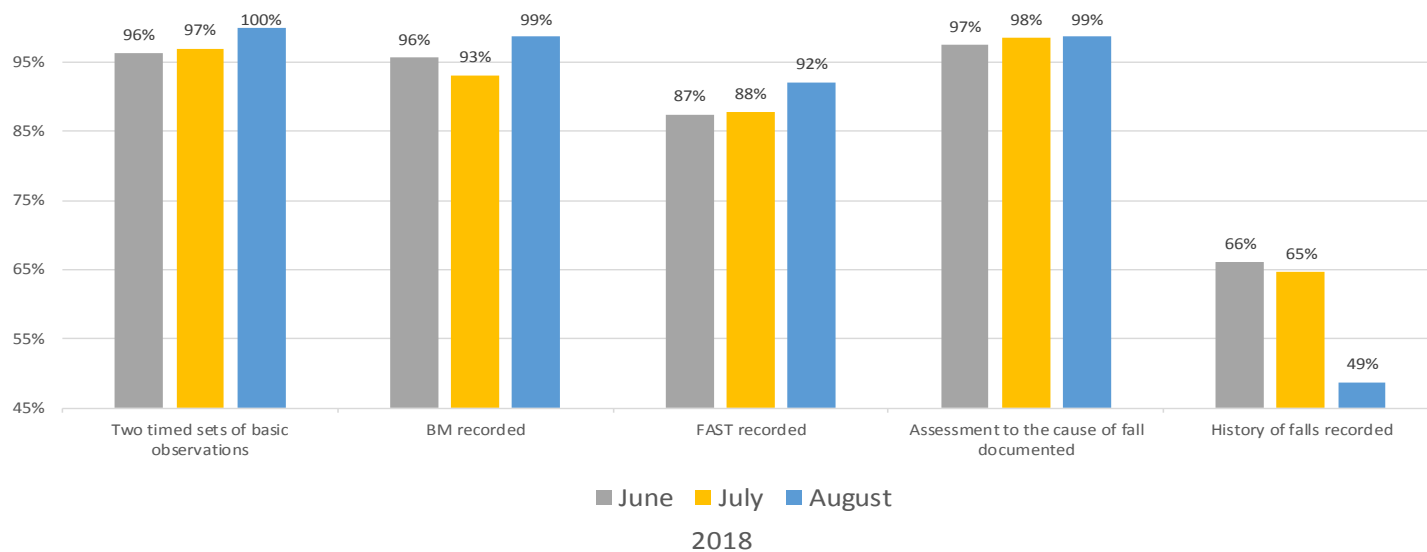


CARDIAC ARREST
QUALITY IMPROVEMENT COMPLIANCE





FALLS
QUALITY IMPROVEMENT COMPLIANCE

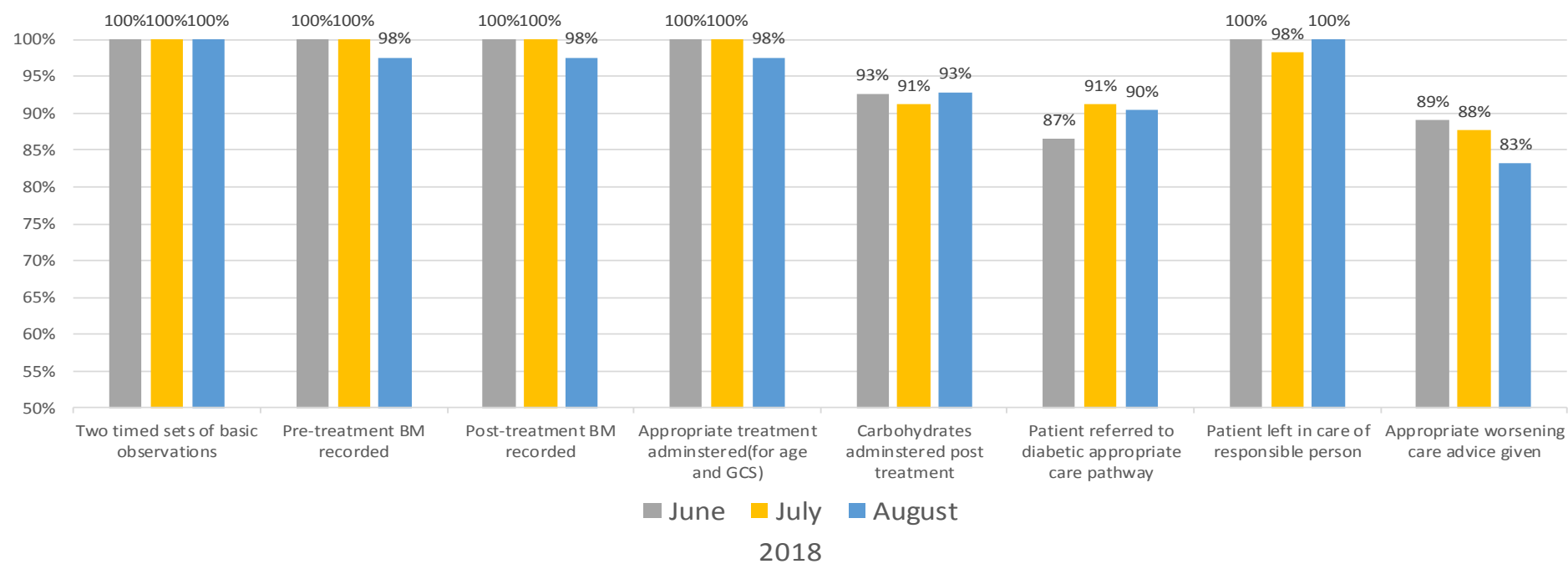




Northern Ireland Ambulance Service
Health and Social Care Trust

HYPOGLYCAEMIA

QUALITY IMPROVEMENT COMPLIANCE

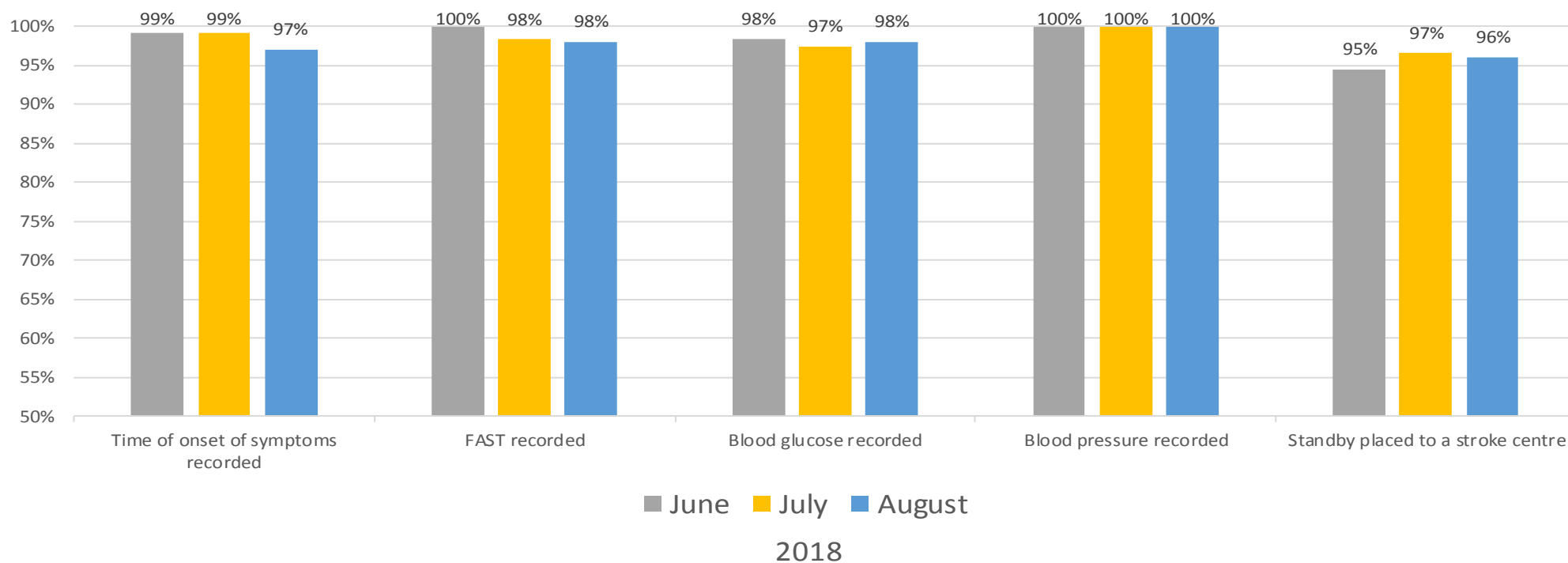




Northern Ireland Ambulance Service
Health and Social Care Trust

STROKE

QUALITY IMPROVEMENT COMPLIANCE



TB/04/10/2018/09

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE

Director of Human Resources and Corporate Services

(As at 31 August 2018)

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

Further to the report to Trust Board in December 2015, NIAS has received Partnership correspondence from the Regional Quality Assurance (RQA) team advising that the RQA team had reached a conclusion “that the current banding levels ie: EMT (Band 4); Paramedic (Band 5) and RRV Paramedic (Band 5) remain unchanged”. This outcome requires to be validated by the RQA team through the production of a Job Evaluation report which remains outstanding from the RQA team. All affected staff were advised of the conclusion of the RQA team in December 2015 and will be formally notified of the outcome of their job evaluation process following completion of the Job Evaluation Report. Thereafter in line with due process they will have the right to request a review of the outcome. Production of the Job Evaluation Report is currently in abeyance pending investigation of Trade Unions’ challenge of the job evaluation process, which remains ongoing.

WORKFORCE INFORMATION

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

MARCH 2018	TRUST TOTAL	CX / BOARD	FINANCE / ICT	HRCS	MEDICAL	OPERATIONS
FUNDED (WTE) RECURRENT / (TEMPORARY FUNDING)	1,329.28 (34.00)	7.00 (0.00)	31.63 (3.00)	68.15 (12.00)	25.00 (12.00)	1,197.50 (7.00)
STAFF IN FUNDED POSTS (WTE) PERM STAFF / (TEMP STAFF)	1,206.02 (18.49)	1.00 *(6.00)	22.98 (0.00)	64.49 (3.37)	18.80 (2.00)	1,098.75 (7.12)
OVERALL VACANCY LEVELS (WTE)	-138.77	0.00	-11.65	-12.29	-16.20	-98.63

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

On the basis of the information above @ 31 August 2018, the Trust has an overall vacancy level of **138.77** WTE posts.

*Non-Executives employed on a Fixed Term Contract

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

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

Post	Funded Est (WTE)	Staff-in-Post (WTE)	Vacancy (WTE)	Bank Staff	Recruitment Activity	Current Trainees (WTE)	Date Next Training Cohort Due to Commence	Further Planned Training Cohorts
Station Supervisor	31.00	16.82	-14.18	0	No recruitment activity planned, due to issues, relating to the Station Supervisor model, which currently remain ongoing.	N/A	N/A	N/A
Paramedic	320.40	302.77	-17.63	28	Opened ended qualified Paramedic recruitment campaign ongoing. To date this open-ended recruitment exercise has yielded 29 qualified Paramedics, 6 of whom have completed pre-employment checks. Recruitment to Foundation Degree in Paramedic Science commenced in August 2018.	0	TBC	TBC
RRV Paramedic	85.20	69.24	-15.96	0	No recruitment activity planned.	0	N/A	N/A
EMT + Trainee EMT	301.40	279.43	-21.97	6	Internal Recruitment for Trainee EMTs complete. Active Waiting List (until July 2019). External recruitment for Qualified EMTs ongoing.	Cohort 3: 20 Students due to qualify end Dec-18.	Cohorts 4 & 5: Nov-18, 48 Students in total.	Cohort 6: Planned to commence end Mar-19 (24 Students).
ACA (inc. PCS Sup.) + Trainee ACA	262.50	254.63	-7.87	3	Recruitment for Trainee ACAs complete. Active Waiting List (until June 2019).	Cohort 1: 20 Students commenced training on 6-Aug-18.	Cohort 2: 20 Students due to commence training on 14-Sep-18.	Cohorts 3 & 4: 24 Students planned to commence training on 9-Nov-18 and 4-Jan-19 respectively.

Section 1: Human Resources & Corporate Services

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

CORPORATE ABSENCE REPORT (@ 31 August 2018)

The Trust's sickness absence target for the current Reporting Year (2018/19), as advised by the Department of Health, is to show a 5% improvement on the 2017/18 absence levels, ie a reduction from 10.50% to 9.97%. Whilst monthly absence rose in June and has subsequently fallen during July and August, the Trust is currently not on track to achieve its absence target.

2018/19 Monthly Sickness Absence including Comparators to Previous Reporting Year (2017/18)

MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NIAS ABSENCE TARGET (2018/19)	REDUCE SICKNESS ABSENCE RATES BY 5% ON 2017/18 PERFORMANCE TO 9.97%											
NIAS cumulative % hrs lost (17/18)	8.18%	7.98%	8.11%	8.40%	9.00%	9.36%	9.60%	9.67%	10.14%	10.50%	10.57%	10.50% ⁴
NIAS monthly % hrs lost (17/18)	8.18%	7.82%	8.36%	9.30%	11.24%	11.25%	11.05%	10.13%	14.05%	13.55%	11.38%	10.83%
NIAS cumulative % hrs lost (18/19)	9.73%	9.88%	10.92%	11.33%	11.36%							
NIAS monthly % hrs lost (18/19)	9.73%	10.02%	13.09%	12.57%	11.50%							
Monthly % hrs lost (S/T)	2.65%	2.12%	3.41%	2.66%	2.49%							
Monthly % hrs lost (L/T)	7.08%	7.89%	9.66%	9.91%	9.01%							
Av. days lost (7.5 hrs) per Employee per Mth	1.97	2.24	2.54	2.68	2.55							
NIAS cumulative costs (£'000)	£354	£360	£458	£441	£408							
NIAS CUMULATIVE % HRS LOST:	(2017/18) 10.59%					(2018/19 @ 31 August 2018) 11.36%				NOT ON TARGET		

NB:(1) The Figures exclude Bank Staff and the Non-Executive Team; (2) The information is reported from HRPTS and, in line with HSC regional reporting, is in % hours lost; (3) In respect of average days lost it should be noted that, whilst the majority of NIAS staff are shift workers (approx 88%), who mostly work 12 hour shifts, the HRPTS calculation automatically divides working days over a standard 5-day week (Monday – Friday, based on a 7.5 hr day). (4) 10.5% represents the final cumulative total for NIAS, as per the Regional HRPTS re-run absence figures, (as re-run in May 2018).

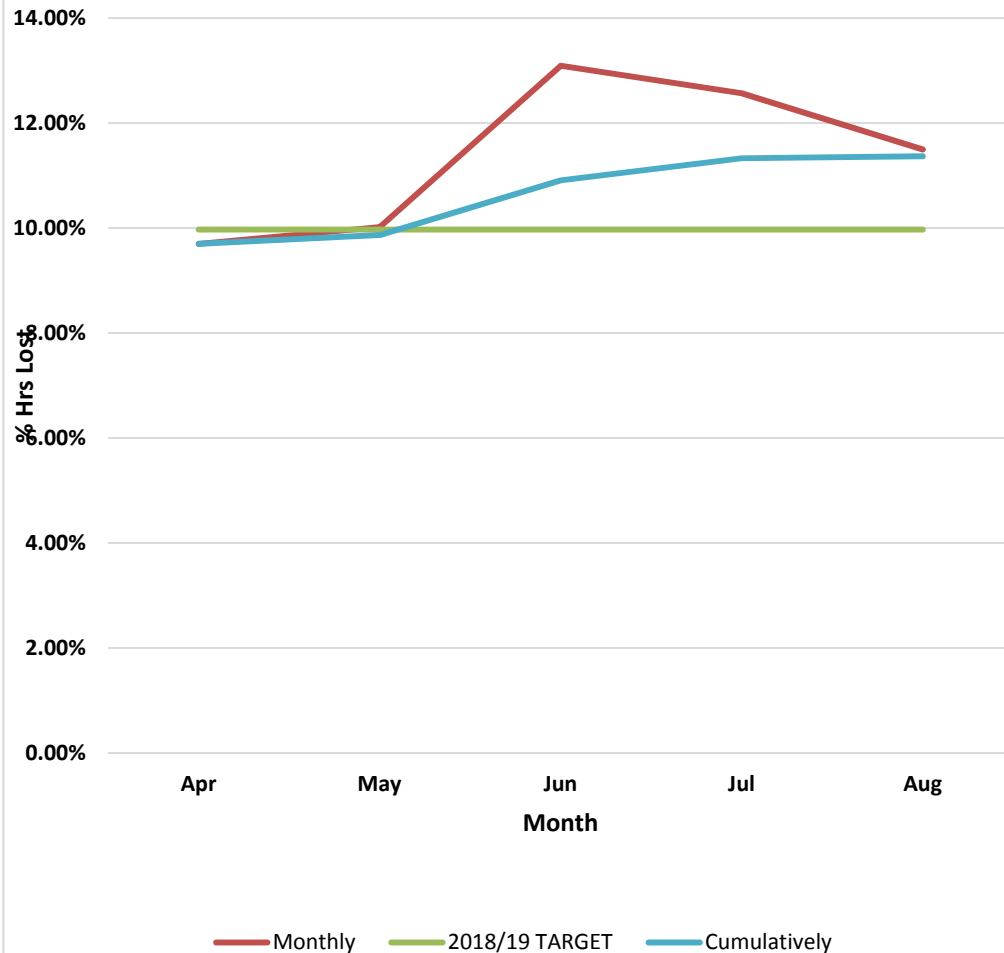
The Trust continues to take the following measures to address current levels of absence:

- Two Attendance Management improvement projects established under the Transformation & Improvement Collaborative;
- Job Description developed for temporary (one year) HR Lead for Attendance Management in preparation for recruitment;
- BSO Internal Audit currently auditing compliance with current Attendance Management Policy/Procedure;
- AACE associate commissioned to undertake a review of attendance management and related practices and make recommendations for improvement.
- Preparation for flu vaccination campaign ongoing;
- Workstreams under Health & Well-Being Programme ongoing including: Unison Partnership Project; Peer Support Project; Health & Wellbeing workshops for staff;
- Collaborative working within regional HSC on Attendance Management workstreams.

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)

Comparison of % Hrs Lost due to Sickness Absence



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

Mental Health	26.56%
Other Reasons	24.98%
Back problems + Injury / Fracture + Other Musculoskeletal problems	21.19%
Accident / Untoward Incidents at work	11.09%
Gastrointestinal problems	5.80%
Asthma, Chest, Resp.	2.61%
Tumours and Cancers	2.13%

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

General Debility	77.20%
Hospital Investigation	8.90%
Post Surgery Debility	13.08%
Chronic Fatigue	0.82%

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

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

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

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

Total complaints received to date:					60	For same period last year:					56					
HANDLING TIMES OF COMPLAINTS FOR 2018-19																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2017-2018	
Complaints Received	8	12	7	4	29								60		133	100%
Total A&E & PCS Activity	27600	29922	28815	12694	12539								111570			
% Complaints/Activity	0.03%	0.04%	0.02%	0.03%	0.23%								0.05%			
Acknowledged within 2 working days	8	11	7	4	16								46	77%	133	100%
Acknowledged after 2 working days	0	1	0	0	13								14	23%	0	0.0%
Response within 20 working days	0	0	2	0	2								4	7%	29	22.0%
Response after 20 working days	4	0	0	0	0								4	7%	30	23.0%
Complaints Investigations ongoing	4	12	5	4	27								52	87%	74	55.0%
Cases referred to NI Ombudsman (cases ongoing)	0	0	2	1	1								4		3	
NATURE OF COMPLAINTS RECEIVED 2018-19																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017-18	%	2017-2018	
Staff Attitude	3	2	3	0	9								17	28%	52	39%
Ambulance Late/No Arrival	1	4	1	3	11								20	33%	43	32%
Quality of Treatment & Care	4	5	0	1	7								17	28%	24	18%
Suitability of Equip/Vehicle	0	0	0	0	0								0	0%	2	2%
Other	0	1	3	0	2								6	10%	12	9%
Patient Property	0	0	0	0	0								0	0%	0	0%
TOTAL	8	12	7	4	29	0	0	0	0	0	0	0	60		133	

COMPLIMENTS RECEIVED 2018-19															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018-19		2017-18
RECEIVED	25	17	11	17	22								92		298
SERVICE AREA OF COMPLIMENTS RECEIVED															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018-19	%	2017-18
Accident & Emergency	24	14	10	15	19								82	89.1%	274 92%
Control	1	0	1	2	3								7	7.6%	14 5%
Patient Care Service	0	3	0	0	0								3	3.3%	6 2%
Voluntary Car Service	0	0	0	0	0								0	0.0%	0 0%
Other	0	0	0	0	0								0	0.0%	4 1%
TOTAL	25	17	11	17	22	0	0	0	0	0	0	0	92		298

Section 1: Human Resources & Corporate Services
HRCS KPI: Supporting Trust Priorities

CLOSED COMPLAINTS: JULY/AUG 2018

Type	Ref	Opened	Closed	Subject	Description (Policies)	Outcome	Action taken (Investigation)
FORMAL	COMP/1383	18/04/2018	07/08/2018	Delay in Accident and Emergency Response	Complainant is unhappy over response time for emergency ambulance to arrive.	Consent was not received from the complainant/patient, despite reminders being issued for same. Complaint closed as Trust has no authority to proceed.	Details of the complaints issued to EAC Management for awareness.
FORMAL	COMP/1407	27/06/2018	03/07/2018	Concern Regarding Treatment	concerns of decisions being made by paramedics on when to bring patients to A&E	Not upheld. complaint was resolved locally	Both NIAS staff should be re - issued with the memo from NIAS Medical Director, entitled Overriding of GP / HPC Decision's dated 22nd June 2017. The staff involved should be referred to the North Divisional Training Officer / Clinical Support Officer's to do a call reflection on this incident, and to refresh overdoses / medical condition's from JRCALC, and take any learning outcomes from it for use in the future.
FORMAL	COMP/1380	05/04/2018	05/07/2018	Staff Attitude/Behaviour	Complainant came across RTC, she stated that she witnessed aggressive and angry behaviour from a paramedic to a police officer at the scene of the incident.	Station Officer met with the complainant to discuss the complaint. He advised that the information she supplied would contribute to an investigation under the Trusts Disciplinary Procedure.	An investigation taken by Station Officer, taken under the Trusts Disciplinary Procedure



Northern Ireland Ambulance Service Health and Social Care Trust

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