Northern Ireland Ambulance Service
Health and Social Care Trust

A Meeting of Trust Board to be held at 10.00am Thursday, 16 August 2018, NIAS Headquarters, Boardroom Site 30, Knockbracken Healthcare Park, Belfast, BT8 8SG

1.0	**Welcome and Introductions**	
2.0	**Apologies**	
3.0	**Causeway Coast & Glens Council Bravery Award** – Nick Hawryliw, Dominic Mackle, Ivan Kenny	
4.0	**Minutes of the meeting of the Trust Board held 13 June 2018** (for approval & signature)	TB 16/08/0218/01
5.0	**Matters Arising**	
6.0	**Chair's Business**	
7.0	**Chief Executives Business**	
8.0	**Annual Report 2017/18 – Mr M Bloomfield** (for information)	TB 16/08/0218/02 (attached booklet)
9.0	**Annual Accounts 2017/18 – Mrs M McCue** (for information)	TB 16/08/2018/02 (attached booklet)
10.0	**Replacement for Craigavon Ambulance Station** (for noting) – **Mr David McKelvey, Estates Manager**	Presentation
11.0	**Update on enquiry into Hyponatraemia Related Deaths Recommendations – Dr N Ruddell** (for noting)	
12.0	**Items for Information/Noting**	
	12.1 Emergency Preparedness & Response Annual Report PHA/HSCB (for noting)	TB 16/08/2018/03

12.2 Assurance Committee Minutes from meeting held 10th May 2018 (for noting)

TB 16/08/2018/04

12.3 Audit Committee Minutes from meeting held 23rd May 2018 (for noting)

TB 16/08/2018/05

13.0 Director's Highlight Reports as at June 2018

Human Resources	
Finance	TB 16/08/2018/06
Operations	TB 16/08/2018/07
Medical	TB 16/08/2018/08
	TB 16/08/2018/09

14.0 <u>Any Other Business</u>

15.0 Next meeting of Trust Board will be held on Thursday, 4 October 2018, location to be confirmed

Standing Orders

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

Admission of Public and the Press

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

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

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

3.18 ***Observers at Board meetings***

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

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

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

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

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

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

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

Meeting to be held on Thursday 16 August 2018, 10:00am at NIAS HQ, Boardroom, Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8SG

TB/16/08/2018/01

Northern Ireland Ambulance Service
Health and Social Care Trust

Minutes of Trust Board
Wednesday 13 June 2018@ 1.00pm in the Boardroom,NIAS HQ,
Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG

Present:

Mr P Archer	Chair
Mr W Abraham	Non-Executive Director
Mr A Cardwell	Non-Executive Director
Dr J Livingstone	Non-Executive Director
Mr D Ashford	Non-Executive Director
Mr M Bloomfield	Chief Executive
Mrs S McCue	Director of Finance & ICT
Mr B McNeill	Director of Operations
Ms R O'Hara	Director of HR & Corporate Services
Ms M Lemon	Assistant Director of HR & Corporate Services (Acting)
Dr N Ruddell	Interim Medical Director

In Attendance:

Mrs N Lappin	Incoming Chair (from 1 July 2018)
Ms H Coard	Senior Secretary
Mrs J McSwiggan	Senior Secretary

1.0 Apologies

An apology was received from Mr T Haslett, Non-Executive Director.

The Chairman welcomed everyone to the meeting giving special mentioned to Mr D Ashford who joined NIAS as a Non-Executive Director in June 2018 and Mrs N Lappin, who will take up the post of Trust Chair on 1 July 2018.

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

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

3.0 Minutes of the previous meeting of Trust Board held on 12 April 2018

The Minutes were approved on the proposal of Dr J Livingstone, seconded by Mr W Abraham.

4.0 Matters Arising

With regards Item 10.1 in the previous Minutes (Whistleblowing Policy) it was noted that the agreed amendment had now been made to the policy.

All other matters arising are covered within the Agenda.

5.0 Chairman's Business

5.1 Chairman's Update

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

- NICON conference.
- Royal Gun Salute for the Queen's Birthday.
- Chairman's Appraisal conducted by Deputy Secretary, DoH.
- Meeting with the Permanent Secretary re: IPC.
- Member of the Departmental interview panel for Chair and six Non-Executive Directors for the Patient Client Council.
- Shortlisting for NIAS Medical Director Post.
- CEMA Conference.
- One of 23 NIAS representatives who attended a Garden Party at Buckingham Palace for Prince Charles' birthday.
- HSC Chairs' Forum.
- NI Public Sector Chairs' Forum.
- First meeting with new NIAS Chair.
- NIAS Non-Executive Directors appraisals.

6.0 Chief Executive's Business

6.1 Chief Executive's Update

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

- Priority has been given to visiting stations and meeting staff, and the quality of ideas and suggestions from staff has been very encouraging.
- Staff members' enthusiasm for developing skills was also noted, as was their care and compassion under challenging circumstances.
- The NIAS ratings in the recent Department of Health patient experience survey results were among the highest within the survey, reflecting the level of care provided by NIAS staff.
- The Board agreed that the level of assaults on NIAS staff is appalling, with over 400 within the past year, and recent attacks on staff in May led to the Trust issuing a media statement highlighting the detrimental impact this has on the Service. All staff involved in these assaults have been contacted and assured of the Trust's ongoing support. It was noted that the Management of Aggression Sub-Group of the NIAS Health & Safety Committee is looking at a fresh approach to dealing with these incidents. It

was noted that a legal case must be taken by the individual rather than by the Trust. The Trust will support those who do pursue in court. The Board discussed other approaches including awareness campaigns and body-worn cameras.

- Meetings with a number of elected representatives, relating in particular to response times over the winter period, and an opportunity to highlight the challenges faced by the Trust and the plans to address these.
- First 1:1 with the Permanent Secretary.
- Initial 1:1 meetings with NIAS Non-Executive Directors.
- Constructive engagement with Trade Unions.
- Regular meetings with other Trust Chief Executives.
- Regular teleconferences with the Association of Ambulance Chief Executives (AACE) nationally.
- Fortnightly meetings of the Department's Transformation and Implementation Group (TIG). NIAS will host the next meeting.
- A positive and constructive formal accountability review meeting with the Permanent Secretary and other Departmental staff re: IPC issues following the special measure introduced by RQIA, followed by additional capacity allocation for a replacement station at Craigavon.
- Congratulations to NIAS Paramedic Mr Richard Bendall who received the Queen's Ambulance Medal in the Queen's Birthday Honours.

7.0 Items for Approval

The three policies below were presented to the Trust Board for approval.

7.1 NIAS Corporate Plan 2018-2022

The Board thanked Mrs R O'Hara for leading on the production of this plan, which lays out the key priorities for the Trust, and four core values and six key themes around which the Trust's objectives are structured. Following approval by Trust Board, this will be shared with the Department.

The leadership programme was welcomed, and it was confirmed that the definition of the target group was flexible.

It was noted that an annual Trust Delivery Plan must also be produced, but this will take place once the HSCB Commissioning Plan has been received.

The Board welcomed the Trust's plans for a staff awards event.

The Board approved the Corporate Plan on the proposal of Mr W Abraham, seconded by Mr D Ashford.

7.2 Strategic Business Continuity Management Plan

The Board acknowledged the significant work undertaken by Ms Heather Sharpe, Emergency Planning Officer for Business Continuity, in producing this comprehensive plan.

It was noted that a parallel work stream on cybersecurity is being undertaken.

The Board noted the Trust's emergency call-taking partnership with the Scottish Ambulance Service, and the Memo of Understanding between NIAS and the National Ambulance Service of Ireland (NAS) with regards to response to incidents in border areas. Dr N Ruddell represents the Trust at the Department of Health's Brexit planning meetings where future cross-border emergency response is an agenda item.

The Strategic Business Continuity Management Plan was approved on the proposal of Dr J Livingstone, seconded by Mr A Cardwell.

7.3 Mandatory Training Policy (Frank Orr)

The Board recognised the extensive work of Mr F Orr, Assistant Director of HR with responsibility for Education, Learning and Development in the production of this policy, and the following points were highlighted:

- Appendix 1 contains the matrix for mandatory training, drawn up after consultation with a wide range of subject experts.
- The matrix is fluid to reflect changes. Additions and removals are brought to SEMT.
- The Senior Learning & Development Officer maintains a log of mandatory training topics.
- Attendance at training is recorded using the HRPTS reporting system.
- Use of the HSC eLearning platform helps ensure training results in learning.
- Each directorate is responsible for compiling training date for directorate staff.
- Compliance is reported to SEMT and the Assurance Committee at least annually.

The Mandatory Training Policy was approved on the proposal of Dr J Livingstone, seconded by Mr D Ashford.

8.0 Items for Information/Noting

8.1 Paramedic Education Programme (Frank Orr)

Mr F Orr updated the Board on the development of the Paramedic Education Project, highlighting the following:

- Following a tender process, the University of Ulster was awarded a partnership with NIAS in October 2017, and a two-year Foundation Degree in Science and Paramedic Practice was developed.
- The HCPC / University of Ulster approvals visit took place in May 2018, and approval was granted subject to a number of approvals being met.
- It is anticipated that final approval will be granted within the next two months.
- A cohort of 48 is being sought from the existing EMT tier, with training due to commence later this year.
- This ongoing work has significant implications for the NIAS Training Team, and F Orr commended the entire team on the extensive work being done.

- The Department of Health are now commissioning a BSc programme and this will be the only route from 2021.

The Board wished the Trust well with the new programme and acknowledged the significant work undertaken by Ms L Rafferty initially and then Mr F Orr.

8.2 Infection Prevention and Control Update (Lynne Charlton)

Ms L Charlton updated the Board on the Trust's ongoing work in relation to IPC, and highlighted the following:

- The core principles for the Trust are that IPC is an integral part of safe healthcare, and it is the responsibility of everyone.
- Staff welcome the IPC improvements made to date, and with considerable work still required, IPC must remain a priority for the Trust.
- The Trust's Quality Improvement Plan outlines actions to be taken.
- While appropriate support mechanisms are highlighted by the RQIA Improvement Notice, NIAS is the only UK Ambulance Service without a dedicated IPC function.
- As an interim measure, NIAS is exploring the possibility of developing a Service Level Agreement between Divisions and corresponding Trusts for IPC support.
- With regards governance and assurance, NIAS has engaged an external provider for six months for online reporting of IPC audit information, which will allow the Trust to identify themes and trends.
- The estate strategy continues to develop in response to estate challenges.
- Vehicle cleaning has been benchmarked against the other UK Ambulance Stations and agency operatives have been engaged to carry out deep cleaning of vehicles.
- The introduction of DatixWeb by the Risk Manager has made a significant contribution to electronic reporting of incidents.
- With regards training, education and staff engagement, consideration is being given to the introduction of NIAS-specific training videos covering such key areas as hand hygiene, glove wearing, cannulation and ANTT.
- Learning and support from other Trusts and the Public Health Agency is of great value.
- Staff have been very engaged and personal efforts to improve IPC have been noted across the Trust.

The Board gave its full support for the ongoing work, thanked Ms L Charlton for the contribution she has made to IPC improvements, and agreed the importance in maintaining a dedicated focus on IPC.

8.3 Community Resuscitation Programme (Stephanie Leckey)

Dr N Ruddell introduced Mrs S Leckey, Community Resuscitation Manager, and outlined the Community Resuscitation Strategy and the key issues that will improve the chances of survival of an Out of Hospital Cardiac Arrest (OHCA).

Mrs S Leckey highlighted the following aspects of the work of her team:

- NIAS Information Department are working on producing data for NI survival rates for OHCA.
- Working with Councils to ensure community resuscitation can be included within their community plans.
- Educating the public about the chain of survival.
- CPR education within schools and for the public (e.g. engaged with 3000 people at the Balmoral Show).
- Importance of registering all static defibs on the NIAS database.
- First Responder Schemes in NI and standardising these schemes.
- The GoodSAM app and its potential.
- It was suggested that NIAS Non-Clinical Staff be trained in CPR and the use of defibs, and the potential to link this to Restart a Heart Day on 16 October 2018 was discussed.

8.4 GDPR (Sharon McCue)

Mrs S McCue and Ms A Vitty (Corporate Manager) updated the Board and answered questions on the implementation of GDPR legislation on 25 May. The Board acknowledged the significant work across the Trust to ensure compliance. It was noted that the Trust has also contacted all its contractors/suppliers to ensure their compliance.

8.5 Assurance Committee Minutes 10 May 2018

Noted.

8.6 Audit Committee Minutes 16 March 2018

Noted.

8.7 NIAS – AANI Report (Marianne Johnston)

The Board noted the Spring Report for the first nine months of the HEMS service, presented by Mrs M Johnston, Business Manager, and the following areas were highlighted:

- The report is structured to meet the HEMS objectives / KPIs and the objectives of the charitable partner, Air Ambulance Northern Ireland (AANI), including clinical audit and financial performance.
- The HEMS doctors are currently working additional hours, and work to stabilise the rota is ongoing.
- NIAS will issue a joint press statement with AANI to make the public aware of this very positive report and the excellent work being undertaken by the HEMS team.
- The HEMS Clinical Lead and Operational Lead were invited to speak at a

national conference due to the success of the project and the team's achievements in terms of patient care.
- Work on the helipad at the Royal Victoria Hospital continues, with testing due to take place within the coming weeks.
- With regards cleaning of the aircraft, this is the responsibility of the HEMS team, who follow a robust daily training and preparation schedule.
- The provision of peer support is under development across the Trust, and this will be of great value to the HEMS team.

9.0 Performance Reports as at 31 March 2018

9.1 Highlight Reports by Each Director

Medical
Dr N Ruddell, Interim Medical Director, highlighted the following:

- There has been progress along the route to tender for the REACH project.
- NIAS currently has limited to access to the Electronic Care Record in use by hospitals, but the Trust's system will ultimately contribute to this.

Risk Register
- No issues to raise.

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

- The Board noted the proposed template for presenting to Assurance Committee and Trust Board, with a rolling programme of presentations over the year.
- The Board noted the year end position with regards absence, with the target of a 5% reduction not having been met. This will be discussed in more detail by Assurance Committee.

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

- The Trust is compliant with capital resource level.
- There is substantial work ongoing in relation to cybersecurity across all Trusts.
- There has been an annual increase of 4.2% with regards the level of processing information requests.

Operations
B McNeill, Director of Operations, highlighted the following:

- It was noted that the cumulative NI Cat A performance target for 2017/18 had not been met and that the Trust has discussed the urgency of demand capacity issues with Commissioners.
- Turnaround times remain a major issue and require prioritisation by the Department.

- The pre-planning application for the replacement station at Craigavon has been submitted.

10.0 Application of Trust Seal

The Trust Seal was not applied.

11.0 Forum for Questions

No questions had been tabled.

12.0 Any Other Business

12.1 Signing of Accounts
Mr W Abraham has signed as Chair of Audit Committee, and Mr T Haslett will sign as Chair of Assurance Committee.

12.2 Thanks to the Chairman
The Chief Executive paid tribute to the outgoing Chair for his dedicated service to NIAS over many years, and noted there will be an opportunity for staff to wish the Chair well before his term ends,

The Chair thanked the Board for their good wishes, and acknowledged the passion and dedication of all NIAS Staff.

13 Summary & Forward Agenda

No items raised.

Date, Time and Venue of Next Meeting

The next scheduled Trust Board meeting will be held on **Thursday 16 August 2018, 2pm Board Room, NIAS HQ.**

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

TB/16/08/2018/03

TRUST NAME:	Northern Ireland Ambulance Service

Emergency Preparedness & Response

Annual Report to PHA/HSCB

From:	April 2017	To:	March 2018

Report Completed by:	W Newton
Position in Trust:	Assistant Director

1. Introduction

This report reflects the activity of the Northern Ireland Ambulance Service for the period April 2017 to March 2018. The Northern Ireland Ambulance Service responded to two declared major incidents and eight potential major incidents. This is a small increase in the number of incidents responded to in 2016/2017. In addition, there were seven airport alerts this year. This was a decrease on the number of airport alerts received last year.

Training remained a high priority during the year. This included taking part in nineteen exercises to test the Major Incident Plan and also included specific training for areas such as, chemical personal protective suits and decontamination equipment.

The Hazardous Area Response Team (HART) in Northern Ireland have continued to embed into the service and were deployed to 995 incidents with fifteen pre-planned Hazardous Area Response Team deployments for special events.

The Emergency Planning function is a responsibility within the Medical Directorate.

The lines of responsibility are:

Chief Executive
Medical Director
Assistant Director
Three Emergency Planning Officers
One Emergency Planning Support Officer
One temporary Emergency Planning Support officer
Two administrative support staff

The Trust has an Emergency Planning & Business Continuity Group who meet to review Emergency Planning issues or incidents and where necessary report to the Assurance Committee with recommendations. They will also review the Major Incident Plan when it is due. The Emergency Planning & Business Continuity Group is made up of a number of representatives from Emergency Planning (chair), Operations, Finance, Human Resources & Training and Emergency Ambulance Control departments.

The Assistant Director provides a monthly report to the Medical Director which includes all monthly emergency planning activity.

The Medical Director compiles a report for Trust Board bi-monthly.

Emergency Planning & Business Continuity is a standing item on the agenda for the Assurance Committee who meet quarterly and report directly to Trust Board.

2. Notification of Incidents to Trust

The number of incidents alerted to the Trust shows a small decrease on potential Major incidents with a small increase in the number declared Major incidents. The number of Airport alerts shows a decrease on the same period last year.

Table 1 identifies the incidents that were alerted in the time period April 2017 to March 2018 via the 999 system or by direct line with Airports, Police Service of Northern Ireland (PSNI) or the Northern Ireland Fire and Rescue Service (NIFRS).

Table 1

Date	Time	Incident	Level of Response Activated/Outcome
30 April 2017	22.43	Fire in a building next to the Seabank Residential Home in Portrush	Activated = Potential Major Incident Report of a fire in a building next to the Seabank Residential Home in Portrush. St John Ambulance were called under MOU The incident was stood down at 02.20
7 May 2017	15.15	Light Aircraft crashed Difficult access issues due to terrain	Activated = Declared Major Incident Incident stood down at 18.15
17 May 2017	17.57	Report of fuel leak from aircraft on the ground	Activated = Airport Alert Incident stood down at 17.59
29 May 2017	16.48	Aircraft crash landed in forest Reports of a small aircraft crashed in forest	Activated = Potential Major Incident Incident stood down by RRV on scene
16 June 2017	16.24	Road Traffic Collison Reports of an RTC involving two buses	Activated = Potential Major Incident Incident stood down at 16.37
14 July 2017	17.59	Road Traffic Collison Report of a Bus & car accident	Activated = Potential Major Incident Incident stood down by first crew on scene.
2 August 2017	11.13	Large number of children required rescued from Mourne	Activated = Declared Major Incident at 13.21

		Mountains	Incident stood down at 19.15approx
29 August 2017	09.41	Gas leak	Activated = Potential Major Incident Incident was stood down at 10.02
29 August 2017	10.59	Light Aircraft made an emergency landing	Activated = Airport Alert Incident stood down at 11.19
6 October 2017	10.48	Aircraft made an emergency landing following a “bird strike”	Activated = Airport Alert Incident stood down at 11.05
10 November 2017	13.15	Aircraft crash landed with no “nose wheel”	Activated = Airport Alert Incident stood down at 16.40
12 November 2017	02.47	Crashed bus with 30 persons on board	Activated = Potential Major Incident Incident was stood down at 03.55
15 November 2017	17.37	Fire in a high rise tower block	Activated = Potential Major Incident Incident was stood down at 19.39
3 December 2017	10.58	Fire on the 8th floor of Bradbury court	Activated = Potential Major Incident Incident was stood down at 11.12
14 January 2018	12.36	Aircraft made an emergency landing with a fault with “the flaps”	Activated = Airport Alert Incident stood down at 12.51
25 February 2018	19.59	Aircraft making an emergency landing with engine failure	Activated = Airport Alert Incident stood down at 20.09
6 March 2018	08.02	Aircraft made an emergency landing with reports of “low Hydraulic Fuel”	Activated = Airport Alert Incident stood down at 20.09

The Trust is represented on all the Emergency Planning groups for the airports and as such participates in regular reviews of recent incidents at the airfields. Any issues that have been identified have been minor and any issues raised by the Trust are always acted upon by the airport management.

The Trust alerts the other Health & Social Care Trusts when incidents as listed above are happening in their area.

3. Incidents responded to by Trust

The Police Service of Northern Ireland GOLD Command room was opened on two occasions during the year. The Trust supported this with the senior officer on call being present.

4. Emergency Preparedness Training

Individual Specialised Training

April 2017	One member of HART staff attended the BA Instructor course Admin attended training on the new Whistl post system
June 2017	One Emergency planning officer attended a training / workshop on abandoned mines rescue.
October 2017	Senior managers/ officers attended a seminar on the Manchester bombing
November 2017	One Emergency Planning officer attended confined space training with the National Ambulance Resilience Unit
December 2017	One Emergency Planning Support Officer attended a Prince 2 Course
January 2018	Two Emergency Planning Officers attended tender evaluation training course One Emergency Planning Support Officer attended as an observer on a PSNI PRPS training day
February 2018	Two Emergency Planning Officers attended training on Resilience Direct HART member attended Mountain Rescue Instructor recertification course
March 2018	NIAS staff attended a Loggist course Two Emergency Planning Officers attended a Contracts management training course

Group Trust Staff Training

April 2017	EMT MIMMS Course provided to new recruits HART staff attended cave skills training HART staff attend a Safe Working At Height conversion course (in-house instructors)
May 2017	Emergency Planning presentation for corporate training day Emergency Planning training for ACA course HART staff attended MUTT training HART staff attended Tail-lift training

	HART staff attended QDPPE refresher training HART staff attended a Mountain rescue workshop
June 2017	HART staff attended PRPS refresher training JESIP Operational commanders course HART staff attended Mountain rescue workshop
July 2017	Emergency Planning Officers attended HRTPS recruitment and selection training
August 2017	HART awareness training for HEMS Staff HEMS staff attended a MIMMS course New EMT recruits attended a MIMMS course HART staff attended a SWAH conversion course
September 2017	Emergency Planning Officers attended the NIAS Leadership Conference HART staff attended a Breathing apparatus refresher training course HART staff attended a caving workshop
November 2017	Emergency Planning presented on a corporate induction training HART staff attended Safety cage training HART staff attended Safe Working at Height workshops Emergency Ambulance Control Staff attended a familiarisation day at the HART base
December 2017	HART staff attended a safe Working at Height workshop HART staff attended a Safe Working at Height conversion course Ambulance Officers attended a Firearms CPD training day in conjunction with PSNI The five National Interagency Liaison Officers attended a NIFRS CPD day HART staff attended a Breathing Apparatus refresher training
February 2018	Emergency Planning presented on the EMD course Ambulance Officers attended a Firearms CPD training day with PSNI HART staff attended Mountain rescue workshop (Dublin) HART staff attended Mountain rescue workshop (Sligo)
March 2018	HART Staff attended as observers on the NARU MTFA training (England)

Training provided to Outside Agencies

April 2017	Emergency Planning presented a presentation for the Foundation Year Doctor Programme

April 2017	Emergency Planning presented a presentation for the Foundation Year Doctor Programme
May 2017	CBRN Health presentation to new recruits in PSNI Emergency Planning presented a presentation for the Foundation Year Doctor Programme
June 2017	Emergency Planning presented a presentation for the Foundation Year Doctor Programme JESIP operational Commanders course
July 2017	HART staff attended Forklift operator training
August 2017	JESIP Operational commanders course
September 2017	Emergency Planning presented a presentation for the Foundation Year Doctor Programme JESIP operational Commanders course Emergency Planning Officers presented on a CBRN course for the SEHSCT
October 2017	Emergency Planning presented a presentation for the Foundation Year Doctor Programme Emergency Planning Officers presented on a JESIP Silver Level commanders course Emergency Planning Officer presented on a Military G& level 2 UK Ops course.
November 2017	Emergency Planning Officers presented on a JESIP Operational Level commanders course Emergency Planning Officers presented on a Military study day held by the 205 Field Hospital Unit Emergency Planning presented a presentation for the Foundation Year Doctor Programme
December 2017	Emergency Planning presented an awareness of emergency planning for St John Ambulance staff Emergency Planning Officers presented on a JESIP Operational level commanders course Emergency Planning presented a presentation for the Foundation Year Doctor Programme
January 2018	Emergency Planning Officers presented on a JESIP Operational Level commanders course Emergency Planning presented a presentation for the Foundation Year Doctor Programme

February 2018	Emergency Planning Officers presented on a JESIP Operational Level commanders course NIAS hosted a HMIMMS course on behalf of the Public Health Agency Emergency Planning presented a presentation for the Foundation Year Doctor Programme
March 2018	Emergency Planning Officers presented on a JESIP Operational level commanders course Emergency Planning presented a presentation for the Foundation Year Doctor Programme

5. Exercises

Trust staff participated in 19 exercises throughout the year this was a combination of live" and "table-top" and officers "observed" on three exercises. (Some examples are listed below)

4 April 2017	BA exercise with NIFRS to include: search and rescue, stabilise and extricate casualties
27 April 2017	Air dropped munitions Exercise
May 2017	MTFA exercise (observer)
May 2017	Mines exercise (observer)
June 2017	Exercise OCCEA (Live)
June 2017	Gobbins Path Exercise (Live)
June 2017	Exercise Synergy
June 2017	Dubai Irish Open Exercise
August 2017	Exercise Blue Whale
August 2017	Exercise Tempest
November 2017	Exercise Storm (Belfast International Airport) (Live)
November 2017	Exercise Emergo, London (Observer)
January 2018	Exercise Ice Breaker
February 2018	National CBRN Exercise (England)

February 2018 Virgin Atlantic Exercise

March 2018 MTFA exercise on a ship

March 2018 Major Incident exercise for New Emergency Ambulance Control staff

6. Controls Assurance Standards

The Trust achieved substantive compliance with the Emergency Planning Controls Assurance Standard with a self-assessment score of 89% in accordance with the requirements of DHSSPSNI.

During November the Trust participated in a JESIP assurance visit carried out by the Home Office, London.

7. Business Continuity Management Progress

NIAS introduced Business Continuity training and a programme of work for the year the existing plans require to be reviewed against the Business Continuity Policy and the Business Continuity Strategy during the next phase of the programme which will run throughout the next financial year.

Business Continuity Incidents

Date	Incident	Level of Response Activated/Outcome
8 April 2017	Emergency Amber scripts active for the Belfast and East Country areas	Senior Manager on call
14 April 2017	Email computer down for Essential maintenance	IT Manager
28 April 2017	NIAS It advised that desk phones in Headquarters and RMC are currently unable to successfully dial certain phone numbers, such as those beginning in 08* 03* and 01*	IT Manager
June 2017	MFD planned upgrade no printing available in HQ	IT Manager
	FPL planned outage	IT Manager
	Issues with taking calls for the Scottish Ambulance Service	Duty Control Manager
July 2017	Windows planned upgrade	IT Manager
August 2017	Citrix not available	IT Manager
	Radios not working	Duty Control Manager
	Station flooding	Ambulance Service Area Manager
	Severe weather conditions	Senior Management Team

	impacting on staff getting to work	
	Fax machines not working	IT Manager / BT engineer
September 2017	Loss of ECG transmission	Medical Director
	Emergency Amber scripts utilised in ambulance control	Senior manager on call
	Planned upgrade to C3	IT Manager
November 2017	Phone failure in NEAC	Duty Control Manager / IT manager
	Phones in EAC not linking with ICCS	IT Manager
	No water available in HQ	Facilities manager
	No printing available in HQ	IT Manager
	Planned upgrades to C3 & Telephony switch	IT Manager
	Ballynahinch Station no heating	Station Officer
December 2017	Emergency Amber scripts utilised in ambulance control	Senior manager on call
	Issues with taking calls for the Scottish Ambulance Service	Duty Control Manager
	Derriaghy Station no heating	Station Officer
	MOU with St John's Ambulance activated	Director of Operations
	No heating or hot water available in Emergency Ambulance Control	Duty Control Manager
	Radio failure	IT Manager / PSNI
	MDT failure	IT Manager
	Crews delayed at Ulster Hospital	Assistant Director of Operations
January 2018	ICCS failure in NEAC	IT Manager
	Ballymena Station Internet failure	IT Manager / Ambulance Service Area Manager
	MLK failure HEMS	Hems Manager
	Phone failure in NEAC	IT Manager
	Emergency Amber scripts utilised in ambulance control	Senior manager on call
	Emergency RED scripts utilised in ambulance control	Senior manager on call
	Planned upgrade for MDT system	IT Manager
	Planned upgrade for C3	IT Manager
February 2018	Shortage of staff in the Emergency ambulance Control	Duty Control Manager / Assistant director of Operations
	Failure of heating in Emergency Ambulance Control	Duty Control Manager

On all the occasions listed above the NIAS contingencies were activated and there were no reported failures of the contingencies plans.

8. Emergency Preparedness & Response Audit

NIAS Major Incident Plan was reviewed in 2017/18 still to be finalised.

9. Areas of additional risk in relation to emergency preparedness

The introduction of Joint Emergency Inter-Operability Principles training continued this year for officers with the plan to roll it out to all staff through the annual post proficiency course.

The service are required to develop a MTFA capability. A business case was submitted the capital part of the business case was released for equipment, which was purchased this year. The revenue costs will be released 2018/19 with a view to implementing the training and recruitment of staff for a go live date of July 2018

10. Action plan for the next 12 months to manage identified risks and areas of concern raised during responses to actual incidents.

The Emergency Planning Department will carry out a review of emergency preparedness within the service.
The HART manager will be reviewing and enhancing the HART capability to include the response to a MTFA attack.

TB/16/08/2018/04

Northern Ireland Ambulance Service
Health and Social Care Trust

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

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

1.0 Welcome and Apologies

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

2.0 Procedure

2.1 Declaration of Potential Conflicts of Interest

No potential conflicts of interest were declared.

2.2 Quorum

The Committee was confirmed as quorate.

2.3 Confidentiality of Information

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

3.0 Minutes of the Assurance Committee Meeting held on 14 March 2018

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

4.0 Matters Arising

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

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

The Committee Chair had approached the Trust Chairman to request the provision of additional support, and it was noted that the IPC Lead, L Charlton, has now been seconded to NIAS as recommended by RQIA.

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

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

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

Other matters arising are covered within the Agenda.

5.0 Chairman's Business

The Chair had no business to report.

6.0 IPC Progress Update

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

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

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

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

7.0 Standing Agenda Items

7.1 Assurance Framework at 31 March 2018

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

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

7.2 Corporate Risk Register at 31 March 2018

The Committee noted three risks for de-escalation:

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

The Committee noted the closure of risk relating to financial stability for year 2017/18, and new risk relating to financial stability for year 2018/19.

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

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

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

7.4 Serious Adverse Incidents at 31 March 2018

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

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

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

7.5 Clinical Incidents at 31 March 2018

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

It was noted that the Medication category includes administrative errors.

7.6 Untoward Incidents at 31 March 2018

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

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

7.7 Coroner's Reports and Letters

None within this reporting period.

7.8 Medical Device Alerts

Noted.

7.9 NICE Guidelines and Departmental Advisory Notices

Noted.

7.10 Pharmacy & Medicines Management Update
Noted.

8.0 Standing Agenda Items

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

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

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

8.3 Fire Compliance Group
No meetings were held within this reporting period.

8.4 Medical Equipment Group
No meetings were held within this reporting period.

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

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

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

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

8.8 Information Governance Steering Group
No meetings were held within this reporting period.

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

9.0 Additional Items

9.1 Controls Assurance Standards

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

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

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

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

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

9.4 Francis Report Action Plan – Progress Update

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

10.0 Any Other Business

- It was noted that the Department of Health's recent announcement of funds for the Health Service workforce included a significant investment in the Trust's new paramedic training programme, and this was welcomed by the Committee.

- With regards previous discussions around personal use of marked cars, an update will be provided at the next Audit Committee meeting.

Date of Next Meeting

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

Signed: _____ **Date:** 5 June 2018

(Trevor Haslett, Chairman)

TB/16/08/2018/05

Northern Ireland Ambulance Service
Health and Social Care Trust

Minutes of a meeting of the Audit Committee held on Wednesday 23rd May 2018 at 2:00pm in the Boardroom, Ambulance Headquarters, Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8SG

Present:	Mr W Abraham	Non-Executive Director (Chair)
	Mr T Haslett, CBE	Non-Executive Director
	Mr A Cardwell	Non-Executive Director
	Mr D Ashford	Non-Executive Director
In Attendance:	Mr M Bloomfield	Chief Executive
	Mrs S McCue	Director of Finance & ICT
	Mr A Phillips	Assistant Director of Finance
	Mrs C McKeown	BSO Internal Audit
	Mr D Lynn	NI Audit Office
	Mr B Clerkin	External Audit (ASM)
Minute Taker:	Ms M Caughey	Senior Secretary

Welcome and Introduction to Meeting

Mr Abraham welcomed everyone to the meeting of the Audit Committee and provided an overview of the sets of papers provided.

1.0 Apologies

Apologies were noted from Mr J Livingstone, Non-Executive Director.

2.0 Declaration of Potential Conflicts 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 meeting held on 16 March 2018 subject to minor amendments from Mrs C McKeown were proposed by Mr A Cardwell and seconded by Mr W Abraham for approval.

4.0 Matters Arising

Changes to the Non-Executive Directors on the Board were discussed. Mr T Haslett as Chair of the Assurance Committee is therefore also a member of the Audit Committee. Given Mr J Livingstone's imminent resignation, Mr A Cardwell had been co-opted to the Audit Committee on a short-term basis. Mr Cardwell is a member of Remuneration Committee and best practice is

that a member of the Audit Committee is not also a member of the Remuneration Committee. On that basis Mr D Ashford was appointed a member of the Audit Committee to replace Mr A Cardwell.

Mr Abraham confirmed that there should be three members of the Audit Committee and that to be quorate required two members.

Mr Abraham thanked Mr A Caldwell for his attendance and welcomed Mr D Ashford requesting that the induction process be initiated.

5.0 Chairman's Business

5.1 Audit Committee Annual Report

Mr Abraham provided an overview of the annual report advising that it provided a clear and concise picture of the activities of the Audit Committee.

Mrs S McCue advised that the finalised document is submitted to Trust Board on 13 June 2018 and that any comments / suggested amendments should be advised by Wednesday 30 May 2018.

5.2 Audit Committee Self-Assessment

Mr Abraham advised that the new version of the Audit Committee self-assessment checklist had been completed and that comments included the shortage of Non-Executive Directors during the year having now been addressed, the Board review of governance arrangements, and induction training for members of the Audit Committee. The question relating to independent private meetings between the Chair and internal and external audit was discussed and Mr D Lynn advised that a closed meeting once a year covered the requirement. He advised that, this ensures that Internal and External Audit have a channel to the Chair without management should it ever be required. On the request of Mr Abraham Mrs S McCue confirmed that a Closed Meeting would be included on the agenda of each meeting in case it is required.

5.3 Marked Cars

Marked cars was deferred until the following Audit Committee meeting.

6.0 Internal Audit

6.1 Progress Report

Mrs C McKeown presented the progress report showing the work of internal audit for the year 2017/18 She stated that all reports identified in the annual audit plan were now completed as follows:

Verification of Controls Assurance Standards 2017-18

Mrs C McKeown advised that Internal Audit independently verified NIAS's

self-assessment of compliance with the Control Assurance standards for Governance, Financial Management, Risk Management and Fire Safety, and confirmed that NIAS achieved substantive compliance (above 75%) on all 4 standards.

Procurement and Contract Management 2017-18
Mrs C McKeown advised that last year the overall assurance level had been Limited and that this year a Satisfactory level of assurance was provided in the areas of patient taxis, voluntary ambulance service, private ambulance providers, estates and fleet.

Mrs C McKeown advised however, that a Limited level of assurance was provided in respect of the volunteer driver service due to one significant finding that controls which are in place are not being consistently followed.

Mrs C McKeown advised that management had accepted all audit recommendations. The finding regarding excessive mileage was discussed and Mrs C McKeown stated that those procedures which had been developed needed to be embedded.

Stock Taking 2017-18
Mrs C McKeown advised that a Satisfactory level of assurance was provided for the stock control systems within NIAS and that no discrepancies had been noted.

Regional IA Report on HSCNI Cyber Security 2017-18
Mrs C McKeown advised that the report summarised results across all 7 organisations and sets out key themes and in general, the findings for NIAS were consistent with other Trusts.

6.2 Year End Follow Up Review of Outstanding Internal Audit Recommendations 2017 – 18

Mrs C McKeown advised that a review of outstanding recommendations was performed twice a year and that as at March 2018, 68% of the outstanding 149 recommendations examined by internal audit were fully implemented and 32% were partially implemented. Mrs C McKeown noted there was limited engagement across the organisation regarding the follow-up exercise. Mrs S McCue highlighted to the Committee there had been a lot of other pressures around the system and agreed it would be better to try to make progress throughout the year rather than have the majority of work required in the lead up to the year-end.

Mr M Bloomfield confirmed he has met with Mrs C McKeown, has seen the efforts made and will ensure there is a concerted effort to ensure that significant progress will be made. Mrs C McKeown advised that the summary table now included the assurance level and percentage of fully

implemented recommendations. Areas for improvement included: Information Governance; Marked Cars; Payments to Staff; HR Directorate Risk; and Governance & Assurance. Mr W Abraham commented on the age of some of the outstanding recommendations and the work required to implement.

6.3 Shared Service Audits 2017-18

Mrs C McKeown explained for the benefit of the new Audit Committee member, that the Business Services Organisation (BSO) has managerial responsibility for implementing recommendations from the Shared Service audit reports. The reports are shared with NIAS on the basis they are one of the shared service customers. Four reports have been finalised since the last Trust Audit Committee meeting. The Payroll Shared Service was provided with a Limited level of assurance since there are a number of key functions which have not yet been stabilised. Of previously agreed recommendations 65% have not been fully implemented. There were two significant findings noted.

Mrs S McCue advised that NIAS continue to retain local payroll expertise in order to carry out checks locally. Mr W Abraham advised that he is content for the payroll expertise to be retained as it provides a level of comfort whilst there continues to be instability.

Mr D Lynn suggested that whilst Shared Services make economic sense due to economies of scale, there can be challenges to accountability and the best NIAS can do is to effectively monitor and seek improvements to the service provided.

In response to a query about the underpayment by BSO of employer's superannuation costs Mr A Phillips clarified that, as this relates to when someone is off on maternity leave so, with NIAS's relatively low level of female employees, it does not affect NIAS as much as other Trusts. He further advised that this underpayment effects the organisations' contribution not individual employees. Work continues in BSO to address this matter regionally.

Mrs C McKeown advised that a Satisfactory level of assurance was provided for both Accounts Payable Shared Service and Shared Service Governance.

Mrs C McKeown advised that 89% of the outstanding Shared Service recommendations were fully implemented.

6.4 Head of Internal Audit Annual Report for the Year Ended 31 March 2018

Mrs C McKeown advised that all audit assignments in the Internal Audit Plan for 2017-18 were completed and that six significant findings were identified. Internal Audit had reviewed NIAS compliance for four control assurance

standards. Mrs C McKeown also detailed the Shared Service audit work.

Mrs C McKeown advised that she is providing an overall Satisfactory assurance on the adequacy and effectiveness of NIAS's framework of governance, risk management and control.

Mr T Haslett noted that the significant finding regarding clinical education should be reported through the Assurance Committee.

7.0 Annual Report and Accounts

7.1 Submission Letter and Draft, Unaudited, Uncertified, Consolidated Annual Report & Accounts for the Year Ended 31 March 2018

Mrs S McCue presented the Draft Annual Report and Accounts 2017-18 and confirmed that the content of the annual report had been reduced as suggested by the Department of Health. Any comments / suggested amendments should be advised by Wednesday 30 May 2018.

Mr T Haslett left the meeting at 3:15pm.

Mr M Bloomfield advised the meeting that the Annual Report approved at Trust Board will be the final document.

Mrs S McCue provided the Committee with an overview of the report and accounts, advising that a number of parts are prescriptive. She highlighted the: Preface; Performance Report (including the current Strategic Aims and Objectives which will be replaced once the new Corporate Plan is approved); Operational Performance (including Significant Challenges such as Infection Prevention and Control as well as Improvements such as the Clinical Response Model and the Helicopter Emergency Medical Service); Financial Resources (which increased to £70.7 million, the split of expenditure between pay and non-pay, Capital Resources, the Prompt Payment of invoices where the target was narrowly missed, and Long Term plans which were very difficult without a local Assembly; Principle Risks; Governance Statement (the updated version in the attached papers reflected comments from the Department of Health) and highlighted the Control Issues split between those that have now been resolved, continuing and new; Annual Accounts and highlighted the surplus of £61k.

Mr W Abraham requested that the Principle Risks section was emailed to Mr T Haslett for review and comment. Mr W Abraham noted his satisfaction with the format of the Annual report compared with last year.

A number of suggested amendments were noted.

Mr B Clerkin informed the Committee the audit of the accounts had

commenced on 8 May 2018 and ASM are currently in the process of clearing up outstanding queries. Mr A Philips confirmed management are discussing with audit and the Department of Health on the resolution of the interest bearing debt loan of £2.2m through the accounts.

7.2 Submission Letter and Draft, Unaudited, Uncertified, Charitable Trust Funds, Trustee's Annual Report for the year ended 31 March 2018

Mrs S McCue presented the Draft Trustee's Annual Report and Accounts for 2017-18 to the meeting advising that whilst the amounts involved are extremely small with an overall balance of £10.889 as at 31 March 2018 (2017: £11,103), there is a significant amount of work involved in order to provide assurance around processes and controls.

8.0 Closed Meeting

Mr M Bloomfield, Mrs S McCue, Mr A Phillips and Ms M Caughey 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.

9.0 For Noting

9.1 Single Tender Actions 2017–18

Mrs S McCue presented the summary of single tender actions which was noted by the Committee.

9.2 Losses and Special Payments

Mrs S McCue highlighted the losses and special payments section on page 70 of the Annual Report which was noted by the Committee.

9.3 Audit and Risk Assurance Committee Handbook

Mr A Philips presented the Audit and Risk Assurance Committee Handbook advising the document represents good practise and has been updated to reflect the additional areas of Whistleblowing and Cyber Security. Mr W Abraham requested that this document is highlighted to Mr T Haslett as Chair of the Assurance Committee.

10.0 Any Other Business

10.1 Fraud Update

Mr A Phillips informed the meeting there is one new case which has come through the whistleblowing route. There are now ongoing two investigations although both might soon be closed off due to lack of evidence.

Mr A Phillips advised that the National Fraud Initiative for 2018-19 will

commence later in the calendar year. In response to a query he explained that the initiative involved the matching of public sector databases for example, payroll, supplier records and housing benefit which sought to identify potential areas of fraud.

10.2 BSO Provisional Assurance 2017 – 18

Mrs S McCue advised the Committee that this document is the draft Governance Statement of BSO which is similar in structure to the Trusts, but reflects the issues affecting BSO.

There was a discussion on the internal control issues affecting Shared Services including data centres and the underpayment of employer's superannuation costs. Mr M Bloomfield advised that he was aware that other HSC Trust Audit Committee's had requested BSO to attend their meetings. Mrs S McCue and Mr A Phillips highlighted that there are numerous regional and local groups and forums where shared service issues are discussed on a regular basis.

10.3 HSC Travel Audit

Mrs S McCue informed the meeting that the Permanent Secretary had written to Trusts requesting an audit of staff travel be carried out following the recent Amsterdam trip attended by HSCNI staff. Mr M Bloomfield confirmed no NIAS staff had attended. Mr A Phillips advised that there had been one trip outside of UK and Ireland in the financial year. Mrs C McKeown confirmed that an audit of overseas travel will be included as part of the internal audit review this year. Mr M Bloomfield stressed the issue around this area is that there is an appropriate process in place. In NIAS currently the Chief Executive is require to approve all travel requests.

11.0 <u>Date, Time and Venue of Next Meeting</u>

Wednesday 13 June 2018@ 9:30am, Boardroom, NIAS Headquarters

Chair of Audit Committee
13 June 2018

TB/16/08/2018/06

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE

Director of Human Resources and Corporate Services

(As at 30 June 2018)

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

HRCS KPI: **Shaping & Developing Future Workforce (Workforce Information, Recruitment, Job Evaluation)**

JOB EVALUATION - PARAMEDICS, RRV PARAMEDICS AND EMTS

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

WORKFORCE INFORMATION

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

MARCH 2018	TRUST TOTAL	CX / BOARD	FINANCE / ICT	HRCS	MEDICAL	OPERATIONS
FUNDED (WTE) RECURRENT / (TEMPORARY FUNDING)	1,327.28 (34.00)	7.00 (0.00)	31.63 (3.00)	68.15 (12.00)	25.00 (12.00)	1,195.50 (7.00)
STAFF IN FUNDED POSTS (WTE) PERM STAFF / (TEMP STAFF)	1,185.96 (16.49)	1.00 *(5.00)	22.59 (0.00)	83.48 (3.37)	19.80 (1.00)	1,059.09 (7.12)
OVERALL VACANCY LEVELS (WTE)	**-158.83**	**-1.00**	**-12.04**	**+6.7**	**-16.2**	**-136.29**

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 June 2018, the Trust has an overall vacancy level of **158.83** 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 June 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	18.71	-12.29	0	No recruitment activity planned, due to industrial relations issues, relating to the Station Supervisor model, which currently remain ongoing.	N/A	N/A	N/A
Paramedic	320.40	302.85	-17.55	27	Opened ended qualified paramedic recruitment campaign ongoing. To date this open-ended recruitment exercise has yielded 13 qualified paramedics. Recruitment to Foundation Degree in Paramedic Science is scheduled to commence in August 2018.	N/A	N/A	N/A
RRV Paramedic	85.20	70.20	-15	0	Opened ended qualified paramedic recruitment campaign ongoing. The selection process occurs on a quarterly basis and yields 13 qualified paramedics per process. Recruitment to foundation degree in paramedic science is scheduled to commence in August 2018.	N/A	N/A	N/A
EMT + Trainee EMT	301.40	260.75	-40.65	6	Internal Trawl for Trainee EMTs and external recruitment for Qualified EMTs commencing June 2018.	20 (Cohort 3). Currently undergoing training	Cohort 4: Sept 18	1 course in November 18
ACA (inc. PCS Sup.) + Trainee ACA	262.50	235.89	-26.61	2	Recruitment currently ongoing	N/A	15 people due to start in early August and mid September with 24 offers currently being made	2 courses to commence in January and February 19 with 24 in each

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

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

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

CORPORATE ABSENCE REPORT (@ 30 JUNE 2018)

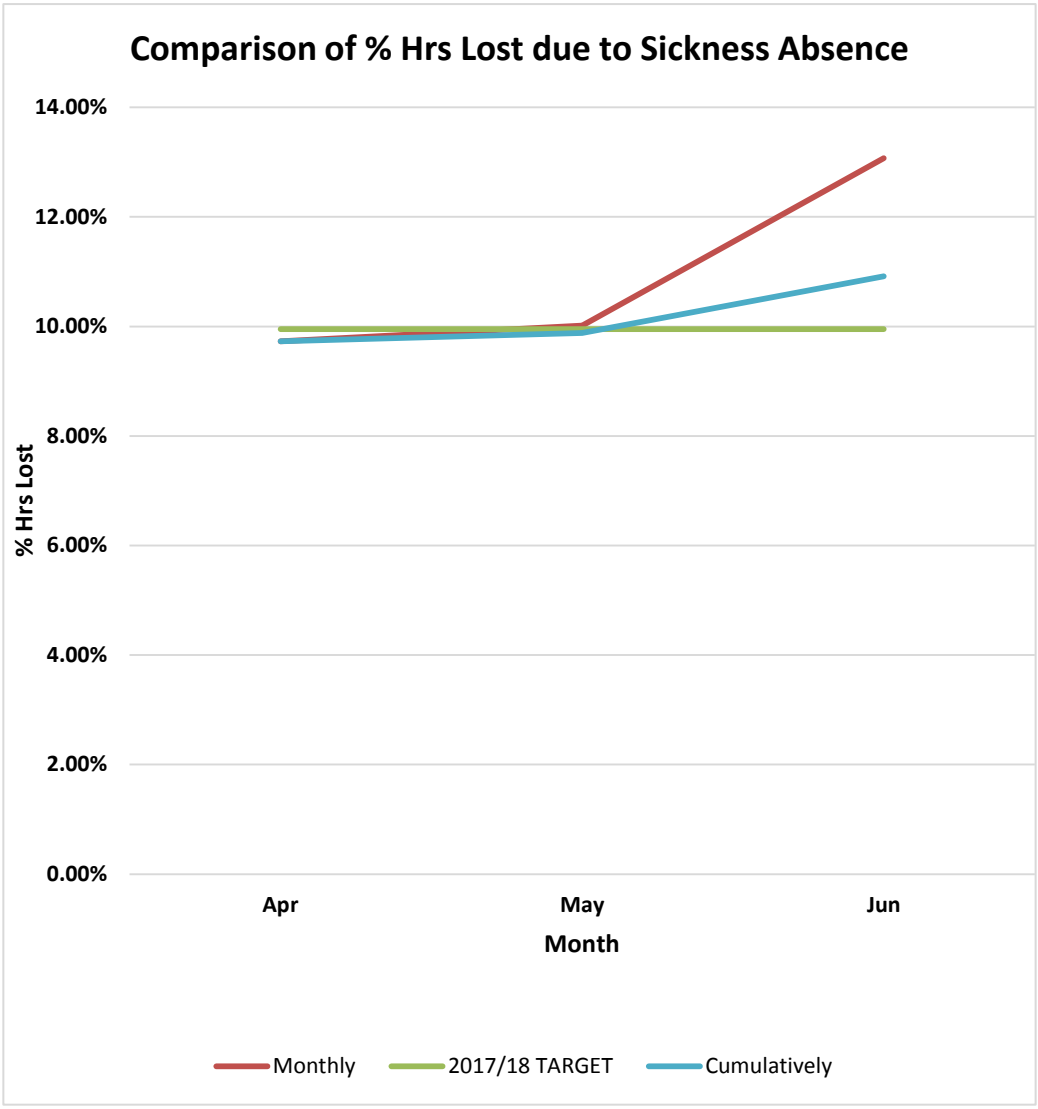
The HSC Trusts' sickness absence targets for the current Reporting Year, as advised by the DHSSPSNI, was to show a 5% improvement on the 2017/18 absence levels, ie 9.95% (based on 2017/18 cumulative figure of 10.59% hours' lost). Whilst monthly absence decreased in March 2018 to 10.83% cumulatively, the Trust did not achieve its absence target of 9.95%, with absence at Year End being 10.59%.

2018/19 Monthly Sickness Absence including Comparators to Previous Reporting Year (2017/18)												
MONTH	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
NIAS ABSENCE TARGET (2017/18)	**REDUCE SICKNESS ABSENCE RATES BY 5% ON 2016/17 PERFORMANCE TO 9.95%**											
NIAS cumulative % hrs lost (17/18)	**8.18%**	**7.98%**	**8.11%**	**8.40%**	**9.00%**	**9.36%**	**9.60%**	**9.67%**	**10.14%**	**10.50%**	**10.57%**	**10.59%**
NIAS monthly % hrs lost (17/18)	**8.18%**	**7.82%**	**8.36%**	**9.30%**	**11.24 %**	**11.25%**	**11.05%**	**10.13%**	**14.05%**	**13.55%**	**11.38%**	**10.83%**
NIAS cumulative % hrs lost (18/19)	**9.73%**	**9.88%**	**10.92%**									
NIAS monthly % hrs lost (18/19)	**9.73%**	**10.02%**	**13.09%**									
Monthly % hrs lost (S/T)	2.65%	2.12%	3.41%									
Monthly % hrs lost (L/T)	7.08%	7.89%	9.66%									
Av. days lost (7.5 hrs) per Employee per Mth	1.97	2.24	2.54									
NIAS cumulative costs (£'000)	£354	£360	£458									
NIAS CUMULATIVE % HRS LOST:	**(2017/18) 10.83%**				**(2018/19 @ 30 June 2018) 10.91%**							

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

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

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



ABSENCE CATEGORIES / REASONS WITH MORE THAN 1% ABSENCES INCLUDE:

Mental Health	27.96%
Other	23.85%
Back problems + Injury, fracture + Other musculosketal problems	20.58%
Accident at work	11.40%
Gastrointestinal problems	6.19%
Asthma, Chest, Resp.	3.00%
Tumours and Cancers	1.54%
Pregnancy related	1.14%
ENT	1.11%

OTHER CATEGORIES WITH LESS THAN 1% ABSENCES INCLUDE:-

Dental/Oral Problems; Endocrine/Glandular Problems; Eye Problems; Genitourinary & Gynaecological Conditions; Headache / migraine; Infectious Diseases; Influenza; Viral Illness.

OTHER REASONS WITH MORE THAN 1% ABSENCES INCLUDE:

General Debility	75.66%
Hospital Investigation	8.79%
Post Surgery Debility	15.53%
Chronic Fatigue	0.20%

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

HRCS KPI: **Compliments, Complaints & Claims**

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:	**27**	**For same period last year:**	**32**

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										**27**		**133**	*100%*
Total A&E & PCS Activity	***27600***	***29922***	***28815***										***86337***			
% Complaints/Activity	***0.03%***	***0.04%***	***0.02%***										***0.03%***			
Acknowledged within 2 working days	8	11	7										**26**	*96%*	**133**	*100%*
Acknowledged after 2 working days	0	1	0										**1**	*4%*	**0**	*0.0%*
Response within 20 working days	0	0	2										**2**	*7%*	**29**	*22.0%*
Response after 20 working days	4	0	0										**4**	*15%*	**30**	*23.0%*
Complaints Investigations ongoing	4	12	5										**21**	*78%*	**74**	*55.0%*
Cases referred to NI Ombudsman (cases ongoing)	0	0	2										**2**		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										8	*30%*	**52**	*39%*
Ambulance Late/No Arrival	1	4	1										6	*22%*	**43**	*32%*
Quality of Treatment & Care	4	5	0										9	*33%*	**24**	*18%*
Suitability of Equip/Vehicle	0	0	0										0	*0%*	**2**	*2%*
Other	0	1	3										4	*15%*	**12**	*9%*
Patient Property	0	0	0										0	*0%*	**0**	*0%*
TOTAL	**8**	**12**	**7**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**27**		**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										**53**		**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										**48**	*90.6%*	**274**	*92%*
Control	1	0	1										**2**	*3.8%*	**14**	*5%*
Patient Care Service	0	3	0										**3**	*5.7%*	**6**	*2%*
Voluntary Car Service	0	0	0										**0**	*0.0%*	**0**	*0%*
Other	0	0	0										**0**	*0.0%*	**4**	*1%*
TOTAL	**25**	**17**	**11**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**53**		**298**	

Section 1: Human Resources & Corporate Services

HRCS KPI: Supporting Trust Priorities

CLOSED COMPLAINTS: APRIL - JUNE 2018

Type	Ref	Opened	Closed	Subject	Description	Outcome	Action taken (Investigation)
FORMAL	COMP/1382	16/04/2018	10/05/2018	Quality of Treatment & Care	Complainant has raised concerns over her transfer from home to hospital after her home birth.	Complaint upheld. Communication issue between NIAS crew and specialist at scene identified.	Letter of apology and explanation issued.
FORMAL	COMP/1385	24/04/2018	25/06/2018	Staff Attitude/Behaviour	Complainant alleges that Paramedic was verbally abusive to patient complaining ambulance shouldn't have been called and reluctant to take to hospital.	Complaint upheld. Staff member attitude and behaviour fell below standards expected by HCPC and NIAS.	Staff member attitude and behaviour fell below standards expected by HCPC and NIAS/referred to NIAS disciplinary procedure.
FORMAL	COMP/1380	05/04/2018	05/04/2018	Staff Attitude/Behaviour	Complainant came across RTC, she stated that she witnessed aggressive and angry behaviour from a paramedic to a police officer at the scene of the incident.	Station Officer met with the complainant to discuss the complaint. Complainant advised that her complaint was being referred to the Trust's Disciplinary Procedure.	Referred to NIAS Disciplinary Procedure.
FORMAL	COMP/1402	07/06/2018	26/06/2018	Staff Attitude/Behaviour	Concerns regarding aggressive driving by paramedic	Apology offered to the complainant. Station officer to address issue with member of staff.	Station Officer to address concerns with Paramedic.

TB/16/08/2018/07

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

FINANCE DIRECTORATE

Director of Finance and ICT

June 2018 (Month 3)

FINANCIAL PERFORMANCE

Financial Breakeven

The Trust is currently reporting a small surplus of £1k for the three months ending 30 June 2018 (Month 3), 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 June 2018 (Month 3)

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		8,954	13,465									
Other Expenditure		2,917	4,037									
Expenditure Total		11,871	17,502							0	0	0
Income		134	201									
Net Expenditure		11,737	17,301							0	0	0
Net Resource Outturn		11,737	17,301							0	0	0
Revenue Resource Limit (RRL)		11,737	17,302									
Surplus/(Deficit) against RRL		0	1	0	0	0	0	0	0	0	0	0

NIAS Trust Board Budget Report at June 2018

		YTD		
(£ 000s)	**FYB**	**Budget**	**Actual**	***Variance***
Chief Executive's Office				
Payroll	173	43	43	0
Non-Payroll	55	22	21	1
Chief Executive's Office Total	**228**	**65**	**64**	**1**
Director of Finance				
Payroll	1,512	387	386	1
Non-Payroll	561	150	153	(3)
Director of Finance Total	**2,073**	**537**	**539**	**(2)**
Director of HR				
Payroll	3,956	1,008	1,013	(5)
Non-Payroll	706	183	182	1
Director of HR Total	**4,662**	**1,191**	**1,195**	**(4)**
Dir of Ops (incl Divisions & RCC)				
Payroll	46,790	11,825	11,586	239
Non-Payroll	9,772	2,898	3,130	(232)
Dir of Ops (incl Divisions & RCC) Total	**56,562**	**14,723**	**14,716**	**7**
Medical Director				
Payroll	1,509	435	437	(2)
Non-Payroll	681	552	551	1
Medical Director Total	**2,190**	**987**	**988**	**(1)**
NIAS Total				
NIAS Total Payroll	**53,941**	**13,698**	**13,465**	**233**
NIAS Total Non-Payroll	**11,775**	**3,805**	**4,037**	**(232)**
NIAS Total	**65,716**	**17,503**	**17,502**	**1**

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

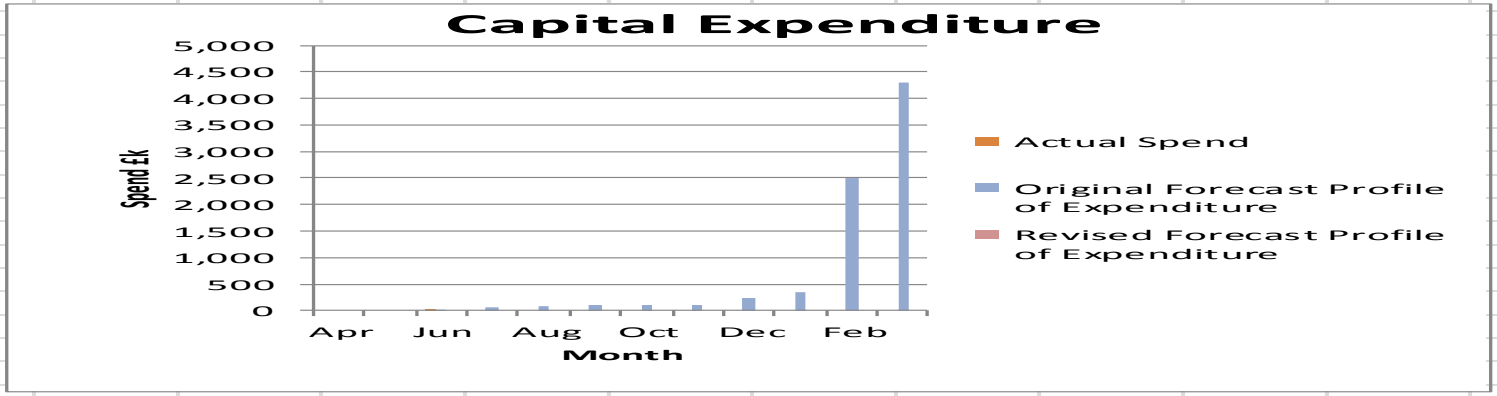
There are a number of income assumptions included in this financial position. The Trust continues to work with HSCB and other stakeholders to highlight emerging cost pressures and service changes with a view to achieving objectives and maintaining financial balance.

The Trust is also required to identify savings proposals to address a forecast £0.8m savings requirement in 2018/19.

Capital Spend

The Trust has received a Capital Resource Limit (CRL) allocation of £4.294m. This allocation allows the Trust to continue with planned cyclical fleet replacement. In addition, resources have been earmarked for a replacement ambulance facility in the Southern Division, subject to business case approval, procurement and implementation in the current financial year. 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									
Estate	0	0	0									
Medical Equipment	0	0	0									
ICT Schemes	0	0	0									
General Capital	0	0	13									
Actual Spend	0	0	13	0	0	0	0	0	0	0	0	0
Original Forecast Profile of Expenditure	0	0	20	58	80	100	102	114	239	344	2,494	4,294
Revised Forecast Profile of Expenditure												



Prompt Payment of Invoices

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

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

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

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Total bills paid	987	2,050	1,823										4,860
Total bills paid within 30 calendar days of receipt of undisputed invoice	948	1,924	1,477										4,349
% bills paid on time	96.0%	93.9%	81.0%										89.5%
Total bills paid within 10 working days (14 calendar days)	639	1,259	985										2,883
% bills paid on time	64.7%	61.4%	54.0%										59.3%

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 (KPIs) in respect of Purchasing and Supply. Work continues to identify more focused indicators. Performance against current KPIs to the end of June 2018 (Month 3) 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									
Percentage of Products Supplied on First Request % (Target 95%)	98.90%	98.80%	98.80%									
Number of Lines Issued (Stock and Non Stock Line)	1,683	1,444	1,516									
Value of Spend £k (Stock and Non Stock)	255	608	208									

Information Technology Systems - System Availability

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

13th May – Telephony outage in Emergency Ambulance Control (EAC) reported to IT out of hours. Calls were being passed to Scotland as part of contingency arrangements and Ambulances despatched with minimum disruption to service. IT on-call attended site and invoked desktop contingency phones while BT engineer investigated fault. Source of fault identified by BT as computer memory (RAM) issue and resolved by reboot of a telephony server. Normal service resumed after downtime of 4 hours. No calls were lost or Ambulance despatch effected and the newly implemented electronic call passing between NIAS and Scotland worked well.

22nd May – Repeat of incident on 13th May reported to IT out of hours. Further investigation of logs by BT engineer pointed to a contingency server being off line when fault occurred on primary server resulting in total loss of telephony. Service resumed after a downtime of 6 hours. No calls were lost or Ambulance despatch effected and again the electronic call passing between NIAS and Scotland worked well. BT to monitor system.

31st May – Repeat of previous incidents in May reported to IT out of hours. IT on-call and BT attended site and service resumed after a downtime of 4 hours. Fault was escalated by BT to switch providers AVAYA. Details logs provided to AVAYA specialist engineers who after a number of days evaluation identified the fault as a software issue. BT implemented configuration changes as instructed by AVAYA and to date (27th July) there has been no re-occurrence of the fault.

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.

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. This will aim to address gaps between current arrangements and standards and will include further proactive cyber security measures. This will enable all Trusts to be in a position to provide a transparent statement on their preparedness for the cyber security threat.

ICT Help Desk Performance

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

	April			May			June		
Target to Respond to 95%	No of Calls	Within time	Actual	No of Calls	Within time	Actual	No of Calls	Within time	Actual
Immediate	10	10	100%	18	18	100%	8	8	100%
Urgent	60	60	100%	59	59	100%	51	51	100%
High	7	7	100%	7	7	100%	5	5	100%
Medium	575	573	100%	504	493	98%	578	570	99%
Low	850	850	100%	1384	1384	100%	1315	1314	100%
Total	1502						1957		

ICT Planned Maintenance June 2018 – system upgrades Critical Systems

	Availability	**Maximum down time**	**Actual**	**Exceeded Maximum Down Time**
C3 A&E	740	4 Hours	0.15	No
C3 PCS	740	4 Hours	0.35	No
Pro-QA	740	4 Hours	0.15	No
ICCS A&E	740	4 Hours	0	No
ICCS PCS	740	4 Hours	0	No
DTR	740	4 Hours	0	No
Voice Recorder	740	4 Hours	0.30	No
Mobile Data	740	4 Hours	0	No

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.

ICT Planned Maintenance June 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	0.10	No	
Promis	206	4 Hours	0.15	No	

***Information Governance/Informatics* – Developments: 01/04/2018 to 30/06/2018**

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 for the Trust together with Internal Audit Priority 1 Recommendations relating to Information Governance. These focus on the Information Asset Register and Data Flow Exercise. Work in this area has been ongoing. Templates for an Information Asset Register and Data Flow have been created and information gathering is underway in all Directorate areas***
- ***General Data Protection Regulations (to replace Data Protection Act 1998 in May 2018) – Action Plan Developed and being monitored, Privacy Notices Aspects for public and staff placed on Trust's website, appointment of Data Protection Officer, letters issued to contractors to support GDPR, training material updated***
- ***Partnership workshop with Operations Directorate regarding business intelligence and current performance reports***
- ***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)***
- ***Appropriate Care Pathways (ACP)s continue to be monitored and reviewed. Ad hoc datasets have been provided to support further initiatives as required ie mental health, quality improvement, sepsis evaluation from PRFs***
- ***Informatics and business intelligence to support Transformation and Information Collaborative workflows continue to be worked on including ambulance turnaround reports etc***
- ***Supporting work and data streams in Frequent Caller Monitoring and Information Markers including policy/procedures and analytics***
- ***HEMs Database created to support clinical monitoring of air ambulance activity***
- ***Ad hoc datasets including Community First Responders, Chief Complaints, demand profiles for Western Division, media requests police contacts, Republic of Ireland attendances, independent providers activity in both EAC/NEAC etc***
- ***Patient Report Forms and 999 calls to support inter-face incidents, Serious Adverse Incidents, Child Protection Issues, Vulnerable adults etc; PRFs to support quality assurance of Quality Improvement***
- ***AED (Automatic External Defibrillators) locations interactive Map tool developed***
- ***Out of Hospital Cardiac Arrest Report for 2017 being finalised including patient outcomes to support Community Resuscitation Strategy including new dashboard presentation output***
- ***Datasets and demographics extraction for 2017/18 to support Clinical Support Model ongoing***

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

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

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

	April 18 – June 18	April 17 – June 17	% Increase / (Decrease)
1 Freedom of Information Requests Received	51	17	+33%
1a Freedom of Information Questions Received	159	81	+51%
2 General Data Protection Regulations, Subject Access Requests Received	12	13	-8%
3 Police Service of Northern Ireland Requests Received	105	106	-1%
4 Solicitor Enquiries Requests Received	141	181	-28%
Total (1a) not included in Count	**309**	**317**	**-3%**

1 FREEDOM FOR INFORMATION ACT (2000) – REQUESTS FOR INFORMATION – 01/04/2018 to 30/06/2018

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 Mar-18	Total Mar-17
Number of Requests Received	19	6	26										**51**	17
Number of Questions Received	67	18	74										**159**	81
Completed Requests processed within 20 days or less	10	5	23										**38**	14
Completed Requests exceeding 20 days	6	0	0										**6**	3
REQUESTS Still Being Processed (within 20)	0	0	0										**0**	
REQUESTS Still being processed (outside 20)	2	1	2										**5**	
Stood Down	1	0	1										**2**	
Number of Records Fully Disclosed	43	16	54										**113**	
Vexatious Requests	0	0	0										**0**	
Number of Records for which records not held	3	1	0										**4**	
Requests where exemptions wholly/partially applied	0	0	0										**0**	
Questions stood down	5	0	1										**6**	
QUESTIONS Still Being Processed (within 20)	0	0	0										**0**	
QUESTIONS Still Being Processed (outside 20)	16	1	19										**36**	
Referrals for Independent Review	0	0	0										**0**	
Appeals to the Information Commissioner	0	0	0										**0**	
Requestor Type														
Member of Public	3	1	9										**13**	
Local Government	1	0	0										**1**	
Staff Member	2	3	10										**15**	
Media	3	0	3										**6**	
Student	2	0	0										**2**	
Commercial Company	2	1	2										**5**	
Solicitor	0	0	0										**0**	
WhatDoTheyKnow.com	5	1	2										**8**	
NHS	0	0	0										**0**	
Trade Union	0	0	0										**0**	

%age completed within 20 working days	
Apr '18 - Jun '18	74.51%
Apr '17 - Jun '17	82.35%

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 30/06/2018

General Data Protection Regulations/Data Protection Act 2018 – Subject Access	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 18 – June 18	April 17 – June 17
Number of Requests Received	2	5	5										12	13
Completed Requests processed within 40 days or less (from 25 May 2018 standard is 30 days)	2	1	3										6	13
Completed Requests exceeding 40 days (from 25 May 2018 standard is 30 days)	0	4											4	0
Requests still being processed in line with 40 days (from 25 May 2018 standard is 30 days)	0	0	2										2	0
Identity Not Confirmed/Fee Not Received and therefore could not be further processed	0	0	0										0	0
Patient	2	1	0										3	3
NIAS Staff Member	0	0	1										1	5
External Agency ie Solicitor acting on behalf of other	0	3	4										7	5
Relative of Patient	0	1	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 30/06/2018**
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.

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	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 18 – Jun 18	Apr 17- Jun 17
Number of Requests Received (based on receipt of correspondence date)	29	44	32										105	106

4 **SOLICITOR ENQUIRIES 01/04/2018 to 30/06/2018**

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 18 – Jun 18	Apr 17- Jun 17
Number of Requests Received (based on receipt of correspondence date)	56	39	46										141	181

5 DEPARTMENT OF HEALTH – REQUESTS FOR INFORMATION

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

DHSSPS/AQ's/CORs/TOF's/INV's	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr 17 – Jun 17
Assembly Questions (Oral)	0	0	0										0
Assembly Questions (Written)	0	0	0										0
CORs/SCORs Received													4
TOFs Received	0	0	0										1
INVs Received	0	0	0										0

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

6 PRF V PATIENT NUMBERS COMPARISON

18/19 - PRF v PATIENT NUMBERS COMPARISON

Summary

Month	Emergency Response(s) which arrived on scene	Patient Journeys where a patient has transported to a hospital: Emergency	Routine	Total	Number of PRF's completed for the treatment of a patient.: Completed PRFs (Formic)	Difference between Emergency Responses and completed PRF's	Difference Patient Journeys and completed PRF's
April 2018	15611	12298	341	12639	13825	-1,786	+1,186
May 2018	16710	13238	356	13594	14166	-2,544	+572
June 2018	16172	12694	344	13038	8574	-7,598	-4,464
July 2018				0		+0	+0
August 2018				0		+0	+0
September 2018				0		+0	+0
October 2018				0		+0	+0
November 2018				0		+0	+0
December 2018				0		+0	+0
January 2019				0		+0	+0
February 2019				0		+0	+0
March 2019				0		+0	+0
Total	48493	38230	1041	39271	36565	-11,928	-2,706

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

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

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

TB/16/08/2018/08

TRUST BOARD REPORT

OPERATIONAL DIRECTORATE

Reporting to June 2018

Emergency & non emergency Ambulance Control Reports

EAC Call Taking Statistics

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

Emergency Call Activity

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

Month	Year 2014-15	Year 2015-16	Year 2016-17	Year 2017-18	Year 2018-19
Apr	14988	16079	16321	17403	17598
May	15433	16795	17437	18365	19864
Jun	15911	16321	17030	17173	19263
Jul	16633	16266	17773	18352	
Aug	16244	16814	17728	18486	
Sep	16244	15802	16803	17994	
Oct	15803	16701	18282	18208	
Nov	15860	16083	16979	18236	
Dec	18088	18494	20340	24020	
Jan	16590	16989	17630	20444	
Feb	16138	16188	16181	17756	
Mar	16872	17740	17523	20233	
Total	**194804**	**200272**	**210027**	**226670**	**56725**

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

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

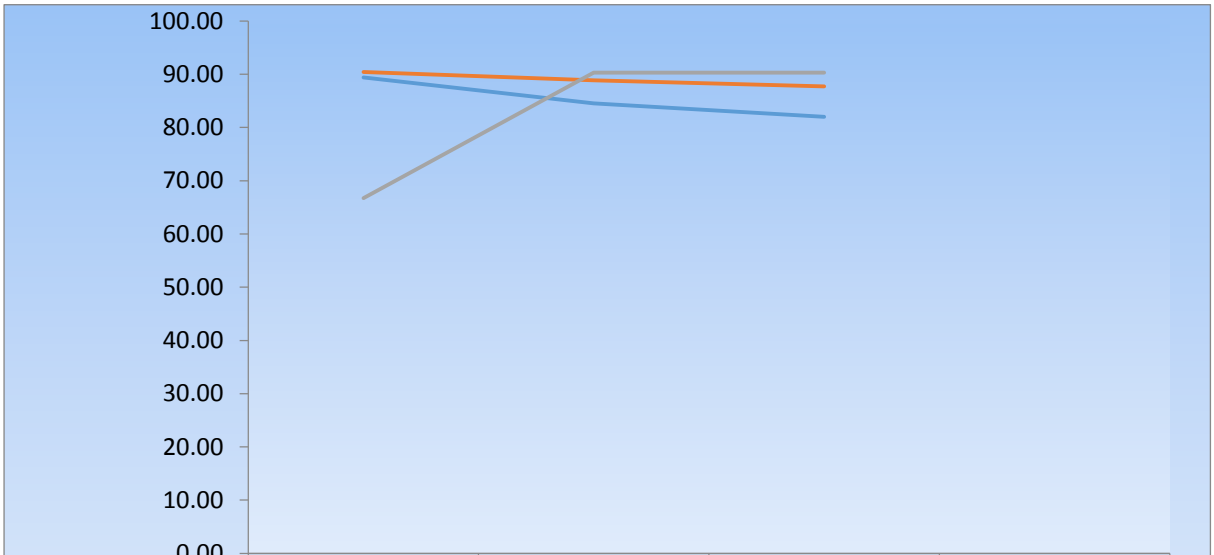
As part of contingency arrangements we answer "999" calls from Scotland as part of the Buddy arrangement. From the 2nd May 2018 we enabled electronic call passing between NIAS and the Scottish Ambulance Service where if either Control Room takes calls for the other they are automatically populated on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

999 Call Answer Times

Key Performance Indicator

NIAS aims to answer telephone calls as quickly as possible and the target is 95% of all Emergency calls answered in two seconds
The table below shows the performance on call answering by month from April to June 2018 and an increase in the average percentage time to answer Emergency calls.

CALL ANSWERING PERFORMANCE CHART 2018/19



	Apr	May	Jun	Jul
Emergency	89.43	84.51	82.03	
Routine	90.41	88.88	87.72	
HCP/Urgent	66.74	90.33	90.30	

- Call answering shows a higher achieved target for Routine calls due to all staff having the skill sets to handle them.

- The target of 95% 999 call taking is yet to be achieved – new recruitment in EMD levels would be expected to improve this performance level however overall increases in call volumes has impacted this figure particularly in December, January and March as each of these months exceeded the 20,000 call mark.

- EMDs are required by the IAED to remain on the line for certain health critical situations. They remain on the line until one of NIAS operational resources is in attendance at the scene. High volumes of incidents and reduced levels of cover can impact on availability of call takers resulting in delays. The average delay is 5 seconds for the average 4% of calls not meeting the 2 second standard.

- End of year averages for call taking performance were as follows: Emergency 87.89%, Routine 91.41% and Urgent / HCP 67.95%.

- Measures introduced have seen improvement in answering HCP calls

- Further measures to cut down on non-call related routine calls have also been introduced

EMD Award Scheme

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

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

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

RESPONSE TIME PERFORMANCE REPORT YEAR END REPORT

For April 2018 to June 2018

Summary of Trends:

1. Cumulative NI Cat A performance from April 2018 - June 2018 = 40.4% (11.3% decrease for same period last year 51.7%)
2. Average response time across Northern Ireland for Cat A response in June 2018 was 12 minutes 56 seconds.
3. Cumulative Cat A Responses from April to June 2018 has increased by 2.5 % = 353 responses for the same period last year.
4. Total cumulative Emergency Call demand for April to June 2018 (including Cat HCP activity) has increased by 0.8% = 431 calls for the same period last year.
5. Trends for ambulance turnaround times greater than the standard (i.e. 30 mins) continue to heavily impact on NIAS response and availability.

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

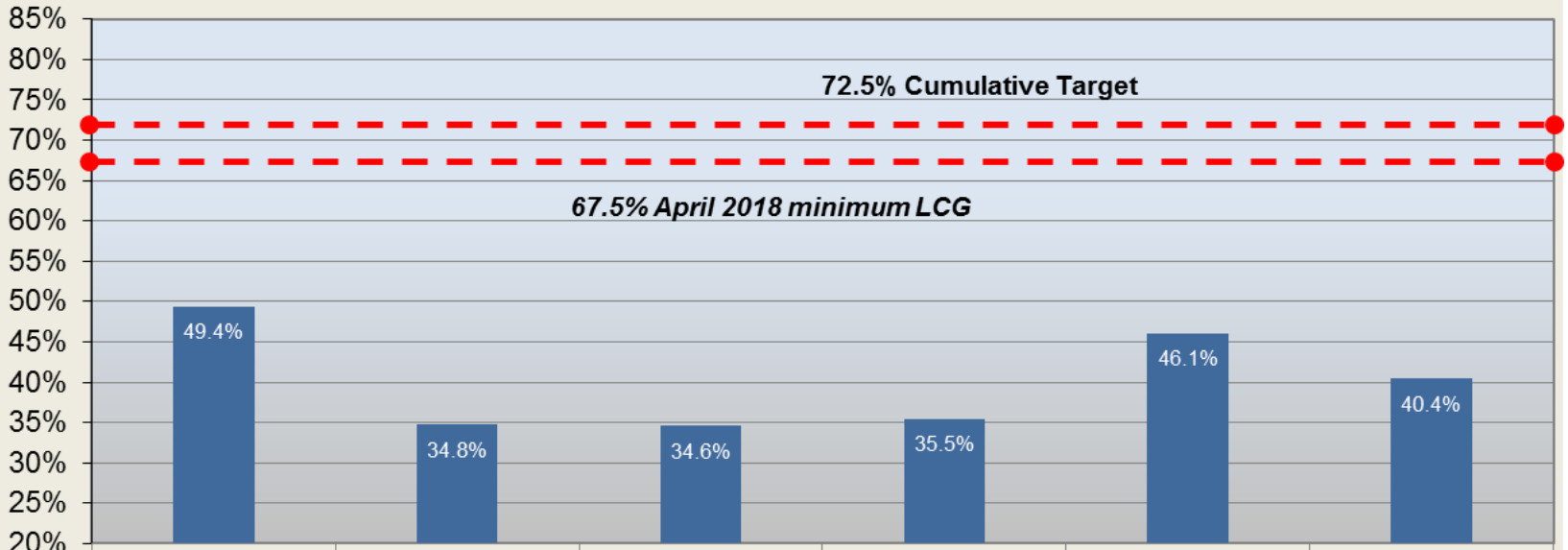
When the call taking process is completed calls are categorised for deployment as per table:

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

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

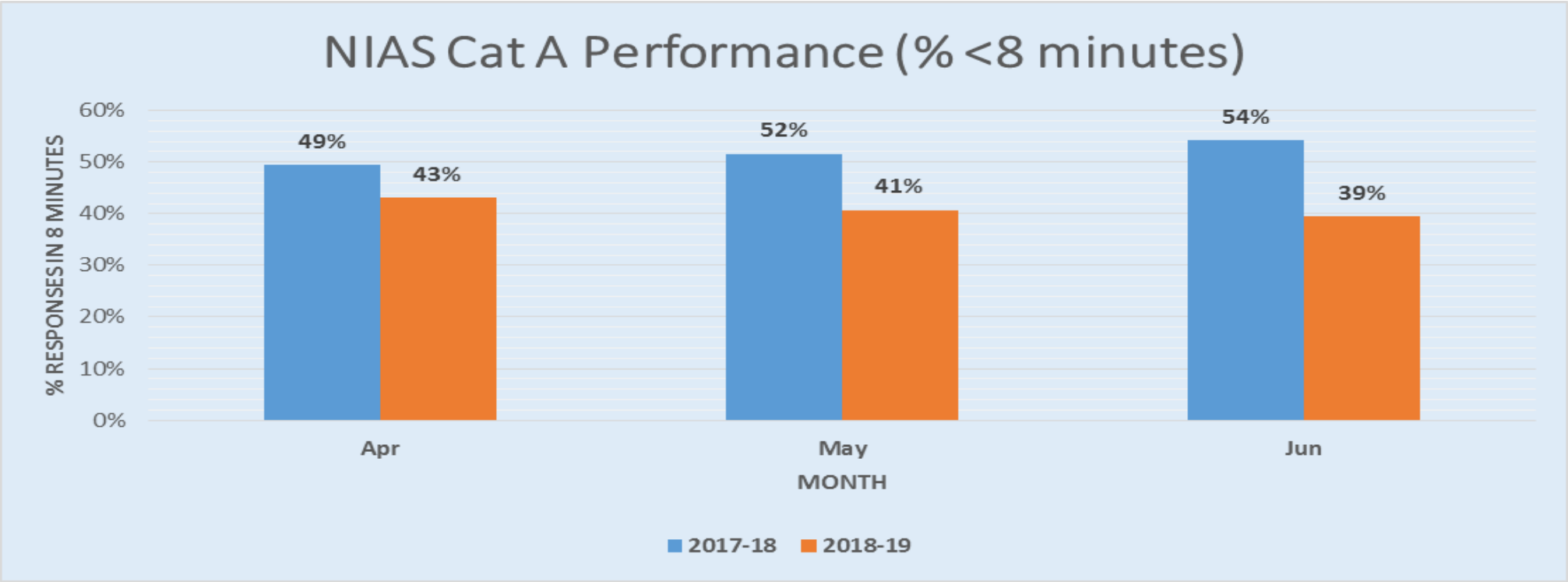
Northern Ireland Ambulance Service Health and Social Care Trust

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

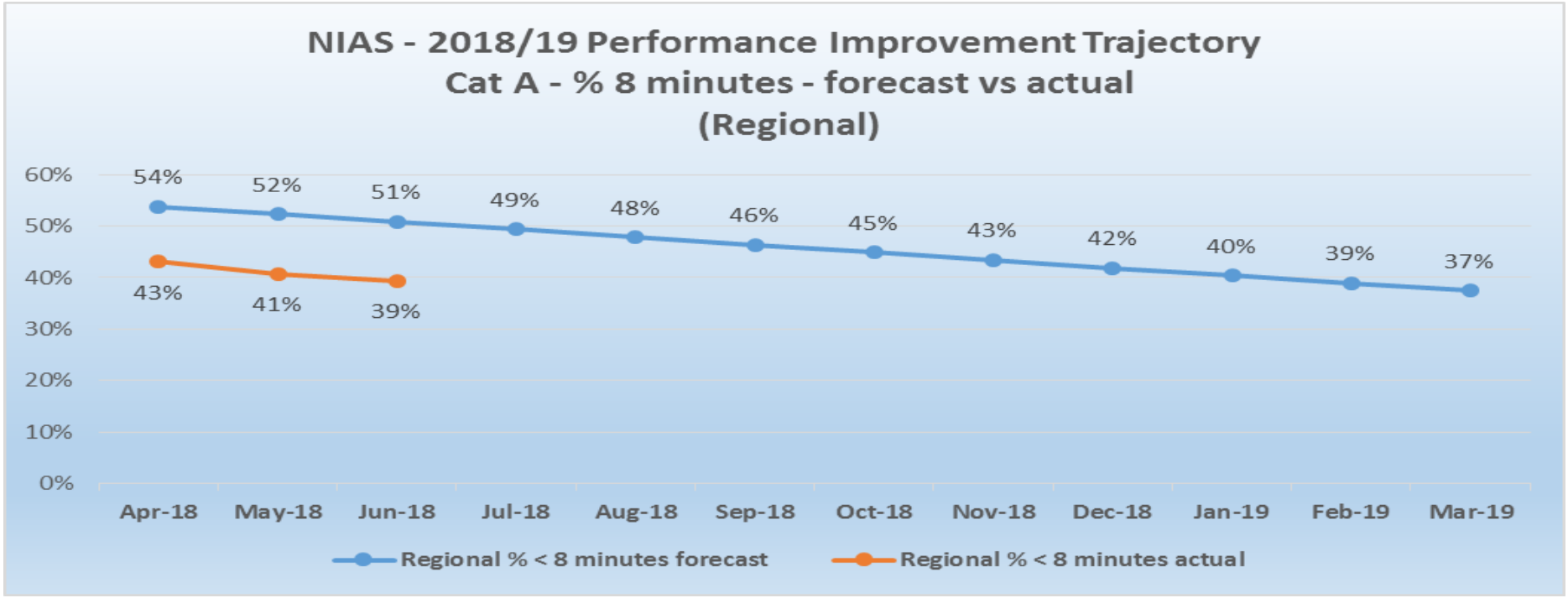


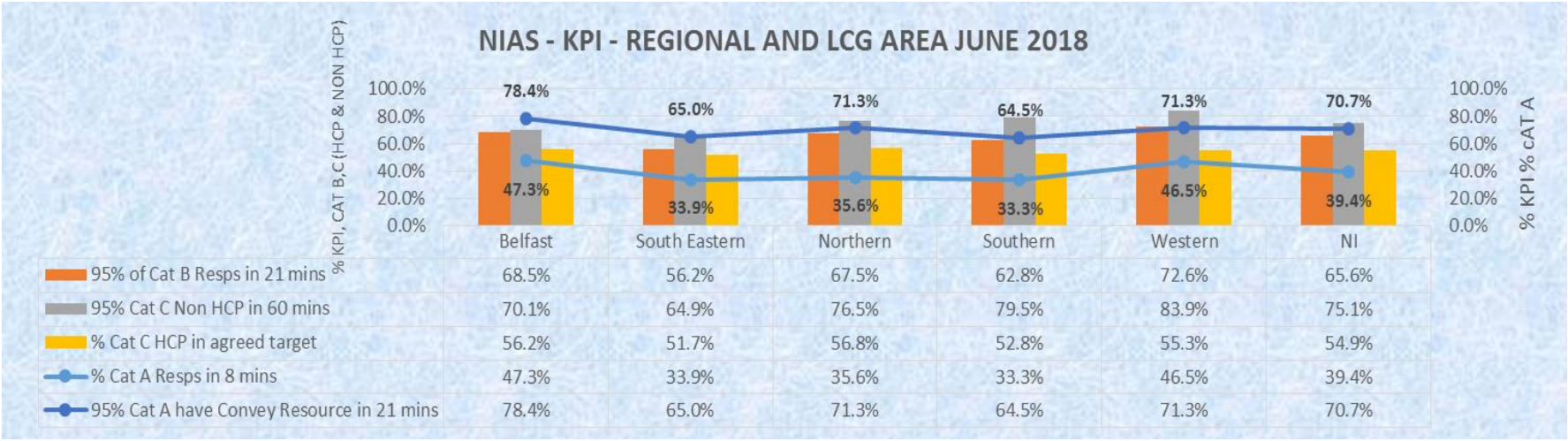
	Belfast LCG	South Eastern LCG	Northern LCG	Southern LCG	Western LCG	NI Total
% Cat A Within 8 Min	49.4%	34.8%	34.6%	35.5%	46.1%	40.4%
Cat A within 8 min	1,842	905	1,121	864	1,020	5,752
Total No. of Cat A	3,728	2,604	3,243	2,436	2,213	14,224

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.**

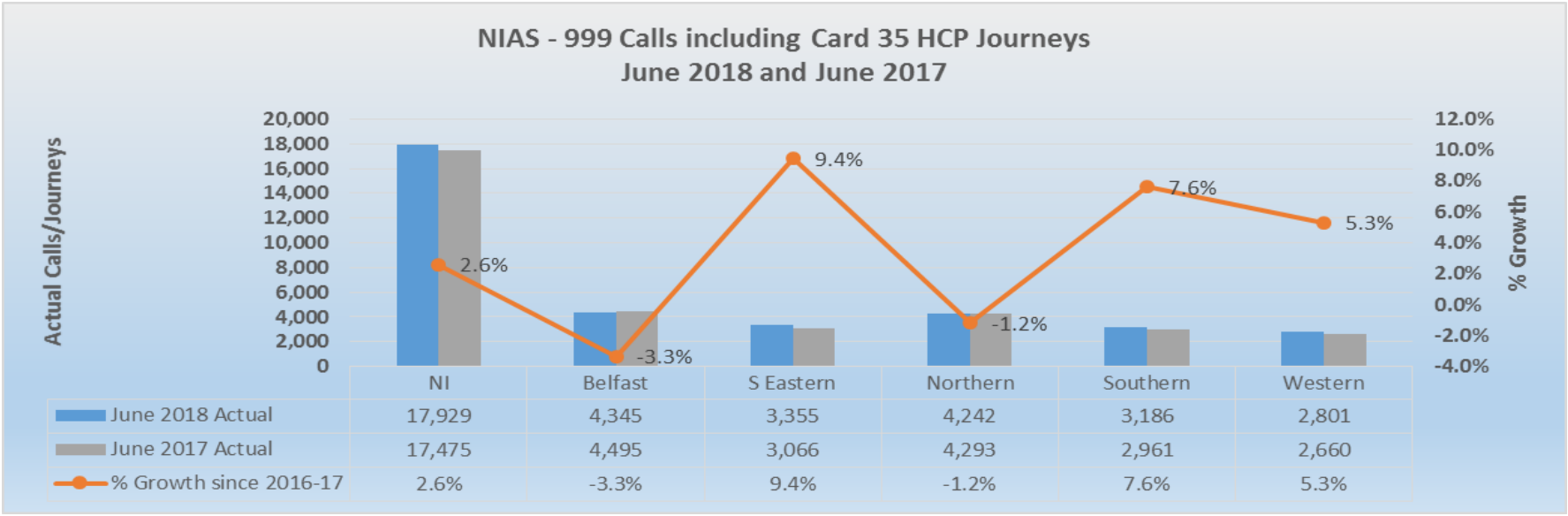

NIAS Cat A Performance (% <8 minutes)
% RESPONSES IN 8 MINUTES
60%
50%
40%
30%
20%
10%
0%
49%
43%
52%
41%
54%
39%
Apr
May
Jun
MONTH
2017-18
2018-19

Cat A Performance – Performance Improvement Trajectory



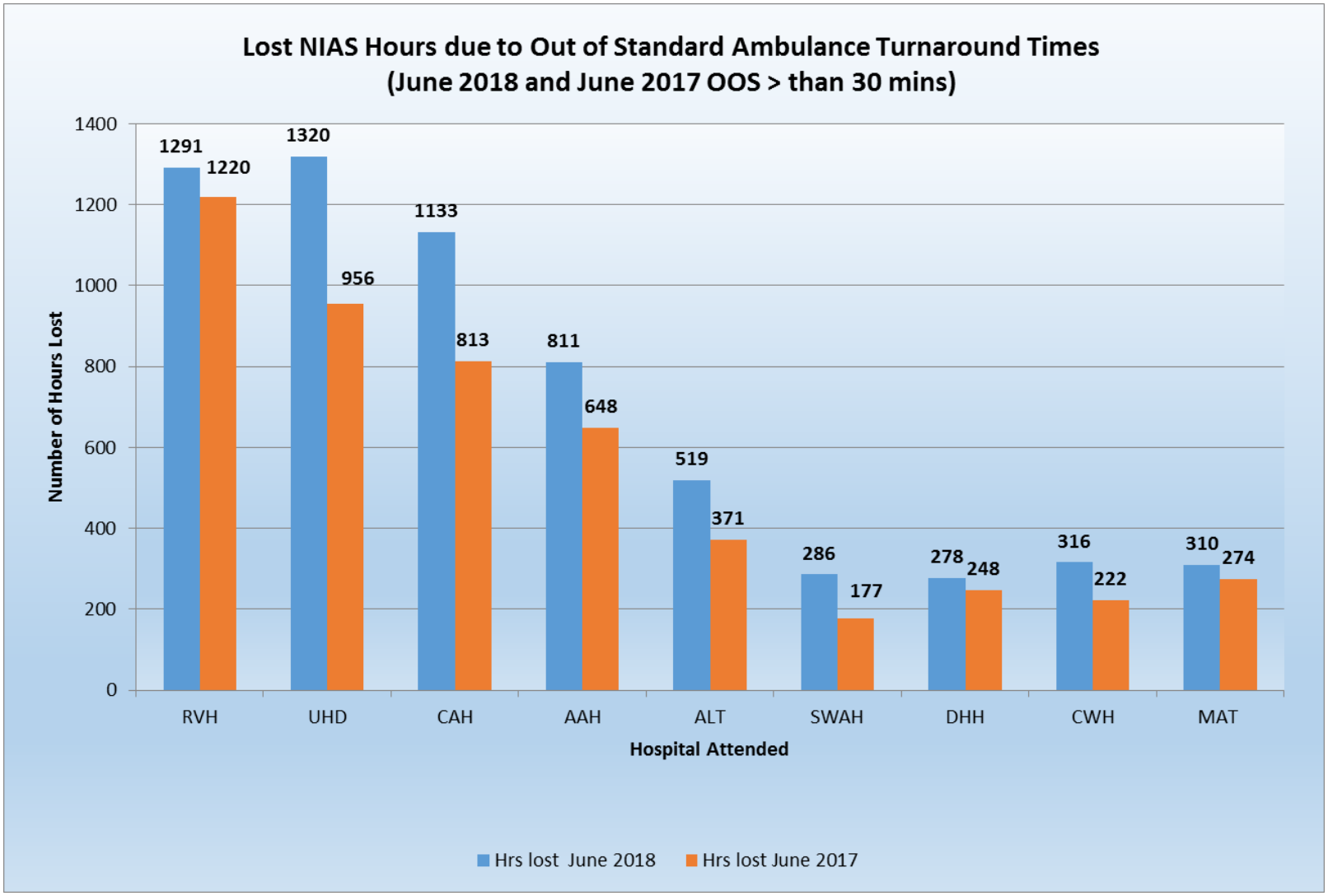


	Belfast	South Eastern	Northern	Southern	Western	NI
95% of Cat B Resps in 21 mins	68.5%	56.2%	67.5%	62.8%	72.6%	65.6%
95% Cat C Non HCP in 60 mins	70.1%	64.9%	76.5%	79.5%	83.9%	75.1%
% Cat C HCP in agreed target	56.2%	51.7%	56.8%	52.8%	55.3%	54.9%
% Cat A Resps in 8 mins	47.3%	33.9%	35.6%	33.3%	46.5%	39.4%
95% Cat A have Convey Resource in 21 mins	78.4%	65.0%	71.3%	64.5%	71.3%	70.7%



	NI	Belfast	S Eastern	Northern	Southern	Western
June 2018 Actual	17,929	4,345	3,355	4,242	3,186	2,801
June 2017 Actual	17,475	4,495	3,066	4,293	2,961	2,660
% Growth since 2016-17	2.6%	-3.3%	9.4%	-1.2%	7.6%	5.3%

Key Performance Indicator: Ambulance Turnaround at Emergency Departments within 30 minutes – June 2018 V June 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 - JUNE 2018						
Bookings	LCG AREA	Belfast	South Eastern	Northern	Southern	Western	NI
	Jun-18	2929	2485	6763	4703	3218	**20098**
	Jun-17	2560	2169	7202	5368	3666	**20965**
	% Change	14.4%	14.6%	-6.1%	-12.4%	-12.2%	**-4.1%**
Completed Journeys	LCG AREA	Belfast	South Eastern	Northern	Southern	Western	NI
	Jun-18	2022	1594	5332	3681	2572	**15201**
	Jun-17	1887	1499	5819	4088	2818	**16111**
	% Change	7.2%	6.3%	-8.4%	-10.0%	-8.7%	**-5.6%**
Completed Journeys	Journey Type	Outpatient	Discharge	Transfer	Admission	Second Crew	Home Assessment	Total
	Jun-18	11884	2163	959	177	17	1	**15201**
	Jun-17	12887	2132	920	164	4	4	**16111**

CATEGORY A PERFORMANCE: AVERAGES AND OUTLIERS

June 18

REGIONAL CATEGORY A PERFORMANCE: TOTAL NUMBER OF RESPONSES

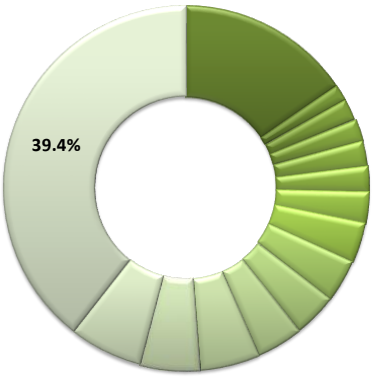
NORTHERN IRELAND REGIONAL TOTAL

TOTAL NUMBER OF CATEGORY A RESPONSES	Number of Category A responses required to exceed Regional target (72.5%)
4706	3412
AVERAGE RESPONSE TIME [MM:SS]	**1556 responses below target**
12:56	

BELFAST HSCT		SOUTH EASTERN HSCT		NORTHERN HSCT		SOUTHERN HSCT		WESTERN HSCT	
Total number of Cat A responses		Total number of Cat A responses		Total number of Cat A responses		Total number of Cat A responses		Total number of Cat A responses	
1205		909		1057		845		690	
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%)*	
814		614		714		571		466	
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	
570	47.3%	308	33.9%	376	35.6%	281	33.3%	321	46.5%
244 responses below target		306 responses below target		338 responses below target		290 responses below target		145 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]	
11:29		13:51		13:33		14:19		11:39	

REGIONAL CATEGORY A PERFORMANCE SUMMARY

Northern Ireland Ambulance Service Health and Social Care Trust



Category A Performance		%	Cumulative %
Within 8 minutes	1856	39.4%	39.4%
Within 8 - 9 minutes	305	6.5%	45.9%
Within 9 - 10 minutes	250	5.3%	51.2%
Within 10 - 11 minutes	250	5.3%	56.5%
Within 11 - 12 minutes	195	4.1%	60.7%
Within 12 - 13 minutes	183	3.9%	64.6%
Within 13 - 14 minutes	177	3.8%	68.3%
Within 14 - 15 minutes	166	3.5%	71.9%
Within 15 - 16 minutes	131	2.8%	74.6%
Within 16 - 17 minutes	105	2.2%	76.9%
Within 17 - 18 minutes	106	2.3%	79.1%
Within 18 - 19 minutes	94	2.0%	81.1%
Within 19 - 20 minutes	90	1.9%	83.0%
Within 20 - 21 minutes	70	1.5%	84.5%
Over 21 minutes	728	15.5%	100.0%
Total	4706		

BELFAST HSCT

Response Time	N	%	Total
< 8 m	570	47.3%	47.3%
8 - 9 m	112	9.3%	56.6%
9 - 10 m	89	7.4%	64.0%
10 - 11 m	83	6.9%	70.9%
11 - 12 m	57	4.7%	75.6%
12 - 13 m	56	4.6%	80.2%
13 - 14 m	32	2.7%	82.9%
14 - 15 m	36	3.0%	85.9%
15 - 16 m	21	1.7%	87.6%
16 - 17 m	14	1.2%	88.8%
17 - 18 m	11	0.9%	89.7%
18 - 19 m	19	1.6%	91.3%
19 - 20 m	9	0.7%	92.0%
20 - 21 m	9	0.7%	92.8%
21 + m	87	7.2%	100.0%
Total	1205		

SOUTH EASTERN HSCT

Response Time	N	%	Total
< 8 m	308	33.9%	33.9%
8 - 9 m	69	7.6%	41.5%
9 - 10 m	31	3.4%	44.9%
10 - 11 m	43	4.7%	49.6%
11 - 12 m	35	3.9%	53.5%
12 - 13 m	29	3.2%	56.7%
13 - 14 m	47	5.2%	61.8%
14 - 15 m	32	3.5%	65.3%
15 - 16 m	36	4.0%	69.3%
16 - 17 m	24	2.6%	71.9%
17 - 18 m	29	3.2%	75.1%
18 - 19 m	25	2.8%	77.9%
19 - 20 m	22	2.4%	80.3%
20 - 21 m	17	1.9%	82.2%
21 + m	162	17.8%	100.0%
Total	909		

NORTHERN HSCT

Response Time	N	%	Total
< 8 m	376	35.6%	35.6%
8 - 9 m	44	4.2%	39.7%
9 - 10 m	50	4.7%	44.5%
10 - 11 m	50	4.7%	49.2%
11 - 12 m	44	4.2%	53.4%
12 - 13 m	41	3.9%	57.2%
13 - 14 m	43	4.1%	61.3%
14 - 15 m	47	4.4%	65.8%
15 - 16 m	36	3.4%	69.2%
16 - 17 m	34	3.2%	72.4%
17 - 18 m	31	2.9%	75.3%
18 - 19 m	29	2.7%	78.1%
19 - 20 m	28	2.6%	80.7%
20 - 21 m	15	1.4%	82.1%
21 + m	189	17.9%	100.0%
Total	1057		

SOUTHERN HSCT

Response Time	N	%	Total
< 8 m	281	33.3%	33.3%
8 - 9 m	42	5.0%	38.2%
9 - 10 m	48	5.7%	43.9%
10 - 11 m	39	4.6%	48.5%
11 - 12 m	39	4.6%	53.1%
12 - 13 m	31	3.7%	56.8%
13 - 14 m	31	3.7%	60.5%
14 - 15 m	35	4.1%	64.6%
15 - 16 m	22	2.6%	67.2%
16 - 17 m	22	2.6%	69.8%
17 - 18 m	21	2.5%	72.3%
18 - 19 m	14	1.7%	74.0%
19 - 20 m	20	2.4%	76.3%
20 - 21 m	17	2.0%	78.3%
21 + m	183	21.7%	100.0%
Total	845		

WESTERN HSCT

Response Time	N	%	Total
< 8 m	321	46.5%	46.5%
8 - 9 m	38	5.5%	52.0%
9 - 10 m	32	4.6%	56.7%
10 - 11 m	35	5.1%	61.7%
11 - 12 m	20	2.9%	64.6%
12 - 13 m	26	3.8%	68.4%
13 - 14 m	24	3.5%	71.9%
14 - 15 m	16	2.3%	74.2%
15 - 16 m	16	2.3%	76.5%
16 - 17 m	11	1.6%	78.1%
17 - 18 m	14	2.0%	80.1%
18 - 19 m	7	1.0%	81.2%
19 - 20 m	11	1.6%	82.8%
20 - 21 m	12	1.7%	84.5%
21 + m	107	15.5%	100.0%
Total	690		

NIAS ESTATES

Clinical Sluice Programme - NIAS need to upgrade the Sluice Facilities in the majority of its Ambulance Stations to meet the requirements of RQIA. Essentially, each station needs to have separate Clinical Sluice and Domestic Sluice facilities. Currently, most stations contain one shared sluice facility, and this doesn't meet the standards required by RQIA. NIAS has identified 21 sites requiring work .Estimated costs are £627k. A request for funding has been made to the Department.
BSO PALS conducted a procurement competition fior the Modular Buildings Required, to satisfy VFM requirements. The competition is scheduled to complete by 31st July 2018.

Craigavon Replacement Programme - NIAS submitted a bid for £1.6m funding on the 13th April 2018 for a replacement Ambulance Station / MRD to be built in the modular way on the Craigavon Area Hospital Site. Funding was approved on the 30th April 2018. A Preplanning Application will be submitted to the planning authority in May 2018, specifying egress and ingress; this has been approved. Full planning permission submission is subject to approval of final design. Collaboration has taken place with local staff representatives and management and final design should be reached in August 2018. SHSCT has agreed to transfer a site , identified in the SHSCT development plan to NIAS . Business case still not fully approved as at 30th July 2018; however the DOH have been supportive in the application process

Ulster Hospital Site - NIAS attended an update on the SEHSCT Ulster Hospital Site , specifically regarding Ambulance access flow. The meeting identified a risk to NIAS vehicles turning right into the new access road from the Upper Newtownards Road. This is an illegal turn and there is no slip road or traffic light system. NIAS estates will meet with Roads Service and SEHSCT to resolve this issue ASAP.

Facilities Maintenance (FM) Contract – NIAS commenced a review in February 2018 of works conducted under the auspices of the FM Contract to ,not only, improve value for money but also to help stablish a service standard for the management of reactive repairs, planned repairs and minor works. In the last reported period 91 of 93 requests for reactive repair were completed on time and to specification (97.8%)

NIAS holds both Operational and Commercial Contract reviews on a monthly basis covering all aspects of the FM contract.

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

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

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

NIAS and CPD are in discussion regarding defects and latent defects and the possibility of making a claim against the Design Team (for Enniskillen and Ballymena) Professional Indemnity Insurance.

Derriaghy – LPS could not reach agreement with landlord. 3 month notice to terminate lease was issued on 20th April 2018.Notice period has been extended until 30th September 2018 to fully examine the implications of displacing staff to Lisburn and Ballynahinch and currently with Director of Operations.

NIAS has reached agreement to share NIFRS property, on informal basis, in Derriaghy. A Licensing agreement, for NIAS in NIFRS properties, is in draft with NIFRS legal team will formalise this arrangement.

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 Q2 2018/19.

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

IPC and Other Work Stream Valuation – IPC Lead and Head of Estates meeting with ASAMS to identify ,coordinate and value IPC works and other workstreams by mid Q2 2018.19 **.**

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 vehicles being rolled out with all new A&E vehicles scheduled to be operational by mid-August.
- PCS vehicles being rolled out however some staff training requirements may delay vehicles becoming operational.
- Cars & Specialist vehicle currently being commissioned for rolled out.

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

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

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

Fleet Profile 2017/18	Apr	May	Jun
(% less than 5 yrs old)			
Emergency Ambulances	80.2	82.8	83.6
Non-Emergency Ambulance	80.0	80.0	78.4
Rapid Response Vehicles	88.3	86.0	62.8
Support Vehicles	56.8	56.8	50.0

TB/16/08/2018/09

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

MEDICAL DIRECTORATE

Interim Medical Director
16 August 2018
(April-June 2018)

Medical Directorate Performance Report for Trust Board

Emergency Planning & Business Continuity	
	Please refer to attached Emergency Planning Reports for April-June 2018. The Trust's Emergency Planning Team continues to participate in major incident planning and multi-agency exercises. Following approval of the MTFA business case, funding was allocated by Department of Health and vehicles and equipment were purchased. The recruitment process for 24/7 HART response to MTFA incidents has commenced, although this cover will not be to the same extent as that provided in other areas of the UK as this model was rejected by the Department following submission of a business case designed to meet the original specification of having an identical response model. Significant work has been undertaken in the area of Emergency Planning and Business Continuity, with the production of a Trust Policy and Strategy. This has seen the Priority 1 finding from Internal Audit reduced in keeping with the progress made. The EP&BC lead has been progressing continuity plans and testing arrangements with NIAS Directorates, although those from the Operations Directorate relating to individual station plans remain outstanding.
Risk Management	
Corporate Risk Register	The Trust's Corporate Risk Register is presented monthly to SEMT, and to the Assurance Committee as a standing agenda item. 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. The Local Risk Registers of each Directorate are presented to the Trust's Assurance Committee on a rolling basis to ensure that all are considered during the year. In accordance with the 2017/18 annual audit plan, BSO Internal Audit carried out an audit of Risk Management within Northern Ireland Ambulance Service (NIAS) during June 2017. The final report has been received and no Priority 1 issues identified. A series of meetings with senior management was facilitated by a representative from the Leadership Centre as part of a review of assurance and governance structure / reporting.

Incident Reporting Procedures	The use of the online version of DatixWeb also allows for closer integration with other Trusts for incidents that involve more than one agency. The work is supported by a full-time Datix Administrator working within the Medical Directorate. The O'Hara Report into hyponatraemia-related deaths in Northern Ireland produced 96 separate recommendations, many of which relate to incident reporting and investigation. These will have many implications for Trusts, and the Department is leading multiple workstreams related to this with clear direction that a regional approach should be taken rather than Trusts introducing disparate approaches. NIAS has already submitted formal responses to the first two workstreams and has been asked to provide representation on these. A series of Trust workshops was organised during Q4 2017/18 by the NIAS Risk Manager to provide training in SAI investigation and management to senior staff. NIAS continues to participate in the learning outcomes review from SAIs regionally with a composite report of Untoward and Serious Adverse Incidents being reported at each meeting of the Assurance Committee. New SAIs are reported weekly at SEMT.
Outcomes from Reports, Alerts, etc.	Regular reports on complaints, compliments, adverse incidents including SAIs involving NIAS, Coroner's reports, medication and device alerts continue to be provided to the Assurance Committee as standing agenda items. NIAS also continues to review relevant NICE guidelines and regional learning and quality letters and reports for relevance to an ambulance service. 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.
Clinical Care	
Infection Prevention & Control	The work of the Infection Prevention and Control Group remains a standing item on the Assurance Committee Agenda where it has detailed the extensive work relating to the improvement notices served by the RQIA following inspections at Belfast and Broadway Stations. A more recent round of inspections raised concerns regarding Craigavon Station prompting a wider review of a total of 21 stations across Northern Ireland. Both Belfast and the Western Divisions had satisfactory outcomes with some examples of particularly good practice being recognised. The South Eastern Division had a mixed report but significant deficiencies in both the Northern and Southern Division where practice and governance arrangements have not yet been embedded.

	Improvement notices were issued relating to the local arrangements at Craigavon station and the governance arrangements within the Trust. The notice relating to local arrangements was subsequently lifted following significant progress led by the local area and station management. However, RQIA recommended the introduction of a special measure which specifically called for the provision of an IPC Governance Lead by the Department of Health to assist NIAS to embed governance arrangements regionally, and Lynne Charlton was appointed to this role. The Department has now hosted two review meetings with the Chair of Trust Board, Chief Executive, Medical Director and IPC lead to discuss progress. Welcome support was given in relation to financial backing for NIAS infrastructure changes and there was recognition of the work undertaken to date in terms of local practice and wider governance.
Regional Community Resuscitation Strategy	**Community** • Discussions have taken place with 11 Council areas to include Community Resuscitation within Health and Wellbeing of the Community Plans. To date the following Councils have a Community Resuscitation Action Plan in place – Ards & North Down, Lisburn & Castlereagh, Mid Ulster Council. Belfast have agreed to include Community Resuscitation within their Belfast Strategic Partnership. Newry & Mourne & Armagh, Banbridge, Craigavon are progressing workshops to take this work forward. Remaining Council Areas are discussing Community Resuscitation within their respective areas. **AEDs** • Standard Operating Procedures have been developed for AED owners and for AED deployment. FAQs are in development for NIAS website. **Community First Responders** • A Business case has been approved to provide a module for the GoodSAM App to be integrated into the CAD system. Planned roll out of this will be Autumn/Winter 2018. • Update training of CFR Volunteers has taken place and this has highlighted a number of issues which will require further work i.e. Patient Report Forms, standardised training levels, standardised recruitment documentation and legal documentation. This will be reviewed over the next 6 months. • Meeting with National Ambulance Service (HSE) provided the opportunity to share best practice and how the CFRs who are working close to the border areas can work better together. **Schools**

	• Heartstart Teacher Training dates for the 2018/19 Academic year have been secured and venues booked across NI teacher training sites. • EANI Admin support is still to be agreed. • Schools previously teaching Heartstart or Call Push Rescue have all been contacted and there are still a number who have not responded despite numerous emails and phone calls. **Data** • Currently the NIAS Audit department are collating data for out of hospital Cardiac Arrest Survival. This data collation and cleansing was delayed due to staff shortages within the Audit Department however it is hoped that within the next few months this will be available. • Following discussions with PHA it is hoped that as they are planning to carry out a Health and Wellbeing Survey in Autumn 2018 they will be able to add CPR questions to this to enable a baseline % of members of the public willing to intervene and provide CPR if required and also % of people trained in CPR and/or AED. **Statistics** • CPR or CPR/AED training - 525 • Introduction to CPR/AED - 200 • Community Engagement events/Awareness raising - 1806 **Total - 2531**
Regional Electronic Ambulance Communications Hubs (REACH) Project (previously ePRF)	The business case for introduction of an electronic Patient Report Form (ePRF) received the support for capital from the Department of Health and Department of Finance in June 2017. A Project Board led by the Chief Executive has been established and work has now commenced on the procurement. Agreement has been reached with the Procurement and Logistics Service (PaLS) and the first stage of the procurement, the Supplier Questionnaire (SQ) and project Background document has been published on the etenders website. Date of publication 8 May and will close on 9 July 2018. A Contract Adjudication Group (CAG) within NIAS has been established consisting of Clinical, Control, IT and Information staff. The team will carry out the evaluation of the tenders received and shortlist successful suppliers who will be invited to tender in stage 2. All procurement documentation has been finalised and is with PaLS for publication at Invitation to Tender (ITT) stage due 1 Sept 2018.
Alternative Care Pathways	A pilot involving “street triage” where a prehospital team involving a NIAS paramedic, community

	psychiatric nurse and a PSNI Officer can provide early assessment of patients was scheduled to commence at the end of June 2018. Work on policies including information markers and frequent callers continues, but these are not yet ready for submission to Trust Board. A temporary post has been created for an officer to focus on frequent callers and is currently managing around seventy patients by engaging with the patients directly and their relevant healthcare providers. This has seen a significant reduction in the number of calls from some patients. Several patients have also been subject to court proceedings relating to use of the emergency services. 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.
Helicopter Emergency Medical Service (HEMS)	NIAS and the charity partner Air Ambulance Northern Ireland (AANI) released their spring report in June 2018 detailing progress and activity during the first year of operation. The HEMS Management Board comprising NIAS, AANI and Babcock representatives continues to meet on a regular basis to review areas of operational, financial and more recently clinical performance. 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. Two paramedics have also left the Service for other posts but their positions have been filled from the existing waiting list for HEMS crew. The helipad at the Royal Victoria Hospital site is nearing completion and should become operational in the summer of 2018 following the requisite test flights. This will significantly reduce the transfer time of patients who will have to undergo secondary road transfer from alternative sites at the Musgrave Park Hospital or Belfast City Airport in the interim, although there may still be a case for the use of Musgrave Park Hospital as a landing site for paediatric patients. The combined clinical advisory groups for HEMS and the Regional Trauma Network continue to meet. The full implementation of the Regional Trauma Network is not a prerequisite for the introduction of the HEMS service, but it is hoped that it will commence in Q1 2018/19. All of the hospital Trusts have expressed concern regarding capacity for and repatriation of trauma patients, although regular review of HEMS missions has indicated a responsible approach to the choice of

	destination hospital for patients which should help to avoid overwhelming any individual site. There is no evidence suggesting that NIAS operational availability is contributing to any repatriation delays.
Personal Public Involvement / Patient Client Experience	
Patient and Client Experience Standards (PCES)	The Trust continued to promote 10,000 More Voices and gather more stories from patients and staff, review progress and learn from results with service users. Over 300 patient stories related to the Ambulance Service have been collected covering all aspects of the service, including emergency 999 response, Patient Care Service and ambulance control. The results from feedback have been very positive and reflect a high degree of satisfaction in terms of compliance with the patient experience standards. The vast majority of patients (90%) described their experience as either positive or strongly positive. The following activities were completed to promote 10,000 More Voices during the reporting period: • Generic and ACP surveys promoted at shopping centre engagement events: Rushmere Shopping Centre – 11 April; Forestside & Erneside – 12 April; and Quays Shopping Centre – 20 April. • Promotion of 10,000 Voices surveys at the PCC Annual Service user Event – Crumlin Road Gaol, 3 May. • Promotion of surveys at the Disability Exhibition on 1 and 2 June. • Antrim Hospital Ambulance Liaison Officer to promote generic survey to patients at Antrim Hospital. • Generic and ACP surveys to be offered to patients by RRV paramedics based in Newry Ambulance Station. Further work is underway to use 10,000 More Voices as a learning and engagement tool for the Transformation and Modernisation Programme around Transforming Your Care and Appropriate Care Pathways. A pilot of a separate survey on Appropriate Care Pathways has been developed and is being implemented. Learning related to a minority of individual experiences which did not meet our required standards related to delays in ambulance arrival and staff attitude. These reflect themes included in complaints and work has been undertaken in relevant training programmes to address issues around attitude and behaviour. Staff attitude, behaviour and communication are continuing themes emerging from complaints and

	we continue to work to address these issues through internal processes including training. We will also prioritise staff attitude and will raise awareness of and communicate the patient experience standards across all staff groups through the Corporate Induction Resource Pack and training programmes. Last year's patient experience workplan has been reviewed for 2018/19 to include: • continued collection of patient stories and work with the PHA and service users on the evaluation of the stories in order to ensure learning from 10,000 More Voices leads to improve services; • engagement with the Comms Team on options for a NIAS 10,000 More Voices awareness and promotional campaign; • continued promotion of 10,000 More Voices and gathering of more stories from patients and staff, reviewing progress and learning from results with service users; • 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.
Personal and Public Involvement (PPI)	The Trust's Personal and Public Involvement (PPI) Strategy outlines its commitment to involving key stakeholders such as service users, carers and their representatives in the development of services. During this reporting period, work continued on reviewing NIAS's PPI strategy and structure, and meetings in that regard remain ongoing. Following discussions at the Equality and PPI Steering Group 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. Effort has continued during this reporting period on developing a significant public and staff engagement programme for 2018. This will see engagement and consultation on a range of transformation policies in development, alongside a specific focus on the PPI standards, whilst taking into account the evolving DoH guidance on co-production and co-design.

EMERGENCY PLANNING REPORT FOR APRIL-JUNE 2018

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

Potential Major Incident

On 19 April 2018 at 12.25 NIAS received a 999 call for a report of a light aircraft crashed into a field beside at Nutts Corner, Crumlin. The call was upgraded to a potential major incident and tasked to the scene were 3 A&E crews, 1 Rapid Response Vehicle, 2 HART, HEMS, 1 Emergency Equipment Vehicle and 6 Officers. The two persons on board the aircraft were declared DOA at scene. One local resident was treated by paramedics at scene but did not require transport to hospital. The incident was managed in line with the major incident plan, it was stood down by the ambulance commander on scene at 12.50 and the ambulance commander gave a short TV interview.

On 9 May 2018 at 16.09 NIAS received a 999 call to Foyle Fold Limavady Road, Londonderry for a report of a fire. Tasked to the scene were 2 A&E crews, 2 Rapid Response Vehicles, 1 Patient Care Service crew, 4 Officers, 1 HART and a paramedic in a community paramedic vehicle. The first vehicle to arrive was the paramedic in the community paramedic vehicle; however the incident was stood down by NIFRS. No patients were treated or transported. There was an issue with the alert number for the Western Trust telephonist not taking the call.

On 19 May 2018 at 17.51 NIAS received a 999 call for a report of a large fire involving an oil tank to the rear of houses on Ballyfore Road, Ballyduff. Despatched to the scene were 2 Rapid Response Vehicles, 2 A&E crews, 2 Patient Care Service / Intermediate Care Service crews, 5 Officers and the Mobile Control Vehicle. Also despatched but stood down were 1 Officer and the Emergency Equipment Vehicle. Two Trusts were alerted to the potential major incident. One patient was treated at scene and the incident was stood down at 19.44.

Major Incidents

On 30 June 2018 at 16.29 NIAS received a call from PSNI for reports of a Road Traffic Accident on the Armagh Road, Moy. This call was treated as a normal 999 call on the basis of information received from PSNI and NIFRS. The first crew on scene escalated the call to a declared major incident as they were faced with six patients with two children trapped in the car. Tasked to the scene were 5 A&E crews, 1 Rapid Response Vehicle, 7 Officers and Helimed 23. Two hospitals were alerted to receive casualties, Craigavon Area Hospital and the Royal Victoria Hospital. All patients were transported to Craigavon area Hospital - two children and four adults. RVH was stood down at 17.45 (the wrong number was used for the stand down). The Mobile Control Vehicle and Emergency Equipment Vehicle were stood down by Control and did not go mobile. The incident was stood down at 18.26.

Airport Alerts

On 15 April 2018 at 13.53 NIAS received an emergency call to the Belfast City Airport for an aircraft making an emergency landing reporting difficulties with the flaps. Tasked to the scene 3 A&E crews, 2 Patient Care Service /Intermediate Care Vehicle crews, 2 Rapid Response Vehicles, 8 Officers and the Emergency Equipment Vehicle & Mobile Control Vehicle. The plane landed safely and the incident was stood down at 14.02 by the Officer at the Rendezvous Point.

HAZMAT / Hazardous Area Response Team (HART) deployments

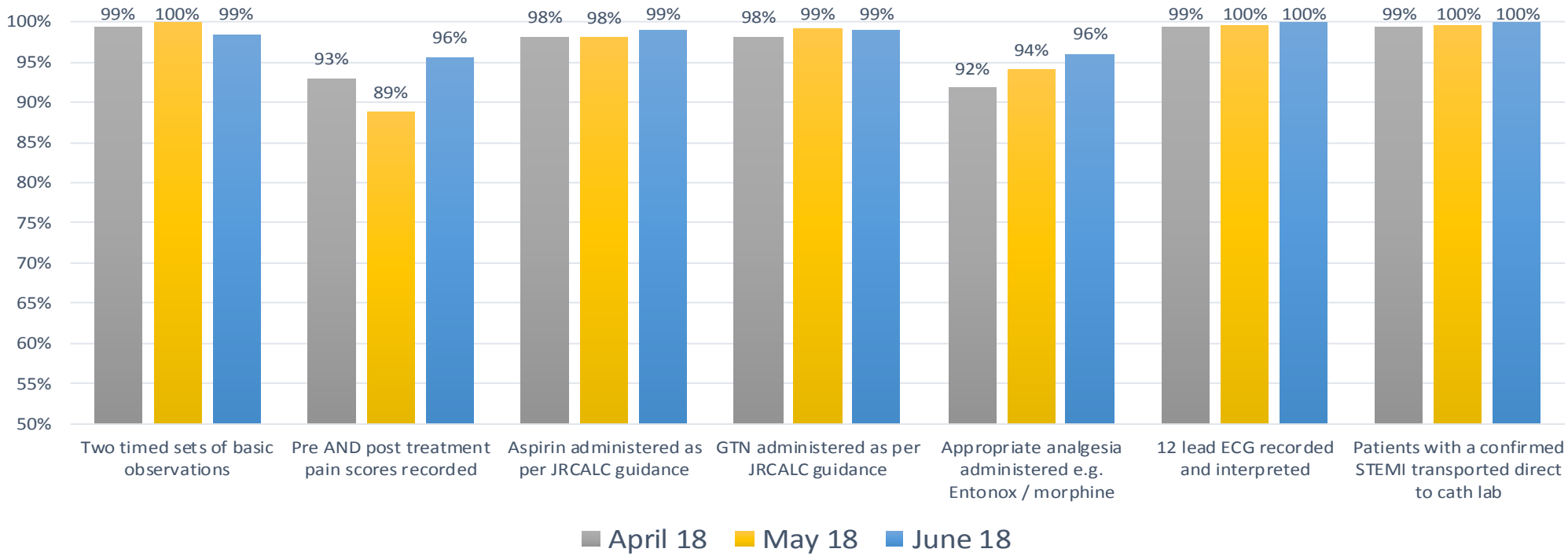
152 = Deployments with Breathing Apparatus skills/ HAZMAT deployments
46 = Restricted space
41 = In-land Water Operations
0 = Incident at height
0 = Mountain rescue
18 = HAZMAT

William Newton
Emergency Planning Officer

Northern Ireland Ambulance Service
Health and Social Care Trust

ACUTE CORONARY SYNDROME

QUALITY IMPROVEMENT COMPLIANCE



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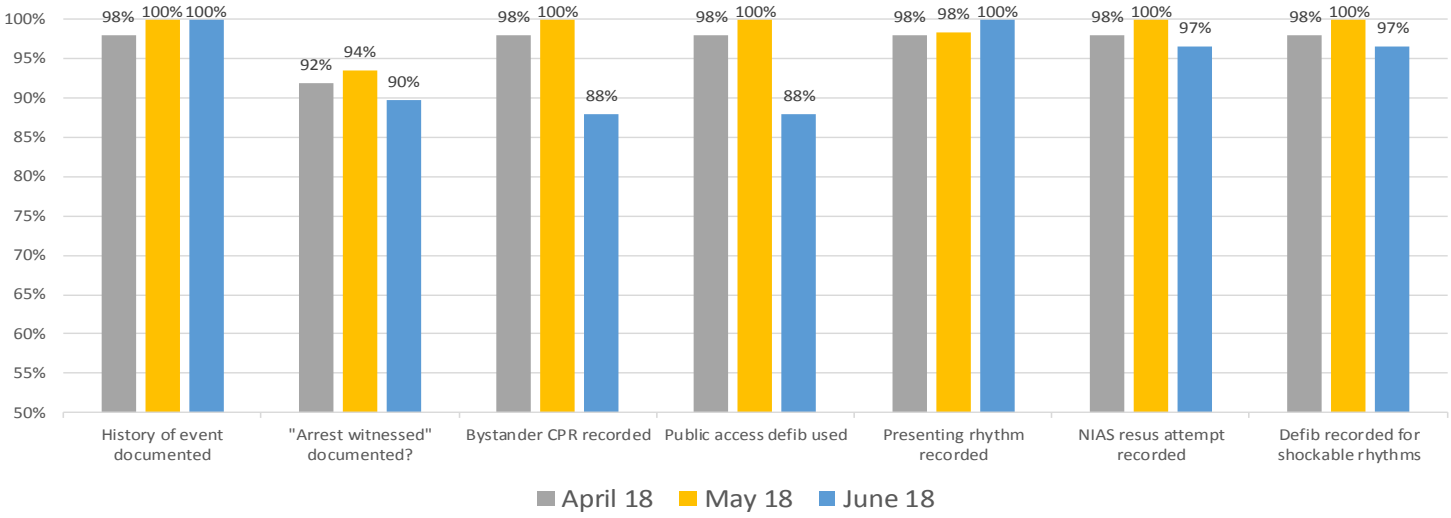
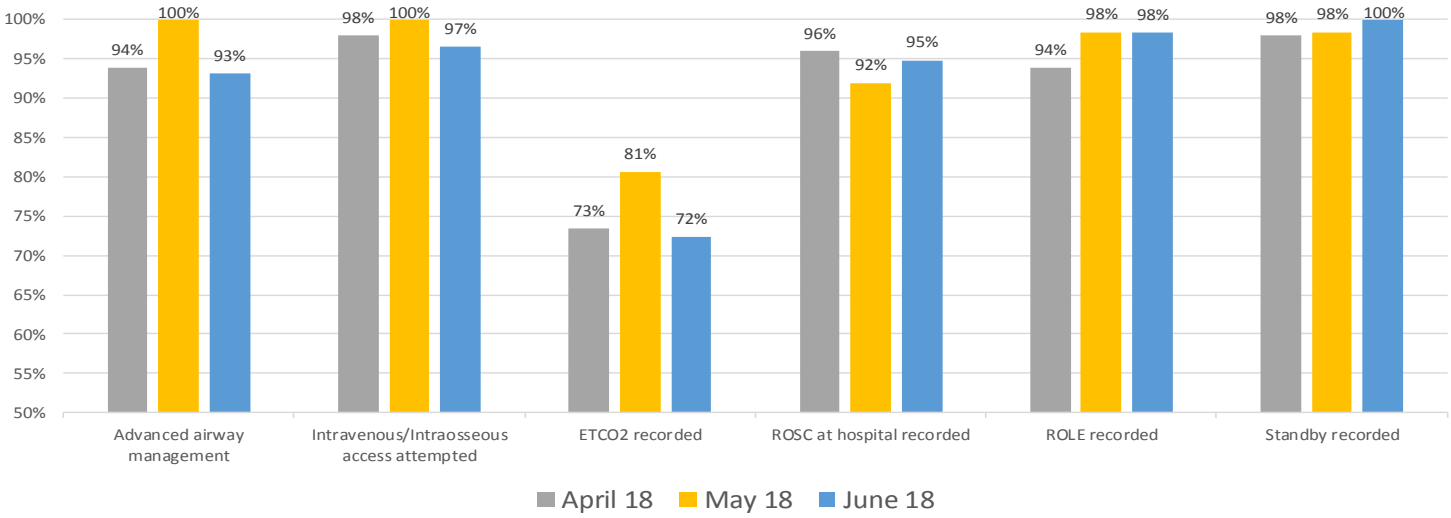
CARDIAC ARREST

QUALITY IMPROVEMENT COMPLIANCE





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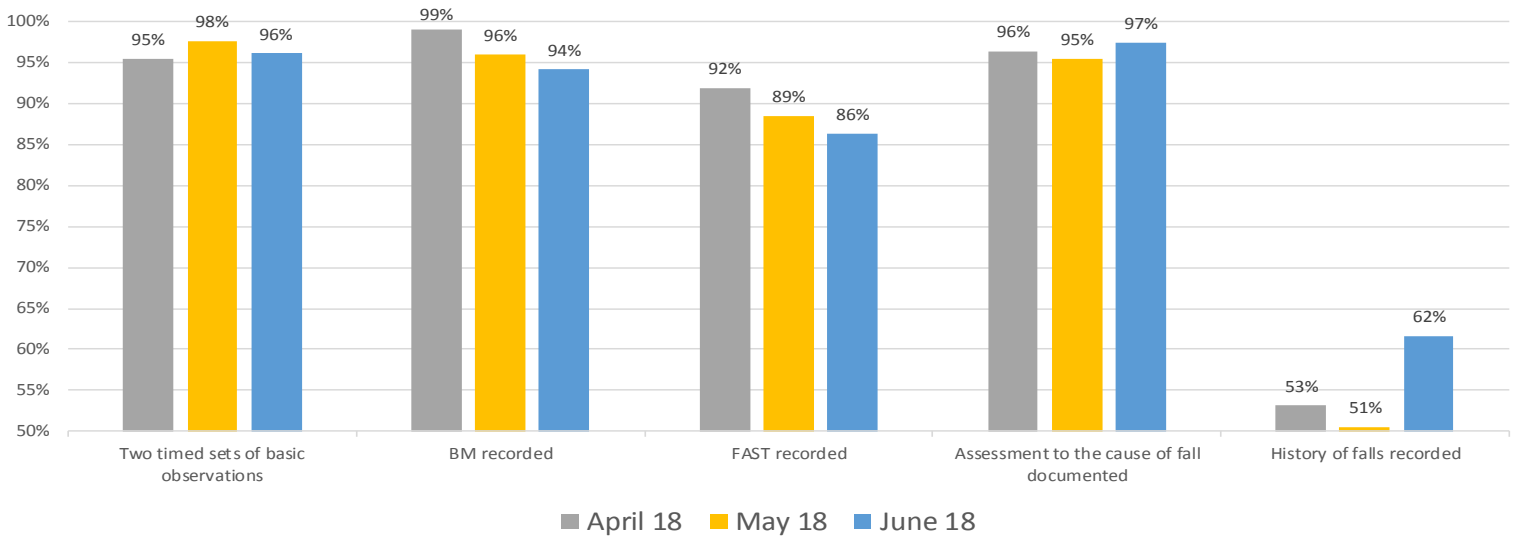
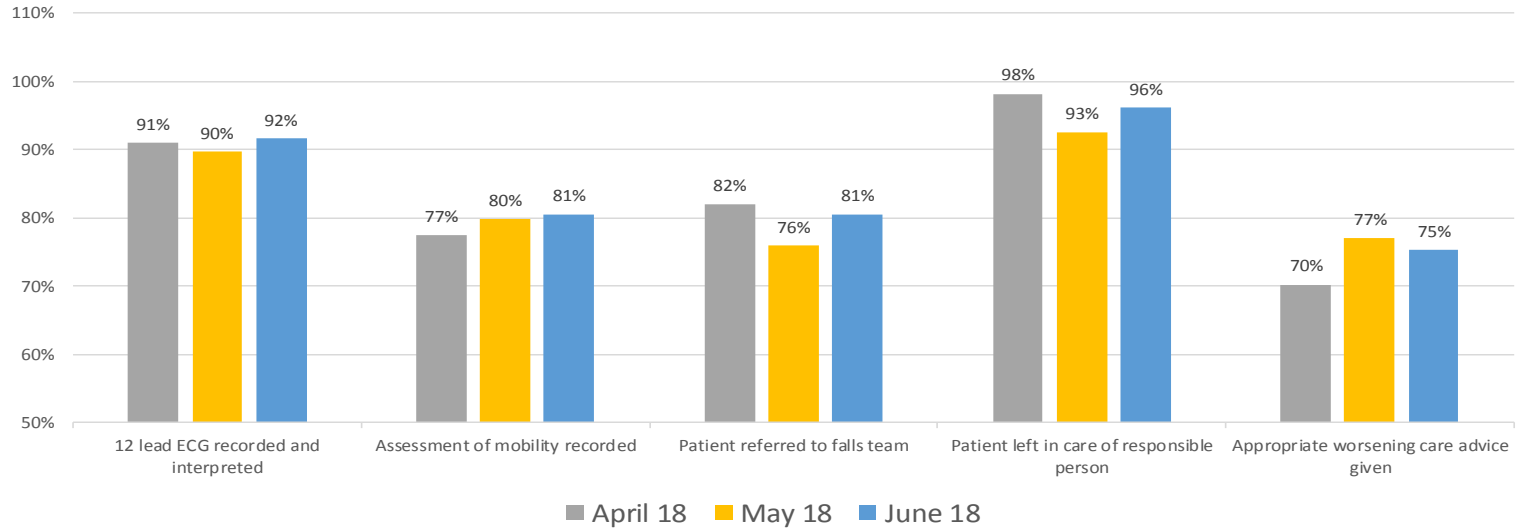
FALLS

QUALITY IMPROVEMENT COMPLIANCE





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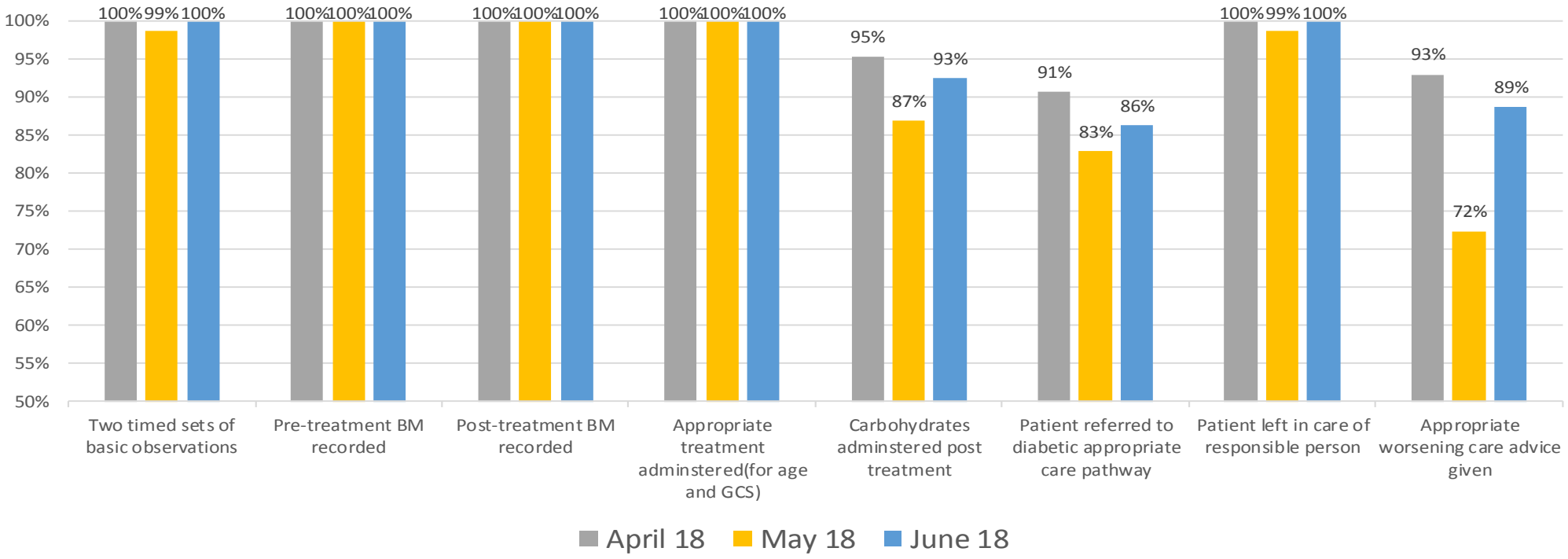
HYPOGLYCAEMIA

QUALITY IMPROVEMENT COMPLIANCE



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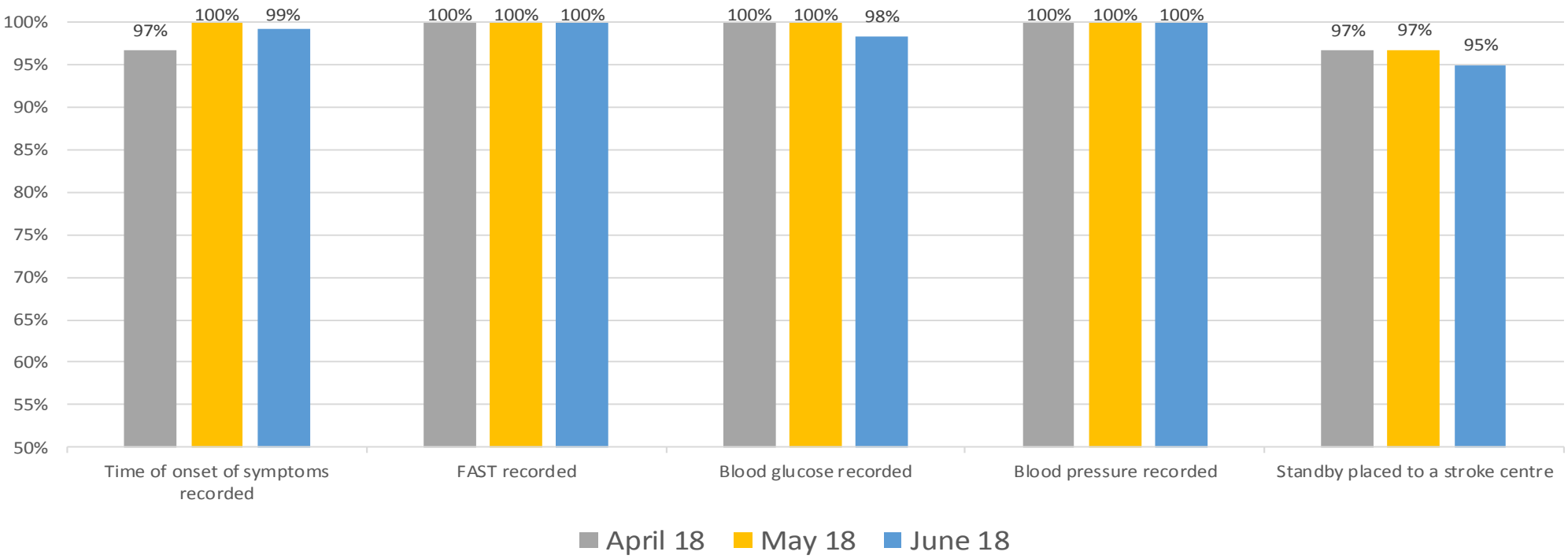
STROKE

QUALITY IMPROVEMENT COMPLIANCE



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