



***A Meeting of Trust Board to be held at 10.30am  
Thursday 6 December 2018, Tyner Room, Downshire Hospital, 53 Ardglass  
Road, Downpatrick, BT 30 6JQ***

**1.0 Welcome and Introductions**

[Click on links to navigate document](#)

**2.0 Apologies**

**Paper**

**3.0 Minutes of the meeting of the Trust Board held 4<sup>th</sup>  
October 2018 (for approval & signature)** **TB 06/12/2018/01**

**4.0 Matters Arising**

**5.0 Chair's Business**

**6.0 Chief Executive's Business**

**7.0 Frequent & Vulnerable Caller Policy** **TB 06/12/2018/02**  
*(for approval)*

**8.0 Learning from Incidents Policy** **TB 06/12/2018/03**  
*(for approval)*

**9.0 Procurement Working Group Terms of Reference** **TB 06/12/2018/04**  
*(for noting)*

**10.0 Annual Equality Report** **TB 06/12/2019/05**  
*(for noting)*

**11.0 Audit Committee Minutes (13/06/2018)** **TB 06/12/2018/06**  
*(for noting)*

**12.0 Assurance Committee Minutes (05/09/2018)** **TB 06/12/2018/07**  
*(for noting)*

**13.0 Marked Cars Verbal Update – Mr B McNeill**

**14.0 HEMS Update - Mr G O'Rourke**

**15.0 Directors Highlight Reports at October 2018**  
*(by exception only)*

Human Resources

Finance

Operations

Medical

**TB 06/12/2018/08**

**TB 06/12/2018/09**

**TB 06/12/2018/10**

**TB 06/12/2018/11**

**16.0 Staff Bravery Awards**

**17.0 Forum for Questions**

**18.0 Any Other Business**

***Next meeting of Trust Board will be held on Thursday,  
7<sup>th</sup> February 2019 - location to be confirmed.***

## **Standing Orders**

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

### **Admission of Public and the Press**

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

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

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

#### **3.18 Observers at Board meetings**

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

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

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

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

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

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



Northern Ireland Ambulance Service  
Health and Social Care Trust



# ***TRUST BOARD***

***Thursday 6<sup>th</sup> December 2018, 10:30am  
Downshire Hospital, Ardglass Road, Downpatrick, BT30 6JQ***



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



***Minutes of Trust Board  
Thursday 4 October 2018, 10.30am  
Western Divisional Headquarters, Altnagelvin Hospital, Gransha Road,  
Londonderry, BT47 6GT***

**Present:**

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

**In Attendance:**

Ms H Coard	Senior Secretary
Miss K Magee	Senior Secretary

**1.0 Welcome**

The Chair welcomed everyone to Altnagelvin.

**UK Dispatcher of The Year Award 2018**

The Chair welcomed Mr J McMullan, Control Training & Quality Assurance Officer along with three Emergency Medical Dispatchers, Nikki McAuley, Lorraine Welsh and Kelly Anne McKee to Trust Board in recognition of their significant achievement of being finalists UK Dispatcher of The Year 2018 Awards.

The Chair commended all three members of staff for this significant achievement, and in particular Nikki McAuley for winning the award. The Chair congratulated Kelly Anne McKee who had also won Ireland Dispatcher of the Year 2017.

Mr J McMullan explained the background to the awards and provided an overview of the three calls for which the staff were nominated, noting how expertly these had

been handled. The Chair congratulated Mr McMullan on his recent invitation to join the International Dispatch Training Team.

Board members congratulated the team for their remarkable achievements.

**2.0 Apologies**

No Apologies were noted.

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

The Board was confirmed as quorate.

**4.0 Minutes of the previous meeting of Trust Board held on 7 December 2017**

Some minor amendments were noted and minutes were approved on the proposal of The Chair and seconded by Mr D Ashford.

**5.0 Matters Arising**

All the matters arising will be covered on the agenda.

**6.0 Chairman's Business**

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

- A number of meetings with a wide range of stakeholders have taken place in relation to the proposed CRM, and these have been very positive.
- She had a useful visit to Altnagelvin station.
- Further meetings have taken place regarding Hyponatraemia and duty of quality
- A letter was sent to all Non-Executive Directors inviting them to participate in Project Echo which is a developing governance project.
- Invites have been issued for the opening of the new Enniskillen Station on 17<sup>th</sup> October 2018. The Chair encouraged Trust Board to give this event their full support.

**7.0 Chief Executive's Business**

CEO outlined his activities and meetings attended since the last Trust Board, highlighting the following:

- Extensive engagement with Trade Unions, elected representatives, staff and other stakeholders in advance of the formal consultation on the new Clinical Response Model (CRM) . A media briefing had been held prior to the consultation which will run to 20 December 2018.
- There has been recent media coverage of reduced cover at weekends in the

Northern Trust Area., CEO commended Mr B McNeill on his handling of media interviews on this matter.

- A large number of staff had expressed interest in participating in the Paramedic Education Degree. Interviews have taken place and the successful applicants will

commence training in the coming weeks.30 qualified Paramedics are due to start with NIAS in November which will assist winter pressures

- CEO, Dr Ruddell and Stephanie Leckey (Community Resuscitation Lead) had met with the Chief Medical Officer to brief him on progress with the Community Resuscitation Strategy.
- Chief Medical Officer visited the HEMS base last week to mark the end of International Air Ambulance week.
- Glen O'Rourke from the HEMS team has been shortlisted for Air Ambulance of the Year award.
- CEO attended an event to mark The Freedom of the Borough Adds and North Down being awarded to Health and Social Care staff.
- CEO formally welcomed Ms R O'Hara back to Trust Board and noted thanks to Ms Michelle Lemon for her work as Acting Director of HR & CS.

#### **8.0 Overview of NEAC Service – Mr M Stewart**

The Chair welcomed Mr Malcom Stewart who gave an informative presentation on Non-Emergency Ambulance Control.

Board members thanked Mr Stewart and discussion took place around the criteria for use of the NEAC service and on Infection Prevention and Control Issues for voluntary and private Ambulance Services, and voluntary car drivers.

#### **9.0 NIAS 2018-19 Trust Delivery Plan – For Approval**

CEO presented the Trust Delivery Plan for 2018/19 which is due to be submitted to the Health & Social Care Board for approval. Mrs McCue provided an update on the financial position, in particular on a number of savings proposals to achieve a break even position. The Trust Delivery Plan was approved.

#### **10.0 IPC Update – Ms L Charlton**

The Chair welcomed Ms L Charlton to Trust Board to give an update on Infection Prevention Control.

A briefing paper was presented detailing progress of the Improvement Plan which will be discussed with RQIA on 5<sup>th</sup> October 2018. Ms Charlton highlighted the main areas of progress, in particular in relation to assurance, however she stressed it will take some time to have all the improvements in place.

The Board thanked Ms Charlton for her work in supporting NIAS with this important issue.

#### **11.0 Winter Plan – For Noting – Mr B McNeill**

Mr McNeill provided an overview of the main elements of the plan to respond to increased pressures over the winter period. He advised that the plan had been approved by the HSCB who will be briefing the Department of Health on the resilience of the whole HSC for winter.

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

Mr Haslett highlighted that a number of Assurance Committee action points have been discussed this morning.

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

### **13.1 Finance**

#### **Finance & ICT Directorate**

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

- Mrs McCue presented the Finance Report – NIAS are on track for a break even position for the end of year.
- Capital Spend Allocation of over 5 million is being spent mostly on Fleet – Finance and Operations working closely to manage this.
- Some difficulties highlighted in regards to Prompt Payment of Invoices which is unlikely to be rectified this financial year. Mr Haslett asked if queried invoices held up payment and Mrs McCue clarified that the invoice needs to be agreed before payment hence the delay in prompt payment.
- IT Report on System Availability and Interruptions with service – NIAS monitor BT arrangements and devise contingency plans for any disruption to service.
- There has been a 30% increase in FOI requests.

### **13.2 Operations Directorate**

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

- Call answering performance is being monitored. It is expected that this will improve.
- The Craigavon Station Replacement Programme has been put on hold due to it has not been possible to complete within the financial. The funding has been returned to the Department.

### **13.3 Medical Directorate**

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

- Issues relating to job evaluation and AFC banding leading to a delay in the recruitment of full-time HART Paramedics were discussed. However training for non-full-time staff has progressed allowing for a significant response to an MTFA incident.
- The management and review of SAI's remains a particular challenge due to the small governance team with NIAS compared to other Trusts, with no staff

dedicated to this task.

- The GoodSam App used to alert Community Responders to out of hospital cardiac arrests will be integrated with control room software in November 2018 and following the testing and training of Control Staff is planned to “go live” in March 2019.
- International Restart a Heart Day is due to be held on 16<sup>th</sup> October 2018 and Dr Ruddell encouraged Board Members to attend the planned CPR training sessions.

#### **13.4 Human Resources Directorate**

Ms O'Hara, Director of HR&CS provided an update to Trust Board, highlighting the following:

- Ms O'Hara explained the backfill issue in relation to workforce plans. Due to Trust on-call trends of staff moving through ACA, EMT and Paramedic training and the impact of internal recruitments, e.g. Paramedic Student cohort 18/19, the Trust considers backfill arrangements in the associated plans. Accordingly activity can be higher than vacancy levels.
- Sickness Absence – 9.97% target has not been achieved and continues to be a priority. AACE are commencing a review of NIAS attendance management practice. The findings will be presented in Quarter Four 2018/19.

#### **14.0 Any Other Business**

Mrs McCue encouraged Board members to take up the HFMA training opportunities and The Chair reiterated this and said she would be availing of the opportunity for online training.

Mr Abraham queried dress uniforms for Senior staff and Mr Bloomfield said he has raised this issue and hopes to purchase uniforms.

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

The next scheduled Trust Board meeting will be held on **Thursday 6 December 2018, location at 10:30am** within our South Eastern Division the venue will be confirmed

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

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

DRAFT

**TB/06/12/2018/02**



<b>Title:</b>	<b>Policy on the Identification and Management of Frequent Callers and Vulnerable Service Users.</b>		
<b>Author(s)</b>	Alison Vitty, Corporate Manager Sarah Williamson, Transformation and Organisational Change Programme Manager Joanna Smylie – Project Manager		
<b>Ownership:</b>	Medical Director		
<b>Date of SEMT Approval:</b>	30 October 2018	<b>Date of Trust Board Approval:</b>	
<b>Operational Date:</b>		<b>Review Date:</b>	
<b>Version No:</b>	Version 0.8	<b>Supersedes:</b>	V0.1, 0.2, 0.3, 0.4, 0.5, 0.6, 0.7
<b>Key words:</b>	Frequent Callers, Vulnerable callers, information markers		
<b>Other Relevant Policies:</b>	<b>Information Governance Strategy and Policy, Data Protection Act 1998 Policy and Procedure, Information markers, Records Management Strategy and Policy, Department of Health and Health and Social Care Protocol for Sharing Service User Information for Secondary Purposes, Safeguarding, Health and Safety, Zero Tolerance; Incident Reporting and Investigation and Clinical Records Policy.</b>		

<b>Version Control for Drafts:</b>			
<b>Date</b>	<b>Version</b>	<b>Author</b>	<b>Comments</b>
06/05/15	V0.1	SW & AV	Initial draft.
12/05/15	V0.2	SW	Initial comments from TYC team and Ops Rep.
24/08/15	V0.3	SW	Comments from Equality & PPI, and Staff Side
02/10/15	V0.4	AV & SW	Incorporating comments from Information Governance
18/04/16	V0.5	JDW	Re-write
28/02/17	V0.6	NS	Amendments to section 5 and formatting
06/02/18	V0.7	AV	Further comments relating to information governance, legislation, community hub added.
21/02/18	V0.8	JS	Amendments to Policy name and Section 1 inclusion of Vulnerable callers Section 4 in relation to Support Hubs and Section 5.10 in relation to management, section 5.1 vulnerability definition included and Formatting

## **1.0 INTRODUCTION / PURPOSE OF THE POLICY**

### **1.1 Background**

Most individuals or organisations that contact the 999 system do so with legitimate healthcare requirements.

Identification and management of those persons / organisations who access emergency healthcare via the 999 service, on an abnormally high number of occasions can lead to the identification of individuals who are at risk, vulnerable or accessing the incorrect healthcare for their needs or the identification of organisations who have policies which over rely on the use of the ambulance service. We have a duty to safeguard vulnerable people and to ensure that other high use organisations only use the ambulance service when appropriate.

For the purposes of this policy, both individuals and organisations who access the ambulance on an abnormally high number of occasions will be referred to as “Frequent Callers”.

The Frequent Caller Network (FRECaN) define frequent callers as any individual over 18, who resides in a domestic address and calls the ambulance service more than 5 times per month or more than 12 times in a 3 month period. There is no specific definition for organisations; however they will remain within the scope of this policy.

For the purposes of this policy individuals who access the ambulance service on an abnormally high number of occasions or who have been identified by another organisation as requiring multidisciplinary input to support them in the community will be known as ‘Vulnerable Callers’

A Vulnerable Adult is defined as a person ‘who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

A Vulnerable child is anyone under the age of 18 who requires protection from maltreatment; protection from impairment to their health or development; children who may not be growing up in circumstances consistent with the provision of safe and effective care or children who are suffering, or are likely to suffer, significant harm.

The Trust is committed to providing a patient centred approach, ensuring the right response to the right person at the right time and this requires NIAS to manage frequent callers. Management frequent callers will reduce strain on Emergency Ambulance Control and will increase availability of Operational resources resulting in a more timely response for other service users as well as a financial benefit to The Trust.

NIAS has a responsibility for the security and safety of patients and staff and is committed to working in partnership with third party agencies whilst adhering to the Data Protection Act 1998, confidentiality, information

governance sharing protocols, Caldicott guidelines, Human Rights Act 1998 and other associated legislative bases

## **1.2 Purpose**

NIAS currently receive approximately 2500 calls per year from the top 50 frequent and vulnerable callers. Continual attendance to frequent and vulnerable callers re-enforces that their behaviours are acceptable, as well as having the potential to jeopardise their safety and the care and safety of other service users with genuine urgent and emergency care needs due to a delayed response. This policy outlines how we will identify and manage Frequent and Vulnerable Callers to NIAS in a consistent and clinically appropriate manner. It should be read in conjunction with the Frequent and Vulnerable Caller Standard Operating Procedure, which will provide a structured reporting and management procedure for all Frequent and Vulnerable Callers.

- 1.3** The policy aims to provide oversight as to the structured identification of frequent callers and vulnerable callers. The policy is supported by a frequent and vulnerable caller Standard Operating Procedure.

## **2.0 SCOPE OF THE POLICY**

- 2.1** This policy relates to Frequent Callers who are either individuals or organisations, and vulnerable individuals. The policy is relevant for all NIAS personnel.

## **3.0 LEGISLATIVE FRAMEWORK**

- 3.1** NIAS HSC Trust is subject to a variety of legal, statutory and other guidance in relation to the sharing of person-identifiable data which will be required for the effective management of Frequent and Vulnerable Callers. This includes (this is not an exhaustive list):

- Data Protection Act 1998/General Data Protection Regulations
- Human Rights Act 1998
- Freedom of Information Act 2000
- Access to Health Records (NI) Order 1993
- Safeguarding Vulnerable Adults Groups Act 2006
- Mental Capacity Act 2005
- Northern Ireland Mental Capacity Act 2016 –not currently enacted
- Mental Health Act 1983
- Common Law Duty of Confidentiality
- Department of Health and Health and Social Care Protocol for Sharing Service User Information

- 3.2** NIAS will only share information that is necessary, proportionate, relevant, adequate, accurate, timely and secure to ensure the management of Frequent and Vulnerable Callers. The Trust will adhere to the Data Protection Act 1998, and seeks to balance the common law duty of

confidentiality and the rights within the Human Rights Act 1998 against the effect on individuals or others when sharing patient information.

- 3.3** We will attempt to seek a patient's consent before disclosing identifiable information for purposes related to the provision of their care under the remit of this policy. Due regard will be given to involving the patient's relatives, carers or advocate, where the patient consents to that.
- 3.4** The particular purpose of any contemplated use for disclosure of service user information under the Frequent and Vulnerable Caller Policy will be for one of the following:
- for the **direct care** of that service user;
  - for purposes of health and social care **not directly related to the care of** that service user (secondary purposes);
- 3.5** When making decisions about whether to disclose information about a patient who lacks capacity, we will:
- Make the care and clinical management of the patient our first concern
  - Respect the patient's dignity and privacy
  - Support and encourage the patient to be involved, as far as they want and are able, in decisions about disclosure of their personal information.
- 3.6** Decisions about how much information to share, with whom and when, will be managed appropriately and on a case by case basis. If we do not have the patient's implied or express consent, information sharing will be carried out in line with a legal or statutory requirements.

Consent is not required where there is a statutory obligation for disclosure or discretionary disclosure is justified in the public interest, for example:

- Provision of appropriate care service;
- Protecting people by identifying individuals who are at risk, vulnerable or accessing the incorrect healthcare for their needs;
- Supporting people in need;
- Supporting legal and statutory requirements;
- Reducing risks to individuals, service providers and the public as a whole;
- Safeguarding purpose.

In situations involving disclosure to protect overriding rights of patients, each case will be considered on its merit.

- 3.8** The Trust is fully committed to ensuring that information shared for the management of Frequent and Vulnerable Callers is shared in accordance with legal, statutory and common law duties of confidentiality.
- 3.9** Record Keeping, Confidentiality and Information Sharing:
- All Trust employees involved in the management of Frequent and Vulnerable Callers will be responsible for the maintenance of confidential records relating to personal identifiable information as per NIAS Policies and Procedures.

- A Trust database will be maintained for both a list of Frequent and Vulnerable Callers who have been identified and their management plans under this Policy and the associated Procedures.
- Appropriate storage of these confidential records will be maintained by the Information Department in liaison with the Frequent Callers lead.
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## 4.0 **ROLES & RESPONSIBILITIES**

4.1 There are a range of roles and responsibility in terms of this policy:

- **The Chief Executive**

The Chief Executive ensures that the objectives of this policy are in line with the strategic objectives of the Trust. The Chief Executive delegates the day to day responsibility for establishing and monitoring the implementation of this Policy to the Medical Director.

- **The Medical Director and Assistant Medical Director**

The Medical Director is the Trust's Personal Data Guardian (PDG) and Caldicott Guardian. The Medical Director is the Senior Responsible Owner (SRO) of this policy and has lead responsibility for overseeing the implementation of this policy. The Medical Director should provide advice to local Operational Managers as required with management of Frequent Callers.

- **The Director of Operations**

The Director of Operations has responsibility for Operational and Control staff. His staff will be responsible for enacting this policy within their roles.

- **The Director of Finance and ICT**

The Director of Finance and ICT is the Senior Information Risk Owner (SIRO). The SIRO has overall responsibility for managing information risk across the Trust. The SIRO will seek assurances and report to the Assurance Committee on relevant information risks relating to the management of Frequent Callers.

- **Risk Manager**

NIAS Risk Manager has a lead role in providing advice and guidance on the risk assessment process undertaken before decisions are taken relating to the management of a Frequent Caller. This may mean supporting local management teams and the frequent caller lead to conduct risk assessments or case management.

- **Frequent Callers Lead**

The Frequent Caller Lead is responsible for identifying and managing Frequent and Vulnerable callers with support from the information management team and local management teams. They will liaise with the Risk Manager and Medical Director to actively manage callers when required and prepare lists of cases for review at the Information Markers group.

The Frequent Caller lead maintain a database managing active and potential Frequent callers, Vulnerable callers and provide a record of patient contacts and individual Care Pathways where appropriate. The Frequent Caller Lead

will support local management teams as appropriate and ensure compliance with NIAS Policy and Procedures in relation to patient confidentiality, safeguarding vulnerable people and information sharing and assist local management team with compliance with this Policy and associated Procedure.

- **Information Department / Corporate Manager**

In relation to this policy responsibilities include: ensuring that information sharing is undertaken in compliance with the Data Protection Act 1998, the common law duty of confidentiality and other associated legislation bases.

The Corporate Manager will provide guidance and oversee that access and sharing protocols for the purpose of the case management of Frequent Callers is managed in line with existing sharing information protocols.

The Corporate Manager will also oversee the formation and maintenance of regular reports of Frequent and Vulnerable Callers.

- **Information Markers Group**

Frequent Callers are just one situation which may merit the placing of an Information Marker. The Information Markers Group meets monthly and includes the Medical Director or Assistant Medical Director, Area Manager / Station Officer Representation, Risk Manager, and Assistant Director of Operations (Control) as well as the Frequent Callers lead Duty Control Manager.

This group provides overarching guidance and advice on the management of information markers relating to Frequent Callers

- **Operational Line Managers / Local Management Teams**

Operational managers should ensure that personnel report all incidents which may identify a potential Frequent or Vulnerable Caller and which can then be further investigated. They should ensure that any required risk assessment is completed and forwarded to the Risk Manager.

Local management teams will be expected to support the Frequent Caller Lead with case assessments, meet with patients and families, attend meetings as required, liaise with other organisations within Health and Social Care and externally, for example, Police Service of Northern Ireland, Local Councils Support Hubs etc.

- **Operational Staff**

Operational staff will be provided, as required, with specific information from Ambulance Control. In each individual case, it is the responsibility of operational staff to carry out dynamic risk assessment of the immediate situation and seek further support from local management or the Control Officer/Manager as required.

All staff should report any individuals or organisations including licensed premises where they have identified a high frequency of calls using Risk Management Untoward Incident reporting mechanism. Any information received will be subject to further investigation and may or may not lead to the identification of a Frequent Caller.

Staff must ensure the maintenance of patient confidentiality at all times.

- **Emergency Ambulance Control – Duty Control Managers**

It will be the responsibility of Duty Control Managers to highlight any new Frequent Caller cases to the Frequent caller lead.

It is also the responsibility of DCMs to advise and support Control staff, in line with this policy and the associated procedures. They must ensure compliance with NIAS Policy and Procedures in relation to patient confidentiality, safeguarding vulnerable people and information sharing.

- **Ambulance Control Staff**

Control Staff have a responsibility to notify operational staff of any relevant CAD Marker relating to a frequent callers. In relation to Frequent Callers this may include informing the crew that a call has been downgraded or that only a third party call initiates a response. The associated Procedure will provide further guidance on this.

Control personnel are also required to identify and report anyone who they believe is a Frequent Caller to the Frequent Caller Lead

In carrying out their responsibilities in relation to Frequent Callers all staff involved should ensure processes are objective, evidence-based and proportionate. Staff also must ensure the maintenance of patient confidentiality at all times.

- **Health and Social Care Trusts / General Practitioners / Other External Stakeholders**

If other agencies are required to be consulted regarding a Frequent or Vulnerable Caller, this will take place in line with current data sharing agreements and can take place even if the patient has not consented under Paragraph 8, Schedule 2 of the Data Protection Act 1998.

In order to effectively support a Frequent or Vulnerable Caller a multidisciplinary framework may be required including Health and Social Care Trusts, Private Care Homes and General Practitioners. This will require information sharing regarding the patient's health and social care needs in order to look for opportunities to resolve issues and look for ways to ensure appropriate response to these needs.

- **Police Service of Northern Ireland (PSNI)**

The PSNI are currently facilitating Support Hubs through Policing with the Community. The Hubs, currently being established in council areas, allow the agencies involved to bring any vulnerable individual, with their consent, to a Multidisciplinary forum in order to support these often complex cases in a unified and effective manner. Each Agency involved has signed an agreement to facilitate the sharing / disclosure of personal data and/or sensitive personal data. The current Agencies involved are PSNI, Housing

Executive, Youth Justice Agency, Education Authority Northern Ireland, Probation Board for Northern Ireland, HSC & Northern Ireland Ambulance Service. . Where appropriate, NIAS will be involved in these Hubs if frequent or vulnerable callers are identified that may benefit from inter-agency working or if individuals are brought to the Hub with consent from other agencies and they are known to NIAS as a Service User who may be vulnerable and may benefit from assistance in managing their Health Care needs. Information shared will be in line with strict consent and governance protocols.

PSNI may also identify potential misusers of the 999 system and in line with legislative investigatory powers may work with NIAS regarding prosecution of individuals whose use of the 999 system continues to be inappropriate after all escalation levels have been exhausted.

- **Clinical Support Desk (CSD)**

The CSD will have a role in management of Frequent and Vulnerable Callers depending on the decision of the Information Markers Group e.g. a Frequent Caller may require secondary triage by the CSD. Paramedics will undertake the secondary triage using the Manchester Triage System with the aim of providing a “hear and treat” outcome. The CSD clinician may give advice to the Control Officer either to upgrade or downgrade a call relating to a Frequent Caller.

The CSD must record and report all individual cases of review of Frequent Callers to the FC Lead.

- **Community/Voluntary and Private Providers**

NIAS has a responsibility to highlight Frequent and Vulnerable Caller Information Markers to voluntary or private ambulance providers. It is the responsibility of these providers to respond in line with NIAS guidance.

- **Community First Responders and specialist teams.**

NIAS has a responsibility to highlight Frequent and Vulnerable Caller Information Markers to Community First Responders and / or specialist teams. Specialist teams include Basics doctors / HEMS / Community Paramedics. It is the responsibility of these providers to respond in line with NIAS guidance.

## **5.0 KEY POLICY PRINCIPLES**

- 5.1** A referral for case management of a Frequent or Vulnerable Callers can be made by any NIAS staff member in line with the following definition agreed by the National Frequent Callers Network (FreeCan):

A Frequent caller is defined as ***“someone aged 18 or over who makes 5 or more emergency calls related to individual episodes of care in a month, or 12 or more emergency calls related to individual episodes of care in 3 months from a private dwelling.”***

A Vulnerable caller is defined as a person “**who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation**”

A Vulnerable child is defined as ‘**anyone under the age of 18 who requires protection from maltreatment; protection from impairment to their health or development; children who may not be growing up in circumstances consistent with the provision of safe and effective care or children who are suffering, or are likely to suffer, significant harm**’

NIAS staff can also report any organisation via the Risk Management Untoward Incident / Datix process if they suspect a patient they have identified may be a potential frequent/ vulnerable caller.

Caution and cognisance will be given for identified callers with underlying mental health / clinical needs.

- 5.2 The Information Department will produce reports as required. They will also review those addresses or premises which have been identified by frontline staff for further investigation and return all reports to the Frequent Caller Lead for further action and investigation under this Policy and associated Procedure. They will work closely with the Project Manager, Emergency Ambulance Control and other stakeholders to provide information in a secure and confidential manner.
- 5.3 The following may also be used to indicate the need for case management at the discretion of the Information Markers Group or at the request of local Area Management.
- 5.4 All potential referrals should include the patient's name and address. Additional details including an individual's date of birth and GP should be provided where known. Staff must ensure the maintenance of patient confidentiality at all times. All potential referrals will require further investigation in line with this Policy and associated Procedure and may not relate to the identification of a Frequent Caller.
- 5.5 Local operational management supported by the Frequent Caller lead, if necessary, will complete an assessment for submission / presentation at the next Information Markers Group. There are levels of escalation for management of Frequent Callers in order to ensure appropriate case management and actions. Please refer to the Frequent Caller Procedure for further guidance on this.
- 5.6 A Multi-Agency approach will enable NIAS local managers to obtain the comprehensive clinical, medical health and social background of a patient and seek information / advice from relevant Health and Social Care professionals. Local managers or the FC lead may choose to bring this individual to the local Support Hub meeting, if appropriate and employing their principles of confidentiality and data sharing. Based on this an informed decision can then be agreed as to any course of action by the Trust.

- 5.7 Each Patient will have an individually tailored action plan. This may in some cases be considered an emergency care component of a Community Care Plan.
- 5.8 As part of the case management an Individual Dispatch Protocol (IDP) may be generated via discussion with the Information Markers Group and approved by the Trust's Medical Director or delegated representative.
- 5.9 When an IDP is in place, calls will be monitored by the local Area Management Team and Frequent Caller as part of the case management.
- 5.10 Each Frequent / Vulnerable Caller will be approached by phone, or when appropriate in person, to discuss their use of the 999 system and when possible to gain consent. This contact will be followed up with a letter which will include details of the meeting or phone call and will include advice on managing their Health care needs. Potential Frequent Callers may be sent a letter advising that they have been identified as such, correspondence will include advice on how to access HSC services appropriately.
- 5.11 Each Frequent Caller record will be maintained and monitored on a "rolling" review basis until there has been a suitable length of time where the patient has reduced or ceased 999 call activities or their vulnerabilities have been managed.
- 5.12 In certain cases the Trust may pursue legal action against a Frequent Caller, once all other options have been exhausted and in consultation with any involved parties including Medical Director, Legal Services and other Senior Managers. This may include liaison with PSNI.
- 5.13 This Policy and associated Procedure should be read in conjunction with other Trust policies and procedures including but not exclusively, **Information Governance Strategy and Policy, Data Protection Act 1998 Policy and Procedure, Information markers, Records Management Strategy and Policy, Department of Health and Health and Social Care Protocol for Sharing Service User Information for Secondary Purposes, Safeguarding, Health and Safety, Zero Tolerance; Incident Reporting and Investigation and Clinical Records Policy.**
- 5.16 Correspondence with a patient, who is being managed as a Frequent Caller, must include notification of the opportunity for appeal. If a request is made in writing for the case to be reviewed under appeal the Medical Director shall delegate the review to a senior manager. Any findings or recommendations will be discussed by the Medical Director and the local manager (and if appropriate, the Information Markers group) and recommendations either adopted, or challenged with further evidence.

## 6.0 **IMPLEMENTATION OF THE POLICY**

### 6.1 **Dissemination**

This policy will be disseminated to all those responsible for policy development and review via email and will be included on the Trust's intranet site. Managers will be responsible for cascading this information to their staff.

It will also be disseminated to voluntary and private ambulance providers who provide services on behalf of NIAS.

## **6.2 Resources**

The identifiable resources required for implementation of this policy include development of appropriate reports, development of a suitable database, allocated time for the Frequent Callers lead to carry out their role of case management with support where necessary from local management teams .

## **6.3 Exceptions**

There are no exceptions to this policy.

## **7.0 MONITORING**

7.1 All Trust policies will be monitored to ensure compliance with this policy through the policy development and review process.

## **8.0 EVIDENCE BASE/REFERENCES**

- DHSSPS Code of Practice on Protecting the Confidentiality of Service User Information (2012)
- Department of Health and Health and Social Care Protocol for Sharing Service User Information for Secondary Purposes
- London Ambulance Service Policy and Procedure for the Management of Frequent and Vexatious Users
- East of England Ambulance service Policy for the Management of Patients with defined Individual Needs
- JRCALC UK Ambulance Services Clinical Practice Guidelines 2016
- Working Together to Safeguard Children 2013
- 

## **9.0 CONSULTATION PROCESS**

9.1 Operational staff, Senior Executive Management Team, Staff-Side organisations have all been asked to comment on this policy

## **10.0 EQUALITY STATEMENT**

10.1 In line with duties under Section 75 of the Northern Ireland Act 1998; Targeting Social Need Initiative; Disability Discrimination Act 1995 and the

Human Rights Act 1998, an initial screening exercise, to ascertain if this policy should be subject to a full impact assessment, is to be carried out.

**10.2** The outcome of the screening exercise for this policy is:

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

## 11.0 SIGNATORIES

_____	Date: _____
Lead Author	

_____	Date: _____
Lead Director	

**TB/06/12/2018/03**

# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

**Thursday 6 December**

<b>Title:</b>	Learning from Incidents Policy
<b>Purpose:</b>	For approval (Public)
<b>Content:</b>	The purpose of this Learning from Incidents Policy is to raise the standard of incident management within NIAS. The document also sets out the corporate commitment to the appropriate investigation of incidents, ensuring that all managers make arrangements for the provision of suitable resources, and calling upon all NIAS employees to engage in, and be responsible for incident management.
<b>Recommendation:</b>	Approval
<b>Previous Forum:</b>	SEMT
<b>Prepared by:</b>	Risk Manager
<b>Presented by:</b>	Interim Medical Director



<b>Title:</b>	<b>Learning From Incidents Policy</b>		
<b>Author(s):</b>	Katrina Keating, Risk Manager		
<b>Ownership:</b>	Michael Bloomfield, Chief Executive		
<b>Date of SEMT Approval:</b>	15 <sup>th</sup> November 2018	<b>Date of Trust Board Approval:</b>	
<b>Operational Date:</b>		<b>Review Date:</b>	
<b>Version No:</b>	1.0	<b>Supersedes:</b>	N/A
<b>Key Words:</b>	Incidents, Learning, Investigation, Just Culture, Safety Leadership, Involvement, Improvement, Regional Risk Matrix, DATIX, Complaints, Legal, Risk Management, Serious Adverse Incidents (SAIs).		
<b>Links to Other Policies / Procedures:</b>	Learning From Incidents Procedure, Incident Investigation Protocol, Guidelines for Statements, Interviews and Hearings, Learning From Serious Adverse Incidents (SAIs) Procedure, RIDDOR Procedure, Corporate Risk Management Policy & Procedures. Management of Medical Devices Policy, Claims Management Policy, Whistle Blowing Policy, Health and Safety Policy, Safeguarding Referral Procedure, Information Governance, Major Incident and BCP Procedures.		

<b>Version Control:</b>			
<b>Date:</b>	<b>Version:</b>	<b>Author:</b>	<b>Comments:</b>
November 2018	1.0	Risk Manager	NEW

## **1.0 INTRODUCTION:**

A high standard of incident management will ensure that lessons are learned and continual improvement is achieved.

### **1.1 Background:**

This Learning from Incidents Policy sets out the Northern Ireland Ambulance Service Health and Social Care Trust's (NIAS) approach to the management of incidents across the organisation. This Policy is supported by the Learning from Incidents Procedure which sets out a framework for the effective investigation of incidents across NIAS. A number of other supplementary documents are also available such as the NIAS Incident Investigation Protocol, Learning From Serious Adverse Incidents (SAIs) Procedure and NIAS Guidelines for Statements, Interviews and Hearings.

### **1.2 Purpose/Aim/Objective:**

The purpose of this Learning from Incidents Policy is to raise the standard of incident management within NIAS. The document also sets out the corporate commitment to the appropriate investigation of incidents, ensuring that all managers make arrangements for the provision of suitable resources, and calling upon all NIAS employees to engage in, and be responsible for incident management.

## **2.0 SCOPE:**

The Trust recognises that incidents will occur within emergency care and its supporting activities. This Learning from Incidents Policy applies to all incidents occurring during all activities across the organisation.

Partners/contractors providing services to and/or working on behalf of NIAS must have defined processes for incident management; these processes must include the ability to assess and manage incidents, and advise NIAS as appropriate, without exception.

## **3.0 ROLES/RESPONSIBILITIES:**

In the Northern Ireland Ambulance Service, incident management is everyone's business. Everyone is responsible for both reporting incidents and contributing to the investigation process, regardless of level, role or location, and it is essential that everyone takes relevant responsibility for incident management, so as to support continual improvement.

The Learning from Incidents Procedure includes a Responsibility, Accountability and Support (RAS) matrix which defines key corporate level roles and responsibilities.

## **4.0 KEY POLICY PRINCIPLES:**

At the Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) we recognise that learning from incidents is essential in achieving continuous improvement.

There is a clear recognition that we must ensure adequate policy, procedures and training are in place to support both staff and management in the effective investigation of incidents in order to learn from them and continually improve.

Each incident will be assessed individually when deciding which level of investigation is appropriate. The following principles will be applied:

- a. All patient safety and employee health and safety incidents will be subject to the NIAS Incident Investigation Protocol.
- b. All regulatory compliance, fraud, and information governance will be subject to investigation via relevant policy/procedures or the NIAS Incident Investigation Protocol.
- c. All incidents relating to non-critical functions and services will be dealt with at a local level.
- d. The NIAS approach to incident management is designed to encourage and promote learning and continual improvement, and not to increase workload for Investigating Officers by creating unnecessary paper trails.

With the above in mind, through the implementation of this Policy and the Learning from Incidents Procedure, so far as is reasonably practicable, we will ensure the following:

- A consistent, timely, high standard of incident reporting and management in compliance with NIAS procedures.
- Timely and accurate reporting through internal assurance processes (Trust Board, Assurance Committee, Committees/Groups etc.).
- All regional and applicable national guidance and best practice is adhered to and all statutory obligations are met, i.e. timely and accurate reporting to external bodies such as RQIA, HSENI, HSCB, PHA, DoH, LIN, NIAIC etc.
- Adequate policies, procedures and templates are available in order to support the process.
- That effective remedial action is taken and lessons are learned, at both an individual and organisational level where appropriate, to prevent reoccurrence; and where necessary, learning is embedded into existing policy, standard operating procedures, processes, training, templates etc.
- Effective sharing of lessons learned, both within the organisation and, where applicable with other Trusts and Ambulance Services.
- Further development of the Learning Outcomes Review Group in order to link recommendations from incidents, complaints, litigation, Quality Improvement initiatives, audit, performance etc. to ensure continual improvement.
- Appropriate management of incidents and continual improvement in incident management and therefore the quality of care.
- Improvement in arrangements to support staff wellbeing as the 'second victim'.
- Adequate arrangements are in place to ensure staff can avail of time off to make statements (PSNI etc.) and attend the likes of Coroners Court, Civil and/or criminal proceedings.
- Suitable support is available for Investigating Officers in order to properly investigate incidents, i.e. training and management support. Staff will have suitable training to help them make balanced judgements on incident investigation.
- All levels of management focus on safety and lead cultural change in this area by encouraging staff to report incidents, errors and near misses.
- Management are empowered to improve culture through the modernisation of the incident reporting system including the development of adequate mechanisms for feedback.
- Improvement in liaison with service users, family members and carers.
- Roles and responsibilities are defined and everyone is accountable and responsible for their actions.
- Further development of a just (fair), open and positive culture.

- Arrangements are in place to manage risks highlighted by incidents (Corporate Risk Management Policy and Procedures). That effective and efficient assurance processes are in place.
- NIAS assets and reputation are safeguarded.

Through effective incident management we will endeavour to provide a safe environment for staff, patients and members of the public by reducing and where possible eliminating the risk of harm. We will provide a service that is responsive, safe, high- quality, patient focused, clinically effective, financially viable, legally compliant and well governed.

## **5.0 IMPLEMENTATION OF THE POLICY:**

### **5.1 Dissemination:**

- Directors and Assistant Directors will disseminate to all staff.
- It is available on the Internet and SharePoint so that all employees and members of the public/stakeholders can easily have access.
- It is on the notice boards in all operational areas.
- It is included in Corporate Induction, is part of the syllabus in all training programmes/eLearning.

### **5.2 Resources:**

As part of the implementation of this Policy and associated procedures, management are required to review existing processes to ensure incident management has been allocated the necessary resources. In most cases no additional resources will be required for the implementation of this Policy. Equally, everyone should be encouraged to report and investigate incidents as appropriate, and should be provided with the time necessary to do this in accordance with the Learning from Incidents Procedure. Levels of incident investigation training/DATIXWeb training are under consideration at this time.

### **5.3 Exceptions:**

This Policy applies to all those working within, providing services to, or acting on behalf of the Northern Ireland Ambulance Service Health and Social Care Trust. There are no exceptions.

## **6.0 MONITORING:**

This Learning from Incidents Policy and the Learning from Incidents Procedure will be reviewed every two years. Feedback from stakeholders will be taken into consideration, along with a review of systems/processes along with ongoing analysis of the actual management of incidents via the assurance structure. Processes will be benchmarked nationally and any new legislation, best practice or guidance will be taken into account. Audit findings will be taken into consideration.

## **7.0 EVIDENCE BASE/REFERENCES:**

We will ensure compliance with current guidance and best practice, for example policy, procedures, guidance, safety/quality information issued by DoH, HSCB, HSENI and PHA, including national and regional guidance and learning letters. We will also ensure compliance with other relevant NIAS Policies and Procedures.

## 8.0 CONSULTATION PROCESS:

This Learning from Incidents Policy was developed by the Risk Manager with the support of a short life working group consisting of an Ambulance Service Area Manager, Trade Union Representative/Emergency Medical Technician, two Station Officers, two Paramedic Station Supervisors, Fleet Manager and the Clinical Training Manager; draft documentation was circulated (March 2018). Further consultation was carried out through the Learning Outcomes Review Group (June 2018), Health and Safety Committee (July 2018), Medical Director and the Senior Executive Management Team (November 2018). The Policy has been approved by Trust Board (December 2018).

## 9.0 EQUALITY STATEMENT:

In line with duties under Section 75 of the Northern Ireland Act 1998; Targeting Social Need Initiative; Disability Discrimination Act 1995 and the Human Rights Act 1998, an initial screening exercise, to ascertain if this policy should be subject to a full impact assessment was carried out on the 19<sup>th</sup> July 2018.

The outcome of the equality screening for this policy undertaken (pending) is:

**Major impact** ☐

**Minor impact** ☐

**No impact.** ☒

## 10.0 SIGNATORIES:

Katrina Keating

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**Date:**

**Lead Author**

Michael Bloomfield

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**Date:**

**Chief Executive**

**TB/06/12/2018/04**

# NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING – 6 December 2018



## PRESENTATION OF PAPER:

<b>Title:</b>	Procurement Working Group Terms of Reference
<b>Purpose:</b>	Revised Terms of Reference
<b>Content:</b>	To define the purpose, duties and reporting structure of the Procurement Working Group (in line with Circular HSC(F) 22-2018 Controls over the ALB Non Payroll Commissioning Cycle)
<b>Recommendation:</b>	For Approval
<b>Previous Forum:</b>	Audit Committee (11 <sup>th</sup> October 2018)
<b>Prepared by:</b>	Andrew Phillips, Assistant Director of Finance (T)
<b>Presented by:</b>	<b>Sharon McCue, Director of Finance &amp; ICT</b>



Northern Ireland Ambulance Service  
Health and Social Care Trust



## **PROCUREMENT WORKING GROUP**

### **TERMS OF REFERENCE**

**Approved at Procurement Working Group: 27 September 2018**

**Approved at Audit Committee: 11 October 2018**

**Approved at Trust Board:**

**Date of Issue:**

**Date of Review:**

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## **1. CONSTITUTION**

- 1.1 The Procurement Working Group (the Group) is established to oversee the procurement activity of the Trust.
- 1.2 It will assist the Director of Finance and ICT, as the official with responsibility for oversight of financial management under Managing Public Money NI, and others with operational responsibility in relation to the cycle to, inter alia, provide assurance to the Accounting Officer, Trust Board and Audit Committee on control, on law, policy and best practice compliance and on continuous improvement including both risks and opportunities in relation to commissioning of non-payroll expenditure.

## **2. MEMBERSHIP OF THE GROUP**

- 2.1 The membership of the Group will be appointed by the Director of Finance and ICT and shall consist of not less than three members.
- 2.3 A quorum shall be one Trust member, the Chair and at least one representative from the Business Services Organisation's Procurement and Logistics Service (PaLS).
- 2.4 Membership of the Group will be as follows:
- Mrs Sharon McCue – Director of Finance and ICT (Chair)
  - Mr Andrew Phillips – Assistant Director of Finance -  
Accounting & Financial Services (Temp)
  - Mr Paddy Dornan – Assistant Director of ICT
  - Mr Tom Quinn – Stores Manager
  - Mr David McKelvey – Head of Estates
  - Mr Michael Heasley – Fleet Manager
  - BSO Nomination(s)

### **3. ATTENDANCE**

- 3.1 Other Directors or Officers of the Trust may be invited to attend, particularly when the Group is discussing areas that are the responsibility of that Director or Officer.
- 3.2 The Assistant Director of Finance shall attend to the Minutes of the meeting and provide appropriate support to the Chair and Group members.

### **4. FREQUENCY OF MEETINGS**

- 4.1 Meetings shall be held not less than three times a year. The Chair of the Group may convene additional meetings as is deemed necessary.

### **5. DUTIES**

- 5.1 The Group has the authority and responsibility to:
- Operate within the existing Public Sector Procurement Policy framework;
  - Consider and monitor efforts to address commissioning cycle issues identified locally as may be evidenced via, for example, internal and external audit findings, DACs and counter fraud findings;
  - Approve an annual Procurement Action Plan for the Trust, covering all areas of non-payroll spend and both local and regional concerns, and oversee the implementation of the Action Plan;
  - Maximise the level of spend procured through Centres of Procurement Expertise under SLA;
  - Monitor compliance with Northern Ireland procurement policy, relevant law and strategic initiatives led by DoH or DoF;
  - Monitor the effectiveness and existence of relevant controls over the non-pay commissioning cycle;
  - Maximise commitment to regional contracts from within the Trust, and monitor uptake, reporting exceptions to RPB;

- Review of local contracting activity to inform procurement processes and timetables;
- Share information freely with other Trust Procurement Boards;
- Support regional initiatives to deliver best practice as agreed by the Regional Procurement Board, through collaborative project work and adoption of best practice outputs; and
- Communicate within the Trust on procurement issues.

## **6. REPORTING**

- 6.1 The Group will report to the Audit Committee and also to the Trust Board as deemed appropriate. The Group will report to the Trust Board via the Audit Committee annually on its work in delivering best practice procurement arrangements for the Trust, supporting regional and local improvement initiatives and new policies and laws, and achieving compliance with procurement policy and proportionate control in this area.

## **7. OTHER MATTERS**

- 7.1 The Agenda will be sent to members of the Group at least five working days before the meeting and supporting papers, wherever possible, shall accompany the Agenda, but will be dispatched no later than three working days before the meeting, save in an emergency.

**TB/06/12/2018/05**

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



Northern Ireland Ambulance Service  
Health and Social Care Trust



### **Public Authority Statutory Equality and Good Relations Duties Annual Progress Report 2017-18**

#### **Contact:**

• Section 75 of the NI Act 1998 and Equality Scheme	Name:	Jarlath Kearney
	Telephone:	02890 400999
	Email:	<a href="mailto:jarlath.kearney@nias.hscni.net">jarlath.kearney@nias.hscni.net</a>
• Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan	As above	X (double click to open)
	Name:	
	Telephone:	
	Email:	

Documents published relating to our Equality Scheme can be found at:

<http://www.nias.hscni.net/about-the-trust/equality/>

#### **Signature:**

**This report has been prepared using a template circulated by the Equality Commission.**

**It presents our progress in fulfilling our statutory equality and good relations duties, and implementing Equality Scheme commitments and Disability Action Plans.**

**This report reflects progress made between April 2017 and March 2018**

## **PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme**

### **Section 1: Equality and good relations outcomes, impacts and good practice**

- 1** In 2017-18, please provide **examples** of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved.

*Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.*

While the Northern Ireland Ambulance Service (NIAS) Health and Social Care Trust has an organisational-wide commitment to equality and good relations, operational responsibility for providing and facilitating support and advice on the implementation of Section 75 falls to a small team working across equality, human rights, public involvement and improving patient experience.

The primary focus of work during the reporting period was the process for developing, publishing and consulting around a revised Equality Scheme and Action Plan and Disability Action Plan 2018-23 for the Trust.

NIAS worked collaboratively with the other five HSC Trusts to review and update the previous Equality Action Plan and Disability Action Plan, and engaged with the Equality Commission for Northern Ireland and other stakeholders in relation to delivery of statutory duties within Health and Social Care.

Actions and priorities in the Action Plans were informed by an audit of inequalities. The Trusts consulted widely with an extensive range of stakeholders to inform the content of the plans and to identify key priorities. Many of the actions in the plans are intended to ensure that the promotion of equality of opportunity and good relations are mainstreamed in existing programmes of work.

In order to engage widely on the development of the new plans, a regional stakeholder event was held on 19 January 2017. This provided an opportunity to interact with a wide range of service users, carers, voluntary and community groups and trade union representatives. In addition to the pre-engagement event, a formal consultation on the plans was open from 7 August until 7 November 2017. As part of our Section 75 commitment, NIAS published easy-read versions of the plans. A Consultation Outcome Report which details the consultation process and the feedback received was published, and all the feedback we have received through engagement and consultation has shaped the Equality and Disability Action Plans.

Following the regional consultation, the Equality Action Plan and Disability Action Plan 2018-23 were published on the Trust's website.

NIAS contributed to the HSC regional equality and human rights agenda through participation in the Department of Health's Equality and Human Rights Steering Group. Once again this focused on sharing and coordinating best practice, and the development

of Section 75 issues across the entire HSC in Northern Ireland.

Implementation and delivery of the NIAS's section 75 duties was monitored by the Trust's Equality and PPI Steering Group of senior managers.

NIAS's Equality, Personal and Public Involvement (PPI) and Patient Experience team contributed to the development of a regional equality and human rights e-learning programme for HSC managers and staff, to improve staff knowledge and awareness of relevant public duties. The resultant e-learning programme, called "Making A Difference", was launched at an event at Parliament Buildings, Stormont on 4 December 2017. The then NIAS Chief Executive Shane Devlin, along with NIAS colleagues and staff from other HSC organisations attended the launch. Making a Difference is an interactive programme tailored specifically to healthcare and aims to ensure that all staff realise the importance of their roles in creating an inclusive and welcoming environment for colleagues and service users. The programme is delivered in two modules – a general module for all staff and an additional module for those with management responsibilities. The modules are scenario-based to capture a range of practical equality and diversity issues across employment and service provision.

NIAS staff again took part in the Belfast and Foyle Pride parades during August 2017. Participation in Pride events represents an opportunity for the Trust to demonstrate support for our LGBT+ colleagues, show a positive and respectful image of LGBT+ people and promote the services we provide to the community. NIAS Community Education staff with an ambulance vehicle engaged with members of the LGBT+ community and their families and friends to promote health messages and the services we offer at Belfast and Foyle "Pride Village" events.

The Trust's Equality Forum, which includes staff and managements representatives, has been involved in developing new staff forums – a Women's Forum and a LGBT+ Forum. These initiatives are mandated and supported by the Trust under the Equality Forum, and will be developed by staff. They have formed part of NIAS's agreed actions under the Equality Action Plan 2018-23, with effective preparatory internal staff engagement work taking place during the reporting period.

External public engagement during the reporting period included targeted events and meetings, as well as a number of public engagement events, including at shopping centres across Northern Ireland. These events were designed to both inform the public about NIAS's work but also canvas opinions and feedback, for example through the 10,000 Voices patient experience forms which are used to help inform monitoring. Further details are provided elsewhere in this report.

- 2** Please provide **examples** of outcomes and/or the impact of **equality action plans/** measures in 2017-18 (*or append the plan with progress/examples identified*).

As well as a programme of actions (such as public engagements, consultation meetings, and training and policy development), the following examples demonstrate the Trust's wider impact through the application of action plans during the reporting period.

During the reporting period, the Trust continued to work in partnership with other HSC organisations to deliver the equality agenda. In conjunction with regional equality leads representing all of the six Health and Social Care Trusts, NIAS contributed to the development of revised regional Equality and Disability Action Plans. NIAS also contributed to work which is closely integrated with the Trust's Equality Scheme Action Plan, including the Public Health Agency's Regional Personal and Public Involvement Forum.

NIAS continued to discharge its equality action plan requirements on the screening of relevant policies and functions, as well as advising policy leads on the application and relevance of the equality duties.

Given that the focus during this reporting period was substantially on the development of the incoming Equality Action Plan and Disability Action Plan, the link to both published plans is available at: <http://www.nias.hscni.net/about-the-trust/equality/>

It is against these outcome targets that NIAS will be measured during future reporting periods.

- 3** Has the **application of the Equality Scheme** commitments resulted in any **changes** to policy, practice, procedures and/or service delivery areas during the 2017-18 reporting period? (*tick one box only*)

X      Yes                      ☐      No (go to Q.4)                      ☐      Not applicable (go to Q.4)

Please provide any details and examples:

The Trust uses its equality screening process as a means assessing the impact of new and revised policies and procedures on people in each of the section 75 groups. Based on these assessments, mitigations are considered and implemented. For example, the equality screenings of policies on information markers and frequent callers highlighted the requirement to ensure that patients receive the most appropriate care whilst ensuring staff are protected. The specific needs of older service users and those with disabilities were identified during equality screening and considered in the development of the policies. The policies were developed to ensure that older people and those with disabilities are directed to the most appropriate services to meet their needs. Forming part of the Trust's transformation and modernisation programme, the policies were designed to ensure that patients' receive the most appropriate ambulance response,

that staff have an awareness of patients' specific needs, and that their health and safety is protected.

The Trust introduced a policy on the use of the Manchester Triage System (MTS) to provide advice to domiciliary care agencies who contact NIAS regarding clients who have fallen but are uninjured. The equality screening focussed on the needs of older patients cared for in domiciliary care homes. The policy was designed to ensure that it will only apply to service users who are in the presence of a carer and who have been assessed by a paramedic using MTS. The need requirement for providers of domiciliary care to have in place procedures for lifting patients who had fallen but were uninjured was included in the policy, and the Trust engaged with care providers on the development of the policy.

NIAS uses a telephone interpreting service to provide interpretation during emergency calls. The equality screening of the operation procedures for the Clinical Support Desk in NIAS Emergency Control identified the needs of patients whose first language is not English where a telephone interpreter may be required. The Clinical Support Desk is staffed by paramedics who provide telephone consultation to callers to determine if ambulance transport to hospital is appropriate. The policy was adjusted to ensure that patients whose first language is not English are not referred to the Clinical Support Desk because of the need for direct communication and the risk of mis-diagnosis. Calls where an interpreter is required will continue to receive an ambulance response without reference to the Clinical Support Desk.

- 3a** With regard to the change(s) made to policies, practices or procedures and/or service delivery areas, what **difference was made, or will be made, for individuals**, i.e. the impact on those according to Section 75 category?

Please provide any details and examples:

Please see the examples in the answer to question 3 above.

- 3b** What aspect of the Equality Scheme prompted or led to the change(s)? *(tick all that apply)*

☒ As a result of the organisation's screening of a policy *(please give details):*

Please see the examples in the answer to question 3 above.

☐ As a result of what was identified through the EQIA and consultation exercise *(please give details):*

☐ As a result of analysis from monitoring the impact *(please give details):*

☐ As a result of changes to access to information and services (*please specify and give details*):

☐ Other (*please specify and give details*):

## **Section 2: Progress on Equality Scheme commitments and action plans/measures**

### **Arrangements for assessing compliance (Model Equality Scheme Chapter 2)**

**4** Were the Section 75 statutory duties integrated within job descriptions during the 2017-18 reporting period? (*tick one box only*)

X Yes, organisation wide

☐ Yes, some departments/jobs

☐ No, this is not an Equality Scheme commitment

☐ No, this is scheduled for later in the Equality Scheme, or has already been done

☐ Not applicable

Please provide any details and examples:

As part of an undertaking in the NIAS Equality Scheme, all job descriptions contain a general commitment to discharging the Trust's obligations and requirements on equality and human rights. While some historic job descriptions have not been specifically subject to review during the reporting period, all employees are made fully aware of their employment duties in respect of promoting equality, good relations and human rights. Trust staff have an annual Personal Development and Contribution Review (PDCR). This includes a focus on the promotion of equality and diversity, and is also a key dimension within the Trust's Knowledge and Skills Framework.

**5** Were the Section 75 statutory duties integrated within performance plans during the 2017-18 reporting period? (*tick one box only*)

☐ Yes, organisation wide

X Yes, some departments/jobs

☐ No, this is not an Equality Scheme commitment

PART A

- ☐ No, this is scheduled for later in the Equality Scheme, or has already been done
- ☐ Not applicable

Please provide any details and examples:

NIAS has an Assistant Director whose role includes ensuring that the Trust's Section 75 duties are met, supported by two Equality and Public Involvement Officers. Directorates, teams and job roles have Section 75 obligations integrated into their functions, and these are mainstreamed across all core business within individual performance plans.

The NIAS Trust Board monitors compliance and holds business areas to account through strategic and operational objectives against which progress is reported in regular Performance Reports.

NIAS governance operates within a framework of Controls Assurance Standards (CAS) which includes an assessment and advice from the Trust's equality team. Evidence and auditing is central to compliance with performance outputs under the CAS framework, which is in turn reviewed by Internal Audit.

The Trust's Equality and PPI Steering Group, chaired by the Chief Executive and including Trust Directors, considers performance output and policy direction on equality and good relations at a strategic level. Learning Outcomes Reports, including on section 75 related issues, are also provided, as appropriate, to the Trust's Senior Executive Management Team.

In the 2017-18 reporting period were **objectives/ targets/ performance measures** relating to the Section 75 statutory duties **integrated** into corporate plans, strategic planning and/or operational business plans? *(tick all that apply)*

- ☐ Yes, through the work to prepare or develop the new corporate plan
- X Yes, through organisation wide annual business planning
- X Yes, in some departments/jobs
- ☐ No, these are already mainstreamed through the organisation's ongoing corporate plan
- ☐ No, the organisation's planning cycle does not coincide with this 2017-18 report
- ☐ Not applicable

Please provide any details and examples:

See response at questions 4 and 5 above.

**Equality action plans/measures**

**7** Within the 2017-18 reporting period, please indicate the **number** of:

Actions completed:

12

Actions ongoing:

0

Actions to commence:

0

Please provide any details and examples (*in addition to question 2*):

Please see response to question 2. The Trust's Equality Scheme and Action Plan 2014-17 was completed during the reporting period. Work during 2017/18 was focussed substantially on the development of, consultation on and publication of the Trust's Equality Scheme and Action Plan and Disability Action Plan 2018-23.

**8** Please give details of changes or amendments made to the equality action plan/measures during the 2017-18 reporting period (*points not identified in an appended plan*):

During 2017/18, NIAS worked in collaboration with the other Health and Social Care Trusts on the development of and consultation on Trust's Equality Scheme and Action Plan and Disability Action Plan. This resulted in the publication of a revised Equality Action Plan and Disability Action Plan 2018 – 2023, which can be found on the Trust's website here: <http://www.nias.hscni.net/about-the-trust/equality/>.

**9** In reviewing progress on the equality action plan/action measures during the 2017-18 reporting period, the following have been identified: (*tick all that apply*)

- ☒ Continuing action(s), to progress the next stage addressing the known inequality
- ☐ Action(s) to address the known inequality in a different way
- ☐ Action(s) to address newly identified inequalities/recently prioritised inequalities
- ☐ Measures to address a prioritised inequality have been completed

**Arrangements for consulting (Model Equality Scheme Chapter 3)**

**10** Following the initial notification of consultations, a targeted approach was taken – and consultation with those for whom the issue was of particular relevance: (*tick one box only*)

☒ All the time

☐ Sometimes

☐ Never

**11** Please provide any **details and examples of good practice** in consultation during the 2017-18 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

NIAS contributed to regional work on the development of, consultation on and publication of the revised Equality Scheme and Action Plan and Disability Action Plan 2018-23. NIAS worked collaboratively with the other Health and Social Care Trusts to review and update the previous Equality Scheme and Action Plan and Disability Action Plan. This included engagement with the Equality Commission for Northern Ireland and other stakeholders in relation to delivery of statutory duties placed on the Health and Social Care sector. The Trusts engaged widely on the development of the new Action Plans. A regional stakeholder event was held on 19 January 2017, providing the opportunity to engage with a wide range of service users, carers, voluntary and community groups and trade union representatives. The aim was to ensure that the Action Plans were developed without preconceptions, working in partnership with a wide range of participants. In addition to the pre-engagement event, the Trusts formally consulted collaboratively on the Action Plans between 7 August and 7 November 2017.

During the consultation period, over 1,500 groups, organisations and individuals listed in the Trusts' regional consultation database and local consultees received an email or letter informing them of the consultation arrangements. Consultees were encouraged to respond using Citizenspace, an online consultation platform, to simplify the process of responding to the public consultation. An overview of the plans and how to respond was also provided in British and Irish Sign Language. Plans were also available in easy read format and other formats on request. In recognition that some people may prefer to respond in different ways, views were welcomed by a variety of means including in writing, via email or telephoning, and through face to face meetings.

During the formal consultation, responses were received from the following organisations:

- Alzheimer's Society
- Autism NI
- Belfast Trust Carers' Reference Group
- Equality Commission Northern Ireland
- Lisburn and Castlereagh Borough Council
- Parenting NI
- Royal College of Speech and Language Therapists
- Sinn Féin
- TILLI (Tell it Like it is)
- Unison

Trust Equality Leads also attended the annual conference of the Northern Ireland Pensioners' Parliament on 26 October 2017, and took note of the health and social care motion relating to the Action Plans. Through Citizenspace, Trusts received responses from 15 individuals— including staff, service users, and the community and voluntary organisations.

The Trusts have reviewed each response, identified the key themes which have been reflected in a report to Trust Boards and for information purposes for interested stakeholders. Feedback received through engagement and consultation has shaped the

Equality and Disability Action Plans. For example, consultees had indicated that implementation of Equality Schemes tends to be process-driven. The value of having a legislative framework that promotes equality of opportunity and good relations is recognised, however the Trusts wanted to ensure that the focus is on outcomes for people within the section 75 equality categories. The actions contained in the Equality and Disability Action Plans are therefore aimed at ensuring the effective discharge of our section 75 equality and good relations duties.

NIAS hosted a workshop with service users, staff and the Public Health Agency on 13 April 2017 at Ballymena Ambulance Station to share and analyse the themes emerging from patient stories collected so far as part of the 10,000 More Voices project, and to consider learning outcomes and improvements. 10,000 More Voices is a regional patient experience survey which gives patients, carers, relatives and friends the opportunity describe their experience of using health and social care services so that improvements can be made to the way care is provided.

**12** In the 2017-18 reporting period, given the consultation methods offered, which consultation methods were **most frequently used by consultees**: *(tick all that apply)*

- ☒ Face to face meetings
- ☒ Focus groups
- ☒ Written documents with the opportunity to comment in writing
- ☒ Questionnaires
- ☒ Information/notification by email with an opportunity to opt in/out of the consultation
- ☐ Internet discussions
- ☐ Telephone consultations
- ☒ Other *(please specify)*:

Examples of public engagement events in support of the Trust's equality, PPI and patient experience objectives during 2017/18 included:

- a workshop with service users, staff and the Public Health Agency on 13 April 2017 at Ballymena Ambulance Station to share and analyse the themes emerging from patient stories collected so far as part of the 10,000 More Voices patient experience survey, and to consider learning outcomes and improvements;
- Northern Ireland Confederation for Health and Social Care (NICON) Conference 25-26 May 2017 – 10,000 More Voices surveys distributed to service users;
- meeting with South Eastern Health and Social Care Trust Falls Co-ordinator on 21 September 2017 to plan work to identify and contact patients on

the NIAS Falls pathway who had been referred to South Eastern Trust's Falls Assessors;

- 10,000 More Voices stand at NIAS Leadership Conference on 22 September 2017, promoted generic, ACP and staff surveys;
- visits to South Eastern Trust's Emergency and Outpatients' Departments on 28 September and 9 October 2017 respectively to promote NIAS surveys;
- presentation at the Always Events Regional Workshop, Lough Neagh Discovery Centre, 8 November 2017;
- public engagement events with NIAS Community Resuscitation Team at Bloomfield, Abbey, Bow Street Mall, Kennedy Centre and Richmond shopping centres, March/April 2017;
- participation in the DoH Future Search conference in La Mon in January 2018;
- staff and service users celebrated reaching the milestone of collecting the first 10,000 patient stories at an event at the Dunadry Hotel on 22 March 2018.

Please provide any details or examples of the uptake of these methods of consultation in relation to the consultees' membership of particular Section 75 categories:

In relation to the engagement events above, the following are examples of some activities aimed specifically at older service users, those with disabilities and members of the LGBT+ community:

- paramedic-led engagement with, and 10,000 Voices patient experience surveys distributed to service users at a Dementia NI patient and carer event, Coleraine, 16 May 2017;
- Community Education staff and vehicle at Belfast and Foyle Pride events to engage with members of the LGBT+ community and their families and friends, August 2017;
- visits to Belfast City Hospital (BCH) Direct on 1 September and 26 October 2017 to promote the 10,000 Voices Appropriate Care Pathways patient experience survey among patients referred to the NIAS BCH Direct Pathway for older patients;
- engagement with the British Deaf Association and service users with hearing impairments in collaboration with Northern Health and Social Care Trust, Antrim Hospital, 23 November 2017;
- engagement meeting with the Macular Society, Carrickfergus Library, 27 March 2018.

**13** Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2017-18 reporting period? *(tick one box only)*

X Yes

☐

No

☐

Not applicable

Please provide any details and examples:

NIAS contributed to regional work on the development of, consultation on and publication of the revised Equality Scheme and Action Plan and Disability Action Plan 2018-23. As part of this work, NIAS and the other Health and Social Care Trusts engaged with a wide range of key stakeholders on the development of the new Action Plans. A regional stakeholder event was held on 19 January 2017, providing an opportunity to engage with a wide range of service users, carers, voluntary and community groups and trade union representatives. The aim was to ensure that the Action Plans were developed without preconceptions in partnership with a wide range of participants. In addition to the pre-engagement event, the Trusts formally consulted collaboratively on the Action Plans between 7 August and 7 November 2017. All the feedback received through engagement and consultation has shaped the Equality and Disability Action Plans.

The Trust, through its Equality Scheme, is committed to the promotion of equality and good relations. As a demonstration of this commitment, NIAS participated in Pride events in August 2017. This included senior management representation at Pride events, with community education staff and an ambulance vehicle at Pride Village family events.

- 14** Was the consultation list reviewed during the 2017-18 reporting period? *(tick one box only)*

☐ Yes                      X No                      ☐ Not applicable – no commitment to review

**Arrangements for assessing and consulting on the likely impact of policies (Model Equality Scheme Chapter 4)**

<http://www.nias.hscni.net/about-the-trust/equality/>

- 15** Please provide the **number** of policies screened during the year *(as recorded in screening reports)*:

5
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Screening reports are available at: <http://www.nias.hscni.net/about-the-trust/equality/>

- 16** Please provide the **number of assessments** that were consulted upon during 2017-18:

0
0

Policy consultations conducted with **screening** assessment presented.

Policy consultations conducted **with an equality impact assessment (EQIA)** presented.

0

Consultations for an **EQIA** alone.

- 17** Please provide details of the **main consultations** conducted on an assessment (as described above) or other matters relevant to the Section 75 duties:

None.

- 18** Were any screening decisions (or equivalent initial assessments of relevance) reviewed following concerns raised by consultees? *(tick one box only)*

☐

Yes

☐

No concerns were raised

X

No

☐

Not applicable

Please provide any details and examples:

#### Arrangements for publishing the results of assessments (Model Equality Scheme Chapter 4)

- 19** Following decisions on a policy, were the results of any EQIAs published during the 2017-18 reporting period? *(tick one box only)*

☐

Yes

☐

No

X Not applicable

Please provide any details and examples:

#### Arrangements for monitoring and publishing the results of monitoring (Model Equality Scheme Chapter 4)

- 20** From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2017-18 reporting period? *(tick one box only)*

☐

Yes

☐

No, already taken place

☐

No, scheduled to take place at a later date

☒

Not applicable

Please provide any details:

The Trust's Information Department produces statistics which enable monitoring of performance. These statistics are published through the Trust's reporting mechanisms, including public Trust Board papers. Information is prepared and presented for research and assessment purposes, particularly to inform Equality Screening and strategic, policy and service delivery decision making processes.

- 21** In analysing monitoring information gathered, was any action taken to change/review any policies? *(tick one box only)*

Yes

☐

No

X Not applicable

Please provide any details and examples:

- 22** Please provide any details or examples of where the monitoring of policies, during the 2017-18 reporting period, has shown changes to differential/adverse impacts previously assessed:

Last year's Annual Progress Report highlighted the introduction of an electronic system which includes equality monitoring against each of the section 75 categories and allows staff to record and update their own personal information. This has resulted in the availability of a more accurate and continuous profile of staff against each of the section 75 categories to inform monitoring and equality screening.

The statutory annual Article 55 Fair Employment Monitoring Report was completed and submitted to the Equality Commission.

- 23** Please provide any details or examples of monitoring that has contributed to the availability of equality and good relations information/data for service delivery planning or policy development:

The Trust continued to collect and monitor information relating to staff across the Section 75 categories. In addition the Trust utilises its own information systems to collect and analyse section 75 data which can inform equality screening and monitoring reports. Qualitative information is gathered through ongoing engagement and involvement activities to inform policy development which is detailed elsewhere in this report.

An internal, staff-only regional computerised system which includes employment equality monitoring against the section 75 categories allows personal data, including equality information, to be updated by employees. Individual staff members can also update their own profiles, enabling a more accurate and up to date analysis of the staff profile against each of the section 75 categories.

#### **Staff Training (Model Equality Scheme Chapter 5)**

- 24** Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2017-18, and the extent to which they met the training objectives in the Equality Scheme.

The requirements and obligations placed on staff by equality, human rights and good relations are made clear during induction training and also within personnel and corporate publications. Induction awareness training for all new staff included an

awareness session on section 75, disability discrimination and human rights.

NIAS contributed to the development “Making A Difference”, a regional Health and Social Care equality, good relations and human rights scenario-based e-learning training course for managers and staff. Making a Difference was launched on 4 December 2017 at an event at Parliament Buildings, Stormont and is available on-line to all staff. It is an interactive programme tailored specifically to healthcare and aims to ensure that all staff realise the importance of their roles in creating an inclusive and welcoming environment for colleagues and service users. The programme comes in two modules – a general module for all staff and an additional module for those with management responsibilities. The modules are scenario-based to capture a range of practical equality and diversity issues across employment and service provision.

- 25** Please provide any examples of relevant training shown to have worked well, in that participants have achieved the necessary skills and knowledge to achieve the stated objectives:

The interactive, flexible and healthcare-scenario based nature of the Making a Difference e-learning module mentioned in paragraph 24 above allows staff to complete equality awareness training in a way that is relevant and appropriate to their needs. The e-learning programme has been designed to meet the learning needs of health and social care managers and staff and improve staff knowledge and awareness of relevant public duties.

The Trust launched a Deaf Awareness Training session provided by an external trainer to newly appointed frontline staff. The training focussed on practical ways of meeting the specific communication needs of service users with hearing loss. The Trust plans to continue deaf awareness training during 2018/19.

#### **Public Access to Information and Services (Model Equality Scheme Chapter 6)**

- 26** Please list **any examples** of where monitoring during 2017-18, across all functions, has resulted in action and improvement in relation **to access to information and services**:

#### **Complaints (Model Equality Scheme Chapter 8)**

- 27** How many complaints **in relation to the Equality Scheme** have been received during 2017-18?

Insert number here:

0

Please provide any details of each complaint raised and outcome:

### Section 3: Looking Forward

**28** Please indicate when the Equality Scheme is due for review:

The Equality Scheme was reviewed during 2017/18. An Equality Scheme and Action Plan 2018-23 was consulted on and published during the reporting period. This will be due for review during 2022/23.

**29** Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period? *(please provide details)*

During 2018/19, the Trust will work to implement the actions contained in the revised Equality and Disability Action Plans 2018-23. The Trust will also undertake an Equality Impact Assessment of a proposed new Clinical Response Model which aims to improve prioritisation and response to emergency calls. This will include a period of public consultation during which the views of stakeholders, including people with disabilities and their representatives will be sought and welcomed.

**30** In relation to the advice and services that the Commission offers, what **equality and good relations priorities** are anticipated over the next (2018-19) reporting period? *(please tick any that apply)*

☒ Employment

☒ Goods, facilities and services

☐ Legislative changes

☒ Organisational changes/ new functions

☐ Nothing specific, more of the same

☐ Other (please state):

PART B

**PART B - Section 49A of the Disability Discrimination Act 1995 (as amended) and Disability Action Plans**

**1. Number of action measures for this reporting period that have been:**

9	Fully achieved	0	Partially achieved	0	Not achieved
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**2. Please outline below details on all actions that have been fully achieved in the reporting period.**

2 (a) Please highlight what **public life measures** have been achieved to encourage disabled people to participate in public life at National, Regional and Local levels:

Level	Public Life Action Measures	Outputs <sup>i</sup>	Outcomes / Impact <sup>ii</sup>
National <sup>iii</sup>			
Regional <sup>iv</sup>			
Local <sup>v</sup>	HSC Trusts to work regionally in partnership with disability groups to enhance participation in public positions and involvement activities.	Create greater awareness for disabled people of opportunities in public life positions. Clarification of the roles and responsibilities of service users, carers and stakeholders. Develop skills for participation in public life positions among people with disabilities.	Increased awareness and confidence among disabled people to participate in public life. Development of skills for participation in public life. Increased awareness and confidence among disabled people to participate in public life. Consistent approach adopted by HSC Trusts. Increased representation of people with

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			disabilities in public life positions.
--	--	--	--

2(b) What **training action measures** were achieved in this reporting period?

	Training Action Measures	Outputs	Outcome / Impact
1	Ensure continued staff access to and uptake of the Discovering Diversity e-learning module on disability.	Staff encouraged to complete Discovering Diversity e-learning module and facilitated to do so in the workplace.	Increased skills and knowledge of disability legislation and issues. Increased compliance with legislation in Trust policies and strategies.
2	Frontline staff to undertake deaf awareness training.	Deaf awareness training course provided by an external trainer for staff undertaking the Emergency Medical Technician course.	Frontline staff have increased awareness of the needs of patients with hearing loss and how to meet those needs.

2(c) What Positive attitudes **action measures** in the area of **Communications** were achieved in this reporting period?

	Communications Action Measures	Outputs	Outcome / Impact
1	Promote a culture that supports disabled employees.	Showcased best practice examples in partnership with corporate communication. Continued provision of reasonable adjustment.	Maintenance of a working environment which encourages people with disabilities to contribute and reach their full potential.
2	Increased accessibility to	Worked with people with disabilities	Increased staff awareness of accessible

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information.	and their representatives to ensure that information is provided in accessible formats.	communication good practice. Key documents including the Trust's Equality Scheme produced in easy read format and published on the website.

2 (d) What action measures were achieved to 'encourage others' to promote the two duties:

Encourage others Action Measures	Outputs	Outcome / Impact
1 Trust Equality Forum involving staff, management and trade unions.	The Equality Forum continued to meet regularly to discuss a range of equality issues included those affecting staff with disabilities, such as the inclusion and representation of members from all section 75 groups including disabled people.	Discussion and, if necessary, escalation of issues for members of staff with disabilities.
2		

2 (e) Please outline any **additional action measures** that were fully achieved other than those listed in the tables above:

Action Measures fully implemented (other than Training and specific public life	Outputs	Outcomes / Impact

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	measures)		
1	Maintain corporate accreditation to Employers for Disability Northern Ireland.	Employers for Disability Northern Ireland accreditation achieved in September 2012 and maintained during 2017/18.	Recognition by Employers for Disability of our work to promote positive attitudes towards people with disabilities in the workplace.
2	Trust monitoring, review and evaluation of the Disability Action Plan.	Effective monitoring system established through continual reviews and annual reporting to ECNI.	Regular progress reports submitted to Trust Board and Senior Management Team through Assurance Framework and performance management reporting.

3. Please outline what action measures have been **partly achieved** as follows:

	Action Measures partly achieved	Milestonesvi / Outputs	Outcomes/Impacts	Reasons not fully achieved
1				
2				

4. Please outline what action measures **have not been achieved** and the reasons why.

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	Action Measures not met	Reasons
1		
2		

5. What **monitoring tools** have been put in place to evaluate the degree to which actions have been effective / develop new opportunities for action?

(a) Qualitative

(b) Quantitative

6. As a result of monitoring progress against actions has your organisation either:

- made any **revisions** to your plan during the reporting period or
- taken any **additional steps** to meet the disability duties which were **not outlined in your original** disability action plan / any other changes?

Please select

If yes please outline below:

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	Revised/Additional Action Measures	Performance Indicator	Timescale
1			
2			
3			
4			
5			

7. Do you intend to make any further **revisions to your plan** in light of your organisation’s annual review of the plan? If so, please outline proposed changes?

<sup>i</sup> **Outputs** – defined as act of producing, amount of something produced over a period, processes undertaken to implement the action measure e.g. Undertook 10 training sessions with 100 people at customer service level.

<sup>ii</sup> **Outcome / Impact** – what specifically and tangibly has changed in making progress towards the duties? What impact can directly be attributed to taking this action? Indicate the results of undertaking this action e.g. Evaluation indicating a tangible shift in attitudes before and after training.

<sup>iii</sup> **National** : Situations where people can influence policy at a high impact level e.g. Public Appointments

<sup>iv</sup> **Regional**: Situations where people can influence policy decision making at a middle impact level

<sup>v</sup> **Local** : Situations where people can influence policy decision making at lower impact level e.g. one off consultations, local fora.

<sup>vi</sup> **Milestones** – Please outline what part progress has been made towards the particular measures; even if full output or outcomes/ impact have not been achieved.

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

**Minutes of a meeting of the Audit Committee held on Wednesday 13th June 2018 at 9.30am 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 D Ashford	Non-Executive Director
<b>IN ATTENDANCE:</b>	Mrs S McCue	Director of Finance & ICT
	Mr M Bloomfield	Chief Executive
	Mr A Phillips	Assistant Director of Finance
	Mr D Lynn	NI Audit Office
	Mr B Clerkin	External Audit (ASM)
	Mrs C McKeown	BSO Internal Audit
	Ms M Smith	Senior Secretary
<b>APOLOGIES:</b>	Mr T Haslett	Non-Executive Director

**Welcome and Introduction to Meeting**

Mr Abraham welcomed everyone to the meeting of the Audit Committee and thanked all members for their attendance.

**1.0 Apologies**

Apologies were noted from Mr T Haslett, Non-Executive Director.

**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 held on Wednesday, 23 May 2018 subject to minor amendments as suggested by Mrs C McKeown were approved.

**4.0 Matters Arising**

No items were discussed under this agenda item.

**5.0 Chairman's Business**

Mr Abraham advised that an update on Marked Cars would be received at the next Audit Committee meeting to be held in October 2018.

**6.0 Internal Audit**

## **6.1 NIAS Audit Committee Progress Report 2018**

Mrs McKeown presented an overview of the progress report. Mrs C McKeown sought approval to postpone the Procurement and Contract Management audit assignment until 2019-20, in order to facilitate an additional assignment requested regionally by the Permanent Secretary regarding compliance with the Permanent Secretary's Instructions Regarding Travel (to include travel to the UK and overseas). This request was approved.

## **7.0 External Audit**

### **7.1 External Audit Draft Report to those Charged with Governance 2017-18**

Mr Lynn discussed the requirement for NIAS to complete and submit their 2017-18 Accounts before the summer recess in line with the tight timetable set by the Department of Health (DoH). He advised that the audit work is sub-contracted to ASM. He acknowledged the hard work of NIAS's Finance team in preparing and submitting the Annual Report and Accounts and paid tribute to the team for the high standard of the accounts despite the tight schedule.

Mr Clerkin presented the draft 2017-18 Report to Those Charged with Governance and advised that the Audit Committee give consideration to the audit opinion and recommendations in this report. Mr Clerkin advised that he had received good cooperation from Trust staff and that he had yet to discuss this report with Trust management.

In the Key Message section, Mr Clerkin highlighted:

- the proposal that the Comptroller and Auditor General certify the 2017-18 financial statements for both Public Funds and Charitable Trust Funds with unqualified audit opinions;
- One misstatement was identified which required adjustment;
- One Priority 1 Finding was identified relating to pay accruals; and
- One outstanding issue still to be resolved concerned the bank letter confirmations.

In the Significant Risks section, Mr Clerkin provided an overview of significant risks and other risk factors. The one significant risk related to Agenda for Change and the lack of agreement on the pay banding of Paramedics, Rapid Response Paramedics and Emergency Medical Technicians. He advised this was appropriately disclosed as a contingent liability due to the continued level of uncertainty.

In the Audit Findings section, Mr Clerkin discussed the audit findings, highlighting:

- One Priority 1 finding relating to Pay Accruals, this was a regional issue and concerned the certainty and quantum of liabilities and the classification as accruals or provisions. The issue required engagement with the Department of Health regarding the classification. Mr Lynn advised that as this was a

sector wide issue, he would discuss the issue with the Department of Health; and

- Two Priority 2 findings:
  - One relating to the ongoing Agenda for Change banding issue; and
  - One relating to three Direct Award Contract approvals which were awarded prior to being fully approved.
- One audit adjustment was made to the initial draft accounts and related to the correct treatment of government grant funding; and
- One misstatement of land indexation was not adjusted due to materiality levels.

In the Letter of Representation appendices, Mr Clerkin explained the legacy issue in relation to NIAS liabilities. An Interest Bearing Debt loan which has been frozen for a number of years has yet to be cleared; further engagement is required with the Department of Health to enable this liability to be discharged. Mr Lynn stated that he would also discuss this with the Department of Health.

In the Audit Certificate appendices, Mr Clerkin advised that the proposed audit opinions for both sets of accounts were unqualified.

In the Implementation of Prior Year Recommendations appendix, Mr Clerkin advised that the Prompt Payment issue had now been resolved and that the Quality of the Annual Report and Accounts had significantly improved.

## **8.0 For Approval**

### **8.1 Draft, Audited, Uncertified, Annual Report & Accounts for the Year Ended 31 March 2018**

Mrs McCue advised that some amendments had been made from the last version provided to the Audit Committee at the May meeting and following on from External Audits report sought approval of the Annual Report and Accounts by the Audit Committee.

Mr Abraham thanked the Finance Team for their efforts in preparing the accounts in a timely manner and to a high standard. The Audit Committee approved the Annual Report and Accounts and for submission to the Trust Board at the meeting on Wednesday 13 June 2018.

### **8.2 Draft, Audited, Uncertified Charitable Trust Funds Trustee's Annual Report for the Year Ended 31 March 2018**

Mrs McCue advised that there had been no material changes to the Trustee's Annual Report from the version provided to the Audit Committee in May and following on from External Audits report sought approval of the Trustee's Annual Report by the Audit Committee.

The Audit Committee approved the Trustee's Annual Report and for submission to the Trust Board at the meeting on Wednesday 13 June 2018.

### **8.3 Resolution to Trust Board**

No items were discussed under this agenda item.

### **9.0 Closed Meeting**

Mr M Bloomfield, Mrs S McCue, Mr A Phillips and Ms M Smith were requested to allow Audit Committee members to meet independently with the Internal and External Auditors. After a period of time they were invited back to the meeting. Mr W Abraham advised that there were no matters arising or actions required as a result of the closed meeting.

### **10.0 Any Other Business**

Mr Abraham requested that an update from the Director of Operations in respect of the NIAS Policy on Marked Cars was made to the Trust Board at their meeting on Thursday 16 August 2018.

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

Thursday 11 October 2018 at 2pm in Board, NIAS HQ

**TB/06/12/2018/07**



**Minutes of a Meeting of the Assurance Committee**  
**Wednesday 5 September 2018 11am**  
**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>	Mrs N Lappin	Trust Chair
	Mr M Bloomfield	Chief Executive
	Dr N Ruddell	Interim Medical Director
	Mr P Nicholson	Assistant Director of Finance & ICT (deputising for S McCue, Director of Finance & ICT)
	Ms R O'Hara	Director of HR & Corporate Services
	Mr B McNeill	Director of Operations
	Mrs J McSwiggan	Note-taker

### **1.0 Welcome and Apologies**

An apology was received from Dr J Livingstone.

### **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 10 May 2018**

The Minutes were presented for noting by the Assurance Committee. The Minutes had been previously circulated, agreed and signed by the Committee Chair. However a subsequent correction had been made as follows:

Page 3, paragraph 7.2 read:

***The Committee noted the closure of the risk relating to financial stability for the year 2017/18...***

This has now been amended to read:

***The Committee noted the risk relating to financial stability for the year 2017/18. The Trust is currently compiling final accounts for 2017/18 and is***

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

#### **4.0 Matters Arising**

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 the August progress report and acknowledged the progress being made, including the following:

- Benchmarking against other UK Ambulance Services is being progressed.
- NIAS is engaging with IPC Leads of other Trusts, whose support was acknowledged.
- The audit tool is now electronic, using Docworks, rather than paper-based.
- NIAS staff have been reminded of the need for open reporting of issues to provide realistic audit data.
- A business case is being finalised which includes funding for a dedicated IPC expertise and support.

It was noted that while overall IPC standards for non-emergency vehicles are the same as for emergency vehicles, the level of equipment carried is different so not all of the audit tool is relevant.

While private ambulance services operate within a Contractual Agreement which requires them to adhere to the specified practice and standards, it was noted that a regime of formal inspection of PAS and VAS vehicles has not been undertaken although some spot checks have been made. The Committee was advised that PAS/VAS are not used in emergency situations.

**Action: This situation will be reviewed, although it will require additional resource in order to provide assurance of compliance.**

It was noted that the next meeting with RQIA is scheduled for 5 October.

#### **7.0 Education, Learning & Development Plan 2018/19**

F Orr (Assistant Director of HR Assistant Education, Learning and Development) presented the Plan and the following areas were highlighted:

- The Plan includes a review of the developments and pressures within the 2017/18 year, particularly the impact of the Paramedic Education Project and the implications of the RQIA IPC inspection programme.
- With regards approval of the Paramedic Education Programme, a further visit by UU and HCPC is expected towards the end of October, and recruitment towards

this has now commenced. Formal feedback from UU is expected within a week and the HCPC are due to revisit NIAS In October.

- Work to address backfill and subsequent abstraction arising is being undertaken.
- The subsequent pressure on service delivery was noted, but it was noted that this is an opportunity to address the baseline position, and the Trust's commitment to deliver this was reiterated.
- With regards leadership training, it was noted that NIAS is due to commence a leadership development programme for several tiers in conjunction with the Leadership Centre. The Trust ran a leadership conference last year and plans to run another this year.
- The Committee was assured by the robust management of training records.
- The Committee expressed its concern at the ongoing banding issues for paramedics which is awaiting a decision from the Department of Health and the potential impact this has on attracting paramedics from elsewhere.
- The Committee acknowledged the significant and ambitious work undertaken by the Training Team and these very positive developments.
- The Committee thanked F Orr and the entire training team for their work and approved the NIAS Education, Learning & Development Plan.

## **8.0 Standing Agenda Items**

### **8.1 Assurance Framework**

The Committee noted the draft template included with the papers, and that a more substantive framework will be presented at the next meeting.

### **8.2 Corporate Risk Register**

The Committee agreed that the summary changes to corporate risks included at the start of the report was very useful. The HSC Regional Risk Matrix was also helpful in identifying all risk categories.

The Committee noted the removal of the Strategic Business Continuity and Financial Balance 2017/18 risk and the addition of a Winter Pressures risk.

It was noted that a risk register workshop was being planned for September, in order to take a fresh look at the risks and their descriptions.

The Committee discussed the potential risks arising from Brexit, and it was noted that Dr Ruddell represents the Trust on the departmental Brexit review group, with the next meeting scheduled for 14 September.

**Action: It was agreed that Brexit should be included on the Corporate Risk Register for the coming months.**

### **8.3 Local Risk Register Review (Operations)**

Assurance was provided that NIAS does not allocate emergency calls to Private or Voluntary Ambulance Services.

### **8.4 Serious Adverse Incidents**

It was noted that the main issues with meeting report deadlines are difficulties with family engagement, and making resources available to investigate incidents and complete reports in the face of competing pressures. A

workshop is being organised by the Interim Medical Director in order to review all live cases and to attempt to address the backlog.

The Committee noted that in comparison to other Trusts the number of SAls is low, but the availability of resources is very limited.

**Action: The Group discussed the detail of several SAls and it was agreed that expanding the report to identify lessons learned would provide assurance of actions taken. It was also suggested that including whether legal action has been taken would also be beneficial.**

The role of the Learning Outcomes Review Group was noted, and a report from this group is already included with papers provided to Assurance Committee.

#### **8.5 Incident Data**

The Committee noted that NIAS does not assume any responsibility for the community defibrillators that it has registered on its database. In the process of registration, the defib owner agrees to maintain it. The significant input of the Community Resuscitation Manager in this area was acknowledged. Work is ongoing with the British Heart Foundation in order to adopt a database which will actively remind owners of defibrillators to undertake checks and will remove the units from the live database if these are not complied with.

It was noted that the Medical Director presents HEMS activity data to Trust Board as part of his performance report, and that Trust Board had also received the HEMS Spring Report, with a more detailed breakdown of activity data from the first year of operation.

**Action: With regards the format of the report, it was agreed that future incident reports would benefit from a summary page at the start incorporating high level headlines, as adopted for the Corporate Risk Register.**

#### **8.6 Coroner's Reports & Letters**

None within this reporting period.

#### **8.7 Medical Device Alerts**

No significant issues raised. The Committee asked that in future these be reported by exception only.

#### **8.8 NICE Guidelines and Departmental Advisory Notices**

No significant issues raised. The Committee asked that in future these be reported by exception only.

#### **8.9 Pharmacy & Medicines Management**

No independent station inspections by the Departmental team had taken place during this reporting period.

## **9.0 Standing Agenda Items**

### **9.1 Presentation on Health & Safety Committee**

The Director of HR and Corporate Service gave a presentation on the Health & Safety Committee, its workstreams and recent developments.

It was noted that the H&S Committee has access to expert advice as required.

The Committee asked that the quorum for the H&S Committee be reviewed.

**Action: It was requested that the H&S Committee's KPIs be included in the next report.**

### **9.2 Health & Safety Committee**

Noted.

### **9.3 Fire Compliance Group**

It was noted that BSO have provided a Fire Safety Officer to the Trust on a part-time basis to assist with fire compliance issues.

### **9.4 Facilities & Support Group**

Clarification was provided and assurance given on the ambulance entrance at the Ulster Hospital.

The Committee noted the delay to the new Craigavon station due to a requirement for a full business case to be developed and approved by the Department of Finance, resulting from increased costs.

### **9.5 Information Governance Steering Group**

Noted.

### **9.6 Medical Equipment Group**

Noted.

### **9.7 Infection Prevention & Control Group**

It was noted that a subsequent meeting of the Infection Prevention & Control Group had focussed on adopting a number of KPIs but the date of this meeting fell outside the reporting period.

A reviewed version of the Trust IPC Policy & Procedures is being distributed to all staff.

### **9.8 Emergency Preparedness & Business Continuity Group**

Noted.

### **9.9 Learning Outcomes Review Group**

Noted.

The Committee agreed that the new format of these reports is helpful.

## **10.0 Additional Items**

### **10.1 New Assurance Arrangements following the Withdrawal of Controls Assurance Standards**

The Committee noted the new arrangements which will replace the Department's controls assurance standards, and which will allow NIAS to continue to monitor these areas.

### **10.2 Change in Risk Management Standards**

It was noted that the requirements of the Permanent Secretary's letter have already been actioned by NIAS.

### **10.3 RQIA Audits & Inspections re: Restraint & Seclusion – update**

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

### **10.4 Standard Operating Procedure: Automated External Defibrillators (AED) and Public Access Defibrillator (PAD)**

The requirements for owners of defibs were highlighted (page 5).

It was noted that future developments will include automatic removal of a device from the database if evidence of annual checks is not provided to NIAS.

### **10.5 Standard Operating Procedure: Deployment of Automated External Defibrillators (AED) and Public Access Defibrillator (PAD)**

It was agreed that data on bystander CPR would be provided to the Committee at the next meeting.

### **10.6 HSCB-PHA SAI Learning Report Oct 17 to Mar 18**

It was agreed that in future this be referenced within the SAI report, rather than be presented in full.

## **11.0 Any Other Business**

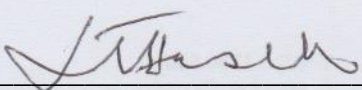
- It was noted that marked cars will be raised at the next Audit Committee meeting.
- Audit findings, including Officers' cars, will be fully and formally updated as part of the Mid-Year Assurance Statement.
- A workshop for Executive and Non-Executive directors is being planned to review structures and Trust committees, including what should be included within papers.

### **Date of Next Meeting**

The next meeting was scheduled to take place on Thursday 8 November 2018 at 11am, however **it is likely that this meeting will be rescheduled.**

The Committee requested that meeting dates be issued electronically, rather than included within emails. This will be reviewed with the NIAS Corporate Team.

Signed: \_\_\_\_\_

  
(Trevor Haslett, Chairman)

Date: 19 September 2018

**TB/06/12/2018/08**

# **NORTHERN IRELAND AMBULANCE SERVICE**

## **TRUST BOARD REPORT**

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### **HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE**

Director of Human Resources and Corporate Services

**(As at 31 October 2018)**

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

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

**WORKFORCE INFORMATION**

Monthly Corporate Workforce Information is published monthly in arrears, consequently the table below reflects the NIAS workforce position as at **30 September 2018**. This information is taken from HRPTS.

SEPTEMBER 2018	TRUST TOTAL	CX / BOARD	FINANCE / ICT	HRCS	MEDICAL	OPERATIONS
<b>FUNDED (WTE) RECURRENT / (TEMPORARY FUNDING)</b>	1,329.28 (34.00)	7.00 (0.00)	31.63 (3.00)	25.15 (8.00)	68.00 (15.00)	1,197.50 (8.00)
<b>STAFF IN FUNDED POSTS (WTE) PERM STAFF / (TEMP STAFF)</b>	1,230.94 (17.49)	1.00 *(6.00)	22.98 (0.00)	23.49 (2.37)	61.80 (2.00)	1,121.67 (7.12)
<b>OVERALL VACANCY LEVELS (WTE)</b>	<b>-114.85</b>	<b>0.00</b>	<b>-11.65</b>	<b>-7.29</b>	<b>-19.20</b>	<b>-76.71</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 @ 30 September 2018, the Trust has an overall vacancy level of **114.85** WTE posts.

\*Non-Executives employed on a Fixed Term Contract.

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

The following table provides a breakdown of frontline vacancies as at 30 September 2018 and provides related details on current recruitment activity, in line with operational directives.

Post	Funded Est (WTE)	Staff-in-Post (WTE)	Vacancy (WTE)	Bank Staff	Recruitment Activity	Current Trainees (WTE)	Date Next Training Cohort Due to Commence	Further Planned Training Cohorts
Station Supervisor	31.00	16.82	-14.18	0	No recruitment activity planned, due to issues relating to the Station Supervisor model, which currently remain ongoing.	N/A	N/A	N/A
Paramedic	320.40	302.01	-18.39	27	Opened ended recruitment for HCPC Qualified Paramedics ongoing. Recruitment to Foundation Degree in Paramedic Science ongoing – bridging course and pre-employment checks currently being completed.	48 Students (+ 3 reserve) completing bridging course in preparation for FdSc commencing Jan-19		Intake of 48 Students planned to commence Sep-19
RRV Paramedic	85.20	68.24	-16.96	0	No recruitment activity planned.	0	N/A	N/A
EMT + Trainee EMT	301.40	278.31	-23.09	6	Internal Recruitment for Trainee EMTs complete - active waiting list in place (expires July 2019). Open ended recruitment for Qualified EMT's ongoing. External recruitment for Trainee EMTs planned to commence in December 2018.	1 course of 20 Students due to qualify end Nov-18	2 courses of 45 Students in total due to commence Nov-18	2 courses of 48 students in total planned to commence May-19 2 courses of 48 students in total planned to commence Oct-19
ACA (inc. PCS Sup.) + Trainee ACA	263.50	274.43	10.93	3	Recruitment for Trainee ACAs complete - active waiting list in place (expires June 2019). External recruitment for Trainee ACA's in planning.	1 course of 19 students commenced Sep-18	1 course of 19 students due to commence Nov-18	1 course of 24 students in total planned to commence Jan-19 1 course of 24 students planned to commence May-19 1 course of 24 students planned to commence Oct-19

## Section 1: Human Resources & Corporate Services

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

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

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

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

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

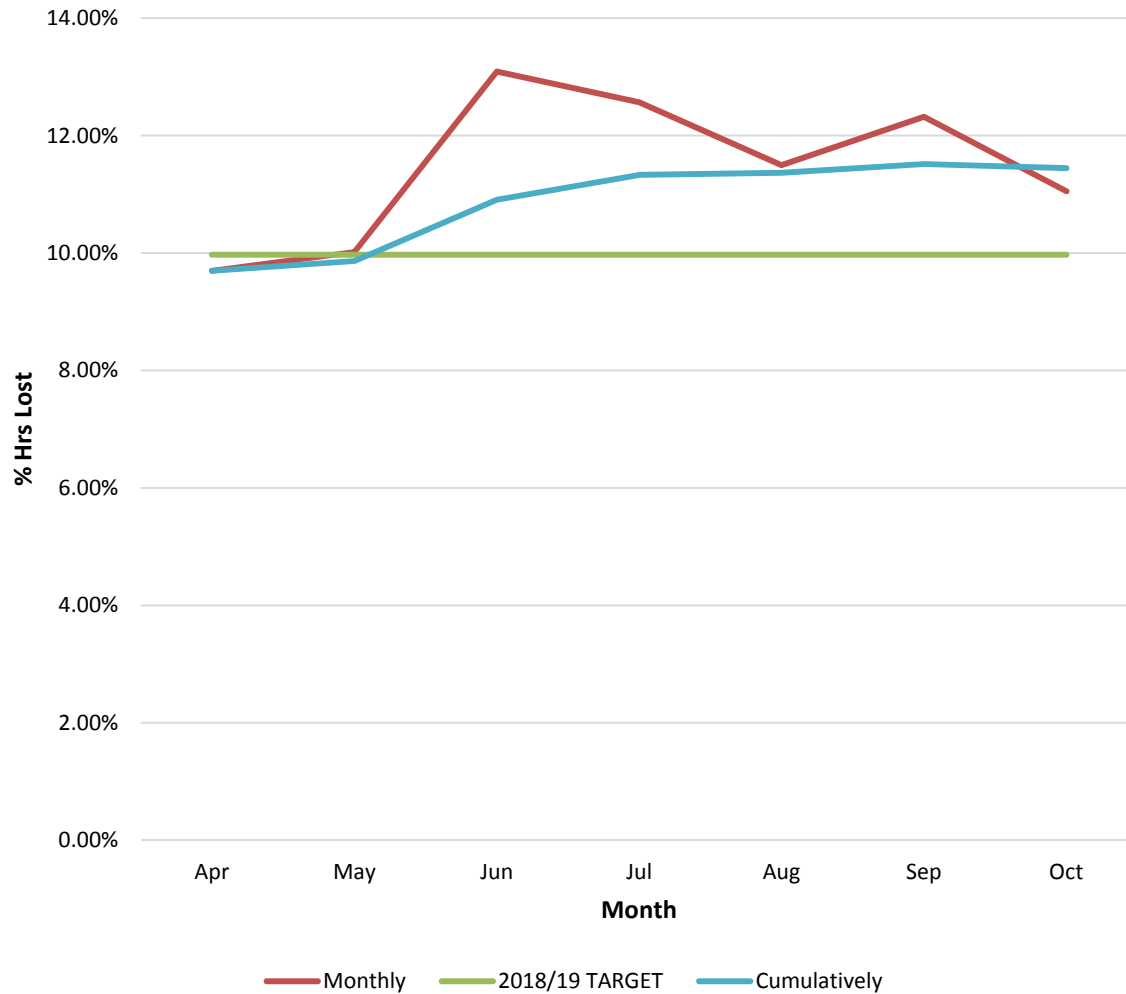
NB:(1) The Figures exclude Bank Staff and the Non-Executive Team; (2) The information is reported from HRPTS and, in line with HSC

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). (4) 10.5% represents the final cumulative total for NIAS, as per the Regional HRPTS re-run absence figures, (as re-run in May 2018).

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

- Two Attendance Management improvement projects established under the Transformation & Improvement Collaborative.
- Recruitment initiated for HR Lead for Attendance Management.
- BSO Internal Audit currently auditing compliance with current Attendance Management Policy/Procedure.
- AACE associate currently undertaking a review of attendance management and related practices and make recommendations for improvement.
- Flu vaccination campaign commenced at the end of October 2018 – 42.08% of frontline staff received vaccination through NIAS peer vaccination programme.
- Workstreams under Health & Well-Being Programme ongoing including: Unison Partnership Project; Peer Support Project; Health & Wellbeing workshops for staff.
- Collaborative working within regional HSC on Attendance Management workstreams.

**Comparison of % Hrs Lost due to Sickness Absence**



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

Mental Health	31.80%
Other Reasons	20.50%
Back problems + Injury / Fracture + Other Musculoskeletal problems	18.33%
Accident / Untoward Incidents at work	9.59%
Gastrointestinal problems	7.19%
Heart, Cardiac & Circulatory Problems	2.92%
Tumours and Cancers	2.83%
ENT	1.53%
Influenza	1.60%
Asthma, Chest, Resp.	1.05%

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

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

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

Dental/Oral Problems; Eye Problems; Genitourinary & Gynaecological Conditions; Headache/migraine; Infectious Diseases; Pregnancy related; Substance Abuse; Viral Illness.

## Section 1: Human Resources & Corporate Services

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

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

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

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

Total complaints received to date:						80	For same period last year:				84					
HANDLING TIMES OF COMPLAINTS FOR 2018-19																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2017-2018	
Complaints Received	8	12	7	4	29	11	9						80		133	100%
<b>Total A&amp;E &amp; PCS Activity</b>	<b>27600</b>	<b>29922</b>	<b>28815</b>	<b>28405</b>	<b>28631</b>	<b>27842</b>	<b>29914</b>						<b>201129</b>			
<b>% Complaints/Activity</b>	<b>0.03%</b>	<b>0.04%</b>	<b>0.02%</b>	<b>0.01%</b>	<b>0.10%</b>	<b>0.04%</b>	<b>0.03%</b>						<b>0.04%</b>			
Acknowledged within 2 working days	8	11	7	4	16	11	9						66	83%	133	100%
Acknowledged after 2 working days	0	1	0	0	13	0	0						14	18%	0	0.0%
Response within 20 working days	0	0	2	0	2	0	0						4	5%	29	22.0%
Response after 20 working days	4	0	0	0	0	0	1						5	6%	30	23.0%
Complaints Investigations ongoing	4	12	5	4	27	11	8						71	89%	74	55.0%
Cases referred to NI Ombudsman (cases ongoing)	0	0	2	1	1	0	0						4		3	
NATURE OF COMPLAINTS RECEIVED 2018-19																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017-18	%	2017-2018	
Staff Attitude	3	2	3	0	9	3	3						23	29%	52	39%
Ambulance Late/No Arrival	1	4	1	3	11	6	3						29	36%	43	32%
Quality of Treatment & Care	4	5	0	1	7	2	2						21	26%	24	18%
Suitability of Equip/Vehicle	0	0	0	0	0	0	0						0	0%	2	2%
Other	0	1	3	0	2	0	1						7	9%	12	9%
Patient Property	0	0	0	0	0	0	0						0	0%	0	0%
TOTAL	8	12	7	4	29	11	9	0	0	0	0	0	80		133	

COMPLIMENTS RECEIVED 2018-19															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018-19		2017-18
RECEIVED	25	17	11	17	15	22	23						130		298
SERVICE AREA OF COMPLIMENTS RECEIVED															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018-19	%	2017-18
Accident & Emergency	24	14	10	15	14	21	22						120	92.3%	274 92%
Control	1	0	1	2	1	0	0						5	3.8%	14 5%
Patient Care Service	0	3	0	0	0	0	1						4	3.1%	6 2%
Voluntary Car Service	0	0	0	0	0	0	0						0	0.0%	0 0%
Other	0	0	0	0	0	1	0						1	0.8%	4 1%
TOTAL	25	17	11	17	15	22	23	0	0	0	0	0	130		298

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

Ref	Opened	Closed	Subject (CH8)	Description	Outcome	Action taken (Investigation)
COMP/1362	06/02/2018	10/09/2018	Quality of Treatment & Care	Doctor has expressed concerns after paramedic advised parent of baby that he could remain at home and see GP later on. GP feels this decision was not appropriate as the baby was very unwell.	Complaint partially upheld. The crew's decisions were made in agreement with the parents of the infant. However, the GP should have been consulted around the decision not to convey the baby to hospital.	Letter of apology and explanations issued. Explanation around protocol for transferring sick infants to hospital given. Divisional Training Officer (DTO) will carry out call review with the crew.
COMP/1345	08/03/2018	25/10/2018	Transport, Late or Non-arrival/Journey Time	Complaint regarding the delay of an ambulance for an elderly lady that suffered from a bad fall.	Complaint upheld. The investigation has shown that due to crew shortages, winter pressures and vehicle shortages a delay to this call was unavoidable.	Letter of apology and explanation issued regarding the delayed ambulance.
COMP/1394	16/05/2018	15/10/2018	Quality of Treatment & Care	Complainant unhappy with paramedic behaviour and attitude towards member of staff at A&E. Further states that the NIAS staff did not carry out appropriate observations on patient.	Complaint partially upheld. The staff member denies his attitude was poor. Complainant happy for complaint to be closed provided that line Manager has a conversation with the relevant staff member about how people perceive his behaviour.	Resolved locally on telephone by Investigating Officer. Letter issued confirming that matter has been addressed and closed.
COMP/1393	15/05/2018	25/10/2018	Transport, Late or Non-arrival/Journey Time	Complainant unhappy that her elderly mother had to wait over an hour for an ambulance to arrive after she suffered from a bad fall and broke her hip.	Complaint upheld. The investigation has shown that due to a lack of available ambulances, a delay was inevitable.	Letter of apology and explanation issued.
COMP/1290	14/08/2017	04/09/2018	Transport, Late or Non-arrival/Journey Time	Patient with PSNI who sustained a laceration to arm and when crew arrived they informed Police that patient must travel to Mater Hospital. PSNI felt the Ulster Hospital would have been more appropriate given the location and feel the decision made by the crew significantly delayed the patients treatment.	Complaint not upheld. The investigation has shown that the ambulance crew acted appropriately and the nearest ED was used.	No actions necessary.

Ref	Opened	Closed	Subject (CH8)	Description	Outcome	Action taken (Investigation)
COMP/1404	21/06/2018	26/10/2018	Staff Attitude/Behaviour	Complainant alleges that a NIAS RRV drove dangerously and intimidated her, whilst driving along the motorway.	Not enough available evidence to uphold the allegations made. The investigation has concluded with two different accounts of what occurred. Letter of apology and explanation issued.	Letter of apology and explanation provided. Reassurance given that the NIAS staff member has been written to, reminding him of the IHCD professional driving standards.
COMP/1308	28/09/2017	26/10/2018	Staff Attitude/Behaviour	Two ambulance cars had stopped on busy street to attend to a patient. Complainant states that a RRV was blocking her from moving. She asked one of the crew members if he would move to let her out. The crew member allegedly became aggressive and threatened to report the complainant to the police.	Complaint not upheld. The investigation has shown that the RRV paramedic was heavily engaged with the treatment of a patient and therefore was not focusing on car parking.	Letter of explanation issued to complainant. No further actions identified.
COMP/1376	21/03/2018	29/10/2018	Transport, Late or Non-arrival/Journey Time	Complainant unhappy with as a non-emergency ambulance failed to arrive to take home elderly dialysis patient on several occasions.	Consent not received. No authority to proceed.	
COMP/1374	13/03/2018	29/10/2018	Quantity of Treatment & Care	Concerns raised around the treatment given and behaviour towards the patient from a paramedic who arrived at the scene.	Consent not received. No authority to proceed.	
COMP/1410	30/07/2018	24/09/2018	Transport, Late or Non-arrival/Journey Time	Non-Emergency Ambulance was delayed, patient missed hospital appointment. Concerns also raised regarding staff attitude.	Complaint upheld. The investigation has shown that the attitude of the staff may not have been entirely appropriate. Complaint resolved locally.	Letter of apology and assurance issued. No further actions identified.

Ref	Opened	Closed	Subject (CH8)	Description	Outcome	Action taken (Investigation)
COMP/1452	03/10/2018	25/10/2018	Other	Complainant unhappy as he was attended to by a trainee paramedic that made up part of an ambulance crew that attended to him. States he does not want any treatment from trainee staff and he should have been asked beforehand.	Complaint upheld. The investigation has shown that NIAS Operational staff should always gain consent prior to any treatment or assessment. Letter of apology and reassurance given.	We were unable to provide a guarantee that ambulances will not have a student on board. However, we assured the complainant that students are always accompanied and mentored by qualified paramedics. We also advised on the consent process. An information flag will be placed on the complainants address highlighting that he does not wish to be seen to by students, but nearest available ambulance should always be dispatched irrespective of the crew's qualifications. Letter of apology and explanation issued.
COMP/1210	21/02/2017	25/10/2018	Quantity of Treatment & Care	A Social Worker witnessed a patient getting her leg tangled in a paramedic's kit bag. The paramedic then pulled the bag strap, causing the patient to slide from the chair onto the floor.	Complaint upheld. Letter of explanation and apology issued which outlines the actions that NIAS has taken.	The paramedic should attend training in "Managing difficult situations" to provide them with strategies to cope successfully with difficult situations.2) The paramedic should meet with a Clinical support Officer to discuss and reflect on his actions. The C.S.O should provide advice and identify alternative approaches to support the paramedic in the delivery of more satisfactory procedure and practice. Letter of apology and explanation issued.

Ref	Opened	Closed	Subject (CH8)	Description	Outcome	Action taken (Investigation)
COMP/1396	22/05/2018	28/09/2018	Quality of Treatment & Care	Patient was allegedly not placed in an appropriate chair/seat during discharge transfer.	This call was carried out by a private ambulance provider on behalf of NIAS. The provider has given a full explanation of events. Letter issued to the family's representative.	Letter of apology and explanation issued. No further actions identified.
COMP/1260	15/05/2017	07/09/2018	Quality of Treatment & Care	NIAS GP downgraded call and patient later died.	Complaint partially upheld. The investigation has found that correct protocols were followed and the call was managed appropriately. Given the details provided by the caller given during the 999 call, the call was appropriately categorised and given the pressure of higher priority calls it would have been unlikely we would have attended any earlier even without the secondary triage decision	Letter of explanation apology issued. No further actions identified.
COMP/1354	19/01/2018	25/10/2018	Quality of Treatment & Care	Complainant alleges that paramedic treated his son in an aggressive and confrontational manner which worsened an already traumatic situation.	Complaint not upheld. Investigation has shown that the crew acted appropriately in what was a difficult call to manage.	Letter of explanation given. The complainant asked a series of questions, all of which have been answered.
COMP/1252	08/05/2017	29/10/2018	Staff Attitude/Behaviour	Complaint alleging the paramedic interrogated the patient and made her feel like she was wasting their time.	Complaint not upheld. On this occasion the ambulance crew assessed the patient appropriately, delivered the correct treatment (which improved the patient's condition) and even more importantly, put in place the appropriate safeguarding in terms of worsening condition advice to the patient.	Staff may wish to discuss the events and outcome of this call and the application of alternative Care Pathways in order to provide reassurance for future decision making. Letter of explanation issued.
COMP/1310	29/09/2017	11/09/2018	Staff Attitude/Behaviour	Crew allegedly had a bad attitude towards her and her husband. Her husband (patient) has very complex needs and is disabled. Complainant was asked if her husband had been drinking alcohol which she felt was judging and found it very inappropriate. Crew also allegedly made inappropriate comments when the complainant spoke in Irish.	Complaint upheld. The investigation has shown that the crew did not act appropriately, but did not mean to cause any offence and apologise for this.	Letter of apology and explanation issued. No further actions identified.

Ref	Opened	Closed	Subject (CH8)	Description	Outcome	Action taken (Investigation)
COMP/1414	07/08/2018	19/09/2018	Staff Attitude/Behaviour	Complaint around the attitude and behaviour of a paramedic that attended to a nursing home for an elderly patient that had fallen and sustained head injury. Complainant is nurse within the home.	Complaint upheld. The investigating officer contacted the nurse to discuss the complaint and come to an agreed conclusion. The nurse was happy with the investigating Officer's approach and an agreed set of actions was put in place. (Resolved locally using local resolution method).	It has been recommended by the Investigating Officer that the paramedic is given the opportunity to attend a Dementia Awareness Training Course. It has further been recommended that the NIAS Staff member should be referred to the Divisional Training Officer for a review of his NIAS Patient Report Form completed for this incident and also revision of NIAS Safeguarding Procedure. Letter of apology and explanation issued.
COMP/1439	31/08/2018	10/09/2018	Quality of Treatment & Care	Patient suffered chipped elbow whilst in transit from Ulster Hospital to Downe Hospital	Complaint Not Upheld. Station Officer contacted patient to advise neither crew member could recall any untoward incident or injury during transit.	Letter of explanation issued. No further actions identified.

Ref	Opened	Closed	Subject (CH8)	Description	Outcome	Action taken (Investigation)
COMP/1366	16/02/2018	25/10/2018	Quality of Treatment & Care	Complainant is unhappy with treatment at scene of RTA as they were not placed in neck braces. Further stated she did not receive oxygen when she was unable to breathe.	Complaint not upheld. The investigation has shown that immobilisation was considered for the complainant, however taking into account current guidance as per JRCALC 2016, immobilisation was not performed. On this occasion the ambulance crew acted appropriately.	Both NIAS staff will be referred to their Training Team, so that a formalised written reflection can be undertaken in relation to their management of this call. This formalised reflection should be undertaken using a recognised reflective model, e.g. Gibbs' Reflective Cycle. The purpose of undertaking this formalised written reflection will be to allow an opportunity to identify any learning from their management of this call. This formalised reflection should include record keeping. The Training Team should share learning identified as a result of this formalised written reflection with Operational Staff as appropriate. Letter of explanation issued.
COMP/1400	30/05/2018	11/09/2018	Quality of Treatment & Care	Patient believes he was not treated with the respect or urgency he deserved. He believes crew considered him to be 'just drunk' when it actually transpired he had sustained a badly fractured leg, which the crew were unaware of. Further states that the crew were rude and dismissive to the passers-by that called for the ambulance.	Complaint not upheld. The investigation has shown that the crew acted appropriately and there was little information to suggest that the crew were rude or disrespectful.	No further actions necessary. A meeting will potentially be required with the compliant. Letter of explanation issued.

**TB/06/12/2018/09**

# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD REPORT

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## FINANCE DIRECTORATE

Director of Finance and ICT  
October 2018 (Month 7)

## FINANCIAL PERFORMANCE

### Financial Breakeven

The Trust is currently reporting a small deficit of £7k for the seven months ending 31 October 2018 (Month 7), subject to key risks and assumptions. In particular, Accident & Emergency staff are currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS.

Financial position at the end of October 2018 (Month 7)

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

## NIAS Trust Board Budget Report at October 2018

		YTD			
(£ 000s)		FYB	Budget	Actual	Variance
Chief Executive's Office		173			0
	Payroll		101	101	
	Non-Payroll		43	41	
Chief Executive's Office Total		238	144	142	2
Director of Finance		1,554			6
	Payroll		929	923	
	Non-Payroll		508	516	
Director of Finance Total		2,312	1,437	1,439	(2)
Director of HR		1,445			(26)
	Payroll		842	868	
	Non-Payroll		449	439	
Director of HR Total		2,130	1,291	1,307	(16)
Dir of Ops (incl Divisions & RCC)		47,041			229
	Payroll		27,589	27,360	
	Non-Payroll		7,030	7,250	
Dir of Ops (incl Divisions & RCC) Total		57,840	34,619	34,610	9
Medical Director		3,974			2
	Payroll		2,384	2,382	
	Non-Payroll		1,356	1,358	
Medical Director Total		5,415	3,740	3,740	0
NIAS Total		54,185			210
NIAS Total Payroll			31,845	31,635	
NIAS Total Non-Payroll			9,386	9,603	
NIAS Total		67,933	41,231	41,238	(7)

*Figures last updated: 22/11/2018 11:22*

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

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

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

## Capital Spend

The Trust is currently forecasting a Capital Resource Limit (CRL) allocation of £5.529m (Previously £5.283m. The adjustments to the CRL allocation include latest estimates for specific ICT Schemes. The allocation also allows the Trust to continue with planned cyclical fleet replacement. Resources had previously been earmarked for a replacement ambulance facility in the Southern Division, subject to business case approval, procurement and implementation in the current financial year. It has not been possible to achieve these requirements within the year and the Trust will update and submit a revised business case for this project in due course. The Department of Health have issued revised guidance on the reporting of capital expenditure. This includes detailed monthly reporting and forecasting of levels and profiles of spend. The Trust continues to engage with the Department of Health in relation to capital expenditure forecasts. Forecast levels and profiles of expenditure can vary for a number of reasons, not least as a result of tender exercises and also supplier capacity and project risks and lead times. The capital requirements for all projects are continually reviewed and any changes in the forecast profile and level of expenditure will be reflected in further adjustments to the CRL allocation.

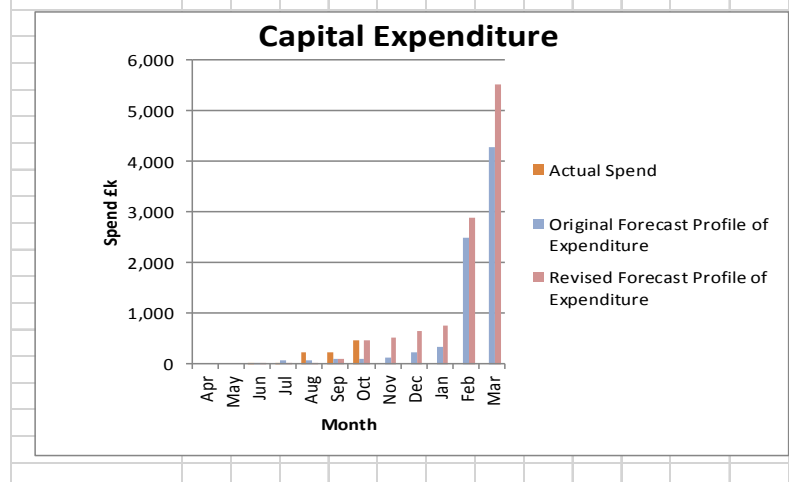
Cumulative Capital Spend (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet	0	0	0	0	0	0	0					
Estate	0	0	0	0	0	0	0					
Medical Equipment	0	0	0	0	0	0	0					
ICT Schemes	0	0	13	18	197	197	436					
General Capital	0	0	0	13	23	23	23					
Actual Spend	0	0	13	31	220	220	459	0	0	0	0	0
Original Forecast Profile of Expenditure	0	0	20	58	80	100	102	114	239	344	2,494	4,294
Revised Forecast Fleet & General	0	0	0	0	0	0	0	62	187	294	2,444	4,244
Revised Forecast ICT	0	0	13	31	31	103	459	459	459	459	459	1,285
Revised Forecast Profile of Expenditure	0	0	13	31	31	103	459	521	646	753	2,903	5,529

### Prompt Payment of Invoices

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

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

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



Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Total bills paid	987	2,050	1,823	1,739	1,579	1,693	2,312						12,183
Total bills paid within 30 calendar days of receipt of undisputed invoice	948	1,924	1,613	1,644	1,466	1,606	2,219						11,420
% bills paid on time	96.0%	93.9%	88.5%	94.5%	92.8%	94.9%	96.0%						93.7%
Total bills paid within 10 working days (14 calendar days)	639	1,259	1,121	1,026	1,144	1,309	1,730						8,228
% bills paid on time	64.7%	61.4%	61.5%	59.0%	72.5%	77.3%	74.8%						67.5%

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

The Business Services Organisation provides a range of services to The Trust, including Procurement and Logistics Services (PaLS), Legal Services, Technology Services and Internal Audit. New reporting arrangements for the Service Level Agreements have identified Key Performance Indicators (KPI's) in respect of Purchasing and Supply. Performance against these KPI's to the end of October 2018 (Month 7) is as follows:

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

## ***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 service effecting system failures during this period.

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

Any system developments are reported in this section.

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

A Business Case to implement an Electronic Patient report form system (EPRF) has been formally approved to proceed to procurement stage. This procurement process is now underway with the first phase of tender evaluation now complete and the second phase of evaluation due to complete in January 2019.

*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

	September			October		
Target to Respond to 95%	No of Calls	Within time	Actual	No of Calls	Within time	Actual
Immediate	6	6	100%	15	15	100%
Urgent	33	33	100%	60	59	98%
High	3	3	100%	9	9	100%
Medium	433	428	99%	605	593	98%
Low	813	813	100%	1049	1049	100%
Total	1288			1738		

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

There was no planned maintenance on critical systems during this period.

## ICT Planned Maintenance September 2018 – system upgrades Corporate Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	These are business support systems which need to be available on a 24/7 365 basis. 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.
E-mail	206	4 Hours	0	No	
File Server	206	4 Hours	0.10	No	
Virtual Server	208	2 Hours	0	No	
BlackBerry	206	4 Hours	0	No	
Promis	206	4 Hours	0.05	No	

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

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	<p>These are business critical systems which manage front line resources and need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.</p>
C3 A&E	740	4 Hours	0.20	No	
C3 PCS	740	4 Hours	0.20	No	
Pro-QA	740	4 Hours	0.20	No	
ICCS A&E	740	4 Hours	0	No	
ICCS PCS	740	4 Hours	0	No	
DTR	740	4 Hours	0	No	
Voice Recorder	740	4 Hours	2	No	
Defib	740	4 Hours	0.10	No	
Mobile Data	740	4 Hours	0	No	

## ICT Planned Maintenance October 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. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.</p>
E-mail	206	4 Hours	0	No	
File Server	206	4 Hours	0.10	No	
Virtual Server	208	2 Hours	0	No	
BlackBerry	206	4 Hours	0.10	No	
Promis	206	4 Hours	0.10	No	

## **Information Governance/Informatics – Developments: 01/09/2018 to 31/10/2018**

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

- **Control Assurance – Information Management:** 76% Substantive Achieved through Self-Assessment for 2017/18. Action Plan for outstanding items developed. This work continues to be a priority of the Trust. Along with outstanding Priority 1 Audit Recommendations relating to Information Governance aspects relating to Information Asset Register and Data Flow Exercise. Work in this area has been ongoing and templates for an Information Asset Register and Data Flow template have been created and information gathering has been completed in Finance and ICT, HR and Corporate Services including Regional Ambulance Training Centre, Medical Directorate including Emergency Planning/Risk Management, Operations in HQ, Resource Management Centre. Visits to local Division Areas ongoing.
- **General Data Protection Regulations (to replace Data Protection Act 1998 in May 2018) – Action Plan Monitoring,**
- **Supporting Medical Directorate and Transformation Collaborative with Quality Improvement Templates and data analysis.** These continue to be developed and monitored. Includes Falls, Hypoglycaemia, Acute Coronary Syndrome, Cardiac Arrest (refer to Medical Directorate section of report for reporting)
- **ACP monitoring aspects reviewed.** ACP pathways continued to be monitored and reviewed. Ad hoc datasets have been provided to support further initiatives as required ie quality improvement
- **Informatics and business intelligence to support Transformation and Information Collaborative workflows continue to be worked on as required**
- **Supporting work and data streams in Frequent Caller Monitoring and Information Markers including policy/procedures and analytics**
- **Partnership working with Emergency Ambulance Control and Information Department relating to patient flow and development of tool**
- **Ad hoc datasets including Nursing Home informatics to support RQIA and TYC, marked cars, HEMs transfers, ACD activity, divers. Freedom of Requests noted to be increasing in relation to analytic datasets including road racing activity; performance across NI for 2016, 2017 and 2018 to date including monthly total of calls/activity and top 3 attendances to addresses; For 2018/18 call activity/mental health related activity; information relating to Cushendall and from what station/type of ambulance; monthly datasets from 2015 to date relating to callouts, average response time, category of calls; Friday activity from December 2017 to date and then specifically for Black Friday dates and also activity from 2014 for Halloween, Christmas Eve/Day, Boxing Day, New Year's Eve; March 18 to September 2018 for activity undertaken by independent ambulance providers to and from Daisyhill/Craigavon Hospital.**
- **Patient Report Forms and 999 calls to support inter-face incidents, Serious Adverse Incidents, Child Protection Issues, Vulnerable adults etc; PRFs to support quality assurance of Quality Improvement**
- **AED (Automatic External Defibrillators) Location Interactive Tool released as part of Start a Heart week during October 2018 – placed on Facebook and the Belfast Telegraph website**
- **Out of Hospital Cardiac Arrest Report for 2017/18 being finalised including patient outcomes to support Community Resuscitation Strategy including new dashboard presentation output**

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

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

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

	<b>April 18 – Oct 18</b>	<b>April 17 – Oct 17</b>	<b>% Increase / (Decrease)</b>
<b>1 Freedom of Information Requests Received</b>	132	92	30.3%
<b>1a Freedom of Information Questions Received</b>	451	351	22.1%
<b>2 General Data Protection Regulations, Subject Access Requests Received</b>	36	19	47.2%
<b>3 Police Service of Northern Ireland Requests Received</b>	275	249	9.4%
<b>4 Solicitor Enquiries Requests Received</b>	356	395	-10.9%
<b>Total (1a) not included in Count</b>	<b>799</b>	<b>753</b>	<b>5.7%</b>

# 1 **FREEDOM FOR INFORMATION ACT (2000) – REQUESTS FOR INFORMATION – 01/04/2018 to 31/10/2018**

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

## **2018-19 Data**

Freedom of information	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total Oct-18	Total Oct-17
Number of Requests Received	19	6	26	24	15	12	31						133	92
Number of Questions Received	67	18	74	49	61	31	115						415	351
Completed Requests processed within 20 days or less	11	5	23	21	11	10	21						102	65
Completed Requests exceeding 20 days	6	1	1	2	2	2	0						14	20
REQUESTS Still Being Processed (within 20)	0	0	0	0	0	0	2						2	
REQUESTS Still being processed (outside 20)	1	0	1	1	2	0	8						13	
Stood Down	1	0	1	0	0	0	0						2	
Number of Records Fully Disclosed	44	17	65	42	33	29	43						273	
Vexatious Requests	0	0	0	0	0	0	0						0	
Number of Records for which records not held	3	1	0	4	0	2	0						10	
Requests where exemptions wholly/partially applied	0	0	0	0	0	0	2						2	
Questions stood down	5	0	1	0	0	0	0						6	
QUESTIONS Still Being Processed (within 20)	0	0	0	0	0	0	13						13	
QUESTIONS Still Being Processed (outside 20)	15	0	8	3	28	0	57						111	
Referrals for Independent Review	0	0	0	0	0	0	0						0	
Appeals to the Information Commissioner	0	0	0	0	1	0	0						1	

%age completed within 20 working days	
Apr '18 - Oct '18	76.69%
Apr '17 - Oct '17	70.65%

## **Requestor Type**

Member of Public	3	1	9	8	3	6	15						45	
Local Government	1	0	0	0	0	0	1						2	
Staff Member	2	3	10	10	6	4	6						41	
Media	3	0	3	2	1	2	4						15	
Student	2	0	0	0	0	0	0						2	
Commercial Company	2	1	2	2	3	0	3						13	
Solicitor	0	0	0	0	0	0	0						0	
WhatDoTheyKnow.com	5	1	2	2	2	0	2						14	
NHS	0	0	0	0	0	0	0						0	
Trade Union	0	0	0	0	0	0	0						0	

*Data may be subject to amendments.*

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

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

### Processing (Subject Access) for the Period 01/04/2018 to 31/10/2018

General Data Protection Regulations/Data Protection Act 2018 – Subject Access	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 18 – Oct 18	April 17 – Oct 17
Number of Requests Received	2	3	8	2	9	6	6						36	19
Completed Requests processed within 40 days or less (from 25 May 2018 standard is 30 days)	2	1	5	2	7	4	5						26	17
Completed Requests exceeding 40 days (from 25 May 2018 standard is 30 days)	0	1	1	0	1	2	1						6	1
Requests still being processed in line with 40 days (from 25 May 2018 standard is 30 days)	0	0	0	0	0	0	0						0	0
Outstanding Requests exceeding 40 days (from 25 May 2018 standard is 30 days) and still being processed	0	1	1	0	1	0	0						3	1
Identity Not Confirmed/Fee Not Received and therefore could not be further processed	0	0	1	0	0	0	0						1	0
Patient	2	1	1	1	0	3	1						9	7
NIAS Staff Member	0	0	1	0	3	2	4						10	5
External Agency ie Solicitor acting on behalf of patient/staff	0	1	6	1	6	1	1						16	5
Relative of Patient	0	1	0	0	0	0	0						1	0

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

### 3 **POLICE SERVICE OF NORTHERN IRELAND REQUESTS – Police Acts, Common Law 01/04/2018 to 31/10/2018**

**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 18 – Oct 18</b>	<b>Apr 17- Oct 17</b>
Number of Requests Received (based on receipt of correspondence date)	29	44	33	32	40	47	50						275	249

### 4 **SOLICITOR ENQUIRIES 01/04/2018 to 31/10/2018**

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


	<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 18 – Oct 18</b>	<b>Apr 17- Oct 17</b>
Number of Requests Received (based on receipt of correspondence date)	56	39	47	44	54	58	58						356	395

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

**Processing for the Period 01/04/2018 TO 31/10/2018**

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

 <b>18/19 - PRF v PATIENT NUMBERS COMPARISON</b>						
Summary		Patient Journeys where a patient has transported to a hospital			Number of PRF's completed for the treatment of a patient.	
Month	Emergency Response(s) which arrived on scene	Emergency	Routine	Total	Completed PRFs (Formic)	Difference between Emergency Responses and completed PRF's Difference Patient Journeys and completed PRF's
April 2018	15611	12298	341	12639	14776	-835 +2,137
May 2018	16710	13238	356	13594	15704	-1,006 +2,110
June 2018	16172	12694	344	13038	15225	-947 +2,187
July 2018	16117	12694	334	13028	14672	-1,445 +1,644
August 2018	15862	12539	314	12853	14461	-1,401 +1,608
September 2018	15881	12577	331	12908	13232	-2,649 +324
October 2018	16414	13166	372	13538	11753	-4,661 -1,785
November 2018				0		+0 +0
December 2018				0		+0 +0
January 2019				0		+0 +0
February 2019				0		+0 +0
March 2019				0		+0 +0
<b>Total</b>	<b>112767</b>	<b>89206</b>	<b>2392</b>	<b>91598</b>	<b>99823</b>	<b>-12,944 +8,225</b>

Emergency Response(s) which arrived on scene only counts as 1 record irrespective of the number of resources that arrive on scene.  
 There will always be more Emergency responses than patient journeys as patients do not always respond.

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

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

**TB/06/12/2018/10**

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

**Reporting to October 2018**

## **Emergency & non emergency Ambulance Control Reports**

### **EAC Call Taking Statistics**

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

### **Emergency Call Activity**

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

<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	19864
Jun	15911	16321	17030	17173	19263
Jul	16633	16266	17773	18352	19170
Aug	16244	16814	17728	18486	19125
Sep	16244	15802	16803	17994	19335
Oct	15803	16701	18282	18208	19297
Nov	15860	16083	16979	18236	
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>133652</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.

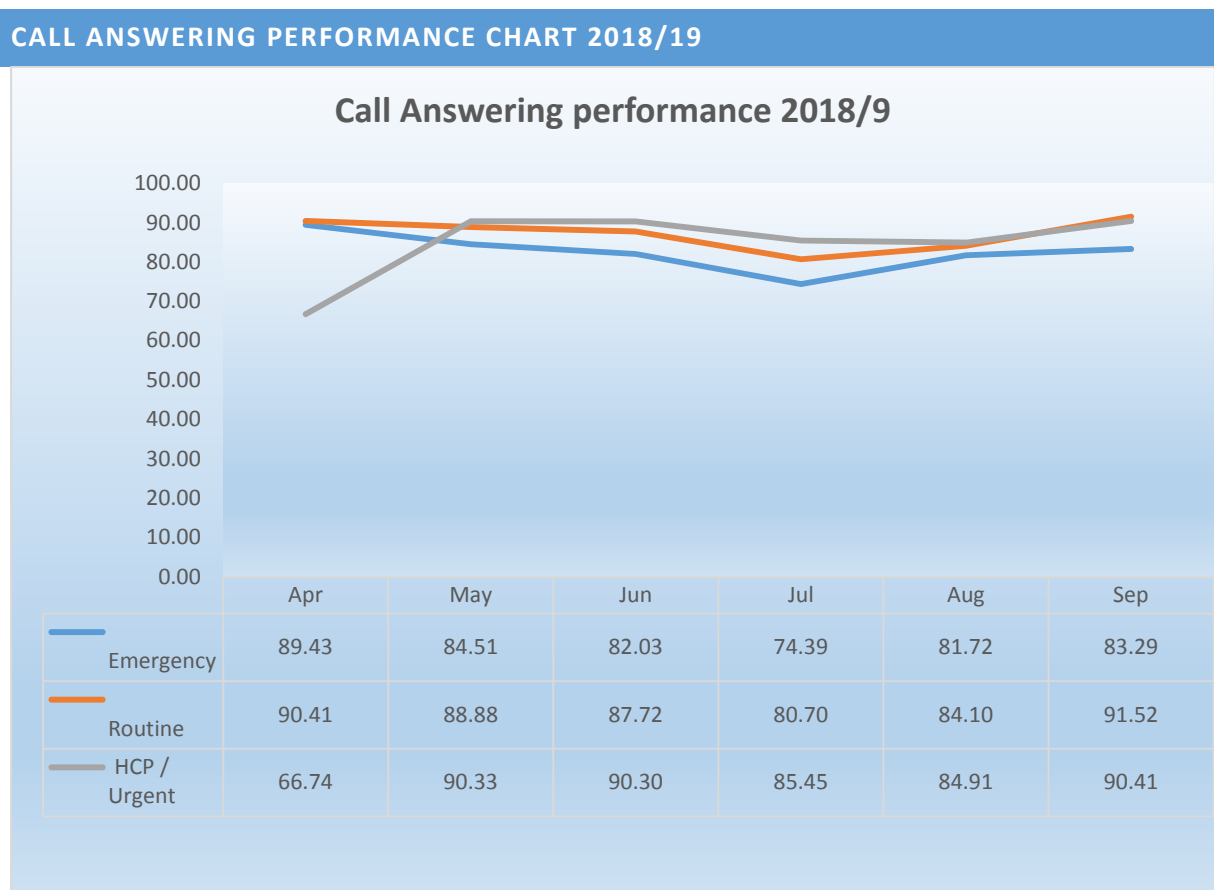
As part of contingency arrangements we answer “999” calls from Scotland as part of the Buddy arrangement. From the 2<sup>nd</sup> May 2018 we enabled electronic call passing between NIAS and the Scottish Ambulance Service where if either Control Room takes calls for the other they are automatically populated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

## 999 Call Answer Times

### Key Performance Indicator

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

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



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

- Measures introduced have seen improvement in answering HCP calls
- Further measures to cut down on non-call related routine calls have also been introduced

### **Emergency & non emergency Ambulance Control Reports**

#### **EMD Award Scheme**

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

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

<b>Type</b>	<b>Level</b>	<b>September &amp; October 2018</b>	<b>Year (Apr 17 – Mar 18)</b>	<b>Year to Date (Apr 18 – Mar 19)</b>
999 High Compliance	Bronze	2	14	3
	Silver	2	8	5
	Gold	3	17	5
Exemplary Customer Service	Bronze	0	3	3
	Silver	1	8	1
	Gold	0	13	5
Baby Born		2	2	7
Cardiac Life Saver		0	5	3
Non-Cardiac Life Saver		0	1	2

# RESPONSE TIME PERFORMANCE REPORT YEAR END REPORT

**For April 2018 to October 2018**

## **Summary of Trends:**

1. Cumulative NI Cat A performance from April 2018 - October 2018 = 39.5% (10.5% decrease for same period last year 50.0%)
2. Average response time across Northern Ireland for Cat A response in October 2018 was 12 minutes 15 seconds.
3. Cumulative Cat A Responses from April to October 2018 has increased by 2.5 % = 819 responses for the same period last year.
4. Total cumulative Emergency Call demand for April to October 2018 (including Cat HCP activity) has increased by 0.3% = 419 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. However it is noted that in the Ulster Hospital in October 2018 there was gain for NIAS in lost hours achieved.

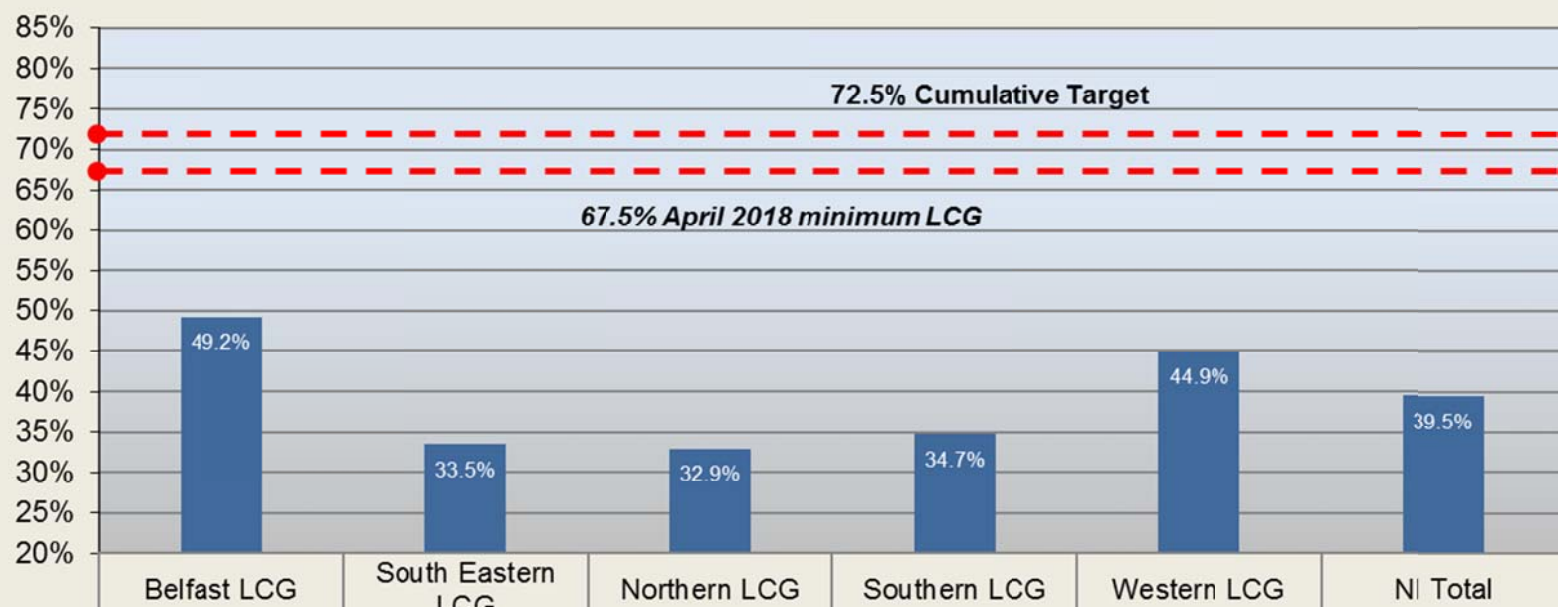
**Key Performance Indicator: Resources are deployed in line with the Category/Code and measured through Key Performance Indicators**

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>

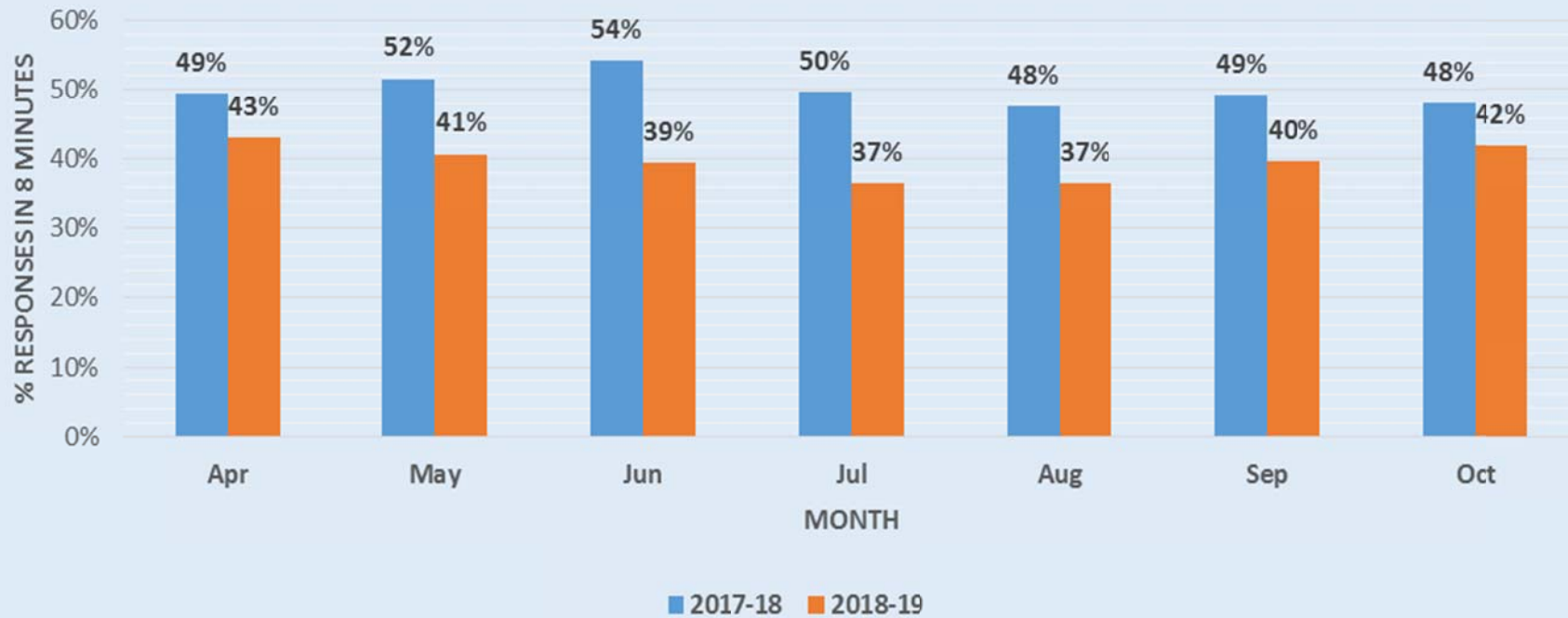
# % Cat A Calls Responded to Within 8 Minutes Cumulative from April 2018 to end October 2018



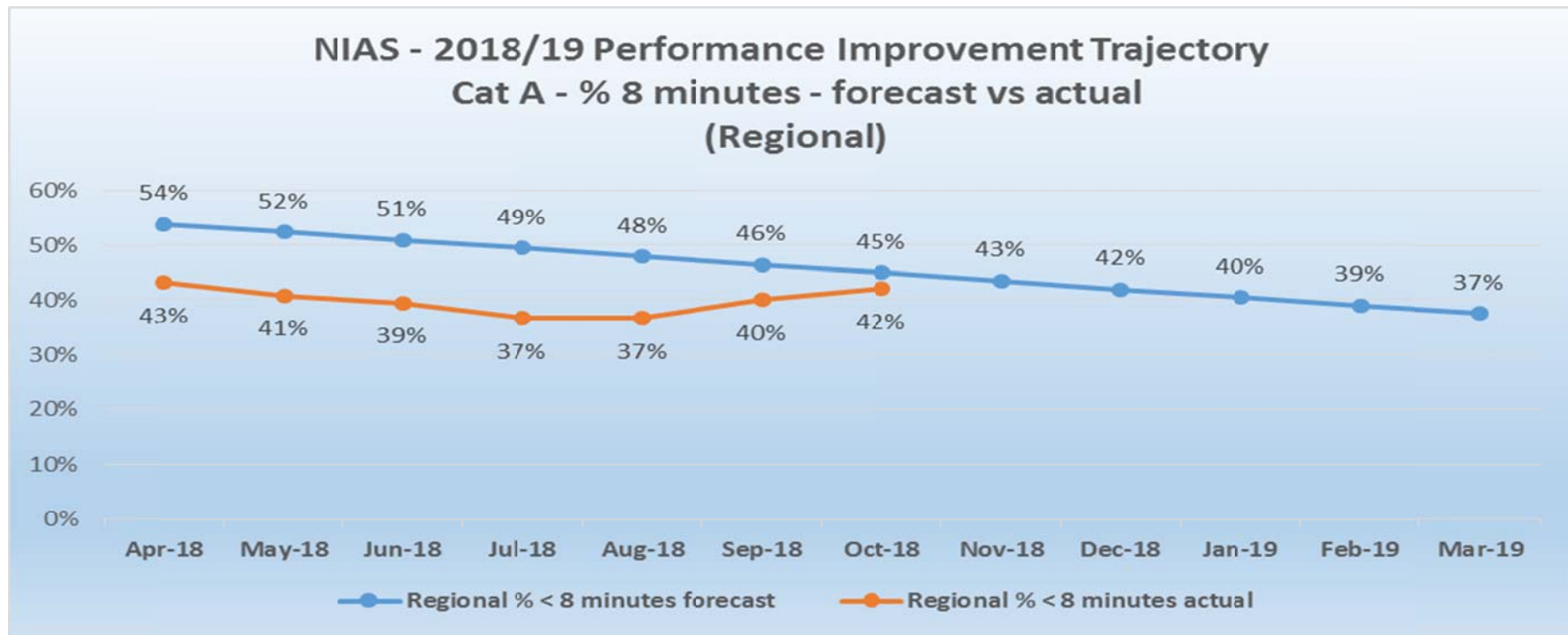
% Cat A Within 8 Min	49.2%	33.5%	32.9%	34.7%	44.9%	39.5%
Cat A within 8 min	4,267	2,025	2,503	1,987	2,349	13,131
Total No. of Cat A	8,667	6,050	7,608	5,721	5,229	33,275

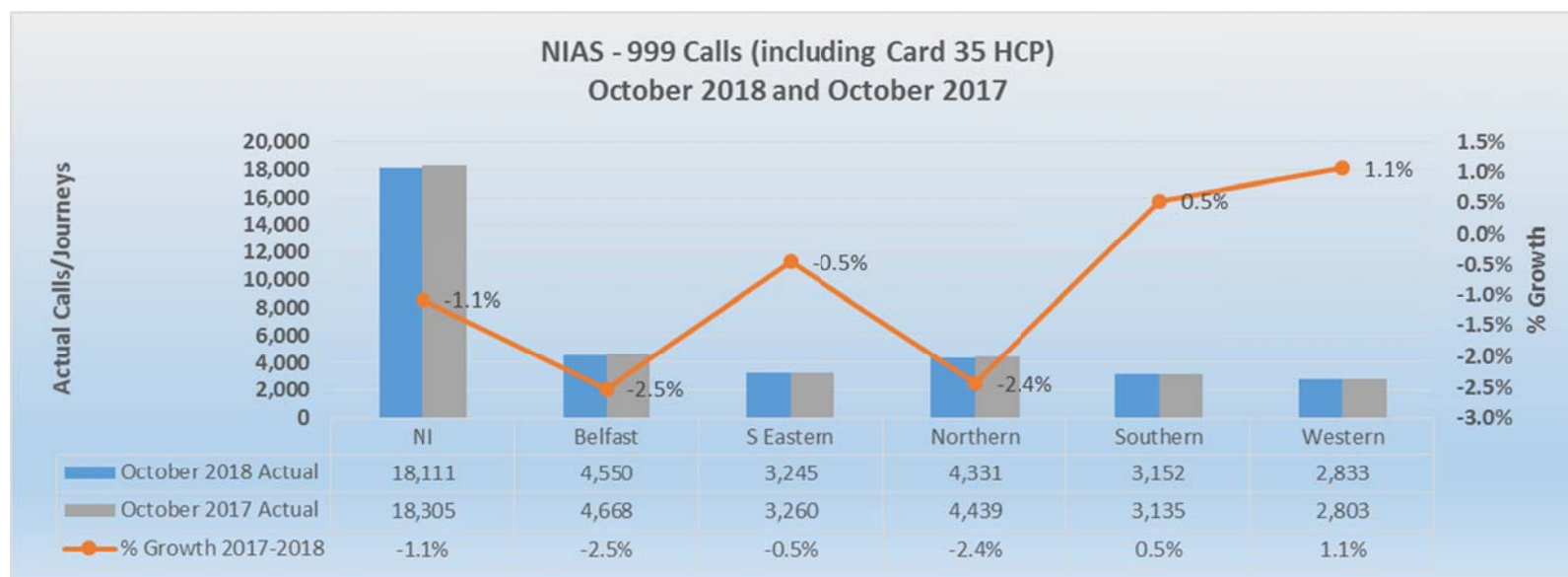
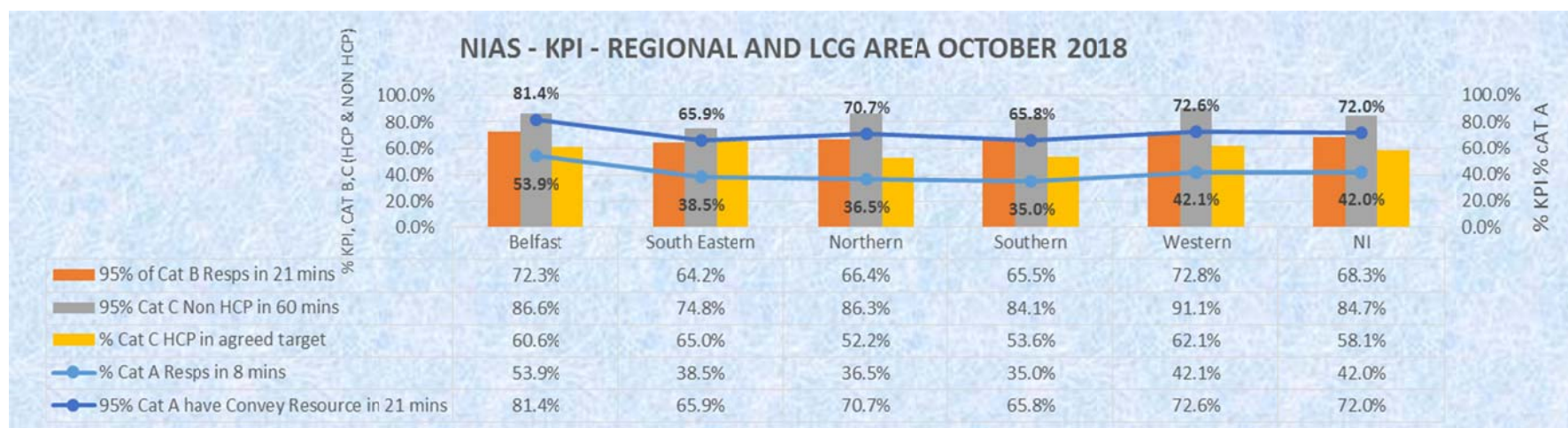
From April 2018, 72.5% of Category A (life threatening) calls are to be responded to within eight minutes, 67.5% in each LCG area.  
\*Disclaimer may be subject to change at a later date.

## NIAS Cat A Performance (% <8 minutes)

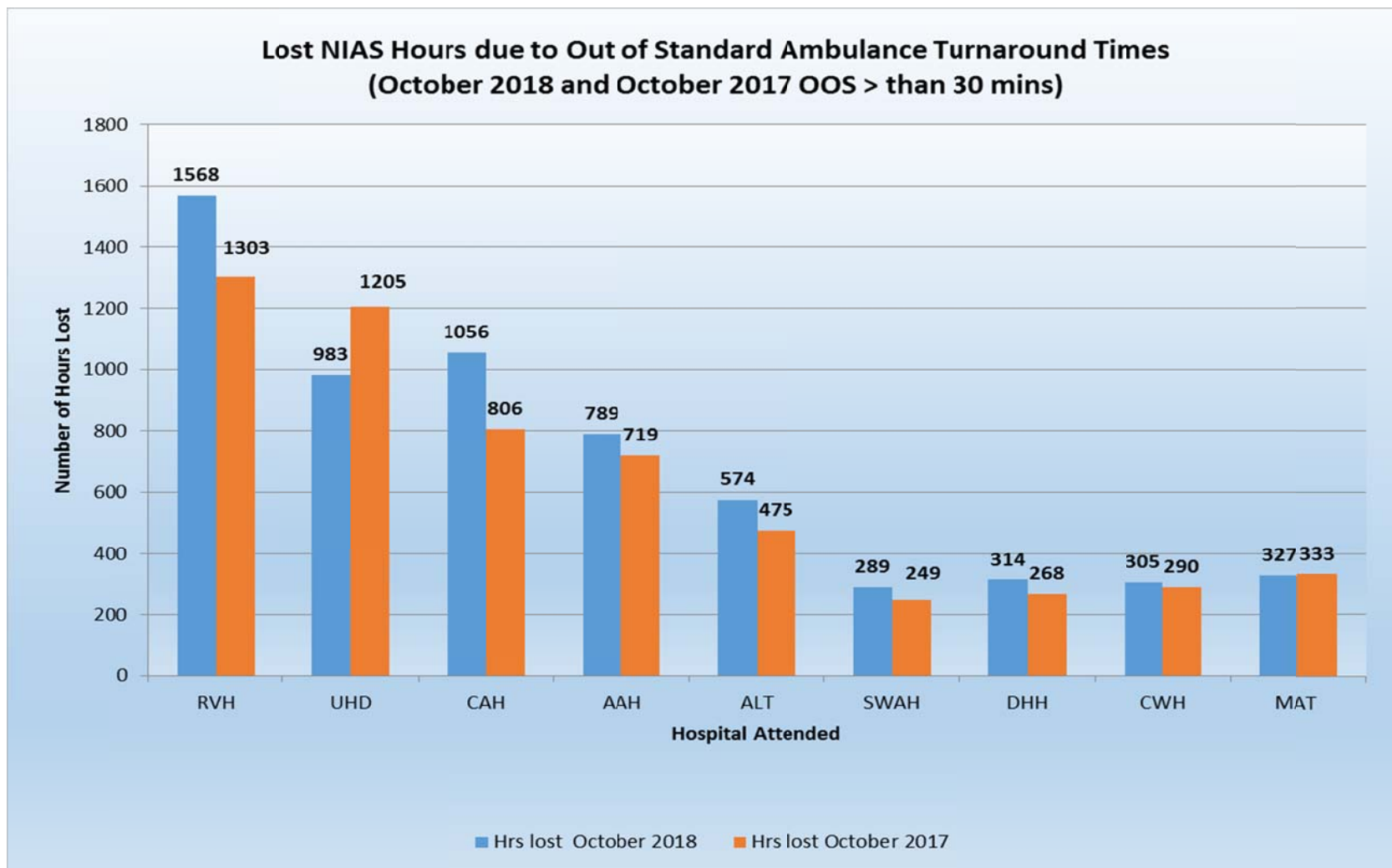


## Cat A Performance – Performance Improvement Trajectory



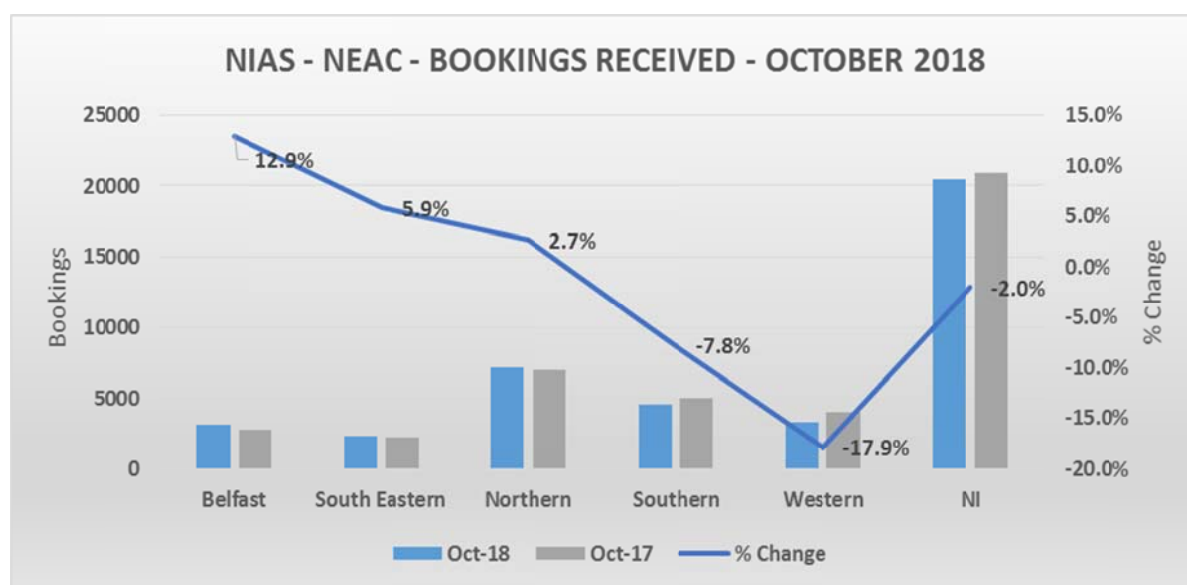


**Key Performance Indicator: Ambulance Turnaround at Emergency Departments within 30 minutes – Oct 2018 V Oct 2017**



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

	NEAC BOOKINGS AND JOURNEYS - OCTOBER 2018							
Bookings	LCG AREA	Belfast	South Eastern	Northern	Southern	Western	NI	
	Oct-18	3117	2297	7213	4576	3261	20464	
	Oct-17	2760	2170	7024	4962	3972	20888	
	% Change	12.9%	5.9%	2.7%	-7.8%	-17.9%	-2.0%	
Completed Journeys	LCG AREA	Belfast	South Eastern	Northern	Southern	Western	NI	
	Oct-18	2463	1638	5817	3768	2700	16386	
	Oct-17	1993	1484	5439	3795	2919	15630	
	% Change	23.6%	10.4%	6.9%	-0.7%	-7.5%	4.8%	
Completed Journeys	Journey Type	Outpatient	Discharge	Transfer	Admission	Second Crew	Home Assessment	Total
	Oct-18	12851	2377	976	172	10	0	16386
	Oct-17	12419	2094	891	212	14	0	15630





## CATEGORY A PERFORMANCE: AVERAGES AND OUTLIERS

Oct 18

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

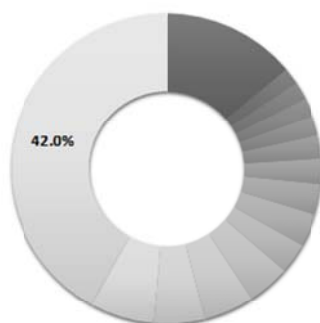
#### NORTHERN IRELAND REGIONAL TOTAL

TOTAL NUMBER OF CATEGORY A RESPONSES	Number of Category A responses required to exceed Regional target (72.5%)
4864	3527
AVERAGE RESPONSE TIME (MM:SS)	1486 responses below target
12:15	

BELFAST HSC	SOUTH EASTERN HSC	NORTHERN HSC	SOUTHERN HSC	WESTERN HSC
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
1251	895	1083	865	770
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%)
845	605	732	584	520
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
674 53.9%	345 38.5%	395 36.5%	303 35.0%	324 42.1%
171 responses below target	260 responses below target	337 responses below target	281 responses below target	196 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)
09:11	13:04	13:41	13:58	12:24

### REGIONAL CATEGORY A PERFORMANCE SUMMARY

HSC Northern Ireland Ambulance Service Health and Social Care Trust



Category A Performance	%	Cumulative %
Within 8 minutes	42.0%	42.0%
Within 8 - 9 minutes	6.6%	48.6%
Within 9 - 10 minutes	5.4%	54.0%
Within 10 - 11 minutes	5.2%	59.2%
Within 11 - 12 minutes	4.4%	63.6%
Within 12 - 13 minutes	3.2%	66.8%
Within 13 - 14 minutes	3.4%	70.2%
Within 14 - 15 minutes	3.2%	73.4%
Within 15 - 16 minutes	2.7%	76.0%
Within 16 - 17 minutes	2.4%	78.5%
Within 17 - 18 minutes	2.1%	80.6%
Within 18 - 19 minutes	1.9%	82.5%
Within 19 - 20 minutes	1.9%	84.3%
Within 20 - 21 minutes	1.7%	86.1%
Over 21 minutes	13.9%	100.0%
Total		4864



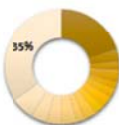
BELFAST HSC



SOUTH EASTERN HSC



NORTHERN HSC



SOUTHERN HSC



WESTERN HSC

Response Time	N	%	Total	Response Time	N	%	Total	Response Time	N	%	Total	Response Time	N	%	Total	Response Time	N	%	Total
< 8 m	574	53.9%	53.9%	< 8 m	345	38.5%	38.5%	< 8 m	395	36.5%	36.5%	< 8 m	303	35.0%	35.0%	< 8 m	324	42.1%	42.1%
8 - 9 m	112	9.0%	62.8%	8 - 9 m	57	6.4%	44.9%	8 - 9 m	59	5.4%	41.9%	8 - 9 m	56	6.5%	41.5%	8 - 9 m	37	4.8%	46.9%
9 - 10 m	90	7.4%	70.3%	9 - 10 m	47	5.3%	50.2%	9 - 10 m	42	3.9%	45.8%	9 - 10 m	39	4.5%	46.0%	9 - 10 m	44	5.7%	52.6%
10 - 11 m	85	6.8%	77.1%	10 - 11 m	48	5.4%	55.6%	10 - 11 m	40	3.7%	49.5%	10 - 11 m	34	3.9%	49.9%	10 - 11 m	46	6.0%	58.6%
11 - 12 m	62	5.0%	82.0%	11 - 12 m	38	4.2%	59.8%	11 - 12 m	47	4.3%	53.8%	11 - 12 m	38	4.4%	54.3%	11 - 12 m	30	3.9%	62.5%
12 - 13 m	30	2.4%	84.4%	12 - 13 m	23	2.6%	62.3%	12 - 13 m	59	5.4%	59.3%	12 - 13 m	20	2.3%	56.6%	12 - 13 m	22	2.9%	65.3%
13 - 14 m	35	2.8%	87.2%	13 - 14 m	29	3.2%	65.6%	13 - 14 m	49	4.5%	63.8%	13 - 14 m	30	3.5%	60.1%	13 - 14 m	23	3.0%	68.3%
14 - 15 m	28	2.2%	89.4%	14 - 15 m	37	4.1%	69.7%	14 - 15 m	41	3.8%	67.6%	14 - 15 m	23	2.7%	62.8%	14 - 15 m	26	3.4%	71.7%
15 - 16 m	20	1.6%	91.0%	15 - 16 m	32	3.6%	73.3%	15 - 16 m	34	3.1%	70.7%	15 - 16 m	28	3.2%	66.0%	15 - 16 m	15	1.9%	73.6%
16 - 17 m	21	1.7%	92.7%	16 - 17 m	19	2.1%	75.4%	16 - 17 m	38	3.5%	74.2%	16 - 17 m	23	2.7%	68.7%	16 - 17 m	18	2.3%	76.0%
17 - 18 m	12	1.0%	93.7%	17 - 18 m	20	2.2%	77.7%	17 - 18 m	29	2.7%	76.9%	17 - 18 m	16	1.8%	70.5%	17 - 18 m	23	3.0%	79.0%
18 - 19 m	12	1.0%	94.8%	18 - 19 m	15	1.7%	79.3%	18 - 19 m	20	1.8%	78.8%	18 - 19 m	31	3.6%	74.1%	18 - 19 m	16	2.1%	81.0%
19 - 20 m	11	0.9%	95.8%	19 - 20 m	16	2.0%	81.3%	19 - 20 m	26	2.4%	81.2%	19 - 20 m	20	2.3%	76.4%	19 - 20 m	15	1.9%	83.0%
20 - 21 m	4	0.3%	96.1%	20 - 21 m	17	1.9%	83.2%	20 - 21 m	19	1.8%	82.9%	20 - 21 m	30	3.5%	79.9%	20 - 21 m	14	1.8%	84.8%
21 + m	52	4.2%	100.0%	21 + m	150	16.8%	100.0%	21 + m	185	17.1%	100.0%	21 + m	174	20.1%	100.0%	21 + m	117	15.2%	100.0%
Total	1251			Total	895			Total	1083			Total	865			Total	770		

Data Disclaimer

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

## NIAS ESTATES

**Derriaghy:** NIAS and LPS have successfully re negotiated the rental for Derriaghy, achieving a reduction in rental of £6,500 per annum, to £20,000 per annum. The SOC was approved by the Department in September 2018 and the lease has since been signed.

**Omagh modular Transfer and Strabane:** NIAS continues to have meetings with Design Team (GM design) to finalise the account and agree completion of works. GM design have overseen late delivery (12 months) and cost overruns. NIAS has instructed GM design to make a recommendation to pursue liquidated damages.

**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 establish a service standard for the management of reactive repairs, planned repairs and minor works. NIAS holds both Operational and Commercial Contract reviews on a monthly basis. Significant progress has been made to streamline processes, increase throughput of works and to provide assurance that NIAS can demonstrate value for money, particularly in respect of recent Audit recommendations on evidentiary support for invoice approval.

**Ballymena and Enniskillen Project Board:** Regular monthly meetings continue with CPD to manage the defects at both Ballymena and Enniskillen NIAS has made good headway, in conjunction with CPD to manage out the issues (defects, latent defects, snagging) at both locations. NIAS intention is that the position will be finalised by the final project board in Q4. A summary of the position will be sent to Directorate of legal services for guidance on a legal remedy to resolve any outstanding issues including a balancing of costs v legal costs.

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

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

**Estate Strategy:** A new Estate Strategy is in Draft and will be presented to SEMT by Q4 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. Practical completion is targeted as 31st March 2019.

**Craigavon Replacement Programme:** NIAS continues to work on the Craigavon project with its current focus on establishing the exact boundary of the site before the transfer between SHSCT and NIAS. Planning permission application will be

progressed in Q4 2018 /19. The estimated value of this project is in excess of £2.5m.

**Infection Prevention Control:** NIAS Head of estates in conjunction with IPC lead continue to work on estates IPC compliance matters, prioritising immediate high risk items.

**Compliance:** NIAS has embarked upon a series of estates surveys covering fire risk assessments, Health and safety, legionella and asbestos. Remedial works are prioritised based on risk.

**10 year capital plan:** NIAS Head of estates, in conjunction with CPD, has created a 10 year estates capital bid programme in response to a Departmental request. The Estate bid is aligned to the draft estate strategy and takes into account recommendations contained with the demand capacity review. The value of NIAS 10 year estate bid is £99 m; however when the whole NIAS bid is known this is subject to change.

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

## 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 Ambulance roll out complete and all new ambulances operational.
- PCS vehicles being rolled out. 10 of 21 operational with remaining vehicles being commissioned and currently going operational.
- Cars being rolled out. 11 of 13 operational with remaining vehicles going operational in November 2018.
- Specialist vehicles currently in build with completion expected February 2019.

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

The percentage of all vehicle types less than 5 years old has increased and will continue to do so as the Trust continues to make new vehicles operational.

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

Fleet Profile 2017/18	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
(% less than 5 yrs old)				2018									
Emergency Ambulances	98.3	98.3	98.3	80	80	80	80.2	82.8	83.6	93.1	99.1	99.1	99.1
Non-Emergency Ambulance	86.5	88.3	85.6	77.5	79.2	80	80	80	78.4	79.3	82.9	86.5	88.3
Rapid Response Vehicles	81.4	86	88.4	88.3	88.3	88.3	88.3	86	62.8	67.4	69.8	79.1	88.3
Support Vehicles	47.1	52.9	52.9	58.8	58.8	59.6	56.8	56.8	50	56.8	56.6	58.5	64.2
Fuel Used & CO2 Generated 2017/18	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Allstar Fuel card Purchases	136493	144296	143955	143501	131030	144952	126049	128202	121485	114819	114196	117391.01	126165.59
NIAS Bunkered Sites	10646	11303	18839	20582	18676	19912	16153	20791	20016	20820	22145	22482.58	22762.45
Total Fuel (Litres)	147139	155600	162794	164082	149706	164864	142201	148994	141501	135639	136341	139873.59	148928.04
Total CO2 (1 Litre x 2.6391kgs) Generated	388314.5	410644.0	429629.6	433028.8	395089.1	435092.6	375282.7	393210.1	373435.3	357964.9	359817.5	369140.4	393036.0
MOT Pass Rate 2017/18	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
No of vehicles presented for MOT	10	21	24	46	38	35	24	24	24	18	10	7	19
No of vehicles passed MOT first time	7	21	24	45	36	34	23	20	23	16	8	6	16
First Time MOT Pass Rate (%)	70.00%	100.00%	100.00%	97.83%	94.74%	97.14%	95.83%	83.33%	95.83%	88.89%	80.00%	85.71%	84.21%
Miles covered	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Total Fleet Mileage	625800	621946	656525	661303	482239	641810	619605	670256	652306	589690	615258	623711	



**TB/06/12/2018/11**

# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD REPORT MEDICAL DIRECTORATE

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Interim Medical Director  
6 December 2018  
(September-October 2018)

## Medical Directorate Performance Report for Trust Board

Emergency Planning & Business Continuity	
	<p>Please refer to attached Emergency Planning Report for September-October 2018.</p> <p>The Trust's Emergency Planning Team continues to participate in major incident planning and multi-agency exercises.</p> <p>The recruitment process for 24/7 HART response is underway. NIAS has provided an update to the DoH regarding progress to date including acquisition of vehicles and equipment and awareness training for the wider staff group in the event of a mass casualty event. This has included joint exercises with PSNI and NIFRS.</p> <p>NIAS has been scoping the potential impact of Brexit on the provision of service and key risks have been identified as:</p> <ul style="list-style-type: none"> <li>• Supply of medical equipment;</li> <li>• Provision of pharmaceutical supplies;</li> <li>• Implications for non-EU staff and staff who live across the border;</li> <li>• Cross-border ambulance response for emergency calls and in the event of a major incident;</li> <li>• Elective cross-border care (transfer of patients to and from ROI for specific procedures e.g. paediatric cardiac surgery in Dublin).</li> </ul> <p>Assurances regarding equipment and pharmaceuticals have been received and staffing implications are minimal. Further advice is required from the DoH in relation to cross-border clinical care pending clarification on any Brexit withdrawal agreement.</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><b><i>Incident Reporting Procedures</i></b></p>	<p>NIAS has adopted the use of DatixWeb across the Service in order to improve the efficiency of incident reporting and allow for realtime review of progress. Work is underway to integrate this further with other Trusts and to use the system for a variety of other purposes e.g. complaints, device alerts etc. The work is supported by a full-time Datix Administrator working within the Medical Directorate.</p> <p>NIAS is represented on multiple regional workstreams relating to the recommendations of the O'Hara Report into hyponatraemia-related deaths in Northern Ireland. This involves staff from multiple levels within the organisation up to Non-Executive Directors and the Chair of Trust Board. The inquiry made 96 separate recommendations, many of which relate to incident reporting and investigation. The Department has given clear direction that a regional approach should be taken rather than Trusts introducing disparate approaches.</p> <p>The review of SAls remains a challenge due to the small governance team within NIAS and competing pressures, particularly within the Operations Directorate when contribution is required in order to finalise reports. A recent workshop was held to progress several longstanding reviews and these have had final reports submitted or in two cases, requests for de-escalation. Early next year NIAS will be participating in a review of SAI management by RQIA. NIAS continues to participate in the learning outcomes review from SAls regionally with a composite report of Untoward and Serious Adverse Incidents being reported at each meeting of the Assurance Committee. New SAls are reported weekly at SEMT.</p>
<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. It has been decided that in future most of these reports will be made by exception as many of the device alerts have no direct relevance to the context of an Ambulance Service.</p>
<p><b>Clinical Care</b></p>	
<p><b><i>Infection Prevention &amp; Control</i></b></p>	<p>The period of review for the special measure introduced by RQIA relating to improved governance across the organisation has now expired and it is anticipated that RQIA will undertake further inspections including interviews with senior management and Trust Board to confirm progress made. Significant work has been undertaken over the past year including refresher training for all available frontline staff, enhanced training for management staff responsible for stations and the</p>

	<p>auditing of IPC performance, introduction of a dedicated vehicle cleaning team regionally, a computerised system of audit to facilitate checks on both performance of frontline staff and the state of cleanliness / repair of vehicles and stations. This audit system (Docworks) is producing live reports which are reviewed at the Infection Prevention &amp; Control Group on a rolling Divisional basis and work is ongoing to ensure consistency of assessment across the Trust. The IPC Policy &amp; Procedures have been reviewed and are being reissued to all staff. Additionally a Trust-wide review of station facilities has been completed in order to prioritise areas for renovation or replacement.</p> <p>The NIAS Senior Team and some operational representatives met with the RQIA Review Team on 5 October 2018 to detail the progress made to date, which included highlighting potential gaps in insurance. At this meeting recognition was given by RQIA to the long-term nature of this improvement project.</p>
<b><i>Regional Community Resuscitation Strategy</i></b>	<p><b>Community</b></p> <ul style="list-style-type: none"> <li>Discussions have taken place with 11 Council areas to include Community Resuscitation within Health and Wellbeing of the Community Plans. To date the following Councils have a Community Resuscitation Action Plan in place – Ards &amp; North Down, Lisburn &amp; Castlereagh, Mid Ulster Council. Belfast have agreed to include Community Resuscitation within their Belfast Strategic Partnership. Armagh, Banbridge &amp; Craigavon have had workshops and Community Resuscitation is now captured under Preventable deaths. Antrim and Newtownabbey have confirmed a Community Resuscitation Action Group for November. Fermanagh and Omagh have confirmed that they will also progress an action group for Community Resuscitation and are currently identifying the partners to invite.</li> </ul> <p><b>AEDs</b></p> <ul style="list-style-type: none"> <li>An AED mapping database has now gone live on NIAS website and all Councils have been made aware and are keen to also include the link on their respective websites too.</li> </ul> <p><b>Community First Responders</b></p> <ul style="list-style-type: none"> <li>GoodSam App Project team has been developed to progress the work of GoodSam which will be integrated in March 2019, testing of the system is already underway and training of control staff is planned for Jan/Feb 2019.</li> <li>All documentation, processes and training relating to CFR Schemes is being reviewed</li> </ul> <p><b>Schools</b></p>

	<ul style="list-style-type: none"> <li>Heartstart Teacher training is now progressing across 6 teacher training venues. Both update training for existing teachers and initial training for new teachers is taking place and the feedback has been very positive.</li> </ul> <p><b>Data</b></p> <ul style="list-style-type: none"> <li>2017/18 data for Out of Hospital Cardiac Arrest is now complete and was presented at the British Heart Foundation's Out of Hospital Cardiac Arrest Summit.</li> </ul>
<b><i>Regional Electronic Ambulance Communications Hubs (REACH) Project (previously ePRF)</i></b>	<p>The business case for introduction of an electronic Patient Report Form (ePRF) received the support for capital from the Department of Health and Department of Finance in June 2017. A Project Board led by the Chief Executive has been established and work has now commenced on the procurement.</p> <p>Stage 1 of the procurement process has now completed. There were a total of 6 supplier questionnaires received and 4 have been selected for an Invitation to Tender (ITT). The ITT was issued by PALS on <b>30 October 2018</b>, unfortunately there was a delay from PALS due to their internal resourcing which has led to delays in the timescales.</p> <p>Indicative timetable is as follows:</p> <ul style="list-style-type: none"> <li>Publication of ITT Sept 2018 - Now end Oct 2018</li> <li>Return of tenders 30 Days (Nov 2018)</li> <li>Evaluation of tenders end December 2018</li> <li>Supplier demonstrations January 2019</li> <li>Consensus January 2019</li> <li>Decision to award by February 2019</li> </ul> <p>The Contract Adjudication Group have been issued with all of the timescales and asked to prioritise their time and commitments around the requirements of the procurement.</p>
<b><i>Alternative Care Pathways</i></b>	<p>The "street triage" pilot has commenced whereby a prehospital team comprising a NIAS paramedic, community psychiatric nurse and a PSNI Officer undertake crisis intervention assessments for patients suffering from acute mental health problems in the community. This is being supported by the South Eastern HSC Trust.</p> <p>Work on policies including information markers and frequent callers continues, but these are not yet ready for submission to Trust Board. A temporary post has been created for an officer to focus on frequent callers and is currently managing around seventy patients by engaging with the</p>

	<p>patients directly and their relevant healthcare providers. This has seen a significant reduction in the number of calls from some patients. Several patients have also been subject to court proceedings relating to use of the emergency services. Furthermore the officer is also in a position to engage with other agencies in order to address social and medical circumstances which may aid in resolving a patient's problems with the added benefit of reducing further calls to emergency services.</p> <p>The success of the Clinical Support Desk has been recognised and further recruitment has resulted in the selection of more paramedics to extend both the hours and volume of cover for this service. 1 team of 12 paramedics now operate the desk from 0730-0000 Sun-Thurs and 0730-0200 on Fri and Sat. A second base also opened in Altnagelvin on 1 October.</p> <p>The current NIAS non convey rate is 25%, however to enhance this further, a range of benchmarking and engagement activities took place in September and October including:  10 members of staff attended the national EMS Gathering conference in Cork  6 paramedics attended the first NI frailty conference in Mossley Mill  Presentations were given at 3 nursing and care home forums facilitated by the RQIA. These presented focused on the new CRM and the pathways now available for NIAS clinicians.</p>
<p><b><i>Helicopter Emergency Medical Service (HEMS)</i></b></p>	<p>NIAS and the charity partner Air Ambulance Northern Ireland (AANI) continue to meet on a regular basis to review areas of operational, financial and more recently clinical performance. The Clinical and Operational Leads have developed a set of clinical performance indicators and review every call for compliance. It is anticipated that this will allow benchmarking with other UK Services and this process is being highlighted at the annual Conference of the Air Ambulance Association in London in November. The HEMS team have organised a series of clinical governance days which include partners from other agencies and Trusts. One key proposal is the introduction of administration of blood in the prehospital setting.</p> <p>HEMS paramedics are employed by NIAS but the medical cover continues to be provided by consultants in addition to their own regular employment which is a variation from the original intention that this would be incorporated within their Trust job plans. This has the potential to threaten full coverage of the HEMS Service if staff cannot be released as was originally agreed by Trust Chief Executives. The paramedics were originally employed on a temporary contract for a one-year duration given the uncertainty over timing of the introduction of the service, but it has already been agreed to extend these contracts in order to provide continuity within the service. The potential for employing some paramedic staff on a permanent basis is being considered alongside the rotation of other paramedics as a secondment.</p>

Finance for the upgrading of the helipad at the Royal Victoria Hospital site has now been confirmed by the Department of Health and Department of Finance, and it is anticipated that test flights will begin in early January 2019.

The service will be highlighted in a television documentary due for broadcast in November 2018 which includes some real footage of HEMS calls. The broadcast of this was tightly controlled by issues relating to consent of patients, particularly in light of GDPR. Any future projects requiring such footage would benefit from earlier planning around the consent issue, taking on board lessons learned in other Ambulance Trusts. The Operational Lead for HEMS, Glenn O'Rorke, has been selected as a finalist in the Air Ambulance Paramedic of the Year.

## Personal Public Involvement / Patient Client Experience

### Patient and Client Experience Standards (PCES)

The Patient Experience Workplan for 2018/19 to include:

- continued collection of patient stories and work with the PHA and service users on the evaluation of the stories in order to ensure learning from 10,000 More Voices leads to improve services;
- engagement with the Comms Team on options for a NIAS 10,000 More Voices awareness and promotional campaign;
- continued promotion of 10,000 More Voices and gathering of more stories from patients and staff, reviewing progress and learning from results with service users;
- promotion of the pilot of the Appropriate Care Pathways survey;
- launch ACP survey on falls with SE Trust Falls Team;
- re-launch 10,000 More Voices staff survey; and
- learning from results – ensuring that learning is shared with senior management and lessons learnt are used in training and service delivery.

The Trust continued to promote 10,000 More Voices and gather more stories from patients and staff, review progress and learn from results with service users. As at 31 October, 334 survey questionnaires had been returned for the generic survey and 20 as part of the ACP pilot survey, covering all aspects of the service, including emergency 999 response, Patient Care Service and ambulance control. The results from feedback have been very positive and reflect a high degree of satisfaction in terms of compliance with the patient experience standards. The vast majority of patients (90%) described their experience as either positive or strongly positive.

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

- Antrim Hospital Ambulance Liaison Officer to promote generic survey to patients at Antrim Hospital;

	<ul style="list-style-type: none"> <li>• generic and ACP surveys to be offered to patients by RRV paramedics based in Newry Ambulance Station; and</li> <li>• promotion of generic and ACP surveys at Newry Pride.</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>Staff attitude, behaviour and communication are continuing themes emerging from complaints and we continue to work to address these issues through internal processes including training. We will also prioritise staff attitude and will raise awareness of and communicate the patient experience standards across all staff groups through learning and development programmes including induction training.</p>
<b><u>Personal and Public Involvement (PPI)</u></b>	<p>The Trust's Personal and Public Involvement (PPI) Strategy outlines its commitment to involving key stakeholders such as service users, carers and their representatives in the development of services.</p> <p>During this reporting period, work continued on reviewing NIAS's PPI strategy and structure, and meetings in that regard remain ongoing.</p> <p>Following discussions at the Equality and PPI Steering Group meeting in March 2018, a review paper on PPI, with strategic and structural recommendations, will be presented through the Equality Forum, the Equality and PPI Steering Group, and SEMT.</p> <p>The Trust has continued engagement and consultation on a range of transformation policies in development, alongside a specific focus on the PPI standards, taking into account the DoH's recently published guidance on co-production and co-design. Work has continued during this reporting period on developing a significant public and staff engagement programme, particularly in relation to the consultation on the new Clinical Response Model which was launched on 27 September 2018.</p>
<b>Clinical Education and Training</b>	
	<p>As part of Directorate restructuring, Clinical Education and Training, including all staff associated with the Regional Ambulance Clinical Training Centre (RACTC), moved from HR&amp;CS to the Medical Directorate from 1 September 2018.</p>

The very busy and challenging year in education and training continued into September and October 2018. The work with Ulster University on meeting conditions set by UU and HCPC on the development for the new Paramedic Foundation Degree culminated in the HCPC Approvals visit on 24 and 25 October. This work resulted in very good outcomes, with UU accepting the course in September and the HCPC stating that they will be recommending that the course is approved with no conditions. This decision will require ratification by the HCPC Education Committee which is due to meet in early December 2018.

Other preparations for the Paramedic Foundation Degree (FdSc) course included the finalisation of recruitment and selection process. A group of 53 successful EMTs commenced a bridging course in October as preparation towards the FdSc. These candidates will subsequently undergo an Accreditation for Prior Learning (APL) process for entry onto the FdSc programme (to commence in January 2019).

A number of 'Education for Educators' programmes are ongoing to develop those involved in various levels of delivery for the FdSc. This includes over 90 Paramedics undertaking development as Practice Educators, Clinical Support Officers undertaking a Level six module for Teaching in Practice and Clinical Training Officers studying towards Higher Education qualifications.

Core Training programmes continue;- A third cohort of 20 student EMTs continued in their studies on the AAP3 programme. They are due to enter operational duties on 26 November. Students from a second (of 4) cohort of trainee Ambulance Care Attendants commenced training in September and went operational on 29 October. These AAP and ACA programmes are part of a significant commitment to train sufficient numbers of staff at those levels, to enable backfill of positions and assist in workforce stabilisation as staff move on to training for other grades. (Note to enable 48 Paramedics to be trained and vacancies addressed, the plan is to also train 96 EMTs and 96 ACAs).

After competing in-year pressures led to changes in last year's ELD plan having to be made, one consequence for the annual Continuing Education programme (Post Proficiency - PP) for Clinical staff was for the previously planned third day to be rescheduled and brought forward into this current year. Arrangements and standardisation events for this took place in September and delivery commenced in October. This day of CE/PP incorporates various skills and information, with an additional focus on upskilling our EMTs to provide additional interventions and drug therapies. Originally planned to run until Christmas, this has been extended into the new year to allow capacity for the Paramedic Bridging, whilst minimising the release of frontline operational

staff. A second day of CE/PP which was scheduled to run January – March 2019 will be postponed until after April. This means the deferment of clinical updates including resuscitation, Post-resuscitation care and mandatory eLearning. This is due to operational pressures and the associated limitations on release of staff for training. (In January, 48 EMTs are scheduled to commence on the Paramedic programme).

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

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

**EMERGENCY PLANNING REPORT FOR SEPTEMBER-OCTOBER 2018**

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

### **Potential Major Incident**

On 17 October 2017 @ 15.29 NIAS received a call for reports of a road traffic collision involving a school bus and a car. The initial report stated that the bus was on its side off the road and the car was also off the road in a hedge. Tasked to the scene 4 A&E crews, 1 Patient Care Service crew, 1 Community Paramedic, 2 Rapid Response Vehicle, Helimed 23, 1 doctor, 2 HART call signs, 5 officers and the 2 Mobile Control Vehicles. Additional officers made themselves available and the Emergency Equipment Vehicle, but these were not despatched or were stood down prior to arrival. Two hospitals were alerted to the Potential Major Incident. The first Rapid Response Vehicle to arrive was on scene in sixteen minutes. At 16.10 Delta 2 and Romeo 21 stood down the potential Major Incident. Three patients were taken to Craigavon Area Hospital.

### **Major Incidents**

There were no declared Major Incidents during this period

### **Airport Alerts**

There were no Airport Alerts during this period

### **HAZMAT / Hazardous Area Response Team (HART) deployments**

136 = Deployments with Breathing Apparatus skills/ HAZMAT deployments

30 = Restricted space

18 = In-land Water Operations

0 = Incident at height

0 = Mountain rescue

11 = HAZMAT



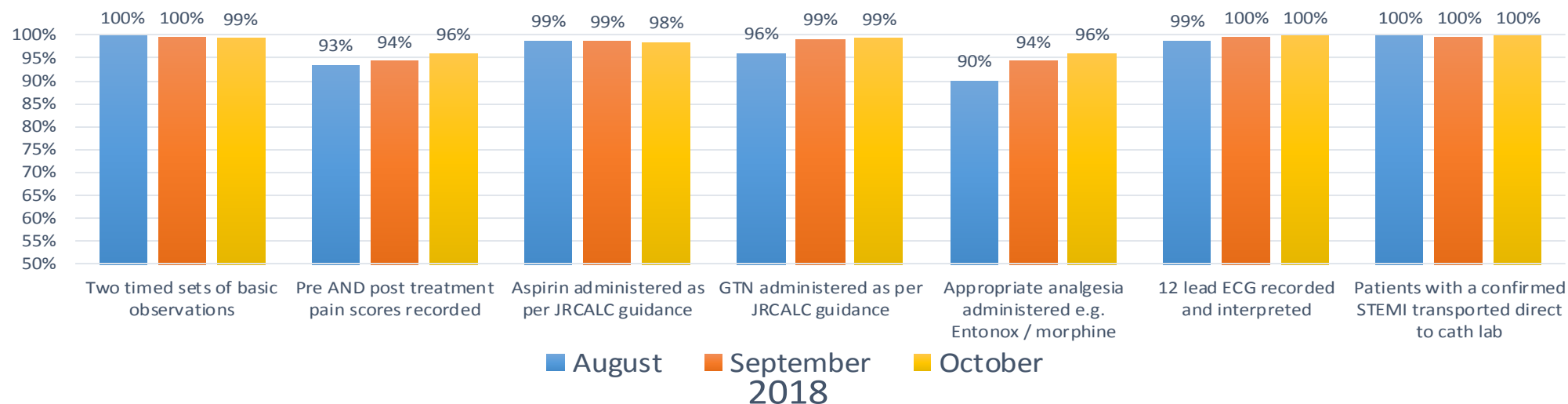
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**William Newton**

Assistant Director of Emergency Planning



## ACUTE CORONARY SYNDROME QUALITY IMPROVEMENT COMPLIANCE

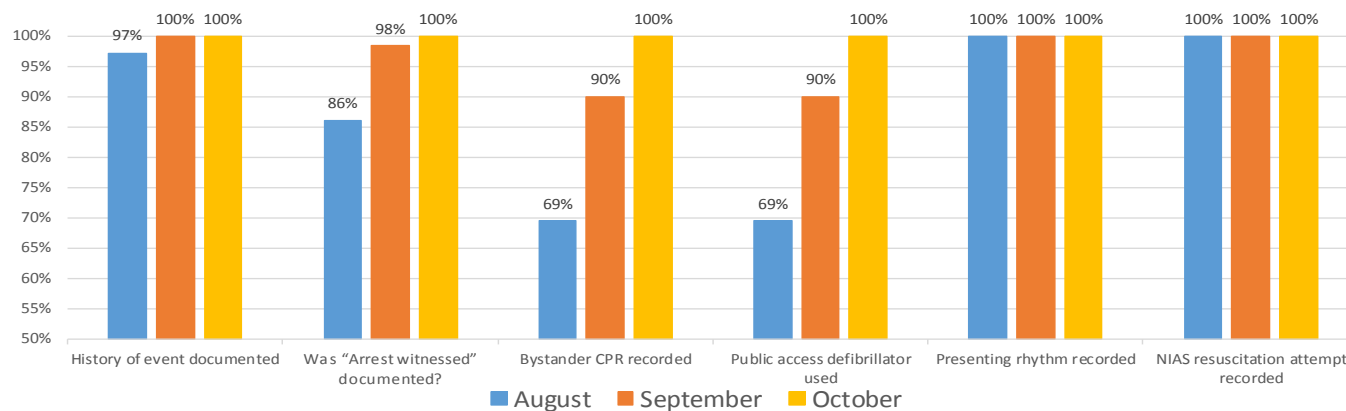


### Total PRFs Audited

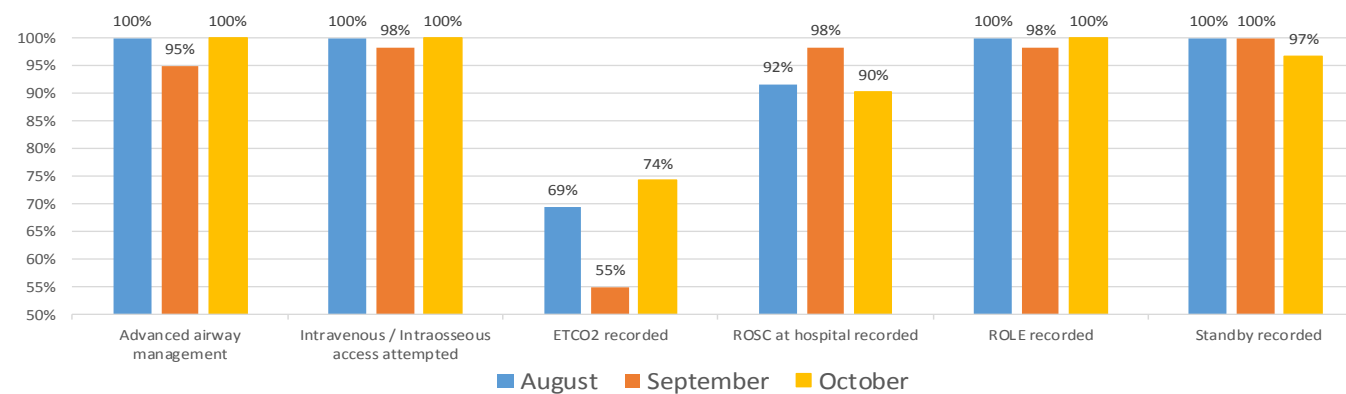




**CARDIAC ARREST**  
*QUALITY IMPROVEMENT COMPLIANCE*



2018



2018

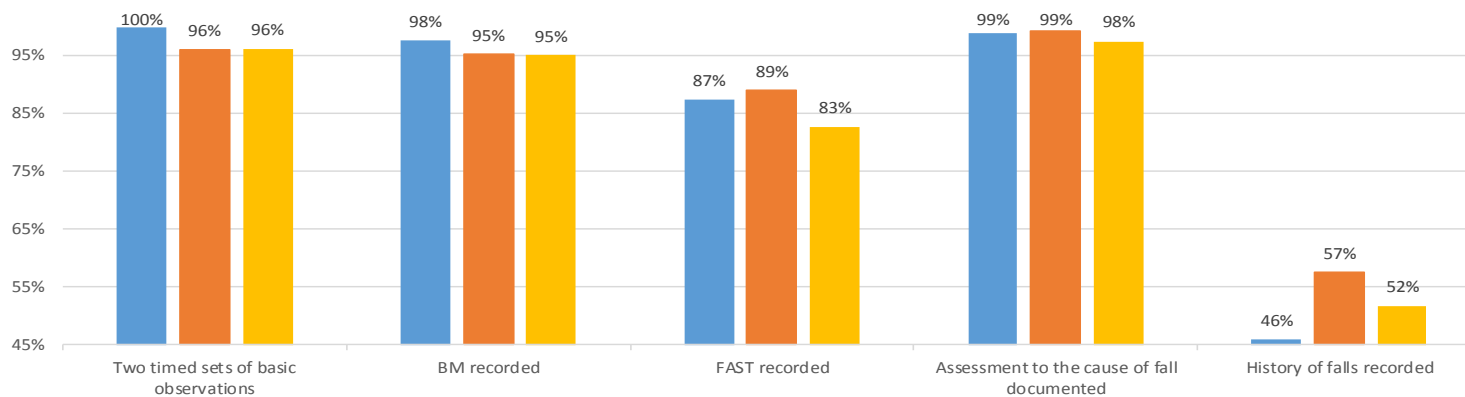
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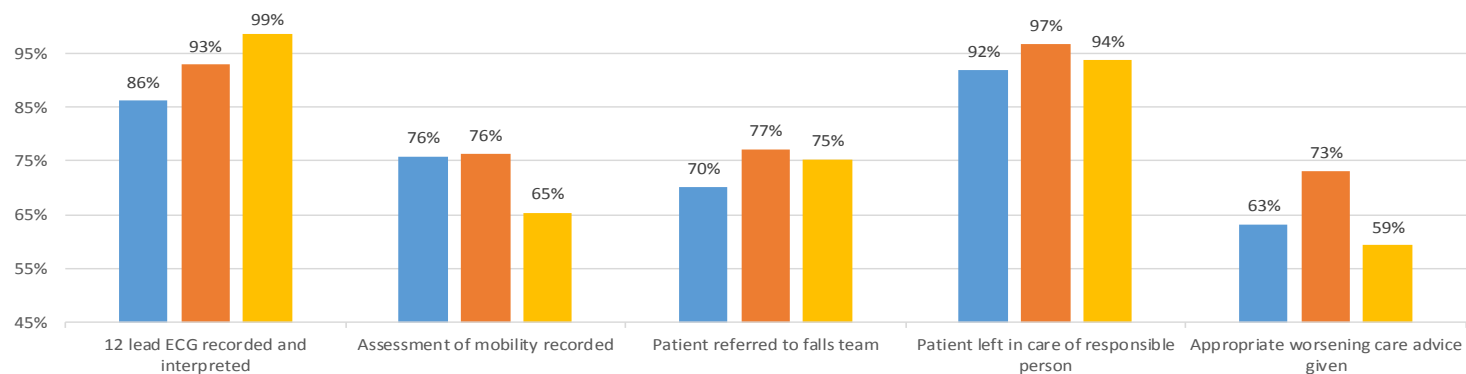
## FALLS

### QUALITY IMPROVEMENT COMPLIANCE



■ August ■ September ■ October

2018



■ August ■ September ■ October

2018

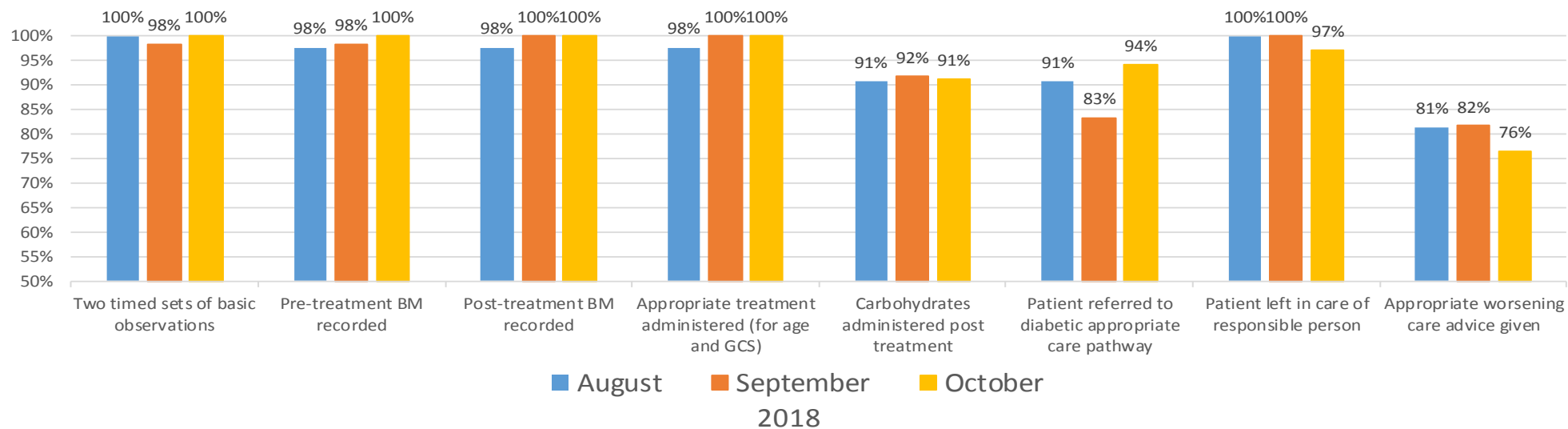
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## HYPOGLYCAEMIA

QUALITY IMPROVEMENT COMPLIANCE

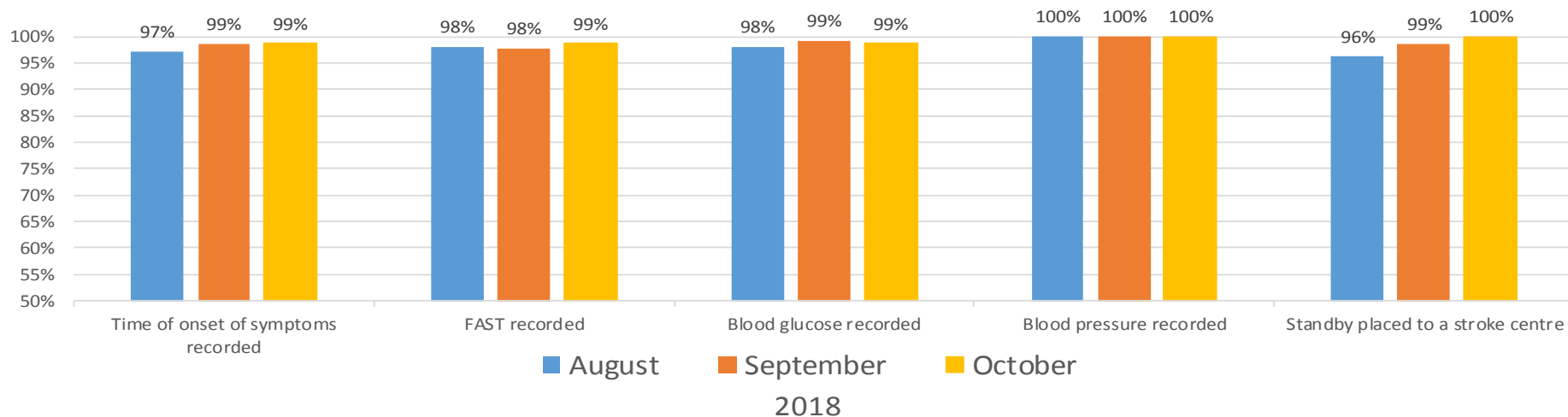


Total PRFs Audited





**STROKE**  
**QUALITY IMPROVEMENT COMPLIANCE**



**Total PRFs Audited**





Northern Ireland Ambulance Service Health and Social Care Trust

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