



***A Meeting of Trust Board to be held at 1.00pm  
Wednesday, 13 June 2018, Boardroom, NIAS HQ, Site 30 Knockbracken  
Healthcare Park, Saintfield Road, Belfast, BT8 8SG***

**Welcome, Introduction and Format of Meeting**

**Paper Enclosed**

[Click on links to navigate document](#)

**1.0 Apologies**

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

**3.0 Minutes of the previous meeting of the Trust Board held 12th April 2018 (for approval and signature)** TB 13/06/2018/01

**4.0 Matters Arising  
4.1**

**5.0 Chairman's Business**

5.1 Chairman's Update

**6.0 Chief Executive's Business**

6.1 Chief Executive's Update

**7.0 Items for Approval**

7.1 NIAS Corporate Plan 2018 – 2022	TB 13/06/2018/02
7.2 Strategic Business Continuity Management Plan	TB 13/06/2018/03
7.3 Mandatory Training Policy ( Frank Orr)	TB 13/06/2018/04

**8.0 Items for Information/Noting**

8.1 Paramedic Education Programme (Frank Orr)	TB 13/06/2018/05
8.2 Infection Prevention and Control Update (Lynne Charlton)	TB 13/06/2018/06
8.3 Community Resuscitation Programme (Presentation by Stephanie Leckey)	TB 13/06/2018/07
8.4 GDPR (Presentation by Sharon McCue. Tabled on day)	Presentation
8.5 Assurance Committee Minutes 10/05/2018	TB 13/06/2018/08
8.6 Audit Committee Minutes 16/03/18	TB 13/06/2018/09
8.6 NIAS – AANI Report (Marianne Johnston)	TB 13/06/2018/10

## **9.0**

### **Performance Reports as at March 2018**

#### **9.1 Highlight Reports by each Director:**

Medical	TB 13/06/2018/11
Risk Register	TB 13/06/2018/12
Human Resource	TB 13/06/2018/12
Finance	TB 13/06/2018/14
Operations	TB 13/06/2018/15

## **10.0 Application of Trust Seal**

## **11.0 Forum for Questions**

## **12.0 Any Other Business**

**Next meeting of Trust Board (AGM) will be held on Thursday 16<sup>th</sup> August 2018 at 2.00 pm, Boardroom, NIAS HQ, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG**

## **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 Wednesday 13 June 2018, 1:00pm at  
NIAS HQ, Boardroom, Site 30 Knockbracken Healthcare Park, Saintfield  
Road, Belfast BT8 8SG***



**TB/13/06/2018/01**





**Minutes of Trust Board**

**Thursday 12 April 2018, 2.00pm in the Committee Room 2, Craigavon Civic Centre, 66 Lakeview Road, Craigavon, BT64 1AL**

**Present:**

Mr P Archer	Chairman
Mr W Abraham	Non-Executive Director
Mr T Haslett	Non-Executive Director
Mr A Cardwell	Non-Executive Director
Dr J Livingstone	Non-Executive Director
Mr M Bloomfield	Chief Executive
Mrs S McCue	Director of Finance & ICT
Mrs Roisin O'Hara	Director of HR & Corporate Services
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
Ms L Charlton	IPC Lead (Secondment)

**1.0 Apologies:**

There were no apologies

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

The Board was confirmed as quorate. The Chair declared a potential conflict of interest in relation to membership of St John Ambulance Service as a Trustee.

**3.0 Minutes of the previous meeting of Trust Board held on 1 February 2017**

Mrs S McCue suggested a minor amendment under section 7.2 Finance & ICT Directorate of the previous minutes. The Board accepted the amendment. The minutes were approved on the proposal of Mr A Cardwell and seconded by Mr T Haslett.

**4.0 Matters Arising:**

There were no matters arising.



## **5.0 Chairman's Business**

### **5.1 Chairman's Update**

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

- Visit to Craigavon Station today outlining difficulties at this station in relation to estate layout. It was noted by Mr B McNeill that Craigavon Station was currently listed on the Capital Improvement Plan. It is expected that the station will be moved to a new site and building within the next year. The Chair also acknowledged that staff at Craigavon station had an excellent attitude to their work despite the difficulties posed by the facilities at the station and the poor estate layout.
- Attended meeting at the Department of Health (DOH) for the Chairs of the Department's 'Arm's Length Bodies' (ALBs).
- Carried out a number of station visits.
- Chaired interview panel for new Chief Executive.
- Completed IPC Training.
- Attended the Assurance Committee as an observer.
- Attended meetings in relation to handover of responsibilities between the outgoing Chief Executive, Mr S Devlin, and the new incoming Chief Executive, Mr M Bloomfield.

## **6.0 Chief Executive's Business**

### **6.1 Chief Executive's Update**

Mr M Bloomfield said how privileged he was to have been appointed as Chief Executive of NIAS, and noted that this was his first formal meeting with the Trust Board. Since taking up post Mr Bloomfield has been aiming to meet as many NIAS staff as possible. To date he has attended visits to North and South Eastern Divisions, Control Room and NIAS HQ. Visits to Belfast, Southern and Western Divisions are scheduled over the coming weeks. The CEO said that he had been impressed at these initial visits by the positive attitude of staff who are overwhelmingly dedicated to providing an excellent service to the public.

Other activities have included:

- Infection Prevention Control activities – undertook press events to provide response in respect of recent RQIA press releases regarding NIAS inspections. Welcomed Ms Lynne Charlton who is seconded to NIAS from the Public Health Authority (PHA) as an IPC Lead, as recommended by RQIA.
- Attended meeting at the RQIA. The meeting provided an overview of the RQIA's inspections of NIAS Stations. It was a positive meeting and it was noted that, going forward, the RQIA would work in partnership with NIAS.
- Hospital Turnaround Times – Mr M Bloomfield advised that as a result discussion was held in respect of the significant increase in hospital turnaround times over the winter pressures period this year, as a result of this the HSCB have set up a task and finish group to commence work on this issue in advance of the winter pressures period for 2018/19. This group will be headed up by Dr Mark Roberts, Medical Director of the NI Safety Forum, who will begin work on this project by

liaising closely NIAS and all A&E Departments. It was recognised that this work would be given priority although due to the nature of the issues it is not expected that improvement will happen quickly.

- Transformation Implementation Group (TIG) – Attended TIG meeting which focused on transformation funding. This funding will be available for projects that are expected to complete by no later than the end of the 2019/20 financial year.
- Strategic Partnership Forum involving DOH and HSC Senior Management, Trade Unions and Professional Bodies through the Health Service in Northern Ireland. Points of note from this meeting included one Trade Union highlighted effective partnership working with NIAS. Mr M Bloomfield acknowledged that this was a positive statement and one that he is keen to build upon for NIAS going forward.

## **7.0 Performance Report as at 1 February 2018:**

### **7.1 Operations Directorate:**

Mr B McNeill, Director of Operations provided an update to Trust Board, highlighting the following:

- Total cumulative Emergency Call demand for April 2017 to February 2018 has increased by 3.7% on the same period as last year. DCMs are also reporting that call takers are having to spend more time on calls which has led to further pressures in the control room.
- Winter Pressures are continuing longer than usual this year.
- The increase in demand and extended Winter Pressures period has led to performance targets not being met. Mr M Bloomfield noted that the DOH had introduced a new framework for measuring performance across all Trusts. The aim of the new Performance Framework is to set more realistic performance trajectories in light of the current performance and range of challenges across all areas.
- There was a general discussion in relation to NIAS Performance Targets. Trust Board acknowledged that the work being carried out by Dr Mark Roberts would go some way towards improving performance on hospital turnaround times for NIAS.
- Mr B McNeill also explained the various work streams ongoing aimed at improving performance. He noted that one work stream was looking at ways to introduce some of the efficiencies recommended in the ORH Demand and Capacity Review Reports.
- A further working group has also been set up to review sickness levels in advance of the commencement of the new foundation degree for Paramedics as it is expected that the release of staff to participate in this programme will add further pressures to the scheduling of rotas. Mr W Abraham reported a discussion held by the Assurance Committee on 14 March 2018 in relation to the direct correlation between denied annual leave and increased sickness levels was reported. Mr W Abraham expressed concerns regarding this incident but he acknowledged that dealing with sickness absence was complicated.
- An update on Estate matters was provided. Mr B McNeill noted that negotiations in relation to Derriaghy station lease renewal are being addressed, a further update will be provide at the next Trust Board. Background information and an overview of projected costs in relation to the NIAS Clinical Sluice Programme was provided. This programme aims to upgrade the sluice facilities in the majority of the Ambulance Stations to comply with RQIA requirements. Mrs S McCue explained that NIAS is currently reviewing a source of funding for this important

work.

## **7.2 Finance & ICT Directorate:**

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

- NIAS are on track to meet deadlines for finalising the 2017/18 Audit Report.
- Capital Spend Budget – It is expected that this will be spent as per the scheduled forecast. This budget is weighted for more expenditure towards the year end. The purpose of this is to accommodate the purchase of new vehicles.
- Prompt Payments – The target for prompt payment of invoices is to pay 95% of invoices within 30 calendar days of receipt of a valid invoice. This target has been proving difficult to meet in the last month as process depends on key people being available to approve invoices on system.
- ICT - A project to replace the Mobile Data System (MDT) has now completed the tender evaluation stage and a preferred supplier has been identified. NIAS will be working with the preferred supplier over the coming months to procure and implement the new system.
- Cyber Security – NIAS is involved in a Cyber Security Project Group which includes representatives from across all the HSC Trusts. NIAS continues to engage with HSC colleagues and representatives and will be attending a workshop.
- Information Governance – Mrs S McCue provided an overview of information request received to end February 2018. The number of requests received has increased on the same period last year. Mr T Haslett queried the increase in the number of information requests received from the PSNI. Mrs S McCue stated that these requests were becoming more frequent because Paramedics are often the first Emergency Service at the scene of incidents.
- Mrs S McCue also noted an increase in the number of requests for information coming through the website “whatdotheyknow.com”. It would appear that many of these requests are submitted by NIAS staff who use this forum to request information instead of going through Line Management.
- Trust Board discussed impact of new GDPR legislation and acknowledged the impact this would have across all departments.

## **7.3 Human Resources Directorate:**

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

- Workforce Planning – Ms R O'Hara and Mr B McNeill have been undertaking a significant piece of work in relation to a review of the NIAS's current workforce and the development of plans for workforce growth over the next few years.
- Recruitment – It is expected that a number of EMT and ACA vacancies will arise in the coming months due to the commencement of the Foundation Degree in Paramedic Practice. As a result of this a recruitment project is planned to recruit qualified Paramedics, EMTs and ACAs. The project will also recruit trainee EMTs and ACAs and the recruitment process will be managed by BSO shared services.
- NHS UK Pay Increase – Consideration is being given to the potential implications for NIAS should the agreed NHS UK pay increase be offered to NHS staff in Northern Ireland.
- Sickness Absence – an overview of sickness absence was provided including

discussion of incident regarding rejection of leave coinciding with increase sickness absences. Trust Board acknowledged the substantial and complex issues such as missed meal breaks, late finishes, delayed occupational health appointments, and abuse faced by staff from the general public, as contributing factors to sickness levels. It is hoped that the introduction of the new Clinical Response Model will go some way towards alleviating these issues.

- Flu Vaccination Programme – Trust Board noted an increase in the uptake of front line staff receiving the flu vaccination. This was largely due to the success of the implementation of a peer vaccination programme this year.
- Complaints/Compliments – Ms M Lemon provided an overview of changes to the presentation of information in relation complaints received.
- Whistleblowing – a new register is being developed in line with the updated Whistleblowing Policy.
- Education Learning and Development – NIAS have invested in technology to improve the service, which has resulted in the procurement of iPads for access to e-learning programmes etc.
- Frequent Callers Project – An update was provided on this project. NIAS continues to work closely with the PSNI in progressing work on this and have identified 98 frequent or vulnerable service users.

#### **7.4 Medical Directorate:**

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

- Following the approval of the MTFA business case, capital funding for the purchase of vehicles and equipment necessary for this project has been agreed. Training on new equipment is ongoing.
- Incident Reporting – this is now carried out electronically with the introduction of the Datix system.
- Hyponatraemia Report – Dr N Ruddell provided an update on recent actions following the release of the O'Hara Report. He noted that the DOH are keen to ensure that a regional approach to progressing the implementation of recommendations of the report is taken. NIAS has submitted a response to DOH in respect of recommendations 10 to 30 as detailed in the report.
- Infection Prevention & Control (IPC) – An overview of progression on IPC work streams was provided. External support for IPC has now been seconded to NIAS by the DOH on a temporary basis to assist with the development of robust IPC policies and procedures as per guidance of the RQIA. Estates work on clinical sluice facilities at all stations is progressing and all leadership tours have now been completed with action plans being developed to improve IPC issues.
- Regional Community Resuscitation – This scheme is now operational. NIAS has developed and updated its register of locations of Community Defibrillators.
- REACH – The technical specifications and requirement for the new system has now been agreed and it is expected that NIAS will go out to tender in the near future.
- HEMS - The first formal review of this project has been carried out by Internal Audit, no areas of concern were found and the project is running smoothly.
- Corporate Risk Register - A discussion in respect of status of key risks was held. Trust Board raised some concerns regarding outstanding risks, Mr M Bloomfield noted the Board's concerns and advised that the Risk Register would be reviewed and some thought given to the method of how risks are currently categorised prior

to a discussion on this at the next Assurance Committee.

## **8.0 Infection Prevention & Control Update**

Mr M Bloomfield provided an update in respect of matters arising following the RQIA's inspections this year. He advised that Ms L Charlton has been seconded to NIAS as recommended by RQIA, and that NIAS is subject to enhanced monitoring by DOH. This includes regular six weekly update meetings with the Chair, Chief Executive, and the DOH. NIAS are also required to submit an Improvement Plan in advance of the first meeting with DOH on 26 April 2018.

There are three RQIA notices still in place in relation to Assurance and Governance. These are due to expire on 16 April 2018. Mr M Bloomfield advised that RQIA has agreed with the RQIA to extend the timeframe of these notices for a further six month period. This will allow NIAS the time and space to ensure robust IPC policies and procedures can be adequately developed and implemented.

Vehicle Cleaning – staff are now employed and a process has been set up to ensure all vehicles are regularly cleaned to the standards required by the RQIA.

Dr N Ruddell discussed the IPC Policy and Procedures document noting this has recently been substantially modified following the RQIA inspections. Trust Board were requested to approve the updated policy. This was approved subject to a few minor amendments.

## **9.0 Proposed Clinical Response Model Update**

Trust Board were provided with an update on progress with approvals for the implementation of the new Clinical Response Model for NIAS. The HSC Board endorsed the proposal at its March board meeting, and has submitted it to the Department for approval.

Mr M Bloomfield noted that subject to Department approval, the next stage would entail a public consultation followed by the development of a business case for submission to and consideration by DOH. There was a discussion regarding the process and noted that project would ultimately require ministerial approval and require substantial investment.

## **10.0 Items for Approval**

### **10.1 Whistleblowing Policy**

Mr M Bloomfield provided background information regarding the development of the new Whistleblowing Policy which is expected to be implemented by all Trusts. It was agreed that Trusts would seek approvals individually from their associated Trust Boards.

Trust Board raised some concerns regarding the removal of a named Non-Executive Director as a point of contact for staff with concerns of a whistleblowing nature. Following a discussion at length on this issue, Trust Board approved the adoption of the policy as presented with the option to tailor the wording of the document on this point.



## **10.2 Assurance Committee Minutes**

The Assurance Committee Minutes of the meeting held 14<sup>th</sup> March 2018 were approved.

## **10.3 Assurance Committee ToR**

Trust Board discussed and clarified the issue regarding Chair of Trust Board being unable to be a member of the Assurance Committee, it was understood that the Chair could attend the Assurance Committee meetings for observation purposes only. The Terms of Reference were approved.

## **10.4 Audit Committee Minutes**

The Audit Committee Minutes of the meeting held 19<sup>th</sup> January 2018 were approved.

## **10.5 Audit Committee ToR**

The Audit Committee ToR were approved.

## **11.0 Items for Information/Noting**

### **11.1 Trust Delivery Plan**

It was noted that the Trust Delivery Plan has been approved by the HSCB.

### **11.2 Equality Action Plan 2018-23**

Noted

### **11.3 Disability Action Plan 2018-23**

Noted

## **12.0 Forum for Questions**

There were no questions.

## **13.0 Any Other Business**

Mrs S McCue updated Trust Board that the Trust Seal had been used in respect of the renewal of the lease for a period of 5 years for premises at Kennedy Way.

Mrs S McCue noted that the NIAS year end Accounts were due to be submitted to the NI Assembly in June 2018. The NIAS AGM would be held on 16 August 2018.

## **Date, Time and Venue of Next Meeting**

The next scheduled Trust Board meeting will be held on **Wednesday 13 June 2018 @2pm** in NIAS HQ

Signed: \_\_\_\_\_  
(Chairman)

Dated: \_\_\_\_\_



**TB/13/06/2018/02**





# NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING – 13 JUNE 2018



## PRESENTATION OF PAPER:

<b>Title:</b>	NIAS Corporate Plan (Draft) 2018-19 / 2021-22
<b>Purpose:</b>	Draft Corporate Plan for approval.
<b>Content:</b>	Informed by engagement with staff and key stakeholders. Agreed at SEMT and reflects comments from recent Trust Board workshop.
<b>Recommendation:</b>	For approval
<b>Previous Forum:</b>	SEMT
<b>Prepared by:</b>	Roisin O'Hara – Director of HR and CS
<b>Presented by:</b>	Michael Bloomfield, Chief Executive



## Draft NIAS Corporate Plan 2018/19 – 2021/22

The Northern Ireland Ambulance Service (NIAS) provides a vital service to the population of Northern Ireland. It provides a range of services which often touch people at the most worrying and vulnerable times in their lives, and is rightly highly valued by the public.

NIAS faces a range of significant challenges and major issues over the period covered by this plan. These include the need to deliver safe, high quality care, improved response times and service modernisation in the context of the continued challenging financial environment.

This Corporate Plan 2018/19 – 2021/22 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. The Corporate plan has been informed by an engagement process with our staff and key stakeholders.

The four year Corporate Plan sets out how the Trust will deliver on our key themes and priorities whilst contributing to real improvements in health and wellbeing for our population, with a particular focus on the actions to be taken during 2018/19. It describes the Trust's priorities in contributing to the wider HSC reform programme and how we will align to the following Regional strategic context:

1. **Health and Wellbeing 2026: Delivering Together.** On 26 October 2016, the then Minister of Health launched her 10 year approach to transforming health and social care, "Health and Wellbeing 2026: Delivering Together". This plan was the Minister's response to the Expert Panel's report "Systems, Not Structures: Changing Health and Social Care" which was published on the same date. "Delivering Together" presents a vision of transformed Health and Social Care services, based on a population health model that puts patients at the centre of services through co-production. It set an ambitious plan which aims to see a future in which:
  - people are supported to keep well in the first place with the information, education and support to make informed choices and take control of their own health and wellbeing;
  - when they need care, people have access to safe, high quality care and are treated with dignity, respect and compassion;
  - staff are empowered and supported to do what they do best; and
  - our services are efficient and sustainable for the future.

2. The **Programme for Government**. The Department of Health has established a programme of reform with the objective to transform health and social care services, in order to produce better health and wellbeing outcomes for all our people and thereby contributing to the realisation of the Minister's ambition as set out in the Programme for Government (PfG) for everyone to lead long, healthy and active lives.

This Corporate Plan seeks to align our priorities and objectives to the above strategic context.

It does not reflect everything that we do and NIAS staff are involved in many other areas of normal business that are not included but no less important. Rather it highlights the key priorities for the year ahead which will contribute to the longer term direction of travel as we continue on our programme of reform and modernisation.

The Trust's frontline challenges are similar to those faced by Ambulance Services across the rest of the UK and these have been well documented in the National Audit Office Review (2017) of English Ambulance Services and by the Association of Ambulance Service Chief Executive (AACE) strategies. These include:

- demand for ambulance services continues to rise rapidly ;
- increases in funding have not matched rising demand;
- workforce issues are limiting the ability to meet rising demand;
- delays in being able to transfer the care of patients at emergency departments are contributing heavily to keeping ambulance staff away from where they are needed most, with the associated risk to patient safety for those waiting for an ambulance response;
- the need to progress delivering new models of care;
- unprecedented pressures on our workforce.

These issues cannot be overcome by NIAS alone and require support from DoH, HSCB, Trusts and local providers.

These challenges impact on the Trust's ability to achieve its Category A response target. The rising demand for ambulance services without a matched increase in funding, the delays in handover times at hospitals and the workforce issues continue to present a significant challenge for the immediate future. Efforts will be made to maximise the use of existing resources to improve response times without compromising our overall commitment to respond promptly and appropriately to all 999 and non 999 requests for ambulance assistance. The Trust will continue to prioritise getting the fastest appropriate clinical response to those patients most in need.

In order to address these challenges, NIAS has ambitious proposals to transform service delivery and the associated priority work will be reflected in the related

annual delivery plans. These proposals were informed by a major review of demand and capacity undertaken during 2017/18, which established that in order to meet the required Ministerial response target times, and manage future demand increases, NIAS require in excess of an additional 300 Paramedic and EMT staff. The review also recommended that this substantial increase in workforce needs to be done in parallel with the introduction of a new Clinical Response Model together with other changes to the operation of the Emergency Ambulance Control Centre.

We therefore propose to introduce a new Clinical Response Model that better reflects the needs of patients and aims to ensure we send the right response to meet that need. Our aim is to improve how we assess and triage patients' condition on the telephone. We may take a little more time to do this once we have established the patient's condition is not immediately life-threatening, to ensure we send the right staff with the most appropriate skills. Where patients do not need to go to an emergency department, our skilled staff may treat them at home or access a more appropriate care pathway. In some cases, we might refer patients directly to specialist services. We will work as part of an integrated health and social care system to access the right care first time for patients. A key first step in the development of this model will be embarking on a consultation process in 2018/19 subject to Departmental approval, in order to initiate important conversations with the public and key stakeholders about the model and listen carefully to feedback which will inform how the model is developed.

NIAS has seen significant transformation during the last few years and this continues to evolve with exciting challenges ahead. Core to everything we achieve is our staff and the Trust recognises their contribution to any success and will continue to develop a culture where staff feel valued and are engaged and inspired to deliver better outcomes.

#### **Our Vision is:**

**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.

This Corporate Plan will support the Trust to deliver core business as well as supporting Regional and Local modernisations and transformations.



KEY OUTCOME	KEY OBJECTIVES	LEAD DIRECTOR	TIMEFRAME
<b>Motivated &amp; Engaged Workforce</b>	Establish an Organisational Development function and related strategy to support the Corporate Plan, with a focus on leadership development, living our corporate culture and staff engagement.	DHR&CS	December 2018
	Develop and deliver on a Health & Wellbeing programme across the Trust to include delivery of a pilot Peer Support Model for those dealing with trauma.	DHR&CS	September 2018
	Deliver a comprehensive programme of Clinical Education, Learning, Development and Mandatory Training.	DHR&CS	March 2019
	Have a process in place to support the achievement of Ulster University and HCPC Approval to deliver a Foundation Degree Programme in Paramedic Education.	DHR&CS	December 2018
	Begin delivery of Foundation Degree Programme to 48 student Paramedics.	DHR&CS	March 2019
	Hold a NIAS Leadership Conference.	DHR&CS	December 2018
	Review existing mechanisms for staff recognition and host an initial Staff Awards event.	DHR&CS	January 2019
	Review the existing Directorate structures and responsibilities to ensure the most effective governance and management arrangements to support the delivery of services.	CEx	September 2018
	Develop workforce plan that reflects Trust priorities supports our plans to ensure our quality of service meets the performance trajectory requirements in terms of time and quality.	DHR&CS	May 2018
	Contribute to DoH NIAS Workforce Review	All Directors	Ongoing

<b>Right Resources to Patients Quickly</b>	Implement a Programme of transformation and improvement for our Emergency Ambulance Control Room.	DOps	March 2019
	Develop plans to deliver the efficiencies identified as part of NIAS's savings plans.	All Directors	July 2018
	Develop an Estates strategy that supports the Service delivery plan.	DOps	September 2018
	Initiate a project to replace Craigavon Station.	DOps	March 2019
	Evidence compliance with internal audit recommendations.	All Directors	March 2019
	Ensure effective arrangements are in place to achieve financial break even.	All Directors	March 2019
<b>Improving Experiences and outcomes for patients</b>	Take forward a Public consultation on a proposed new Clinical Response Model and apply feedback as appropriate to future planning.	DOps	March 2019
	Increased focus on Patient outcomes and related measures through review of clinical performance indicators and working with multi- disciplinary groups to develop Regional strategies for acute conditions.	MD	Ongoing
	Demonstrate patient confidentiality and consent is respected and embedded in working practice and that staff have been made aware of their responsibilities under Data Protection, including new GDPR legislation.	DF&ICT	Ongoing

<b>Clinical Excellence at our heart</b>	Explore potential for and introduce new clinical pathways allowing for direct referral of patients to the most appropriate service provider and extend the availability and scope of the CSD Team.	MD	October 2018
	Improve patient safety through a review of IPC policy and procedures.	MD	September 2018
	Improve compliance with standards of IPC across the Trust.	MD	March 2019
	Progress plans for an electronic patient report form to provide real time communication with other areas of the Health Service as well as real time feedback on clinical performance while strengthening the security of personal data.	MD	March 2019
	Ensure further integration with regional and local Trust services to streamline the patient experience through appropriate pathways including Major Trauma, Acute Stroke Care and others.	MD	March 2019
	Provide support to develop clinical information aligned to changes in clinical service development and identify the impact of those changes.	DF&ICT	Ongoing
	Replace the Mobile Data system.	D Ops	March 2019
<b>Recognised for innovation.</b>	Identify opportunities to improve the quality of our decisions by strengthening how we share information using digital technologies.	DF&ICT	March 2019
	Develop information provision to include a quality improvement methodology and a business intelligence approach to map the patient journey	DF&ICT	March 2019
	Develop safe alternatives to reduce demand on frontline services to include a policy on frequent callers and increasing the levels of Hear and Treat and Treat and Leave/ Refer practice.	MD	March 2019

<b>Effective, ethical, collective leadership</b>	Participate fully in regional HSC HR work streams associated with HSC Collective Leadership Strategy and DoH Workforce Strategy	DHR&CS	March 2019
	Develop a leadership programme for middle managers to develop Leaders who champion the corporate culture.	DHR&CS	January 2019
	Fully implement the Trust's Equality Action Plan and Disability Action Plan including operation of staff working groups such as the Equality Forum and related sub-groups of the Women's Forum and LGBT Forum	DHR&CS	March 2019



**TB/13/06/2018/03**



# NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING – 13 JUNE 2018



## PRESENTATION OF PAPER:

<b>Title:</b>	Strategic Business Continuity Management Plan
<b>Purpose:</b>	Business continuity / resilience / emergency planning
<b>Content:</b>	
<b>Recommendation:</b>	For approval
<b>Previous Forum:</b>	SEMT
<b>Prepared by:</b>	Heather Sharpe, Emergency Planning Support Officer for Business Continuity Management
<b>Presented by:</b>	Dr Nigel Ruddell – Interim Medical Director







<b>Title:</b>	<b>Strategic Business Continuity Management Plan</b>		
<b>Author(s)</b>	Heather Sharpe, Emergency Planning Support Officer for Business Continuity Management		
<b>Ownership:</b>	Medical Directorate		
<b>Date of SEMT Approval:</b>		<b>Date of Trust Board Approval:</b>	
<b>Operational Date:</b>		<b>Review Date:</b>	
<b>Version No:</b>	Version 5.0	<b>Supersedes:</b>	4 (a)
<b>Key words:</b>	Business continuity / resilience / emergency planning		
<b>Other Relevant Policies:</b>	Risk policy Risk Strategy Business Continuity Policy Business Continuity Strategy		

<b>Version Control:</b>			
<b>Date</b>	<b>Version</b>	<b>Comments</b>	<b>Author</b>
Nov 2017	5.0	Revamp of previous plan to align with ISO22301:2012. Emergency Business Continuity Group name changed to Business Continuity Command Team. Document condensed. Definitions added.	H. Sharpe
July 2014	4(a)	Plan review and update following review of relevant guidance documents and literature	S. Graham
Dec 2013	3(b)	Editorial review	J.Cowan
June 2010	3(a)	UK Ambulance Services Peer review 2010	
Sept 2009	2	Review	
2005-2009	1	Evidence Base: Relevant legislation and literature	

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## 1.0 Definitions of key terms

<b>Business Continuity (BC)</b>	Capability of the organisation to continue deliver products or services at acceptable predefined levels following a disruptive incident ISO22301 (2012:4)
<b>Business Continuity Management (BCM)</b>	A holistic management process that identifies potential threats to an organisation and the impacts to business operations those threats, if realised, might cause, and which provides a framework for building organisational resilience with the capability of an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating activities. ISO22301 (2012:4)
<b>Recovery Time Objective (RTO)</b>	The time by which services must be resumed to avoid unacceptable levels of service
<b>Maximum tolerable period of disruption (MTPD)</b>	The time it would take for adverse impacts, which might arise as a result of not providing a product/service or performing an activity, to become unacceptable ISO22301 (2012:5)
<b>Business Continuity Incident</b>	An event or occurrence that disrupts or might disrupt an organisation's normal service delivery below acceptable pre-defined levels and where special arrangements are required to be implemented until service is returned to an acceptable level.
<b>Emergency</b>	An event or a situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK Civil Contingencies Act, 2004:Chpt 36:14
<b>Disruption</b>	Something which may affect an organisation's ability to <ul style="list-style-type: none"> <li>a) Continue to exercise its civil contingencies functions, in particular its ability to respond in a coherent and coordinated manner to an emergency (whether or not that emergency is related to the cause of the business disruption) and to warn and inform the public and</li> <li>b) Continue to perform its 'essentials of life' functions in relation to human welfare, protection of the environment and security, and to the continuance of the critical NI infrastructure and essential functions of government in support of these (NICCF, 2011:89)</li> </ul>

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## 2.0 Introduction

The Northern Ireland Ambulance Service (NIAS), like many other healthcare trusts, operates in an environment of continuing growth in demand for our service coupled with challenging and increasing financial constraints. We are the only Health and Social Care (HSC) Ambulance Trust operating in Northern Ireland, responding to the pre-hospital needs of in excess of 1.8 million people over an operational area of 5,450 square miles. With a fleet of 313 vehicles, over 1,100 staff, 65 buildings and numerous third party stakeholders<sup>1</sup>, it is essential that we effectively manage our business continuity processes to ensure that we remain able to deliver our key services to the people of Northern Ireland irrespective of any business disruption that we may face.

### 2.1 Legislative and contextual requirements

In addition to improving our ability to deal with disruptions and being good business practice, business continuity management is a requirement for the Trust; The Northern Ireland Civil Contingencies Framework (2011) (NICCF) and various associated statutory regulations and guidance documents such as ISO22301:2012, require the Northern Ireland Ambulance Service HSC Trust (the Trust) to produce and maintain comprehensive business continuity plans that will enable us to continue to 'deliver services in response to an emergency and to maintain essential services to the public through a business disruption'<sup>2</sup>.

NIAS has robust measures in place to anticipate and mitigate against potential disruptive incidents such as building in business continuity management requirements into all third party supplier contracts and scanning internal and external influences that may impact on our organisation. However, in the event of a disruptive event occurring, it is essential that NIAS has plans in place to ensure that the Trust is able to effectively respond and recover.

This plan will form part of the NIAS business continuity management (BCM) system and supports the Trust's policy and strategy on business continuity (BC). The plan has been developed through examination of directorate specific Business Impact Analysis (BIA)

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<sup>1</sup> NIAS HSC Trust Annual Report & Accounts 2016-2017

<sup>2</sup> Northern Ireland Civil Contingencies Framework (2011) Chapter 11 – Core Principals 9: Business Continuity Management

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documents and is aligned with the requirements for business continuity plans as set out in ISO22301:2012.

### **3.0 Purpose**

The purpose of this plan is to support the Northern Ireland Ambulance Service's Trust Policy (2017) and Strategy (2017) for the management of Business Continuity and to establish procedures which are compliant with legal requirements and guidance and which ensures that NIAS can:

- Respond to a disruptive incident
- Continue with our prioritised activities
- Recover our key prioritised activities within pre-determined timeframes

As NIAS is a complex organisation with many varied functions occurring in a wide range of locations, separate plans are available that relate to Directorate specific aspects of the trust <sup>3</sup>.

### **4.0 Scope**

This business continuity plan (BCP) applies to business continuity incidents (disruptive incidents) which may impact on the normal delivery of services by the Northern Ireland Ambulance Service and incidents which have the potential to impact on our ability to provide our key prioritised activities (critical functions).

This BCP will be implemented in response to a business continuity incident and not a major incident. However it is acknowledged that many major incidents have the potential to trigger a business continuity event and vice versa.

#### **4.1 Incident specific plans**

NIAS has a number of 'incident specific plans' in place to deal with specific BC incidents. These include:

- Adverse weather plan

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<sup>3</sup> Wong & Shi (2015) Business Continuity Management System, A Complete Guide to implementing ISO22301

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- Resource Escalation Action Plan (REAP)
  - Pandemic flu plan
  - Fuel shortages plan
  - Plan for staffing for periods of industrial action
  - Relocation/evacuation of the Emergency Ambulance Control centre plan
  - Ambulance station specific contingency plans

These incident specific plans should be referred to directly when required as they provide detailed guidance for managers and staff.

## 5.0 Objectives

The objective of this strategic business continuity plan is to ensure that NIAS has a structure in place to enable the Trust to recognise, respond to and recover from business continuity incidents which have the potential to cause disruption to service delivery, in particular a business continuity incident which has the potential to cause disruption to **key activities**. Business Impact Analyses (BIAs) were used to highlight activities that are essential to maintain our core business function. Those activities which must be maintained or that had a recovery time objective (RTO) of an hour or less following an incident occurring, were prioritised as key activities of the Trust.

Using this criteria, the key prioritised activities of the Trust were identified as being;

- Emergency call handling
- Prioritising emergency calls
- Emergency vehicle dispatch
- Emergency vehicle availability (incl. fleet and resourcing)

## 6.0 Duties, responsibilities and reporting

Not every BC incident requires senior management involvement. What is necessary however, is that NIAS has pre-defined impact levels with guidance for staff and managers to ensure a standardised approach using pre-determined activation limits. To aid in the easy identification of the level of response or managerial involvement required to effectively respond to a business continuity incident, a business continuity chart was developed in line with the plan levels identified in the NIAS BC policy. This chart will be



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included in all Directorate BC plans to ensure consistency throughout the Trust. See **Appendix 1** for further information of roles and responsibilities.

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Incident Level	Description	Example	Plan Activation	Escalation
<b>1 – Low level incident</b>	This level would consist of routine building issues which can be dealt with within <b>business as usual (BAU)</b> measures and will not impact upon any critical activities/services.	Leaks, spills, generic maintenance issues...  Station BC plans specific  Local minor faults	<b>No</b>	Escalation should stay within <b>local limits</b> to ensure <b>BAU</b> capabilities are met. <b>ACTION CARD 1</b>
<b>2 – Moderate level incident</b>	Loss of <b>non-critical activities/services</b> due to a minor disruption or incident which is not expected to last more than the <b>Recovery Time Objective (RTO)</b> and will not impact on critical activities/services.	Local flooding, local IT failure, localised telecoms disruption, fuel shortage in local area	<b>No</b> - Should be managed by the <b>directorate specific business continuity plan</b> .  <b>YES</b> - Should disrupted services require <b>further resources or site support</b> , this plan may be activated to support their response.	Escalate to line <b>Manager (on-Call)</b> out of hours for them to activate their Directorate Continuity Plans as required. <b>ACTION CARD 2</b>
<b>3 – Significant level incident</b>	Loss of <b>critical activities/services</b> due to a disruption or incident which has a potential to last more than the <b>Recovery Time Objective (RTO)</b> but will need the co-ordination of a senior manager.	Utility failure EAC, failure of some EAC IT functions, damage to site, restricted access to key site, partial loss of key suppliers (BT)...	<b>YES</b> - NIAS managers to coordinate and prioritise our most critical functions to ensure recovery within the <b>RTO</b> . Implementation of directorate specific BC plans	Escalate to <b>Senior Manager (on-Call) NIAS BCC Team</b> to activate their Service Continuity Plans as required <b>SILVER command to stand up Loggist to be appointed ACTION CARD 3</b>
<b>4 – Extreme level incident</b>	Loss of <b>critical activities/services</b> due to a disruption or incident which is expected to <b>last more than the RTO and may cause risk to patient and staff safety</b>	Fire in EAC resulting in evacuation, Severe weather conditions causing damage to HQ/EAC and access issues, complete prolonged IT or Utility failure, External Major incident which is impacting on key functions	<b>YES</b> - NIAS managers to coordinate and prioritise our most critical functions to ensure recovery within the <b>RTO</b> where possible and to implement the communication strategy where required	Escalates to <b>SEMT (on-call) NIAS BCC team to meet. GOLD command to stand up loggist to be appointed ACTION CARD 3</b>

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## 7.0 Activation and implementation

Should a local level incident be identified it should be dealt with in accordance with the reporting levels as indicated above. Incidents which have the potential to or are expected to last longer than the recovery time objective (RTO) should be escalated to the senior management team, where the incident will be managed by a Trust command team; namely the Business Continuity Command Team (BCCT).

### 7.1 Directorates

All staff must ensure that any disruptive incident within their Directorate that may impact on service delivery and key prioritised activities is reported to their Line Manager (or out of hours EAC) at the earliest possible opportunity to allow for the implementation of local continuity arrangements or to evoke the escalation procedure as identified in Fig. 1. An untoward incident report (UIR1) must be completed and submitted at the earliest opportunity to provide a record of the incident, which may, once investigated, aid in the improvement of future continuity arrangements.

#### 7.1.1 Levels of authority to implement

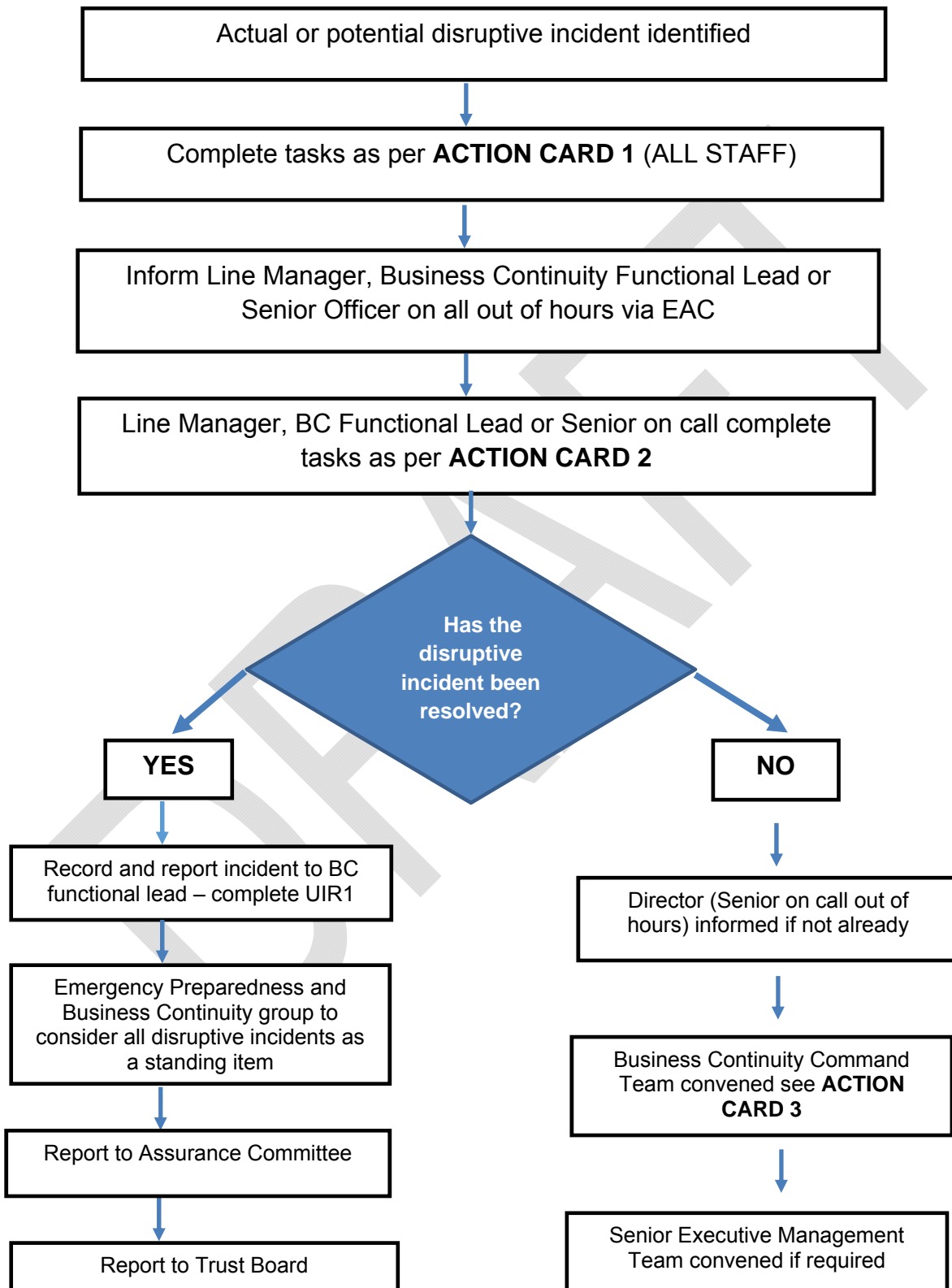
On recognition of a disruptive incident, all staff are authorised to implement procedures as set out in **ACTION CARD 1**.

Line managers including Emergency Ambulance Control officers are authorised to implement the procedures as set out in **ACTION CARD 2**.

Directors, their nominated deputies or the out of hours senior officer on call are authorised to implement procedures as set out in **ACTION CARD 3**.

It is recognised that some Directorate specific business continuity plans may activate automatically in response to a disruptive incident (such as those in the Emergency Ambulance Control). It is vital that staff recognise that such an activation has taken place and record and report the incident in line with this plan.

**Fig 2: NIAS Business Continuity Plan Activation / Implementation procedures**



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## **7.2 Business Continuity Command Team (BCCT)**

Any incident which has the potential to or is expected to not meet the timeframe as identified in the recovery time objective for a key activity should be reported to a senior manager who may in turn, authorise the formation of a business continuity command team (BCCT). When convened, the BCCT should be chaired by the Director or directorate functional lead most affected by the disruption and will be made up from functional leads and appropriate representatives drawn from any or all of the other directorates affected. Where appropriate, other members from the Emergency Preparedness and Business Continuity Group will join the team to provide support, direction and guidance. The Chair of the BCCT will brief the team as to potential and/or actual impact of the disruption and will provide input on business continuity plans already in place and / or further actions required to minimise disruption and restore key functions. Initial meetings of the BCCT may be chaired by the Senior on Call Officer (out of hours).

### **7.2.1 Tasking**

The BCCT will, on its own behalf or on behalf of the Senior Executive Management Team (SEMT), formally task various parts of the service to assist in the maintaining of NIAS' prioritised key activities. The BCCT will prioritise resources to ensure as far as is reasonably practicable that NIAS maintains key activities and will aim to restore 'normality' as soon possible.

### **7.2.2 BCCT Communication**

The BCCT will communicate regularly with SEMT to provide up to date information on actions taken, those actions required and a timeframe for recovery from the incident.

### **7.2.3 Incident conclusion / recovery**

At the conclusion of the disruptive incident all documentation relating to the incident will be collated by the Chair of the BCCT and passed to the Assistant Director (Emergency Planning) for secure storage.

The Business Continuity Command Team will take actions required to facilitate incident recovery. The BCCT will keep strategic commanders (SEMT) updated on recovery issues

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and will assist SEMT in deciding a suitable recovery strategy. Further details on incident recovery are in **APPENDIX 7**.

#### 7.2.4 SEMT briefing

The Chair of the BCCT (or their nominated deputy) should attend the Senior Executive Management Team (SEMT) briefing, and will provide information to the SEMT on the nature of the disruptive incident, initial and ongoing risk assessment, and present recommendations/options to the SEMT which will consider ;

- Restoring / maintaining key prioritised activities
- Restoring / maintaining other core functions
- Recovering from the incident \*

**\* Recovery from the incident may not be the situation as it was prior to the incident but a functional 'new normal' that can support the key prioritised activities.**

#### 7.3 Senior Executive Management Team (SEMT)

The senior executive management team should be convened when a business continuity event has occurred that affects NIAS key prioritised activities and which has the potential to or is expected to last longer than the recovery time objective and **must** be convened if the Maximum Tolerable Period of Disruption is likely to be breached.

The SEMT will be supported by the Business Continuity Command Team. The Chair of the BCCT (or nominated deputy) should attend the SEMT and provide information on the nature of the disruptive incident, initial and ongoing risk assessment, and provide recommendations / options.

##### 7.3.1 Release of information

SEMT will co-ordinate and authorise the release of information relating to the disruptive incident in accordance with the Trust's communication strategy. Where appropriate, the

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impact of the disruptive incident will be communicated to internal and external parties, indicating the expected timescale of disruption. Once key prioritised activities have been restored to acceptable levels, this will also be communicated through the same channels.

## **8.0 Communication Strategy**

The release of information both internally and externally in relation to a disruptive incident will be managed by the Communications Department in line with the NIAS communications strategy. The communication strategy will contain pertinent information regarding which external agencies will need to be informed, how and by whom and will also give direction on who else might be impacted by disruption to our key services.

Early consideration of how NIAS communicates with stakeholders is paramount and the communications department should be involved at an early stage of any significant business continuity incident to assist in managing the flow of information both internally and externally to NIAS. Specific contact details of relevant external parties will be included in directorate business continuity plans.

## **9.0 Incident log**

The Business Continuity Command Team will nominate a loggist to take contemporaneous notes when a level 3 or level 4 BC incident occurs. This will provide a record of all planning, strategic, tactical and operational decisions made and actions taken during the incident and will be a key input to any internal or joint post incident review.

The log will also ensure an accurate record is available in the event of any subsequent investigation, public inquiry or litigation.

## **10.0 Resource Requirements**

Resources required for implementation of this business continuity plan may include, but are not limited to;

- Staff to fulfil roles identified in this plan
- A copy of this plan

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- Copies of specific Directorate/Departmental Business Continuity Plans
  - Communication facilities including but not limited to;
    - Telephone (land-line and mobile)
    - Digital Trunk Radio System
    - E-mail
    - Internet Access
  - Meeting Rooms for;
    - Directorates/Departments responding to the disruptive incident
    - Business Continuity Command Team
    - Senior Executive Management Team
  - Associated documentation including but not limited to
    - Agendas
    - Minutes
    - Action/decision logs

## **11.0 Information Flow and Documentation Processes**

It is the responsibility of all staff to ensure that any actual or potential activation of any business continuity procedure or plan is reported to their directorate functional business continuity lead through their line manager and to the Risk Manager through the Trust's Untoward Incident reporting (UIR1) procedure.

## **12.0 Emergency Preparedness and Business Continuity Group (EP&BC Group)**

Where a disruptive incident has been identified through the untoward reporting system, the incident will be discussed at the Emergency Preparedness and Business Continuity Group as a standing item. It will in turn be reported to the Assurance Committee and to Trust Board. Where key points of learning have been identified, actions will be taken to ensure the modification of NIAS' business continuity management system to ensure that NIAS' response to such incidents becomes improved that more robust mitigation strategies are implemented.



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### **13.0 Assurance Committee**

The Emergency Preparedness and Business Continuity Group (EP&BCG) will consider all disruptive incidents as a standing agenda item and will then, in turn report to the Trust's Assurance Committee.

### **14.0 Management of data**

Any briefings held between SEMT and the Business Continuity Command Team (BCCT) should be included in the log. At the conclusion of the disruptive incident all documentation relating to the incident will be collated by the Chair of the BCCT and passed to the Assistant Director (Emergency Planning) for secure storage.

### **15.0 Incident de-brief**

Following the disruptive incident, the Chair of the BCCT must ensure that a hot de-brief is held and that a final report is completed and submitted to the Director responsible for the affected area. A full de-brief of the incident will be facilitated by the Emergency Preparedness and Business Continuity Group.

### **16.0 Corporate learning**

The findings of the hot de-brief of the BCCT and any subsequent de-brief held by the Emergency Preparedness and Business Continuity Group will be discussed at a meeting of the EP&BC Group and as necessary, action taken across the whole of NIAS, including ensuring that the Risk Register is updated, and the recommended changes made to Business Continuity Policy, Strategy and relevant Business Continuity Plans. Any specific learning points will be incorporated into future training and exercises and will be communicated where appropriate throughout the Trust.

### **17.0 Stand Down**

The Business Continuity Command Team will liaise with SEMT and the affected Director(s) to agree when 'normality has returned'. Recovery from the incident may not be the situation as it was prior to the incident but a functional 'new normal' that can support

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the key prioritised activities. The Communications Department will inform internal and external stakeholders of any confirmed stand down. The Business Continuity Command Team will then begin to ensure an adequate recovery strategy is in place as per

## **APPENDIX 7.**

### **18.0 Exercising & Testing**

This Strategic Business Continuity Plan will in whole or in part be exercised / tested annually. This exercising / testing may be in the form of table top exercises or live simulations. Following an exercise or test, a review shall be undertaken to identify issues and lessons learned. This Strategic Business Continuity Plan and its procedures will be updated annually or as required by the results of the exercise review.

### **19.0 Review**

This Business Continuity Plan and Directorate level Business Continuity Plans will be reviewed annually or following establishment of the Business Continuity Command Team in response to an incident which had the potential to or did cause the recovery time objective for our key activities to be breached.

#### **19.1 Plan – Do – Check – Act**

As part of our business continuity management system, NIAS applies the ISO22301:2012 'Plan-Do-Check-Act' cycle. This allows us to maintain and continually improve the effectiveness of our business continuity system.

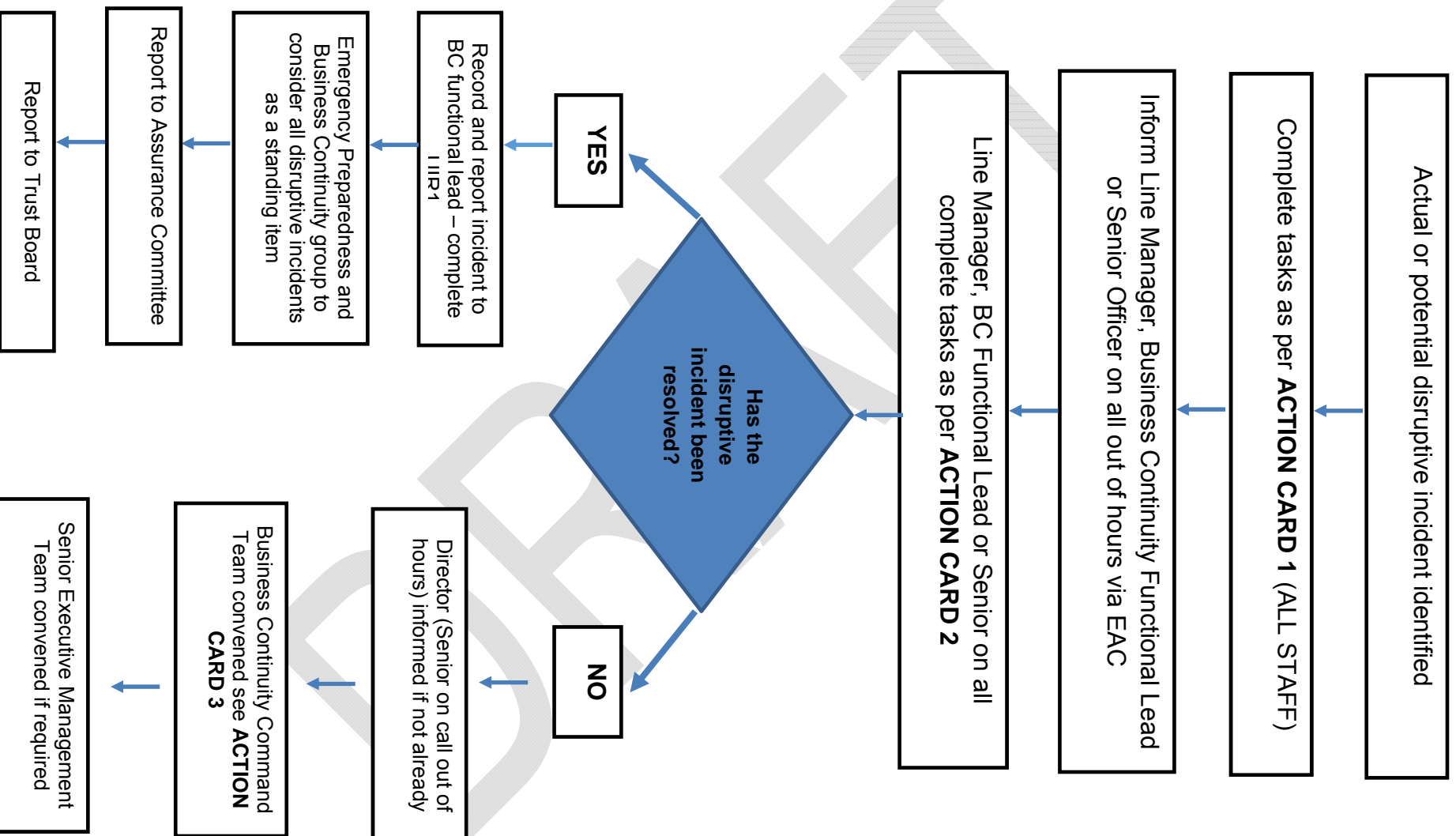
In October 2017, NIAS engaged in a testing of 'fixed Wires' in Emergency Ambulance Control which in turn affected many other ICT dependant functions of the Trust. This was a major but essential piece of work which involved the stitching off of key IT processes that support core functions in the Trust. A strategic plan and directorate specific contingencies were evoked during this testing period and pertinent lessons learnt have been considered and included in this revised business continuity plan and in directorate specific plans.

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# BUSINESS CONTINUITY INCIDENT RESPONSE

Incident Level	Description	Example	Plan Activation	Escalation
<b>1 – Low level incident</b>	This level would consist of routine building issues which can be dealt with within <b>business as usual (BAU)</b> measures and will not impact upon any critical activities/services.	Leaks, spills, generic maintenance issues...  Station BC plans specific  Local minor faults	<b>No</b>	Escalation should stay within <b>local limits</b> of building users to ensure <b>BAU</b> capabilities are met. <b>ACTION CARD 1</b>
<b>2 – Moderate level incident</b>	Loss of <b>non-critical activities/services</b> due to a minor disruption or incident which is not expected to last more than the <b>Recovery Time Objective (RTO)</b> and will not impact on critical activities/services.	Local flooding, local IT failure, telecoms disruption, fuel shortage in local area	<b>No</b> - Should be managed by the <b>directorate specific business continuity plan</b> .  <b>YES</b> - Should disrupted services require <b>further resource or site support</b> , this plan may be activated to support their response.	Escalate to line <b>Manager (on-Call)</b> out of hours for them to activate their Directorate Continuity Plans as required. <b>ACTION CARD 2</b>
<b>3 – Significant level incident</b>	Loss of <b>critical activities/services</b> due to a disruption or incident which has a potential to last more than the <b>Recovery Time Objective (RTO)</b> but will need the co-ordination of a senior manager.	Utility failure, failure of some EAC IT functions, damage to site, restricted access to key site, partial loss of key suppliers (BT)...	<b>YES</b> - NIAS managers to coordinate and prioritise our most critical functions to ensure recovery within the <b>RTO</b> . Implementation of directorate specific BC plans	Escalate to <b>Senior Manager (on-Call) NIAS BCC Team</b> to activate their Service Continuity Plans as required <b>SILVER command to stand up Loggist to be appointed ACTION CARD 3</b>
<b>4 – Extreme level incident</b>	Loss of <b>critical activities/services</b> due to a disruption or incident which is expected to <b>last more than the RTO and may cause risk to patient and staff safety</b>	Fire in EAC resulting in evacuation, Severe weather conditions causing damage to HQ/EAC and access issues, complete prolonged IT or Utility failure, External Major incident which is impacting on key functions	<b>YES</b> - NIAS managers to coordinate and prioritise our most critical functions to ensure recovery within the <b>RTO</b> where possible and to implement the communication strategy where required	Escalates to <b>SEMT (on-call) NIAS BCC team to meet. GOLD command to stand up loggist to be appointed ACTION CARD 3</b>



## ACTION CARD 1

ACTION CARD 1	Details	Log of text (including times/names/actions/notes etc.)
Gather information in relation to the actual or potential disruptive incident	Disruptive incident identified by (name and Directorate/Department)	
	What is the nature of the disruptive incident?	
	Will it affect <ul style="list-style-type: none"> <li>Prioritised key activities</li> </ul> How will it affect this?	
	Is the disruptive incident occurring NOW or is it threatened within the next 8 hours?	
	Is the disruptive incident anticipated within <ul style="list-style-type: none"> <li>8-24 hours?</li> <li>24-48 hours?</li> <li>48+ hours?</li> </ul>	
Develop a headline proposal	How do you propose to <ul style="list-style-type: none"> <li>Prevent</li> <li>Reduce</li> <li>Control, or</li> <li>Mitigate</li> </ul> the effects of the disruptive incident?	
Inform Line Manager, Business Continuity Functional Lead (or out of hours, the On Call Senior Officer) as soon as possible	Within working hours <ul style="list-style-type: none"> <li>Inform relevant Line Manager, Business Continuity Functional Lead</li> </ul>	
	Outside of working hours <ul style="list-style-type: none"> <li>Request Emergency Ambulance Control (EAC) to contact the On Call Senior Officer</li> <li>Inform the On Call Senior Officer of disruptive incident</li> </ul>	
Record Disruptive Incident	Complete Untoward Incident Report (UIR1)	

## ACTION CARD 2

ACTION CARD 2	Details	Log of text (including times/names/actions/notes etc.)
Obtain information in relation to the actual or potential disruptive incident	Disruptive incident identified by (name and Directorate/Department)	
	What is the nature of the disruptive incident?	
	Will it affect <ul style="list-style-type: none"> <li>Key prioritised activities?</li> </ul> How will it affect this?	
	Is the disruptive incident occurring NOW or is it threatened within the next 8 hours?	
	Is the disruptive incident anticipated within <ul style="list-style-type: none"> <li>8-24 hours?</li> <li>24-48 hours?</li> <li>48+ hours?</li> </ul>	
Consider and assess the proposed actions	What has been proposed to; <ul style="list-style-type: none"> <li>Prevent</li> <li>Reduce</li> <li>Control, or</li> <li>Mitigate</li> </ul> the effects of the disruptive incident on key activities?	
	What further actions are proposed to; <ul style="list-style-type: none"> <li>Prevent</li> <li>Reduce</li> <li>Control, or</li> <li>Mitigate</li> </ul> the effects of the disruptive incident ?	
Assess if the disruptive incident has been resolved	Yes; <ul style="list-style-type: none"> <li>Inform Business Continuity</li> </ul>	



	<p>Functional Lead (incident to be discussed as standing item on EP&amp;BCG)</p> <ul style="list-style-type: none"> <li>• Complete Untoward Incident Report</li> <li>• Gather all completed documentation</li> </ul>	
	<p>No, consider;</p> <ul style="list-style-type: none"> <li>• Requesting a timed update on the disruptive incident at which time assess if the disruptive incident has been resolved, or</li> <li>• Ensure Director or Senior Officer on Call (Out of Hours) informed</li> </ul>	
<p>If required convene the BCCT. NOTE: decision to convene the BCCT is reserved for Director or Senior Officer on Call (Out of Hours),  (see also ACTION CARD 3 – BCCT)</p>	Undertake role of Chair of the BCCT	
	Identify membership of the BCCT (as determined by the nature of the disruptive incident and the departments/personnel required to respond to the disruptive incident, manage it and facilitate return to normality)	
	Identify date, time and location of BCCT meeting and communicate to membership of the BCCT	

### ACTION CARD 3

ACTION CARD 3	Details	Log of text (including times/names/actions/notes etc.)
Convene the BCCT	Confirm Chair of the BCCT	
	Confirm membership of the BCCT (as determined by the nature of the disruptive incident and the departments/personnel required to respond to the disruptive incident, manage it and facilitate return to normality)	
	Confirm date, time and location of BCCT meeting and communication of this to membership of the BCCT	
	As required, identify additional membership of the BCCT	
	Hold BCCT meeting as per agenda and ensure minutes, actions and decisions recorded.	
	Ensure that if not already, disruptive incident has been reported through the Untoward Incident Reporting mechanism	
	BCCT to develop initial and ongoing risk assessment, and recommendations/options to the SEMT that will; <ul style="list-style-type: none"> <li>Initially maintain critical functions and/or</li> <li>Deal with the emergency, and</li> <li>Aid in the restoration of normality as quickly as possible</li> </ul>	

	Confirm date, time and location of next meeting	
Liaise with the Senior Executive Management Team (SEMT), if convened	Chair of the BCCT (or nominated deputy) may attend SEMT	
	Provide SEMT with initial and ongoing risk assessment, and recommendations/options that will; <ul style="list-style-type: none"> <li>Initially maintain critical functions and/or</li> <li>Deal with the emergency, and</li> <li>Aid in the restoration of normality as quickly as possible</li> </ul>	
	Receive tasking from SEMT	
	Provide SEMT with updates as required/appropriate	
	In conjunction with the Communications Department assist the SEMT in identifying and prioritising communications with key interested parties	
	In conjunction with the Communications Department develop recommendations/options to the SEMT in relation to; <ul style="list-style-type: none"> <li>Preferred interface with staff, the public, the media and other interested parties</li> <li>Drafting statements for the media</li> <li>Identification of appropriately trained, competent spokespeople authorised to release information to the media</li> </ul>	

Liaise with relevant Directorates/Departments	On its own behalf or on behalf of the SEMT, the BCCT will task various parts of the Service to;	
	<ul style="list-style-type: none"> <li>• Assist in maintaining prioritised key activities</li> <li>• Aid in the restoration of 'normality'.</li> </ul>	
	Ensure that where resources are scarce, they are allocated to the most urgent activities as defined by the initial and on-going risk assessment	
	Receive, analyse, record and report onward, updates from any Directorate/Department (or external agencies/key interested parties) regarding the nature of the disruptive incident and the status of any current tasking	
	In conjunction with the Communications Department identify and prioritise communications with key interested parties	
	<p>In conjunction with the Communications Department develop recommendations/options to the SEMT in relation to;</p> <ul style="list-style-type: none"> <li>• Preferred interface with staff, the public, the media and other interested parties</li> <li>• Drafting statements for the media</li> <li>• Identification of appropriately trained, competent spokespeople authorised to release information to the media</li> </ul>	
Determine if 'normality has returned'	Assess if 'normality has returned' (it should be noted that 'normality' may not be the situation that pertained prior to the disruptive incident but a new and satisfactory	

	state of affairs)	
	When appropriate, communicate to SEMT determination of the BCCT that 'normality has returned'	
Initiate Stand Down  (BCCT and/or Directorates/Departments involved in the response/recovery from the disruptive incident)	On receipt of an instruction from the SEMT, the Chair of the BCCT will stand down specific elements of the Business Continuity response to recovery	
	On receipt of a declaration from the SEMT that declared "the disruptive incident is over and normality has returned" the Chair of the BCCT will instruct the BCCT and any Directorates/Departments under its control to stand down & begin recovery	
	If SEMT has not been convened, BCCT assume the responsibility of determining that 'the disruptive incident is over and normality has returned' and communicating the stand down within NIAS as well as to the media/public and any interested parties as appropriate.	
Carry out post Incident procedures	Chair of the BCCT to ensure that de-brief is held. The responsibility to facilitate the de-brief lies with the Emergency Planning Department.	
	Chair of the BCCT to ensure the final report of the BCCT is completed and submitted to the Director responsible for the affected area	
	Chair of the BCCT to ensure all documentation relating to the incident to be collated and passed to the Emergency Planning Officer for secure storage	

## APPENDIX 1: Roles and responsibilities

**Chief Executive** – to provide strategic support to Strategic Commanders (GOLD)

### **Strategic Commanders (GOLD - SEMT)**

- Confirm that there is a BC incident and activate the appropriate BC response
- Coordinate the strategic response to the incident and set aims and objectives
- Link/communication with strategic leads from other organisations as required
- Approve communication strategy and messages
- Establish requirements for Tactical (SILVER), Operational (BRONZE) and Recovery team response
- Liaison with Tactical Commander (SILVER)

### **Tactical Commander (SILVER)**

- Coordinate tactical response in line with strategic objectives and aims
- Allocate appropriate tactical leads required to assist manage the incident
- Coordinate situation reviews and updates
- Liaison with Strategic Commander (GOLD) and Operational Commanders (BRONZE)

### **Operational Commanders (BRONZE)/Local BC Leads**

- Coordinate operational response
- Ensure local plans are activated and monitor effectiveness
- Liaison with Tactical Commander (SILVER)
- Gather required information for situation updates
- Communication with local teams
- Ensure appropriate support for responders

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### **Business Continuity Command Team**

- Strategic Command (GOLD) Support

### **Communications**

- Develop communications strategy in liaison with Strategic Commanders (GOLD)
- Develop holding statement, briefings, updates, internal and external communications
- Support Strategic Commanders (GOLD)

### **All Staff**

- Activation of local action cards when required
- Initiate local response when indicated
- Communication with Operational Commanders/Local BC leads (BRONZE) – highlight any issues that require resolution

## APPENDIX 2: LOGGIST ACTION CARD

### Log for Strategic/Tactical (GOLD/SILVER) leads only

- Use NIAS approved log book
- Don tabard
- Establish who you are logging for and confirm logging requirements – all communications by lead, decision making points, actions and outcomes etc
- Commence log book
- Confirm time to be recorded/time check of incident
- Request confirmation of any details you were unable to hear/capture, ask lead to slow down if necessary – **this is a legal document**
- Confirm all other members of the team are keeping accurate individual logs
- Ensure all detail is entered into the log –
- Message details - time of calls, name of caller (check spelling), their contact number, spelling of technical names, locations and company names
- Actions taken – Challenge anything you are unsure about – repeat and confirm important decisions/actions
- At the end of your shift – handover to your replacement, brief them on the current situation, incident room procedures and liaison requirements. Sign off from log and action card to include date and time.
- Attend Hot Debrief

### Best Practice Guidance for Loggists

- Logging notes should be recorded in the official log book only one incident to be recorded in each log book
- Record full name, title, signature and initials at the start of your entry.
- Write in permanent **black ink**. Write clearly and legibly; avoid blue ink.
- Notes must be contemporaneous – written as it happens.
- Date, time (24hr clock), must be recorded, confirm time/time check with GOLD lead
- Ensure names used are fully recorded
- Include place of conversation – by telephone, in room etc
- Record any non-verbal communication (head nod, thumbs up, etc). Do not put your own interpretation on the non-verbal communication.
- Only use abbreviations after they have been written in full and abbreviation identified in the log e.g. NIAS written initially as Northern Ireland Ambulance Service (NIAS)
- Only note down facts. Do not assume anything, do not give your own opinion or your own comments.
- Entries in the log must be in chronological order.



- Unused space at the end of a page must be ruled through with a diagonal line, initialled by you, dated and timed.
- Record all questions and answers in direct speech.
- Unused spaces at the end of lines must be ruled out by you with a single line, initialled, dated and timed.
- Mistakes must be ruled through with a single line and initialled by you (the original wording should still be visible).
- Any mistake you make which you notice at the time of writing must be ruled through by you with a single line, initialled and the correct word(s) added after the mistake.
- Overwriting or writing above the ruled through error must not be made.
- Correction fluid must not be used under any circumstances.
- If you notice a mistake or an omission in the log later, during any debrief or at any other time, you must tell your senior Manager and the mistake corrected or the omission made good. Cross reference the mistake (in red ink) to the corrected entry on the next available page using consecutive letters from the alphabet.
- Make clear references to exhibits (such as maps, flip charts pages etc) and other documents so that it is clear in the log which particular exhibit is being referred to.
- Each series of entries must be signed off, dated and timed at their close. Loggists should sign off their notes at the end of their shift to ensure the integrity of the log.

### APPENDIX 3: ADMINISTRATOR ACTION CARD

- Administrator for Strategic/Tactical GOLD/SILVER (delete as appropriate)
- Don tabard
- Establish who you are working with and any specific requirements
- Confirm time to be recorded/time check of incident
- Create room plan and include who is present and where located
- Take minutes of any meetings held
- Formulate action log from the meeting and confirm detail, responsible person and timescale with lead
- Ensure actions are allocated, receive feedback messages to report to the next meeting
- Maintain action log and update at each meeting
- Photograph whiteboards at every breakout meeting, time, date, upload and administer
- Collect, collate, time, date and file, chronologically, all paper information received – memos, maps, notes, faxes, printed emails (record time received on the print out), etc
- Photocopy any documents required
- Make and pass notes – record timings of all memos telephone calls and key messages
- Update room and people plan and necessary
- Collect, collate and store individual log books of staff leaving
- Keep chronological log of activity within the group you are assigned
- Maintain record of decisions, finance, issues, learning
- **At the end of the incident:**
  - Collect all log books
  - Collect any printed documentation, scraps of paper not already filed, put in an envelope 'additional paper from control room' Date, time and sign
  - Collect camera/photos of whiteboards
  - Collect any marked imagery (maps, diagrams)
  - Centralise and create an itemised index of all incident related materials
  - Ensure all documentation is passed to Emergency Preparedness and Business Continuity Group lead
  - Attend debrief

## **APPENDIX 4: SITE RELOCATION ACTION CARD**

Establish the following and feedback to Commander

- Identify affected sites.
- Identify if partial or complete evacuation required
- Critical services to be relocated immediately to pre-identified fall back sites (in local business continuity plans) Prioritise EAC
- Local Business Continuity Leads/Operational Commanders to ensure fall back sites are ready to receive services
- Where no fall back is identified assess the priority and timescale for relocation, home working to be initiated where possible in the first instance
- Loss of key services at affected sites – identify any immediate impact on ability to perform critical functions and escalate to Tactical Commander (SILVER)
- Once immediate actions are complete:
  - Identify likely duration of loss off site
  - Further relocation required
  - Use Site and Service map to identify relocation options

## **APPENDIX 5: STAFF WELFARE ACTION CARD**

Establish the following and feedback to Commander

- Identify any immediate support required and identify resources available to deliver
- Establish any staff involved in incident requiring medical attention/treatment – liaise with staff member/Resourcing regarding any communication with relatives required
- Ensure refreshments are provided where required and identify additional resource required to provide rest breaks
- Assist staff with any issues regarding childcare/dependents if they are unable to return home due to the incident
- Identify any transport required to get to or from work
- Identify any overnight accommodation required
- Liaise with staff support services

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## **APPENDIX 6:     STAND DOWN PROCEDURE**

- Decision to stand down from incident response to be made by Strategic Commanders and/or BCCT
- Communication to the organization and internal and external stakeholders as per communications strategy
- Planned debrief
- Decision to stand down from recovery process to be made by Business Continuity Command Team and/or SEMT and communicated to the organization and Trust Board
- Recovery debrief
- Lessons learned recorded
- Plans amended as required

## **APPENDIX 7: INCIDENT RECOVERY**

The recovery group will be responsible for managing the recovery processes for NIAS following a level 3 or 4 incident. Membership of the recovery group should be set by the BCCT and contain representatives that are both incident and recovery specific.

### **Purpose**

- Provides visible and strong leadership during the recovery phase
- Takes advice from affected Directorate leads, decides the strategy and ensures implementation of the strategy and the rebuilding of public confidence
- Ensures the co-ordination and delivery of consistent messages to the public and media.

### **Role**

- To keep Strategic Commanders (GOLD) updated on recovery issues during the incident response
- To decide the overall recovery strategy, including communications, clean up, health, welfare, economic and business recovery
- Ensure that relevant stakeholders, especially the staff and patients affected, are involved in the development and implementation of the strategy where possible
- To establish appropriate Sub-Groups as required by the incident.
- To produce an impact assessment on the situation and immediate recovery actions required
- To co-ordinate the recommendations and actions of the Sub-Groups and monitor progress
- To monitor financial issues, identify funding sources, other assistance required, and maintain an incident specific finance log
- To monitor performance targets, record and monitor impact of the incident
- To agree exit strategy criteria and timescale
- Identify any long term impact of the incident and requirement of 'new business as usual' position, for example: complete loss of a significant site – Liaise with Strategic Commander (GOLD) and external partners as required to determine short and long term recovery requirements
- Highlight any other issues identified which may fall out of the scope of recovery
- To ensure messages of reassurance are communicated to staff and the public to minimise fear and alarm.

**TB/13/06/2018/04**



# NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING – 13 JUNE 2018



## PRESENTATION OF PAPER:

<b>Title:</b>	Mandatory Training Policy
<b>Purpose:</b>	New Trust Policy for Statutory and Mandatory Training
<b>Content:</b>	Policy document setting out the definition for statutory and mandatory training and the arrangements to meet our obligations to deliver appropriate and sufficient training.
<b>Recommendation:</b>	For approval
<b>Previous Forum:</b>	<b>SEMT</b>
<b>Prepared by:</b>	Frank Orr, Assistant Director of HR, ELD (T)
<b>Presented by:</b>	<b>Michelle Lemon Director of HR &amp; CS (A)</b>







<b>Title:</b>	<b>Statutory and Mandatory Training Policy</b>		
<b>Author(s):</b>	Frank Orr – Assistant Director Education, Learning and Development (T) Seainin Watters – Senior Learning and Development Officer		
<b>Ownership:</b>	Director of Human Resources & Corporate Services Director of Finance & IT Director of Operations Medical Director		
<b>Date of SEMT Approval</b>	29 <sup>th</sup> May 2018	<b>Date of Trust Board Approval</b>	(Scheduled for 13/06/18)
<b>Target Audience:</b>	All NIAS Trust Employees		
<b>Operational Date:</b>	TBC	<b>Review Date:</b>	3 years
<b>Version No:</b>	1.0	<b>Supersedes:</b>	N/A
<b>Key Words</b>	Statutory, Mandatory, Training, Policy		
<b>Other Relevant Policies</b>	Assistance to Study Policy ELD Plan ELD Strategy		

### VERSION CONTROL

<b>Date</b>	<b>Version</b>	<b>Author(s)</b>	<b>Comments</b>
01/08/2017 – 16/02/2018	0.1 – 0.4	AD HR, ELD SLDO	Initial Draft versions
29/05/2018	0.5	AD HR, ELD	Final review for SEMT
30/05/2018	1.0	AD HR, ELD SLDO	Final version for presentation to Trust Board

## **1. INTRODUCTION**

### **1.1 Background**

The need for this policy has been identified in order to strengthen good governance arrangements around the provision and recording of attendance/completion of mandatory training. This will support the Trust in ensuring compliance with statutory obligations as well as promoting quality standards and minimising risk to staff, service users, visitors and the public.

It will clarify the minimum requirements across all Trust staff and set out the expectations of managers and training providers to ensure robust systems are in place to meet our Trust obligations.

### **1.2 PURPOSE**

The Northern Ireland Ambulance Service (NIAS) recognises that statutory and mandatory training is of vital importance in the provision of high quality services to our patients and clients and is essential for effective risk management and the maintenance of required standards.

We recognise our duty to deliver appropriate and sufficient training and to ensure that employees have reasonable access to complete such training.

This policy sets out the definition for statutory and mandatory training and the arrangements in place to meet our obligations.

For the purposes of this policy, statutory and mandatory training will be referred to under the collective title of mandatory training.

### **1.3 OBJECTIVES**

- To reduce risks to our service users, staff, visitors and the public;
- To comply with the law;
- To support staff in carrying out their duties safely and efficiently;
- To maintain competence to the required standards;
- To provide a systematic approach to the provision and monitoring of mandatory training for all staff;
- To ensure that a systematic approach is in place to review recommendations for proposed mandatory training;
- To ensure acceptable governance arrangements are in place regarding the provision of and attendance/completion of training;
- To outline responsibilities for managers and staff members to comply with the requirements of this policy;

## 2.0 SCOPE and DEFINITIONS

This policy applies to all staff (permanent, fixed term, temporary, agency and bank).

The mandatory training matrix (Appendix 1) lists the types of training that are considered to be mandatory for all staff or across broad groups of staff.

**Statutory Training** is training that is required by law or specific training to meet legislative requirements.

Mandatory Training refers to training that the Trust requires employees to undertake, to carry out their duties safely and effectively.

For the purposes of this policy, statutory and mandatory training will be referred to under the collective title of mandatory training.

The following imperatives govern which training is included in the mandatory training matrix:

- A statutory obligation – where the law defines that training must be undertaken.
- A Health and Social Care mandate – where a formal, official directive has been handed down within the Health and Social Care sector.
- A corporate mandate – where the Trust has identified training as being essential to organisational priorities.

Some courses, such as Continuing Education, Clinical Updates or Post Proficiency may be determined as mandatory where they include individual elements of mandatory training as part of the programme.

- 2.1** Inclusion in the mandatory training matrix is determined by approval of SEMT (Senior Executive Management Team). Any new mandatory subjects must be approved by SEMT prior to being included in the matrix (Procedure in Appendix 4).

## 3.0 ROLES / RESPONSIBILITIES

- 3.1 Directors:** *It is the responsibility of the Executive Directors to :-*

Provide assurance with compliance with this Policy.

Implement the policy on Mandatory Training within their Directorate, ensuring that Managers are aware of their responsibilities for staff to attend/complete the relevant training.

Ensure that, where necessary, insurmountable issues with compliance are identified on the risk register.

Nominate a Lead Responsible Officer within their directorate, to take forward application when a new need for inclusion as mandatory training has been identified.

Act as sponsor for applications for new areas of mandatory training, identified from within their directorate, to be brought to Senior Executive Management Team (SEMT) for endorsement and inclusion on the mandatory training matrix.

It will be the collective responsibility of SEMT to endorse and approve any new mandatory training topics for inclusion in the mandatory training matrix.

**3.2 Managers:** *It is the responsibility of Managers to :-*

Communicate to their staff the mandatory training required for their post and facilitate their attendance/completion.

Inform training providers if a staff member cannot attend a booked training session to avoid waste thereby reducing Did Not Attend (DNA) rates.

Cascade information relating to attendance/completion of training to Line Managers, agreeing an action plan if the Department/area is not achieving the targeted uptake of relevant mandatory training.

Implement and monitor this policy ensuring that all employees within their areas of responsibility have addressed issues of non-compliance for training completion / attendance.

Ensure that any new mandatory training topics or requirements that they become aware of within their area of responsibility are communicated to the Director for submission via the process for adding to the mandatory training matrix.

Ensure that additional role specific mandatory training for posts within their span of control is identified, communicated to post holders and the necessary arrangements implemented to meet identified need.

Ensure that mandatory training requirements are considered and included in their staff's Personal Development Plan. Mandatory training takes precedence over all other identified training.

For new employees and those new to post, in addition to mandatory training provided at Corporate Induction, the line manager will identify what mandatory training is necessary and agree an action plan as part of induction arrangements.

Follow up and investigate non-attendance/completion of training and rearrange for training as soon as possible.

Bring to their Assistant Director's attention, should significant issues arise in securing compliance with this policy.

**3.3 Employees:** *It is the responsibility of Employees to :-*

Be aware of their responsibility to undertake mandatory training.

Attend / complete mandatory training as required.

Report to their line manager any difficulties preventing them from undertaking required training.

Ensure that when attending/completing training the attendance/completion register is signed so that their training record can be maintained accurately.

Complete and return as necessary, training evaluation forms and report to their manager any areas of concern they may have following the training.

Transfer the learning received into practice on return to work.

**3.4 In-House Mandatory Training Providers:** *It is the responsibility of in-house mandatory training providers to :-*

Work in partnership with the Education, Learning and Development (ELD) department in order to find the most suitable method of delivery for the Mandatory training requirements contained in this policy.

Arrange for the provision of training, in an appropriate format and mode, being flexible in approach if necessary, to meet organisational need.

Plan for and provide sufficient training to meet the identified need in line with specified timeframes and to identify to their Manager any issues that may prevent this.

Provide to the ELD Team, any proposals for revisions to the corporate training matrix using the agreed process (Appendices 3 & 4)

Monitor DNA rates on training programmes and communicate these to managers as necessary and agree any appropriate actions.

Clearly communicate the details for the provision of training to managers and staff in a timely way.

Regularly review training content to ensure its currency and relevance and consider mode of delivery. To take into account, the possibility of modernised modes e.g. electronic learning, where appropriate.

Carry out administration and maintain an accurate attendance/completion record on the agreed Trust IT system. From January 2018 Training Providers will use HRPTS to maintain training records. In the circumstances where Training Providers have not been provided with administrator access to HRPTS during the deployment phase, they must ensure sign in sheets are given to the Regional Ambulance Clinical training Centre (RACTC) for updating on HRPTS.

Ensure that any local training matrices are kept up to date and shared with the ELD team when required

Provide training information and reports to the ELD team when required.

Ensure cancellations of training only happen in extreme circumstances, participants notified and arrangements made to reschedule as early as possible.

Carry out and record appropriate evaluation of training.

## 4.0 KEY POLICY PRINCIPLES

Mandatory training is compulsory for all staff regardless of staff group or professional status. This policy sets out the corporate mandatory requirements for all staff and broad categories of staff across the Trust.

Training which is regarded to be a requirement by service managers and individual professions, for their members to maintain core occupational competences, is not defined on the mandatory training matrix. Service managers, along with Professions will determine and record separately, training to cover core role skills. Managers will also communicate such training requirements to their staff.

All staff are expected to comply with the training set out within the mandatory training matrix for their own role and within the stated time limits.

Completion of such training will take priority over non mandatory training.

In line with the Assistance to Study policy, mandatory training will be fully funded for any associated course fees and time provided to attend/complete.

Mandatory training for applicable subjects should be completed as far as possible, within the first six months of taking up post and no later than 12 months in normal circumstances. The Manager, at all times, must ensure that any delay in completion of mandatory training does not create a risk for the employee or service user.

In making a distinction between mandatory training and Continuing Professional Development (CPD), it is acknowledged that some staff are required to undertake specific CPD training and updates in order to fulfil professional registration requirements. It is the responsibility of the individual to identify and undertake any CPD required for them. Although elements of mandatory training may be used as evidence of CPD, mandatory training is not primarily for this purpose. It is emphasised that CPD requirements are distinct from the Trust's mandatory training programme.

Although all managers and staff are expected to comply with mandatory training requirements, it is acknowledged that service priorities, sickness and leave may impact on the achievement of full compliance. However, it is expected that Directorates aim for highest levels of compliance. Directorates will be required to report on compliance as part of performance management and accountability arrangements.

Until full deployment of HRPTS for capturing training records, Training Providers will continue to record data on their current systems; however it is expected that records will be maintained on HRPTS once the system is launched for ELD.

Mandatory training requirements must be reviewed by line managers for staff new to the Trust, as well as those new to post and action taken as necessary to support compliance for the individual's role.

## **5.0 IMPLEMENTATION OF THE POLICY**

### **5.1 Dissemination**

This Policy should be disseminated throughout the Trust as it applies to all NIAS Trust staff.

### **5.2 Resources**

A range of training provision is widely available through both in-house and external Training Providers. Further details of training can be accessed by contacting the relevant person on the Core Mandatory Training Subject List (Appendix 2).

## **6.0 MONITORING**

Directors will monitor compliance of mandatory training within their own directorates. The Senior Education, Learning and Development Officer will be responsible for compiling the overall compliance of mandatory training and use of the Policy and for reporting mandatory training compliance to SEMT and Assurance Committee at least annually.

## **7.0 EVIDENCE BASE / REFERENCES**

Assistance to Study Policy

Knowledge & Skills Framework Guidelines

ELD Plan

ELD Strategy

## **8.0 CONSULTATION PROCESS**

This policy has been subject to consultation with Staff side organisations and with subject-matter experts.

## **9.0 APPENDICES / ATTACHMENTS**

Appendix 1 : Mandatory Training Matrix

Appendix 2: Core Mandatory Training subject list

Appendix 3 : Request for Amendment to Mandatory Training Matrix form

Appendix 4 : Mandatory Training Matrix Amendment Process



## 10.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, NIAS has carried out an initial screening exercise to ascertain if this policy should be subject to a full impact assessment.

### 10.1 The outcome of the Equality screening for this policy is:

~~Major impact~~ ☐

~~Minor impact~~ ☐

No impact ☒

## 11.0 SIGNATORIES

\_\_\_\_\_ Date: \_\_\_\_\_

Director of Human Resources & Corporate Services

\_\_\_\_\_ Date: \_\_\_\_\_

Chief Executive

## Appendix 1 – Mandatory Training Matrix

		Core Mandatory Training												Broad Groups Mandatory Training							Clinical Mandatory Training										
		Local Induction	Corporate Induction	Emergency Planning	Fire Safety	Health and Safety	Fraud and Bribery	Whistleblowing and Complaints	Risk and Governance	ICT Security	IPC	Information Governance	Equality and Diversity	Recruitment and Selection	Attendance Management	KSF Reviewer	MSS HRPTS	DSE	First Aid	Fire Warden	Complaints and Investigations	Basic Life Support	Advanced Life Support	Clinical update	Safeguarding	IPC Advanced	Moving and Handling	Conflict Resolution	JESIP	Safe Talk	COSHH
Frequency / Update (Years, O=once, A=As directed)		O	O	O	3	2	3	O	2	3	1	1	3	3	O	O	O	3	O	3	O	1	1	A	3	A	3	3	O	O	3
All Staff		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆																			
All Staff who are new to a department/role		◆																													
Staff with line management responsibility															◆	◆	◆														
Staff participating on interview panels														◆																	
Staff responsible for investigating complaints																				◆											
Staff who use display screen equipment																	◆														
Designated fire wardens																			◆												
First aiders																		◆													
Staff with direct patient care responsibilities																					◆	◆	A&E	◆	◆	◆	◆	◆	◆	◆	◆
Staff who may be exposed to hazardous substances																															◆
Comments											Awareness																				

## Core Mandatory Training Subject List

	Subject Area	Frequency	Subject Expert	Directorate	eLearning Available?
1	Corporate Induction	Once	SLDO	HR&CS	No
2	Local Induction	Once	Line Managers	All	No
3	ICT Security	3-yearly	ICT Manager	Finance & IT	Yes
4	Risk & Governance	2 yearly	Risk Manager	Risk Manager	Yes
5	Health & Safety	2-yearly	Risk Manager	Medical	Yes
6	Infection, Prevention & Control (IPC)	Annually	Risk Manager & AMD	Medical	Yes
7	Information Governance	Annually	Corporate Manager	Finance & IT	Yes
8	Fraud & Bribery	3-Yearly	AD Finance	Finance & IT	Yes
9	Emergency Planning	Once (Corporate Induction)	Emergency Planning Officer	Medical	No
10	Whistleblowing & Complaints	Once (Corporate Induction)	AD HR & CS Employment	HR&CS	No
11	Equality & Diversity	3-yearly	AD Equality & PPI	HR&CS	Yes
12	Fire Safety	3 Yearly	AD Operations, Fleet & Estates	Operations	Yes



## Request for Amendment/Addition to Trust's Statutory/Mandatory Training Matrix

***This form must be fully completed for training to be added to or amended on the Statutory Mandatory Training Matrix***

**1. With reference to the Statutory/Mandatory Training Policy, which of the following is the reason for the training to be included on the Matrix?**

☐

*A statutory obligation – where the law defines that training must be undertaken.*

☐

*A Health and Social Care mandate – where a formal, official directive has been handed down within the Health and Social Care sector.*

☐

*A corporate mandate – where the Trust has identified training as being essential to organisational priorities.*

**2. Please provide details of the reason selected in 1:**

**3. Title of training course:**

**4. Please detail who is the lead responsible officer for the provision of this training in the Trust:**

**5. Staff group required to complete training (please give specific details):**

**6. Frequency of training:** *e.g. to be completed once, annually, three yearly. If there is a refresher/update version of this course the frequency of the course above will be "Once".*

7. Is there a separate update/refresher version of this course? (Please tick appropriate box)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**\*NOTE: Only complete questions 8 and 9 if you have ticked "Yes" in question 7 above.**

8. \*What is the title of the update/refresher course

9. \*Frequency of update/refresher training:

*e.g. to be completed annually, three yearly etc.*

10. The Trust's Statutory Mandatory Training Policy identifies the roles and responsibilities of Trust training providers in relation to such training. Please provide assurance that there are arrangements in place to meet the following requirements of the policy for this training:

**Please tick the appropriate box for each question**

	Yes	No
a) Will sufficient training be provided to meet the identified need within required timeframes?	<input type="checkbox"/>	<input type="checkbox"/>
b) Will the details regarding the provision of this training be clearly communicated to Managers and Staff in a timely way?	<input type="checkbox"/>	<input type="checkbox"/>
c) Has the training content and delivery method been prepared to ensure its currency?	<input type="checkbox"/>	<input type="checkbox"/>
d) Does this training programme have stated objectives and programme of content?	<input type="checkbox"/>	<input type="checkbox"/>
e) Will there be a procedure in place to notify Line Managers when staff do not attend/complete this training?	<input type="checkbox"/>	<input type="checkbox"/>
f) Will this training programme be evaluated?	<input type="checkbox"/>	<input type="checkbox"/>
g) Will an attendance record be maintained for this training?	<input type="checkbox"/>	<input type="checkbox"/>

h) What system will be used to record attendances for this training? *(Please note the implementation of HRPTS will require all providers to use this system to record their training activity):*

**If you have indicated NO on any of the above questions, please provide further details:**

**Sign Off:**

**Requested By;**

<i>Name &amp; Grade:</i>	<i>Signed:</i>	<i>Date:</i>
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**Approved By  
Director**

<i>Name:</i>	<i>Signed:</i>	<i>Date:</i>
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Please forward completed form to:

**Seainin Watters  
Senior Education, Learning and Development Officer  
NIAS Headquarters**

**Final Sign Off:**

**Approved by  
SEMT**

<i>Name &amp; Grade:</i>	<i>Signed:</i>	<i>Date:</i>
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**Added to Matrix:**

<i>Name &amp; Grade:</i>	<i>Signed:</i>	<i>Date:</i>
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### Mandatory Training Matrix Amendment Procedure



**TB/13/06/2018/05**





# NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING – 13 JUNE 2018



## PRESENTATION OF PAPER:

<b>Title:</b>	Paramedic Education
<b>Purpose:</b>	To Inform Trust Board of the ongoing developments in relation to Paramedic education, including the work in establishing a Foundation Degree Programme for Paramedic Education in Partnership with Ulster University
<b>Content:</b>	Background to NIAS Paramedic training and education. Establishment of Paramedic Education Project. Partnership with Ulster University. Development of Foundation Degree. Plans for delivery of future Paramedic education. Plans towards DoH commissioning a Paramedic BSc
<b>Recommendation:</b>	For information/ noting
<b>Previous Forum:</b>	<b>SEMT</b>
<b>Prepared by:</b>	Frank Orr, Assistant Director of HR, ELD (T)
<b>Presented by:</b>	<b>Michelle Lemon Director of HR &amp; CS (A)</b>



## **Trust Board Briefing – Paramedic Education Project**

For Trust Board 13<sup>th</sup> June 2018

### **Background**

The first training of Paramedics in Northern Ireland took place in the Late 1980s and early 1990s. At that time, after various approaches in different areas within the UK, a National curriculum had been developed under the National Health Service Training Directorate (NHSTD). This curriculum became the standard approach for training Paramedics for a number of years and NHSTD later was superseded by the Institute of Health and Care Development (IHCD). Although this IHCD curriculum was a standard and national approach, it was predominantly vocationally based and in the 1990s some Ambulance Services in England began to establish links with Higher Educational Institutions to enhance education for Paramedics. This led to the development of a range of certificates, diplomas and degrees in Paramedic practice across a number of services and HEIs. Although designed to enhance Paramedic education, this also led to divergence from the standard, national approach.

In 2013, the Paramedic Evidence based Education Project ('PEEP') report recommended a standardised approach to education and training for Paramedics, moving towards a graduate model of pre-registration Paramedic education. Although NIAS explored the possibility of third level education for Paramedics around ten years ago, it was not progressed because it was determined that the IHCD programme was still fit for purpose. The IHCD programme ceased to be available from 2016, meaning that a new approach had to be sought. The Health and Care Professions Council (HCPC) is the regulatory body for Paramedics in the UK and all student Paramedics throughout the UK must successfully complete a pre-registration programme of learning that has been approved by the HCPC in order to become eligible to apply for registration as a Paramedic.

### **NIAS Paramedic Education Project**

With the need to find a new pre-registration education route to provide NIAS with Paramedics for its workforce needs, a Paramedic Education Project was established. After exploring some initial options, the project board decided to tender for a Higher Education Institution to partner with NIAS to provide a level 5 diploma for Paramedic Education. In October 2017 Ulster University emerged as the successful partner. Application to HCPC was made and a joint NIAS/UU curriculum development team established to write the programme. The resultant programme of level 5 Foundation Degree in Science (FdSc) in Paramedic Practice was submitted to HCPC in March 2018.

On 3<sup>rd</sup> and 4<sup>th</sup> May NIAS hosted the HCPC and a team of academics for UU over a two-day approvals event. The approvals panels met with the programme development team, SEMT

## **Trust Board Briefing – Paramedic Education Project**

and various stakeholders and reviewed course documentation and facilities. Although the full reports have yet to be received, at the final feedback session of the visit, both HCPC and UU stated that they would approve the programme (subject to conditions).

The programme has been developed to allow NIAS' own education team within the Regional Ambulance Clinical Training Centre (RACTC) to deliver the bulk of the course, with input from UU. Ulster University will validate and assist in the onsite delivery of the programme. Students will be associate students of the University. Policies and procedures will align with those at Ulster, for example in relation to examinations, external examining and academic appeals. Currently the RACTC team continue to work on the conditions and course content in preparation for the FdSc programme.

### **First Cohort**

The FdSc is a 2 year programme. However, provision is included for existing NIAS Emergency Medical Technicians (EMTs) to apply to undertake only year 2, subject to completion of a bridging module and an Accreditation of Prior Education and Learning (APEL) process. It is intended that this will be the method for at least the first two intakes. Although there are two different EMT qualifications - an IHCD EMT award and an Associate Ambulance Practitioner (AAP) award – all EMTs would be eligible to apply to the process. An expression of interest exercise from existing EMTs was very positive, with 138 EMT staff having expressed an interest in applying for the FdSc.

The next steps include a recruitment and selection exercise to be held over the summer months, for the first cohort of 48 EMTs to take their place as Paramedic students on the bridging module from September. The full programme will take these first students through to October 2019. At that point, having successfully completed the FdSc, they can apply for registration and take up their Paramedic role within NIAS. It is planned that the second cohort of 48 will enter the programme in mid 2019, with completion in June 2020.

### **Interim Solution**

Although an exciting development, the FdSc in Paramedic Practice will only be an interim measure for the pre-registration education of Paramedics. In March of this year the HCPC announced a change in the threshold requirement for Paramedic registration. The HCPC are no longer accepting applications for approval for courses at a level less than level 6, BSc and will only continue to accept for registration candidates from programmes at less than BSc, as long as they commence the course before 1<sup>st</sup> September 2021. This means that the NIAS/UU FdSc will be able to run for cohorts planned to commence in this year, 2019, 2020 and the first half of 2021 but then will cease to be an approved route.

## **Trust Board Briefing – Paramedic Education Project**

The Department of Health in Northern Ireland has stated its intention to commission a Paramedic BSc in the future and, although at an early stage, discussions have commenced towards this. The NIAS aim would be to have a BSc option available to commence within the next 3 years to allow continuity of the availability of new Paramedics, without a 'fallow' period during the transition from FdSc to BSc.

(Note – The HCPC threshold for registration change has no effect on existing Paramedics, as HCPC will continue to recognise all existing registrants, irrespective of their original course of study).

### **Increased Capacity**

Whilst the progress in pre-registration Paramedic education is very welcome, it brings with it increased demands on NIAS in general and the RACTC education and training team in particular. The FdSc with UU requires a dedicated faculty of NIAS educators drawn from our existing pool of Training Officers. The normal core education and training continues and in addition the movement of EMTs to Paramedic education creates an extra requirement to train more EMTs to backfill (and a potential need to train more Ambulance Care Attendants for Patient Care Services as many of them move to become the next wave of EMTs).

The requirement for increased RACTC capacity has been identified and the funding for the increase in the numbers of suitably qualified Training Officers has been secured as part of Transformation funding from the Department.

Not only does capacity involve increasing numbers of educators but also as Paramedic Education moves into the University's academic arena, the skillsets and qualifications of those educators also needs enhanced. A method for training new educators to add to our existing Training Officer tier is being sought. Exploratory discussions with Ulster University around a Teaching in Practice module for members of the NIAS team are taking shape and UU are providing training days for NIAS practice placement educators to prepare them for their mentorship role. Existing Training Officers have also begun a first steps programme with UU towards associate fellowship of the Higher Education Authority (HEA). The future development of more staff to attain a Post Graduate Certificate in Education will also be pursued.

### **Ongoing Work**

The development of the Foundation programme includes many workstreams but recent highlights of the project to be noted, include –

## **Trust Board Briefing – Paramedic Education Project**

- Student opinion- There is a real enthusiasm for the foundation degree and a series of meetings have been held with AAP\* students to ensure that their opinion is taken into account during the development of the new programme. (\*Note- Emergency Medical Technicians (EMTs) who undertook the Associate Ambulance Practitioner award)
- Trade Union consultation. Our trade union colleagues were provided an update on the project. Further clarification will be provided on a number of items raised, however, support has been offered to the project.
- Practice placement education. The project team met with a group of Nursing practice placement coordinators, Public Health Agency, DoH, and other representatives from the HSC trusts regarding the management of practice placement. New partnerships are being developed, and the training team look forward to working closely with our Nursing and Allied Health Professional colleagues in the re-establishment of placement opportunities. In addition, 142 Paramedics have expressed an interest in undertaking a Practice Placement Educator role.
- Service Users and Carers. A number of organisations are working in cooperation with the RACTC, these include, Diabetes UK, Mencap, PHA and Inspire Mental Health. We are keen to develop formal links and explore how the service user experience can be embedded within course delivery.

Ongoing work now continues to focus on satisfying the approval conditions, preparation for the course, preparing for the recruitment & bridging modules for the first cohort and taking forward the Discussions with DoH on the future BSc.

**TB/13/06/2018/06**





# NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING – 13 JUNE 2018



## PRESENTATION OF PAPER:

<b>Title:</b>	Quality Improvement Plan -Hygiene, Cleanliness & Infection Prevention Control (IPC).
<b>Purpose:</b>	To update the board on going work to address the issues identified by RQIA following unannounced inspections for hygiene, cleanliness and IPC.
<b>Content:</b>	<p>The Quality Improvement Plan (QIP) outlines progress against areas for improvement under each of the headings below:</p> <ul style="list-style-type: none"><li>• Maintenance</li><li>• Station cleanliness</li><li>• Vehicle/equipment cleaning</li><li>• Training/ education and</li><li>• Governance &amp; assurance across the organisation.</li></ul>
<b>Recommendation:</b>	For noting
<b>Previous Forum:</b>	Assurance Committee
<b>Prepared by:</b>	Lynne Charlton
<b>Presented by:</b>	Lynne Charlton





# Infection Prevention and Control Hygiene & Cleanliness Improvement Plan

## Introduction

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 1,100 staff, across 33 ambulance stations and 28 deployment points, 2 Ambulance Control Centres (Emergency and Non-Emergency), a Regional Education and Training Centre and Headquarters. NIAS has an operational area of approximately 5,450 square miles, serviced by a fleet of 313 ambulance vehicles and provide ambulance care, treatment and transportation services to the people of Northern Ireland.

Our mission statement is:

*“The Northern Ireland Ambulance Service will provide safe, effective, high-quality, patient-focussed care and services to improve health and well-being by preserving life, preventing deterioration and promoting recovery.”*

Our vision is:

*“Improved health and well-being for the Northern Ireland community, through safe, effective, high-quality care and services provided by the Northern Ireland Ambulance Service as an integral part of the whole healthcare system.*

## The Regulation and Quality Improvement Authority (RQIA)

In 2017-18 RQIA carried out unannounced inspections and monitoring visits in Infection Prevention and Control (IPC), Hygiene and Cleanliness across NIAS. A number of inspections 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.

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.

The current status of the improvement notices can be found in on the RQIA website under ‘Current Enforcement Activity’ Section:

<https://rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity/>

Details of the three improvement notices which have been lifted can be found in the ‘Compliance Achieved’.

In March 2018, RQIA recommended to the Department of Health (DoH) that they agree and implement a special measure with NIAS. The special measure recommended was the secondment into NIAS of a senior clinician, with experience in infection prevention & control/hygiene and cleanliness, combined with experience of governance/assurance.

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 in relation to;

- Maintenance
- Station cleanliness
- Vehicle/equipment cleaning
- Training/ education and
- Governance & assurance across the organisation.

The Quality Improvement Plan (QIP) aims to address the areas for improvement under each of the above headings.

At the core of the plan is the engagement of frontline staff in the improvement journey to ensure the impact of the improvements is understood and to learn from the experiences, expertise and knowledge of staff, as well as patients to ensure the plan is delivered. It will also aim to signal a common purpose and priority for the organisation that is owned by frontline staff.

## IPC Hygiene and Cleanliness Improvement Plan

### Key

<b>G</b>	<b>Actions fully implemented</b>
<b>A</b>	<b>Action on track to complete in line with completion date</b>
<b>R</b>	<b>No progress made</b>

Action Ref	Milestone/Deliverable	Key Actions for Improvement	Completion Date	Responsible Person(s)	Executive Lead	Action Progress to Date	Status
<b>Maintenance</b>							
1.	To put in place the necessary improvements to ensure that all Ambulance Stations are compliant with Regional Healthcare, Hygiene & Cleanliness standards.	<ol style="list-style-type: none"> <li>Undertake base line audit of stations using RQIA Regional Healthcare Hygiene and Cleanliness Audit Tool – adapted for Ambulance Service)</li> <li>Review governance and assurance processes (see action ref )</li> <li>Develop a prioritised estates/ minor works list for stations.</li> <li>Develop a project plan for commissioning of</li> </ol>	March 19	Ambulance Service Area Managers (ASAMs)  Station Officers/ Supervisors  Estates Officer  AD OPS  Risk Manager		RQIA audit tool completed for each station to determine baseline.  Monthly IPC Audit checklist developed and completed by Station Officers on monthly basis.  Development of on line electronic audit tool has commenced and is ongoing.  Estate Officer appointed Jan 18.  Development of prioritised estates work list commenced and ongoing.	

		estate/minor works to achieve required specifications and standards.  5. Identify funding stream for capital and minor works.				Estates minor works programme commenced and ongoing.  Programme plan/specification for upgrade of domestic and clinical sluice in development.	
Action Ref	Milestone/Deliverable	Key Actions for Improvement	Completion Date	Responsible Person(s)	Executive Lead	Action Progressed to Date	Status
<b>Station Cleanliness</b>							
2.	To put in place the necessary contracts, policies and procedures, and specifications to ensure that domestic cleaning arrangements are in place to achieve acceptable IPC and cleanliness standards as appropriate.	<ol style="list-style-type: none"> <li>Review arrangements for domestic cleaning within stations including contract specifications.</li> <li>Complete a base line audit of cleaning arrangements for all ambulance stations.</li> <li>Local engagement to discuss and revise (if necessary) cleaning arrangements to achieve required standards.</li> <li>Ensure relevant documentation relating to cleaning provider quality assurance.</li> <li>Review governance and assurance</li> </ol>	Dec 18	<p>Ambulance Service Area Managers (ASAMs)</p> <p>Station Supervisors</p> <p>AD OPs</p>		<p>Trust wide programme of local review of domestic cleaning arrangements has commenced and is ongoing at local station level (including contract/Service Level Agreement (SLA) specification review).</p> <p>Local engagement to discuss SLA/contract arrangements with Trusts and contractor providers (including requirements, expectations and specifications have commenced) and are ongoing.</p> <p>Development of Trust wide Cleaning Provider Quality Assurance Audit Tool. Use of Audit Tool has commenced in all stations, observations and monthly audit undertaken at station officer/supervisor level.</p>	



		processes (see action ref )				Toilet and washing facilities cleaning record has been developed and is in use in all stations, review and assurance processes in place.	
Action Ref	Milestone/Deliverable	Key Actions for Improvement	Completion Date	Responsible Person(s)	Executive Lead	Action Progressed To Date	Status
<b>Vehicle/Equipment Cleaning</b>							
3.	Implement a Trust wide model/programme for vehicle cleaning which meets service needs and acceptable IPC standards.	<ol style="list-style-type: none"> <li>1. Convene Vehicle Cleaning Project Group.</li> <li>2. Review national standards for vehicle cleaning.</li> <li>3. Engage with staff and other services nationally to share best practice.</li> <li>4. Scope user requirements within each Division e.g. number of vehicles, cleaning cycle, cleaning specification, logistics relating to vehicle controls releasing vehicles for cleaning.</li> </ol>	Dec 18	<p>Ambulance Service Area Managers (ASAMs)</p> <p>Station Officers and Supervisors</p> <p>AD OPS</p> <p>Transformation Manager</p> <p>Risk Manager</p>		<p>Vehicle Cleaning Project Group in place.</p> <p>Scope of national vehicle cleaning standards and national practice completed.</p> <p>Trust wide vehicle cleaning work shop with ambulance service area managers, station officers and supervisors to share practices and discuss standard operating procedures.</p> <p>Vehicle cleaning operative teams recruited in all Divisions to carry out 'emergency ambulance deep clean' on rolling basis.</p> <p>Regional training package for newly recruited cleaning operatives developed and in</p>	

		<p>5. Engage with staff to develop Standard Operating Procedures (SOPs) discuss expectations and identify challenges and opportunities.</p> <p>6. Develop cleaning model options that will meet user requirements e.g. NIAS Cleaning Team, external cleaning contract, vehicle clean only, vehicle clean and make ready.</p> <p>7. Scope options for longer term vehicle cleaning/make ready processes in association with Estates strategy.</p> <p>8. Draft business case to support approved model &amp; make recommendations on procurement process.</p> <p>9. Review 'make ready' turn around arrangements at EDs and develop and implement improvements as necessary.</p>				<p>place.</p> <p>Vehicle and equipment cleaning audit record based on national &amp; local IPC and cleanliness standards developed with front line crew staff.</p> <p>Development of on line electronic audit tool has commenced and is ongoing</p>	
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		<p>10. Explore feasibility of regional processes around use of sluices at Emergency Departments.</p> <p>11. Review of governance and assurance processes in relation to vehicle cleanliness (see ref )</p>					
Action Ref	Milestone/Deliverable	Key Actions for Improvement	Completion Date	Responsible Person(s)	Executive Lead	Action Progressed To Date	Status
<b>Training/Education/Staff engagement</b>							
4.	Ensure appropriate support mechanisms are established and provided to staff who are implementing policies and procedures relating to Hygiene, cleanliness and IPC.	<p>1. Ensure staff are engaged and involved to the greatest degree possible in relation to service change and improvements.</p> <p>2. Adopt creative and innovative ways to maximise staff involvement, seek suggestions from staff.</p> <p>3. Facilitate all staff to attend relevant IPC training and education sessions.</p> <p>4. Clinical Support Officer/Transformation team review and</p>				<p>IPC Matters newsletter produced &amp; available in hard copy and on line.</p> <p>Face to face IPC training provided to all patient contact front line and management including executive team.</p> <p>IPC workbook developed CSO support for completion.</p> <p>Leadership Tours carried out by Senior management team to facilitate face to face engagement with all levels of staff.</p> <p>Posters/leaflets developed, distributed and displayed in NIAS premises as appropriate.</p>	

		<p>further development of call observation tool to facilitate and strengthen experiential learning.</p> <p>5. Explore supportive structures related to Hygiene, Cleanliness and IPC in other UK ambulance services.</p> <p>6. Recruitment of an IPC competent person(s) with specialist skills to support staff with implementation and meet the needs of the service.</p> <p>7. Implement special measure arrangements as agreed by DoH.</p>				<p>Poster development ongoing.</p> <p>Awareness information available for easy access on sharepoint.</p> <p>Scoping exercise of IPC structures within national ambulance services completed.</p> <p>IPCN Job descriptions developed and have undergone job evaluation processes.</p> <p>DoH agreed special measure in place April 18.</p>	
Action Ref	Milestone/Deliverable	Key Actions for Improvement	Completion Date	Responsible Person(s)	Executive Lead	Action Progressed To Date	Status
<b>Governance &amp; Assurance Arrangements</b>							
5.	Ensure an effective Assurance Framework is in place, to provide robust assurance of best practice in hygiene, cleanliness and IPC across the organisation.	<p>1. Policies relating to hygiene, cleanliness and IPC should be reviewed, updated and disseminated to staff for implementation.</p> <p>2. Ensure relevant</p>	October 18	Trust Board Chief Executive Executive Directors Risk Manager ADs Ambulance		<p>NIAS Infection Prevention Control Policy has been reviewed and approved at Trust Board ready for dissemination.</p> <p>Suite of tools relating to auditing of environment, vehicles, reusable patient equipment and cleaning equipment has been co-produced with front line staff.</p>	

		<p>documentation relating to auditing of environment, vehicles, reusable patient equipment and cleaning equipment is completed, submitted and reviewed at local &amp; organisational level.</p> <p>3. Ensure audit findings are reviewed, action plans developed and implemented to address sub-optimal performance in relation to hygiene, cleanliness and IPC.</p> <p>4. Potential patient safety incidents to be identified through the Trust's established risk management process.</p> <p>5. Patient safety incidents relating to hygiene, cleanliness and IPC should be reported and reviewed on an ongoing basis. Trend analysis reports to be collated and action plans developed to address</p>		<p>Service Area Managers Station Officers Station Supervisors</p>		<p>Audit schedule has been agreed and is in place. Audits findings are reviewed at local level.</p> <p>On line audit tool in development.</p>
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**TB/13/06/2018/07**



# NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING – 13 JUNE 2018

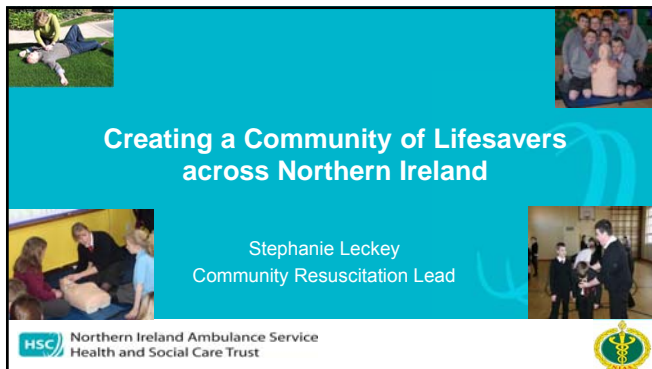


## POWERPOINT PRESENTATION:

<b>Title:</b>	Creating a Community of Lifesavers across Northern Ireland
<b>Purpose:</b>	Update on Community Resuscitation Programme
<b>Content:</b>	
<b>Recommendation:</b>	
<b>Previous Forum:</b>	
<b>Prepared by:</b>	Stephanie Leckey, Community Resuscitation Lead
<b>Presented by:</b>	Stephanie Leckey, Community Resuscitation Lead







**Creating a Community of Lifesavers across Northern Ireland**

Stephanie Leckey  
Community Resuscitation Lead

HSC Northern Ireland Ambulance Service  
Health and Social Care Trust

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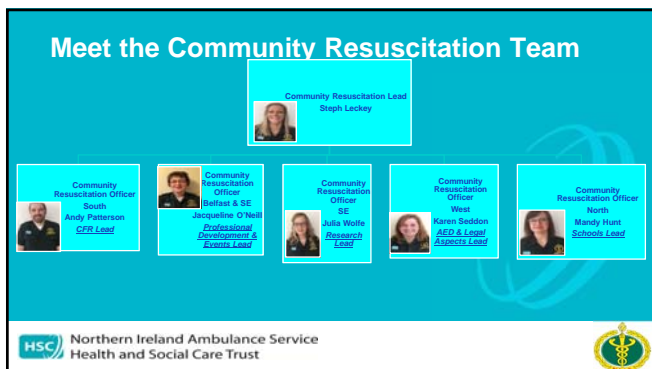
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**Meet the Community Resuscitation Team**

Community Resuscitation Lead  
Stephanie Leckey

Community Resuscitation Officer South  
Andy Patterson  
*CPR Lead*

Community Resuscitation Officer Belfast & SE  
Jacqueline O'Neill  
*Professional Development & Events Lead*

Community Resuscitation Officer SE  
Julia Wolfe  
*Research Lead*

Community Resuscitation Officer West  
Karen Saddon  
*AED & Legal Aspects Lead*

Community Resuscitation Officer North  
Mandy Hunt  
*Schools Lead*

HSC Northern Ireland Ambulance Service  
Health and Social Care Trust

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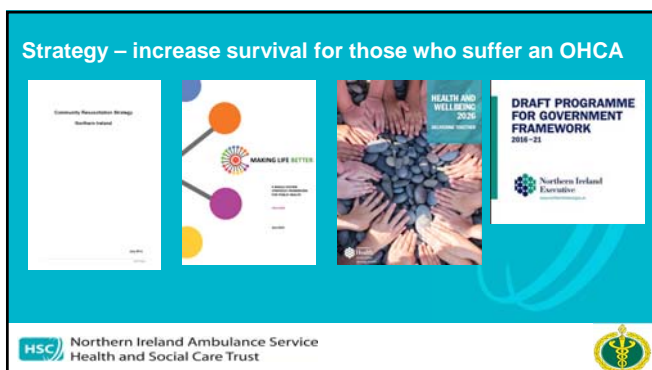
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**Strategy – increase survival for those who suffer an OHCA**

Community Resuscitation Strategy Northern Ireland

MAKING LIFE BETTER

HEALTH AND WELLBEING 2036

DRAFT PROGRAMME FOR GOVERNMENT FRAMEWORK 2018-21

Northern Ireland Executive

HSC Northern Ireland Ambulance Service  
Health and Social Care Trust

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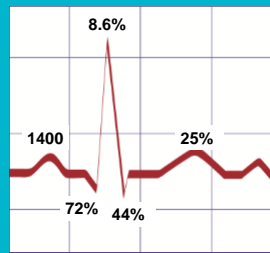
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## Setting the Scene

In 2017  
9 fatalities from fire incidents  
63 road deaths



HSC Northern Ireland Ambulance Service  
Health and Social Care Trust




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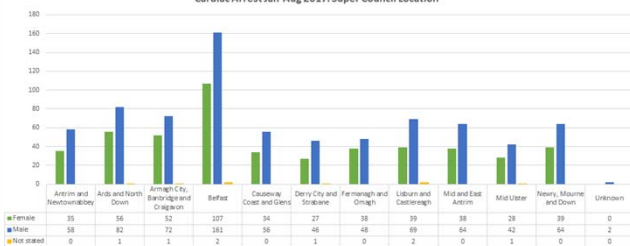
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Cardiac Arrest Jan-Aug 2017: Super Council Location



HSC Northern Ireland Ambulance Service  
Health and Social Care Trust




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## Chance of Survival from Cardiac Arrest\*



HSC Northern Ireland Ambulance Service  
Health and Social Care Trust




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### Schools

Area	No. of schools	HS	CPR	Total
Belfast	131	9 (14)	16	25 (30)
West	213	38 (69)	4	42 (73)
South	378	43 (65)	8	51 (73)
North	266	129 (211)	6	135 (217)
South East	222	34 (114)	4	38 (118)
Total	1210	253 (473)	38	291 (511)

HSC Northern Ireland Ambulance Service  
Health and Social Care Trust

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### AED's

- Location
- Best Practice
- Registration

HSC Northern Ireland Ambulance Service  
Health and Social Care Trust

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## Community

HSC Northern Ireland Ambulance Service  
Health and Social Care Trust

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12 - CFR's  
118 - Volunteers  
1966 - Alerts  
4 - Charity Status

HSC North Health

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## GoodSAM

HSC Northern Ireland Ambulance Service  
Health and Social Care Trust

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Survivors







Northern Ireland Ambulance Service  
 Health and Social Care Trust



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Contact Information

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Northern Ireland Ambulance Service  
 Health and Social Care Trust



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**TB/13/06/2018/08**







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

<b>PRESENT</b>	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
<b>IN ATTENDANCE</b>	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 closure of risk relating to financial stability for year 2017/18, and new risk relating to financial stability for year 2018/19.

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/13/06/2018/09**





**Minutes of a meeting of the Audit Committee held on Friday 16<sup>th</sup> March at 2.00pm in the Boardroom, Ambulance Headquarters, Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG**

<b>PRESENT:</b>	Mr W Abraham	Non-Executive Director (Chair)
	Mr A Cardwell	Non-Executive Director
<b>IN ATTENDANCE:</b>	Mrs S McCue	Director of Finance & ICT
	Mr A Phillips	Assistant Director of Finance
	Mr T Craig	Financial Accounting Manager
	Mr J McNeill	External Audit (ASM)
	Mrs C McKeown	BSO Internal Audit
	Miss M Smith	Senior Secretary
<b>APOLOGIES:</b>	Mr S Knox	NI Audit Office

**Welcome and Introduction to Meeting**

Mrs McCue welcomed everyone to the meeting of the Audit Committee. Mrs McCue discussed recent staff reassignments in Finance following a decision to divide the duties of the Assistant Director of Finance role, Mr Phillips has now been appointed on a temporary basis as Assistant Director of Finance, Accounting and Financial Services and Mr Nicholson will now be responsible for Financial Planning and Mr Craig will cover Mr Phillips' former role as Financial Accounts Manager.

Mr Abraham welcomed everyone and thanked all members for their attendance.

**1.0 Apologies**

Apologies were noted from Mr Knox of the NI Audit Office.

**2.0 Declaration of Potential Conflict of Interest and Confirmation of Quorum**

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

**3.0 Minutes of the previous meeting of Audit Committee**

The minutes of the previous Audit Committee meeting on Friday 19<sup>th</sup> January 2018 were approved.

**4.0 Matters Arising**

Mr Abraham discussed the formalities in respect of appointing Mr Haslett the current Chair (Acting) of the Assurance Committee as a member of the Audit Committee, as required under paragraph 2.6 of the Audit Committee's Terms

of Reference (ToR). The appointment of Mr Cardwell to the Audit Committee who is also a member of the Remuneration Committee was also discussed and whilst not best practice was a pragmatic approach to ensure the Audit Committee remained quorate.

**Action:** Mrs McCue and Mr Abraham agreed to seek guidance on the appropriate procedures with the Chair of the Trust Board prior to the formal appointment of Mr Haslett to the Audit Committee.

## **5.0 Chairman's Business**

Mrs McCue discussed the Audit Committee self-assessment checklist noting that a revised version of the checklist has been issued. Each member of the Audit Committee is required to complete a self-assessment form, which should be collated into one consensus view and would be required to be completed by mid-April 2018.

## **6.0 Internal Audit**

### **6.1 Progress Report**

Mrs McKeown presented the progress report detailing key performance indicators, progress on NIAS as well as BSO Shared Services audit assignments for 2017-18, and three final reports as follows:

#### **IT Audit – Cyber Security 2017-18**

Mrs McKeown advised that following a self-assessment exercise carried out by each Trust (and presented to NIAS Trust Board) the audit plan this year included this assignment on Cyber Security. Internal Audit carried out a more in-depth assessment on Secure Configuration which is one of the 10 Steps to Cyber Security as detailed by the National Cyber Security Centre.

Mrs McKeown advised that a Limited level of assurance was provided in two key areas. In relation to IT Incident Management there was a lack of governance and leadership with regards to the sharing of information which was a regional HSC issue and whilst not part of the scope of the audit, the issue was being reported due to the level of risk. Mrs McCue discussed information sharing protocols particularly in respect of Incident Management and Reporting which is a common issue for all Trusts. It was noted that whilst there are informal arrangements, there are currently no formal mechanisms in place for information sharing about cyber-attacks. As a result of this NIAS, are proactively involved in the development of formal policies and procedures for information sharing, in conjunction with the other Trusts.

Mrs McKeown also advised that the area of Secure Configuration was also limited. Mrs McCue advised that the IT Manager was actively developing an action plan and that the Trust's Emergency Planning team would be included for shared learning.

Mr Abraham discussed the management comments and recognised the level of NIAS proactive participation in this group through Mrs McCue and her

team's involvement.

#### Financial Review 2017-18

Mrs McKeown advised that she was providing a Satisfactory level of assurance except for the area of Payments to Staff where she was providing a Limited level of assurance. The limited assurance related to two significant issues:

- HRPTS does not prevent the nominating of substitution approval rights to a deputy who in the absence of the manager could approve payments to themselves; and
- An instance was found where an employee was overpaid in error following a reduction in hours. A loan arrangement has been agreed to recoup this.

Mrs McKeown advised that management had accepted all recommendations.

Mr Cardwell queried paragraph 9 on page 18 of the report in respect of claiming gift aid on charitable donations to the Trust. Mr Phillips advised that the ability to claim Gift Aid relied on the completion of the registration process with Charities Commission Northern Ireland (CCNI). This process is currently being explored by all Trusts in conjunction with the Department of Health (DoH) and CCNI.

#### Resource Management 2017-18

Mrs McKeown advised that she was providing a Limited level of assurance due to two significant issues with regard to rota management and rejected annual leave. Mrs McKeown advised that two Significant findings were identified during the audit.

- Rota Management – no clear documented procedures for the management of rotas, shortfalls in hours delivered and cumulative spends.
- Rejected Annual Leave – a detailed analysis of rejected annual leave was conducted and statistics indicate a high correlation between the dates of rejected annual leave and sickness absence.

Mr Abraham discussed the report findings in relation to rejected annual leave and advised that this issue should be highlighted to Trust Board along with the limited assurance for IT systems.

The Chair noted the report and thanked the Internal Audit team for their diligent work on this report.

### **6.2 BSO Shared Services Audit**

Mrs McKeown provided an overview of the BSO Shared Service audit of the Recruitment Shared Service and advised that she had provided a Satisfactory level of assurance. The audit revealed improvements in the service, however five out of eight key performance indicators as at August 2017 were still not being achieved.

### **6.3 Internal Audit Strategy**

Mrs McKeown presented the Internal Audit Strategy for 2017-18 to 2019-20 which incorporates the proposed Internal Audit Plan for the same period. Mrs McCue discussed the proposed Audit Plan for 2018-19 which had previously been approved at a Senior Management Team (SEMT) meeting under the

auspice of the former Chief Executive, Shane Devlin. It was proposed and agreed that the Audit Plan should be revisited at mid-year with the newly appointed Chief Executive, Michael Bloomfield.

Mr Abraham suggested that it may be prudent to allot more time to the proposed Infection Prevention Control (IPC) audit as this was a key area of concern for NIAS. It was acknowledged that this focus on IPC may reduce the time available for other audits.

Mr Abraham queried the proposed audit of Board effectiveness and Mrs McCue advised that the audit would focus on policies and procedures and would be governance based. Mrs McKeown advised that the audit plan could be amended and would defer until the scope of the audit was agreed nearer the time.

Mrs McKeown advised that in relation to the withdrawal of the controls assurance standards there is a risk of a gap until a suitable mechanism is agreed regionally and with DoH to ensure the same level of assurance is provided to the Chief Executive.

The Audit Committee approved the Internal Audit Strategy and the Audit Plan for 2018-19 subject to potential amendments to the time allocated to the IPC Audit.

Mr A Cardwell queried if the Board self-assessment exercise was an annual event. Mrs McKeown advised that DoH views it as an annual exercise. Mrs McCue advised that the Board needed to ensure that the assessment was completed, although it did not have to be forwarded to DoH.

## **7.0 External Audit**

The external audit plan continues as scheduled with a start date of 8<sup>th</sup> May 2018.

## **8.0 For Approval**

### **8.1 Audit Committee Terms of Reference (ToR)**

Mrs McCue requested the Audit Committee's consideration of the Committee's revised Terms of Reference. Mr Phillips provided a detailed overview of the revisions and sought agreement to submit the revised Terms of Reference to the Trust Board for approval on Thursday 12 April 2018.

Mr Abraham raised a query regarding paragraph 5.4 of the document in respect of the Audit Committee's authority to obtain legal or other independent advice as and when necessary. Mr Abraham asked for clarification on the process for seeking independent advice either legal or otherwise.

The Audit Committee approved the submission of the ToR to the Trust Board for their consideration.

#### **9.0 Closed Meeting**

Mr Abraham requested that a 'Closed Meeting' was added as a standing agenda item for future Audit Committee meetings.

#### **10.0 Any Other Business**

Mr Philips provided a fraud update advising that the investigation for one fraud case is ongoing and work on the National Fraud Initiative 2014-15 had been completed with no issues identified.

Mr Phillips advised the Audit Committee of a significant overpayment which arose from the processing of the 1% pay award in February 2018 by BSO Payroll Shared Services. An individual who was paid once in July 2017 received over £17k in February. The individual themselves contacted NIAS Finance to advise of the overpayment and forward a cheque for the amount. Mr Phillips was seeking assurance from BSO Payroll Shared Services on the issue.

Mr Abraham suggested the individual be commended for their honesty.

#### **10.0 Date, Time and Venue of Next Meetings**

Wednesday 23<sup>rd</sup> May 2018 at 2pm in Boardroom, NIAS Headquarters.



**TB/13/06/2018/10**





# NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING – 13 JUNE 2018



## PRESENTATION OF PAPER:

<b>Title:</b>	HEMS Spring Review Report
<b>Purpose:</b>	
<b>Content:</b>	
<b>Recommendation:</b>	For information / noting
<b>Previous Forum:</b>	
<b>Prepared by:</b>	Marianne Johnston, Business Manager
<b>Presented by:</b>	Marianne Johnston, Business Manager





# HEMS SPRING REVIEW REPORT

## NIAS /AANI

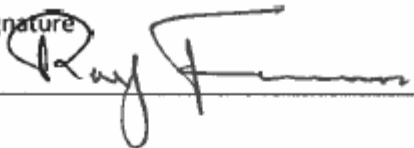
March 2018  
V1.0 FINAL




Project	HEMS Spring Review
Date	March 2018
Author	Marianne Johnston

#### Approval

Version	Name	Responsibility	Date
V1.0	Ray Foran	AANI Trustee	24 May 2018
V1.0	Michael Bloomfield	CEO NIAS	24 May 2018

Signature 

Michael Bloomfield  
  
 Signature

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## 1. Introduction

The Helicopter Emergency Medical Service (HEMS) went live at the end of July 2017. The service is delivered through a partnership with the Northern Ireland Ambulance Service (NIAS) and the Charity, Air Ambulance Northern Ireland (AANI). Both parties have signed up to an agreed memorandum of understanding (MoU) setting out the various roles and responsibilities with the Health and Social Care Board as an interested party. Paragraph 4.2 of the MoU states that *“both the Trust and the Charity are responsible for undertaking timely (at least bi-annual) reviews of performance against agreed objectives, service quality standards and targets as detailed in the MoU. The Association of Air Ambulances (AAA) provides a framework<sup>1</sup> for best practice, both parties will review performance using this assurance framework to demonstrate levels of compliance with the MoU”*.

This report provides the first Spring review of the service.

## 2. Background and Timeline

**2014:** In May 2014 AANI convened an “Air Ambulance Summit” at St Angelo Airport, Enniskillen attended by the Health Minister, senior representatives of the Northern Ireland Ambulance Service, HSCB, DoH and other public representatives supporting the service.

**2015:** July 2015, Air Ambulance NI registered as a company limited by guarantee and registered as a charity with Charity Commission NI in September 2015. In September, the same month, in the wake of the tragic motorcycling death of popular HEMS campaigner Dr John Hinds, the HEMS4NI campaign submitted a petition to Stormont with 84,500 signatures in support for the service. AANI submitted an application to HM Treasury for substantial seed funding sourced from LIBOR fines. On 3rd September 2015, the then, Minister for Health, Simon Hamilton MLA, announced his decision to invest in the development of both the Regional Trauma Network and a Helicopter Emergency Medical Service (HEMS) for Northern Ireland. An 8 week public consultation on establishing HEMS for Northern Ireland commenced in Nov 2016. One of the outcomes of the consultations was that AANI be appointed as the charity partner for the service.

<sup>1</sup> Association of Air Ambulances, Framework for a High Performing Air Ambulance Service 2013.



**2016:** March 2016, Chancellor George Osborne confirmed approval of £3.5m and £1m of matched funding for the Charity “to help establish an emergency helicopter medical service in Northern Ireland”.

AANI supported by BSO PALS ran an OJEU procurement for the aviation element for the HEMS service. This contract was awarded to Babcock Mission Critical Onshore Services Limited.

**2017:** On 1<sup>st</sup> March 2017, the former Minister for Health, Michelle O'Neill MLA, confirmed that HEMS would be introduced in Northern Ireland, proceeding with a doctor-paramedic model located at Maze Long Kesh.

**22<sup>nd</sup> July 2017** – Service went live. Official launch date 2<sup>nd</sup> August 2017.

### 3. Objectives

#### 3.1 Northern Ireland Ambulance Service

The establishment and implementation of HEMS for Northern Ireland set out to achieve a number of objectives as outlined in the NIAS Outline Business Case.

The following table sets out the performance to date, against these objectives. It is noted that there have been delayed timescales outside of both NIAS and AANI control which have impacted on the ability to achieve the objectives within the original timeframes as outlined in the outline business case. Most of the objectives have however been achieved or partially achieved to date.

Table 1: Performance against Objectives

Objective	Target	Performance against targets
<b>Patient Safety and Quality of Care</b>		
To enhance patient care in cases of major trauma and time critical medical emergencies through the provision of a regional co-ordinated pre hospital emergency care system supported by helicopter air transportation	<p>By Nov 2016 have an agreed and operational MoU in place with the designated Charity AANI to support the implementation of HEMS.</p> <p>By end Mar 2017, have established operational HEMS in Northern Ireland.</p> <p>By end Mar 2017 have in place a HEMS Clinical Advisory Group (CAG) with representation from the Regional Trauma Network.</p> <p>By end Mar 2017 have established clinical pathways for HEMS operations.</p>	<p>Signed MoU in place Nov 2016</p> <p>April /May 2017 Operational team recruited.</p> <p>Jan 2016 Clinical Advisory Group established as part of regional trauma network including HEMS.</p> <p>Mar 2017, pathways established.</p> <p>Some delays in meeting the initial targets impacted by the delays in decision to approve the start of service.</p>
To deliver a physician / paramedic operational model for HEMS	<p>By end Feb 2017 to have recruited a minimum of 6 HEMS paramedics.</p> <p>By end Feb 2017 working with Charity partners facilitate HEMS training for up to 10 staff (2*Op and Clinical Leads, 6*HEMS Paramedics and 2 additional paramedics to provide service resilience)</p> <p>By end Mar 2017 to establish HEMS with a doctor/paramedic model employing the equivalent of 4WTE doctors on a rota to cover 23 PAs per week /52 weeks per year.</p>	<p>7 paramedics including Operational lead recruited by end May 2017</p> <p>HEMS training for 10 staff completed by end June 2017</p> <p>Doctor recruitment completed by end May 2017, equivalent of 4WTE doctors. (Clinical Lead and 15 doctors to operate the HEMS rota)</p>
To deliver best outcomes for patients by ensuring	By end Mar 2017 have established standard operating procedures for the	Tasking protocols and SOPs established by August 2017

<p>rapid access to the most appropriate specialist trauma and acute services across Northern Ireland particularly within the first hour.</p>	<p>tasking of HEMS to appropriate incidents. By end May 2017 to have processes in place to enable the audit and review of HEMS missions on a weekly basis by the HEMS Operational Lead and Clinical Lead. All HEMS patients to be appropriately triaged to the Major Trauma Centre with the commencement of HEMS. By Mar 2017, the CAG will have established baseline Clinical Performance Indicators reviewing HEMS clinical performance and patient outcomes on a monthly basis against estimated predictions of circa 445 trauma cases per year. Estimates across the UK are that on average the helicopter is offline 9% of the time due to essential maintenance, weather conditions or other. Air operations should be offline for no more than 9% of the operational hours.</p>	<p>By August 2017 and ongoing – audit and review of HEMS missions processes established. Ongoing monitoring of appropriate triage to the RVH, (the proposed MTC) in place and reported as part of performance review. Development of Clinical Performance Indicators is ongoing work with ongoing monitoring and recording of number of HEMS missions. AANI carry out contract review meetings with Babcock MCSO Ltd. Performance and availability of the helicopter is 96.6%</p>
<p>To enhance the quality and safety of patient care by ensuring equity of access to emergency care especially for patients in rural or remote areas through the provision of HEMS.</p>	<p>Prior to commencement of HEMS in Mar 2017, establish with Charity partners Air Ambulance NI (AANI), a HEMS base at a central location in the Greater Belfast Area. Based on dispersion of trauma data estimated at circa 445 per year - at least 60% of incidents to be reached within a 15 minute flight time or less,</p>	<p>Base for both Charity and Air Operations has been established at Maze Long Kesh</p> <p>Current KPIs indicate that 84% of incidents are reached by HM23 within 20 minutes.</p>

	<p>-A further 30% between 16 and 25minutes flight time and;  -10% reached &gt; 25minutes</p> <p>Regionally, all patients to have equity of access to definitive care at the MTC within a transportation flight time by HEMS of no more than 40 minutes from the furthestmost point.</p>	Table 10 provides a further breakdown on percentage of calls and time boundaries.
<b>Service Improvement</b>		
To support affordability and value for money for the service delivery by establishing a long term sustainable funding model using other UK HEMS services as a benchmark.	<p>Complete quarterly allocation and monitoring of Libor funding to Charity. Review charity's financial accounts on an annual basis.</p> <p>HEMS Management Board to meet as a minimum 4 times per year to review HEMS service provision.</p>	<p>Financial monitoring processes have been established. Charity produce quarterly management accounts to Finance Director at NIAS.</p> <p>Annual accounts for year ending March 2017 have been received by NIAS from AANI.</p> <p>HEMS Management board established and meeting monthly to date.</p>
To establish effective data collection and audit on a regional basis to inform and improve HEMS development and service improvement.	<p>Report against commissioning targets for HEMS on a monthly basis.</p> <p>By end March 2017 install, test and implement additional software modules specific to HEMS dispatch on the C3 Command and control system at the HEMS Dispatch desk.</p> <p>Monitor and review tasking of HEMS on a weekly basis against estimated predictions of circa 445 significant trauma cases per year.</p>	<p>Monthly Performance is reported at management board meetings.</p> <p>Airdesk is fully operational at NIAS Emergency Command and control (at Knockbracken HQ)</p> <p>No of missions monitored on a monthly basis. 297 activations over 8 months – within estimates of 1-2 per day.</p> <p>Tasking and stand down rates are monitored as part of the performance reporting. To date the number of HEMS missions are within the estimated range.</p>

	Based on weekly monitoring establish baseline indicators for number of “stood down” missions.	
To support the Major Trauma Network (when established) and contribute data to a Northern Ireland Trauma Audit or as part of a national collection of data.	Establish procedures between NIAS, Major Trauma Centre and the Regional Trauma Network when it is established to share quality data and measure patient outcomes regionally. By March 2018 to contribute data to the Trauma Audit Research Network (TARN).	Process is ongoing – HEMS/NIAS represented on regional trauma network NIAS maintains a clinical database which is becoming TARN compliant through ongoing liaison with TARN co-ordinators. Current PRF requires rework on some fields to ensure TARN data is captured. Work is ongoing.

### 3.2 Air Ambulance Northern Ireland Charity

Air Ambulance Northern Ireland (AANI) fundraises for and manages the aviation service for the Helicopter Emergency Medical Service (HEMS) in Northern Ireland. The helicopter, pilots, maintenance and crew training service are contracted from Babcock Mission Critical Services Onshore

AANI have successfully secured a total of £4.5m in grant funding from the Banking Fine Libor Funds. £3.5m is guaranteed, whilst, £1m can be drawn down when the charity has raised £1m.

The £4.5M was allocated in two tiers:

Tier 1.

An initial grant of £3.5 million for the set-up of the operational HEMS in Northern Ireland and to ensure ongoing operations for the first 22 months.

Tier 2.

A second grant of £1m awarded to AANI on the basis that the Charity could raise an additional £1m in match funding within the first 22 months of operation.

In the AANI application to the Chancellor, AANI outlined a four-year business plan, whereby, over the first four years of operations the charity will become fully self-funding i.e. capable of raising the £1.8m required each year to operate the service. In keeping with the NI Charity Commission recommendation, it is AANI policy is to work towards the charity having a healthy circa one year of operating costs in reserves.

Table 2: Performance against objectives AANI

Objective	Performance against Objective
The Charity will fund raise extensively throughout Northern Ireland. The objective of the fund raising is to ensure:	
1. Within the first 22 months that we match the second grant of £1M in match funding from the Banking Fine Funds.	In the Libor application AANI estimated that the charity fundraising would increase from £390k in year 1 to £1.8m in year 4. AANI raised £302k prior to the 1st of April 2017. During the eleven-month period from 1st April 2017 to 28th February 2018 AANI raised £ 725,972.29 AANI has raised in excess of £1m with the 22 months.
2. There is enough funds raised in year 3 to fully fund year four of the Air Ambulance operation;	Based on the fundraising performance in year 1, AANI are confident that they will raise enough funds in year 3 to fully fund year 4 of the charity's area of responsibility for the service.

<p>3. There is a momentum in the fund raising to ensure that in excess of one year's full operating cost can be raised within any 12 month period. This will enable the Charity to build up reserves, as per Recommendations of the Charity Commission.</p>	<p>The long-term success of the charity is vital, the Trustees recognise that the initial stage in establishing the Charity and having a HEMS operational in Northern Ireland is only the beginning. The long-term sustainability, whereby the Charity can continually raise funds to keep the aircraft operational, is the key objective for the Trustees and the dedicated Charity staff. We have confidence that the four year plan and the development of the organisation will deliver the long term future and objectives of the Charity.</p> <p>The achievement of this 4-year business plan will ensure AANI is in a strong financial position.</p>
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## 4. Service Quality Standards

Sections 6 and 7 of the MoU and the subsequent appendices 1 and 2 set out the services to be delivered by the Trust and the Charity and their respective roles and responsibilities. These are reviewed within the context of the AAA, Framework for a High Performing Air Ambulance Service 2013.

### 4.1 Trustees and Governance

Air Ambulance Northern Ireland (AANI) is a Private Limited Company by guarantee without share capital and with use of 'Limited' exemption, and was registered on 22 July 2015. Air Ambulance NI is a registered charity with the Charity Commission of Northern Ireland and is governed by its Articles of Association and Memorandum of Understanding.

The Board of Trustees is made up of the five founding directors. This voluntary board includes a Chairman and Vice-Chairman who are appointed by ordinary resolution of the board, formal board meetings occur monthly.

The existing board of trustees has been convened to take account of the skillsets required to develop an air ambulance charity. These skillsets include fundraising, administration of non-profit organisations, strategic business planning, public private partnership management, marketing and aviation expertise.

Strategic direction in the period has been determined by the Trustees as represented in the charity's submission of its strategic and operational plans to HM Treasury, approved in March 2016. Representatives from the board of trustees meet regularly with principal contractor Babcock MCS Onshore and Northern Ireland Ambulance Service to co-ordinate operational activity and enhance external cooperation.

The charity is a member of the Northern Ireland Council on Voluntary Action, Institute of Fundraising, Fundraising Regulator as well as the Association of Air Ambulances, the representative body for Air Ambulance charities in the UK that not only acts as an effective single voice for the AA community with central government, but which also oversees the activities of the Air Ambulance Association Charity.

Risk is managed through the maintenance of a risk register in partnership with the Northern Ireland Ambulance Service, and reported through the HEMS Management Board which is representative of Senior Executive Management from both NIAS and AANI. The group is constituted to support the delivery and strategic development of the HEMS service and meets no fewer than 4 times per year, to date meetings have been held every 4-6 weeks as the service has been established.

#### 4.2 Clinical Standards and Clinical Governance

NIAS has overall responsibility for clinical standards and clinical governance working within the structures of the Medical Directorate.

The service is managed on a day to day basis by the HEMS Operational Lead supported by the HEMS Clinical Lead with a team of 6 paramedics and a sessional rota of 15 Doctors. The team of doctors have specialities in Emergency Medicine, Anaesthetics and Intensivists.

A Clinical Advisory Group has been established as part of the Regional Trauma Network and HEMS is represented by both the Clinical and Operational Lead. The HEMS team also hold regular Clinical governance days, to review clinical practice and learning outcomes.

Performance measures are in place linked with KPIs and service delivery. Clinical Audit processes are still developing as the service matures. All patient records are recorded on paper and are transferred into an electronic data base. Recording of patient data is in line with TARN to ensure that this will make an effective contribution to the gathering of TARN data. TARN sits outside of the control of NIAS and HEMS and data is held within the other Trusts who receive patients from HEMS. Work is ongoing to ensure that the prehospital data from HEMS is identifiable and compliant with the requirements of data collection for TARN.

Clinical Risk and Serious Adverse Incidents (SAIs) are managed using the Trust's Risk Management Structures.



The Pharmacy license was granted by Victoria Pharmacy. The pharmacy infrastructure and Standard Operating Procedures (SOPs) were internally and externally peer reviewed to ensure they met the required standards. These SOPs included control drug registers, storage of controlled drugs, storage of non-controlled drugs, delivery of controlled and non-controlled drugs and the signing in and out of these drugs. Several audits and inspections took place before the license was granted. A random inspection and audit has shown compliance with these procedures to date. Intermittent audit process will continue as part of the ongoing licensing process. Additional security measures were implemented at the MLK base in order to meet required standards. NIAS and AANI facilitated these measures both in terms of infrastructure and financial support.

Agreed Standard Operating Procedures and Clinical Operating Procedures are in place, and are also peer reviewed by the Clinical Advisory Group and benchmarked with other UK services.

#### 4.3 Operational Management

The operational Management of the service is based on the principles of Crew Resource Management as outlined in the AAA Framework. CRM is an essential part of air ambulance operations and encompasses a wide range of knowledge skills and attitudes including communications, situational awareness, problem solving, decision making and teamwork. In a HEMS environment all elements of CRM are intensified with the combination of aviation and medical decision making.

The service operates a daylight service from 7am -7pm, 7 days per week and is focused on trauma with clear pathways established with the Royal Victoria Hospital as the proposed Major Trauma Centre and other Trusts.

AANI manage the aviation contracts with Babcock for the service, whereby Babcock MCSO Ltd are responsible for providing two EC135 helicopters, experienced pilots, maintenance and Crew Resource Management training.

#### 4.4 Dispatch

The Trust is responsible for the tasking of the aircraft and has established a fully functioning air desk at the Emergency Ambulance Control centre. The air desk is operated by a HEMS paramedic at all times.

During the early establishment of the service the air desk had been located at the base in MLK, as measures were put in place to get the service operational in a short period of time. The technology however did not benefit from the full functionality of an integrated communications and control system (ICCS) and tasking was limited to silent monitoring of all the calls. There remained a risk to business continuity should web services be lost and a continued risk that calls might be delayed or at worst missed.

In order to mitigate against this risk, a pilot was initiated in January 2018 to relocate the air desk to the Emergency Ambulance Control Centre to ensure

that there was full system availability should there be any power outage. It also offered the facility to active as well as passive interrogation of calls with better efficiency in tasking the helicopter. The pilot was extended into February 2018 ; the outcomes demonstrate improved call to decision times, as well as the ability to actively and passively interrogate calls. We will continue to review how this impacts on stand down rates and appropriate tasking. Location at EAC fully mitigates for business continuity arrangements and is informed by expert advice from other UK services in particular London Ambulance Service.

#### 4.5 Staffing and training

The service is staffed by a HEMS Operation Lead, HEMS Clinical Lead 6 paramedics and 15 doctors who operate a sessional rota.

There are high standards of training for the whole team broken down into daily, monthly, bi-annual assessments and annual assessments.

All HEMS paramedic staff have undertaken a 2 week mandatory HEMS training course and all doctors have benefited from CRM training.

##### Annual Training

Each paramedic is required to pass an annual 'aviation line check' assessment to ensure aviation confidence and competency. This assessment is facilitated by the local Babcock pilots.

Each HEMS paramedic has undertaken an in-house air-desk training course, facilitated by NIAS Control Training Department. This training provided the HEMS paramedic knowledge on dispatch, how to actively and passively monitor calls, interrogate and then to provide the operational crew the exact location of the incident. Communications between the air-desk, aircraft, road paramedics, call takers and other emergency services is co-ordinated via the air-desk paramedic during HEMS activation. The dispatch audit is regularly reviewed by the Operational Lead based on data from NIAS Information Department.

##### Daily Training

Daily training is mandatory for all operational HEMS team. This training carried out is on a simulated basis and encompasses all 'skills and drills' the team would be expected to carry out during their normal HEMS duties. This training is facilitated by the Operational Lead and/or Clinical lead and is recorded on a training database. Each paramedic and Doctor performs a simulated rapid sequence intubation (RSI) drill each month. Regular review of this database ensures all aspects of training are performed in a timely manner.

##### Monthly Training

Every month a training event is provided to the HEMS team, to attend and participate in. This ensures each team member is kept abreast of all clinical

and non-clinical HEMS related domains. The training varies each month. These events can include – Road Traffic Collision training with the Northern Ireland Fire and Rescue Service (NIFRS), paediatric training, hazardous training with Hazardous Area Response Team (HART)

#### 6 monthly assessments

Each Paramedic and Doctor will be formatively assessed every 6 months in the critical interventions the HEMS team are required to perform. Each paramedic will be observed for one day per 6-month period by the Operational Lead paramedic. This will allow peer review, the identification of any learning needs and on-the-job clinical supervision. It will confirm consistency throughout the HEMS paramedic tier. Each HEMS Doctor will be formatively assessed by the Clinical Lead, to ensure consistency throughout the Doctor tier. Written feedback will be provided and recorded.

#### External Training

A HEMS Doctor and Paramedic attend the London Pre-Hospital Care Course (PHCC) every 3 months. It is the aim of the Service to provide this training to all operational Paramedics and Doctors. This course consolidates and enhances competency and confidence and provides an established UK benchmark for the HEMS paramedics and Doctors.

#### AANI Charity

Key to the long-term success of AANI is to ensure that the organisation has the appropriate structure and expertise to deliver its objectives.

The charity is headed by two full time executives, a Head of Fundraising and a Head of Finance & Operations, reporting directly to the Board of Trustees. The Head of Fundraising has responsibility for leading and directing all fundraising activities, with a small team of four fundraising managers.

The Head of Finance & Operations has responsibility for the day to day finance and for managing the operational relationships with AANI's Key partners, NIAS and Babcock Mission Critical Onshore Services.

The Board of Trustees has responsibility for ensuring that AANI meets its strategic objectives by collectively directing the organisation's affairs and ensuring compliance with all necessary legislation and regulation. The Board ensures high standards of governance, transparency and accountability. The Trustees work within the parameters of the Articles of Association for A Charitable Company, The Companies Act 2006. The company is limited by Guarantee of the Articles of Association of AANI.

AANI is supported by a number of professional service organisations providing services such as Human Resource Support, Marketing & PR, Finance, Insurance and Legal.

As is normal practice, AANI will continually evaluate the effectiveness of the organization and amend or change the organization structure to best meet its needs.

#### Babcock MSCO Ltd

The service is staffed by two pilots and one full time maintenance engineer. Pilots are trained and qualified to operate HEMS as per EASA

SPA.HERMS.130 Babcock provide a copy of their Operations Manual which details how pilots and staff carry out their day-to-day duty, including HEMS training, ground training and flight training. Babcock have a pool of 15 relief pilots available to cover periods of leave. A full time Maintenance engineer is stationed at the base and available on-call outside of normal working hours.

## 5. Performance Measures and reported KPIs

The commissioning specification from HSCB sets out a number of KPIs.

These have been used as initial basis for monitoring of the service during 2017/18. In addition NIAS captures a range of performance data on a daily basis and this is reported at all management meetings.

### 5.1 Summary of HEMS Activity

Table 3 Total number of calls by call sign

Month	HM23	D7	Total
July	9	2	11
August	34	9	43
September	30	7	37
October	34	9	43
November	28	10	38
December	19	8	27
January	19	15	34
February	31	7	38
March	21	5	26
<b>Total</b>	<b>225</b>	<b>72</b>	<b>297</b>

Up until March 2018, there have been 297 HEMS allocations, 225 responses by air (Helimed23) and 72 responses by road (Delta7).

## 5.2 Summary of Allocations and Arrival on scene

Table 4: Allocation and Arrival

Month	Total	%
July	5	45%
August	28	65%
September	26	70%
October	22	51%
November	25	66%
December	18	67%
January	21	62%
February	25	66%
March	17	65%
<b>Total</b>	<b>187</b>	<b>63%</b>

Table 3 provides the breakdown of total HEMS allocations, and the number of these calls where a resource arrived on scene. Currently 187 [63%] of call allocations have resulted in a resource arriving on scene.

## 5.3 Summary of Stand-downs

It is important to note the difference between a call being stood down and an aborted call. A call will be stood down if it is deemed that the HEMS team is no longer required, this may be because a patient is deceased on scene, minor injuries or the land crews have left scene prior to HEMS arrival. This will vary on a case by case basis.

A call will be aborted if for technical/weather related/other reasons, the helicopter cannot fly to the destination.

Current stand down rate is 29.5% - NIAS will continue to monitor stand down rates in line with its tasking protocols.

## 5.4 Summary of Chief Complaint

The below tables provide the most common reasons for the HEMS team to be dispatched. This is shown for both Allocation and Arrival on scene.

**Table 5: Allocated calls and Chief complaint**

Chief Complaint	Total	%
TRAFFIC / TRANSPORTATION INCIDENTS	161	54.2%
FALLS	35	11.8%
TRAUMATIC INJURIES (Specific)	30	10.1%
CARDIAC / RESPIRATORY ARREST/DEATH	18	6.1%
DROWNING (Nr) / DIVING / SCUBA ACC	11	3.7%

**Table 6 Arrive on scene and Chief complaint**

Chief Complaint	Total	%
TRAFFIC / TRANSPORTATION INCIDENTS	98	52.4%
FALLS	29	15.5%
TRAUMATIC INJURIES (Specific)	20	10.7%
CARDIAC / RESPIRATORY ARREST/DEATH	10	5.3%
DROWNING (Nr) / DIVING / SCUBA ACC	6	3.2%

## 5.5 Performance against Key Performance Indicators 2017-18

- (i) KPI 1 - % of HEMS response in which helicopter take off was within 10 minutes of decision to dispatch HEMS response

**Table 7 Airborne or mobile within 10 minutes**

Month	Yes	No	Not Mobile	Total
July	8	1	2	11
August	36	2	5	43
September	32	2	3	37
October	31	5	7	43
November	35	3		38
December	26	1		27
January	33		1	34
February	36	2		38
March	20	5	1	26
<b>Total</b>	<b>257</b>	<b>21</b>	<b>19</b>	<b>297</b>

Of the 257 missions that have gone mobile, 191 of these relate to Helimed 23. The current KPI performance is 91.4% of HEMS response in which the helicopter take off was within 10 minutes of decision to dispatch.

Table 8 HM23 Airborne within 10 minutes

**HM23 only**

Month	Within 10 mins	Over 10 mins	Total	Total
July	7	1	8	87.5%
August	30	1	31	96.8%
September	25	2	27	92.6%
October	23	4	27	85.2%
November	25	3	28	89.3%
December	18	1	19	94.7%
January	18		18	100.0%
February	29	2	31	93.5%
March	16	4	20	80.0%
<b>Total</b>	<b>191</b>	<b>18</b>	<b>209</b>	<b>91.4%</b>

(ii) KPI 2 % of arrival of HEMS to scene within 20 minutes from going mobile.

Table 9: % of arrival on scene

Month	Within 20 mins	Over 20 mins	Total (N)	Total (%)
July	5		5	100.0%
August	23	5	28	82.1%
September	24	2	26	92.3%
October	16	6	22	72.7%
November	19	6	25	76.0%
December	16	2	18	88.9%
January	20	1	21	95.2%
February	16	9	25	64.0%
March	12	5	17	70.6%
<b>Total</b>	<b>151</b>	<b>36</b>	<b>187</b>	<b>80.7%</b>

The range of arrival within 20 minutes is drilled down further. The following figures have been gathered from September 2018. Both an average time and median time are shown for each month.

**Table 10 Detailed breakdown of arrival times for HEMS**

	September		October		November		December		January		February		March	
		No.		No.		No.		No.		No.		No.		No.
Average time	00:13:46		00:16:03		00:16:36		00:15:07		00:13:03		00:19:41		00:18:32	
Median time	00:14:30		00:15:30		00:13:00		00:14:00		00:12:00		00:18:00		00:18:00	
% < 10mins	31%	8	23%	5	16%	4	29%	5	20%	0	0%	0	12%	2
% >= 10min but <= 15mins	23%	6	27%	6	44%	11	29%	5	55%	9	36%	9	29%	5
% > 15mins <= 20mins	38%	10	27%	6	16%	4	29%	5	20%	4	32%	8	24%	4
% > 20mins <= 30 mins	8%	2	18%	4	16%	4	6%	1	0%	0	28%	7	24%	4
> 30mins	0%	0	5%	1	8%	2	6%	1	5%	1	4%	1	12%	2
Totals	100%	26	100%	22	100%	25	100%	17	100%	14	100%	25	100%	17

**Table 11 Totals of arrival times**

	Monthly Totals	
Average time	00:15:43	
Median time	00:14:30	
% < 10mins	24	16%
% >= 10min but <= 15mins	42	29%
% > 15mins <= 20mins	33	23%
% > 20mins <= 30 mins	15	10%
> 30mins	7	5%
Totals	146	83%

(iii) KPI3 Hours when helicopter not available for HEMS response

Over all the helicopter has been available for 97.2% of the operational hours  
UK best practice across other services is that air operations should be available for 91% of the operational hours.

Downtime / Hours				
Month	Weather	Crew	Technical	Total
July	Nil	Nil	Nil	Nil
August	Nil	Nil	Nil	Nil
September	03:45:00	Nil	01:00:00	04:45:00
October	Nil	Nil	02:15:00	02:15:00
November	Nil	Nil	Nil	Nil
December	33:15:00	Nil	Nil	33:15:00
January	Nil	Nil	05:40:00	05:40:00
February	01:15:00	Nil	39:45:00	41:00:00
March	07:15:00	Nil	Nil	07:15:00
<b>Total</b>	<b>45:30:00</b>	<b>Nil</b>	<b>48:30:00</b>	<b>94:00:00</b>



- (iv) **KPI4 Number of cases which required onward transport to hospital and % of these taken to the Major Trauma Centre**

The vast majority of calls that are attended result in the patient being transported to hospital. For the period of monitoring July 2017 –March 2018, in total 137 patients have been transported to hospital. This represents 73% of the 187 HEMS arrivals on scene which has resulted in a patient being transported to hospital.

Of the 137 patients transported to hospital, 89 (65%) patients were transported to the proposed MTC at the Royal.

- (v) **KPI5 Number of deployments of HEMS-related RRV response**

As noted above in Table 3, the deployment of the Rapid Response Vehicle (RRV) response, known as Delta 7 (D7), has accounted for 72 of 297missions responded to in the period July to March 2018, i.e. 24%. Out of the 72 missions responded to the main rationale for a road response by the HEMS team is Proximity (33%), Weather (39%), Night (1%) and technical (13%). For a small proportion of call no reason was recorded (14%)

## **6. Clinical Performance and Audit**

The development of Clinical Performance Indicators (CPI's) provides a measurement framework for the clinical and operational performance of the HEMS service within a Regional trauma network. HEMS provides a fundamental role in the development of the major trauma network delivering patients to definitive care to optimise patient outcomes and survival.

The measurement of operational performance and clinical care delivered to trauma patients is complex as it takes into account not just the pre hospital care and the clinical interventions but also the subsequent hospital interventions and patient outcome information. Trauma is measured using an Injury Severity Score (ISS) which is calculated in hospital and so is not known at the pre hospital stage. This requires retrospective analysis to the review of care for trauma patients.

Clinical Performance Indicators (CPIs) are being developed for the HEMS service with reference to the NICE<sup>2</sup> guidelines, AAGBI<sup>3</sup> guidelines and other

<sup>2</sup> National Institute of Health and Care Excellence

<sup>3</sup> Association of Anaesthetists of Great Britain and Ireland

benchmarking such as STAG4 and TARN.<sup>5</sup> These CPIs will be presented to the Clinical Advisory Group for review and approval as part of the HEMS Operations.

## **7. Financial Performance**

As of the 28th February 2018 AANI have raised £ 1,028,557 . AANI have submitted a progress report to Treasury and have received a total of £2,534,408 from LIBOR funds. A further two payments are due for April – June 2018 and July –September 2018 each totaling £481,181 bring the final amount for this tier one LIBOR funding to £3,496,770 as detailed in appendix 3 of the MoU. AANI has achieved its fundraising target of £1m within first 22 months of operations i.e. in advance of the release of full LIBOR Tier one funds (October 2018). AANI now expect to request the draw down Tier two funds i.e. the additional £1m of Libor grant funding from April 2018.

## **8. Conclusion**

The Helicopter Emergency Medical Service has been operational for 8 months at the time of writing this review. In this short time the service is already making significant progress towards achieving the objectives set out in the business case submitted to DoH and from the Charity perspective, its objectives as set out in its application to HM Treasury.

Both NIAS and AANI are delivering a partnership built on good relations and common objectives within the framework of the agreed memorandum of understanding between both parties and also the framework of the Air Ambulance Association , of which both parties are members.

The service has experienced activity levels as estimated, of 1-2 cases per day and we continue to monitor performance against the stated KPIs.

AANI as the Charity responsible for raising funds to support all the aviation aspects of the service in the provision of a helicopter, base and pilots has demonstrated success in meeting its fundraising targets and will continue to plan and progress this over the next number of years.

<sup>4</sup> Scottish Trauma Audit Group

<sup>5</sup> Trauma Audit and Research Network

Moving forward, we will continue to refine our operational performance in terms of key performance indicators working with our commissioners at HSCB and with DOH.

We will further explore the development of our clinical performance indicators working within the clinical governance structures of NIAS and with the Clinical Advisory group and the Regional Trauma Network (RTN).

There is still some development work to be done to ensure that the work of HEMS is identified and measurable within TARN and we will ensure our efforts in achieving this with our partners across the RTN.

The HEMS management group will continue to explore the strategic development of this valuable service and its long term financial sustainability building on the early success.

**TB/13/06/2018/11**



# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD REPORT

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## MEDICAL DIRECTORATE

Interim Medical Director  
13 June 2018  
(March 2018)

## Medical Directorate Performance Report for Trust Board

Emergency Planning & Business Continuity	
	<p>Please refer to attached Emergency Planning Reports for March 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&amp;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	
<b><i>Corporate Risk Register</i></b>	<p>The Trust's Corporate Risk Register is presented monthly to SEMT, and to the Assurance Committee as a standing agenda item. The format of this presentation has been updated in order to highlight new, deleted or altered risks. Following recommendations from Internal Audit, the Corporate Risk Register is now included with Trust Board papers and appears as an Appendix to this report.</p> <p>The Local Risk Registers of each Directorate are presented to the Trust's Assurance Committee on a rolling basis to ensure that all are considered during the year.</p> <p>In accordance with the 2017/18 annual audit plan, BSO Internal Audit carried out an audit of Risk Management within Northern Ireland Ambulance Service (NIAS) during June 2017. The final report has been received and no Priority 1 issues identified. A series of meetings with senior management was facilitated by a representative from the Leadership Centre as part of a review of assurance and governance structure / reporting.</p>

<p><b><i>Incident Reporting Procedures</i></b></p>	<p>The use of the online version of DatixWeb also allows for closer integration with other Trusts for incidents that involve more than one agency. 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 will 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 formal responses to the first two workstreams and has been asked to provide representation on these.</p> <p>A series of Trust workshops was organised during Q4 2017/18 by the NIAS Risk Manager to provide training in SAI investigation and management to senior staff. NIAS continues to participate in the learning outcomes review from SAls regionally with a composite report of Untoward and Serious Adverse Incidents being reported at each meeting of the Assurance Committee. New SAls are reported weekly at SEMT.</p>
<p><b><i>Outcomes from Reports, Alerts, etc.</i></b></p>	<p>Regular reports on complaints, compliments, adverse incidents including SAls involving NIAS, Coroner's reports, medication and device alerts continue to be provided to the Assurance Committee as standing agenda items. NIAS also continues to review relevant NICE guidelines and regional learning and quality letters and reports for relevance to an ambulance service. All of these areas are eligible for discussion at the Trust's Learning Outcomes Review Group which is aimed at disseminating relevant learning from incidents across the entire Service.</p>
<p><b>Clinical Care</b></p>	
<p><b><i>Infection Prevention &amp; Control</i></b></p>	<p>The work of the Infection Prevention and Control Group remains a standing item on the Assurance Committee Agenda where it has detailed the extensive work relating to the improvement notices served by the RQIA following inspections at Belfast and Broadway Stations. A more recent round of inspections raised concerns regarding Craigavon Station prompting a wider review of a total of 21 stations across Northern Ireland.</p> <p>Both Belfast and the Western Divisions had satisfactory outcomes with some examples of particularly good practice being recognised. The South Eastern Division had a mixed report but significant deficiencies in both the Northern and Southern Division where practice and governance arrangements have not yet been embedded.</p>



	<p>Improvement notices were issued relating to the local arrangements at Craigavon station and the governance arrangements within the Trust. The notice relating to local arrangements was subsequently lifted following significant progress led by the local area and station management. However, RQIA recommended the introduction of a special measure which specifically called for the provision of an IPC Governance Lead by the Department of Health to assist NIAS to embed governance arrangements regionally, and Lynne Charlton was appointed to this role. Face-to-face meetings with the Departmental Team were scheduled for April 2018.</p> <p>The review of the IPC Policy &amp; Procedures has been completed with the final document being presented for approval at the meeting of Trust Board in April 2018.</p>
<b>Regional Community Resuscitation Strategy</b>	<p>All of the Community Resuscitation Team are now in place, the Community Resuscitation Officers commenced post on 1 January 2018.</p> <p><b>Schools</b> – A scoping exercise is almost complete to determine number of schools who teach CPR in each Trust and Council area and update teacher training and initial teacher training has commenced. Meetings with Education Authority NI have led to an agreement that teacher training centres will be available for us to provide training to the teachers and also agreement that manikins can also be stored at the designated venues. Unfortunately at this time EANI are unable to provide Admin support for the organisation of teacher training.</p> <p><b>CFRs</b> – There are 12 Community First Responder Schemes and each of the CROs have been in contact with the schemes in their respective areas to form relationships, troubleshoot and support them as they deliver this complimentary service.</p> <p><b>AEDs</b> – There are currently 1096 AEDs registered on our website and there is a process in place to gain consent for the location of the defibs to be shared with third parties in any AEDs registered prior to October 2017.</p> <p><b>Community</b> – Contact has been made with all 11 Council Community Planning personnel to make them aware of how the Community Resuscitation Strategy meets the outcomes of Community plans and Health and Wellbeing within the plans. Armagh, Banbridge &amp; Craigavon will be having a workshop to engage with key stakeholders and this will enable progression within this Council Area. Belfast Strategic Partnership will discuss the possibility of inclusion of Community Resus as part of this partnership. All other Council areas are planning to include Community Resuscitation within the Health and Wellbeing Theme in the Community Plans.</p> <p><b>Data</b> – Currently the NIAS Audit department are collating data for out of hospital Cardiac Arrest Survival. There has been a delay in collating this data but it is hoped that by the end of May this will be available. This will provide us with data which will enable an Out of Hospital Cardiac Arrest (OHCA) Registry to be developed and benchmarking to commence. There has been positive</p>

	<p>engagement from HSE Ambulance Service OHCA lead so it is hoped this partnership would enable All Ireland data for OHCA as well as linking to UK data.</p> <p>The GoodSAM app module to enable integration into our command and control system has been purchased with ongoing work to prepare for this going live, which is planned for Autumn/Winter.</p>
<p><b><i>Regional Electronic Ambulance Communications Hubs (REACH) Project (previously ePRF)</i></b></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 to initiate procurement options and the full tender process. A procurement strategy has been agreed which will follow a restricted <b>Official Journal of the European Union</b> (OJEU) process.</p> <p>The Procurement and Logistics Service (PaLS) have indicated a lack of resources which continues to cause delays in getting the procurement underway. They have offered an option to use their Procurement Services framework to “buy in” a resource. NIAS has agreed with PaLS to extend the current arrangements (under the Technology Partnership Agreement [TPA]) to retain procurement expertise and guidance as this provides continuity to the project. A further 30 days procurement support has been agreed to provide independent advice and support during the tender and award process working with PaLS.</p> <p>Feedback on the specification of requirements has been received both internally within NIAS and externally from Business Services Organisation (BSO) IT Services, ehealth and representatives from EDs both clinical and technical and all documentation has been updated following comments received.</p> <p>There is confidence that the requirements are comprehensive and meet the needs of a NIAS system for electronic patient records. The timetable has been amended taking into account current delays and issued for agreement with PaLS. All documents have been forwarded to PALS and copied to legal for review as of 23 March 2018</p> <p>Requirements have been sent to the legal team in order to draw up contracts. PaLS have advised that they want all of this in place “as best practice” before NIAS enters into stage one of the restricted process.</p> <p>As of March 2018, there is still no formal agreement with PALS on the timescales for procurement. Continuous engagement and review of documentation is underway to expedite processes.</p>

<p><b>Alternative Care Pathways</b></p>	<p>NIAS crews continue to make regular use of appropriate care pathways which are aimed at delivering “the right patient to the right service at the right time”. These exist for a variety of conditions including falls, seizures, asthma, hypoglycaemia, etc. and there are also direct hospital referral pathways for conditions such as acute stroke and myocardial infarction. Safety performance is monitored by the regular auditing of patient report forms and this data is presented at Assurance Committee on a rolling basis but the impact of urgent Infection Prevention &amp; Control retraining has reduced the number of cases being audited. A pilot involving “street triage” where a prehospital team involving a NIAS paramedic, community psychiatric nurse and a PSNI Officer can provide early assessment of patients is scheduled for June 2018.</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.</p> <p>The success of the Clinical Support Desk has been recognised and further recruitment is underway in order to extend both the hours and volume of cover for this service.</p>
<p><b>Helicopter Emergency Medical Service (HEMS)</b></p>	<p>The siting of the Airdesk Paramedic in Emergency Ambulance Control (EAC) has shown continued benefit including more rapid deployment of the HEMS team and a wider range of calls attended. NIAS is working with the charity partner Air Ambulance Northern Ireland (AANI) to produce their first annual report and already has regular management meetings with them to discuss progress. This covers areas of operational, financial and more recently clinical performance.</p> <p>Due to a close working relationship with London HEMS, the NIAS paramedics and HEMS doctors have been progressing through update training based in London. While the paramedics are employed by NIAS, 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.</p> <p>The helipad at the Royal Victoria Hospital site is nearing completion and should become operational in the summer of 2018 following the requisite test flights. 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</p>

	<p>be a case for the use of Musgrave Park Hospital as a landing site for paediatric patients.</p> <p>The combined clinical advisory groups for HEMS and the Regional Trauma Network continue to meet. The full implementation of the Regional Trauma Network is not a prerequisite for the introduction of the HEMS service, but it is hoped that it will commence in Q1 2018/19. All of the hospital Trusts have expressed concern regarding capacity for and repatriation of trauma patients, although regular review of HEMS missions has indicated a responsible approach to the choice of destination hospital for patients which should help to avoid overwhelming any individual site. There is no evidence suggesting that NIAS operational availability is contributing to any repatriation delays.</p>
<b>Personal Public Involvement / Patient Client Experience</b>	
<p><b><u>Patient and Client Experience Standards (PCES)</u></b></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. Over 300 patient stories related to the Ambulance Service have been collected covering all aspects of the service, including emergency 999 response, Patient Care Service and ambulance control. The results from feedback have been very positive and reflect a high degree of satisfaction in terms of compliance with the patient experience standards. The vast majority of patients (90%) described their experience as either positive or strongly positive.</p> <p>The following activities were completed to promote 10,000 More Voices during the reporting period:</p> <ul style="list-style-type: none"> <li>• NIAS staff and service users participated in a regional celebration event on 22 March to mark the collection of 10,000 patient stories across Health and Social Care. The Equality and Public Involvement Officer gave a presentation on progress in the trust as part of the programme for the day.</li> <li>• Generic and ACP surveys promoted at engagement events at Bow Street Mall on 6 March, Kennedy Centre on 8 March and Richmond Shopping Centre on 30 March.</li> <li>• Promotion of 10,000 Voices surveys at the PCC Annual Service user Event – Crumlin Road Gaol, 3 May.</li> </ul> <p>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.</p>

	<p>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.</p> <p>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.</p> <p>Last year's patient experience workplan has been reviewed for 2018/19 to include:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• engagement with the Comms Team on options for a NIAS 10,000 More Voices awareness and promotional campaign;</li> <li>• 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;</li> <li>• promotion of the pilot of the Appropriate Care Pathways survey;</li> <li>• Launch ACP survey on falls with SE Trust Falls Team;</li> <li>• re-launch 10,000 More Voices staff survey; and</li> <li>• learning from results – ensuring that learning is shared with senior management and lessons learnt are used in training and service delivery.</li> </ul>
<p><b><u>Personal and Public Involvement (PPI)</u></b></p>	<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 in collaboration with the PHA, and meetings in that regard remain ongoing.</p> <p>Discussions were held at the Equality and PPI Steering Group meeting in March 2018. As a result, a review paper on PPI, with strategic and structural recommendations, will be presented to the Equality Forum, the Equality and PPI Steering Group, and SEMT, in Q1 2018/19.</p> <p>Effort has continued during this reporting period on developing a significant public and staff</p>

	engagement programme for 2018. This will see engagement and consultation on a range of transformation policies in development, alongside a specific focus on the PPI standards, whilst taking into account the evolving DoH guidance on co-production and co-design.
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## Department of Health – Inpatient Experience Survey 2017

(Published May 2018) – Extracts relevant to NIAS

Over two-fifths of respondents (45%) travelled to hospital by ambulance & the vast majority of those who did rated the care they received as excellent (87%).

This high positive rating was found across all age-groups and for males and females.

### ***Proportion of respondents answering positively on a range of questions on ambulance staff***

<b>Did ambulance staff...</b>	<b>%</b>	<b>Base number</b>
introduce themselves to you?	97	2,138
behave in a polite and courteous manner?	98	2,132
show care and compassion towards you?	98	2,114
speak to you in a way which you could easily understand?	98	2,103
explain to you what was happening in relation to your treatment/care?	94	2,057
make you feel safe and secure?	98	2,140
maintain your privacy and dignity?	99	2,106

### **Comparative results between 2014 and 2017 Surveys**

Further comparisons are made below between results from the 2014 and 2017 NI Inpatient Patient Experience Surveys. The 2014 survey was conducted at a different time in the year (March/April) than the 2017 survey (September/October) and this should also be taken into account when considering some of the observed differences.

#### **Overall how would you rate the care you received from ambulance staff?**

<b>Survey Year</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Very poor</b>
2014	83%	15%	1%	1%	0%
2017	87%	10%	1%	1%	1%

On average, across all Trusts:

- 97% of ambulance staff introduced themselves to patients
- 98% behaved in a polite and courteous manner
- 98% showed care and compassion towards patients
- 98% spoke in a way patients could easily understand
- 94% explained what was happening in relation to treatment/care
- 98% made patients feel safe and secure
- 99% maintained patient dignity and privacy

# EMERGENCY PLANNING REPORT FOR MARCH 2018

KPI No		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2	<b>No of Potential Major Incidents</b>	1	1	1	1	1			2	1			
	<b>No of Declared Major Incidents</b>		1			1							
	<b>No of Airport alerts</b>												
	Belfast International Airport					1			1		1	1	1
	Belfast City Airport		1					1					
	City of Derry Airport												
	St Angelo Airport												
	Newtownards Airfield												
	Other airfields												
	<b>Business Continuity</b>	3	5	3	1	5	3	1	8	10	9	2	
	<b>Hazardous Material Incidents (HART calls)</b>				6	4							
	<b>HART pre-planned deployments</b>	1	2		2	1	6	2					1
4	<b>Training sessions</b>	1	3	3		3	3	3	4	3	2	3	3
	Emergency Planning	2	3	2	1	2	1	1	5	1	4	3	6
	HART	7	11	6	1	1	2	7	8	5	3	5	1
	Business Continuity	1							1				
5	<b>Exercises</b>												
	Live	1		2		1			1				
	Tabletop	1		2		1				2	1	2	2
	Observer		2						1				
6	<b>Updates or Amendments to MIP</b>												
	Events		3	1	3	4	2	2					1
	HART Calls / Deployments	68	93	79	101	90	87	79	85	81	85	63	84
	GOLD Operational							1					1



### ***Potential Major Incidents***

There were no potential major incidents.

### ***Major Incidents***

There were no declared major Incidents.

### **Airport Alerts**

On 6 March 2018 at 08.02 NIAS received an airport alert to the Belfast International Airport for an aircraft making an emergency landing. Tasked to the scene were 6 A&E crews, 1 Immediate Care Vehicle crew, 2 Rapid Response Vehicles, 13 Officers and the Emergency Equipment Vehicle & Mobile Control Vehicle. The incident was stood down at 08.19 prior to any NIAS resources arriving at the Rendezvous Point.

### **TRAINING**

The HART administrator attended Loggist Training.

Emergency Planning Officer attended Firearms Officers JESIP Training.

Three Emergency Planning Officers attended as observers on the NARU MTFA training day in England.

Emergency Planning Officers continued to deliver Foundation Year Doctors' EP awareness training.

### **Of Note**

Emergency Planning Officer participated in 2 regional teleconferences in relation to severe weather.

### **HART**

Breakdown of HART Capabilities March 2018	
BA	58
Incident at Height	1
Restricted Space	14
Rope Tech	0
Quick Don	0
Mountain Res	1
MTFA	0
IWO	8
MIMMS	0
HAZMAT	2
HAZMAT Decon	0



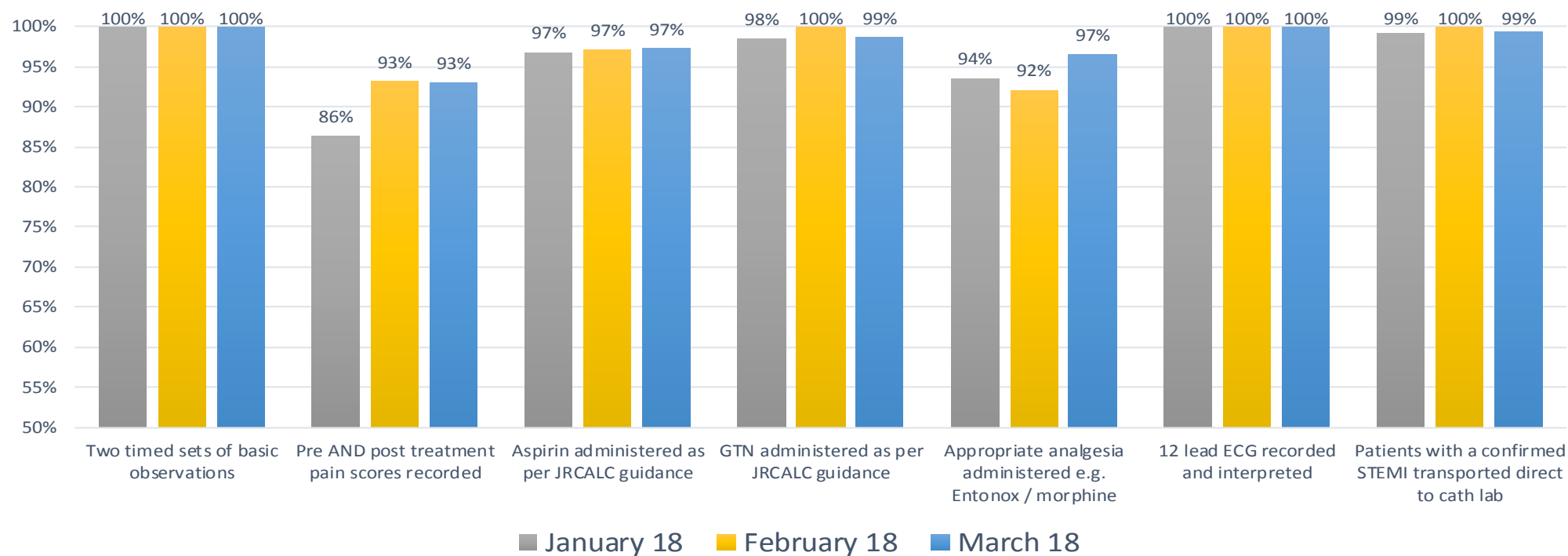
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**William Newton**

Emergency Planning Officer

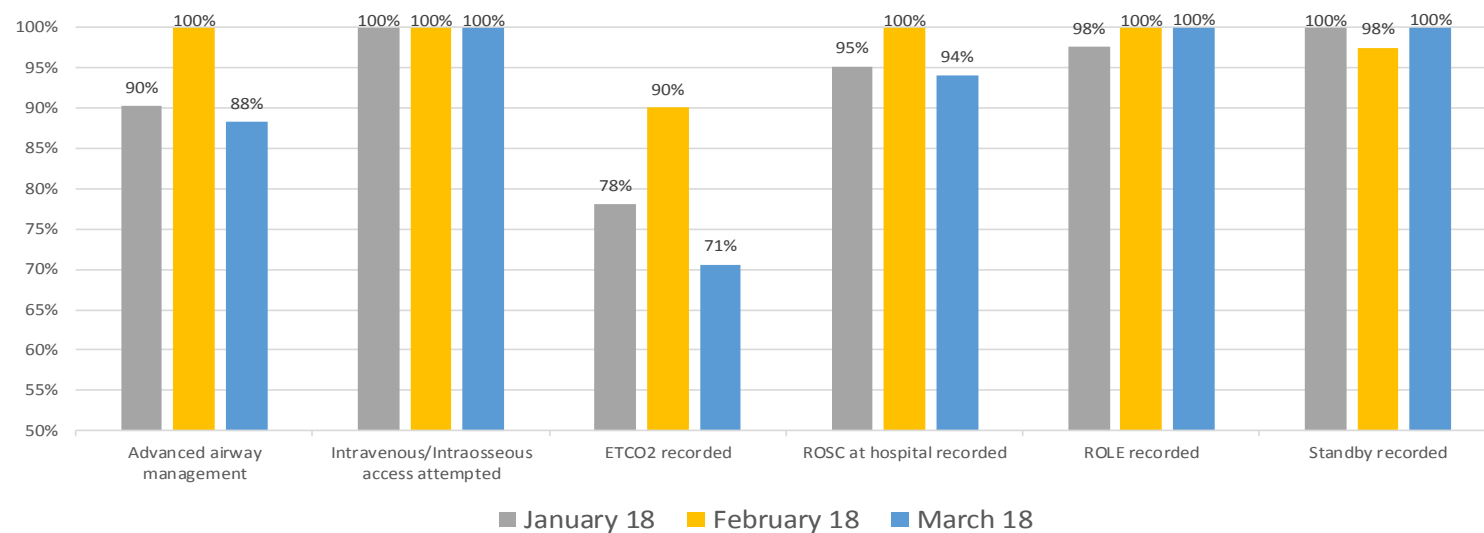
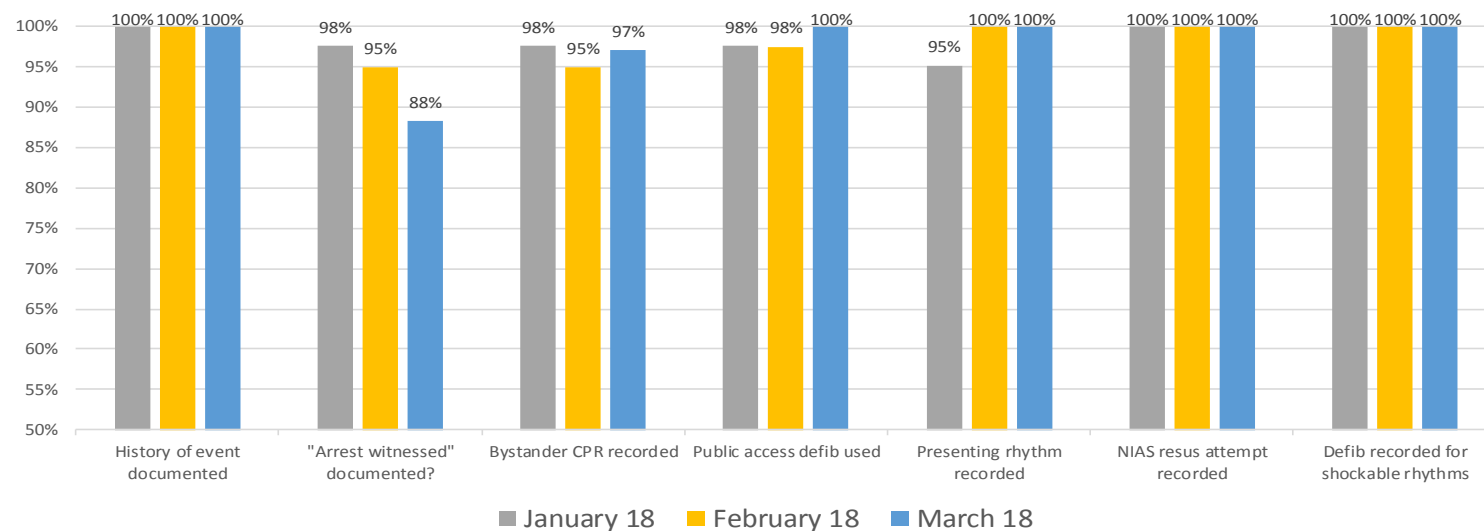


## ACUTE CORONARY SYNDROME QUALITY IMPROVEMENT COMPLIANCE



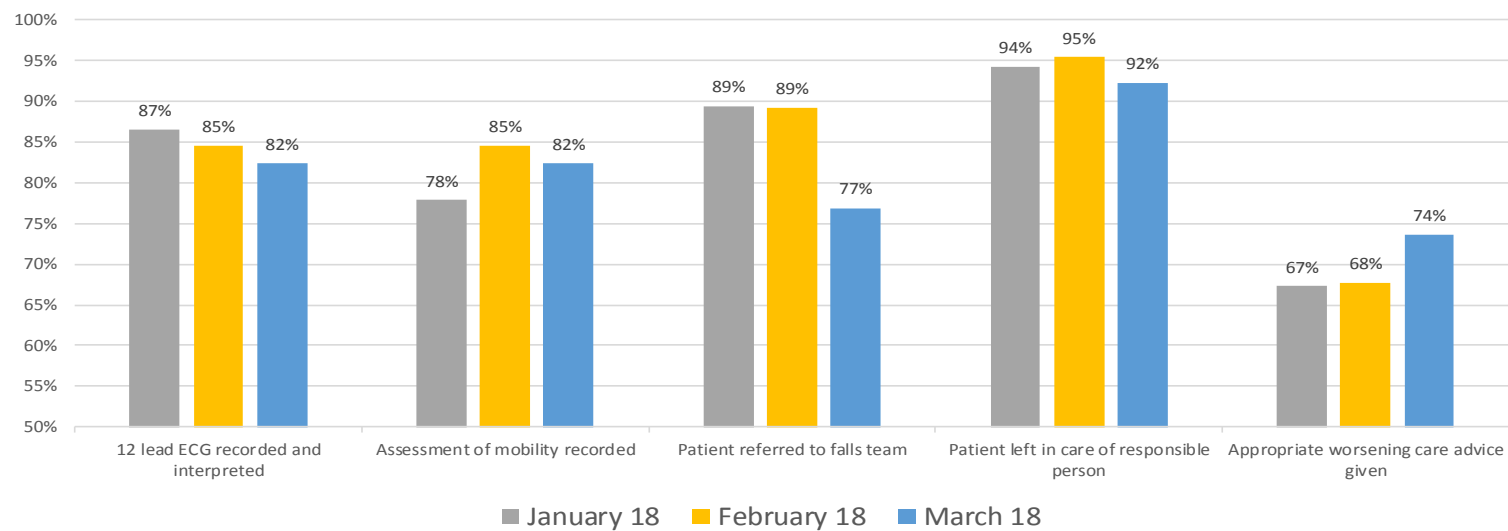
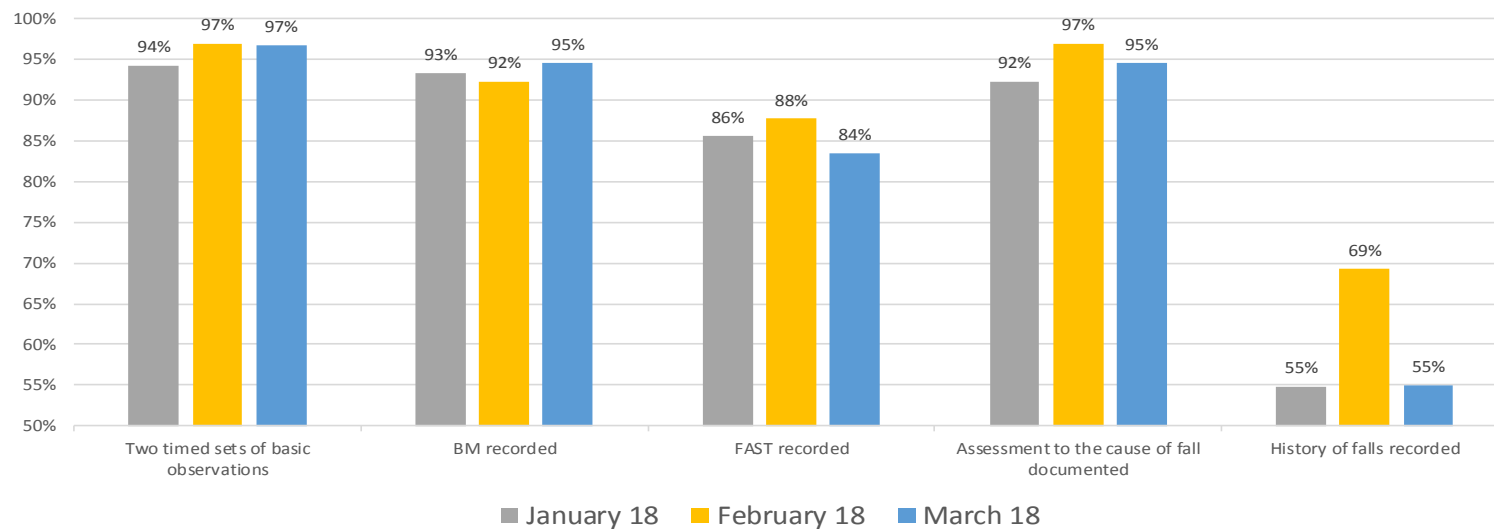


**CARDIAC ARREST**  
**QUALITY IMPROVEMENT COMPLIANCE**





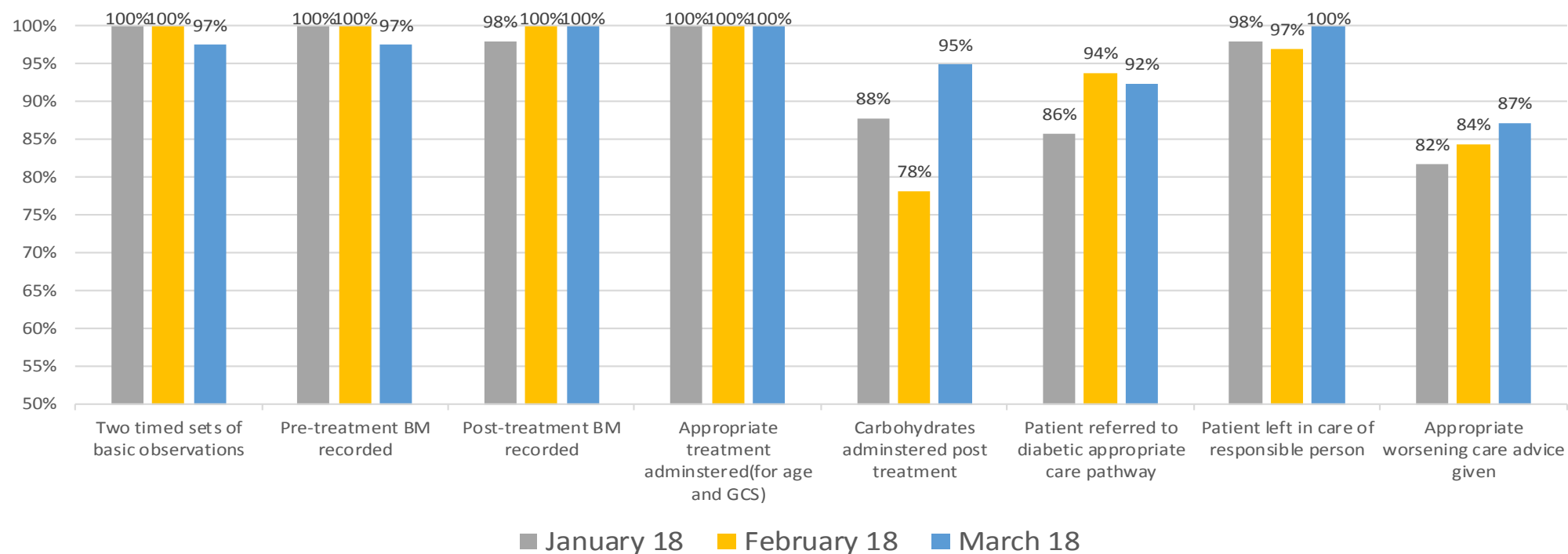
**FALLS**  
**QUALITY IMPROVEMENT COMPLIANCE**





## HYPOGLYCAEMIA

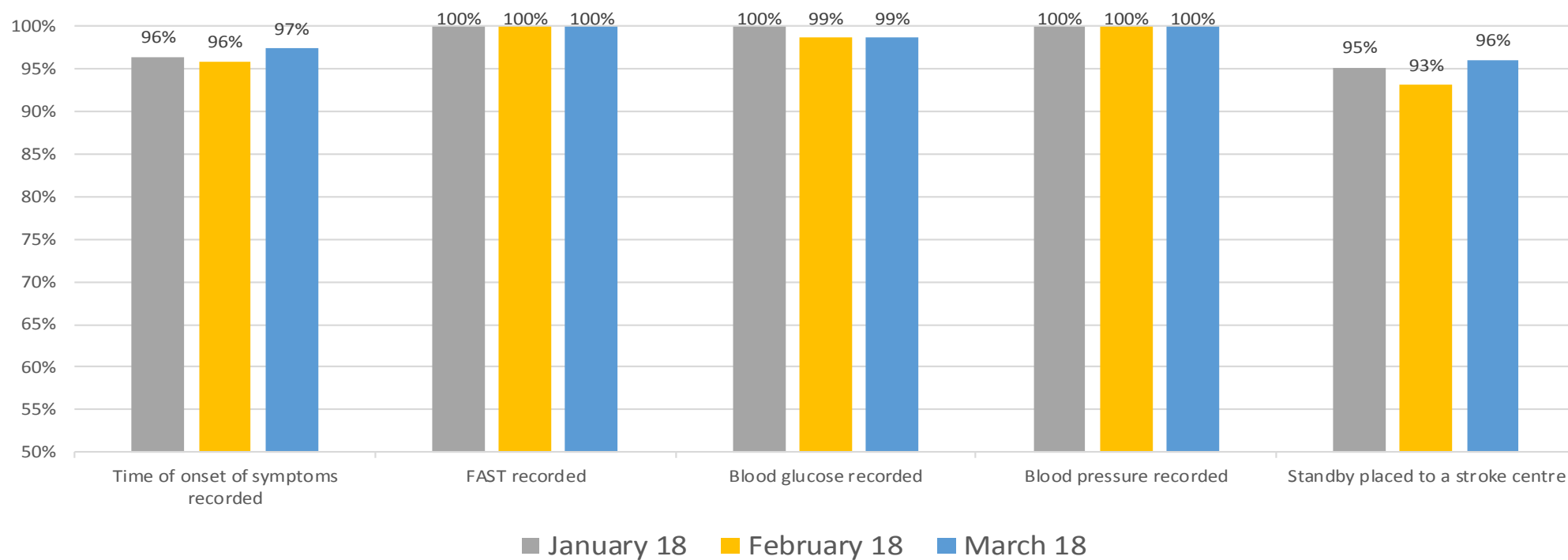
QUALITY IMPROVEMENT COMPLIANCE





## STROKE

QUALITY IMPROVEMENT COMPLIANCE





**TB/13/06/2018/12**





ID	Principal Aim/Objective Value	Description (Policies)	Risk level (initial)	Risk level (current)	Risk level (Target)	Lead Director	Initial Action Taken to Control/ Mitigate Risk	Opened	Review Date	Action Plan to Address /Mitigate Risk
300	To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessible, timely and	If adequate business continuity arrangements are not in place for Emergency Ambulance Control (EAC), there is a risk that calls may not be answered and patient care will be compromised.  In the event of a systems failure in EAC the current options of decanting to either East Control Knockbracken or Non-Emergency Ambulance Control (NEAC), Altnagelvin could only be sustained for a short period, i.e. less than one week. The Trust needs to consider a more resilient contingency arrangement, i.e. a remote site with associated technology infrastructure.	HIGH	HIGH	MEDIUM	BMCN	There are a number of contingencies in place in the event of a failure: If EAC is no longer functioning but systems are available, staff can operate from the onsite recovering room at RMC. If onsite recovery not available Control staff have to operate from Altnagelvin. C3 failure - move to paper based system. Radio/telephony failure - move to land lines/mobile telecommunications/Zetron/hand portable radios. ICCS failure - desk based phone contingency. BT failure - calls can be diverted to our 'Buddy' service the Scottish Ambulance Service (SAS). Discussion with IT with regards to improvement of mobile signal (August 2017). Review of fire risk assessment carried out, a number of recommendations have been made including fixed wiring test. Fixed wire testing took place 18th October 2017. Risk escalated to Corporate Risk Register at SEMT 24.10.17. Business Impact Analysis template has been produced and distributed to all Directorates (November 2017). Fixed wire debrief took place March 2018. Preliminary survey of water pipe took place April 2018.	26/10/2016	18/04/2018	Complete review of arrangements for Business Continuity in Emergency Ambulance Control and Non-Emergency Ambulance Control required (Q3 16/17). Slippage due to EAC pressures - (Q2 18/19). Discussion required with IT with regards to contingencies for server failure (Q3 17/18) e.g. consideration of moving hardware to HSC data centres/data warehouse etc. Slippage due to EAC pressures - (Q2 18/19).  Full survey of water pipes above emergency ambulance control to be carried out (May 2018). Strategic options paper required to consider estate requirements and CAD/ICS contracts, along with numbers, capacity and location (2017/18). Slippage due to EAC pressures (Q3 2018/19).
252	To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessible, timely and effective	There is risk to the Trust that resources allocated to the strategic management of risk and governance are not sufficient. This includes areas such as patient safety, Quality 2020, PHA Initiatives, health and safety (including RIDDOR reporting, risk assessment, policy development etc.), medical devices, infection prevention and control, HCIs, medicines management, Serious Adverse Incident process, involvement reports to other Trusts, interface incidents, child protection/vulnerable adult/safeguarding reporting, address flags/warnings, frequent callers, oversight of risk registers/action plans, administration of the Datix Risk Management System, Oversight of RQIA Reports, Francis Report, Oversight of Trust wide Controls Assurance Process, action plans and continual improvement, general administration etc. The area is not presently sufficiently resourced to support the Trust in ensuring compliance across all related statutory requirements and Ministerial priority work streams in these areas.  There is a risk that the administrative burden associated with these areas will detract from the management of risk within NIAS.  There are not enough resources to take forward a number of outstanding reviews, IPC and H&S projects. Unlike other Trusts in respect of these initiatives, NIAS has not received dedicated funding.  Due to the lack of resources, the Interim Medical Director is constantly being diverted to operational/minor issues, reducing their ability to focus on core functions.	MEDIUM	HIGH	LOW	DNR	At the introduction of its Risk Management processes the Trust created a role which was dedicated to discharging its duties in respect of risk management and statutory compliance with regard to risk management and specific health and safety regulations. Resource issue raised at SEMT (August 2014), initial draft document prepared Jan 2015. MD developed and submitted option appraisal Jan 2015. Recruitment document and option appraisal drafted for discussion between MD and CEO in April 2015. Temporary Risk Manager (RM) appointed with affect from 19th January 2016. Escalated to Corporate Risk Register 26.07.16. Temporary Incident Administrator in post from 28th November 2016, funded until March 17. Safeguarding Pathway introduced November 2016. Approval to recruit Risk Manager passed to HR January 2017. TUs agreed to re-engage with Job Evaluation process (February 2017). Upgrade to DATIX Version 14.0 complete (Risk Manager - August 2017). Datix Administrator appointed (October 2017). H&S Advisor Job description evaluated (October 2017). Internal Audit Governance Review Complete; a number of recommendations have been made (MEDDir/CEO Q3 2017/18). Health and Safety Advisor recruitment undertaken Q4 17/18, failure to appoint. Agency Health and Safety Advisor in place (10th April 2018).	04/08/2014	19/04/2018	Permanent full time resource required for Risk/Governance Lead. Job Description and Approval to Recruit passed to HR (January 2017); awaiting evaluation (Led by MedDir, input from HR). Complete review of Incident Management processes required (to include new policy, procedure, investigation protocol, guidance for statements, SAls, RIDDOR, intertrust incidents, controlled drugs incidents process etc.). Risk Manager (Q3 17/18). This has slipped due to competing priorities. Expected completion (Q2 18/19). DATIXWeb Incident reporting training and instruction manuals required for line management for management of incidents (Risk Manager - July 2017). This has slipped due to competing priorities. Expected completion (Q2 18/19). Modernisation of Datix, full implementation of DATIXWeb incidents and DATIXWeb Risks (Risk Manager - August 2017). This has slipped due to competing priorities. Expected completion (Q2 18/19). Plan to appoint IPC specialist (MEDDir Q3 2017/18). Re-evaluation required, expected completion April 2018. DoH Lead to review IPC requirements, expected completion Q1 18/19. Plan to appoint Clinical Lead (MEDDir Q3 2017/18). This has slipped due to competing priorities. Expected completion (Q1 18/19). Complete review of warnings/flags process (to include new policy, procedure). (MEDDir Q3 2017/18). This has slipped due to competing priorities. Expected completion (Q2 18/19). Complete review of safeguarding process (to include new policy, procedure). (MEDDir Q3 2017/18). This has slipped due to competing priorities. Expected completion (Q2 18/19). Complete review of frequent callers process (to include new policy, procedure). (Operations Q4 2017/18). This has slipped due to competing priorities. Expected completion (Q2 18/19).
262	Build and maintain a high performing, appropriately skilled and educated workforce, suitability equipped and fit for purpose	There is a risk to the Trust in relation to the building condition incorporating physical structure, mechanical and electrical systems, space utilisation, statutory standards, and functional suitability.	MEDIUM	HIGH	LOW	BMCN	Annual Review by Divisional Management Teams / Heads of Departments. Monthly Checks. Annual Reviews by Asst. D Op's and Risk Manager. Minor Works Consultancy Framework (MWCF) appointed (2017). Property Asset Management Report return made to the DOH (PAM PLAN) Quarter 3 2017. State of the Estate Report completed and returned as per DOH request 8th June 2017. All facilities assessed using RQIA Assessment toolkit (August 2017). NIAS has taken all actions required to address estate issues raised in the July and September inspection reports for Broadway and Bangor Stations (Q3 17/18). Estates Officer focusing on RQIA improvement works appointed January 2018. Acting Head of Estates appointed February 2018.	31/12/2014	18/04/2018	Annual review of estate appraisal in progress. Prioritisation of Works required now led by Head of Estates in conjunction with Divisions, Heads of Departments, Project Manager and Estates Officer to be completed Q1 2018/19.  Sluice Development Programme in process (providing separate Clinical and domestic Sluices that are compliant). Site surveys in conjunction with civil and mechanical engineers completed. Implementation phase commences Q1 2018/19. The Programme delivery timescale is subject to funding but could be completed by Q4 2018/19 if funding available; however may span across into 2019/20. Head of Estates to seek clarification from AD Finance on funding before end of April 2018.  Highlights of a Draft Estate Strategy have been presented to Director of Operations for Review. Once approved will be presented to Key Stakeholders for discussion. Final Version to be submitted for approval Q2 2018/19.
286	To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessible, timely and	There is a risk to the Trust in the provision of safe care to the public. Increasing demand for ambulance response and transportation continues to outstrip capacity and compromise the delivery of safe, high quality care. Demand has been increasing by 5% annually (increase of 26% since 2012).	MEDIUM	HIGH	MEDIUM	BMCN	NIAS uses internationally accredited Clinical Prioritisation System (AMPDS) to differentiate calls on basis of urgency and assign resources to the most urgent calls as a priority. NIAS uses Computer Assisted Dispatch (CAD) and Tactical Deployment Plan to align available resources with anticipated demand to deploy resources to location where they are most likely to be required to respond promptly to most urgent calls. NIAS financial planning prioritises provision of front-line resources. Performance Improvement Plan 2017/18 developed and being implemented. Demographic funding for poorest performing LCG agreed with HSCB. Financial resource and activity/performance are issues discussed at Trust Board and with HSCB. NIAS Modernisation programme established, this introduces measures to manage demand which result in an alternative outcome which is more appropriate for the patient and better for NIAS/HSCB. Proposed clinical response model developed and approved by Trust Board (September 2016) Demand / Capacity review commenced April 2017; report July 2017. Meeting with HSCB 08.03.18.	16/05/2016	18/04/2018	New clinical response model and associated revised response targets to be consulted on post Capacity Review. Consultation to take place Q3 18/19. HSCB approval required post consultation. Business Case to be developed for DoH. Expected completion Q4 18/19.

ID	Principal Aim, Objective, Value	Description (Policies)	Risk level (initial)	Risk level (current)	Risk level (Target)	Lead Director	Initial Action Taken to Control/ Mitigate Risk	Opened	Review Date	Action Plan to Address /Mitigate Risk
240	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective	There is a risk to the Trust that increased levels of sickness absence could lead to an inability to deliver the required service, and contribute to the inability to achieve financial balance. There are also associated reputational issues.	MEDIUM	HIGH	LOW	BMCN	RMC processes for rostered leave since 2014.  Absence levels reviewed and targets identified for Directorates and Areas 2017/18.  Introduced 10% casual leave process to support long notice requests. Implemented across all NIAS frontline operational staff (A&E and PCS) since Jan 2016.  Health and Wellbeing Group established (2016).  Weekly reports of expected dropped shifts shared by RMC with Senior Managers.  Staff encouraged to proactively manage own health and wellbeing.  Flu vaccination offered to all staff annually, along with other health promotion initiatives.  Processes in place to redeploy available resources across the region.  Use of Private Ambulance Services and Voluntary Ambulance Services as necessary.  The revised Trust Attendance Management Procedure was implemented 31 July 2017, associated training delivered September 2017.  ASAMs actively implementing Absence Management Policy; individual case management involving Occupational Health as necessary, led by ASAMs.  Use of overtime as necessary.  Use of bank staff as necessary.  Development and implementation of Absence Management Service Improvement Plan as part of the Operational Performance Improvement Plan (Q1 17/18). Development and implementation of Operations procedures to support implementation of NIAS Absence Management Policy. <del>Transformation Team to support programme of projects to facilitate reduction in sickness absence levels (Q2 17/18).</del>	21/12/2012	18/04/2018	The focus of improving attendance is now two collaborative projects "good attendance" and "improved productivity resource management" being managed under the Trust's Transformation and Improvement Collaborative Projects. Expected completion Q4 17/18. This has slipped due to competing priorities (Q2 18/19). Service improvement of RMC/GRS/associated support services to ensure Operational Managers are able to optimise resources (Q4 17/18). This has slipped due to competing priorities (Q2 18/19). Ops/HR identifying options for electronic monitoring and reporting of monthly absence management figure (Q4 17/18). This has slipped due to competing priorities (Q2 18/19). Occupational Health Workshop planned (Q4 2017/18). This has slipped due to competing priorities (Q2 18/19). A number of Health and Wellbeing Workshops are ongoing in relation to Pilot of a Peer Support Model for the Trust. Health and Wellbeing Partnership Project launched by NIAS and Unison in December 2017 and surveys are in the process of being issued to staff through agreed methodology (Q1 18/19).
4	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective	There is a risk to the Trust from the failure to review, update and test the internal business continuity plans as this may result in delay in identification of mission-critical areas that may fail with no current plan for mitigation.	MEDIUM	HIGH	MEDIUM	DNR	Four 'critical' activities were identified in 2011, Call Taking, Information Processing, Ambulance Despatch and Clinical Care. Existing plans reviewed to ensure that the areas which directly influence these 'critical' activities have been tested, activated and reviewed or debriefed: including: REMDC, Operational Divisions, and specific ICT Infrastructures. Business Continuity Strategy and Policy reviewed and updated October 13 and submitted to Assurance Committee December 13 and Trust Board January 14. Overarching Business Continuity submitted to Assurance Committee Sep/Oct 2014. EP/BCP planning was added to induction for all new staff (May 2015). Risk de-escalated from Corporate Risk Register local Medical Directorate risk register following Trust Board Workshop July 2014. An Emergency Preparedness and Business Continuity Planning Group was established June 2012 to oversee the process. Business Continuity incidents and plan activations are reviewed as standing agenda items. Internal Audit recommendations in relation to BCP are regularly reviewed and actions agreed. Terms of Reference and Schedule of Meetings submitted to the Assurance Committee on a quarterly basis. Training for Directorate functional leads in BPC completed in November 2015. Business Impact Analysis Training carried out February 2016. Escalated To Corporate Risk Register May 16. Emergency Planning Lead seconded on a full time basis, review of Strategy/Policy/Plan commenced Led by Emergency Planning Officer (Q1/Q2 17/18). BCP Strategy, Policy and overarching plan sent out for consultation to the Emergency Preparedness & Business Continuity Group Meeting members, Area Managers and Staff Side representatives (May 17); then presented to EP Group (June 2017). BIA template reviewed and reduced to a six page document, tabled at EP Group (June 2017). BCP Strategy and Policy ratified by Trust Board in August 17. Documents also placed on SharePoint for reference for Staff. EAC exercise completed and report available. Business Impact Analysis started with IT. Business Continuity Exercise (Fixed Wire Testing) completed on 18 Oct 17. Complete review of arrangements for Business Continuity in Emergency Ambulance Control and Non-Emergency Ambulance Control required (Q3 16/17). Risk 300 opened in order to address this as a separate issue (raised 26.10.17). Business Continuity Certificate has been obtained by Business Continuity Lead (November 17). Business Continuity schedule has been developed as well as a calendar to capture all activations of the Business Continuity Plan (17/18 and ongoing/annually). Business Continuity Strategic Plan agreed at EPBC Group (February 2018).	30/12/2010	19/04/2018	Directorate functional leads to complete BIA & BCPs; supported by the Emergency Planning Unit Q2 17/18. This has slipped due to competing priorities, expected completion Q4 18/19. Planning a test exercise with IT against a cyber security attack, to be completed by March 18. A date was not agreed in March, this has been planned for May 2018. Business Continuity Strategic Plan in final draft currently going through committee stage and awaiting Trust Board ratification, expected completion June 2018.
311	Review and develop operational systems and processes to support the service delivery model and provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.	Information security across the HSC is of critical importance to delivery of care, protection of information assets and many related business processes. If a Cyber incident should occur, without effective security and controls, HSC information, systems and infrastructure may become unreliable, not accessible when required (temporarily or permanently), or compromised by unauthorised 3rd parties including criminals.  This could result in unparalleled HSC-wide disruption of services due to the lack of/unavailability of systems that facilitate HSC services (e.g. the ability to dispatch and monitor emergency ambulances, appointments, admissions to hospital, ED attendances) or data contained within. This may result in the need for HSC to cancel appointments and treatments, or divert emergency/essential clinical or other services.  The significant business disruption could also lead to increased waiting lists, delayed urgent clinical interventions and ambulance response, suboptimal clinical outcomes and potentially bring liabilities for the Service.  It could also lead to unauthorized access to any of our systems or information (including clinical/medical systems), theft of information or finances, breach of statutory obligations, substantial fines and significant reputational damage.	HIGH	HIGH	LOW	FINDIR	Technical Infrastructure i.e. HSC security hardware (e.g. firewalls), NIAS security hardware, HSC security software (threat detection, antivirus, email & web filtering), NIAS security software (threat detection, antivirus, email & web filtering), Server / Client Patching, 3rd party Secure Remote Access, Data & System Backups.  Policy, Process, i.e. Regional and Local ICT/Information Security Policies (2016), Data Protection Policy (March 2016), Change Control Processes (template developed), User Account Management processes (IT Policy 2016), Disaster Recovery Plans (last reviewed 2016), Emergency Planning & Service/Business Continuity Plans (last reviewed 2016). Corporate Risk Management Framework, Processes & Monitoring (last updated Oct 16), Regional & Local Incident Management & Reporting Policies & Procedures (under review).  User Behaviours - influenced through Induction Policy, Mandatory Training Policies, HR Disciplinary Policy, Contract of Employment, 3rd party Contracts / Data Access Agreements, IG Training (ongoing).  Senior HSC IT Management concurred with Internal Audit's assessment that the National Cyber Security Centre (NCSC) 10 Steps to Cyber Security was appropriate guidance for HSCNI organisations to use as benchmark for their Cyber Security Control environments (Q1 17/18).  ICT Security Monitoring is a standing agenda item on IGSG which reports to the Assurance Committee. Additional reporting structures for Trust Board are being considered (Q1 17/18). Completed roll out of regionally funded antivirus Sophus and Intercept X. NIAS now using the same antivirus software as other HSC Trusts (completed Q3 17/18).	09/08/2017	18/04/2018	Internal Audit substantively assessed one of the NCSC 10 Steps to Cyber Security in respect of Secure Configuration (December 2017). Internal Audit Assignment report with an assurance classification of Limited was issued against this criteria. Whilst Incident Management was not part of the scope of the NIAS IT Audit Limited assurance is provided based on the lack of integrated governance in respect of Incident Management across the HSCNI network, impacting on the effectiveness of the NIAS local arrangements. Action plan developed and issues to be addressed by end Q3 2018/19 A regional business case to fund improved cyber security for HSC is currently in development Q1 18/19. A series of Business Impact assessments in relation to Business Continuity is ongoing. NIAS Emergency Planning Department (Q3 17/18). Delayed, expected completed Q1 18/19. A SIRO Cyber Security Programme Workshop is to be arranged to baseline the key perceived cyber security threats that exist across all HSC organisations. This workshop will examine and collate existing controls, accountability, processes and general preparedness for Networks and Information Systems Directive and General Data Protection Regulation (GDPR) with a view to formulating a regional approach that adopts the information security compliance framework detailed in ISO 27001. A Briefing Workshop will be held on the afternoon of May 2 2018. Explore "faux" cyber security exercises to test user behaviours, service continuity / disaster recovery plans (AD ICT, Q2 18/19).

ID	Principal Aim, Objective, Value	Description (Policies)	Risk level (initial)	Risk level (current)	Risk level (Target)	Lead Director	Initial Action Taken to Control/ Mitigate Risk	Opened	Review Date	Action Plan to Address /Mitigate Risk
312	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective	<p>There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance 17/18.</p> <p>The Trust has consistently returned a break-even financial position and has a sound understanding of cost / income with controls in place to manage spend. There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely:</p> <p>1. Increases to Savings Target given significant emerging pressures across Northern Ireland public sector. The Trust has been advised at this date (July 2017) of a savings requirement of £1m in 2017/18.</p> <p>2. Overspending against core budget.</p> <p>3. Cost Pressures and Service changes not fully recognised and funded by Commissioners. Income levels for prior year developments, new service developments and other unavoidable pressures have been highlighted to HSCB /DoH colleagues and the Trust is assuming that these costs will be met in full.</p> <p>4. Accident &amp; 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.</p> <p>Given the challenging financial position for the public sector in Northern Ireland NIAS will continue to actively engage with Commissioners and DoH to track emerging financial pressures and their impact on NIAS. Any changes in these assumptions will result in further contingency measures which are likely to impact directly on the delivery of front line services.</p>	HIGH	HIGH	LOW	FINDIR	<p>Controls are in place to mitigate each of these factors as follows:</p> <p>A. Applying internal budgetary control processes led by Director of Finance reporting monthly to Chief Executive as Accounting Officer. This will continue to be underpinned by detailed budget reports produced by finance to support budget holders. Directors are held accountable to Chief Executive. Financial position is a standing item on SEMT agenda for DoF to provide update and test assumptions.</p> <p>B. Submission and engagement with DoH/HSCB re any emerging financial implications for HSC in the context of Northern Ireland public sector budgets to be reflected in NIAS Trust Delivery Plan. Ongoing monitoring, review and engagement with stakeholders.</p> <p>C. Ongoing monitoring, review and engagement with stakeholders will continue throughout to highlight emerging cost pressures and service changes.</p> <p>D. Ongoing monitoring, review and engagement with stakeholders will continue throughout recognising that there remain uncertainties in particular in respect of the outcome of Agenda for Change (both in terms of timing and magnitude).</p> <p>E. Development and implementation of a Trust Delivery Plan, including savings proposals, by NIAS for 2017/18 in conjunction with Trust Board. Engagement with staff and patient representatives and fulfillment of any statutory consultation requirements.</p> <p>Ongoing application of controls A to E above.</p> <p>At July 2017, the Trust awaits guidance from HSCB over the format and content of the Trust Delivery Plan for 2017/18. The Trust continues with the regular completion and submission of Trust Monitoring Returns and other financial returns. The Trust continues with the budgetary reporting cycle to Budget Holders, SEMT and Trust Board.</p> <p>Guidance on the Trust Delivery Plan structure and timeline for 2017/18 was received in September and a draft submitted to HSCB in November 2017.</p> <p>In December 2017, the Trust received notification that the HSCB are generally satisfied with the content of the Trust Delivery Plan. This approval noted the forecast balanced position in 2017/18 was largely due to in year non recurrent savings and referenced ongoing discussion with HSCB in regard to achieving a balanced financial position in subsequent financial years.</p> <p>Formal approval for the Trust Delivery Plan for 2017/18 was received on 12th February 2018.</p>	28/07/2017	24/04/2018	<p>Ongoing application of controls A to E (controls in place) throughout 2017/18.</p> <p>The Trust is engaging with HSCB/DoH in a comprehensive exercise to forecast expenditure levels in the current and subsequent financial years.</p> <p>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.</p>
336	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective	<p>There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance in 2018/19.</p> <p>The Trust has consistently returned a break-even financial position and has a sound understanding of cost / income with controls in place to manage spend. There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely:</p> <p>1. Increases to Savings Target given significant emerging pressures across Northern Ireland public sector. The Trust has yet to be advised at this date (April 2018) of any savings requirements in 2018/19.</p> <p>2. Overspending against core budget.</p> <p>3. Cost Pressures and Service changes not fully recognised and funded by Commissioners. Income levels for prior year developments, new service developments and other unavoidable pressures have been highlighted to HSCB /DoH colleagues and the Trust is assuming that these costs will be met in full.</p> <p>4. Accident &amp; 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.</p> <p>Given the challenging financial position for the public sector in Northern Ireland NIAS will continue to actively engage with Commissioners and DoH to track emerging financial pressures and their impact on NIAS. Any changes in these assumptions will result in further contingency measures which are likely to impact directly on the delivery of front line services.</p>	HIGH	HIGH	LOW	FINDIR	<p>Controls are in place to mitigate each of these factors as follows:</p> <p>A. Applying internal budgetary control processes led by Director of Finance reporting monthly to Chief Executive as Accounting Officer. This will continue to be underpinned by detailed budget reports produced by finance to support budget holders. Directors are held accountable to Chief Executive. Financial position is a standing item on SEMT agenda for DoF to provide update and test assumptions.</p> <p>B. Submission and engagement with DoH/HSCB re any emerging financial implications for HSC in the context of Northern Ireland public sector budgets to be reflected in NIAS Trust Delivery Plan. Ongoing monitoring, review and engagement with stakeholders.</p> <p>C. Ongoing monitoring, review and engagement with stakeholders will continue throughout to highlight emerging cost pressures and service changes.</p> <p>D. Ongoing monitoring, review and engagement with stakeholders will continue throughout recognising that there remain uncertainties in particular in respect of the outcome of Agenda for Change (both in terms of timing and magnitude).</p> <p>E. Development and implementation of a Trust Delivery Plan, including savings proposals, by NIAS for 2018/19 in conjunction with Trust Board. Engagement with staff and patient representatives and fulfillment of any statutory consultation requirements.</p> <p>Ongoing application of controls A to E above.</p> <p>At April 2018, the Trust awaits guidance from HSCB over the format and content of the Trust Delivery Plan and Trust Monitoring Returns for 2018/19. The Trust will continue to comply with the timely and regular completion and submission of Trust Monitoring Returns and other financial returns. The Trust will continue with the budgetary reporting cycle to Budget Holders, SEMT and Trust Board.</p> <p>There are significant income (£6m of the £71m received in 2017/18) that is non recurrent in the Revenue Resource Limit for 2018/19. These allocations have been factored into budget planning assumptions for 2018/19, but make planning and implementation problematic, for example Transformation Funding and specific posts/projects.</p> <p>There are a range of pressures in 2018/19, specifically identified around Training, Infection Prevention and Control and the use of VAS/PAS, for which costs have been/will be incurred but income assumptions have yet to be confirmed. Responding to these pressures requires confirmation of income assumptions from HSCB and may require additional income beyond that in the current assumptions, therefore additional HSCB/DoH support would be required.</p>	25/04/2018		<p>Ongoing application of controls A to E (controls in place) throughout 2018/19.</p> <p>The Trust is engaging with HSCB/DoH in a comprehensive exercise to forecast expenditure levels in the current and subsequent financial years.</p>
309	To Achieve the best outcomes for patients whilst Ensuring High Quality Corporate Governance, Risk Management and probity	<p>The Trust is currently not able to meet RQIA standards in relation to infection, prevention and control across the entire region; this may present a clinical risk to patient safety, staff safety and potentially organisational reputation. If governance arrangements cannot provide assurance that IPC standards relating to hygiene and cleanliness as well as clinical practice are not being uniformly met across the region.</p>	HIGH	HIGH	LOW	DNR	<p>IPC covered in PP training (2009/10).</p> <p>IPC contained in annual workbook (2012/13).</p> <p>Hand hygiene audits carried out (2014).</p> <p>IPC Policy and Procedures in place and signed for by all staff (2015).</p> <p>Infection Prevention &amp; Control Group established and meeting quarterly; items escalated to Assurance Committee as necessary (ongoing).</p> <p>Vehicle cleaning is considered as a 'standing item'.</p> <p>Incident reporting procedures in place (under review).</p> <p>IPC training included in Futurequals EMT syllabus (16/17 &amp; 17/18).</p> <p>Vehicle cleaning reporting system developed with EAC recording on a database (ongoing).</p> <p>Presentation on 'Make ready' system to IPC and MEG (November 2016).</p> <p>RQIA highlighted difficulties in maintaining vehicle cleaning regimes due to operational pressures (05.07.17).</p> <p>Corporate IPC Action Plan developed (July 2017).</p> <p>ASAM IPC Risk Management Workshop (August 17).</p> <p>Implementation of regional IPC Audit Tools (July 17 forward).</p> <p>IPC Group meeting monthly from October 2017.</p> <p>IPC KPIs for 2017/18 set (September 2017).</p> <p>IPC KPIs updated following feedback from RQIA (November 2017).</p> <p>Note also Vehicle Cleaning Risk 316 opened due to increasing pressures and a change in Lead Director (October 2017).</p> <p>IPC Lead Job Description evaluated (October 17).</p> <p>Estates Officer appointed (January 18).</p> <p>Agency vehicle cleaning staff pilot ongoing (January 2018).</p> <p>Head of Estates appointed (February 18).</p> <p>IPC Policy agreed at Trust Board (April 2018).</p>	24/07/2017	19/04/2018	<p>Appointment of IPC Lead (MEDDir Q3 17/18). Delayed due to RQIA requirement to change and re-evaluate JD, anticipated Q4 17/18. Delayed due to the appointment of DoH IPC Lead (Special Measure). IPC arrangements will be reviewed and recommendations made (Q2 18/19). RQIA recommendation to DoH to appoint IPC / Governance Lead (Special Measure). Lead appointed 9th April 2018. Review of Quality Improvement Plan underway for submission to the DoH (April 2018).</p>



**TB/13/06/2018/13**



# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD REPORT

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### HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE

Director of Human Resources and Corporate Services

2018 / 06 / 13

(As at 31 March 2018)



**Section 1: Human Resources & Corporate Services**  
**Additional HRCS and (or Assurance Committee) Trust Board Agenda Items.**

The Chief Executive has asked Directors to review their reporting mechanisms to Trust Board, and/or Assurance Committee. The HRCS Standard Trust Board Performance Report will include an update on Job Evaluation; Paramedic, RRV Paramedics and EMTs; Workforce Information; Corporate Absence; Compliments and Complaints. During the Year, more detailed HRCS reports will be tabled at either Trust Board or Assurance Committee. The following table outlines the related medium and indicative timeframes. It should be noted that where a Trust Board (TB) or Assurance Committee (A) meeting is not scheduled for the month indicated the HRCS report will be presented at the next meeting.

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Clinical Education			TB			TB					TB	
Clinical ELD Plan Update	A				A			A		A		
Mandatory Training Compliance	A						A					
Transformation and Innovation Update			TB			A			A			A
Equality		A										
PPI	A						TB					
Statutory Returns			A			TB						
Organisational Development Update											A	
Staff Satisfaction/Engagement Update										TB		
Article 55 Annual Return												A
Workforce Plan												A
Recruitment Campaign			TB				A					
Attendance Management Update	TB					A		TB			A	
Media/Communication	TB						TB					
TBC												

**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 March 2018. This information is taken from HRPTS.

<b>MARCH 2018</b>	<b>TRUST TOTAL</b>	<b>CX / BOARD</b>	<b>FINANCE / ICT</b>	<b>HRCS</b>	<b>MEDICAL</b>	<b>OPERATIONS</b>
<b>FUNDED (WTE) RECURRENT / (TEMPORARY FUNDING)</b>	1,318.28 (29.00)	7.00 (0.00)	31.63 (1.00)	68.15 (11.00)	16.00 (10.00)	1,195.50 (7.00)
<b>STAFF IN FUNDED POSTS (WTE) PERM STAFF / (TEMP STAFF)</b>	1,186.94 (15.53)	1.00 (5.00)	21.58 (0.00)	63.49 (3.37)	20.80 (1.00)	1,080.07 (6.16)
<b>OVERALL VACANCY LEVELS (WTE)</b>	<b>-144.81</b>	<b>-1.00</b>	<b>-11.05</b>	<b>-12.29</b>	<b>-4.20</b>	<b>-116.27</b>

**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 March 2018, the Trust has an overall vacancy level of **144.81** WTE posts.

**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 March 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	19.72	-11.28	0	No recruitment activity planned, due to industrial relations issues, relating to the Station Supervisor model, which currently remain ongoing.	N/A	N/A	N/A
Paramedic	320.40	308.53	-11.87	29	Opened ended Paramedic recruitment campaign ongoing.	N/A	N/A	N/A
RRV Paramedic	85.20	71.56	-13.64	0	No planned recruitment.	N/A	N/A	N/A
EMT + Trainee EMT	301.40	264.83	-36.57	6	21 offers accepted by candidates on recruitment waiting list in preparation for Cohort 3 (due to commence mid June 2018.). Internal Trawl for Trainee EMTs and external recruitment for Qualified EMTs commencing June 2018.	23 (Cohort 2). Trainees completing evidence based portfolios and to complete end point assessment by end April 2018.	Cohort 3: mid June 18	2 courses to commence in November 18
ACA (inc. PCS Sup.) + Trainee ACA	263.50	245.89	-17.61	2	RSSSC processing pre-employment checks for courses commencing early August and mid September 2018. 31 offers accepted. New ACA recruitment exercise ongoing.	N/A	Early August and mid September 18	2 courses to commence in January and February 19

Currently the Operations and HR Directorates are working together to develop recruitment and training plans to address the vacancy levels.

## Section 1: Human Resources & Corporate Services

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

#### CORPORATE ABSENCE REPORT (@ 31 MARCH 2018)

The HSC Trusts' sickness absence targets for the current Reporting Year, as advised by the DHSSPSNI, was to show a 5% improvement on the 2016/17 absence levels, ie 9.95% (based on 2016/17 cumulative figure of 10.47% hours' lost). Whilst monthly absence decreased in March 2018 to 10.83% cumulatively, the Trust did not achieve its absence target of 9.95%, with absence at Year End being 10.59%.

2017/18 Monthly Sickness Absence including Comparators to Previous Reporting Year (2016/17)												
MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>NIAS ABSENCE TARGET (2017/18)</b>	<b>REDUCE SICKNESS ABSENCE RATES BY 5% ON 2016/17 PERFORMANCE TO 9.95%</b>											
NIAS cumulative % hrs lost (16/17)	9.78%	9.70%*	9.91%*	9.54%	9.68%	9.80%	9.91%	10.06%	10.40%	10.56%	10.49%	10.34%
NIAS monthly % hrs lost (16/17)	9.78%	9.64%	10.30%	8.39%	10.21%	10.41%	10.55%	11.09%	13.11%	13.12%	9.36%	8.69%
NIAS cumulative % hrs lost (17/18)	8.18%	7.98%	8.11%	8.40%	9.00%	9.36%	9.60%	9.67%	10.14%	10.50%	10.57%	10.59%
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%
Monthly % hrs lost (S/T)	2.27%	2.03%	2.30%	1.85%	2.00%	2.08%	3.15%	3.07%	4.25%	4.29%	4.26%	3.30%
Monthly % hrs lost (L/T)	5.90%	5.79%	6.06%	7.45%	9.24%	9.15%	7.90%	7.06%	9.80%	9.26%	7.12%	7.52%
Av. days lost (7.5 hrs) per Employee per Mth	1.59	1.75	1.79	1.90	2.52	2.29	2.42	2.17	2.88	3.03	2.22	2.32
NIAS cumulative costs (£'000)	£272	£531	£824	£1,151	£1,557	£1,960	£2,343	£2,701	£3,135	£3,624	£4,044	£4,381
* May-16 & Jun-16 cumulative absence figs adjusted due to late notifications received after production of reports.												
<b>NIAS CUMULATIVE % HRS LOST:</b>	<b>(2016/17) 10.47%</b>					<b>(2017/18 @ 31 March 2018) 10.59%</b>						

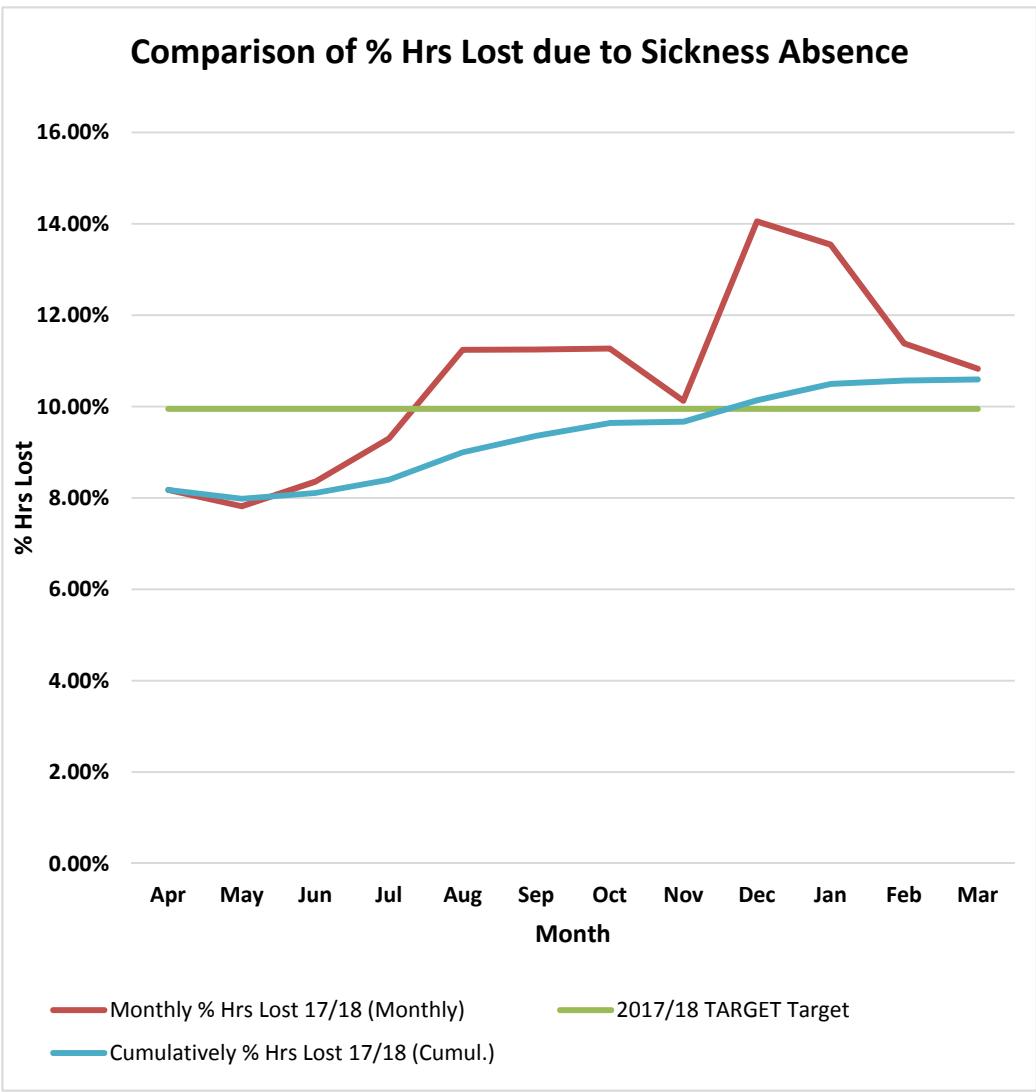
NB:(1) The figures exclude Bank Staff and the Non-Executive Team; (2) The information is reported from HRPTS and, in line with HSC regional reporting, is in % hours lost; (3) In respect of average days lost it should be noted that, whilst the majority of NIAS staff are shift workers (approx 88%), who 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).

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

- Two Health and Wellbeing workstreams have been developed under TIC;
- Trade Union Partnership Survey with Unison now complete. Results are being analysed, Partnership Working Group meeting regularly;
- Peer Support Pilot Project: approved in principle. Staff engagement, benchmarking and project planning in final stages, peer support volunteers identified;
- Engagements for learning and information sharing with Partners (eg PSNI) ongoing;
- Wider NIAS stress awareness and resilience workshops planned for roll-out during April and May across all areas;
- Attendance Management Policy and Procedure agreed and implemented;
- “Attendance Management” Management Toolkit under development;
- East Division Attendance Management pilot;
- Ongoing additional intervention by Inspire in relation to mental health issues within the EAC environment;
- Access of all staff to a fast-track Physiotherapy service;
- Promotion of flu vaccine uptake and introduction of peer vaccinations to increase accessibility to frontline staff. Uptake of the vaccine by frontline staff increased from 10.2% in 2016/17 to 34.6% in 2017/18.

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)



**“OTHER” CATEGORIES / REASONS WITH MORE THAN 1% ABSENCES INCLUDE:**

Post Surgical Debility	5.72%
Asthma, Chest, Resp.	4.07%
Influenza	3.02%
Hospital Investigations	1.83%
Heart/cardiac/circulatory	1.73%
Tumours and Cancers	1.53%
ENT	1.35%
Headache/Migraine	1.22%

**OTHER CATEGORIES WITH LESS THAN 1% ABSENCES INCLUDE:-**

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

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

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

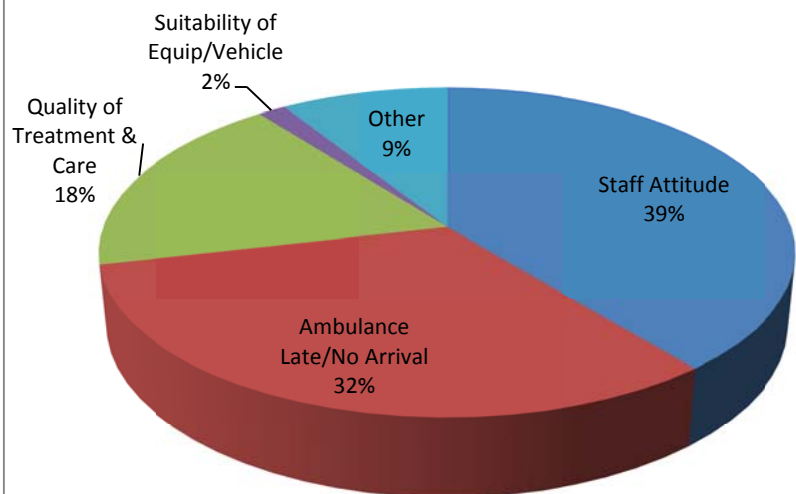
Total complaints received to date: 133						For same period last year: 164				% Difference -18.9%						
HANDLING TIMES OF COMPLAINTS FOR 2017-18																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2016-17	
Complaints Received	12	13	7	11	13	14	14	12	7	13	10	7	133		164	100%
Total A&E & PCS Activity	27912	31230	30077	29219	29767	29276	29987	29494	29398	30540	27,292	30,189	354381			
% Complaints/Activity	0.04%	0.04%	0.02%	0.04%	0.04%	0.05%	0.05%	0.04%	0.02%	0.04%	0.04%	0.02%	0.04%			
Acknowledged within 2 working days	12	13	7	11	13	14	14	12	5	14	11	7	133	100%	163	99.4%
Acknowledged after 2 working days	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	1	0.6%
Response within 20 working days	2	5	4	3	4	4	3	3	0	1	0	0	29	22%	47	28.7%
Response after 20 working days	6	5	2	4	0	1	0	2	0	5	3	2	30	23%	113	68.9%
Complaints Investigations ongoing	4	3	1	4	9	10	11	7	7	8	8	5	77	58%	4	2.4%
Cases referred to NI Ombudsman (cases ongoing)	0	0	1	0	0	0	1	1	0	0	0	0	3		2	

<b>NATURE OF COMPLAINTS RECEIVED 2017-18</b>															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017-18	%	2016-17
Staff Attitude	10	7	3	6	5	4	6	2	2	3	2	2	52	39%	75
Ambulance Late/No Arrival	1	3	3	3	5	6	5	8	2	4	1	2	43	32%	66
Quality of Treatment & Care	0	1	0	0	1	1	2	1	3	6	6	3	24	18%	12
Suitability of Equip/Vehicle	0	0	1	0	1	0	0	0	0	0	0	0	2	2%	5
Other	1	2	0	2	1	3	1	1	0	0	1	0	12	9%	6
Patient Property	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0
<b>TOTAL</b>	<b>12</b>	<b>13</b>	<b>7</b>	<b>11</b>	<b>13</b>	<b>14</b>	<b>14</b>	<b>12</b>	<b>7</b>	<b>13</b>	<b>10</b>	<b>7</b>	<b>133</b>		<b>164</b>

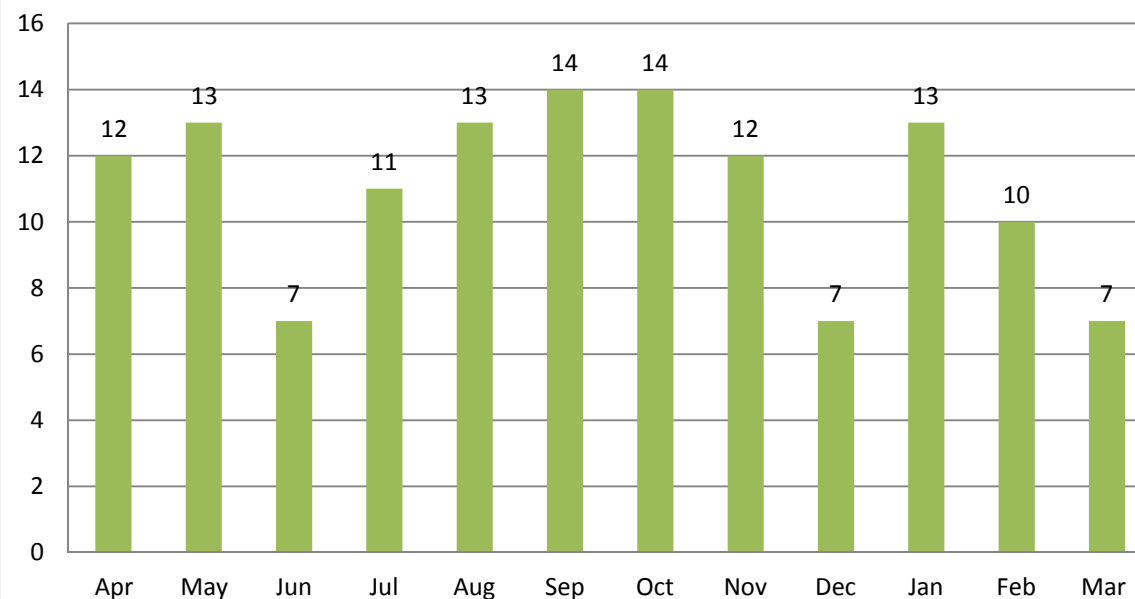
## Section 1: Human Resources & Corporate Services

### HRCS KPI: Supporting Trust Priorities

**2017-18 Complaint Categories**



**NIAS Complaints Recieved During 2017-18**

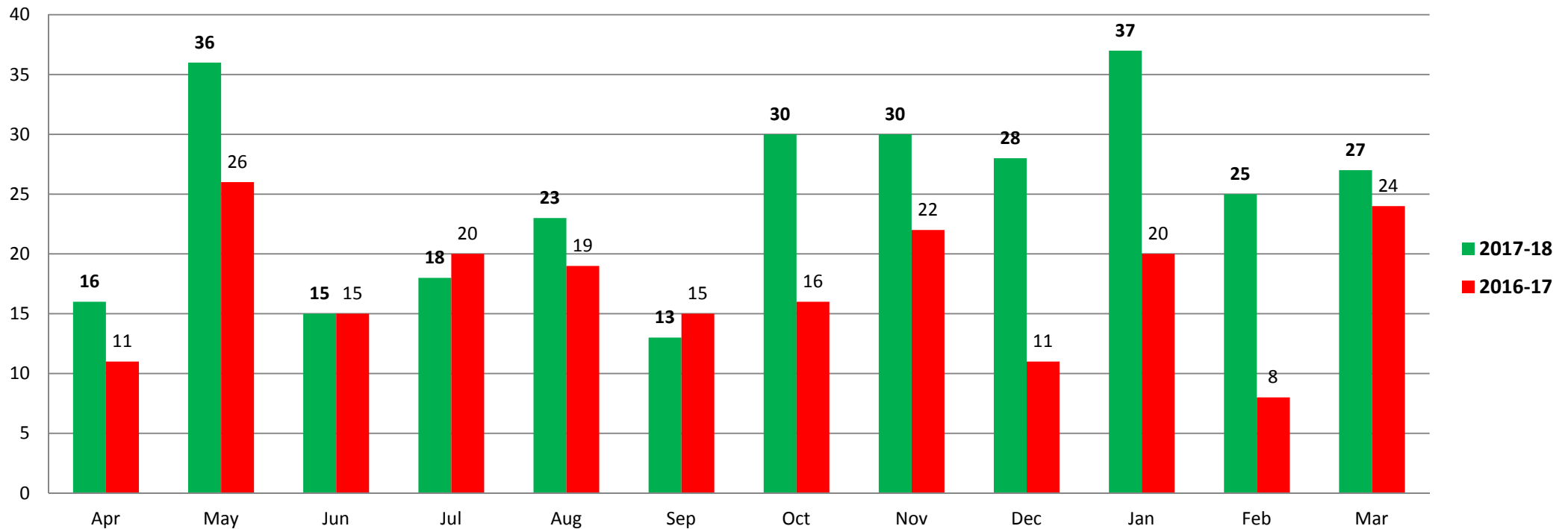


**SERVICE AREA OF COMPLAINTS 2017-18**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2016-17	
Accident & Emergency	7	7	2	6	8	5	10	6	7	9	9	3	79	59%	90	56%
Patient Care Service	2	1	1	2	1	3	2	1	0	1	0	0	14	11%	10	6%
Control & Communications	2	4	4	2	4	5	2	5	0	3	1	4	36	27%	57	35%
Other	1	1	0	1	0	1	0	0	0	0	0	0	4	3%	4	2%
Voluntary Car Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0	0%
<b>TOTAL</b>	<b>12</b>	<b>13</b>	<b>7</b>	<b>11</b>	<b>13</b>	<b>14</b>	<b>14</b>	<b>12</b>	<b>7</b>	<b>13</b>	<b>10</b>	<b>7</b>	<b>133</b>	<b>100%</b>	<b>161</b>	<b>100%</b>

COMPLIMENTS RECEIVED 2017-18																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017-18		2016-17	
RECEIVED	16	36	15	18	23	13	30	30	28	37	25	27	298		207	
SERVICE AREA OF COMPLIMENTS RECEIVED																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017-18	%	2016-17	
Accident & Emergency	13	35	14	15	22	11	27	30	28	34	20	25	274	91.9%	190	92%
Control	1	1	1	1	1	1	1	0	0	2	3	2	14	4.7%	3	1%
Patient Care Service	0	0	0	1	0	1	2	0	0	1	1	0	6	2.0%	7	3%
Voluntary Car Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0	0%
Other	2	0	0	1	0	0	0	0	0	0	1	0	4	1.3%	7	3%
TOTAL	16	36	15	18	23	13	30	30	28	37	25	27	298		207	

**NIAS Staff Compliments Recieved During 2016-17 and 2017-18 periods**





**Section 1: Human Resources & Corporate Services**
**HRCS KPI: Supporting Trust Priorities**
**CLOSED COMPLAINTS: MARCH 2018**

Type	Ref	Opened	Closed	Subject	Description	Outcome	Action taken (Investigation)
FORMAL	COMP/1369	23/02/2018	13/03/2018	Quality of Treatment & Care	Complainant states that the ambulance crew left a patient in waiting area of A&E without correct handover. The hospital staff where allegedly unaware that the patient was waiting. Patient very upset by the incident.	Complaint upheld, full explanation and apology issued. The investigation has shown that the crew in their haste, failed to book this patient on the system upon arrival at hospital. The patient accepted the apology and did not wish any further action to be taken against the crew, and states she appreciates everything they did for her.	Issue of the memo to relevant crew, outlining action of arrival at ED. Station Officer counselled the staff involved and reminded them of the importance as per procedure to have a patient booked on the system within 15mins of arrival at the ED.
FORMAL	COMP/1368	23/02/2018	28/03/2018	Quality of Treatment & Care	Complainant has raised concerns as an ambulance that attended to her was crewed by 2 Emergency Medical Technicians (EMTs). States that a paramedic should have been available after she was struck by a car.	Area Manager spoke with complainant who stressed she did not want to make a complaint but is happy that her concerns have been addressed.	No further action required.
FORMAL	COMP/1371	27/02/2018	16/03/2018	Staff Attitude/Behaviour	Complainant called 999 for her sick mother who was experiencing severe abdominal pain. Complainant is unhappy with quality of treatment of care given by paramedics and lack of urgency.	Local Station Officer contacted the complainant and the complaint has been resolved locally. The complainant is content that the matter will be raised with the crew by the Investigating Officer, this will focus on the communication breakdown and how our actions can be misunderstood by patients and relatives. Further advice will be sought from the Clinical Support Officer for each crew member with a focus on abdominal assessment and the surgical bypass protocol at LVH.	Counselling of staff in relation to communication skills  Counselling of staff by CSO in relation to abdominal assessment and the surgical bypass protocol at hospital.

## Section 1: Human Resources & Corporate Services

### HRCS KPI: Supporting Trust Priorities

FORMAL	COMP/1358	24/01/2018	02/03/2018	Transport, Late or Non-arrival/Journey Time	Elderly lady fell and sustained a severe laceration to head. When the ambulance was called the EAC call handler stated that the call was not a priority call as patient was 'still breathing'. The patient then had to wait a further 2 hour in a pool of her own blood until ambulance arrived. At the A&E department, the patient then had to receive a number of pints of blood due to blood loss from injury.	Complaint upheld, apology and explanation for the delay issued. The investigation has shown that resources were limited at the time of this 999 call. EAC were dealing with a high volume of calls and prioritising these based on clinical need.	Letter of apology and explanation issued. No further action identified.
FORMAL	COMP/1322	25/10/2017	07/03/2018	Transport, Late or Non-arrival/Journey Time	Late arrival of an ambulance. Ambulance requested at 1.15pm and arrived at 4.30pm.	This complaint has been closed as despite numerous requests, a completed consent form has not been received.	An apology has been issued for any distress the incident caused.

### Concerns raised under Public Interest Disclosure (NI) 1998 (WHISTLE BLOWING)

The NIAS revised Whistleblowing Policy was approved by Trust Board in April 2018. This was based upon regional HSC Whistleblowing Guidance and model Policy. A whistleblowing register is now in place with ongoing reporting via the Trust's Assurance Committee.

## Section 2: Education, Learning & Development

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

#### Regional Ambulance Clinical Training Centre (RACTC) Education, Learning and Development

March 2018 marked the end of a very busy and challenging year in the education and training calendar. Whilst endeavouring to deliver the normal, planned training activities, a number of extra pressures were also encountered. Following recommendations from RQIA, RACTC had to embark on a significant training programme for all staff on Infection Prevention and Control. In addition, the training team was stretched as a number of the Training Officers were seconded to work with the Ulster University on development for a new Paramedic education programme.

##### ELD Highlight report:

- The annual Post Qualification 'Continuing Education' programme for Clinical staff continued through March with 'Day 2' training. (Continuing Education remains as a working title which supersedes the traditional 'Post Proficiency' or 'PP' terminology). The new title reflects the way in which the course is formatted. Even though the course will always be a means to assist and ensure that our clinicians remain contemporary in their practice, it has been recognised that historically the assessment element may have hampered the learning experience for many. This second day of education for A&E staff was focused on familiarisation in the use of new defibrillator monitors due to be rolled out into service. Annual re-validation of Intermediate and Advanced Life Support was also incorporated into the training on the new defibrillators, in a scenario-based manner and thus remove a perceived barrier to learning which should in-turn enhance the retention of the contemporary thinking. Defibrillator training has now completed across the region. Further CE/PP rolls forward into 2018-19 and will continue to be delivered in separate training days.
- Further days of the CE/PP will incorporate various skills and information which will include enhanced Respiratory Assessment; with an additional focus on upskilling our EMTs to provide additional interventions and drug therapies. RACTC are very keen to support our EMT colleagues through this potential transition and the format of the CE will fully utilise the existing paramedic/EMT relationship to help impart and support the skills upgrade in a measured way.

- A further Cohort of the Patient Assessment and Clinical Reasoning module (PACR) has been arranged, with Clinical Care Desk Paramedics and Training Officers availing of the opportunity this time. The clinical leadership role of this group is vital to develop and will further facilitate the mainstreaming of the Trust's Quality Improvement vision.
- A recruitment process has commenced with the aim of attracting qualified Paramedics to join the NIAS. This process is ongoing.
- The RACTC continues to deliver education and training despite a very challenging environment. This has included a backdrop of some staff vacancies in the team, a number of which are temporary due to long term secondments to other departments, such as HEMS, as well as staff who have moved to new permanent posts or left.

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

- On a broader ELD front, work is progressing to action the priorities, which arose from our last BSO internal audit. A HRPTS Course

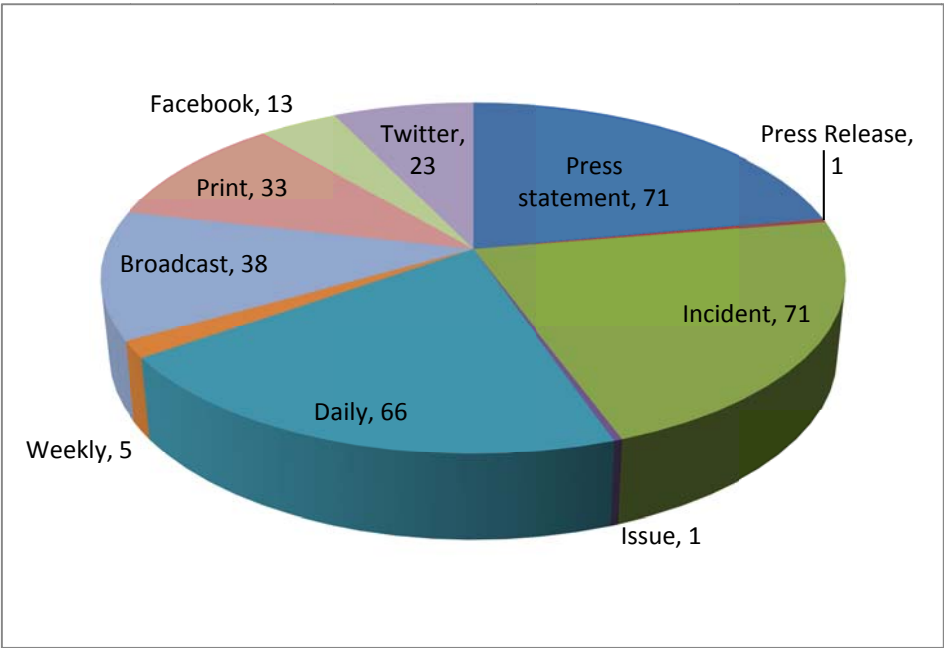
- The second cohort of student EMTs (*Associate Ambulance Practitioner 2*) have emerged into practice placement and are actively bridging the theory-practice gap with the support of the Divisional Training Teams.
- A third cohort of student EMTs (*Associate Ambulance Practitioner 3*) will commence study at the RACTC on 18<sup>th</sup> June 2018.
- RACTC's External Quality Assurance visit from FutureQuals will take place on 14<sup>th</sup>/15<sup>th</sup> June 2018. The visit will quality assure both the driving and Associate Ambulance Practitioner programmes. The visit pertains to the second AAP cohort and is a condition of running a regulated programme of education and training. RACTC hopes to build upon the very positive initial visit report and cement the AAP programme as fit-for-purpose. The first visit was successful, with the visiting EQA citing that the programme documentation was of a 'high to very high standard and internal quality assurance robust'. Praise was also given to individual members of the RACTC team for the work. Subsequently, RACTC has achieved 'Direct Claim Status' for certification; this reflects well on the quality and quantity of work that the clinical/driving tutors have put into the AAP and Level 2 / Level 3 driving awards.
- RACTC and the transformation team continue to collaborate with the HSC Clinical Education Centre and have secured a programme of courses open to both EMTs and paramedics alike. Following on from the universally welcomed 'Advanced ECG Interpretation' course; RACTC and TMPT offer a diary of similar educational courses. The courses include such topics as: Delirium; Safeguarding Adults and Children; Heart and Lung Sounds; Record Keeping; Epilepsy Awareness; Bereavement, Grief and Loss; and Falls prevention.

Catalogue is now set up and available, roles have been allocated to the various training administrators and training will be rolled out in the coming weeks. This will enable the move to capturing all NIAS training records on HRPTS. There have been some competing priorities within HR that have delayed the training although this is still planned to take place as soon as possible.

- Mandatory training and associated eLearning programmes have been developed to increase accessibility for frontline staff; staff will have access to iPad devices at their next CE/PP days to allow remote access to this mandatory training element. The eLearning site has been updated and all staff with HRPTS accounts have been sent their new logins. Compliance reports are being finalised for end of year 2017-2018 and early figures would suggest that a big push is required to meet acceptable levels of compliance.
- We have purchased Mi-Fi devices, which will allow frontline staff to access Mandatory eLearning via an iPad device when not in a Wi-Fi enabled area. A familiarisation session was completed Tuesday 27th March with IT and RACTC and iPads are now ready to be signed out whenever required.
- The inaugural Station Supervisor Leadership Development Programme has now completed and in total 16 of our supervisors have now gained a level 3 Award in Leadership and Management. The initial feedback has been very positive with all of the supervisors feeling they gained a lot from the course and will be able to use their new skills in their roles. Modules included; Leadership, Communication, Conflict Management, Health & Safety, Attendance Management, Information Governance, KSF PDCR's and Complaints & Investigations. Since the programme was launched there have been many enquiries from acting up supervisors asking if we will be providing an opportunity for them to avail of the programme, we are hoping to do this later in the year.

<b>Section 3: Equality &amp; Human Rights/Personal and Public Involvement/ Patient Experience/Media and Communication</b> <b>HRCS KPI: Supporting Trust Priorities; Transformation and Modernisation; Equality and Human Rights; Partnership &amp; Employee Engagement</b>	
<b>Section 75</b> <ul style="list-style-type: none"> <li>• Section 75 implementation requirements are set out in the Trust's Equality Scheme and delivery is monitored by the Trust's Equality and PPI Steering Group.</li> <li>• The Trust works to mainstream section 75 considerations into policy development through engagement and screening processes.</li> <li>• NIAS contributes to the HSC regional Equality and Human Rights agenda through participation in the DHSSPS Equality and Human Rights Steering Group.</li> <li>• Contribute to regional work to implement revised Equality Scheme and Action Plan 2018-23. Collaborative working with other HSC Trusts to review Equality Schemes and engage with the Equality Commission for Northern Ireland in relation to delivery of statutory duties within Health and Social Care.</li> </ul>	<b>Key Work Streams underway include</b> <ul style="list-style-type: none"> <li>• Regular meetings of Trust Equality Forum to ensure engagement with Trade Union representatives and staff in relation to equality issues.</li> <li>• Establishment of a NIAS Women's Forum and LGBT Forum.</li> <li>• Lead on achievement of Rainbow Project's Diversity Champion status across HSC Trusts.</li> <li>• Development and introduction of a Good Relations Strategy for NIAS.</li> <li>• Development of an Equality Toolkit and Training Module.</li> <li>• Review PPI and PCE structures/systems.</li> </ul>
<b>Human Rights</b> <ul style="list-style-type: none"> <li>• Human Rights consideration to Trust policy is incorporated within Equality and Human Rights Screening documentation.</li> <li>• The Trust has been engaging with the Northern Ireland Human Rights Commission in respect of Trust policy plans and the potential human rights considerations of these.</li> <li>• Work is underway to develop an Equality and Human Rights toolkit for policy leads to mainstream statutory obligations into the policy development, consultation and implementation processes.</li> </ul>	<b>Supporting Trust policy</b> <ul style="list-style-type: none"> <li>• The Equality, PPI and Patient Experience team support the Trust in respect of statutory obligations associated with strategic policy development. This includes Equality, Human Rights, PPI, and Patient Experience considerations.</li> <li>• Key in this regard has been the mainstreaming of statutory requirements within the Trust's Transformation and Modernisation agenda. This has involved engagement with Section 75 representative groups impacted by proposals, including AGENI, Diabetes UK and Epilepsy Action.</li> </ul>

### Press and Media Activity. Mar 2018



#### Key Themes in Press Coverage

- During March 2018, NIAS issued 71 Press Statements in response to enquiries from the media.
- 1 Press Release was issued relating to the Community Paramedic Scheme
- The number of media outlets reached in this period totalled 90.
- 93% of media engagement in this period was with daily outlets; 7% with local weekly media outlets
- 54% of media engagement was with broadcast media (TV and Radio); 46% of media engagement was with print media
- Press statements tend to be issued in response to particular incidents which, in this period, included high profile incidents including the rescue of a male from the River Lagan and the death of a young child in Dundrum as a result of choking
- Our Social Media platforms continue to support mainstream media activity and highlighted, during this period, the arrival of our new C Ex and the ALF Awards where our control staff picked up the Team Award.

#### Community Education

Number of Community Education Visits	48
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- The Trust has continued to attend schools and community groups.
- Key messages have included the impact of hoax calls, inappropriate use of the service and violence against staff.
- Work is ongoing to further develop the public awareness campaign in respect of the changing face of the service linked

#### General Media and Communication Work Streams

- Ongoing engagement with regional and national communications groups has continued. Nationally this has involved work in line with priorities agreed by the Association of Ambulance Chief Executives (AACE) and regionally is linked to departmental objectives. The Trust’s Media and Communications Manager continues to participate in the National Ambulance Communications Group (sub-group of AACE group) and its work streams.
- The Trust’s Equality and Patient Experience and Communication functions support delivery of the Transformation and Modernisation agenda through leadership of a programme of Engagement and

to the Trust's modernisation agenda.	Communications. This included systems of communication and engagement with staff, service users, the public and other key stakeholders to inform development of the work streams within this framework.
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## Section 4: Transformation and Improvement Collaborative

### HRCS KPI: Modernisation and Reform

The Transformation Improvement Collaborative established by the Chief Executive was a new approach to Transformation and Improvement in 17/18. A review meeting was hosted by the new Chief Executive with members of the Improvement Collaborative presenting on the successes and challenges of their projects in year. Below are some of the highlights of these presentations:

#### Clinical Development & Frequent Callers Ciaran McKenna

##### Clinical Deployment Achievement

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>▪ PACR for clinical leads</li> <li>▪ CEC courses</li> <li>▪ Wound management course</li> <li>▪ Equipment trials – multi mask; ketone meters and rapid rhino</li> <li>▪ Vital signs</li> <li>▪ Research group established</li> <li>▪ Represent NIAS on FRECaNN</li> <li>▪ Represent NIAS on NAUECG</li> <li>▪ Post resuscitation care SOP developed</li> </ul> | <ul style="list-style-type: none"> <li>▪ Sepsis care bundle developed</li> <li>▪ POC lactate trial commenced</li> <li>▪ Frequent caller project lead appointed</li> <li>▪ 3 CSD recruitments</li> <li>▪ Lifeline referral pathway commenced</li> <li>▪ Agreement from SEHSCT to pilot street triage</li> </ul> |
|--|--|

##### Frequent Callers Achievement

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>▪ Developed a Policy and SOP for the management of Frequent and Vulnerable callers</li> <li>▪ Have currently identified 108 callers</li> <li>▪ Engaged with MD partners regionally</li> </ul> | <ul style="list-style-type: none"> <li>▪ Participation of NIAS in roles out of support HUBS and sign up to regional ISA</li> <li>▪ Improved patient care</li> <li>▪ Staff involvement</li> <li>▪ Active participation in FRECaNN</li> </ul> |
|--|---|

#### A/D HR&CS (T) – Equality, PPI and Patient Experience Jarlath Kearney

##### What was achieved

- Significant internal staff engagement regarding Peer Review proposals
- Developing external partnerships/learning
- Peer Support Pilot plan approved in principle
- Partnership Survey conducted and completed
- Greater visibility of H&WB issues
- Established Peer Support Pilot Working Group
- H&WB Project Manager post ready to advertise
- Peer Support Pilot in final planning stages with a range of volunteers who have put themselves forward for the pilot

#### Developing Quality Improvement Sarah Williamson

##### What was achieved

- 10 staff due to complete SQE in SE Trust with a wide range of Improvement projects; showcase planned for June 2018.
- Local QI project of Feedback on Trauma Patients in RVH has had a successful pilot with plans to extend
- Transformation and Improvement Collaborative has had a successful initial evaluation and plans are underway for 18/19.
- Participation in design of a new regional QI website <http://qi.hscni.net>
- Development of Ambulance Q national network

#### Hospital Turnaround Times Gareth Tumelty

##### What was achieved: Staff engagement – Halo and EAC workshops held & actions agreed

- Standardisation of HALO day /log & Ipads issued to support work HALOs
- New Front Door/Waiting Room Policy Implemented
- Significant external pressure during Winter in HSC Trust EDs prevented further progress. Actions are being taken by HSCB to lead on improvement work regarding this.



## REACH - Regional Electronic Ambulance Communications Hub

Marianne Johnson

Progress approval of ePRF with DoH /HSCB - June 2017  
Project Board established - August 2017

Deliver a specification of requirements for procurement

- First draft of Specification of Requirements for Procurement produced – December 2017.
- Final draft produced for PALS review - March 2018
  - Supplier Questionnaire
  - Functional Specification
  - Technical Specification
  - Quality Specification
  - Tender Evaluation Methodology and Marking Scheme

Develop a strategy of staff engagement and communications

- Supplier Engagement event - November 2017
- Staff engagement workshops Oct – November 2017
- Staff Questionnaire feedback on requirements - December 2017
- ED workshop meeting - January 2018
  - Consultation/ feedback BSO ITS / NIECR / Encompass teams

Ensure ePRF is embedded across T&I projects and strategies

- Shared requirements internally within NIAS.
- CAG representative of NIAS departments, Clinical IT, Audit and information, Training, Operations, Control
- Project Board inclusive of all departments and HSCB ehealth and commissioners

## Mobile Working

Paddy Dornan

### Stakeholder Engagement

- Workshop on developing a Mobile Working Strategy hosted by Apple
- Engaged with a wide range of NIAS Operational staff at NIAS Leadership conference.
- Staff engagement through ICT Enabling Group, SharePoint and email.

### Draft Mobile Working Strategy

Strategy Agreed and Implementation plan underway

## Resource

## Management

Mark Cochrane & Margaret Barclay

### The project had two focuses;

- Improving Attendance by reducing unplanned absence
- Looking at how we schedule planned absences of staff through the Resource Management Centre

### What was achieved – Resource Management

- Completed a staff survey which attracted 154 responses
- Review of Annual Leave and Overtime Policies
- Developed new SOPs for Annual Leave, allocation of overtime duties, allocation of bank duties
- Purchased a new GRS Mobile App to improve access for staff to GRS
- Collaborative working with TU colleagues

### What was achieved – Attendance Management

- Improved central electronic record keeping ( GRS & Journals)
- An increase in pro-active management of staff who are absent STS and LTS
- A reduction in time from sick to referral
- A reduction from referral to appointment
- A standardised approach to management of Staff who are sick
- Improved health & well-being of staff
- Improved working relationships

### Statistics Outcomes – the aim was 92% by March 2018;

Belfast	88.1%		
North	91.4%		
South	88.7%		
Southeast	88.4%		
West	95.6%	Regionally	90.7%

In addition, the REACH Project, Paramedic Education, Clinical Support Desk, Community Resuscitation Strategy Implementation were also key aspects of Improvement for NIAS in 17/18. There were significant challenges to achieving the desired outcome of each project due to internal or external factors. Some are planned for further development in 18/19.

**TB/13/06/2018/14**



# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD REPORT

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## FINANCE DIRECTORATE

Director of Finance and ICT  
March 2018 (Month 12)

## FINANCIAL PERFORMANCE

### Financial Breakeven

The Trust is currently reporting a draft surplus of £61k for the year ending 31 March 2018 (Month 12), 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. Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS. This draft position, and all risks and assumptions contained within it, are subject to the satisfactory completion of final accounts and review by external audit.

Financial position at the end of March 2018 (Month 12)

<b>Financial Breakeven Assessment (£k)</b>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		8,681	12,880	16,933	21,186	25,349	29,781	33,952	38,392	42,447	47,175	55,288
Other Expenditure		2,071	3,004	4,284	5,831	7,787	8,918	10,311	11,483	13,609	15,176	15,394
Expenditure Total		10,752	15,884	21,217	27,017	33,136	38,699	44,263	49,875	56,056	62,351	70,682
Income		73	99	136	292	394	511	660	700	839	922	839
Net Expenditure		10,679	15,785	21,081	26,725	32,742	38,188	43,603	49,175	55,216	61,429	69,843
Net Resource Outturn		10,679	15,785	21,081	26,725	32,742	38,188	43,603	49,175	55,216	61,429	69,843
Revenue Resource Limit (RRL)		10,680	15,786	21,085	26,729	32,747	38,193	43,608	49,174	55,222	61,437	69,904
Surplus/(Deficit) against RRL		1	1	4	4	5	5	5	(1)	6	8	61

For 2018/19, given the level of the significant and ongoing financial challenges currently faced across HSC, extensive budget planning work is on-going between the Trust, HSCB and DOH. It is anticipated that when the overall Financial Position is brought together Trusts will still carry a significant recurrent and in year 2018-19 deficit, however we remain committed to working with the DOH and HSCB in seeking to find solutions to enable the system to live within its budget.

## NIAS Trust Board Budget Report at March 2018

(£ 000s)	FYB	YTD		
		Budget	Actual	Variance
<b>Chief Executive's Office</b>	£k	£k	£k	£k
Payroll	159	159	150	9
Non-Payroll	46	46	48	(2)
<b>Chief Executive's Office Total</b>	<b>205</b>	<b>205</b>	<b>198</b>	<b>7</b>
<b>Director of Finance</b>				
Payroll	2,516	2,516	2,488	28
Non-Payroll	873	873	872	1
<b>Director of Finance Total</b>	<b>3,390</b>	<b>3,390</b>	<b>3,360</b>	<b>29</b>
<b>Director of HR</b>				
Payroll	4,663	4,663	4,575	88
Non-Payroll	959	959	970	(11)
<b>Director of HR Total</b>	<b>5,622</b>	<b>5,622</b>	<b>5,545</b>	<b>77</b>
<b>Director of Ops (incl Divisions &amp; RCC)</b>				
Payroll	46,603	46,603	46,260	343
Non-Payroll	11,290	11,290	11,683	(393)
<b>Dir. of Ops (incl Divisions &amp; RCC) Total</b>	<b>57,893</b>	<b>57,893</b>	<b>57,943</b>	<b>(50)</b>
<b>Medical Director</b>				
Payroll	1,810	1,810	1,816	(5)
Non-Payroll	1,824	1,824	1,822	2
<b>Medical Director Total</b>	<b>3,634</b>	<b>3,634</b>	<b>3,637</b>	<b>(3)</b>
<b>NIAS Total Payroll</b>	<b>55,751</b>	<b>55,751</b>	<b>55,288</b>	<b>463</b>
<b>NIAS Total Non-Payroll</b>	<b>14,992</b>	<b>14,992</b>	<b>15,394</b>	<b>(402)</b>
<b>NIAS Total</b>	<b>70,743</b>	<b>70,743</b>	<b>70,682</b>	<b>61</b>

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. Expenditure in relation to infection prevention and control, particularly in relation to vehicle cleaning operatives both in year and beyond, represent the first call on any resources made available to the Trust.

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

The Trust continues to work with HSCB and other stakeholders to highlight emerging cost pressures and service changes with a view to achieving objectives and maintaining financial balance.

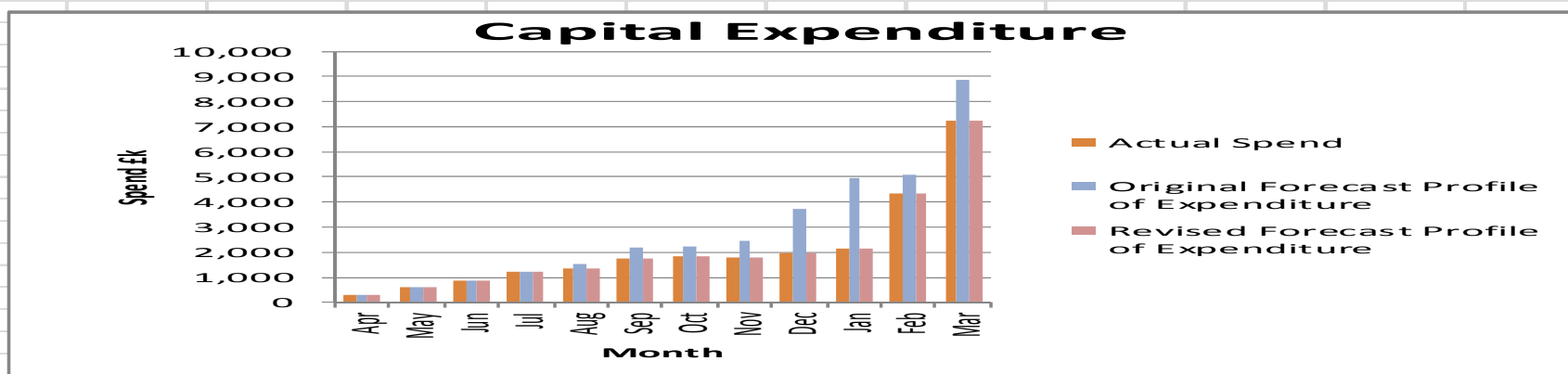
Budgets have been increased to reflect the increased employer national insurance costs from 2016/17. Further adjustments will be made during the year to reflect supported developments and the implementation of savings plans. Proposals to address a savings requirement of £1.0m in 2017/18 have been included in the Trusts plans. These savings have been achieved through a range of non-recurrent measures.

## Capital Spend

The Trust has received a revised Capital Resource Limit (CRL) allocation of £7.224m (previously £7.29m). The adjustments to the CRL allocation reflect a number capital schemes that could not be fully completed in year. 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.

Cumulative capital expenditure is shown in the table below. This represents a forecast underspend of £5k against the capital resources allocated to the Trust. This position is subject to the satisfactory completion of final accounts and review by external audit.

<b>Cumulative Capital Spend (£k)</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Fleet	0	0	0	0	0	0	0	0	0	120	2,217	4,149
Estate	304	604	836	1,088	1,233	1,575	1,675	1,604	1,677	1,675	1,661	1,761
Medical Equipment	0	0	0	0	0	0	0	0	0	0	0	0
ICT Schemes	0	0	2	4	4	4	11	11	11	52	61	659
General Capital	0	0	27	116	133	148	148	161	284	305	412	650
<b>Actual Spend</b>	<b>304</b>	<b>604</b>	<b>865</b>	<b>1,208</b>	<b>1,370</b>	<b>1,727</b>	<b>1,834</b>	<b>1,776</b>	<b>1,972</b>	<b>2,152</b>	<b>4,351</b>	<b>7,219</b>
<b>Original Forecast Profile of Expenditure</b>	<b>304</b>	<b>604</b>	<b>864</b>	<b>1,225</b>	<b>1,521</b>	<b>2,175</b>	<b>2,233</b>	<b>2,430</b>	<b>3,733</b>	<b>4,966</b>	<b>5,083</b>	<b>8,870</b>
<b>Revised Forecast Profile of Expenditure</b>	<b>304</b>	<b>604</b>	<b>865</b>	<b>1,208</b>	<b>1,370</b>	<b>1,727</b>	<b>1,834</b>	<b>1,776</b>	<b>1,972</b>	<b>2,152</b>	<b>4,351</b>	<b>7,219</b>



## 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. This position is subject to the satisfactory completion of final accounts and review by external audit.

A range of plans are in place to improve and maintain performance in this area which has resulted in sustained improvements over recent years, however the cumulative targets for the year were narrowly missed. The cumulative performance for the year was 93.5% of invoices by volume paid within 30 calendar days. As aged invoices are cleared and paid, performance between months can vary. The Trust will continue with efforts to maintain and improve performance in 2018-19.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Total bills paid	1,315	1,617	1,591	1,324	1,592	1,309	1,488	1,639	1,222	2,098	1,593	1,924	18,712
Total bills paid within 30 calendar days of receipt of undisputed invoice	1,288	1,519	1,483	1,269	1,524	1,253	1,337	1,446	1,132	1,906	1,516	1,820	17,493
% bills paid on time	97.9%	93.9%	93.2%	95.8%	95.7%	95.7%	89.9%	88.2%	92.6%	90.8%	95.2%	94.6%	93.5%
Total bills paid within 10 working days (14 calendar days)	898	944	1,158	931	1,032	851	1,045	1,099	891	1,370	1,000	1,223	12,442
% bills paid on time	68.3%	58.4%	72.8%	70.3%	64.8%	65.0%	70.2%	67.1%	72.9%	65.3%	62.8%	63.6%	66.5%



## ***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.

There were no system failures to report in this period.

## ***Information Technology Systems - Developments***

Any system developments are reported in this section.

A project to replace the Mobile Data System which transmits data from the command and Control system to the Ambulance has now completed the tender evaluation stage and the preferred supplier identified as Terrafix. PALS have awarded the contract to Terrafix and a kick-off meeting with the new providers is scheduled for 1<sup>st</sup> June 2018. The target completion date for full implementation across all the NIAS fleet is end March 2019.

A Business Case to implement an Electronic Patient report form system (EPRF) has been formally approved to proceed to procurement stage. This project will involve, through the project team, representatives across all directorates and a fuller appreciation of the costs involved will be provided through the procurement process.

*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

	March		
Target to Respond to 95%	No of Calls	Within time	Actual
Immediate	7	7	100%
Urgent	43	43	100%
High	5	5	100%
Medium	557	546	98%
Low	887	887	100%
Total	1499		

## ICT Planned Maintenance March 2018 – system upgrades Critical Systems

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

## ICT Planned Maintenance March 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	0.15	No	
Virtual Server	208	2 Hours	0	No	
BlackBerry	206	4 Hours	0	No	
Promis	206	4 Hours	0.15	No	

## **Information Governance/Informatics – Developments: 01/03/2018 to 31/03/2018**

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

- ***Control Assurance – Information Management: 77% 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 Directorate areas.***
- ***General Data Protection Regulations (to replace Data Protection Act 1998 in May 2018) – Development of Action Plan, Privacy Notices Aspects for public and staff, appointment of Data Protection Officer, letters being issued to contractors to support GDPR***
- ***Processing in all areas of the Information Department has noted to have increased across Freedom of Information, Solicitor and Police Enquiries during 2017/18 has placed additional pressures on the Department.***
- ***Supporting Medical Directorate and Transformation Collaborative with Quality Improvement Templates and data analysis. These continue to be developed and monitored. Includes Falls, Hypoglycaemia, Acute Coronary Syndrome, Cardiac Arrest (refer to Medical Directorate section of report for reporting)***
- ***ACP monitoring aspects reviewed. ACP pathways continued to be monitored and reviewed. Ad hoc datasets have been provided to support further initiatives as required ie mental health***
- ***Informatics and business intelligence to support Transformation and Information Collaborative workflows continue to be worked on including ambulance turnaround reports, Prison attendances etc***
- ***Supporting work and data streams in Frequent Caller Monitoring and Information Markers including policy/procedures and analytics***
- ***Ad hoc datasets relating to turnaround times, HEMs activity, chief complaints 2017/18, Divisional maps, overdose datasets, HART attendances, Causeway Hospital datasets***
- ***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***
- ***Cardiac and ROSC datasets currently being worked to support Community Resuscitation Strategy***
- The Information Team has developed a suite of reports to support performance management which includes daily, weekly, monthly analysis of operational performance; hospital turnaround times; non-emergency transportation etc. These are shown in the Operations section of this Report. Clinical indicators are available in the Medical Directorate's section. Assurance in the area of IG is sought through the Information Governance Steering Group, chaired by DOF&ICT as SIRO with Medical Director as Caldicott Guardian. Minutes are reported to Assurance Committee.

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

**Summary 2017/18 requests compared with same period in 2016-17:**

	April 17 – Mar 18	April 16 – Mar 17	% Increase / (Decrease)
<b>1 Freedom of Information Requests Received</b>	158	161	-1.9%
<b>1a Freedom of Information Questions Received</b>	614	556	+9.4%
<b>2 Data Protection Act 1998 Section 7, Subject Access Requests Received</b>	30	33	-9.09%
<b>3 Police Service of Northern Ireland Requests Received</b>	468	428	+9%
<b>4 Solicitor Enquiries Requests Received</b>	638	617	3.3%
<b>Total (1a) not included in Count</b>	<b>1294</b>	<b>1239</b>	<b>4.2% in processing</b>

# 1 **FREEDOM FOR INFORMATION ACT (2000) – REQUESTS FOR INFORMATION – 01/04/2017 TO 31/03/2018**

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 Data Protection Act (see following).

## **2017-18 Data**

<b>Freedom of information</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Total Mar-18</b>	<b>Total Mar-17</b>
Number of Requests Received	14	12	17	11	15	13	10	20	7	14	14	11	<b>158</b>	161
Number of Questions Received	70	34	81	35	54	48	29	66	47	60	38	52	<b>614</b>	556
Completed Requests processed within 20 days or less	11	7	14	9	12	5	7	9	2	5	7	8	<b>96</b>	119
Completed Requests exceeding 20 days	2	4	3	2	2	3	3	5	1	6	5	0	<b>36</b>	33
REQUESTS Still Being Processed (within 20)	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>	
REQUESTS Still being processed (outside 20)	1	1	0	0	1	4	0	6	4	3	2	3	<b>25</b>	
Stood Down	0	0	0	0	0	1	0	0	0	0	0	0	<b>1</b>	
Number of Records Fully Disclosed	55	27	54	30	20	20	28	34	17	43	32	26	<b>386</b>	
Vexatious Requests	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>	
Number of Records for which records not held	6	0	27	5	0	7	0	2	0	10	1	5	<b>63</b>	
Requests where exemptions wholly/partially applied	2	0	0	0	10	5	1	1	0	0	0	0	<b>19</b>	
Questions stood down	0	0	0	0	0	3	0	0	0	0	0	0	<b>3</b>	
QUESTIONS Still Being Processed (within 20)	0	0	0	0	22	0	0	0	0	0	0	0	<b>22</b>	
QUESTIONS Still Being Processed (outside 20)	7	7	0	0	2	13	0	29	31	7	5	21	<b>122</b>	
Referrals for Independent Review	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>	
Appeals to the Information Commissioner	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>	

<b>%age completed within 20 working days</b>	
<b>Apr '17 - Mar '18</b>	60.76%
<b>Apr '16 - Mar '17</b>	73.91%

## **Requestor Type**

Member of Public	6	8	8	3	7	1	5	4	2	4	2	2	<b>52</b>	
Local Government	0	1	0	0	0	0	0	0	0	0	1	0	<b>2</b>	
Staff Member	2	1	4	1	0	2	1	5	0	0	0	1	<b>17</b>	
Media	1	0	1	3	1	7	1	7	1	3	0	0	<b>25</b>	
Student	0	0	0	0	1	0	0	1	0	0	2	0	<b>4</b>	
Commercial Company	3	0	0	1	2	1	1	0	4	5	3	0	<b>20</b>	
Solicitor	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>	
WhatDoTheyKnow.com	2	2	1	3	3	2	1	3	0	2	6	7	<b>32</b>	
NHS	0	0	3	0	1	0	1	0	0	0	0	0	<b>5</b>	
Trade Union	0	0	0	0	0	0	0	0	0	0	0	1	<b>1</b>	

*Data may be subject to amendments.*

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

The Data Protection Act 1998 allows an individual to have the right to see and/or receive a copy of personal data held about them on both electronic and manual records and to have any incorrect data amended or deleted.

### Processing (Subject Access) for the Period 01/04/2017 to 31/03/2018

Data Protection Act 1998 – Section 7, Subject Access	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 17 – Mar 18	April 16 – Mar 17
Number of Requests Received	1	8	4	1	3	1	1	4	1	2	3	1	30	33
Completed Requests processed within 40 days or less	1	8	4	1	2	1	0	2	0	2	3	1	25	24
Completed Requests exceeding 40 days	0	0	0	0	1	0	0	2	1	0	0	0	4	6
Requests still being processed in line with 40 days	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Identity Not Confirmed/Fee Not Received and therefore could not be further processed	0	0	0	0	0	0	1	0	0	0	0		1	3
Patient	1	1	1	1	3	0	0	2	0	1	3	1	14	16
NIAS Staff Member	0	5	0	0	0	0	0	1	1	1	0	0	8	13
External Agency	0	2	3	0	0	1	1	0	1	0	0	0	8	2
Relative of Patient	0	0	0	0	0	0	0	0	0	0	0	0	0	2

- **From 01/04/2017 to 31/03/2018: 83% of Subject Access Requests processed within 40 calendar days**  
(this is based on this requests that were fully processed i.e. identity and fee received)
- There are a number of DPA requests from 2016/17 that remain outstanding relating to staff requests for disciplinary files, HR records etc - these are currently being prioritised

### 3 **POLICE SERVICE OF NORTHERN IRELAND REQUESTS – Police Acts, Common Law 01/04/2017 to 31/03/2018**

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

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

<i>Requests will relates and include the release of call incident logs, 999 call, staff names and shift patterns, Patient Report Form, staff witness statements in line with legislative requirements to assist with PSNI investigations for example, investigation of fatal road traffic collisions, murder enquiries, alleged assaults etc</i>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr 17 – Mar 18</b>	<b>Apr 16 – Mar 17</b>
Number of Requests Received (based on receipt of correspondence date)	29	35	42	27	42	32	42	48	41	56	45	29	468	428

### 4 **SOLICITOR ENQUIRIES 01/04/2017 to 31/03/2018**

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

	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr 17 – Mar 18</b>	<b>Apr 16 – Mar 17</b>
Number of Requests Received (based on receipt of correspondence date)	52	61	68	49	49	49	66	54	36	33	52	69	638	617



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

**Processing for the Period 01/04/2017 to 31/03/2018**

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr 17 – Mar 18
<b>DHSSPS/AQ's/CORs/TOF's/INV's</b>													
Assembly Questions (Oral)	0	0	0	0	0	0	0	0	0	0	0	0	0
Assembly Questions (Written)	0	0	0	0	0	0	0	0	0	0	0	0	0
CORs/SCORs Received	2	0	2	0	1	0	0	0	1	3	1	0	6
TOFs Received	1	0	0	0	0	0	0	0	0	0	0	0	2
INVs Received	0	0	0	0	0	0	0	0	0	0	0	0	0

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

**TB/13/06/2018/15**



**TRUST BOARD REPORT**  
**OPERATIONAL DIRECTORATE**

**Reporting to 31 March 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**

In December we were faced with a significant increase in “999” call volume from the previous year and we answered a total of 24,020. Overall we saw an increase of 18.09% in “999” calls answered up from 20,340 in December 2016. This trend continued in Jan 2018 which also saw a 15.96% increase from the previous year.

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

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

NIAS also are in constant contact with the other Emergency Services. In the period Apr 2017 until Mar 2018 The Northern Ireland Ambulance have responded to 65 requests from the Coast Guard, 1383 requests from the Fire Service and 17706 request from the PSNI.

As part of contingency arrangements we answer “999” calls from Scotland as part of the Buddy arrangement. This December over the festive period (18/12/17- 03/01/18) we answered a total of 313 calls with the peak number (104) answered on 1<sup>st</sup> JAN).

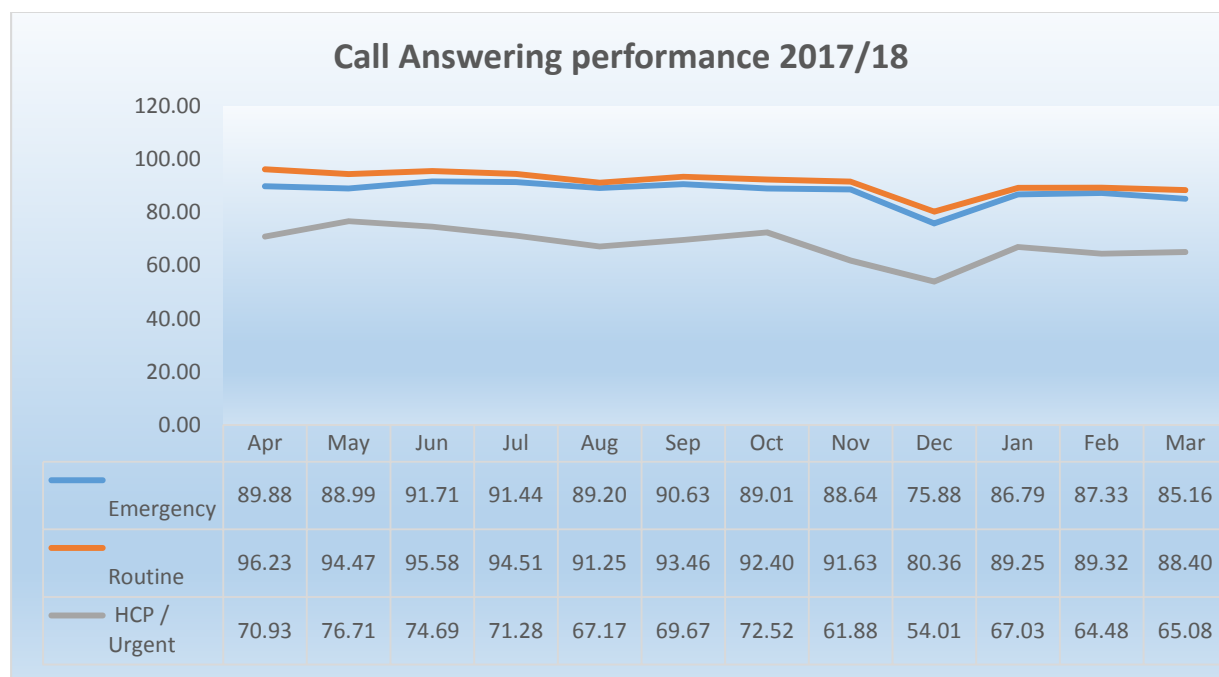
The end of year figures saw an increase of 7.92% in “999” call taking from the previous year and the new financial year (2018/19) has seen the trend continue with an increase in “999” calls being received by EAC.

## 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 February 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%.

## EMD Award Scheme

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

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

Type	Level	Mar & Apr 2018	Year to Date (Apr 17 – Mar 18)	Year to Date (Apr 18 – Mar 19)
999 High Compliance	Bronze	1	14	0
	Silver	1	8	0
	Gold	0	17	1
Exemplary Customer Service	Bronze	0	3	00
	Silver	0	8	0
	Gold	1	13	2
Baby Born		2	2	0
Cardiac Life Saver		0	5	0
Non-Cardiac Life Saver		0	1	0

# **RESPONSE TIME PERFORMANCE REPORT YEAR END REPORT**

**For April 2017 to March 2018**

## **Summary of Trends:**

- 1. Cumulative NI Cat A performance from April 2017 - March 2018 = 45.2% (5.8% decrease for same period last year 51.0%)**
- 2. Average response time across Northern Ireland for Cat A response in April 2017 - March 2018 was 10 minutes 37 seconds.**
- 3. Cumulative Cat A Responses from April to March 2018 has increased by 3.0 % = 1728 responses for the same period last year.**
- 4. Total cumulative Emergency Call demand for April to March 2018 (including Cat HCP activity) has increased by 3.8% = 8291 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.**



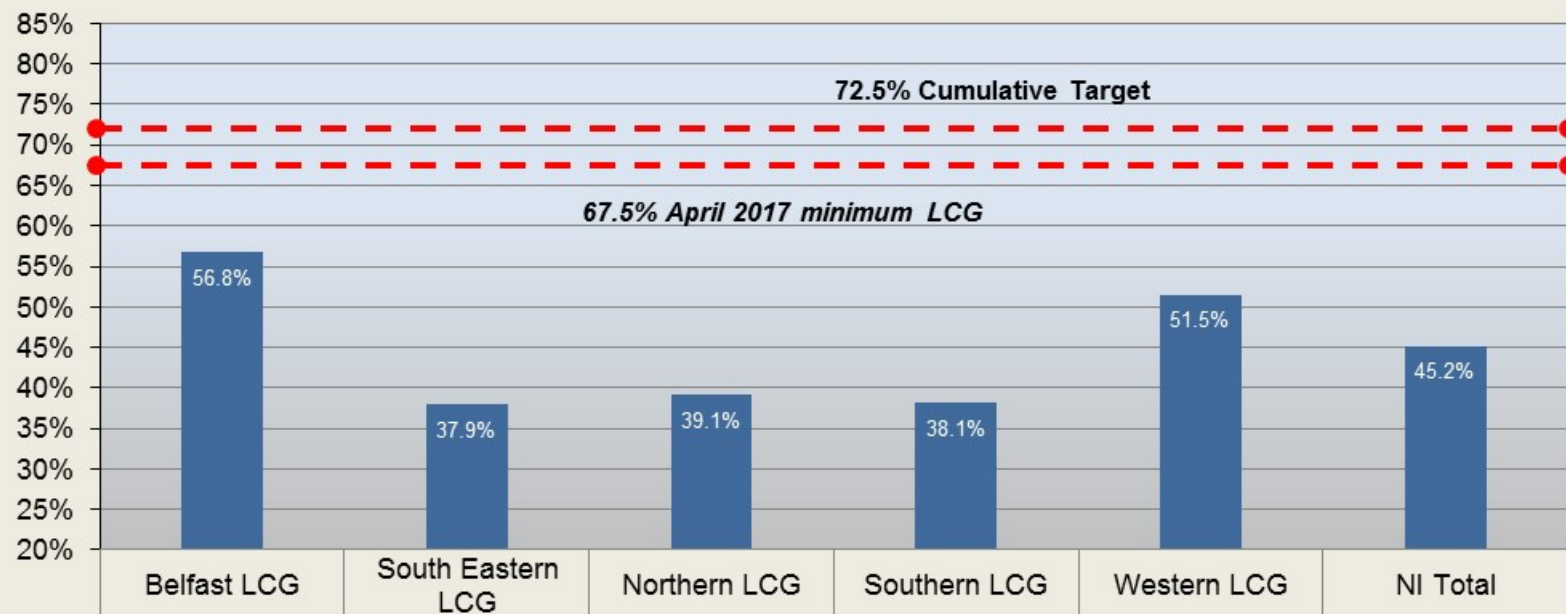
**Key Performance Indicator: Resources are deployed in line with the Category/Code and measured through Key Performance Indicators**

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

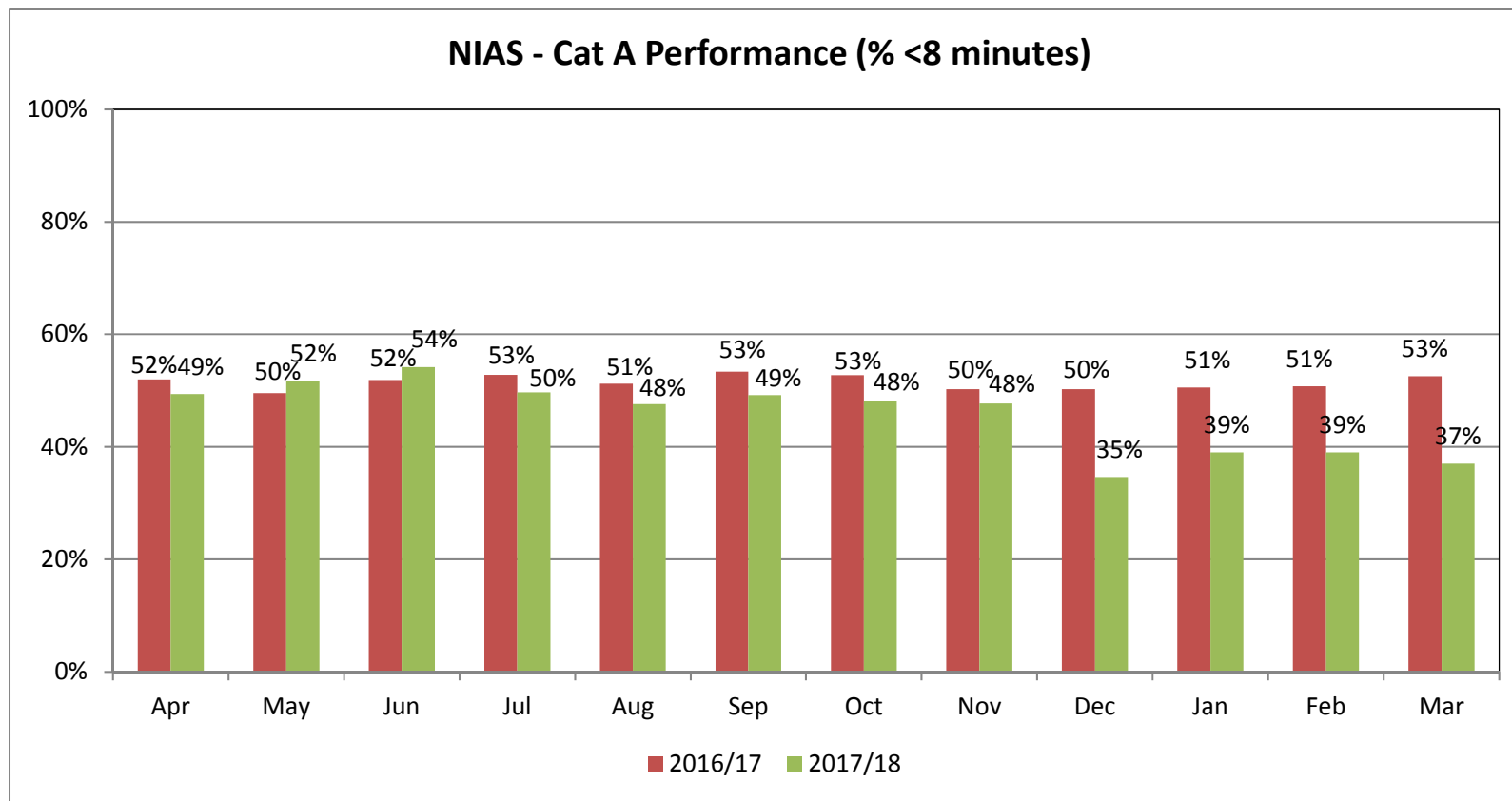
KEY PERFORMANCE INDICATORS (KPIs) for the Year 2017/18
<i>From April 2016, 72.5% of Cat A (potentially immediately life threatening) calls to be responded to within 8 minutes, 67.5% in each Local Commissioning Group area (LCG) with 95% of Cat A have a conveying resource &lt;21 min</i>
<i>95% of Category B Response &lt;21 mins</i>
<i>95% Category C Non- Health Care Professional &lt;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 2017 to end March 2018**



	Belfast LCG	South Eastern LCG	Northern LCG	Southern LCG	Western LCG	NI Total
% Cat A Within 8 Min	56.8%	37.9%	39.1%	38.1%	51.5%	45.2%
Cat A within 8 min	8,461	4,148	5,233	3,829	4,828	26,499
Total No. of Cat A	14,900	10,944	13,388	10,040	9,381	58,653

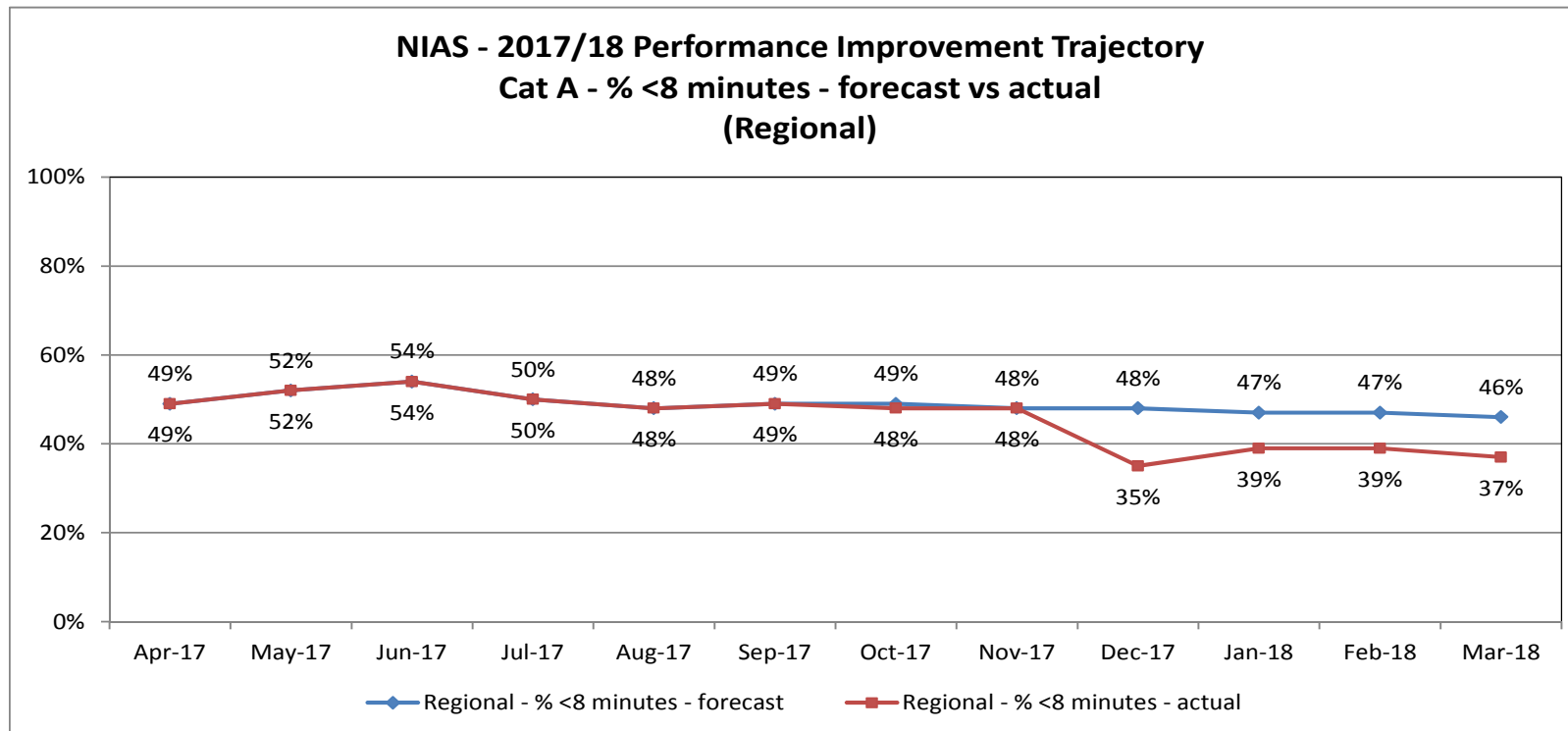
From April 2017, 72.5% of Category A (life threatening) calls are to be responded to within eight minutes, 67.5% in each LCG area

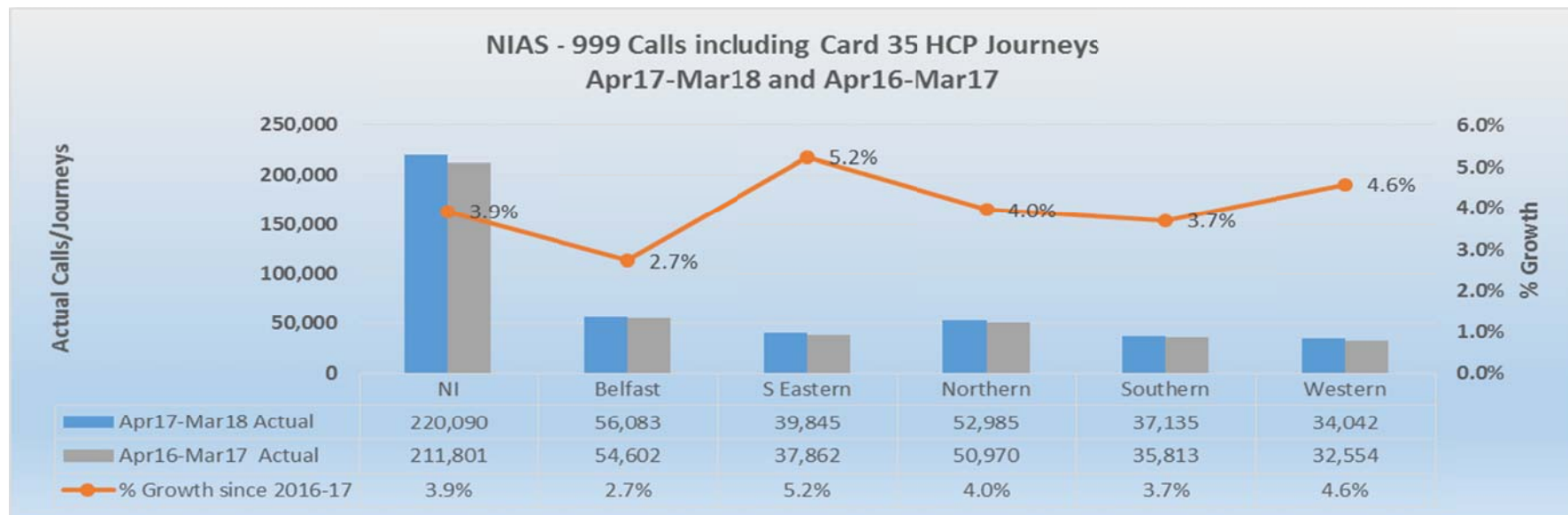
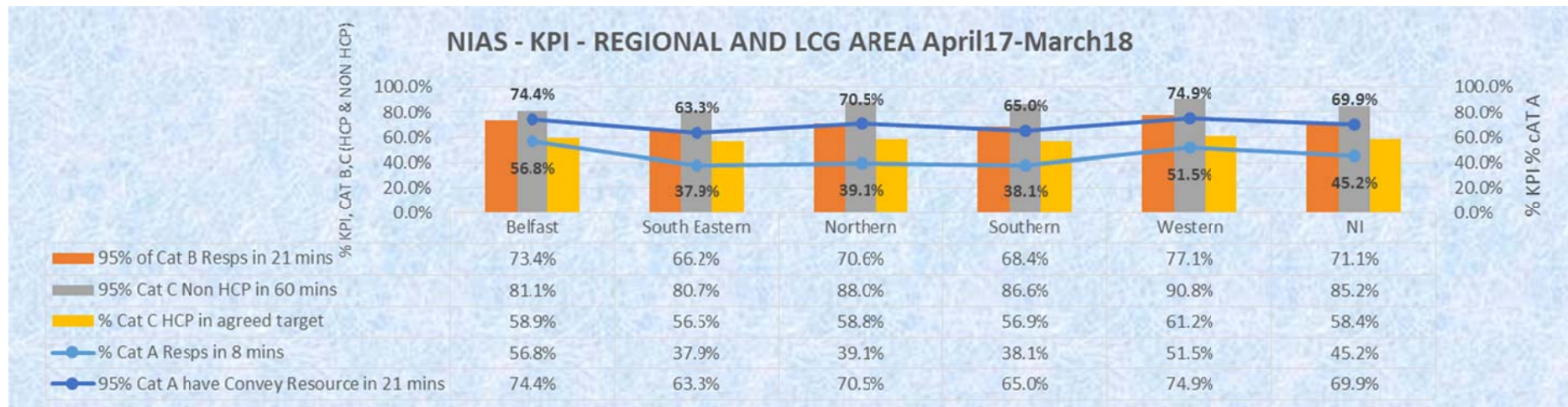


% <8 minutes	
2016/17	2017/18
51%	45%

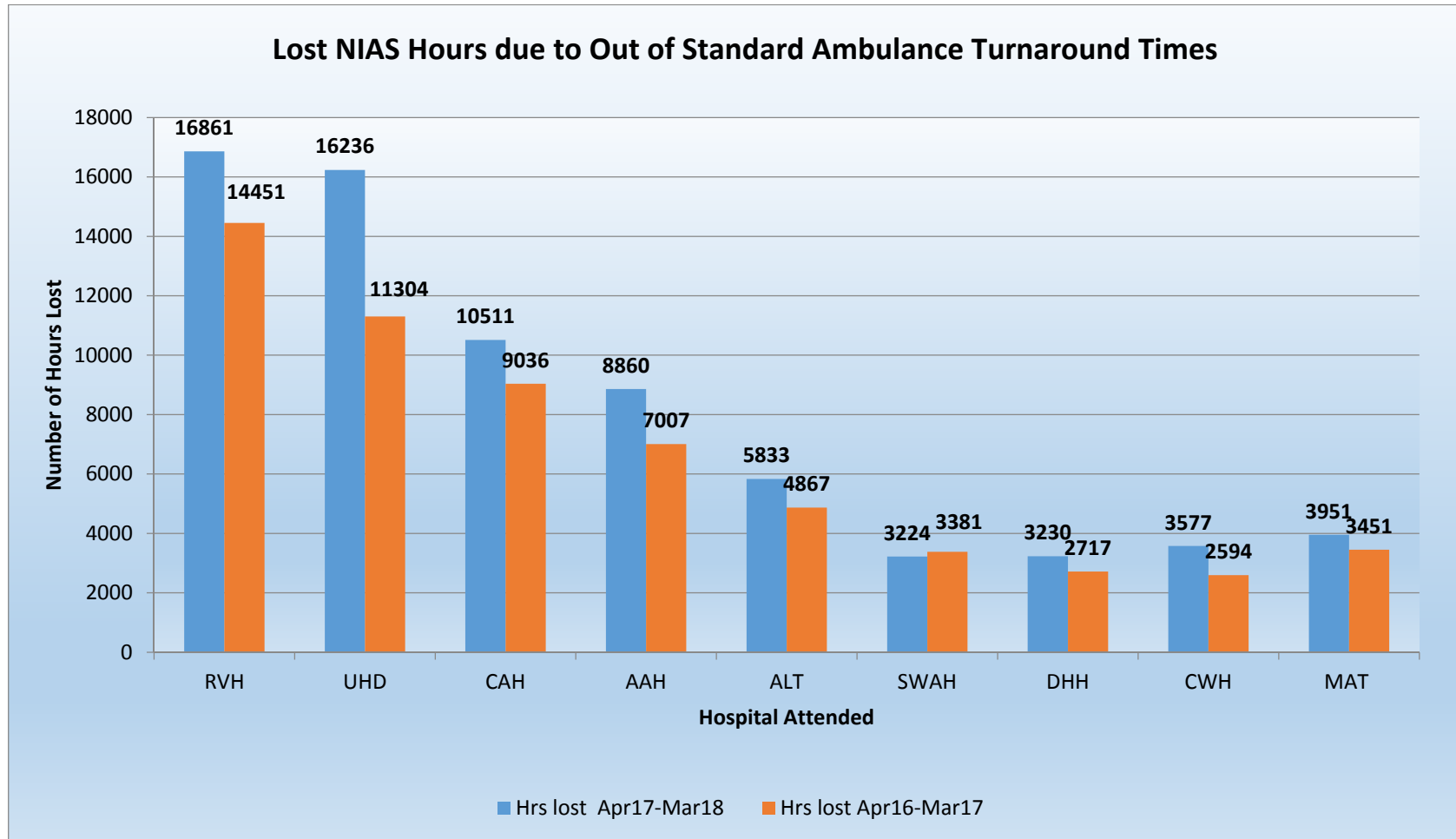
## Cat A Performance – Performance Improvement Trajectory

2016/17 Actual	2017/18 Planned	2017/18 Actual
51%	49%	45%





**Key Performance Indicator: Ambulance Turnaround at Emergency Departments within 30 minutes – 2017-18 V 2016-17**



**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 - Year End 2017- 2018								
Bookings	PICK UPLCG AREA	Belfast	South Eastern	Northern	Southern	Western	ROI	NI
	Apr17-Mar18	61,900	13,006	69,683	52,538	46,179	59	243,185
	Apr16-Mar17	61,720	13,267	67,681	54,672	42,291	20	239,651
	% Change	0.3%	-2.0%	3.0%	-3.9%	9.2%	195.0%	1.5%
Completed Journeys	PICK UPLCG AREA	Belfast	South Eastern	Northern	Southern	Western	ROI	NI
	Apr17-Mar18	47,027	9,083	56,260	41,433	36,681	48	190,532
	Apr16-Mar17	46,482	9,745	56,871	45,097	35,609	9	193,813
	% Change	1.2%	-6.8%	-1.1%	-8.1%	3.0%	433.3%	-1.7%
Completed Journeys	Journey Type	Outpatient	Discharge	Transfer	Admission	Home Assessment	Total	
	Apr17-Mar18	150,060	27,240	11,107	2,091	34	190,532	
	Apr16-Mar17	159,168	22,827	9,244	2,377	41	193,813	





## CATEGORY A PERFORMANCE: AVERAGES AND OUTLIERS

2017/18

### REGIONAL CATEGORY A PERFORMANCE: TOTAL NUMBER OF RESPONSES

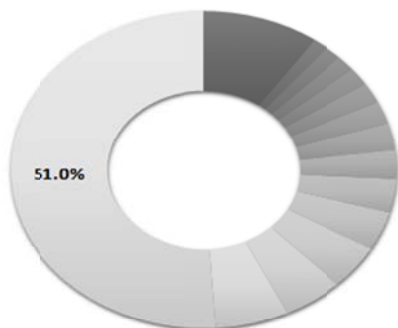
#### NORTHERN IRELAND REGIONAL TOTAL

TOTAL NUMBER OF CATEGORY A RESPONSES
56927
AVERAGE RESPONSE TIME (MM:SS)
10:37

BELFAST HSCT	SOUTH EASTERN HSCT	NORTHERN HSCT	SOUTHERN HSCT	WESTERN HSCT
Total number of Cat A responses	Total number of Cat A responses	Total number of Cat A responses	Total number of Cat A responses	Total number of Cat A responses
14566	10292	13160	9857	9052
Number required to exceed LCG target (67.5%)	Number required to exceed LCG target (67.5%)	Number required to exceed LCG target (67.5%)	Number required to exceed LCG target (67.5%)	Number required to exceed LCG target (67.5%)
9833	6948	8884	6654	6111
Number of category A responses at scene within 8 mins	Number of category A responses at scene within 8 mins	Number of category A responses at scene within 8 mins	Number of category A responses at scene within 8 mins	Number of category A responses at scene within 8 mins
9030 62.0%	4679 45.5%	5773 43.9%	4568 46.3%	4993 55.2%
803 responses below target	2269 responses below target	3111 responses below target	2086 responses below target	1118 responses below target
Average response time (mm:ss)	Average response time (mm:ss)	Average response time (mm:ss)	Average response time (mm:ss)	Average response time (mm:ss)
08:31	11:51	11:46	11:19	10:11

### REGIONAL CATEGORY A PERFORMANCE SUMMARY

HSC Northern Ireland Ambulance Service Health and Social Care Trust



Category A Performance	
Within 8 minutes	29043
Within 8 - 9 minutes	3479
Within 9 - 10 minutes	2900
Within 10 - 11 minutes	2590
Within 11 - 12 minutes	2230
Within 12 - 13 minutes	1942
Within 13 - 14 minutes	1682
Within 14 - 15 minutes	1539
Within 15 - 16 minutes	1310
Within 16 - 17 minutes	1179
Within 17 - 18 minutes	1050
Within 18 - 19 minutes	906
Within 19 - 20 minutes	823
Within 20 - 21 minutes	714
Over 21 minutes	5540
Total	56927

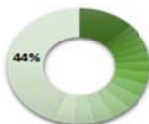
%	Cumulative %
51.0%	51.0%
6.1%	57.1%
5.1%	62.2%
4.5%	66.8%
3.9%	70.7%
3.4%	74.1%
3.0%	77.1%
2.7%	79.8%
2.3%	82.1%
2.1%	84.1%
1.8%	86.0%
1.6%	87.6%
1.4%	89.0%
1.3%	90.3%
9.7%	100.0%



BELFAST HSCT



SOUTH EASTERN HSCT



NORTHERN HSCT



SOUTHERN HSCT



WESTERN HSCT

Response Time	N	%	Total
< 8 m	9030	62.0%	62.0%
8 - 9 m	1207	8.3%	70.3%
9 - 10 m	938	6.4%	76.7%
10 - 11 m	731	5.0%	81.7%
11 - 12 m	530	3.8%	85.4%
12 - 13 m	419	2.9%	88.3%
13 - 14 m	315	2.2%	90.4%
14 - 15 m	257	1.8%	92.2%
15 - 16 m	204	1.4%	93.6%
16 - 17 m	138	0.9%	94.6%
17 - 18 m	118	0.8%	95.3%
18 - 19 m	84	0.6%	95.9%
19 - 20 m	73	0.5%	96.4%
20 - 21 m	60	0.4%	96.8%
21 + m	483	3.2%	100.0%
Total	14566		

Response Time	N	%	Total
< 8 m	4679	45.5%	45.5%
8 - 9 m	595	5.8%	51.2%
9 - 10 m	505	4.9%	56.2%
10 - 11 m	502	4.9%	61.0%
11 - 12 m	484	4.5%	65.5%
12 - 13 m	397	3.9%	69.4%
13 - 14 m	329	3.2%	72.6%
14 - 15 m	307	3.0%	75.6%
15 - 16 m	288	2.8%	78.4%
16 - 17 m	264	2.6%	80.9%
17 - 18 m	213	2.1%	83.0%
18 - 19 m	194	1.9%	84.9%
19 - 20 m	163	1.6%	86.5%
20 - 21 m	153	1.5%	88.0%
21 + m	1239	12.0%	100.0%
Total	10292		

Response Time	N	%	Total
< 8 m	5773	43.9%	43.9%
8 - 9 m	705	5.4%	49.2%
9 - 10 m	582	4.4%	53.6%
10 - 11 m	593	4.5%	58.2%
11 - 12 m	554	4.2%	62.4%
12 - 13 m	496	3.8%	66.1%
13 - 14 m	505	3.8%	70.0%
14 - 15 m	487	3.5%	73.5%
15 - 16 m	384	2.9%	76.4%
16 - 17 m	341	2.6%	79.0%
17 - 18 m	325	2.5%	81.5%
18 - 19 m	288	2.2%	83.7%
19 - 20 m	258	2.0%	85.6%
20 - 21 m	216	1.6%	87.3%
21 + m	1873	12.7%	100.0%
Total	13160		

Response Time	N	%	Total
< 8 m	4568	46.3%	46.3%
8 - 9 m	511	5.2%	51.5%
9 - 10 m	448	4.5%	56.1%
10 - 11 m	448	4.6%	60.6%
11 - 12 m	407	4.1%	64.8%
12 - 13 m	354	3.6%	68.3%
13 - 14 m	315	3.2%	71.5%
14 - 15 m	299	3.0%	74.6%
15 - 16 m	232	2.4%	76.9%
16 - 17 m	262	2.7%	79.6%
17 - 18 m	203	2.1%	81.6%
18 - 19 m	212	2.2%	83.8%
19 - 20 m	191	1.9%	85.7%
20 - 21 m	165	1.7%	87.4%
21 + m	1241	12.6%	100.0%
Total	9857		

Response Time	N	%	Total
< 8 m	4993	55.2%	55.2%
8 - 9 m	461	5.1%	60.3%
9 - 10 m	427	4.7%	65.0%
10 - 11 m	315	3.5%	68.4%
11 - 12 m	275	3.0%	71.5%
12 - 13 m	276	3.0%	74.5%
13 - 14 m	217	2.4%	76.9%
14 - 15 m	209	2.3%	79.2%
15 - 16 m	202	2.2%	81.5%
16 - 17 m	174	1.9%	83.4%
17 - 18 m	193	2.1%	85.5%
18 - 19 m	128	1.4%	86.9%
19 - 20 m	138	1.5%	88.5%
20 - 21 m	120	1.3%	89.8%
21 + m	924	10.2%	100.0%
Total	9052		

Data Disclaimer

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



## Fleet & Estate:

### Fleet Section:

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

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

- A&E & PCS vehicle builds for 2017/18 Completed and being commissioned. A&E delayed due to new Defibrillator roll out.
- Cars & Specialist vehicle builds nearing completion.

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

The percentage of A&E & PCS ambulances less than 5 years old has reduced however once the 23 new A&E Ambulances and 22 new PCS ambulances are commissioned this will increase again.

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

Fleet Profile 2018/17	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
(% less than 5 yrs old)	2018										2019		
Emergency Ambulances	79.3%	79.3%											
Non-Emergency Ambulance	80.2%	80.2%											
Rapid Response Vehicles	88.4%	88.4%											
Support Vehicles	58.8%	56.86%											

## **NIAS ESTATES**

**Derriaghy** – LPS could not reach agreement with landlord. 3 month notice to terminate lease was issued on 20<sup>th</sup> April 2018. NIAS will therefore vacate property on 19<sup>th</sup> July 2018. NIAS has reached agreement to share NIFRS property, on informal basis, in Derriaghy.

**Omagh Dromore Road** - NIAS vacated property at end of March 2018; however remedial works to a wall need to be completed before handing property back to landlord. Due to the value of proposed works; Project Manager has asked for alternative quotes to ensure VFM. Works due to complete in Q1 2018/19

**Facilities Maintenance 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 stablish 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.

**Ballymena and Enniskillen Project Board** – Regular monthly meetings continue with CPD to manage the defects at both Ballymena and Enniskillen.

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

**Collaboration** – NIAS and NIFRS have commenced discussions on collaborative estates development. A joint meeting with CPD is scheduled in Q1 to discuss a joint development in Downpatrick.

**Estate Strategy** – A new Estate Strategy is in Draft and will be presented to SEMT in Q1 2018/19. Agreement on Estate Strategy will be integral to the exact works under the Clinical Sluice Programme.

**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. Estimated costs are £607,480

**Banbridge / Craigavon Replacement Programme** - NIAS submitted a bid for £1.6m funding on the 13<sup>th</sup> April 2018 for a replacement Ambulance Station / MRD to be built in the modular way on the Craigavon Area Hospital Site. Funding was approved on the 30<sup>th</sup> April 2018. A Preplanning Application will be submitted to the planning authority in May 2018.



Northern Ireland Ambulance Service Health and Social Care Trust

[www.nias.hscni.net](http://www.nias.hscni.net)