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

## *A Meeting of Trust Board to be held at 2.00pm*
## *Thursday, 01 June 2017, Silverbirch Hotel, 5 Gortin Road, Omagh, BT79 7DH*

**Welcome, Introduction and Format of Meeting**          Paper Enclosed

**1.0     Apologies**

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

**3.0     Minutes of the previous meeting of the Trust Board**          TB/06/01/2017/03
**held 06 April 2017** (for approval and signature)

**4.0     Matters Arising**

**5.0     Chairman's Business**

     5.1     Chairman's Update

**6.0     Chief Executive's Business**

     6.1     Chief Executive's Update

**7.0     Performance Report as at 31 March 2017**

     7.1     **Highlight Reports by each Director**:
          Operations          TB/06/01/2017/04
          Finance
          Human Resources
          Medical

**8.0     Items for Approval**

     8.1     Management of Aggression Policy          TB/06/01/2017/05
     8.2     HSC Equality Action Plan          TB/06/01/2017/06
     8.3     Disability Action Plan          TB/06/01/2017/07

**9.0     Items for Information/Noting**

     9.1     Assurance Committee Minutes (04/05/2017)          TB/06/01/2017/08
     9.2     Audit Committee Minutes (19/01/2017)          TB/06/01/2017/09
     9.3     Audit Committee Terms of Reference (Revised          TB/06/01/2017/10
     2017)
     9.4     Complaints Policy & Procedure – Extension of          *(Director of HR &*
     Renewal Date          *Corporate Services to*
          *Update)*

**10.0     Forum for Questions**

**Next meeting of Trust Board will be held on Thursday, 17 August 2017 at 2.00 pm, Northern Ireland Ambulance Service Headquarters, Knockbracken Healthcare Park.**

# Standing Orders

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

**Admission of Public and the Press**

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

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

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

**3.18** *Observers at Board meetings*

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

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

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

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

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

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

Northern Ireland Ambulance Service
Health and Social Care Trust

# *TRUST BOARD*

**Thursday 01 June 2017 - Silverbirch Hotel, 5 Gortin Road, Omagh, BT79 7DH**

**TB/06/01/2017/03**

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

*Minutes of Trust Board held*
*Thursday 6th April 2017 at 2.00pm in*
*Parkanaur House, Parkanaur Road, Dungannon*

**Present:**

| | |
|---|---|
| Mr P Archer | Chairman |
| Mr Shane Devlin | Chief Executive |
| Mr W Abraham | Non-Executive Director |
| Mr A Cardwell | Non-Executive Director |
| Dr J Livingstone | Non-Executive Director |
| Mr N McKinley | Non-Executive Director (part left at 4.00pm) |
| Dr D McManus | Medical Director |
| Ms R O'Hara | Director of HR & Corporate Services |
| Mrs S McCue | Director of Finance & ICT |
| Mr B McNeill | Director of Operations |

**In Attendance:**

| | |
|---|---|
| Ms H Coard | Senior Secretary |
| Mr D Mahaffy | Senior Secretary |

**1.0    Apologies**

There was one apology – Mr T Haslett, Non-Executive Director

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

No potential conflicts of interest/pecuniary interest were declared. The Board was confirmed as quorate.

**3.0    Minutes of the previous meeting of Trust Board held on 2nd February 2017**

Minutes were approved on the proposal of Mr A Cardwell. and seconded by Dr J Livingstone

**4.0    Matters Arising:**
**4.1    Action from meeting 2nd February 2017**
No further update has been provided regarding the use of electronic papers at Board meetings.  CE to progress with Complaints Manager.  It was noted that the papers for this meeting were available electronically.

**Action:** CE to check progress of the use of electronic papers at Board meetings with Complaints Manager.

**5.0    Chairman's Business**

5.1 Chairmans Update

The Chairman thanked staff at Dungannon for hosting the pre-Trust Board visit and found them to be very welcoming and commented that the station to be excellent and in a good location. One point of note is illegal parking around the Station which may interfere with Ambulance's leaving the site.

The Chairman gave an overview of his activities and meetings attended since the last Trust Board. Of note the Chairman visited an Exhibition of Northern Ireland Ambulance Memorabilia called 'Blues and Twos' which was being displayed in the North Down Museum. This was organised by Andrew Moore, an RRV paramedic.

## 6.0    Chief Executive's Business

6.1 Chief Executives Update

CE outlined activities and meetings attended since the last Trust Board. These included:
- Visits to Ambulance Stations in Antrim, Magherafelt, Newcastle, Lisburn and Banbridge.
- Connected with other UK Ambulance Service Chief Executives at a meeting of the Association of Ambulance Chief Executives in Stratford-upon-Avon.
- Commenced a weekly blog which is published on the NIAS Intranet – it was agreed to extend this to include Non-Executive Directors.

**Action**
Weekly Blog to be extended to include Non-Executive Directors.

## 7.0    Performance Report as at 28th February 2017.

### 7.1 Highlight Reports by Each Director

**Operations Directorate**

The Director of Operations updated Trust Board:

- It was noted that Performance has settled following the busy Christmas period.
- 4% of calls were not answered within 2 seconds, with the average being 7 seconds, this is due in part to a lack of call handlers and will form part of the capacity review.
- The numbers of calls continues to increase, with Category A up by 1.8% compared to the same period last year and total emergency demand increasing by 4.9%.
- There continued to be a big pressure on HALOs during the period. Local initiatives in Ulster Hospital have improved patient handover times, and NIAS will continue to focus on improving these times as part of the performance improvement plan and capacity review. It was noted that in a recent NIAO report it was confirmed that patient handover times is a system wide issue.
- The first meeting of the Demand and Capacity Review Operational Steering Group has taken place with the NIAS Information Team coordinating the provision of supporting data. Workstreams will be ongoing around call standards and definitions of emergency calls. Targets will be discussed and a second model will be developed including resources required. A paper is being developed for consultation and will be shared with the Board. The work of the Information Team in the provision of data was recognised.
- NIAS are currently on target to replace 20% of fleet annually.
- A NIAS Community Paramedic Project has commenced which has been a long time in development, this fits within TYC and also the Professor Bengoa concept, and is

an excellent opportunity to develop the NIAS workforce. Funded through a EU Body for a period of 2 – 2 ½ years, Northern Ireland has received two of the available eight Community Paramedics positions, who will be deployed alongside a GP practice in Castlederg and will be an extra health care resource in this rural area. The two staff will work within the practice and local community, and can work towards a level eight post graduate diploma qualification by distance learning. A robust monitoring and evaluation process is in place to test the proof of concept although it was noted that a similar model in England was successful. Funding covers both capital and training and it was confirmed that NIAS would retain the capital at the end of the funding period.

### Finance & ICT
The Director of Finance updated Trust Board:

### *Financial Performance*
- The Trust is currently reporting a small surplus of £19k for the eleven month period ending 28th February 2017 subject to a number of key assumptions including that any outcome of the Agenda for Change matching process for frontline staff will be fully funded.
- A break-even position is forecasted for the 2016/17 year and final accounts will be produced over the forthcoming months. The position will be subject to audit.
- The Board expressed their thanks to DoF and her team for this excellent result, especially in the current climate, which could become more challenging going into the future.
- A significant Capital Resource Limit allocation has been received for 2016/17 of £9.2m. There has been limited spend to date with regard to the Enniskillen Ambulance Station build, and the purchase of new defibulators, however, finance are engaging with Operations who have advised that the full allocation will be spent by the year end.
- There has been focused attention on the prompt payment of invoices which has led to the target of 95% being achieved.
- Payroll and Accounts payable, have been moved to BSO Shared Services and NIAS are keeping this under review to monitor performance and ensure Benefits realisation. Travel Expenses remain processed within NIAS as NIAS's arrangements are significantly different from other Trusts. BSO is fully supportive of this arrangement to retain this process within NIAS at this stage. The DoF attends Business Systems Forum meetings which reviews BSO Shared Services on an ongoing basis.

### *Information Technology*
- There was no particular issues around system availability to report during the period.
- DoF confirmed that the replacement of the telephony platform in NIAS Headquarters and Altnagelvin to allow for the use of the latest Voice Over Internet Protocol (VOIP) technology is expected to be completed by March 2017.
- The project to refresh core Microsoft Programmes throughout NIAS is expected to complete early in the new financial year.
- The replacement of NIAS Firewalls is nearing completion.

### *Information Governance*
Informatics continue to provide a range of clinical indicators, including falls, hypoglycaemia, acute coronary syndrome and cardiac arrest, to support quality improvements. These are detailed in MD's report.

There continues to be an upward trend in the number of Freedom of Information, Data

Protection, PSNI and Solicitors requests which are managed by the Corporate Manager and one other member of staff. In a recent review it was noted that additional resources are required. NIAS continue to liaise at various regional forums with Information Governance Managers in other Trusts, share learning & experiences and discussing challenges

To end February 2017 NIAS have responded to 73.79% of FoI requests within the target of 20 days. The Information Commissioner (ICO) has been in regular contact with NIAS and a number of other Health Trusts to monitor performance against this statutory duty. DoF and Corporate manager are engaging ICO for advice and to share good practice.

The paper based Patient Record Form continues to be challenging, with informatics processing between 13,000 – 15,000 individual records per month. There is a significant challenge in scanning these records and checking. DoF highlighted the important of the ePRF.

## Human Resources

The Director of HR&CS updated Trust Board as follows:

- NIAS continue to working in partnership with Trade Unions in Job Evaluation roles. A number of recruitments are in progress, which will provide good career progression opportunities for staff.
- NIAS had met the attendance target in February, however, cumulatively for the year the Trust is consistently failing to meet the target. HR&CS have instigated a number of measures to address high levels of sickness absence, including consideration of a peer support model, health promotion / signposting, promotion of flu vaccine, the relaunch and promotion of Carecall service to staff, and access for all staff to a fast track physiotherapy service. HR also are the lead in a Health & Well Being Group, and provide support to Managers and Area managers. It was noted that Health & Wellbeing is on the Corporate Plan.
- It was noted that that one member of staff had sustained a needle injury, and MD confirmed that within NIAS the number of incidents of this type are small as the Trust has robust protocols in place and this is covered substantially in training.
- Training for future Associate Ambulance Practitioners continues and this involves very detailed programmes and external verification for all students.
- The Trust has successfully met the target of 130 staff successfully completing the Q2020 E-Learning programme by end of March 2017. This training will continue to be rolled out throughout the Trust. DoF thanked the Senior Training Officer for her efforts.

## Medical

The Medical Director updated the Trust Board as follows:

- A review of the Business Continuity Strategy, Policy and overarching plan has commenced and completion is anticipated within Q1 2017/18. Following this, a programme to exercise Business Continuity Plans will be developed.
- The review of the Incident Reporting Policy and associated Procedures by the Risk Manager has recommenced and is expected to be completed by end Q1 2017/18. The MD advised that this is a substantial piece of work and it is hoped that this will be presented at next Board.
- Regular reports on complaints, compliments, alerts etc. continue to be provided to the Assurance Committee.
- The Community Resuscitation Development Officers and Regional Manager posts

are currently subject to job evaluation, following which recruitment will commence later this month. These appointments will support the full implementation of the Regional I Community Resuscitation Strategy.

- As previously reported to Trust Board, the introduction of an ePRF was significantly delayed due to lack of support for revenue funding from the Commissioner. This has now been received. A number of questions and clarifications have been received from the Department in relation to the previously submitted business case, and these have been responded to. Approval of the business case to allow further progress to procurement is still awaited but NIAS remains engaged with both HSCB and DoH. The Medical Director again emphasised that an ePRF was essential to support future development within the Service.

- The Board was updated on the work that is ongoing within the Trust in relation to Patient Client Experience and Personal and Public Involvement. It was noted that NIAS continues to be involved with the HSC "10,000 Voices" programme, and to date has collected approximately 300 patient stories through this, the vast majority of which are very positive.

- The Medical Director provided a report on the Quality Improvement Programme and presented the compliance with care bundles in relation to a number of clinical conditions. He highlighted a number of areas of non-compliance and the improvements that have been achieved in these areas through the Quality Improvement process. It was noted that in order to improve compliance with the falls care bundle and referral pathway, May has been designated as "falls month" with a number of educational and awareness issues planned. He hoped that in the future the improvements in the quality of care could be demonstrated in graphical rather than tabular format.

## 8    ICT Strategy 2017-22

DoF presented ICT Strategy 2017-22 for approval. It was noted that ICT systems were benchmarked against other UK Ambulance Trusts, and although NIAS scored high in in some areas, the Trust scored lower in other areas, due to the lack of an ePRF.

It was noted that, whilst this is a well-formed strategy, a clear implementation plan and associated annual plans will need to be developed to ensure that it is delivered. The implementation of this Strategy will be monitored through the Assurance Committee.

On the proposal of Dr J Livingstone, seconded by Mr W Abraham, the ICT Strategy 2017-22 was approved.

## 9    Assurance Committee

Dr Livingstone confirmed that the Assurance Committee ToR will be reviewed and presented at the next Board. Dr Livingstone suggested that the Corporate Risk Register should be reviewed by the Trust Board at least once or twice a year.

## 10    Trust Delivery Plan 2016/17

The CE presented the Trust Delivery Plan 16/17. This had previously been approved in principle by the Trust Board on 6th October 2016 before submission to the HSCB. The HSCB have approved the Plan, and the CE asked the Trust Board for final approval.

On the proposal of Dr J Livingstone, seconded by Mr A Cardwell, the Trust Delivery Plan 2016/17 was approved.

## 11    AOB

### 11.1 Early Morning Alerts

It was noted that Non-Executive Directors do not receive Early Morning Alerts that are issued by the Communications Department to notify Senior Staff of issues that have emerged which may effect NIAS. DHR&CS to ensure Non-Executive Directors are included in the circulation list.

**Action**

DHR&CS to ensure Non-Executive Directors are included in the Early Morning Alerts circulation list.

## Date, Time and Venue of Next Meeting

The next scheduled Trust Board will be held on Thursday 1st June 2017 @ 2.00pm in the Western Division.

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

TB/06/01/2017/04

# TRUST BOARD REPORT
# OPERATIONAL DIRECTORATE

# Reporting to 31 March 2017
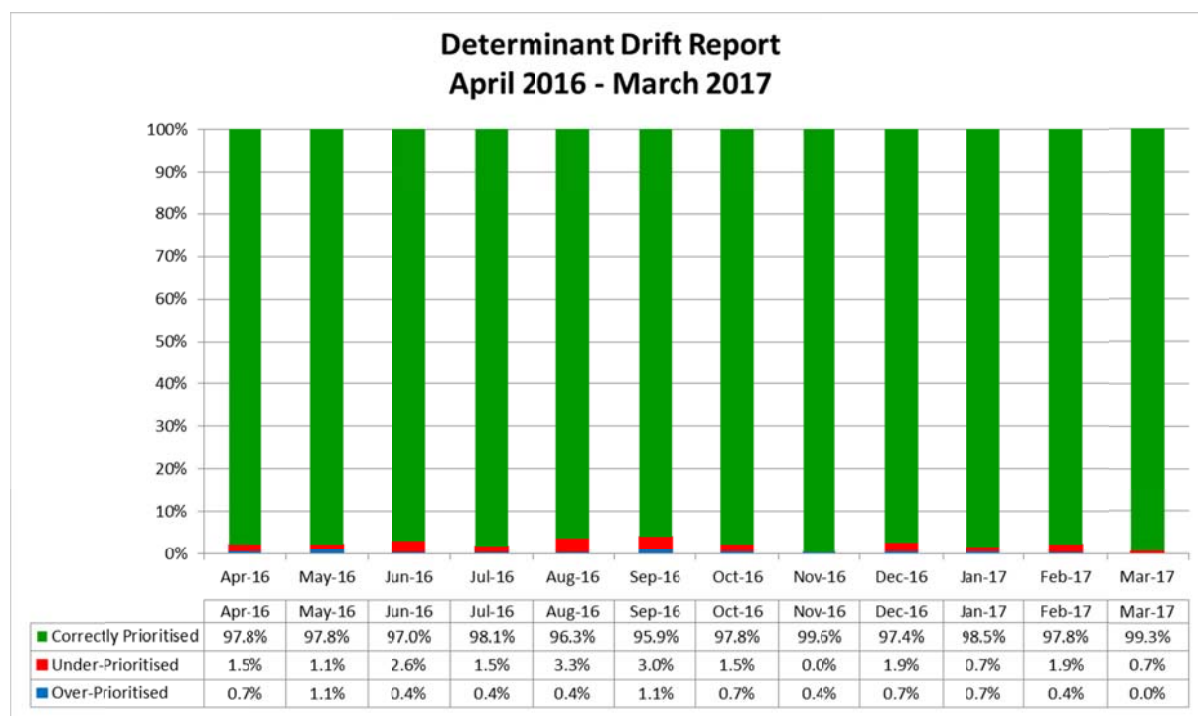
# PERFORMANCE ANALYSIS AND REPORT

## Emergency and Non-Emergency Control Centres

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

NIAS is committed to reviewing a percentage of 999 calls in line with annual call volume. For 2016-17 this equated to approximately 2.72% of 999 calls or approximately 62 calls per week.

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

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

**Determinant Drift Report**
**April 2016 - March 2017**

| | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Correctly Prioritised | 97.8% | 97.8% | 97.0% | 98.1% | 96.3% | 95.9% | 97.8% | 99.5% | 97.4% | 98.5% | 97.8% | 99.3% |
| Under-Prioritised | 1.5% | 1.1% | 2.6% | 1.5% | 3.3% | 3.0% | 1.5% | 0.0% | 1.9% | 0.7% | 1.9% | 0.7% |
| Over-Prioritised | 0.7% | 1.1% | 0.4% | 0.4% | 0.4% | 1.1% | 0.7% | 0.4% | 0.7% | 0.7% | 0.4% | 0.0% |

In October 2016, following extensive training, the Ambulance Medical Priority Dispatch System (AMPDS) protocols used to triage 999 calls including the

associated software ProQa Paramount, were upgraded to the latest available versions.

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

NIAS has an EMD award scheme in place awarding certificates and badges for randomly selected calls with overall "High Compliance" and for calls with exemplary (100%) Customer Service. Other awards are for Baby Born, Cardiac Life Saver & Non-Cardiac Life Saver.  In order to attain these 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 March as well as the year 2016-17.  March saw the second gold award for 100 calls reviewed as "High Compliance" achieved.

| Type | Level | Mar 2017 | Year 2016-17 |
|------|-------|----------|--------------|
| 999 High Compliance | Bronze | 1 | 19 |
|  | Silver | 1 | 22 |
|  | Gold | 1 | 2 |
| Exemplary Customer Service | Bronze | 3 | 8 |
|  | Silver | 0 | 21 |
|  | Gold | 2 | 31 |
| Baby Born |  | 2 | 8 |
| Cardiac Life Saver |  | 0 | 0 |
| Non-Cardiac Life Saver |  | 0 | 0 |

**IAED Ireland Navigator Dispatcher of the Year**

In addition to the internal awards as above, the International Academies of Emergency Dispatch held a conference (Ireland Navigator) in Dublin during March 2017.  For this conference nominations are invited from all UK & Republic of Ireland Ambulance Services for the award of Dispatcher of the Year.  The IAED Dispatcher of the Year award was created to identify and recognise individuals who have made the most significant contributions to further the values and mission of the Academies through personal action.  This award is bestowed upon the IAED certified emergency dispatcher who has most successfully exemplified the values and mission of the

Academies.  This year five NIAS EMDs were nominated, all were shortlisted and Kelly Anne McKee was chosen to receive the award.

**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 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 September and October as well as the year to date.

| Type | Level | September & October 2016 | Total to Date |
|---|---|---|---|
| 999 High Compliance | Bronze | 2 | 25 |
| | Silver | 5 | 13 |
| Exemplary Customer Service | Bronze | 1 | 50 |
| | Silver | 4 | 48 |
| | Gold | 4 | 11 |
| Baby Born | | 0 | 4 |
| Cardiac Life Saver | | 0 | 2 |
| Non-Cardiac Life Saver | | 0 | 1 |

# RESPONSE TIME PERFORMANCE REPORT

# From April 2016 to March 2017

## Summary of Trends:

1. **Cumulative NI Cat A performance at March 2017 = 51% which is 2.5% less than last year. The cumulative position at March 2016 Board Report was 53.5%**

2. **Average response time for Cat A response in 2016/17 was 10 minutes and 37 seconds. The average position for 2015/16 Board Report was 10 mins 17 seconds**

3. **Cumulative Cat A demand has increased by 1.2% = 670 calls more than last year**

4. **Total Emergency demand (999 + Card 35) has increased by 4.7% = 9482 calls (equivalent to 26 more calls each day)**

5. **Trends for ambulance turnaround times greater than the standard (i.e. 30 mins) continue to heavily impact on NIAS response and availability with all main EDs reporting an increase in the number of hours lost due to lengthy ambulance times compared to last year except at the Ulster hospital.**

**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<br><br>2 hours<br><br>3 hours<br><br>4 hours |
| Routine | Routine | As agreed with caller and call taker |

| KEY PERFORMANCE INDICATORS (KPIs) for the Year 2016/17 |
|---|
| *From April 2016, 72.5% of Cat A (potentially immediately life threatening) calls to be responded to within 8 minutes, 67.5% in each Local Commissioning Group area (LCG) with 95% of Cat A have a conveying resource <21 min* |
| *95% of Category  B Response <21 mins* |
| *95% Category C Non- Health Care Professional  <60mins* |
| *Health Care Professional (formally GP Urgent) within agreed target of either 1, 2, 3, 4, hours* |

**Performance against Each KPI by Local Commissioning Group – Summary per month 2016/17**

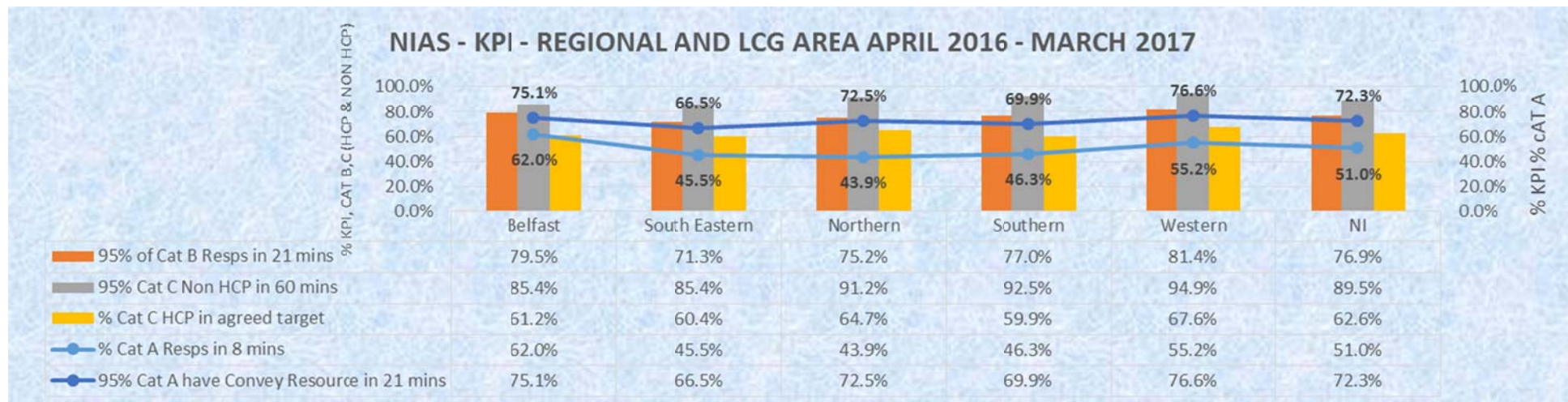| *KPI - From April 2016, to March 2017 – Cat A Cumulative Position* | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **LCG** | **Apr 16** | **May 16** | **June 16** | **July 16** | **Aug 16** | **Sep 16** | **Oct 16** | **Nov 16** | **Dec 16** | **Jan 17** | **Feb 17** | **Mar 17** | **2016/17** |
| **Belfast** | 61.5% | 59.0% | 60.2% | 61.1% | 61.6% | 62.0% | 62.4% | 63.0% | 61.8% | 62.1% | 62.0% | 62.0% | 62.0% |
| **South Eastern** | 43.3% | 42.2% | 43.2% | 44.5% | 44.5% | 45.4% | 46.2% | 46.5% | 45.4% | 45.7% | 45.7% | 45.5% | 45.5% |
| **Northern** | 41.0% | 45.3% | 45.2% | 45.0% | 44.2% | 44.3% | 44.3% | 42.7% | 43.2% | 43.1% | 43.3% | 43.9% | 43.9% |
| **Southern** | 44.5% | 49.1% | 48.6% | 47.9% | 47.8% | 47.9% | 48.0% | 43.3% | 46.5% | 46.4% | 46.2% | 46.3% | 46.3% |
| **Western** | 54.3% | 56.0% | 56.3% | 57.1% | 57.1% | 57.2% | 56.8% | 54.0% | 55.5% | 54.8% | 54.9% | 55.2% | 55.2% |
| **Northern Ireland** | 49.4% | 50.8% | 51.1% | 51.6% | 51.6% | 51.5% | 51.9% | 50.2% | 50.9% | 50.9% | 50.9% | 51.0% | 51.0% |

| *KPI - 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)* | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **LCG** | **Apr 16** | **May 16** | **June 16** | **July 16** | **Aug 16** | **Sep 16** | **Oct 16** | **Nov 16** | **Dec 16** | **Jan 17** | **Feb 17** | **Mar 17** | **2016/17** |
| **Belfast** | 60.1% | 57.7% | 62.7% | 64.0% | 63.6% | 63.3% | 65.0% | 63.0% | 56.9% | 65.4% | 60.1% | 62.3% | 62.0% |
| **South Eastern** | 43.1% | 41.2% | 45.1% | 48.2% | 44.6% | 50.3% | 50.1% | 46.5% | 40.1% | 47.6% | 45.6% | 43.3% | 45.5% |
| **Northern** | 44.7% | 45.9% | 45.1% | 44.5% | 40.7% | 44.8% | 44.2% | 42.7% | 37.0% | 42.4% | 45.7% | 49.5% | 43.9% |
| **Southern** | 54.5% | 43.9% | 47.5% | 45.9% | 47.2% | 48.8% | 48.2% | 43.3% | 40.8% | 45.0% | 44.5% | 47.7% | 46.3% |
| **Western** | 55.3% | 56.7% | 56.9% | 59.4% | 57.5% | 57.3% | 54.6% | 54.0% | 49.7% | 48.5% | 56.0% | 57.6% | 55.2% |
| **Northern Ireland** | 52.0% | 49.5% | 51.9% | 52.8% | 51.2% | 53.2% | 52.7% | 50.2% | 45.4% | 50.5% | 50.7% | 52.6% | 51.0% |

| *KPI - 95% of Cat A have a conveying resource <21min* | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **LCG** | **Apr 16** | **May 16** | **June 16** | **July 16** | **Aug 16** | **Sep 16** | **Oct 16** | **Nov 16** | **Dec 16** | **Jan 17** | **Feb 17** | **Mar 17** | **2016/17** |
| **Belfast** | 73.8% | 74.5% | 72.3% | 77.6% | 76.4% | 76.0% | 75.4% | 73.2% | 75.9% | 75.7% | 74.8% | 75.9% | 75.1% |
| **South Eastern** | 64.3% | 73.9% | 65.8% | 67.1% | 68.1% | 70.2% | 69.8% | 67.0% | 62.7% | 66.9% | 67.0% | 66.1% | 66.5% |
| **Northern** | 70.3% | 64.1% | 73.2% | 75.9% | 71.9% | 74.8% | 75.1% | 71.8% | 64.1% | 71.8% | 71.7% | 76.8% | 72.5% |
| **Southern** | 74.0% | 68.6% | 68.9% | 69.8% | 68.9% | 70.5% | 72.8% | 68.0% | 64.0% | 71.3% | 69.4% | 72.4% | 69.9% |
| **Western** | 72.9% | 79.5% | 78.2% | 81.5% | 75.2% | 81.0% | 76.1% | 76.6% | 72.1% | 70.8% | 75.6% | 77.4% | 76.6% |
| **Northern Ireland** | 64.5% | 72.2% | 71.6% | 74.6% | 72.4% | 74.6% | 74.0% | 71.4% | 68.2% | 71.6% | 71.8% | 73.9% | 72.3% |

| KPI - 95% of Category B Response <21 mins | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LCG | Apr 16 | May 16 | June 16 | July 16 | Aug 16 | Sep 16 | Oct 16 | Nov 16 | Dec 16 | Jan 17 | Feb 17 | Mar 17 | 2017/18 |
| Belfast | 78.9% | 75.2% | 78.6% | 80.7% | 79.9% | 81.0% | 80.6% | 81.3% | 74.6% | 81.4% | 79.2% | 82.7% | 79.5% |
| South Eastern | 72.0% | 68.1% | 73.1% | 72.4% | 70.6% | 72.2% | 72.6% | 76.0% | 64.7% | 70.9% | 70.6% | 72.2% | 71.3% |
| Northern | 77.2% | 76.3% | 76.7% | 74.0% | 74.3% | 77.2% | 76.9% | 76.3% | 66.6% | 74.9% | 75.5% | 78.4% | 75.2% |
| Southern | 77.5% | 76.9% | 75.6% | 80.9% | 74.5% | 78.0% | 81.8% | 76.4% | 69.9% | 77.6% | 78.6% | 77.7% | 77.0% |
| Western | 85.8% | 83.1% | 84.9% | 81.2% | 80.8% | 82.8% | 80.2% | 82.5% | 76.3% | 77.8% | 82.1% | 82.3% | 81.4% |
| Northern Ireland | 78.1% | 75.8% | 77.7% | 77.7% | 76.1% | 78.3% | 78.4% | 78.5% | 70.3% | 76.6% | 77.2% | 78.9% | 76.9% |

| KPI - 95% Category C Non- Health Care Professional <60mins | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LCG | Apr 16 | May 16 | June 16 | July 16 | Aug 16 | Sep 16 | Oct 16 | Nov 16 | Dec 16 | Jan 17 | Feb 17 | Mar 17 | 2016/17 |
| Belfast | 86.4% | 83.8% | 87.5% | 88.9% | 86.4% | 85.0% | 89.1% | 84.5% | 74.7% | 84.1% | 84.9% | 84.9% | 85.4% |
| South Eastern | 84.4% | 83.9% | 89.7% | 85.4% | 86.2% | 87.2% | 89.8% | 87.6% | 72.5% | 81.1% | 84.4% | 87.0% | 85.4% |
| Northern | 92.7% | 91.8% | 94.6% | 91.9% | 91.2% | 91.8% | 91.3% | 90.9% | 86.3% | 86.5% | 89.6% | 92.7% | 91.2% |
| Southern | 93.6% | 91.5% | 94.4% | 95.7% | 92.6% | 93.1% | 94.6% | 94.3% | 84.3% | 89.0% | 89.6% | 94.4% | 92.5% |
| Western | 98.4% | 95.6% | 94.9% | 94.6% | 93.2% | 96.8% | 97.8% | 92.9% | 90.5% | 94.1% | 93.2% | 94.0% | 94.9% |
| Northern Ireland | 90.6% | 88.9% | 91.9% | 91.0% | 89.6% | 90.3% | 92.1% | 89.7% | 81.3% | 86.8% | 88.2% | 90.2% | 89.5% |

| KPI - Category Health Care Professional (formally GP Urgent) within agreed target of either 1, 2, 3, 4, hours (measured against first response at scene | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LCG | Apr 16 | May 16 | June 16 | July 16 | Aug 16 | Sep 16 | Oct 16 | Nov 16 | Dec 16 | Jan 17 | Feb 17 | Mar 17 | 2016/17 |
| Belfast | 50.6% | 61.0% | 63.3% | 65.8% | 71.3% | 68.4% | 66.8% | 56.3% | 50.9% | 60.9% | 59.8% | 60.9% | 61.2% |
| South Eastern | 53.7% | 63.1% | 62.3% | 65.7% | 60.3% | 64.9% | 67.7% | 52.8% | 51.5% | 61.6% | 62.2% | 59.5% | 60.4% |
| Northern | 63.7% | 65.5% | 67.2% | 68.1% | 65.4% | 65.3% | 64.6% | 60.5% | 58.9% | 64.5% | 64.2% | 69.1% | 64.7% |
| Southern | 57.2% | 62.2% | 65.2% | 64.1% | 67.7% | 60.5% | 60.6% | 53.2% | 50.5% | 58.6% | 60.2% | 61.1% | 59.9% |
| Western | 66.7% | 67.8% | 67.7% | 71.3% | 69.9% | 67.1% | 69.1% | 67.1% | 68.1% | 67.1% | 63.4% | 66.1% | 67.6% |
| Northern Ireland | 57.7% | 63.6% | 65.0% | 66.8% | 66.9% | 65.5% | 65.6% | 57.5% | 55.1% | 62.5% | 61.9% | 63.6% | 62.6% |

## NIAS - KPI - REGIONAL AND LCG AREA APRIL 2016 - MARCH 2017



| | Belfast | South Eastern | Northern | Southern | Western | NI |
|---|---|---|---|---|---|---|
| 95% of Cat B Resps in 21 mins | 79.5% | 71.3% | 75.2% | 77.0% | 81.4% | 76.9% |
| 95% Cat C Non HCP in 60 mins | 85.4% | 85.4% | 91.2% | 92.5% | 94.9% | 89.5% |
| % Cat C HCP in agreed target | 61.2% | 60.4% | 64.7% | 59.9% | 67.6% | 62.6% |
| % Cat A Resps in 8 mins | 62.0% | 45.5% | 43.9% | 46.3% | 55.2% | 51.0% |
| 95% Cat A have Convey Resource in 21 mins | 75.1% | 66.5% | 72.5% | 69.9% | 76.6% | 72.3% |

## DEMAND COMPARISON 2016-17 v 2015-16 FOR 999 CALLS AND CARD 35 HCP ACTIVITY



NIAS - 999 Calls including Card 35 HCP Journeys
2016_17 and 2015_16
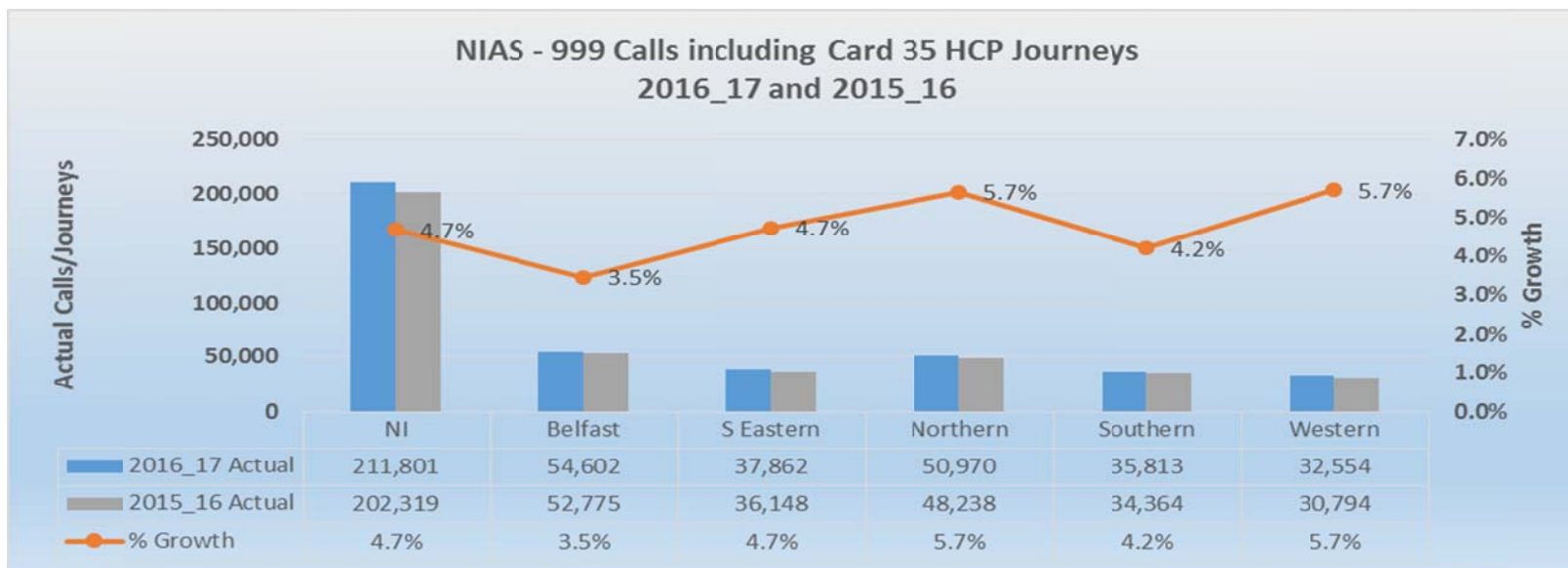
| | NI | Belfast | S Eastern | Northern | Southern | Western |
|---|---|---|---|---|---|---|
| 2016_17 Actual | 211,801 | 54,602 | 37,862 | 50,970 | 35,813 | 32,554 |
| 2015_16 Actual | 202,319 | 52,775 | 36,148 | 48,238 | 34,364 | 30,794 |
| % Growth | 4.7% | 3.5% | 4.7% | 5.7% | 4.2% | 5.7% |

| MONTH | Belfast LCG | | South Eastern LCG | | Northern LCG | | Southern LCG | | Western LCG | | Northern Ireland | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2016-17 | 2015-16 | 2016-17 | 2015-16 | 2016-17 | 2015-16 | 2016-17 | 2015-16 | 2016-17 | 2015-16 | 2016-17 | 2015-16 |
| Apr 16 (Actual) | 4,486 | 4,146 | 2,961 | 2,898 | 3,960 | 3,748 | 2,823 | 2,719 | 2,589 | 2,382 | 16,819 | 15,893 |
| % Change 15v16 | 8.2% | | 2.2% | | 5.7% | | 3.8% | | 8.7% | | 5.8% | |
| May 16 (Actual) | 4,648 | 4,367 | 3,064 | 2,894 | 4,137 | 3,953 | 3,004 | 2,838 | 2,701 | 2,538 | 17,554 | 16,590 |
| % Change 15v16 | 6.4% | | 5.9% | | 4.7% | | 5.8% | | 6.4% | | 5.8% | |
| Jun 16 (Actual) | 4,429 | 4,139 | 3,135 | 3,021 | 4,021 | 3,813 | 2,897 | 2,818 | 2,558 | 2,432 | 17,040 | 16,223 |
| % Change 15v16 | 7.4% | | 3.8% | | 5.5% | | 2.8% | | 5.2% | | 5.0% | |
| Jul 16 ( Actual) | 4,056 | 4,081 | 3,246 | 2,888 | 4,220 | 3,960 | 2,863 | 1,974 | 2,737 | 2,455 | 17,572 | 16,178 |
| % Change 15v16 | 10.4% | | 12.4% | | 6.6% | | 2.5% | | 11.5% | | 8.6% | |
| Aug 16 (Actual) | 4,485 | 4,485 | 3,225 | 2,988 | 4,099 | 3,908 | 2,899 | 2,822 | 2,796 | 2,841 | 17,504 | 16,694 |
| % Change 15v16 | 0.0% | | 7.9% | | 4.9% | | 2.7% | | -1.6% | | 4.9% | |
| Sept 16 (Actual) | 4,435 | 4,346 | 2,924 | 2,889 | 4,105 | 3,893 | 2,926 | 2,668 | 2,508 | 2,403 | 16,898 | 16,199 |
| % Change 15v16 | 2.0% | | 1.2% | | 5.4% | | 9.7% | | 4.4% | | 4.3% | |
| Oct 16 (Actual) | 4,651 | 4,503 | 3,261 | 3,092 | 4,501 | 4,103 | 3,182 | 2,884 | 2,767 | 2,628 | 18,362 | 17,210 |
| % Change 15v16 | 3.3% | | 5.5% | | 9.7% | | 10.3% | | 5.3% | | 6.7% | |
| Nov 16 ( Actual) | 4446 | 4333 | 3155 | 3027 | 4266 | 3991 | 2998 | 2770 | 2647 | 2575 | 17512 | 16696 |
| % Change 15v16 | 2.6% | | 4.2% | | 6.9% | | 8.2% | | 2.8% | | 4.9% | |
| Dec 16 (Actual) | 5015 | 4733 | 3518 | 3245 | 4805 | 4307 | 3448 | 3027 | 3058 | 2863 | 19844 | 18175 |
| % Change 15v16 | 6.0% | | 8.4% | | 11.6% | | 13.9% | | 6.8% | | 9.2% | |
| Jan17 ( Actual) | 4560 | 4568 | 3346 | 3127 | 4512 | 4333 | 3069 | 3065 | 2827 | 2633 | 18314 | 17726 |
| % Change 15v16 | -0.2% | | 7.0% | | 4.1% | | 0.1% | | 7.4% | | 3.3% | |
| Feb 17 (Actual) | 4263 | 4467 | 2905 | 2923 | 3962 | 3954 | 2748 | 2723 | 2567 | 2603 | 16445 | 16670 |
| % Change 15v16 | -4.6% | | -0.6% | | 0.2% | | 0.9% | | -1.4% | | -1.3% | |
| Mar 17 (Actual) | 4676 | 4607 | 3121 | 3146 | 4381 | 4275 | 2954 | 3236 | 2799 | 2801 | 17931 | 18065 |
| % Change 15v16 | 1.5% | | 0.8% | | 2.5% | | 8.7% | | 0.1% | | 0.7% | |

**Key Performance Indicator: Ambulance Turnaround at Emergency Departments within 30 minutes**



Lost NIAS Hours due to Out of Standard Ambulance Turnaround Times
(Year 2016-17 and Year 2017-18 OOS > than 30 mins)
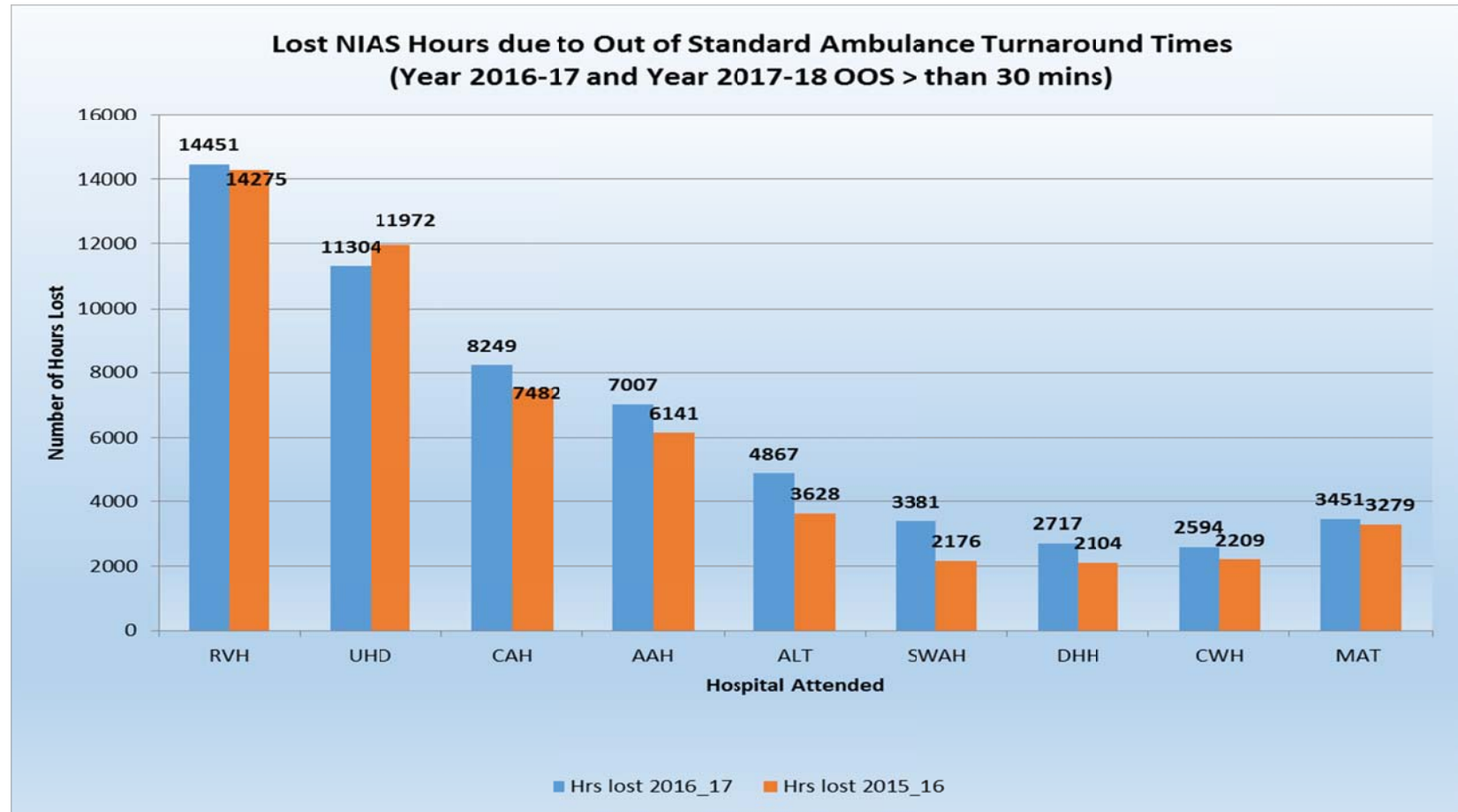
**Key Performance Indicator: Provide non-urgent transport of patients across Northern Ireland through its Patient Care Service (PCS) to locally agreed specifications**

| | NEAC BOOKINGS AND JOURNEYS - APRIL 2016 - MARCH 2017 | | | | | | |
|---|---|---|---|---|---|---|---|
| **Bookings** | PICK UP LCG AREA | Belfast | South Eastern | Northern | Southern | Western | ROI | NI |
| | Apr16-Mar17 | 62,136 | 13,268 | 67,837 | 54,762 | 42,420 | 20 | **240,443** |
| | Apr15-Mar16 | 62,898 | 12,571 | 68,666 | 53,859 | 40,395 | 14 | **238,403** |
| | % Change | *-1.2%* | *5.5%* | *-1.2%* | *1.7%* | *5.0%* | *42.9%* | ***0.9%*** |

| | PICK UP LCG AREA | Belfast | South Eastern | Northern | Southern | Western | ROI | NI |
|---|---|---|---|---|---|---|---|---|
| **All Journeys** | Apr16-Mar17 | 46,896 | 9,747 | 57,047 | 45,195 | 35,747 | 9 | **194,641** |
| | Apr15-Mar16 | 46,388 | 9,053 | 56,879 | 43,326 | 33,104 | 10 | **188,761** |
| | % Change | *1.1%* | *7.7%* | *0.3%* | *4.3%* | *8.0%* | *-10.0%* | ***3.1%*** |

| | Journey Type | Outpatient | Discharge | Transfer | Admission | Home Assessment | Total |
|---|---|---|---|---|---|---|---|
| **All Journeys** | Apr16-Mar17 | 160,002 | 22,932 | 9,275 | 2,391 | 41 | **194,641** |
| | Apr15-Mar16 | 156,758 | 20,435 | 9,186 | 2,364 | 18 | **188,761** |
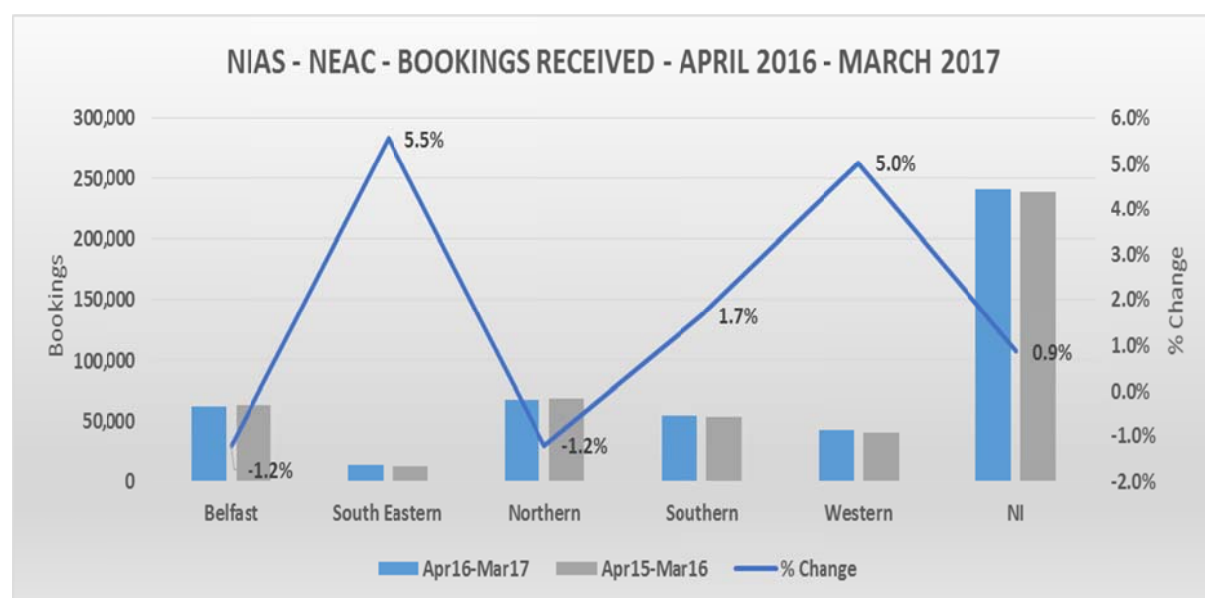
# CATEGORY A PERFORMANCE: AVERAGES AND OUTLIERS

## 2016/17 compared with 2015/16

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

**NORTHERN IRELAND REGIONAL TOTAL**

| TOTAL NUMBER OF CATEGORY A RESPONSES |
|:---:|
| 56927 |

| AVERAGE RESPONSE TIME [MM:SS] |
|:---:|
| 10:37 |

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

### REGIONAL CATEGORY A PERFORMANCE SUMMARY

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



51.0%
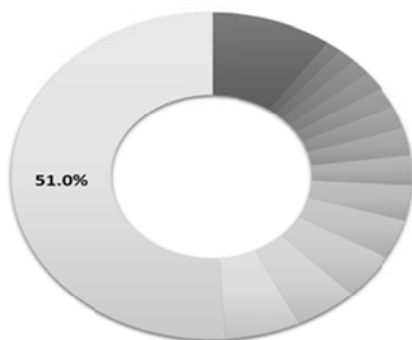
| Category A Performance | | % | Cumulative % |
|---|:---:|:---:|:---:|
| Within 8 minutes | 29043 | 51.0% | 51.0% |
| Within 8 - 9 minutes | 3479 | 6.1% | 57.1% |
| Within 9 - 10 minutes | 2900 | 5.1% | 62.2% |
| Within 10 - 11 minutes | 2590 | 4.5% | 66.8% |
| Within 11 - 12 minutes | 2230 | 3.9% | 70.7% |
| Within 12 - 13 minutes | 1942 | 3.4% | 74.1% |
| Within 13 - 14 minutes | 1682 | 3.0% | 77.1% |
| Within 14 - 15 minutes | 1539 | 2.7% | 79.8% |
| Within 15 - 16 minutes | 1310 | 2.3% | 82.1% |
| Within 16 - 17 minutes | 1179 | 2.1% | 84.1% |
| Within 17 - 18 minutes | 1050 | 1.8% | 86.0% |
| Within 18 - 19 minutes | 906 | 1.6% | 87.6% |
| Within 19 - 20 minutes | 823 | 1.4% | 89.0% |
| Within 20 - 21 minutes | 714 | 1.3% | 90.3% |
| Over 21 minutes | 5540 | 9.7% | 100.0% |
| Total | 56927 | | |

 62%    45%    44%    46%    55%

**BELFAST HSCT**    **SOUTH EASTERN HSCT**    **NORTHERN HSCT**    **SOUTHERN HSCT**    **WESTERN HSCT**

#### BELFAST HSCT
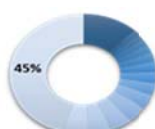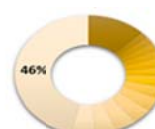
| Response Time | N | % | Total |
|---|---:|---:|---:|
| < 8 m | 9030 | 62.0% | 62.0% |
| 8 - 9 m | 1207 | 8.3% | 70.3% |
| 9 - 10 m | 938 | 6.4% | 76.7% |
| 10 - 11 m | 731 | 5.0% | 81.7% |
| 11 - 12 m | 530 | 3.6% | 85.4% |
| 12 - 13 m | 419 | 2.9% | 88.3% |
| 13 - 14 m | 316 | 2.2% | 90.4% |
| 14 - 15 m | 257 | 1.8% | 92.2% |
| 15 - 16 m | 204 | 1.4% | 93.6% |
| 16 - 17 m | 138 | 0.9% | 94.5% |
| 17 - 18 m | 116 | 0.8% | 95.3% |
| 18 - 19 m | 84 | 0.6% | 95.9% |
| 19 - 20 m | 73 | 0.5% | 96.4% |
| 20 - 21 m | 60 | 0.4% | 96.8% |
| 21 + m | 463 | 3.2% | 100.0% |
| Total | 14566 | | |

#### SOUTH EASTERN HSCT

| Response Time | N | % | Total |
|---|---:|---:|---:|
| < 8 m | 4679 | 45.5% | 45.5% |
| 8 - 9 m | 595 | 5.8% | 51.2% |
| 9 - 10 m | 505 | 4.9% | 56.2% |
| 10 - 11 m | 502 | 4.9% | 61.0% |
| 11 - 12 m | 464 | 4.5% | 65.5% |
| 12 - 13 m | 397 | 3.9% | 69.4% |
| 13 - 14 m | 329 | 3.2% | 72.6% |
| 14 - 15 m | 307 | 3.0% | 75.6% |
| 15 - 16 m | 288 | 2.8% | 78.4% |
| 16 - 17 m | 264 | 2.6% | 80.9% |
| 17 - 18 m | 213 | 2.1% | 83.0% |
| 18 - 19 m | 194 | 1.9% | 84.9% |
| 19 - 20 m | 163 | 1.6% | 86.5% |
| 20 - 21 m | 153 | 1.5% | 88.0% |
| 21 + m | 1239 | 12.0% | 100.0% |
| Total | 10292 | | |

#### NORTHERN HSCT

| Response Time | N | % | Total |
|---|---:|---:|---:|
| < 8 m | 5773 | 43.9% | 43.9% |
| 8 - 9 m | 705 | 5.4% | 49.2% |
| 9 - 10 m | 582 | 4.4% | 53.6% |
| 10 - 11 m | 593 | 4.5% | 58.2% |
| 11 - 12 m | 554 | 4.2% | 62.4% |
| 12 - 13 m | 496 | 3.8% | 66.1% |
| 13 - 14 m | 505 | 3.8% | 70.0% |
| 14 - 15 m | 467 | 3.5% | 73.5% |
| 15 - 16 m | 384 | 2.9% | 76.4% |
| 16 - 17 m | 341 | 2.6% | 79.0% |
| 17 - 18 m | 325 | 2.5% | 81.5% |
| 18 - 19 m | 288 | 2.2% | 83.7% |
| 19 - 20 m | 258 | 2.0% | 85.6% |
| 20 - 21 m | 216 | 1.6% | 87.3% |
| 21 + m | 1673 | 12.7% | 100.0% |
| Total | 13160 | | |

#### SOUTHERN HSCT

| Response Time | N | % | Total |
|---|---:|---:|---:|
| < 8 m | 4568 | 46.3% | 46.3% |
| 8 - 9 m | 511 | 5.2% | 51.5% |
| 9 - 10 m | 448 | 4.5% | 56.1% |
| 10 - 11 m | 449 | 4.6% | 60.6% |
| 11 - 12 m | 407 | 4.1% | 64.8% |
| 12 - 13 m | 354 | 3.6% | 68.3% |
| 13 - 14 m | 315 | 3.2% | 71.5% |
| 14 - 15 m | 299 | 3.0% | 74.6% |
| 15 - 16 m | 232 | 2.4% | 76.9% |
| 16 - 17 m | 262 | 2.7% | 79.6% |
| 17 - 18 m | 203 | 2.1% | 81.6% |
| 18 - 19 m | 212 | 2.2% | 83.8% |
| 19 - 20 m | 191 | 1.9% | 85.7% |
| 20 - 21 m | 165 | 1.7% | 87.4% |
| 21 + m | 1241 | 12.6% | 100.0% |
| Total | 9857 | | |

#### WESTERN HSCT

| Response Time | N | % | Total |
|---|---:|---:|---:|
| < 8 m | 4993 | 55.2% | 55.2% |
| 8 - 9 m | 461 | 5.1% | 60.3% |
| 9 - 10 m | 427 | 4.7% | 65.0% |
| 10 - 11 m | 315 | 3.5% | 68.4% |
| 11 - 12 m | 275 | 3.0% | 71.5% |
| 12 - 13 m | 278 | 3.0% | 74.5% |
| 13 - 14 m | 217 | 2.4% | 76.9% |
| 14 - 15 m | 209 | 2.3% | 79.2% |
| 15 - 16 m | 202 | 2.2% | 81.5% |
| 16 - 17 m | 174 | 1.9% | 83.4% |
| 17 - 18 m | 193 | 2.1% | 85.5% |
| 18 - 19 m | 128 | 1.4% | 86.9% |
| 19 - 20 m | 138 | 1.5% | 88.5% |
| 20 - 21 m | 120 | 1.3% | 89.8% |
| 21 + m | 924 | 10.2% | 100.0% |
| Total | 9052 | | |

## Fleet & Estate:

**Fleet Section:**

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

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

- All conversions have been completed

- Commissioning of 2016/17 is nearing completion.

    o A&E commissioning is complete

    o PCS, cars and specialist vehicle commissioning is ongoing

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

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

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

| Fleet Profile 2016/17 | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (% less than 5 yrs old) | | | | | | | | | | | | | |
| Emergency Ambulances | 91.4 | 91.4 | 87.1 | 87.9 | 93.1 | 95.7 | 96.6 | 98.3 | 98.3 | 98.3 | 98.3 | 98.3 | 97.4 |
| Non-Emergency Ambulance | 68.9 | 70.8 | 76.4 | 80.2 | 80.2 | 80.4 | 82.2 | 73.4 | 78.4 | 78.4 | 79.3 | 79.3 | 81.1 |
| Rapid Response Vehicles | 69 | 69 | 69 | 69 | 69 | 71.4 | 76.2 | 81 | 85.7 | 85.7 | 88.1 | 88.1 | 71.4 |
| Support Vehicles | 38.8 | 40.8 | 41.7 | 41.7 | 39.6 | 39.6 | 41.7 | 45.8 | 47.9 | 50 | 50.0 | 50.0 | 44.0 |

**Estate Section:**

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

Key Performance Indicator:  To deliver Project milestones as per plan

The build for the new Enniskillen Station has commenced in November 2016 and is scheduled to be completed by September 2017.

The South West College cannot accommodate NIAS on its site after 30/6/2017 and therefore alternative decant must be sought in the area and appropriate business case completed.  NIAS continue to progress arrangements with the council re an interim decant on the Erne site.

The current modular building in Erne is scheduled to be moved to Omagh Station to facilitate improvements there in June/July 2017.  This will enable PCS to move back into the station from leased property at Dromore Road.

**Objective 2:** Build envelope around existing Communications in Altnagelvin.

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

Planning has been applied for and work is now scheduled for 2017/18.

## *Enniskillen Progress Photographs*

# NORTHERN IRELAND AMBULANCE SERVICE

# TRUST BOARD REPORT

# FINANCE DIRECTORATE

Director of Finance and ICT

March 2017 (Month 12)

# FINANCIAL PERFORMANCE

**Financial Breakeven**

The Trust is currently reporting a draft surplus of £1k for the twelve months ending 31 March 2017 (Month 12), subject to key risks and assumptions. In particular, Accident & Emergency staff are currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process.  The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS.  This draft position, and all risks and assumptions contained within it, are subject to the completion of Final Accounts and review by External Audit.

**NIAS Financial Position at the end of March 2017 (Month 12)**

| Financial Breakeven Assessment (£k) | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Staff Costs | | 8,366 | 12,604 | 16,770 | 20,974 | 25,346 | 29,537 | 34,114 | 38,388 | 42,631 | 46,951 | 52,368 |
| Other Expenditure | | 1,861 | 2,831 | 3,852 | 4,874 | 5,638 | 6,603 | 7,476 | 8,555 | 9,582 | 10,724 | 14,026 |
| Expenditure Total | | 10,227 | 15,435 | 20,622 | 25,848 | 30,984 | 36,140 | 41,590 | 46,943 | 52,213 | 57,675 | 66,394 |
| Income | | 82 | 124 | 165 | 206 | 225 | 273 | 317 | 358 | 427 | 465 | 504 |
| Net Expenditure | | 10,145 | 15,311 | 20,457 | 25,642 | 30,759 | 35,867 | 41,273 | 46,585 | 51,786 | 57,210 | 65,890 |
| Net Resource Outturn | | 10,145 | 15,311 | 20,457 | 25,642 | 30,759 | 35,867 | 41,273 | 46,585 | 51,786 | 57,210 | 65,890 |
| Revenue Resource Limit (RRL) | | 10,145 | 15,308 | 20,454 | 25,646 | 30,760 | 35,869 | 41,275 | 46,594 | 51,802 | 57,229 | 65,891 |
| Surplus/(Deficit) against RRL | | 0 | (3) | (3) | 4 | 1 | 2 | 3 | 9 | 16 | 19 | 1 |

**NIAS Financial Position at the end of March 2017 (Month 12)**

| (£ 000s) | | FYB | YTD Budget | YTD Actual | YTD Variance |
|---|---|---|---|---|---|
| **Chief Executive's Office** | | | | | |
| | Payroll | 164 | 164 | 164 | (0) |
| | Non-Payroll | 45 | 45 | 45 | 0 |
| **Chief Executive's Office Total** | | **209** | **209** | **209** | **(0)** |
| **Director of Finance** | | | | | |
| | Payroll | 1,630 | 1,630 | 1,559 | 71 |
| | Non-Payroll | 1,228 | 1,228 | 1,226 | 2 |
| **Director of Finance Total** | | **2,858** | **2,858** | **2,785** | **73** |
| **Director of HR** | | | | | |
| | Payroll | 4,482 | 4,482 | 4,481 | 1 |
| | Non-Payroll | 1,146 | 1,146 | 1,146 | 0 |
| **Director of HR Total** | | **5,628** | **5,628** | **5,627** | **1** |
| **Dir of Ops (incl Divisions & RCC)** | | | | | |
| | Payroll | 45,649 | 45,649 | 45,299 | 350 |
| | Non-Payroll | 9,892 | 9,892 | 10,316 | (424) |
| **Dir of Ops (incl Divisions & RCC) Total** | | **55,541** | **55,541** | **55,615** | **(74)** |
| **Medical Director** | | | | | |
| | Payroll | 864 | 864 | 864 | (0) |
| | Non-Payroll | 1,294 | 1,294 | 1,293 | 1 |
| **Medical Director Total** | | **2,158** | **2,158** | **2,157** | **1** |
| | | | | | |
| **NIAS Total Payroll** | | **52,789** | **52,789** | **52,368** | 421 |
| **NIAS Total Non-Payroll** | | **13,606** | **13,606** | **14,026** | (420) |
| **NIAS Total** | **NIAS Total** | **66,395** | **66,395** | **66,394** | **1** |

The Trust is reporting a small underspend of £1k for the Year Ending 31 March 2017. This position is subject to, and without prejudice, assumptions made in respect of Agenda for Change and also the satisfactory completion of Final Accounts and review by External Audit.

Underlying this overall financial forecast is a complex budgetary position. There are a range of vacancies creating underspends against the pay budget. The level of underspend is reduced by overtime costs to provide operational cover. There are also significant levels of sickness absence that can create a financial pressure beyond budgeted levels. Expenditure on Voluntary and Private Ambulance Services and also the Voluntary Car Service to offset these vacancies and maintain cover and performance is creating a corresponding pressure on the non-pay budget. Expenditure in this area is significant and is partly resourced from funding allocated for demography changes as part of the Trusts Performance Improvement Plan 2016/17.

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

Budgets have been increased to reflect the increased employer pension costs from 2015/16 and increased employer national insurance costs from 2016/17. Further adjustments have been made to reflect full year effect of the savings plans implemented in 2015/16 financial year.

Savings proposals to address a financial gap of £0.4m in 2016/17 have also been implemented.

**Capital**

The Trust has received a revised Capital Resource Limit (CRL) allocation of £8.9m (Previously £8.8m). This amount includes £61k from asset sales that the Trust has been given permission to utilise for capital expenditure. The increase is in respect of small variances against forecast expenditure levels for replacement medical equipment.

The delivery of this capital expenditure has been a significant challenge for NIAS, both in terms of magnitude, the range of schemes and the profiling of expenditure. Cumulative capital expenditure is shown in the table below. This position is subject to the satisfactory completion of Final Accounts and review by External Audit.

| Cumulative Capital Spend (£k) | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fleet | 0 | 0 | 0 | 0 | 0 | 1 | 18 | 971 | 1,389 | 1,869 | 2,035 | 3,808 |
| Estate | 14 | 29 | 34 | 55 | 71 | 93 | 96 | 222 | 298 | 490 | 796 | 1,171 |
| Medical Equipment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,122 |
| ICT | 0 | 7 | 10 | 13 | 17 | 214 | 217 | 221 | 226 | 229 | 238 | 618 |
| General Capital | 0 | 0 | 0 | 0 | 3 | 3 | 3 | 3 | 3 | 32 | 69 | 169 |
| Actual Spend | 14 | 36 | 44 | 68 | 91 | 311 | 334 | 1,417 | 1,916 | 2,620 | 3,138 | 8,888 |
| Original Forecast Profile of Expenditure | 14 | 36 | 44 | 167 | 365 | 421 | 1,795 | 1,943 | 2,212 | 2,941 | 3,359 | 5,595 |
| Revised Forecast Profile of Expenditure | 14 | 36 | 44 | 68 | 91 | 310 | 333 | 1,416 | 1,927 | 2,620 | 3,138 | 8,888 |
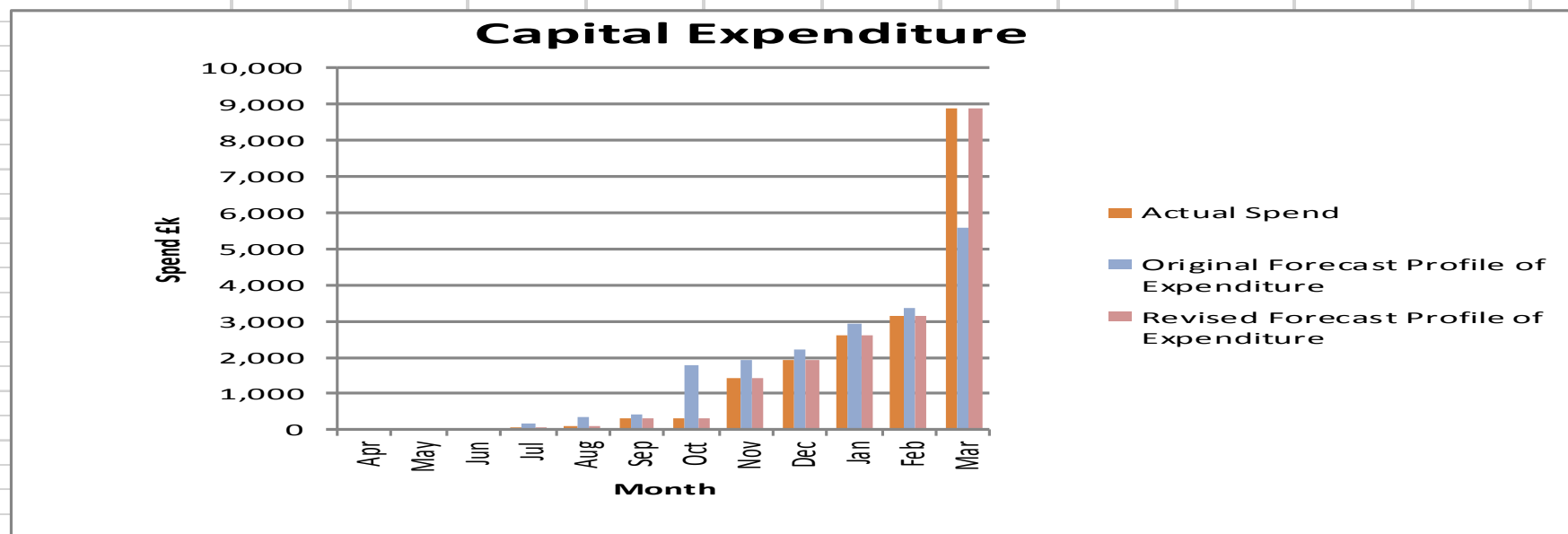


Cumulative Capital Spend

**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 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 maintain and improve performance in this area, however at this level movements in just a small number of invoices within or beyond the payment period can impact significantly on performance and quickly render the in year cumulative target unachievable.  As aged invoices are cleared and paid, performance between months can vary. The Trust has achieved the cumulative target of 95% for the 2016/17 year.  This position is subject to the satisfactory completion of Final Accounts and review by External Audit.

| Number | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Cumulative |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total bills paid | 1,825 | 1,537 | 1,352 | 1,219 | 1,685 | 1,336 | 2,059 | 1,530 | 1,007 | 2,707 | 1,257 | 1,790 | 19,304 |
| Total bills paid within 30 calendar days of receipt of undisputed invoice | 1,736 | 1,453 | 1,296 | 1,179 | 1,594 | 1,217 | 2,012 | 1,485 | 967 | 2,667 | 1,225 | 1,759 | 18,590 |
| % bills paid on time | 95.1% | 94.5% | 95.9% | 96.7% | 94.6% | 91.1% | 97.7% | 97.1% | 96.0% | 98.5% | 97.5% | 98.3% | 96.3% |
| Total bills paid within 10 working days (14 calendar days) | 1,302 | 1,076 | 1,041 | 961 | 1,321 | 971 | 1,705 | 1,228 | 775 | 2,142 | 836 | 1,318 | 14,676 |
| % bills paid on time | 71.3% | 70.0% | 77.0% | 78.8% | 78.4% | 72.7% | 82.8% | 80.3% | 77.0% | 79.1% | 66.5% | 73.6% | 76.0% |

**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.  Performance against these KPI's to the end of March 2017 (Month 12) 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) | 4.33 | 4.76 | 5.75 | 4.38 | 3.46 | 6.62 | 4.00 | 3.99 | 4.50 | 5.66 | 5.25 | 3.91 |
| Percentage of Products Supplied on First Request % (Target 95%) | 99.76% | 98.90% | 99.40% | 98.80% | 99.10% | 99.40% | 99.00% | 98.22% | 99.58% | 98.30% | 96.20% | 98.47% |
| Number of Lines Issued  (Stock and Non Stock Line) | 1,177 | 890 | 1,028 | 809 | 907 | 1,135 | 915 | 1,040 | 1,020 | 801 | 1,128 | 1,571 |
| Value of Spend £k (Stock and Non Stock) | 129 | 507 | 369 | 164 | 1,523 | 463 | 148 | 511 | 1,122 | 179 | 1,075 | 3,403 |

## *Information Technology Systems* - System Availability

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

**15th March 2017 Mobile Data System failure** - There was a widespread MDT outage at 11:30pm which lasted until 02:15am. This was traced to a UK-Wide outage on Vodafone's network backbone.
System restored to users at 02:15am.

## *Information Technology Systems* - Developments

Any system developments are reported in this section.

A project to replace the NIAS Telephony platform at HQ, Altnagelvin and the short term contingency site is ongoing. This project provides NIAS with a telephony architecture capable of using the latest VOIP technology. All telephone switches have now been replaced as part of this project and the telephony network is now in place to implement a VOIP network to Ambulance stations. This project will also allow NIAS to deploy additional workstations at Ambulance Stations and Outposts and improve access to NIAS Corporate Systems for Operational staff.

Work is ongoing on a technology refresh of the NIAS core Microsoft platforms to more effectively support the needs of the organisation. Modernising these platforms will provide enhanced functionality & capability whilst ensuring full supportability and reducing risk. The target completion for this project was March 2017 but this could to be achieved due to additional workload and pressures on the ICT department and will continue into 2017/18. The delay will not have any impact on service delivery.

Work is near completion to refresh the NIAS core network switching and firewall hardware. This project will replace end of life hardware with the latest technology and associated firmware and improve performance on the NIAS network for service users.

A ransomware cyber-attack on the 12th May 2017 caused significant disruption to NHS computer systems in England and Scotland. HSCNI were unaffected on this occasion but the risk of further cyber-attacks remains. NIAS continues to work on a regional basis with other health care providers in Northern Ireland to improve and monitor security defences both at our perimeter and within the local area network. All users of NIAS systems have been reminded to be vigilant.

**ICT Help Desk Performance**

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

| Target to Respond to 95% | March 2107 | | |
|---|---|---|---|
| | No of Calls | Within time | Actual |
| Immediate | 9 | 9 | 100% |
| Urgent | 56 | 56 | 100% |
| High | 16 | 13 | 81% |
| Medium | 425 | 421 | 99% |
| Low | 930 | 930 | 100% |
| Total | 1436 | | |

**ICT Planned Maintenance March 2017 – system upgrades Critical Systems**

There was no planned maintenance during this period.

**ICT Planned Maintenance March 2017 – system upgrades Corporate Systems**

| | Availability | Maximum down time | Actual | Exceeded Maximum Down Time | These are business support systems which need to be available on a 24/7 365 basis. 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 | 216 | 4 Hours | 0 | No | |
| File Server | 216 | 4 Hours | 0 | No | |
| Virtual Server | 218 | 2 Hours | 0 | No | |
| BlackBerry | 216 | 4 Hours | 0 | No | |
| Promis | 216 | 4 Hours | 0.05 | No | |

## *Information Governance* – Developments:  March 2017 (Year End 2016/17)

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

- *Control Assurance – Information Management:  76% Substantive Achieved through Self-Assessment for 2016/17.   Action Plan for outstanding items being developed.  This work continues to be a priority of the Trust.  Along with outstanding Priority 1 Audit Recommendations relating to Information Governance aspects*

- *Processing in all areas of the Information Department has noted to have increased across Freedom of Information, Data Protection, Solicitor and Police Enquiries during 2016/17 and placed additional pressures on the Department.*

- *FOI Disclosure Log under FOI Publication Requirement continues to be updated*

- *Analytics and raw datasets to support Supply and Demand Review extracted from Command and Control systems for both emergency and non-emergency systems, Global Resourcing datasets on planned and actual cover, staff abstraction rates; geographical information datasets to support mapping of hospitals and ambulance locations etc*

- *Supporting Regional Ambulance Training Centre with Quality Improvement Templates and data analysis.  These continue to be developed and amended.  Includes Falls, Hypoglycaemia, Acute Coronary Syndrome, Cardiac Arrest (refer to Medical Directorate section of report for reporting)*

- *TYC monitoring aspects reviewed.  TYC Board and TYC Team Information papers continue to be updated and monitored.  Ad hoc datasets have been provided to support further initiatives as required*

- *Supporting work and data streams in Frequent Caller Monitoring and Information Markers – attendance at meeting, updating datasets*

- *Ad hoc datasets to internal/external stakeholders included (examples only, not an exhaustive list) – requests for Patient Report Forms to support staff, PSNI requests etc; Daisyhill; Turnaround Times; frequent callers, datasets to support Freedom of Information; Out of Hospital Cardiac Arrests, GP Out of Hours Activity and population demographics etc*

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

Freedom of Information, Data Protection (Subject Access) and Departmental requests

Summary April 2016 – March 2017 requests compared with same period in 2015-16:

| | April 16 – March 17 | April 15 – March 16 | % Increase / (Decrease) |
|---|---|---|---|
| **Freedom of Information** Requests Received | 161 | 130 | 23% |
| **Data Protection Act 1998 Section 7, Subject Access** Requests Received | 46 | 25 | 84% |
| **Police Service of Northern Ireland** Requests Received | 428 | 375 | 14% |
| **Solicitor Enquiries** Requests Received | 618 | 556 | 11% |
| **Total** | **1,253** | **1,086** | **15%** |

# Information Governance

Freedom of Information, Data Protection (Subject Access) and Departmental requests
**REPORT FOR FREEDOM FOR INFORMATION PROCESSING FOR THE PERIOD OF 01/04/2016 to 31/03/2017**

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

**2016-17 Data**

| Freedom of information | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total Apr16 - Mar17 | Total Apr15 - Mar16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Requests Received | 15 | 9 | 8 | 14 | 16 | 13 | 20 | 15 | 12 | 13 | 10 | 16 | **161** | 130 |
| Number of Questions Received | 50 | 35 | 15 | 41 | 54 | 41 | 74 | 52 | 22 | 57 | 62 | 53 | **556** | 478 |
| Completed Requests processed within 20 days or less | 14 | 5 | 7 | 11 | 10 | 10 | 13 | 13 | 9 | 13 | 3 | 10 | **118** | 92 |
| Completed Requests exceeding 20 days | 1 | 2 | 1 | 2 | 5 | 3 | 7 | 0 | 3 | 0 | 4 | 0 | **28** | 23 |
| REQUESTS Still Being Processed (within 20) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | **5** | |
| REQUESTS Still being processed (outside 20) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 3 | 1 | **5** | |
| Stood Down | 0 | 2 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | **5** | |
| Number of Records Fully Disclosed | 45 | 31 | 13 | 38 | 47 | 30 | 58 | 34 | 18 | 48 | 21 | 36 | **419** | |
| Vexatious Requests | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | |
| Number of Records for which records not held | 5 | 1 | 1 | 2 | 5 | 0 | 13 | 11 | 4 | 9 | 0 | 2 | **53** | |
| Requests where exemptions wholly/partially applied | 0 | 1 | 1 | 0 | 0 | 11 | 3 | 0 | 0 | 0 | 4 | 3 | **23** | |
| Questions stood down | 0 | 2 | 0 | 1 | 2 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | **10** | |
| QUESTIONS Still Being Processed (within 20) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11 | **11** | |
| QUESTIONS Still Being Processed (outside 20) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 37 | 1 | **40** | |
| Referrals for Independent Review | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | **1** | |
| Appeals to the Information Commissioner | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | |
| **Requestor Type** | | | | | | | | | | | | | | |
| Member of Public | 6 | 2 | 0 | 6 | 2 | 4 | 9 | 3 | 7 | 7 | 4 | 9 | **59** | |
| Local Government | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | **2** | |
| Staff Member | 5 | 4 | 4 | 2 | 5 | 0 | 2 | 1 | 1 | 0 | 1 | 2 | **27** | |
| Media | 3 | 1 | 2 | 4 | 2 | 4 | 5 | 9 | 1 | 3 | 3 | 2 | **39** | |
| Student | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | |
| Commercial Company | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | **3** | |
| Solicitor | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | |
| WhatDoTheyKnow.com | 1 | 2 | 2 | 0 | 5 | 5 | 3 | 0 | 1 | 3 | 2 | 2 | **26** | |
| NHS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | **1** | |
| Trade Union | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **2** | |

| %age completed within 20 working days | |
|---|---|
| Apr16 - Mar17 | 73.29% |
| Apr15 - Mar16 | 70.77% |

*Data may be subject to amendments.*

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

**REPORT FOR DPA PROCESSING (SUBJECT ACCESS) FOR THE PERIOD OF 01/04/2016 to 31/03/2017**

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

| Data Protection Act 1998 – Section 7, Subject Access | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr 16 – Mar 17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Requests Received | 4 | 6 | 1 | 5 | 2 | 4 | 5 | 4 | 2 | 5 | 4 | 4 | 46 |
| Completed Requests processed within 40 days or less | 4 | 5 | 1 | 2 | 2 | 2 | 3 | 3 | 2 | 3 | 3 | 4 | 34 |
| Completed Requests exceeding 40 days | 0 | 0 | 0 | 2 | 0 | 2 | 2 | 0 | 0 | 1 | 1 | 0 | 8 |
| Requests still being processed in line with 40 days | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Identity Not Confirmed and therefore could not be further processed | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 4 |
| | | | | | | | | | | | | | |
| Patient | 1 | 5 | 1 | 3 | 0 | 1 | 2 | 2 | 1 | 2 | 1 | 0 | 19 |
| NIAS Staff Member | 3 | 1 | 0 | 1 | 1 | 2 | 3 | 1 | 1 | 3 | 1 | 4 | 21 |
| External Agency | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 4 |
| Relative of Patient | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 |

- **From 01/04/2016 to 31/03/2017: 81% of Subject Access Requests processed within 40 calendar days**
  (this is based on this requests that were fully processed ie identity and fee received)
- There are a number of DPA requests that remain outstanding relating to staff requests for disciplinary files, HR records etc. These are currently being prioritised

**POLICE SERVICE OF NORTHERN IRELAND REQUESTS – Police Acts, Common Law for the Period of 01/04/2016 to 31/03/2017**

**Purpose:**

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

| *Requests 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 16 – Mar 17 | Apr 15- Mar 16 | SOLICITOR ENQUIRIES |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Requests Received (based on receipt of correspondence date) | 21 | 37 | 36 | 23 | 42 | 32 | 37 | 47 | 37 | 32 | 40 | 44 | 428 | 375 | |

**for the Period of 01/04/2016 to 31/03/2017**

**REQUESTS FOR INFORMATION WHICH FALL UNDER THE REMIT OF THE DATA PROTECTION ACT 1998 AND/OR ACCESS TO HEALTH RECORDS (NI) ORDER 1993**

REQUESTS FOR INFORMATION WHICH FALL UNDER THE REMIT OF THE DATA PROTECTION ACT 1998 AND/OR ACCESS TO HEALTH RECORDS (NI) ORDER 1993

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr 16 – Mar 17 | Apr 15 – Mar 16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Requests Received (based on receipt of correspondence date) | 52 | 45 | 65 | 41 | 53 | 50 | 56 | 63 | 30 | 57 | 48 | 58 | 618 | 556 |

**DEPARTMENT OF HEALTH– REQUEST FOR INFORMATION for Period of 01/04/2016 to 31/03/2017**

| DHSSPS/AQ's/CORs/TOF's/INV's | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr 16 – Mar 17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Assembly Questions (Oral) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Assembly Questions (Written) | 0 | 1 | 12 | 1 | 0 | 20 | 15 | 10 | 15 | 3 | 0 | 0 | 78 |
| CORs Received | 1 | 0 | 1 | 2 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 6 |
| TOFs Received | 1 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| INVs Received | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 |

# 16/17 - PRF v PATIENT NUMBERS COMPARISON

| Summary | | Patient Journeys where a patient has transported to a hospital | | | Number of PRF's completed for the treatment of a patient. | | |
|---|---|---|---|---|---|---|---|
| Month | Emergency Response(s) which arrived on scene | Emergency | Routine | Total | Completed PRFs (Formic) | Difference between Emergency Responses and completed PRF's | Difference Patient Journeys and completed PRF's |
| April 2016 | 16819 | 12859 | 343 | 13202 | 16521 | -298 | +3,319 |
| May 2016 | 16215 | 13357 | 389 | 13746 | 16784 | +569 | +3,038 |
| June 2016 | 15732 | 12842 | 381 | 13223 | 16250 | +518 | +3,027 |
| July 2016 | 16279 | 13182 | 394 | 13576 | 16082 | -197 | +2,506 |
| August 2016 | 16220 | 13262 | 347 | 13609 | 16526 | +306 | +2,917 |
| September 2016 | 15704 | 12783 | 403 | 13186 | 16118 | +414 | +2,932 |
| October 2016 | 17029 | 13736 | 426 | 14162 | 17368 | +339 | +3,206 |
| November 2016 | 16429 | 13420 | 369 | 13789 | 16941 | +512 | +3,152 |
| December 2016 | 18095 | 14328 | 334 | 14662 | 18203 | +108 | +3,541 |
| January 2017 | 17124 | 13801 | 412 | 14213 | 17137 | +13 | +2,924 |
| February 2017 | 15359 | 12295 | 325 | 12620 | 15234 | -125 | +2,614 |
| March 2017 | 16770 | 13514 | 488 | 14002 | 13933 | -2,837 | -69 |
| | | | | | | | |
| Total | 197775 | 159379 | 4611 | 163990 | 197097 | -678 | +33,107 |

*Please note figures for 2016/2017 are provisional and will rise as data processing is ongoing.*

# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD REPORT

## HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE

Director of Human Resources and Corporate Services

2017 / 06 / 01

**(As at 31 March 2017)**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **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.

## WORKFORCE INFORMATION

The table below reflects the NIAS workforce position as at 31 March 2017. This information is taken from HRPTS.

| MARCH 2017 | TRUST TOTAL | CX / BOARD | FINANCE / ICT | HRCS | MEDICAL | OPERATIONS |
|---|---|---|---|---|---|---|
| **FUNDED WTE** | 1,290.32 | 7.00 | 31.63 | 67.15 | 8.00 | 1,176.54 |
| **SUBSTANTIVE-IN-POST (WTE) PERM/(TEMP)** | 1,164.79 (27.96) | 1.00 (6.00) | 24.63 (2.00) | 61.78 (4.80) | 7.00 (2.00) | 1,070.38 (13.16) |
| **STAFF-IN-POST/HEADCOUNT** | 1,222 | 7 | 28 | 68 (*80**) | 9 | 1,110 (*1,121**) |
| **VACANCY LEVELS (WTE)** | **-97.57** | **0.00** | **-5.00** | **-0.57** | **1.00** | **-93.00** |

NB: *The above figures do not include Sessional GP's, nor individuals who support ELD clinical programmes, as required, nor Bank Contracts. These individuals have been included in Headcount figures (in brackets) in the respective Directorates. Substantive in post – Operations figures includes 23 Trainee EMT's and 21 Trainee ACAs currently in RATC*

On the basis of the information above @ 31 March 2017, the Trust has an overall vacancy level of **97.57** WTE posts. This compares to an overall vacancy level of 213.70 WTE posts @ 30 June 2014.

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

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

## RECRUITMENT ACTIVITY

The following table provides a breakdown of frontline vacancies as at 31 March 2017 and provides related details on actions currently being taken to address.

| 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 |
|---|---|---|---|---|---|---|---|---|
| Paramedic Stn Sup. | 25.00 | 19.89 | 5.11 | 0 | No recruitment planned, due to ongoing Job Evaluation process. | N/A | N/A | N/A |
| Paramedic | 322.00 | 319.05 | 2.95 | 26 | Bank Recruitment: 31 offers made, 31 acceptances received, 26 Bank Paramedics have joined NIAS (5 Paramedics accepted permanent Contracts during October/November 2016). Internal Recruitment: 17 offers made, 8 acceptances received, (6 from Bank, 2 from RRV posts). External Recruitment: Offers completed, 1 commenced familiarisation training during March 2017. | N/A | N/A | N/A |
| RRV Paramedic | 86.00 | 80.14 | 5.86 | 0 | No recruitment planned. | N/A | N/A | N/A |
| EMT Stn Supervisor | 5.00 | 4.00 | 1.00 | 0 | No recruitment planned, due to ongoing Job Evaluation process. | N/A | N/A | N/A |
| EMT + Trainee EMT | 300.00 | 233.05 + 23.00 | 43.95 | 6 | Internal Recruitment: Qualified EMT recruitment waiting list created.  Offers to fill ongoing. External Recruitment: Qualified EMT: OSCE & interviews completed, 2 appointments made. Trainee EMT (internal & external): training due to commence on 15/05/17 (Cohort 2 x 23 students). Internal / External Recruitment: 6 Qualified Bank EMTs joined NIAS between August 2016 and January 2017. | 23 | Cohort 2 (**23** Trainees) due to commence training on 15/05/17, with practice placement commencing August 2017 and full qualification in February 2018. | |
| ACA (inc. PCS Sup.) + Trainee ACA | 263.50 | 238.70 + 21.00 | 3.80 | 0 | ACA Recruitment exercise completed at end of May 2016. Active waiting list in place until 19/11/17.  Course of 22 commenced 20/02/17, however 1 subsequently resigned from the course. | 21 | Cohort 2 (**21** Trainees) to commence on 03/04/17 as backfill for EMT2. | |

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

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

## CORPORATE ABSENCE REPORT (@ 31 MARCH 2017)

NIAS's cumulative absence in 2015/16 was 10.43%. NIAS therefore met its target for 2015/16, as agreed with the DoH, which was "to improve or maintain sick absence rates on 2014/15 levels" (2014/15 cumulative absence was 10.55%). NIAS's sickness absence target for 2016/17, as agreed with the DoH, is to "**improve sick absence rates by 5% on 2015/16 levels**". NIAS therefore must achieve an absence rate of **9.91%** in 2016/17. The table below provides a summary of the Trust's sickness absence for the period 1 April 2016 to 31 March 2017. The monthly % absence recorded for March 2017 was 8.69% and is lower than the target, however the Trust is failing to meet the 16/17 target, as the cumulative absence @ 31 March was **10.34%**. Long term absence (20+ working days) accounted for 6.87% of overall monthly absence and short-term absence accounted for 1.78% of overall monthly absence in March 2017.

| 2016/17 Monthly Sickness Absence including Comparators to Previous Reporting Year (2015/16) | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **ATTENDANCE MANAGEMENT** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** |
| **NIAS ABSENCE TARGET (2016/17)** | "IMPROVE SICK ABSENCE RATES BY 5% ON 2015/16 LEVELS": NIAS TARGET = 9.91% | | | | | | | | | | | |
| NIAS absenteeism monthly % hrs lost (15/16) | 10.22% | 11.42% | 10.41% | 10.36% | 9.96% | 9.91% | 9.81% | 9.70% | 11.97% | 11.62% | 10.16% | 9.61% |
| NIAS cumulative monthly % hrs lost (15/16) | 10.22% | 10.81% | 10.67% | 10.59% | 10.47% | 10.37% | 10.29% | 10.22% | 10.43% | 10.54% | 10.51% | 10.43% |
| NIAS absenteeism monthly % hrs lost (16/17) | 9.78% | 9.64% | 10.30% | 8.39% | 10.21% | 10.41% | 10.55% | 11.09% | 13.11% | 13.12% | 9.36% | 8.69% |
| NIAS cumulative monthly % hrs lost (16/17) | 9.78% | 9.70%* | 9.91%* | 9.54% | 9.68% | 9.80% | 9.91% | 10.06% | 10.40% | 10.56% | 10.49% | 10.34% |
| Monthly % hrs lost (S/T) | 2.55% | 1.76% | 1.73% | 2.38% | 2.52% | 2.49% | 2.52% | 2.51% | 3.37% | 2.74% | 2.23% | 1.78% |
| Monthly % hrs lost (L/T) | 7.23% | 7.87% | 8.58% | 6.01% | 7.69% | 7.92% | 8.03% | 8.58% | 9.73% | 9.27% | 7.81% | 6.86% |
| Av. days lost (7.5 hrs) per Empee per Mth | 1.97 | 2.07 | 2.21 | 1.71 | 2.30 | 2.23 | 2.16 | 2.37 | 2.81 | 2.58 | 1.94 | 1.95 |
| NIAS cumulative costs (£'000) | £305 | £621 | £963 | £1,307 | £1,639 | £1,989 | £2,351 | £2,717 | £3,161 | £3,572 | £3,910 | £4,201 |
| * May-16 & Jun-16 cumulative absence figs adjusted due to late notifications received after production of reports. | | | | | | | | | | | | |
| **NIAS CUMULATIVE % HRS LOST** | (2015/16) 10.43% | | | (2016/17 @ 31 Mar 2017) 10.34% | | | | OFF TARGET | | | | |

*NB: standard 5-day week (Monday – Friday, based on a 7.5 hr day).*

NIAS met its absence target in 2015/16 but has fallen behind its 2016/17 target. It is also acknowledged that absence within NIAS remains higher than in other HSC Trusts/NHS Trusts. The following measures are being undertaken to address current levels of absence:

- Health and Wellbeing Group established under Engagement strategy;
- Health and Wellbeing Strategy under review;
- Review of Attendance Management Procedure and associated policies/procedures;
- Consideration of a new peer support model;
- Pilot of additional intervention by Carecall in relation to mental health issues within the EAC environment;
- Relaunch and promotion of the availability of Carecall services to all staff;
- Access of all staff to a fast-track Physiotherapy service;
- Promotion of flu vaccine uptake in line with NIAS target of 40% of staff.

**NIAS % CUMULATIVE ABSENCE**: The following chart shows the comparison of cumulative % hours lost due to sickness absence from April – March (2016/17), compared to cumulative % hours lost during 2015/16.
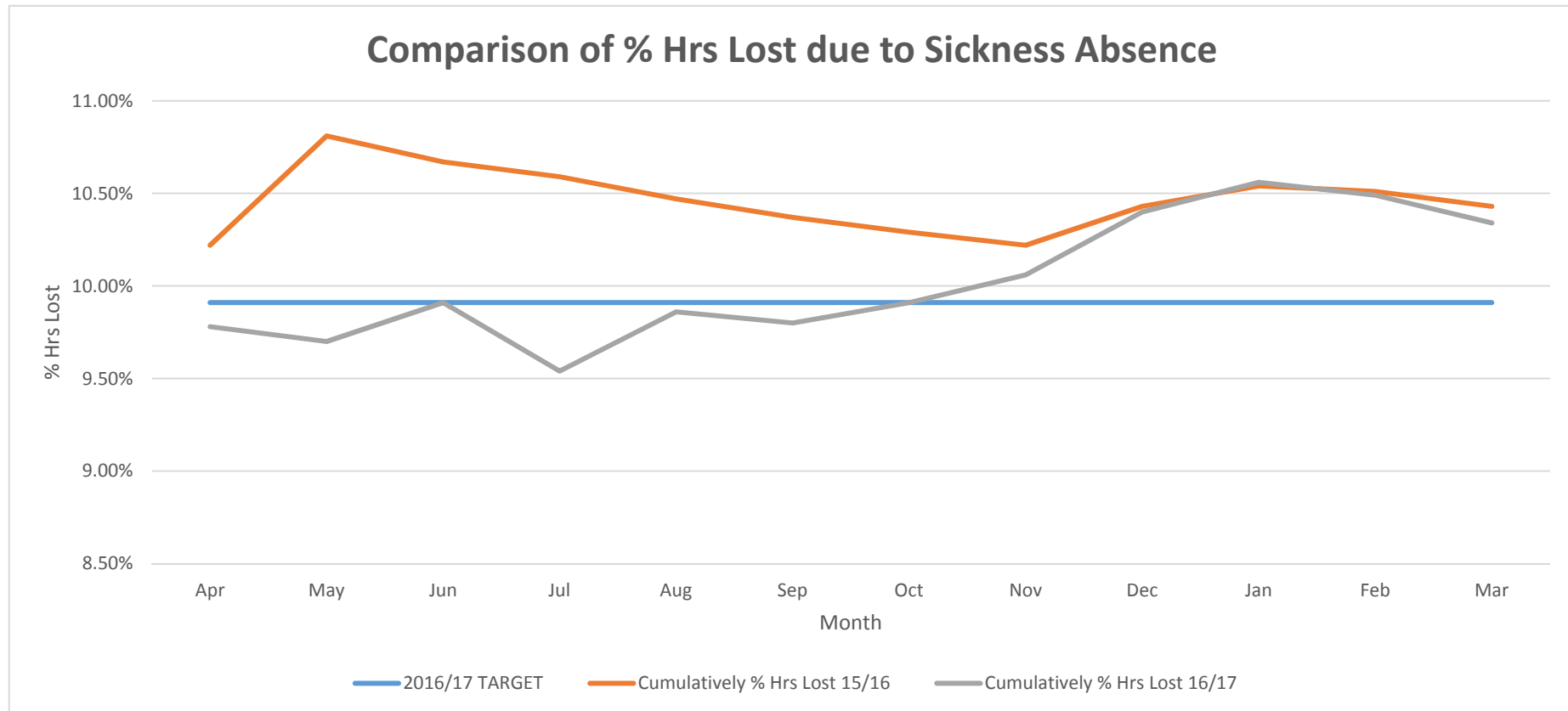
### Comparison of % Hrs Lost due to Sickness Absence



Legend: 2016/17 TARGET — Cumulatively % Hrs Lost 15/16 — Cumulatively % Hrs Lost 16/17

## Top Absence Categories during the period
## 1 April 2016 to 31 March 2017
## (% of Total Absence)
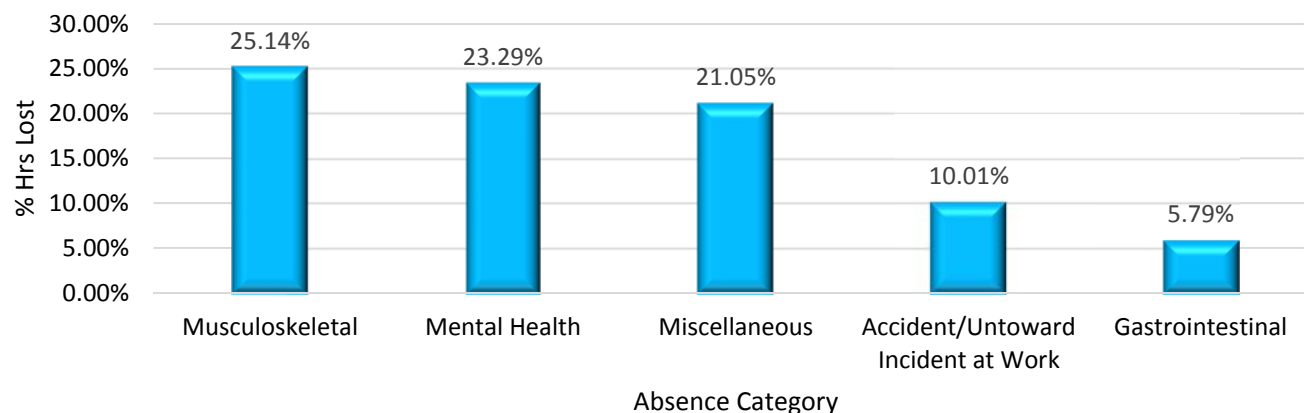


**"OTHER" CATEGORIES WITH MORE THAN 1% ABSENCES INCLUDE:-**

| | |
|---|---|
| Asthma, Chest, Resp. | 4.18% |
| Heart/cardiac/circulatory | 1.69% |
| Pregnancy related | 1.69% |
| ENT | 1.49% |
| Influenza | 1.45% |

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

Blood Disorders; Dental/Oral; Endocrine/Glandular; Eye Problems; Genitourinary/Gynaecological; Headache/Migraine; Infectious Diseases; Skin Conditions; Tumours/Cancers; Viral Illness.

**REASONS FOR ABSENCE**

The chart above illustrates the top 5 Absence Categories for NIAS during the reporting period. For the purposes of this report all other reasons for absence have been grouped as "Other".

**Miscellaneous** includes Chronic Fatigue, General Debility, Hospital Investigations, Post-Surgical Debility, and Post Viral Fatigue

**Musculoskeletal** (including Injury, Fracture, Back Problems and Other Musculoskeletal Problems) (25.14%) and **Mental Health** (23.29%%) related absences account for the highest % of sickness absence. Work is ongoing to address levels of absence in these areas as detailed above.

**Section 1:**     **Human Resources & Corporate Services  -  March 2017**

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

**Disciplinary Cases**:     | **Commentary (Employee Relations/Industrial Relations):**

| Position as at Mar 2017 | TRUST TOTAL | Patient Care | Wilful Damage | Criminal Conduct | Fraud | Failure to comply with Trust Policy / Procedure |
|---|---|---|---|---|---|---|
| **Total Ongoing Cases** | **10** | **3** | **0** | **2** | **1** | **5** |
| HCPC Referrals | 3 | 1 | 0 | 1 | 0 | 1 |
| Suspensions | 3 | 1 | 0 | 1 | 0 | 0 |
| **New Cases** | **0** | **0** | **0** | **0** | **0** | **0** |

## Grievance Cases:

| Position as at Mar 2017 | TRUST TOTAL | Transfer | Application of T&C | Recruitment | Job Evaluation | Equal Opps | Employee Relations Processes | Promotion | Pay |
|---|---|---|---|---|---|---|---|---|---|
| **Total Ongoing Cases** | **25** | **2** | **10** | **6** | **1** | **1** | **4** | **0** | **1** |
| Informal Stage | 7 | 0 | 3 | 2 | 0 | 1 | 1 | 0 | 0 |
| Formal Stage 1 | 18 | 2 | 7 | 4 | 1 | 0 | 3 | 0 | 1 |
| Formal Stage 2 (Appeal) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **New Cases** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |

## Working Well Together / Harassment Cases:

| Position as at Mar 2017 | TRUST TOTAL |
|---|---|
| **Total Ongoing Cases** | **3** |
| Informal Resolution / withdrawn | 0 |
| Inv Ongoing | 2 |
| Formal Stage 1 | 1 |
| Formal Stage 2 (Appeal) | 0 |
| **New Cases** | **0** |

NIAS continues to face significant industrial relations issues and challenges. From the day of industrial action which took place on 13 March 2015 and the overtime ban which took place in May 2015 (all relating to regional/national concerns in areas such as pensions and pay) more recently Trade Union Side entered into dispute with NIAS regarding issues relating to Job Evaluation. The Trade Union Side notified Management Side at NIAS Joint Consultative Negotiating Committee (JCNC) on 21 July 2015 that they were withdrawing from all job evaluation processes. Further to managements recent meetings with Trade Union Side on this matter, Trade Union Side have now re-entered partnership Job Evaluation processes.

## Case File Closures:

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

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

| Section 1: | Human Resources & Corporate Services |
|---|---|
| HRCS KPI: | Modernisation & Reform (BSTP) |

**BSTP UPDATE**

HRPTS:

The HRPTS system was implemented within NIAS on 18 February 2014 in line with the NIAS HRPTS Deployment Plan. The Deployment Plan recognised that deployment of HRPTS within NIAS would be significantly limited due to IT infrastructure issues and that it would only be possible to deploy Employee Self Service (ESS) to 18.9% of NIAS workforce, as indicated in the opposite table. Currently 14% of NIAS employees are able to access ESS.

Further deployment of HRPTS within NIAS remains significantly hindered due to IT Infrastructure limitations particularly at station level where a substantial majority of NIAS employees are based. Work remains ongoing regionally to explore alternatives to provide for full ESS deployment, eg SAP Fiori.

In relation to Manager Self Service (MSS), 82% of NIAS Managers have access to MSS. Work remains ongoing to embed MSS within NIAS processes/procedures. During the reporting period HR staff delivered a series of MSS Refresher sessions to support managers to use the MSS function for a number of HRPTS processes. This has proved beneficial in embedding use of MSS.

BENEFITS REALISATION:

Regional meetings continue to take place in relation to BSTP Benefits Realisation. NIAS continues to contribute to regionally activities aimed at ensuring continual improvement and system optimisation.

SHARED SERVICES

NIAS continues to engage with BSO Shared Services in planning the transition of the NIAS Recruitment & Selection (R&S) function. NIAS R&S function will be transitioning to Shared Services in 3 phases over a 6 week period commencing 22 May 2017.

**HRPTS Deployment Within NIAS**

The following table shows deployment of HRPTS within the following service support areas:

| August 2015 Position | % staff with access to ESS / HRPTS (as % of total staff at end Aug 2015) | % Managers with access to MSS / HRPTS (as % of total Managers at end Aug 2015) |
|---|---|---|
| Trust Total | 14.06% | 82.22% |
| Operations | 4.41% | 47.78% |
| EAC / NEAC | 0.67% | 7.78% |
| RMC | 0.92% | 1.11% |
| HRCS | 5.24% | 15.56% |
| Finance & ICT | 2.16% | 8.89% |
| Medical | 0.67% | 1.11% |

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

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

The following tables show the number of complaints / compliments received from April 2016 and the associated timescales for processing of same.

**Total complaints received to date: 164**

| HANDLING TIMES OF COMPLAINTS | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total | % | 2015-16 | |
| Complaints Received | 8 | 24 | 17 | 5 | 7 | 9 | 14 | 15 | 21 | 12 | 11 | 21 | **164** | | **160** | *100%* |
| *Total A&E & PCS Activity* | *28788* | *29104* | *29077* | *32782* | *29353* | *29469* | *30281* | *30290* | *30496* | *32409* | *29,016* | *32,035* | *363100* | | | |
| *% Complaints/Activity* | *0.03%* | *0.08%* | *0.06%* | *0.02%* | *0.02%* | *0.03%* | *0.05%* | *0.05%* | *0.07%* | *0.04%* | *0.04%* | *0.07%* | *0.05%* | | | |
| Acknowledged within 2 working days | 8 | 24 | 17 | 5 | 6 | 9 | 14 | 15 | 21 | 12 | 11 | 21 | **163** | *99%* | **160** | *100%* |
| Acknowledged after 2 working days | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** | *1%* | **0** | *0%* |
| Response within 20 working days | 3 | 4 | 3 | 1 | 1 | 2 | 1 | 4 | 2 | 6 | 4 | 4 | **35** | *21%* | **43** | *27%* |
| Response after 20 working days | 5 | 18 | 7 | 1 | 0 | 3 | 11 | 9 | 14 | 4 | 1 | 10 | **83** | *51%* | **66** | *41%* |
| Complaints Investigations ongoing | 1 | 2 | 7 | 3 | 6 | 4 | 2 | 2 | 5 | 2 | 6 | 7 | **47** | *29%* | **51** | *32%* |
| Cases referred to NI Ombudsman (cases ongoing) | 0(4) | 0(4) | 0(4) | 0(4) | 0(4) | 0(4) | 0(4) | 0(4) | 0(4) | 0(3) | 0(3) | 1(2) | **2** | | 5 | |

| NATURE OF COMPLAINTS RECEIVED | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2016-17 | % | 2015-16 | |
| Staff Attitude | 4 | 8 | 11 | 3 | 4 | 4 | 7 | 6 | 8 | 7 | 4 | 8 | 74 | 45% | 65 | 41% |
| Ambulance Late/No Arrival | 4 | 16 | 6 | 1 | 1 | 3 | 3 | 8 | 13 | 3 | 3 | 9 | 70 | 43% | 78 | 49% |
| Quality of Treatment & Care | 0 | 0 | 0 | 1 | 1 | 2 | 2 | 1 | 0 | 0 | 3 | 1 | 11 | 7% | 11 | 7% |
| Suitability of Equip/Vehicle | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 3 | 5 | 3% | 3 | 2% |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 1 | 0 | 4 | 2% | 3 | 2% |
| Patient Property | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0 | 0% |
| **TOTAL** | **8** | **24** | **17** | **5** | **7** | **9** | **14** | **15** | **21** | **12** | **11** | **21** | **164** | | **160** | |

## Complaint Categories - 2016/17

■ Staff Attitude    ■ Ambulance Late/No Arrival
■ Quality of Treatment & Care    ■ Suitability of Equip/Vehicle
■ Other
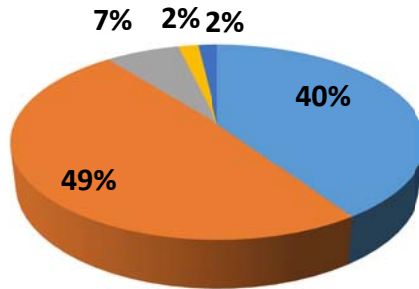


## NIAS Complaints Received 2016/17
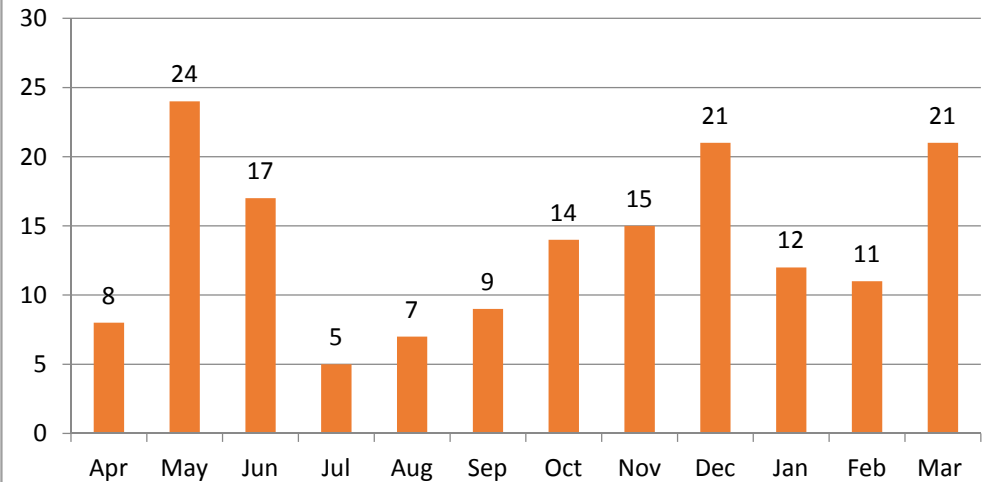


| SERVICE AREA OF COMPLAINTS | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total | % | 2015-16 | |
| Accident & Emergency | 5 | 14 | 10 | 5 | 4 | 6 | 6 | 5 | 6 | 7 | 10 | 13 | 91 | 55% | 80 | 50% |
| Patient Care Service | 1 | 3 | 2 | 0 | 1 | 0 | 2 | 0 | 1 | 1 | 0 | 0 | 11 | 7% | 17 | 11% |
| Control & Communications | 2 | 7 | 5 | 0 | 1 | 3 | 3 | 10 | 14 | 4 | 1 | 8 | 58 | 35% | 63 | 39% |
| Other | 0 | 0 | 0 | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0 | 0% |
| Voluntary Car Service | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0 | 0% |
| **TOTAL** | **8** | **24** | **17** | **5** | **7** | **9** | **14** | **15** | **21** | **12** | **11** | **21** | **164** | *100%* | **160** | *100%* |

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

**HRCS KPI:** **Supporting Trust Priorities**

| COMPLIMENTS RECEIVED 2016/17 | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2016-17 | 2015-16 | |
| RECEIVED | 11 | 26 | 15 | 20 | 19 | 15 | 16 | 22 | 11 | 20 | 8 | 24 | 207 | 174 | |

| SERVICE AREA OF COMPLIMENTS RECEIVED | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2016-17 | % | 2015-16 | |
| Accident & Emergency | 11 | 23 | 10 | 20 | 18 | 14 | 16 | 21 | 10 | 20 | 7 | 20 | 190 | 91.8% | 163 | 94% |
| Control | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 3 | 1.4% | 4 | 2% |
| Patient Care Service | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 7 | 3.4% | 0 | 0% |
| Voluntary Car Service | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% | 0 | 0% |
| Other | 0 | 1 | 4 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 7 | 3.4% | 7 | 4% |
| TOTAL | 11 | 26 | 15 | 20 | 19 | 15 | 16 | 22 | 11 | 20 | 8 | 24 | 207 | | 174 | |



NIAS Compliments Received 2016/17

## CLOSED COMPLAINTS – MARCH 2017

| Ref | First received | Subject (primary) | Description (Policies) | Outcome | Action taken (Investigation) |
|---|---|---|---|---|---|
| COMP/1198 | 06/01/2017 | Staff Attitude/Behaviour | Complainant alleges ambulance staff were rude to the Nursing Home causing them to become rushed and not suitably clothe the patient for outdoors, | Letter of explanation and apology issued. | Patient is happy that we manage this internally and expects no further reply. SO spoke with complainant via telephone on 06/01/2017. Complainant phoned on 09/01/2017 and wants a formal investigation. Formal investigation completed and response issued to the complainant on the 08 March 2017. |
| COMP/1164 | 16/11/2016 | Staff Attitude/Behaviour | Complainant alleges the ambulance crew would not take her son to hospital as they said he was drunk and only did so as the patients friends asked them to. | Complaint not upheld as crew were found to have acted accordingly. | Letter of apology and explanation issued. Crew acted appropriately. |
| COMP/1192 | 28/12/2016 | Transport, Late or Non-arrival/Journey Time | Complainant alleges ambulance took 9.5 hours to get to her 91y/o father. Door broken down by PSNI at 01.15am. Female crew member exceptionally rude. | Complainant simply wants NIAS to pay for damages to her front door, which NIAS instructed PSNI to break open. Other aspects of the complainant have been dealt with. I have put measures in place to reimburse the complainant for damages to the door. | NIAS to reimburse the complainant for damaged caused to her front door. Await invoice for damages. |
| COMP/1202 | 16/01/2017 | Staff Attitude/Behaviour | Complainant alleging inappropriate remarks were made in front of the patient. The crew questioned GP decision. | Complaint upheld and letter of apology/explanation issued. NIAS crew members comments and communication was deemed to be neither relevant or appropriate. | Crew member will be counselled with regard to her communication with the patient. Crew member will also be counselled with regard to Safeguarding Procedures. |
| COMP/1207 | 17/02/2017 | Delayed admission from A&E | Patient was advised not to go to hospital by RRV paramedic. Patient was haemorrhaging in and should have been brought to hospital the night before. | Complaint upheld. Paramedic was unfamiliar with 2011 memo and is to receive training from DTO with immediate effect. | Letter of apology and explanation issued. Paramedic to undergo training with DTO with immediate effect. |
| COMP/1205 | 19/01/2017 | Transport, Suitability of Vehicle/Equipment | Non-emergency ambulance booked to transfer patient to RVH. On arrival the new ambulance could not secure the patient's wheelchair. | Dealt with under local resolution. Fleet manager and South Eastern DTO visited complainant and her husband and established the chair does indeed fit. | Fleet manager has made notes that to accommodate the patient's electric wheelchair the offside rear seat must be removed. Crew have received training for this and the notes have been updated with NEAC for future bookings. |
| COMP/1219 | 01/03/2017 | Transport, Late or Non-arrival/Journey Time | Took 90 minutes to transfer a terminally ill patient to Nursing Home. The journey should have taken 10 minutes. | NEAC Supervisor contacted the complainant to discuss and issue apology. Complainant happy that all aspects have been dealt with. Letter issued with formal apology. | NEAC manager dealt with under local resolution. |

## CLOSED COMPLAINTS – MARCH 2017

| Ref | First received | Subject (primary) | Description (Policies) | Outcome | Action taken (Investigation) |
|-----|----------------|-------------------|------------------------|---------|------------------------------|
| COMP/1206 | 09/02/2017 | Staff Attitude/Behaviour | Complainant alleges crew member made offensive comments. | Area Manager contacted the complainant and discussed, provided an explanation and issued an apology. Complainant happy that the complaint has been dealt with and resolved. | Letter of explanation and apology issued. No further action required. |
| COMP/1232 | 20/03/2017 | Transport, Late or Non-arrival/Journey Time | Complainant's wife ready in her wheelchair from 12pm but by 2.20pm ambulance had still not arrived. Patient cannot sit in her wheelchair for anymore than 4 hours at one time. | Complaint upheld. Due to a mix up with vehicles there was a shortage of resources available in the area. | Complaint handled under local resolution. Apology and explanation issued. |
| COMP/1215 | 27/02/2017 | Other | Complaint on careless driving at a junction, there could have been a serious accident. | Complaint withdrawn - complainant merely wanted us to be aware of incident with no further action taken. | Complainant did not wish to make a formal complaint, merely bring it to our attention. She got a fright when the ambulance pulled out. Blue light conditions were explained to her and I apologised for her experience. I assured her due care and attention were paramount, even under blue light conditions. Therefore, complaint has been withdrawn. |
| COMP/1223 | 09/03/2017 | Transport, Late or Non-arrival/Journey Time | Complainant is unhappy as it took 56mins for an ambulance to arrive. | Complaint upheld as all appropriate emergency response vehicles were already deployed on emergency calls. | Letter of apology and explanation sent. |
| COMP/1220 | 06/03/2017 | Staff Attitude/Behaviour | complainant alleges paramedic was rude and caused bruising. | Complainant has been referred to mental health community team and PSNI. Complainant now detained under Mental Health Act. Complaint withdrawn. | Complaint withdrawn by DO following meetings with PSNI and Mental Health Community Team |
| COMP/1174 | 02/12/2016 | Staff Attitude/Behaviour | Complainant alleges paramedic made aggressive remarks towards her dog. | Letter of apology and explanation issued. No further action identified. | Paramedic to be reminded of the importance of proper/appropriate communication with patients and members of the public. Letter of apology issued. |
| COMP/1204 | 19/01/2017 | Staff Attitude/Behaviour | Complaint alleging the NIAS female crew member was rude & refused to carry out GP instructions. | Complaint not upheld. Allegations made were inaccurate and unfounded. | Letter of explanation issued. Allegations made were found to be untrue through the acquisition of CCTV footage. |
| COMP/1213 | 24/02/2017 | Quantity of Treatment & Care | This complainant waited 2 hours for an ambulance. She was disappointed with her treatment and was left without her oxygen supply whilst being transported to the ambulance. | Complainant's family via MLA have asked for complaint to be withdrawn. | Complaint withdrawn. |

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

**CLOSED COMPLAINTS – MARCH 2017**

| Ref | First received | Subject (primary) | Description (Policies) | Outcome | Action taken (Investigation) |
| --- | --- | --- | --- | --- | --- |
| COMP/1187 | 19/12/2016 | Transport, Late or Non-arrival/Journey Time | Complaint on behalf of constituent member who waited over 30 minutes for an ambulance for his 2 year old daughter. | Complaint Upheld and letter of apology issued. The investigation found that the Northern Division were down to 13 crews out of a planned 17. Due to all ambulances in the area being engaged on other calls, the nearest available ambulance was dispatched and unfortunately this took approx 30 mins to arrive. | DCM to alert the North Control Officer that on this occasion, they could have potentially liaised with the East Control Officer for assistance with the response. |

## Section 1: Human Resources & Corporate Services

## HRCS KPI: Supporting Trust Priorities

### Claims 2016/17

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

| | C/O | A | M | J | J | A | S | O | N | D | J | F | M | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Employers Liability** | 46 | | | | | | | | | | | | | |
| **Claims Received** | | 0 | 0 | 2 | 1 | 1 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | **9** |
| **Claims Settled** | | 2 | 1 | 1 | 0 | 0 | 1 | 0 | 2 | 1 | 1 | 3 | 0 | **12** |
| **Cases Ongoing** | | | | | | | | | | | | | | **46** |
| **Public Liability** | 2 | | | | | | | | | | | | | |
| **Claims Received** | | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | **3** |
| **Claims Settled** | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | **2** |
| **Cases Ongoing** | | | | | | | | | | | | | | **2** |
| **Clinical Negligence** | 13 | | | | | | | | | | | | | |
| **Claims Received** | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 2 | 1 | **5** |
| **Claims Settled** | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| **Cases Ongoing** | | | | | | | | | | | | | | **13** |

### Lessons Learned:

4 Employee Liability cases settled:

1. Greater care to be taken when handling needles/sharps waste – this was after a staff member sustained a needle stick injury when needle was allegedly in clinical waste bag and not sharps box.
2. Door of locker in ambulance jammed as it opened it released causing him to injure his right arm. VDI guidance issued.
3. Staff member was placing some items in clinical waste bag, noticed bag was not secured properly and that some of the contents had become loose. Upon cleaning this up, Mr ****** sustained an injury from a needle that was within the clinical waste. Staff should be reminded and retrained in relation to the safe disposal of sharps
4. The Trust should consider the implementation of disciplinary action to staff who fail to follow Trust policy and procedure and indeed staff training.

### Commentary:

The Trust aims to ensure that all claims:

- Are dealt with promptly and efficiently within an organisational culture of openness which encourages all parties to resolve disputes, reduce delays and costs, and which ultimately reduces the requirements for litigation.

- Where litigation has been instigated that, without good reason, indefensible claims are not defended or settlement is delayed.

- Application of the risk management systems and processes detailed in the Trust's Risk Management Strategy to the management of claims including ensuring that all claims are thoroughly investigated, learning identified and improvements made so as to reduce the risk of further similar adverse events again occurring in the future.

### Categories of Claims Received 2016/17

| Categories | Slips & Trips | Quality of Treatment/ Delay | Needle Stick Injury | Equip / Vehicle Faults | RTA's | Other |
|---|---|---|---|---|---|---|
| **Employers Liability** | 2 | | 1 | 1 | 1 | 4* |
| **Public Liability** | | | | | 3 | |
| **Clinical Negligence** | | 4 | | | | 1* |

*Employers Liability:*
* Staff member injured arm whilst using locker in rear of ambulance.
* Staff member had to carry out difficult patient lift, injured back.
* Staff member injured shoulder whilst lifting patient.
* Staff member claims to have been exposed to excessive noise / hearing damaged.
*Clinical Negligence:*

* Patient had misdiagnosed MI.

| Section 1: | Human Resources & Corporate Services | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HRCS KPI: | Supporting Trust Priorities | | | | | | | | | | | |
| Concerns raised under Public Interest Disclosure (NI) 1998 (WHISTLE BLOWING) | | | | | | | | | | | | |
| Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2016-17 |
| 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | **2** |

**Section 2:    Education, Learning & Development**

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

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

The installation process for RATC's new state-of-the-art technology is due to be completed in early June. Representatives from NIAVAC, the technology provider, met with RATC and IT to discuss and plan where and how to site the smart screens, video-conferencing equipment and other associated ancillaries. Full installation should be completed within two days and then RATC will be able to realise its vision for a truly interactive classroom.

RATC will extend an invitation to members of the Trust Board to see first-hand how this technology is being utilised in due course.

**ELD Highlight report:**

- Planning for the annual 'Post Qualification Education' course is underway (PQE: a working title which supersedes the traditional 'Post Proficiency' terminology). The new title will reflect the novel way in which the two day course will be formatted for all A&E clinicians. Even though the course will always be a means to assist and ensure that our clinicians remain contemporary in their practice, it has been recognised that historically the assessment element may have hampered the learning experience for many. Therefore, it is intended that the annual re-validation of Intermediate and Advanced Life Support will be incorporated into the new defibrillator training and thus remove a perceived barrier to learning which should in-turn enhance the retention of the contemporary thinking. The PQE will incorporate various skills and information which will range, for example, from External Jugular Vein cannulation to enhanced Respiratory Assessment; with an additional focus on upskilling our EMTs to provide additional interventions and drug therapies. RATC are very keen to support our EMT colleagues through this potential transition and the format of the PQE will fully utilise the existing paramedic/EMT relationship to help impart and support the skills upgrade in a sane and measured way.

- The first cohort of student EMTs (*Associate Ambulance Practitioner 1)* have emerged into practice placement and are actively bridging the theory-practice gap with the support of the Divisional Training Teams.

- The second cohort of 23 learners (AAP 2) commenced their regulated driving programme on 15/5/17 and are due to start their

- Cohort 3 of the Patient Assessment and Clinical Reasoning module (PACR) has commenced, with Paramedic Station Supervisors and Station Officers availing of the opportunity this time. The clinical leadership role of this group is vital to develop and will further facilitate the mainstreaming of the Trust's Quality Improvement vision.

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

- The Appropriate Care Pathway Working Group have finished delivering the series of Clinical Seminar updates to Operational paramedics and others. The series of events have been overwhelmingly welcomed by all and the feedback from our emergency clinicians has been extremely positive.

- The Q2020 E-learning programme has now reached and exceeded its target within deadline; the facility remains open for others to complete and it is hoped that we can continue to build upon has reflected the positive110 of the 131 earmarked for completion; that is 84% of the overall target set by DHSSPS; and represents a 34% increase since the last Trust Board report. The target of 10% completion of all employees was achieved by 31st March.
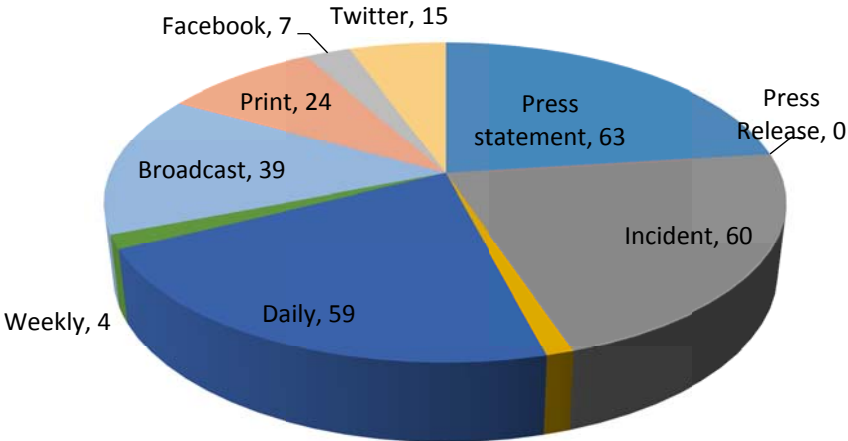
- clinical course 4 weeks thereafter.

- ACA 2 has been completed with 17 learners graduating as Ambulance Care Attendants. They entered Operations on 15/5/17.

- RATC's interim External Quality Assurance visit from FutureQuals has been earmarked for early July; the visit pertains to the first AAP cohort and is a condition of running a regulated programme of education and training. The final AAP 1 visit has been scheduled for late August/early September. RATC wishes to build upon the very positive initial visit report and cement the AAP programme as fit-for-purpose whatever the scruitiny.it was successful, with the visiting EQA citing that the programme documentation was of a 'high to very high standard'. Subsequently, RATC has achieved 'Direct Claim Status' for certification; this reflects well on the quality and quantity of work that the driving instructors have put into the Level 2 and Level 3 driving awards.

- The NIAS Conflict Resolution Training (CRT) package has been finalised and has already been delivered to new ACA and EMT students. The new package blends sound theoretical principles with appropriate 'non-pain inducing' disengagement techniques which *Solutions Training and Advisory* provided to selected RATC trainers.

- RATC has also engaged with the RQIA regarding the use of Restraint & Seclusion within the service. Representatives of ELD/RATC and others from NIAS, met with the RQIA at the BT Tower building and answered questions which provided the RQIA panel with a unique insight into the uncontrolled and often variable conditions of the prehospital environment. RATC additionally provided a representative to attend a focus group facilitated by the RQIA in their continuing review. It is hope that specific prehospital definitions can be determined which reduce any ambiguity regarding the position of NIAS clinicians in this respect.

- RATC continues to collaborate with the Transformation and Modernisation Team and has secured a number of opportunities for operational clinicians to develop their clinical expertise.

| **Section 3:** Equality & Human Rights/Personal and Public Involvement/ Patient Experience/Media and Communication<br><br>**HRCS KPI:** Supporting Trust Priorities; Transformation and Modernisation; Equality and Human Rights; Partnership & Employee Engagement | |
|---|---|
| **Section 75**<br><br>- Section 75 implementation requirements are set out in the Trust's Equality Scheme and delivery is monitored by the Trust's Equality and PPI Steering Group.<br><br>- The Trust works to mainstream section 75 considerations into policy development through engagement and screening processes.<br><br>- NIAS contributes to the HSC regional Equality and Human Rights agenda through participation in the DHSSPS Equality and Human Rights Steering Group.<br><br>- Contribute to regional work to develop revised Equality Scheme and Action Plan. Collaborative working with other HSC Trusts to review Equality Schemes and engage with the Equality Commission for Northern Ireland in relation to delivery of statutory duties within Health and Social Care. | **Key Work Streams underway include**<br><br>- Re-establishment of Trust Equality Forum to ensure engagement with Trade Union representatives and staff in relation to equality issues.<br><br>- Establishment of a NIAS Women's Forum.<br><br>- Lead on achievement of Rainbow Project's Diversity Champion status across HSC Trusts.<br><br>- Develop and introduce a Good Relations Strategy for NIAS.<br><br>- Develop Equality Toolkit and Training Module.<br><br>- Contribute to the development of a regional Discovering Diversity e-learning module. |
| **Human Rights**<br><br>- Human Rights consideration to Trust policy is incorporated within Equality and Human Rights Screening documentation.<br><br>- The Trust has been engaging with the Northern Ireland Human Rights Commission in respect of Trust policy plans and the potential human rights considerations of these.<br><br>- Work is underway to develop an Equality and Human Rights toolkit for policy leads to mainstream statutory obligations into the policy development, consultation and implementation processes. | **Supporting Trust policy**<br><br>- The Equality, PPI and Patient Experience team support the Trust in respect of statutory obligations associated with strategic policy development. This includes Equality, Human Rights, PPI, and Patient Experience considerations.<br><br>- Key in this regard has been the mainstreaming of statutory requirements within the Trust's Transformation and Modernisation agenda. This has involved engagement with Section 75 representative groups impacted by proposals, including AGENI, Diabetes UK and Epilepsy Action. |

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



**Press and Media Activity. March 2017**

(Pie chart values: Press statement, 63; Press Release, 0; Incident, 60; Daily, 59; Weekly, 4; Broadcast, 39; Print, 24; Facebook, 7; Twitter, 15)

### Key Themes in press coverage

- During March 2017, NIAS issued 63 Press Statements in response to enquiries from the media .

- 2 media interviews were conducted during the period.

- The number of media outlets reached in this period totalled 63.

- Press statements tend to be issued in response to particular incidents which, in this period, included HEMS launch announcement, use of private ambulances and sentencing issues for assaults on NIAS staff

- The Trust Continues to engage with the public through social media which includes the Trust Facebook and Twitter platforms. Through this media we were in a position to celebrate the national recognition of EMD, Kelly McKee and promote compression only CPR

### Community Education

| Number of Community Education Visits | 63 |
|---|---|

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

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

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

### General Media and Communication Work Streams

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

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

## Section 4: Transformation and Modernisation – Transforming Your Care

### HRCS KPI: Modernisation and Reform

NIAS Transformation and Modernisation Programme Board continues to meet, chaired by the Director of HR&CS. Programme Management includes consideration of related risks and progress on priority action plans. With the agreement of continued funding for TYC for 16/17 there are 3 key deliverables and 4 enabler workstreams:

- To implement the previously developed NIAS ACPs in Trust areas as they make services available to NIAS and oversee mainstreaming of previous developed pathways with agreed roles and responsibilities.
- To take actions to embed current ACPs and to explore development of new and/or extension of existing Appropriate Care Pathways
- To agree and deliver an increased Hear and Treat rate for NIAS with implementation of a Paramedic led CSD

The enabler workstreams include ICT Enabling, Information and Analytics, Engagement and Comms and an Education plan which relates to the ACPs. Transformation and Modernisation projects include:

- Development and implementation of a Quality Improvement programme
- Development and implementation of an Employee Engagement plan

The Programme engages with key stakeholders, including Commissioners and Users on an ongoing basis. Performance against key deliverables for NIAS Trust and the benefits realisation to the wider HSC is reported at each Programme Board and Trust Board.

### Embedding

A number of Awareness Raising initiatives took place to raise awareness and understanding of these pathways including: Specialist teams meeting with crews in EDs; CPD events; breakfast clubs; MDT messages and real time feedback regarding patient outcome. There was a significant increase in referrals as a result.

### Education

42 members of staff have carried out the PACR course. A further 23 members of staff, mostly Paramedic Supervisors, have commenced the course in March 17.

Education seminars to support use of the Appropriate Care Pathways for Paramedics and EMTs, provided by the Clinical Education Centre, are being piloted and if successful will continue to be rolled out.

### Clinical Support Desk

An agreed job description is still awaited but work on the infrastructure needed for the CSD continues with two new workstations installed in Emergency Control.

### Appropriate Care Pathways Highlight Report:

The ten pathways implemented in 14/15 and 15/16 continue to be used for referral in the Trusts/areas in which they are available:

Diabetes, Minor Injury Units, Palliative Care, Cardiac, Frail Elderly, Respiratory, Medical Assessment Unit, Falls, Epilepsy, Alcohol Recovery Centre.

- The new Safeguarding procedure continues to be operational and all referrals are reviewed for appropriateness in this initial phase.
- The new Heart Failure pathway (Southern, Belfast) has had only a small number of referrals but contact with the teams has been beneficial for managing patients with this complex condition.
- Referrals can now be made to an Acute Care at Home service in Western Trust.
- A review of the Minor Injuries pathway has been carried out in conjunction with PHA and the other Trusts. It has been agreed to do some focused work on the minors 'streams' in Emergency Departments.
- A business case has been successful for procurement of an 'App' to link Clinical Practice Guidelines and the NIAS Clinical Aide Memoire. This will make updating it much easier and make the tool much more user-friendly so front line staff can quickly information whilst with a patient.

### Quality Improvement

The Quality Improvement project continues to measure the quality of care being delivered to our patients through use of Clinical Performance Indicators. It is central to the effective embedding of the ACPs. The team continue to participate in Project Echo in partnership with the patient safety forum and presented at the final celebration event.

### Engagement

Presentations regarding the ACPs and QI work were made at the Delivering Safer Care Conference and the Faculty of Medical Leadership and Management. A range of presentations continue to be made to GPs, Nursing Home managers and patient groups about the Appropriate Care Pathways with feedback sought. The Clinical Service Improvement Lead also presented at Falls Conference.

**NIAS TRUST BOARD – REPORT ON IMPLEMENTATION OF TRANSFORMING YOUR CARE PROGRAMME.**

The objective set by HSCB for the NIAS Transforming Your Care Programme was for a reduction of conveyances to the ED - of appropriate patients through implementation of 10 appropriate care pathways - by 10% by March 2016 which was calculated as 5,672 patients.

NIAS continues to monitor non-conveyance numbers and rates. The average number of patients not conveyed to hospital has grown from an average of 2369 in 13/14 to 3439 by Feb 2017. The proportion of patients not attending hospital following ambulance response has grown from 17.3% (2013/14) to 20.5% in 15/16 and now 23.3% in February.



**Calls responded to resulting in non-attendance at hospital (April 2013 to March 2017)**
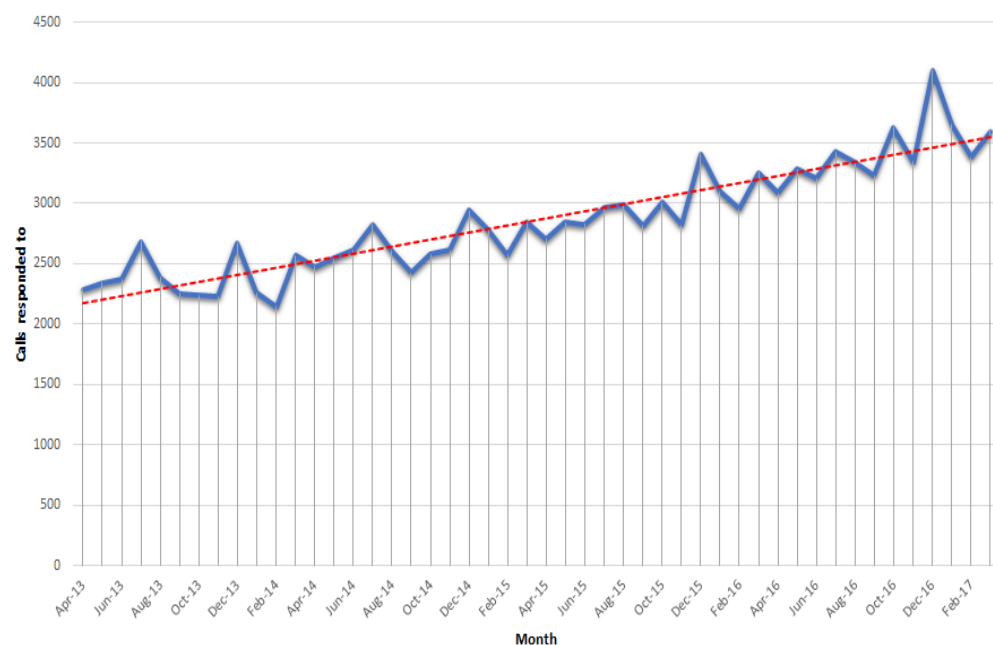
In addition to the reduction in conveyances, 1,852 patients were conveyed to 'alternative destinations' following paramedic referral.

Below is a summary of some of the Appropriate Care Pathway referral numbers. Compliance with these call closure codes still needs improved.

| | Alternative Destinations 16/17 (i.e. attended hospital, non ED). | Alternative Destinations MARCH 2017 |
|---|---|---|
| **Reduced conveyances** | | |
| **BCH Direct (Paramedic Referrals only) *** | 644 | 57 |
| **Cath Labs (Accepted by Cath Lab)** | 598 | 70 |
| **Type 3 Hospitals and Minor Injury Units** | 252 | 20 |
| **Antrim Area Medical Assessment Unit(Paramedic Referrals only)** | 228 | 20 |
| **Alcohol Recovery Centre** | 130 | 18 |
| **Total** | **1,852** | **185** |

**TYC - APPROPRIATE CARE PATHWAYS/REFERRALS MADE**

| *April 2016 – March 2017* | | *March 2017* |
|---|---|---|
| **Diabetes Treat and Leave / Refer** | 486 | 61 |
| **Falls Referral** | 1,091 | 116 |
| **Southern Trust Acute Care at Home Team** | 49 | 4 |
| **South Eastern Trust Enhanced Care at Home Team** | 10 | 0 |
| **Belfast Trust Acute Care at Home Team** | 124 | 19 |
| **Palliative Care** | 53 | 2 |
| **Epilepsy** | 103 | 22 |
| **Respiratory** | 56 | 9 |
| **Community Nursing** | 155 | 19 |
| **GP Referral** | 1,755 | 190 |
| **Total** | **3,882** | **442** |

## Staff sickness absence rate by NHS ambulance trust, 2015-16

**In 2015-16, there was substantial variation in sickness rates across the ambulance trusts**

| Trust | Sickness absence rate (%) |
|---|---|
| North East | 6.7 |
| East Midlands | 6.3 |
| South Central | 6.2 |
| North West | 5.9 |
| East of England | 5.7 |
| Yorkshire | 5.6 |
| South East Coast | 5.4 |
| South Western | 5.3 |
| London | 5.2 |
| West Midlands | 3.7 |

Sickness absence rate (%)
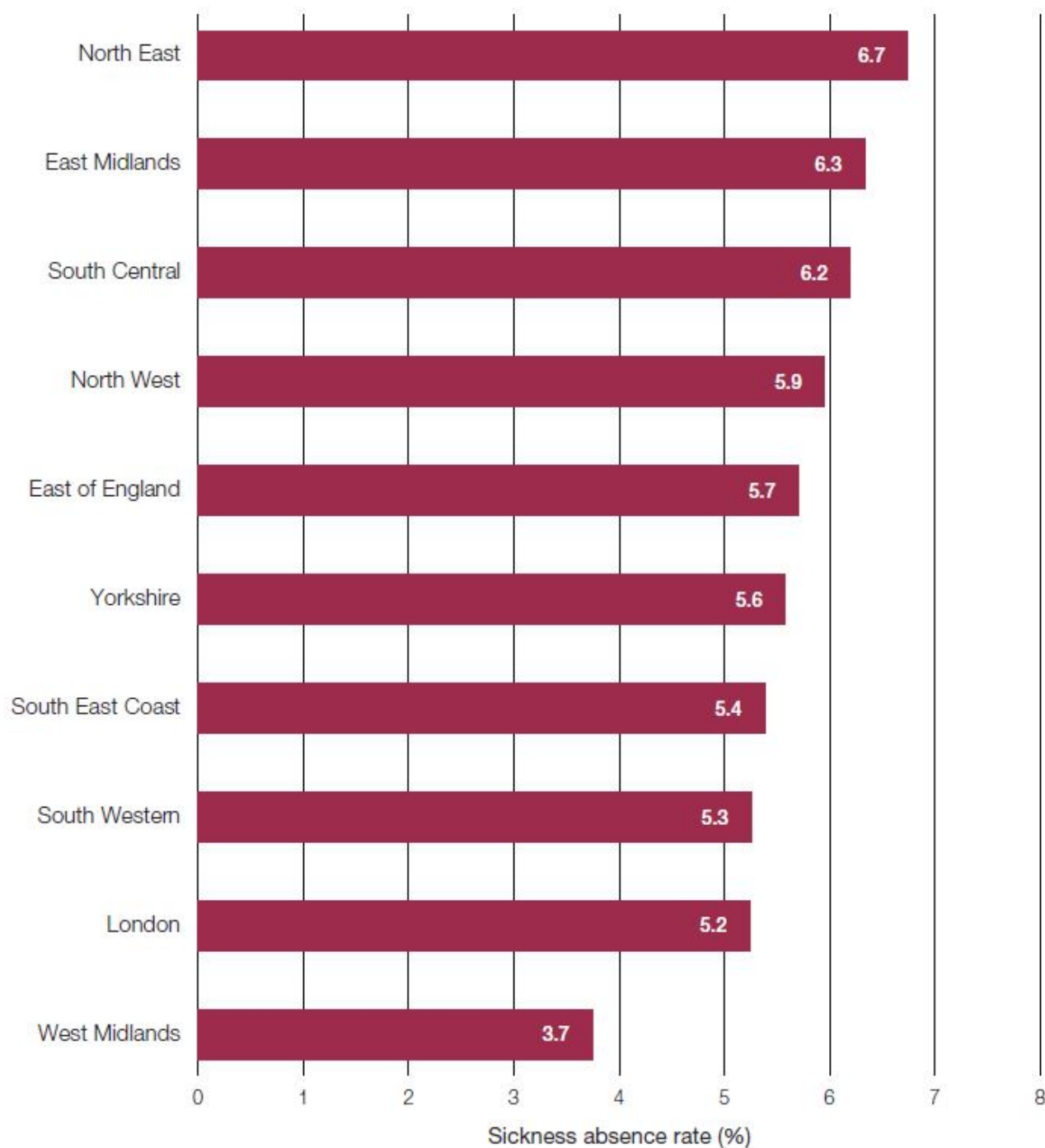
**Note**

1   Includes all ambulance trust staff.

Source: National Audit Office analysis of NHS Digital data

# NORTHERN IRELAND AMBULANCE SERVICE

# TRUST BOARD REPORT
# MEDICAL DIRECTORATE

Medical Director
2017 / 06 / 01
(March & April 2017)

# Medical Directorate Performance Report for Trust Board

| Emergency Planning & Business Continuity | |
|---|---|
| | Please refer to attached Emergency Planning Reports for year ending March 2017, March and April 2017 and the end of year HART Activity Report. |
| | The Trust's Emergency Planning Team continue to participate in a full programme of major incident planning and multi-agency exercises to test such plans. During this reporting period four such exercises were undertaken. Operational pressures continue to cause difficulty in providing personnel and vehicles for these exercises, an increasing number of which are taking place as table-top rather than live exercises, as reflected in the report for year end where the majority of the exercises were table-top. |
| | The Trust has been commissioned to deliver Hospital Major Incident Medical Management and Support (HMIMMS) and Medical Management and Support (MIMMS) training to the wider HSC by the Health & Social Care Board and Department of Health respectively. Four courses were scheduled and took place in Q3/Q4 in 2016/17. |
| | Training delivered by the Cabinet Office Emergency Planning College has been undertaken by Directorate Business Continuity leads, a Business Impact Analysis questionnaire developed for use within the Trust, and distributed to Directorate leads for completion with support from the Emergency Planning Team. Due to constraints within the Emergency Planning Team, and the Trust being informed that the Department of Finance is no longer in a position to provide expert support and advice for this process, this has not been fully completed. The recruitment of a temporary dedicated Business Continuity lead was undertaken and an appointment made in February 2017. As an immediate outcome of this, a review of the existing Business Continuity plans during 2016/17, the Trust's Business Continuity Strategy and Policy has commenced and will be considered by the Emergency Preparedness & Business Continuity Group in June 2017. It is anticipated that following this the revised Strategy and Policy will be submitted to Trust Board for approval at their next meeting. Following agreement of the Strategy and Policy, an overarching Business Continuity Plan and programme of exercising such plans will be developed. |
| | Current on-call arrangements were subject to review by the NIAS Workforce Planning Group and a series of recommendations agreed. The implementation of these recommendations was initially deferred due to a number of significant events such as G8, World Police & Fire Games etc. More recently implementation has been further delayed to allow further consideration of cost, training |

| | and terms and conditions implications as well as the absence of a number of key personnel for several months during the year 2015-16. This has been further impacted by the outcome and recommendations of the review of industrial action during the year and an independent review to inform the development of a policy on the use of marked vehicles in 2016/17. Implementation has now been delayed beyond the end of 2016/17 to await the outcome of the demand capacity review. |
|---|---|
| **Risk Management** | |
| *Corporate Risk Register* | The Trust's Risk Management Strategy and Risk Management Policy have been reviewed and considered by SEMT and the Trust's Assurance Committee, and approved by Trust Board in October 2016.<br><br>The Trust's Corporate Risk Register is presented monthly to SEMT, and to the Assurance Committee as a standing agenda item. A series of Directorate-specific Risk Register workshops, facilitated by the Risk Manager, have taken place.<br><br>Directorate Local Risk Registers are presented in turn to the Trust's Assurance Committee to ensure that all are considered during the year.<br><br>A format for the Trust Assurance Framework has been agreed by SEMT and the Assurance Committee. An initial populated Framework was presented to the Assurance Committee in January 2017 and an updated Framework was presented to and considered by the Assurance Committee in May 2017. The Assurance Framework will now be further updated to reflect strategic aims in the 2017-2020 Corporate Plan from April 2017. |
| *Incident Reporting Procedures* | A review of the incident reporting procedure to enhance the reporting of patient-related incidents commenced in 2015/16 but completion was delayed due to the retirement of the Risk Manager. It was anticipated that this would be completed by end Q3 2016/17 but was delayed whilst awaiting the appointment of administrative support for the Risk Manager. This review has now recommenced and is currently ongoing, and will be completed by end Q1 2017/18. A working group has been formed to facilitate this. Following consultation with staff, it is anticipated that it will be presented initially to SEMT and Assurance Committee in August 2017. As an outcome of the Departmental review of regional serious adverse incident reporting procedures in which NIAS participated, a revised regional SAI reporting procedure was published in November 2016. This has been adopted within the Trust and will formally be incorporated into the revised NIAS incident reporting procedure. NIAS continues to participate in the learning outcomes review from SAIs regionally. |

| | |
|---|---|
| | A composite report of Untoward and Serious Adverse Incidents is reported at each meeting of the Assurance Committee.

The first meeting of the Trust's Learning Outcomes Review Panel took place in September 2016. The panel has been established to enhance and support individual and organisational learning from events such as untoward incidents, disciplinary investigations, claims, compliments, Serious Adverse Incidents (SAIs) etc. as well as feedback at organisational, local and individual levels. The outcome from the panel will be reported to the Trust's Assurance Committee from August 2017. |
| *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. New JRCALC Clinical Guidelines published in March 2016 including the new Resuscitation Guidelines have been received and have been distributed to operational staff. An aide memoire in PDF format containing protocols and referral pathways has been developed for use by staff and the Clinical Guidelines are now also available to staff in the form of a phone app. Alternative formats such as an app to access other guidelines continue to be explored. During the reporting period one Coroner's report, one medical device and one drug alert relevant to NIAS were received and considered by Assurance Committee at the meeting in May 2017. |
| **Clinical Care** | |
| *Infection Prevention & Control* | The Infection Prevention and Control Group continues to advise the Trust on matters relating to infection prevention and control, and the reduction of the risk to patients of healthcare-acquired infection, as well as the safeguarding of staff and patients from other infections. Activity in this regard is reported to Trust Board through the Assurance Committee. No healthcare acquired infections (HCAIs) were reported within the Trust during the year.

An audit of Personal Protective Equipment for use in the management of patients with a significant infection was completed during the year and a program of fit testing for all new operational ambulance staff is ongoing. The group continue to monitor key performance indicators in relation to infection prevention and control including compliance with infection control procedures such as hand-washing and cannula insertion, compliance with clinical waste policy, decontamination of vehicles and equipment, vehicle and station cleanliness and compliance with the controls assurance standard. |

| | |
|---|---|
| | During the year, a Quality Improvement Plan following a planned Regulation and Quality Improvement Agency (RQIA) Infection Prevention and Control Inspection Governance Progress Report was developed and progress against actions reported to the Trusts Assurance Committee. As an outcome of this review the Trust in collaboration with RQIA developed an ambulance specific audit and inspection tool for use within NIAS. A planned inspection by RQIA took place in order to validate the tool and the result of this is awaited. In addition as an outcome of this process the Trust is now included in the RQIA programme of unscheduled infection control and prevention inspections. |
| *Regional Community Resuscitation Strategy* | As part of the implementation of the Community Resuscitation Strategy, the Implementation Group and its Sub-Groups with representatives from a range of other organisations and providers supported and facilitated the UK Resuscitation Council "Restart a Heart Day" in October 2016. Over four thousand people participated in CPR training regionally on that day. This received considerable media attention and a review of the day took place at the most recent meeting of the Implementation Group in December 2016. Planning for the day in 2017 has already commenced and it is hoped to train even more people in CPR in 2017.<br><br>Following engagement by the Medical Director with DoH, the CMO and Permanent Secretary, confirmation of recurrent funding for Community Resuscitation Development Officers (CRDOs) from the Health & Social Care Board (HSCB) / Public Health Agency (PHA) was received for 2017/18 onwards with reduced funding to reflect part-year effect received for 2016/17. Recruitment of the CRDOs was delayed while the outcome of engagement with Trade Unions in relation to job evaluation was awaited. The evaluation of the CRDO posts took place in early April 2017 with the recruitment process commencing immediately thereafter. This is still ongoing and will be concluded in coming weeks.<br><br>As existing funding to support current resuscitation training initiatives ended in 2015/16, the majority of these initiatives have now ceased. In the interim, NIAS has continued to use the funding to support a number of resuscitation initiatives, particularly within the NHSCT.<br><br>NIAS continues to engage with a number of organisations and community groups regarding the placement of public access defibrillators. This includes a number of sporting organisations as well as Government Departments. Meetings with Belfast City Council and Mid-Ulster Council have taken place. Meetings with other Councils have been arranged for April and May 2017. NIAS has also facilitated the activation of two further Community First Responder Groups and engagement with a further two groups is continuing. |

| | |
|---|---|
| *Patient Report Form (PRF)* | Following the introduction of a revised PRF in 2015/16, a policy for PRF completion has been reviewed and updated, and was submitted to and approved by Trust Board in December 2016. |
| *Electronic Patient Report Form (ePRF)* | The progress of the Outline Business Case (OBC) for the introduction of an electronic Patient Report Form (ePRF) was significantly delayed due to the lack of support for revenue funding by the Commissioner. This has resulted in a significant delay on project deadlines and milestones.

Despite this the Trust has continued to engage with HSCB in the development of a regional Electronic HealthCare Record (EHCR) which will replace, as a minimum, the current Patient Administration Systems (PAS) in hospitals. This will require significant capital and revenue investment and as part of the business case development, various options including the position of an ambulance ePRF were considered within that project.

Engagement with HSCB is still ongoing to scope if the ePRF should remain as a stand-alone initiative linking with the EHCR or should become an integral part of the EHCR development. Following the postponement of a number of meetings, NIAS met with the eHealth Strategy Team on a number of occasions to progress this and, as an outcome of these meetings, it was agreed that a revised Outline Business Case be resubmitted to the Commissioner to obtain indicative support for revenue funding to allow the project to proceed to consider procurement options and more detailed costings, at which stage a further review would take place in advance of formal commitment to funding. As a result of this process, conditional support for revenue funding for the Business Case has now been received from HSCB. Initial feedback was received from the Department of Health in relation to the Business Case in February 2017 and relevant responses provided. Further queries were received in April 2017 and responses provided. Approval of the Outline Business Case, which was submitted in October 2016, is now awaited from the Department of Health in order to allow the Trust to proceed.

Failure to progress an ePRF will seriously constrain the Trust's ability to provide timely clinical information to further improve and maintain effective, high quality clinical care and support referral pathways and other initiatives including consideration of the introduction of outcome-based performance indicators. |
| *Annual Quality Report* | The Trust's 2015/16 Annual Quality Report was published in November 2016 and reviewed by Trust Board in December 2016. It was acknowledged that the report was very informative and positive. Work is currently ongoing to circulate the report internally but also to a wider external audience including public representatives. |

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| ***Alternative Care Pathways*** | Work is continuing on the development of a number of policies including information markers and frequent callers. Completion of this work continues to be delayed by other competing pressures and capacity constraints. It is now anticipated that these will not be circulated for consultation and comment within the Trust until at least the end of Q1 2017/18.<br><br>The establishment of the CSD in Emergency Ambulance Control (EAC) was significantly delayed pending the outcome of the Job Evaluation and Job Specification process. However work has continued in preparing Ambulance Control systems and operational protocols for the CSD, and the job evaluation has now taken place end March 2017 and recruitment commenced in April 2017.<br><br>A quality improvement programme to monitor and review compliance with the appropriate care pathways introduced last year has commenced with the initial reports for a number of pathways being reported to Trust in June 2016. Further reports have been submitted to Trust Board and the Trust's Assurance Committee. These reports will facilitate monitoring and feedback at an organisational, divisional and local level. Please refer to the attached report as part of this programme regarding compliance with a range of care bundles for a number of clinical conditions. |
| ***Helicopter Emergency Medical Service (HEMS)*** | Following a Ministerial statement in September 2015, and a public consultation from November 2015 to January 2016, in March 2016 the Health Minister made a public announcement regarding the establishment of a HEMS service in Northern Ireland and that the HSCB would commission NIAS to deliver the service. Following the announcement NIAS has met on a number of occasions with the Department of Health and HSCB as well as a potential charitable partner to clarify the funding and delivery model. The Minister has announced that the charitable partner will be Air Ambulance Northern Ireland (AANI). A draft Memorandum of Understanding between NIAS and AANI was approved by Trust Board in July 2016. The Trust submitted a strategic outline business case for HEMS to DoH in December 2016, and approval is awaited. Funding support for an investment proposal for pre-project costs for a Project Manager and operational and clinical leads has been received. NIAS participated in meetings with the CMO and other HSC Trusts regarding the delivery model and an anticipated date of commencement for the HEMS service. A further announcement was made by the Minister at the beginning of March 2017, following advice from the CMO, confirming the operational model as a doctor/paramedic based at the Maze / Long Kesh (MLK) with a potential commencement date of twelve weeks following the announcement.<br><br>The recruitment of the operational lead and HEMS paramedics was delayed due to delays in the job evaluation process while the outcome of engagement between the Trust and Trade Unions |

| | regarding the job evaluation process was awaited. The job evaluation process was completed in the first week of March 2017 with the recruitment process commencing on 10 March 2017. The closing date for applications was 24 March 2017 and appointments of HEMS consultants and paramedics completed at the beginning of May 2017. Training of the paramedics as technical crew members and the doctors as medical passengers is scheduled to commence in mid-May 2017 with a potential commencement date for the Service in June 2017. The medical clinical lead and the paramedic operational lead have also been appointed and commenced work on the development of the base, SOPs and other infrastructure issues. The necessary medical equipment has been specified and funding agreed. It is now being procured.

The helicopter has now arrived in Northern Ireland and undertaken a series of familiarisation flights involving the operational and clinical leads and the main hospitals. It will be present and operational at the NW200 road race in May 2017 and a visit for Trust Board to the HEMS base has also been scheduled for May 2017. A joint PR and communications plan regarding the launch of the HEMS service has been developed involving NIAS and AANI.

The HEMS Management Board has been established and has met in advance of the commencement of the service with agreement on membership, Terms of Reference and standing agenda items in relation to financial reporting and monitoring.

It has been agreed that the clinical advisory groups for HEMS and the Regional Trauma Network be combined and the NIAS Medical Director has been asked to lead the Project Board for the development of the Regional Trauma Network. The first meeting of the Regional Trauma Network Board took place in December 2016 and the Clinical Advisory Group appointed in January 2017. The Clinical Advisory Group is currently meeting monthly and initial Standing Operational Procedures have been developed. |
|---|---|
| **Personal Public Involvement / Patient Client Experience (March 2017)** | |
| ***Patient and Client Experience Standards (PCES)*** | We have continued to gather and analyse patient experience stories as part of the regional 10,000 Voices project. We have now collected over 300 patient stories related to the ambulance service, the vast majority of which have been positive.

With support from the PHA, we are continuing to promote 10,000 Voices and gather more stories from patients and staff, review progress and learn from results with service users.  Further work is underway to use 10,000 Voices as a learning and engagement tool for the Transformation and Modernisation Programme around Transforming Your Care and Alternative Care Pathways. A |

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|---|---|
| | pilot of a separate survey on Appropriate Care Pathways was launched in February.

The primary patient experience activity during Marchl was planning and preparation for the workshop with service users on 13 April to analyse the themes emerging from patient stories collected so far and consider learning outcomes and improvements.

Trust staff attended and Older People's Conference in Craigavon on 15 March and a Deaf Service User Group in Bangor on 31 March. The 10,000 Voices survey was promoted at both events. The Trust was represented at the regional Patient Client Experience Group on 7 March and the 10,000 Voices Facilitators Working Group on 24 March. |
| ***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. The Trust continued to participate in regional PPI work with other HSC organisations to ensure a collaborative approach across HSC. This included related training and awareness programmes for staff.

PPI involvement with service users as part of the Transformation and Modernisation work streams continued during the reporting period. A key priority remained engagement around Transformation and Modernisation and related Alternative Care Pathways.

On 15 March, a successful workshop to develop the future community engagement strategy was convened with relevant staff.  This was informed in part by initial quantitative research on annual visits.  Both this engagement and further research will feed into the objectives and actions for enhancing effective PPI through community education.

On Thursday, March 23, staff met with the Rainbow Project to continue developing the delivery Diversity Champion status within NIAS.  This is feeding directly into the Trust's PPI obligations through a range of awareness-raising, training and policy-proofing tools which will enhance inclusiveness and participation.  The project development process is ongoing.

During the reporting period, staff also liaised with colleagues in Training, Learning & Development to assess the extent and appropriateness of statutory and mandatory training around equality, PPI and human rights.

A wide range of policies and actions affecting PPI were presented and subjected to inspection by Internal Audit, while staff also contributed to drafting the PPI content of the Trust Assurance |

| | Framework.

During this reporting period, it was agreed that the NIAS PPI strategy and structure would be subjected to review in line with the PHA regional PPI framework and priorities. |
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**Personal Public Involvement / Patient Client Experience (April 2017)**

| *Patient and Client Experience Standards (PCES)* | The Trust's 10,000 Voices Service User workshop took place at Ballymena Ambulance Station on 13 April 2017. The aim was to share the themes emerging from 10,000 Voices patient stories collected so far and consider learning outcomes and improvements. Feedback from service users will be included in a report from the workshop.

Work to promote the 10,000 Voices patient experience survey and to pilot a survey for Appropriate Care Pathways continued. The Trust was represented at the regular regional 10,000 Voices Facilitators Working Group which took place on 14 April.

We are working to develop a work-plan for 2017/18 which will include:

- focus on the regional priorities on staff introductions and patient-centred communication skills;
- staff introductions – relaunch and promotion of #hellomynameis… campaign.
- engagement with the Comms Team on options for a NIAS 10,000 Voices awareness and promotional campaign;
- promote the pilot of the Appropriate Care Pathways survey and re-launch the staff survey;
- learning from results – ensuring that learning is shared with senior management and lessons learnt are used in training and service delivery.

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 and clinical training programmes. |
|---|---|
| *Personal and Public Involvement (PPI)* | The Trust's Personal and Public Involvement (PPI) Strategy outlines its commitment to involving key stakeholders such as service users, carers and their representatives in the development of services. The Trust continued to participate in regional PPI work with other HSC organisations to |

| | ensure a collaborative approach across HSC. This included related training and awareness programmes for staff.

The primary priority during this reporting period was commencing the review of NIAS PPI strategy and structure. Prior to this point, while NIAS has been an integral participant in the PHA regional structures, it has not previously undergone the annual verification and reporting process. The Equality and PPI team has established the review and renewal of NIAS PPI strategy and structures as a key priority to fully integrate with the PHA agenda.

In summary, the review is based around the PHA's PPI standards and it is looking, *inter alia*, at processes for:
- clearly identifying the PPI leadership structure throughout the organisation;
- considering key annual themes and objectives at this senior level, within which actions and outcomes sit;
- developing the establishment of a NIAS PPI Forum, including recruitment/membership, which would mandatorily involve the executive and non-executive leads, and operational lead;
- developing Trust-wide PPI activity into a central register of actions and opportunities;
- developing a number of specific actions for induction and refresher training, support and advocacy – both for staff and service users;
- considering barriers to involvement in, and delivery of, PPI work;
- using this as the basis for forward planning, and compiling a PPI annual report (probably 2017/18) and regular Quality 2020 report (around September annually).

When the Equality and PPI team has completed the review with recommendations, the outcome will be presented to the NIAS Equality and PPI Steering Group.

Equality and PPI team has already spoken informally with PHA leads about this approach and will meet formally with PHA in due course. In the meantime, PPI activity at Trust and regional level, such as public engagements, will continue as established. |
|---|---|

# EMERGENCY PLANNING REPORT for year ending March 2017

| KPI No | | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2 | **No of Potential Major Incidents** | | 3 | 1 | 1 | 1 | 1 | 1 | | | 1 | | |
| | **No of Declared Major Incidents** | | | | | | | | | | | | |
| | **No of Airport alerts** | | | | | | | | | | | | |
| | Belfast International Airport | | | 1 | 1 | 1 | | | | 2 | | 1 | |
| | Belfast City Airport | 1 | | | | 1 | | 1 | | | | | 2 |
| | City of Derry Airport | | | | | | | | | | | | |
| | St Angelo Airport | | | | | | | | | | | | |
| | Newtownards Airfield | | | | | | | | | | | | 1 |
| | Other airfields | | | | | | | | | | | | |
| | **Business Continuity** | 4 | 3 | 1 | | | 2 | 2 | 1 | 1 | 4 | 3 | 3 |
| | **Hazardous Material Incidents** (HART calls) | 2 | 3 | 2 | 2 | 1 | | | | | | | |
| | **HART pre-planned deployments** | 2 | | 4 | 3 | 3 | 3 | 4 | 1 | | | | 1 |
| 4 | **Training sessions** | 3 | 1 | 4 | | 3 | 2 | 3 | 4 | 2 | | 3 | 1 |
| | Emergency Planning | 3 | 2 | 4 | | 3 | 1 | 2 | | 1 | 1 | 3 | 8 |
| | HART | 8 | 6 | 5 | 2 | 3 | 3 | 6 | 7 | 4 | 9 | 15 | 11 |
| | Business Continuity | | | | | | | | | | | | 1 |
| 5 | **Exercises** | | | | | | | | | | | | |
| | Live | 1 | 2 | 2 | 1 | | 1 | 1 | | | 1 | | |
| | Tabletop | | | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 1 | 1 |
| | Observer | | 1 | | | | | | | | | | 1 |
| 6 | **Updates or amendments to MIP** | | | | | | | | | | | | |
| | Events | | | | | | | | | | | | |
| | HART Calls/ deployments | 43 | 35 | 32 | 25 | 28 | 28 | 48 | 73 | 88 | 76 | 81 | 81 |
| | GOLD operational | 1 | | | 1 | | | | | | | | |

**Emergency Planning Report for March 2017 period**

*Potential Major Incidents*

There were no potential major incidents during this period.

*Major Incidents*

There were no declared major incidents during this period.

*Airport Alerts*

On 5 March 2017 at 21.20 NIAS received a call to the George Best Belfast City Airport for a plane making an emergency landing. Five A&E crews, one Intermediate Care vehicle, two Rapid Response Vehicles, one Doctor, 7 Officers, the Mobile Control Vehicle and the Emergency Equipment Vehicle were tasked to the scene. Two other Officers made themselves available to Control but were not required. At 21.41 the Officer at scene reported that the plane had landed safely and that no other resources were required. The incident was stood down by the senior Officer on scene at 21.52. No patients were treated or transported.

On 23 March 2017 at 11.15 NIAS received a 999 call from a member of the public reporting that an aircraft had crash landed in a field adjacent to Newtownards Airfield. This was not confirmed by the Airfield. Three A&E crews, one Rapid Response Vehicle, three Officers, two Doctors, the Emergency Equipment Vehicle and the Mobile Control Vehicle were tasked to the scene. The first vehicle to arrive on scene was an RRV who stood the incident down, reporting that the two members of the crew had no injuries.

On 25 March 2017 at 07.26 NIAS received an airport alert to the George Best Belfast City Airport for an aircraft making an emergency landing. Four A&E crews, one Rapid Response Vehicle, 8 Officers, 1 Doctor, the Emergency Equipment Vehicle & the Mobile Control Vehicle were tasked to the scene. The plane landed safely at 07.46 and the incident was stood down.

A minor issue was identified as at the time of the call the Rapid Response Vehicle desk in Emergency Ambulance Control (EAC) was unmanned, which meant that Control were unaware of what Officers had responded.

*HAZMAT / Hazardous Area Response Team (HART) deployments for this period*

57 = Deployments with Breathing Apparatus skills/ HAZMAT deployments
10 = Restricted space
2 = Incident at height
9 = Inland Water Operations
3 = HAZMAT

# EMERGENCY PLANNING REPORT for April 2017

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

## *Potential Major Incident*

On 16 April 2017 at 22.43 NIAS received a 999 call reporting a fire in a building next to a Residential Home in Portrush. As the Home had 33 residents who were potentially at risk and may have needed to be evacuated, the level of response required meant that it was a potential major incident. Three A&E crews, seven Intermediate Care crews, two St John ambulances, three Officers and two Hazardous Area Response Team members were tasked to the scene. The Emergency Equipment Vehicle and the Mobile Control Vehicle were not tasked but held in reserve. The fire service were able to contain the fire without need to evacuate the residents and the incident was stood down 02.20.

St John Ambulance were called in under the Major Incident Memo of Understanding for Mutual Aid.

## *Major Incidents*

There were no declared major incidents during this period.

## Airport Alerts

There were no airport alerts for this period.

## Of Note

The Memo of Understanding with the Voluntary Ambulance Services in regard to Mutual Aid for Major Incidents was signed on the 27 April 2017.

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

44 = Deployments with Breathing Apparatus skills/ HAZMAT deployments
12 = Restricted space
7 = IWO
1 = Incident at height
1 = Mountain rescue
3 = HAZMAT


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**William Newton**
**EMERGENCY PLANNING OFFICER**

| TRUST NAME: | Northern Ireland Ambulance Service |
| --- | --- |

**Emergency Preparedness & Response**

**Annual Report to PHA/HSCB**

| From: | April 2016 | To: | March 2017 |
| --- | --- | --- | --- |

| 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 2016 to March 2017. The Northern Ireland Ambulance Service responded to no declared major incidents and nine potential major incidents. This is a small decrease in the number of incidents responded to in 2015/2016. In addition, there were twelve airport alerts this year. This was an increase on the number of airport alerts received last year.

Training remained a high priority during the year. This included taking part in twenty-five 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 638 incidents with twenty one 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 of Airport alerts on the same period last year.

Table 1 identifies the incidents that were alerted in the time period April 2016 to March 2017 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 |
|---|---|---|---|
| 14 April 2016 | 21:34 | Airport alert at the George Best Belfast City Airport & Belfast International Airport | Activated = Airport Alert Report of an aircraft making an emergency landing with one engine failure, the aircraft was diverted to the Belfast International Airport The incident was stood down when the plane landed safely at the Belfast International Airport |
| 22 May 2016 | 14:03 | Road Traffic collision involving 7 cyclists | Activated = Potential major incident Two patients transferred to hospital Incident stood down by first crew on scene |
| 24 May 2016 | 11:21 | Road Traffic collision involving a school bus | Activated = Potential major incident Seven patients were transported to hospital The incident was stood down by the first arriving crew on scene |
| 29 May 2016 | 18:49 | Road traffic collision involving 6 cars outside a power station | Activated = Potential major incident Eight patients were transported to hospital The incident was stood down by the officer in charge at 20.40 |
| 4 June 2016 | 14:32 | Airport Alert at the Belfast International Airport | Activated = Airport Alert The light aircraft landed safely. There were no patients and the incident was stood down. |
| 7 June 2016 | 13:09 | Road traffic collision involving multiple cars | Activated potential major incident Initial caller stated 8 or more patients at scene One patient was transported to |

| | | | hospital |
|---|---|---|---|
| 28 July 2016 | 10:38 | Airport Alert at the Belfast International Airport | Activated = Airport Alert The aircraft which had been diverted from the GBBCA landed safely. There were no patients and the incident was stood down. |
| 30 July 2016 | 22:59 | Oil spill at private address | Activated = Potential major Incident The call was downgraded to a HAZMAT call. Three patients were treated and discharged at scene. No patients required transport to hospital Incident stood down at 23:40 |
| 2 August 2016 | 20:32 | Airport Alert at the Belfast International Airport | Activated = Airport Alert Report of an aircraft making an emergency landing The incident was stood down at 20:46 when the plane landed safely |
| 12 August 2016 | 22:07 | Large number of Teenagers taken drugs | Activated = Potential Major Incident Reports of a number of children involved The incident was stood down as only three patients required treatment |
| 19 August 2016 | 17:30 | Airport alert at the George Best Belfast City Airport | Activated = Airport Alert Plane landed with warning light for the nose wheel. The plane landed safely and no patients required treatment. The incident was stood down at 17:53 |
| 5 September 2016 | 08:32 | Road Traffic Collision- Claudy | Activated = Potential Major Incident Initial report of a car and a school bus involved, two persons transported to hospital 24 treated and discharged at scene |
| 21 October 2016 | 02:57 | Report of a fire in a block of flats - Glengormley | Activated = Potential Major Incident Initial reports stated that nine persons were "unreported for" the incident was stood at 03.41 when fire service reported all flats were clear of people. |
| 30 October 2016 | 13:44 | Airport alert at the George Best Belfast | Activated = Airport Alert A plane on the runway with a |

| | | City Airport | report of a fire in the auxiliary power unit, no patients required treatment.<br>The incident was stood down at 14:30 |
|---|---|---|---|
| 15 December 2016 | 11.50 | Airport Alert to the Belfast International Airport | Activated = Airport Alert<br>Initial report of an aircraft making an emergency landing with Hydraulic problems. No patients required treatment.<br>The incident was stood down at 12.16 |
| 28 December 2016 | 11.15 | Airport Alert to the Belfast International Airport | Activated= Airport Alert<br>Report of a military aircraft with engine vibration making an emergency landing. No patients required treatment. |
| 17 January 2017 | 17.38 | Road Traffic Collision-Tullynewbank Road, Glenavy | Activated= Potential Major Incident<br>Report of a road traffic collision involving 2 cars and a van<br>The incident was stood down at 17.59 |
| 4 February 2017 | 13.56 | Airport Alert to Belfast International Airport | Activated= Airport Alert<br>Report of a plane landing with a fuel leak on one wing.<br>The incident was stood down with no casualties. |
| 5 March 2017 | 21.20 | Airport Alert to Belfast City Airport | Activated= Airport Alert<br>Reports of an emergency landing for plane with knocking noises in the cockpit.<br>Plane landed safely and no resources were required.<br>Incident was stood down at 21.41 |
| 23 March 2017 | 11.15 | Airport Alert to Belfast City Airport | Activated= Airport Alert<br>Reports from a member of public reporting a plane crash in Portaferry Road, Newtownards. Officer arrived on scene to find flight crew in the airfield with no injuries.<br>The incident was stood down |
| 25 March 2017 | 07.26 | Airport Alert to Belfast City Airport | Activated= Airport Alert<br>Reports of an aircraft making an emergency landing.<br>Plane landed safely and the incident was stood down at 07.46 |

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 for civil disturbance during the year. The Trust supported this with the senior officer on call being present.

## 4. Emergency Preparedness Training

**Individual Specialised Training**

4 April 2016 three HART staff successfully completed a Safe Working at Height instructor course.

6 April 2016 two emergency planning officers recertified their Safe Working at Height Instructor qualification.

19 April 2016 two officers attended the Ambition Conference in London.

11 May 2016 one officer attended a workshop for safety at sports stadia in England.

12 May 2016 one officer attended a Conference on Safety at Sports Grounds.

9 June 2016 emergency planning staff attended SAF / MSS (HRPTS systems) training.

20 June 2016 one officer attended a HMIMMS course in England to shadow a Course Director and to become a qualified course director of HMIMMS.

24 August 2016 one officer attended a Met Office Chemet Workshop for emergency responders.

15 September 2016 two officers attended the annual ALSG conference.

12 October 2016 one emergency planning officer attended a Mass Terrorist Firearms Attack workshop in London.

1 December 2016 two emergency planning officers attended a Mass Terrorist Firearms Attack workshop in London.

1 December 2016 an emergency planning and Hazardous area response team awareness day was held for new recruits (Emergency Medical Despatcher).

6 December 2016 one officer attended a NIMBUS 2016 conference in Belfast Titanic Centre.

23 March 2017 four members of staff attended a Loggist training course in Belfast City Hall.

27 March 2017 the assistant director with responsibility for emergency planning attended a SIRO & IAO training.

## Group Trust Staff Training

A lot of training was completed by Hazardous Area response Team staff, this is captured in a separate report.

8 April 2016 Emergency Planning presentation for Ambulance Care Award course.

12 April 2016 six officers attended Joint Emergency Services Interoperability Programme (JESIP) operational course.

7 June 2016 five officers attended Joint Emergency Services Interoperability Programme (JESIP) operational course.

14 June 2016 four officers attended Joint Emergency Services Interoperability Programme (JESIP) Tactical course.

23 June 2016 Emergency Planning training for Emergency medical technicians course (one day MIMMS course).

9 August 2016 an Emergency Planning Officer gave a presentation on Emergency Planning and Business continuity for staff on a Corporate Induction day.

15 August 2016 Emergency Planning presentation for Ambulance Care Award course.

13 September 2016 four officers attended Joint Emergency Services Interoperability Programme (JESIP) operational course.

17 September 2016 eight officers attended a Joint Emergency Services Interoperability Programme (JESIP) Seminar for Silver and Gold Commanders.

18 September 2016 five officers attended a Joint Emergency Services Interoperability Programme (JESIP) Tactical course.

24 October 2016 an Emergency Planning Officer gave a presentation on Emergency Planning and Business continuity for staff on a Corporate Induction day.

3 November 2016 four officers attended a Joint Emergency Services Interoperability Programme (JESIP) Tactical course.

10 November 2016 four officers attended a Joint Emergency Services Interoperability Programme (JESIP) operational course.

22 November 2016 emergency planning officers attended post proficiency training course in Ballymena.

25 November 2016 an Emergency Planning Officer gave a presentation on Emergency Planning and Business continuity for staff on a Corporate Induction day.

10 January 2017 four officers attended a Joint Emergency Services Interoperability Programme (JESIP) operational course.

21 February 2017 four officers attended a Joint Emergency Services Interoperability Programme (JESIP) Tactical course.

14 March 2017 ten officers attended a Joint Emergency Services Interoperability Programme (JESIP) operational course.

23 March 2017 Twenty four students successfully completed a Major Incident Medical Management Support course held in the Dunsilly Hotel.

**Training provided to Outside Agencies**

| | |
|---|---|
| 20 April 2016 | Emergency Planning presented a presentation for the Foundation Year Doctor Programme |
| 29 April 2016 | Emergency Planning presented a presentation for the Foundation Year Doctor Programme |
| 30 April 2016 | HART demo for Youth Volunteer Academy |
| 18 May 2016 | Emergency Planning presented a presentation for the Foundation Year Doctor Programme |
| 8 June 2016 | one officer assisted to deliver a Generic Instructor Course in conjunction with BHSCT |
| 15 June 2016 | Emergency Planning presented a presentation for the Foundation Year Doctor Programme |
| 24 June 2016 | NIAS emergency planning presentation for doctors "Grand Round" in the Royal Victoria Hospital |
| 17 August 2016 | Emergency Planning presented a presentation for the Foundation Year Doctor Programme |
| 31 August 2016 | Emergency Planning & Business Continuity presentation for a Corporate Induction training day |

| | |
|---|---|
| 9 September 2016 | Emergency Planning presentation given to Graduate trainee programme |
| 26 September 2016 | Emergency Planning presented a presentation for the Cross boarder workshop hosted in the National Ambulance Service Training Centre in Ballinasloe, Galway |
| 27 October 2016 | Twenty-four students successfully completed a Hospital Major Incident Medical Management Support course held in the Park Avenue Hotel. |
| 24 November 2016 | Twenty-four students successfully completed a Hospital Major Incident Medical Management Support course held in the Royal Victoria Hospital Clinical training centre |
| 3 February 2017 | Emergency Planning presented a presentation for the Foundation Year Doctor Programme |
| 16 February 2017 | Twenty-four students successfully completed a Hospital Major Incident Medical Management Support course held in the Dunsilly Hotel |
| 24 February 2017 | Emergency Planning presented a presentation for the Foundation Year Doctor Programme |
| 10 March 2017 | Emergency Planning presented a presentation for the Foundation Year Doctor Programme |
| 15 March 2017 | Emergency planning officers presented a Joint Emergency Services Interoperability Programme (JESIP) operational course |

## 5. Exercises

Trust staff participated in 24 exercises throughout the year this was a combination of live" and "table-top" and officers "observed" on four exercises. (Some examples are listed below)

| | |
|---|---|
| 25 April 2016 | Exercise DLOG 12– a NIAS internal communications exercise |
| 11 May 2016 | Exercise OCCAE – a test of the On Call Officers Communications and Availability |
| 22 May 2016 | Water rescue exercise – a live exercise in conjunction with NIFRS |
| 2 June 2016 | SOR exercise – a CBRN exercise to test multi-agency response |

| | |
|---|---|
| 12 June 2016 | Exercise Summer Surprise - a table top exercise to test interagency working between Trusts |
| 15 June 2016 | Exercise "Underfoot" – a live evacuation exercise for RMC to confirm contingency plans |
| 19 June 2016 | Exercise River Bann – a road traffic collision exercise in conjunction with NIFRS |
| 25 July 2016 | Exercise AIRWAVES – a multi-agency tabletop exercise co-ordinated by MCA ion conjunction with Coleraine Council |
| 27 July 2016 | Exercise St Angelo Airport – a live exercise testing airport procedures for the airfield |
| 23 August 2016 | Exercise PARATUS – Table-top exercise to test interagency working in the greater Belfast area |
| 10 September 2016 | Exercise FALCON – a live exercise held in the City Of Derry Airport to test airport emergency plans |
| 20 September 2016 | Exercise WEPG – Table-top exercise to test interagency working in the Western area |
| 6 October 2016 | Exercise DLOG 13 – a NIAS internal communications exercise |
| 14 November 2016 | Exercise underfoot – this was a business continuity exercise which was activated in conjunction with a planned evacuation of the regional Management Centre |
| 28 November 2016 | Belfast Emergency Planning Group flood plan exercise |
| 9 December 2016 | Exercise Red Robin – a table-top exercise held in the Belfast International airport to assess the inter-agency arrangements for managing an aircraft accident |
| 21 December 2016 | MTFA table-top exercise – hosted by PSNI in Garnerville Training Centre |
| 17 January 2017 | Coastal flooding exercise – multi-agency table-top exercise |
| 19 January 2017 | Disaster Victim identification exercise – hosted by Department of Justice |
| 31 January 2017 | Eastern Emergency Planning Group hosted a Coastal flooding exercise – multi-agency table-top exercise |
| 14 February 2017 | Chemical exercise hosted by the Public health Agency |

28 February 2017    Heathrow Airport exercise – a table-top exercise attended by an emergency planning officer

7 March 2017    Holylands exercise – this was a multi-agency exercise to test the plans for St Patrick's Day celebrations

23 March 2017    Exercise Amber 3 - this was a multi-agency exercise held in England hosted by the National Ambulance Resilience Unit

## 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.

## 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 | Time | Incident | Level of Response Activated/Outcome |
|------|------|----------|-------------------------------------|
| 3 April 2016 | 14.00 | Restart of C3 servers required | IT senior manager on duty |
| 9 April 2016 | 17.45 | Lighting strike near to NEAC taking out telephone lines | IT on call staff |
| 13 April 2016 | 10.00 | C3 sever shut down for planned essential maintenance | Senior manager level |
| 20 April 2016 | 10.00 | C3 sever shut down for planned essential maintenance | Senior manager level |
| 11 May 2016 | 16.40 | Phone failure in Emergency Ambulance Control | DCM and IT senior manager on duty |
| 18 May 2016 | 00.01 | Telephony up-grade | EAC moved to contingency room for 3 hours DCM and senior IT manager level |
| 25 May 2016 | 01.00 | Telephony upgrade | EAC moved to contingency room for 6 hours DCM and senior IT manager level |
| 19 September 2016 | 10.00 | Power failure at Business Services Organisation | IT manager on duty |
| 21 September 2016 | 21.58 | Failure of phone system | Duty Control Manager on duty and IT on call |
| 10 October 2016 | 20.10 | Power failure in Ballymoney Ambulance Station | On Call officer |
| 24 October 2016 | 07.20 | Failure of the radio system in Control | IT on call |

| | | | |
|---|---|---|---|
| 14 November | 1 day | RMC getting New carpet building was evacuated for the day | RMC Manager |
| 8 December 2016 | 23:30 | Telephone failure in Armagh Station | Station Officer |
| 13 December 2016 | 10:24 | Issue with out-going emails | IT Manager |
| 12 January 2017 | | Derriaghy Station Closed today due to electrical work in the station | Crews Start and finish their shifts in Lagan Valley Station |
| 18 January 2017 | | NIAS HQ Evacuation | Complaints Manager |
| 27 January 2017 | | Lissue HART base closed due to NIE work ongoing | HART Manager and Staff |
| 28 January 2017 | | Script being used in Control for East for amber and green calls | Senior On Call Officer |
| 1 February 2017 | | EAC carried out a test of the system and found that our pager system was not working correctly | Control Manager |
| 14 February 2017 | | Control moved to Amber Scripts | Senior On Call Officer |
| 20 February 2017 | | Planned Upgrade for both C3 A&E and C3 PCS systems | IT Manager |
| 7 March 2017 | | Planned: Essential Barracuda Core Infrastructure Upgrade | IT Manager |
| 13 March 2017 | | NIAS link to BSO Planned Outage | IT Manager |
| 18 March 2017 | | Antrim Ambulance Station has no electric 09:00 – 17:00. Unable to give crews rest period in Antrim | Area 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 2016/17.

## 9.    Areas of additional risk in relation to emergency preparedness

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

## 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.

# Northern Ireland Ambulance Service
# Health and Social Care Trust

# NIAS
## Hazardous Area Response Team
# (HART)

## 2016/17 Report

# INDEX

## 1. INTRODUCTION

This report reflects the activity of the Hazardous Area Response Team within the Northern Ireland Ambulance Service for the period April 2016 to March 2017; during this period the team responded to 653 incidents.

Training remains a high priority to ensure critical safety standards are maintained, all operatives have received core CBRN training and multi-agency exercises have been carried out to consolidate the overall response to incidents of this nature. Refresher training relating to specialist search and rescue capabilities provided by HART has also been completed.

## 2. HAZARDOUS AREA RESPONSE TEAM CALLS /INCIDENTS

| Capability | Number of incidents | Example |
| --- | --- | --- |
| CBRN / HAZMAT | 24 | White powder incidents, chemical spill |
| Breathing Apparatus | 468 | House fires, carbon monoxide calls fall into this category |
| Restricted Space | 59 | Persons trapped in lifts, collapsed buildings |
| Mountain Rescue | 13 | Falls / illness in mountain/remote areas |
| Inland Water Operations | 41 | Persons in water; river/flooding |
| Incident at Height | 32 | Cliff rescue, persons injured on roofs |
|  |  |  |
| Public Order Response | 14 | Large scale PSNI deployment in response to actual or potential public disorder |
| Other pre-planned deployments | 2 | Royal visits, illicit drug labs |

## 3. TRAINING

Training is a key component of HART activities, in line with statutory requirements NIAS must ensure operatives remain competent to carry out their duties when deployed to hazardous incidents, a schedule has been developed to provide sufficient ongoing training in all capabilities and administrative procedures are in place to monitor staff attendance.
The full programme included:

**April 2016;** Initial Work at Height Instructor Course, Revalidation Work at Height Instructor Course, Mountain Leading Course, Initial Caving Skills and Hazard Awareness Training, x2 courses, , core CBRN/HAZMAT, public order training

**May2016;** Public order training, core CBRN/HAZMAT, 1 day Boat Awareness Training x 2 courses

**June 2016;** core CBRN/HAZMAT

**July 2016 to Sept 2016;** core CBRN/HAZMAT, work at height, caving refresher, mountain rescue

**Oct 2016;** core CBRN/HAZMAT, Swift water/Flood Response CPD, Work at Height, Mountain Leading Assessment Course, Initial PRPS training Revalidation PPE inspection competent person,

**Nov 2016** core CBRN/HAZMAT, swift water/flood response CPD, Initial swift water/flood response x 2 courses,

**Dec 2016;** core CBRN/HAZMAT, work at height,

**Jan 2017;** core CBRN/HAZMAT, caving refresher, breathing apparatus refresher,

**Feb 2017;** core CBRN/HAZMAT, work at height, mountain rescue, breathing apparatus refresher,

**March 2017;** Quick don refresher, core CBRN/HAZMAT, Initial NIAS work at height – 3 day course, mountain rescue refresher, mountain leader revalidation, breathing apparatus Instructor course,

During the year in-house HART training takes place every Wednesday (excluding the summer & Christmas periods), a programme of four hour workshops are also delivered throughout the year .

The topics covered included:
- Core CBRN/HAZMAT response
- Breathing Apparatus(BA)
- Work at height
- Confined space working
- Mountain and remote rescue
- Quick Don chemical protection suit
- Inland water operations
- Public order response
- Category 4 infectious diseases (including Ebola)
- Caving


## 4. EXERCISES

| | |
|---|---|
| 14th April 2016 | ICRO's Rescue Practice, Fermanagh |
| 30th April 2016 | Youth Volunteer Academy, Steeple |
| 18th May 2016 | PSNI SAR Workshop, Steeple |
| 22nd May 2016 | Water Exercise, Enniskillen |
| 11th October 2016 | NIFRS Display, Belfast Activity Centre |
| 29th October 2016 | HART Demo NIFRS Central Station |
| 27th November 2016 | Exercise with NIFRS SAC Area |
| 24th February 2017 | Exercise with NIFRS SRT |

At all exercises the NIAS HART set objectives, which were met.

## 5. NEW INTRODUCTIONS

Going forward consolidation of existing capabilities will be the main focus; to achieve this NIAS HART has introduced work at height and breathing apparatus instructors to deliver in house training. Discussions relating to marauding terrorist firearms attack (MTFA) incidents are on-going.

## 6. EQUIPMENT

From inception NIAS HART has procured a significant amount of equipment; this equipment is deployed in various ways and is readily accessible to operatives responding to hazardous incidents. Many of the items are managed in line with statutory requirements and have a defined life span; therefore, effective financial planning for the replacement of these items is essential and procedures have been established to ensure compliance. It is recognised that an increasing amount of equipment will need to be replaced over the incoming months and years.

## 7. COSTS

Financial information for 2016/17 is as follows:

| Budget | Actuals | Overspend |
|---|---|---|
| £359,000 | £359,036 | £ 36.00 |

## 8. LOOK FORWARD

Due to retirement, promotion to other roles, etc. new HART staff will be required, in keeping with established HART processes all substantive Rapid Response Vehicle (RRV) based paramedics, in post, are offered the opportunity to join HART and going forward new cohorts of staff will receive initial and refresher training. Continuing positive relationships with partner agencies and the advent of internal NIAS trainers will make this easier to achieve.

_____
**W Newton**
**Emergency Planning Officer**

**Clinical Audit / QI Programme Report**
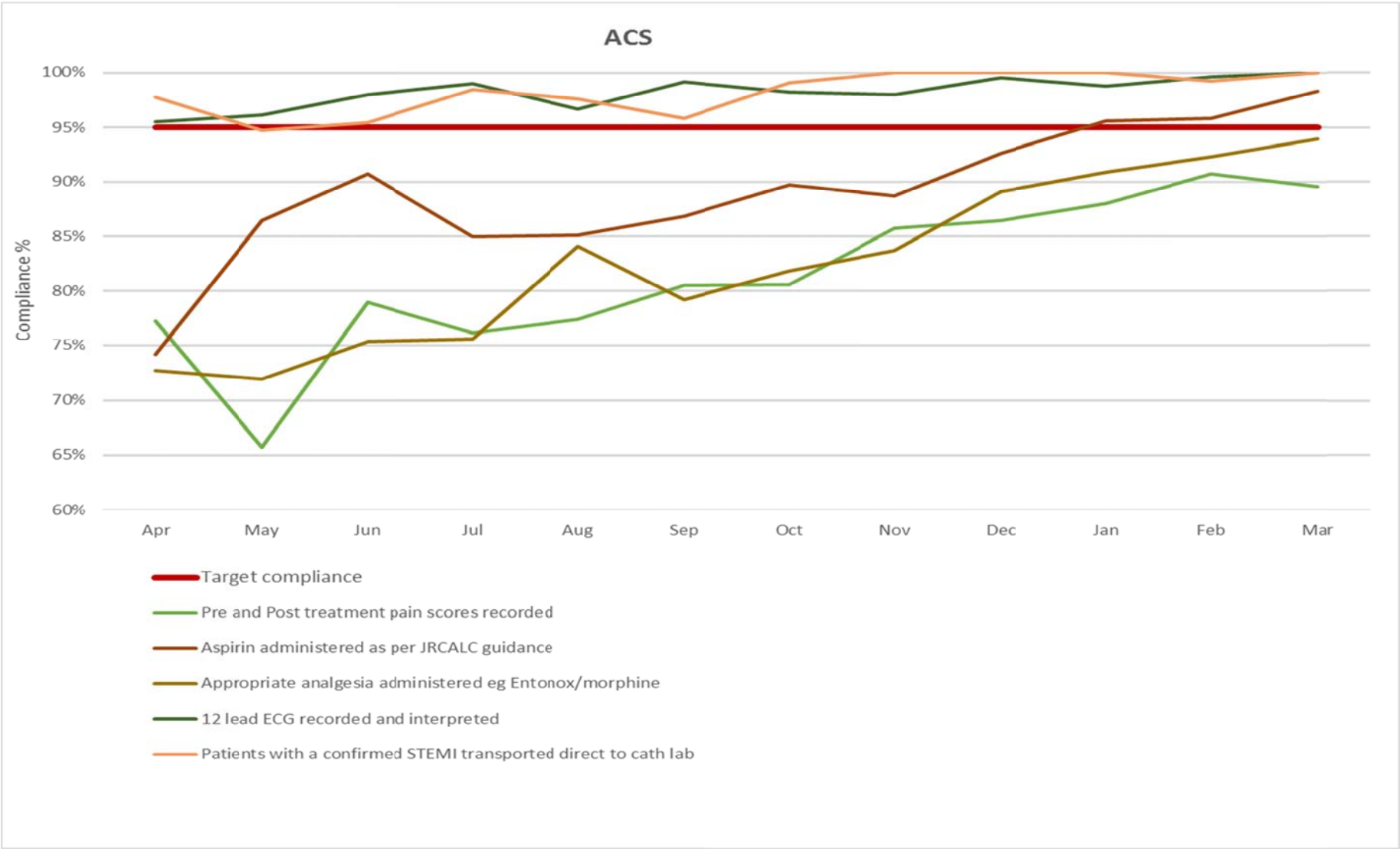


ACS

Compliance %

Legend:
- Target compliance
- Pre and Post treatment pain scores recorded
- Aspirin administered as per JRCALC guidance
- Appropriate analgesia administered eg Entonox/morphine
- 12 lead ECG recorded and interpreted
- Patients with a confirmed STEMI transported direct to cath lab

# Northern Ireland Ambulance Service Health and Social Care Trust

## ACUTE CORONARY SYNDROME
### QUALITY IMPROVEMENT - PRF AUDIT

continuous improvement — Pursuing Excellence

## Reporting Period 01-Apr-17 to 30-Apr-17

Transforming Your Care

| | | Apr 17 | May 17 | Jun 17 | Jul 17 | Aug 17 | Sep 17 | Oct 17 | Nov 17 | Dec 17 | Jan 18 | Feb 18 | Mar 18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total PRFs audited** | | 227 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Two timed sets of basic observations | Yes | 227 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 100% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Pre AND post treatment pain scores recorded | Yes | 207 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 95% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Aspirin administered as per JRCALC guidance | Yes | 202 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 98% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| GTN administered as per JRCALC guidance | Yes | 175 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 48 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 98% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Appropriate analgesia administered e.g. Entonox / morphine | Yes | 103 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 115 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 96% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| 12 lead ECG recorded and interpreted | Yes | 224 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 100% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Patients with a confirmed STEMI transported direct to cath lab | Yes | 26 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 200 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 100% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |

## Division

### Belfast
- ☑ Ardoyne
- ☑ Broadway
- ☑ Purdysburn
- ☑ The Bridge

### South Eastern
- ☑ Ballynahinch
- ☑ Bangor
- ☑ Derriaghy
- ☑ Downpatrick
- ☑ Lisburn
- ☑ Newcastle
- ☑ Newtownards

### Southern
- ☑ Armagh
- ☑ Banbridge
- ☑ Ballgawley
- ☑ Craigavon
- ☑ Dungannon
- ☑ Kilkeel
- ☑ Newry

### Northern
- ☑ Antrim
- ☑ Ballycastle
- ☑ Ballymena
- ☑ Ballymoney
- ☑ Carrickfergus
- ☑ Coleraine
- ☑ Cookstown
- ☑ Larne
- ☑ Magherafelt
- ☑ Whiteabbey

### Western
- ☑ Altnagelvin
- ☑ Castlederg
- ☑ Enniskillen
- ☑ Limavady
- ☑ Omagh
- ☑ Strabane

- Belfast
- South Eastern
- Northern
- Southern
- Western
- NI

# Cardiac arrest

*NB for the purposes of presentation, a number of lines have been removed from the chart including "bystander CPR" and "public access defib"*



98

# Northern Ireland Ambulance Service Health and Social Care Trust
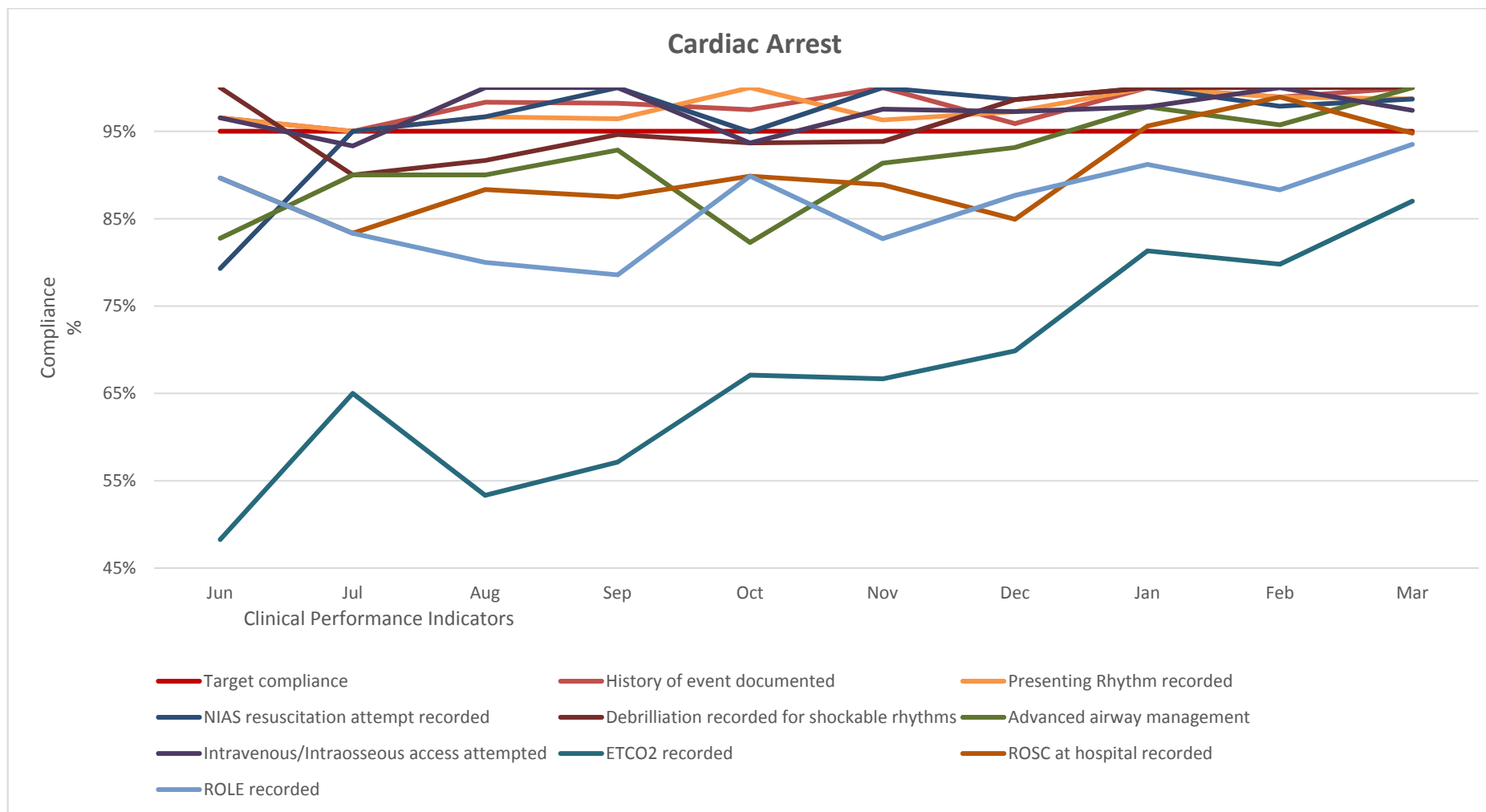
## CARDIAC ARREST

### Reporting Period 01-Apr-17 to 30-Apr-17

**Transforming Your Care**

| | | Apr 17 | May 17 | Jun 17 | Jul 17 | Aug 17 | Sep 17 | Oct 17 | Nov 17 | Dec 17 | Jan 18 | Feb 18 | Mar 18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total PRFs audited** | | 69 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **History of event documented** | Yes | 67 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 99% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Was "Arrest witnessed" documented?** | Yes | 48 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 96% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Bystander CPR recorded** | Yes | 53 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 97% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Public access defibrillator used** | Yes | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 63 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 96% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Presenting rhythm recorded** | Yes | 68 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 99% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **NIAS resuscitation attempt recorded** | Yes | 63 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 99% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Defibrillation recorded for shockable rhythms** | Yes | 23 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 46 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 100% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Advanced airway management** | Yes | 60 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 99% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Intravenous / Intraosseous access attempted** | Yes | 61 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 100% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **ETCO2 recorded** | Yes | 50 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 86% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **ROSC at hospital recorded** | Yes | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 59 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 100% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **ROLE recorded** | Yes | 40 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 23 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 91% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Standby recorded** | Yes | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 48 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 99% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |

**Division**

**Belfast**
- ☑ Ardoyne
- ☑ Broadway
- ☑ Purdysburn
- ☑ The Bridge

**South Eastern**
- ☑ Ballynahinch
- ☑ Bangor
- ☑ Derriaghy
- ☑ Downpatrick
- ☑ Lisburn
- ☑ Newcastle
- ☑ Newtownards

**Southern**
- ☑ Armagh
- ☑ Banbridge
- ☑ Ballgawley
- ☑ Craigavon
- ☑ Dungannon
- ☑ Kilkeel
- ☑ Newry

**Northern**
- ☑ Antrim
- ☑ Ballycastle
- ☑ Ballymena
- ☑ Ballymoney
- ☑ Carrickfergus
- ☑ Coleraine
- ☑ Cookstown
- ☑ Larne
- ☑ Magherafelt
- ☑ Whiteabbey

**Western**
- ☑ Altnagelvin
- ☑ Castlederg
- ☑ Enniskillen
- ☑ Limavady
- ☑ Omagh
- ☑ Strabane

- Belfast
- South Eastern
- Northern
- Southern
- Western
- NI

Falls

# Northern Ireland Ambulance Service Health and Social Care Trust

## FALLS
### QUALITY IMPROVEMENT - PRF AUDIT

**Reporting Period 01-Apr-17 to 30-Apr-17**

Transforming Your Care

| | | Apr 16 | May 16 | Jun 16 | Jul 16 | Aug 16 | Sep 16 | Oct 16 | Nov 16 | Dec 16 | Jan 17 | Feb 17 | Mar 17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total PRFs audited** | | 156 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Two timed sets of basic observations** | Yes | 148 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 97% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **BM recorded** | Yes | 148 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 97% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **FAST recorded** | Yes | 142 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 92% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Assessment to the cause of fall documented** | Yes | 141 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 96% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **History of falls recorded** | Yes | 86 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 67 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 57% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **12 lead ECG recorded and interpreted** | Yes | 72 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 77 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 96% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Assessment of mobility recorded** | Yes | 111 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 75% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Patient referred to falls team** | Yes | 86 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 51 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 88% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Patient left in care of responsible person** | Yes | 130 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 92% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Appropriate worsening care advice given** | Yes | 101 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 52 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 67% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |

## Division

### Belfast
☑ Ardoyne
☑ Broadway
☑ Purdysburn
☑ The Bridge

Belfast

### South Eastern
☑ Ballynahinch
☑ Bangor
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☑ Downpatrick
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☑ Newtownards

### Southern
☑ Armagh
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☑ Ballgawley
☑ Craigavon
☑ Dungannon
☑ Kilkeel
☑ Newry
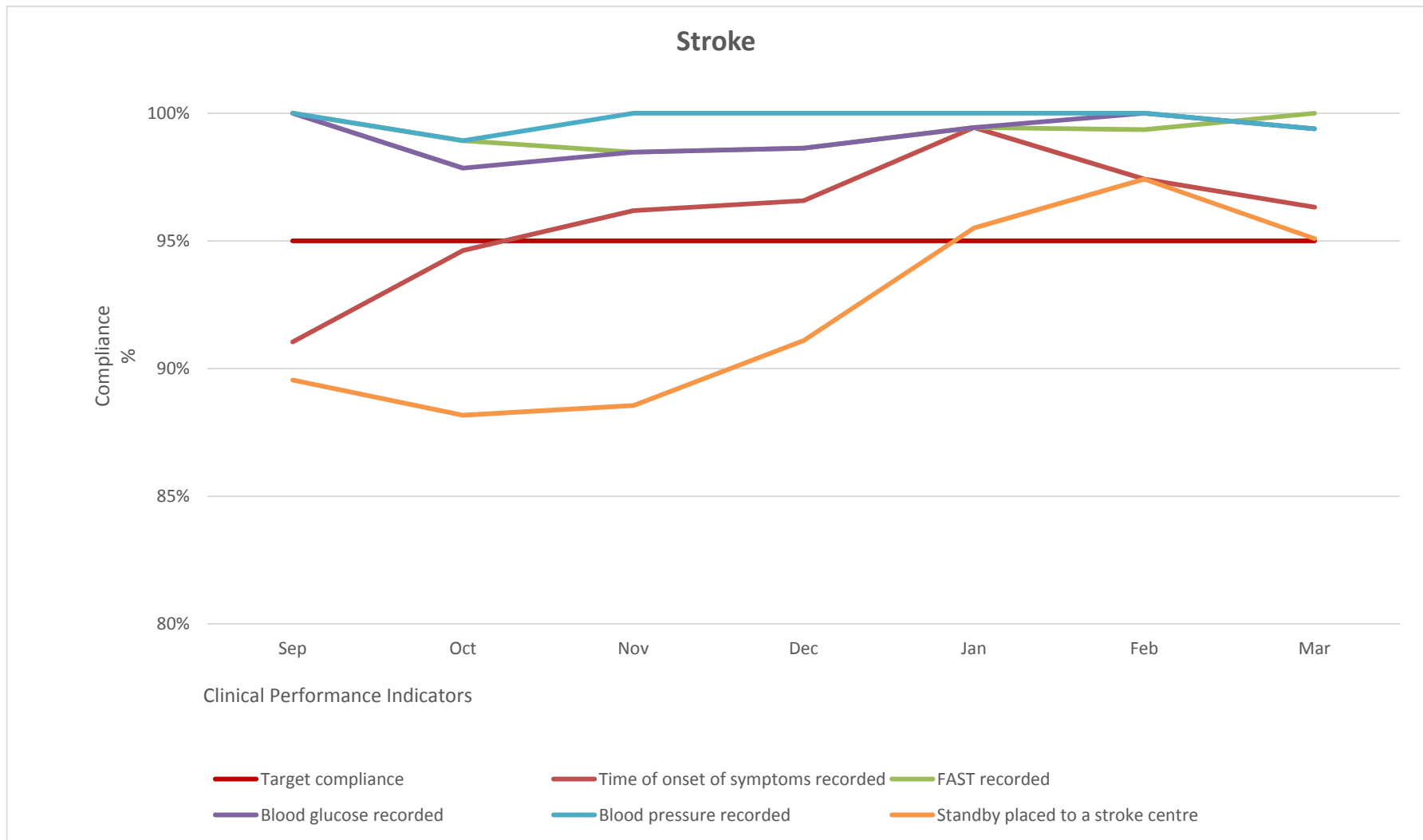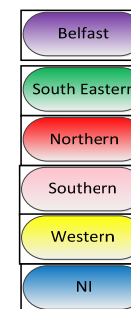
South Eastern

Northern

Southern

Western

NI

### Northern
☑ Antrim
☑ Ballycastle
☑ Ballymena
☑ Ballymoney
☑ Carrickfergus
☑ Coleraine
☑ Cookstown
☑ Larne
☑ Magherafelt
☑ Whiteabbey

### Western
☑ Altnagelvin
☑ Castlederg
☑ Enniskillen
☑ Limavady
☑ Omagh
☑ Strabane

101

# Hypoglycaemia



Clinical Performance Indicators

Legend:
- Target compliance
- Two timed sets of basic observations
- Pre-treatment BM recorded
- Post-treatment BM recorded
- Appropriate treatment administered (for age and GCS)
- Carbohydrates administered post treatment
- Patient referred to diabetic appropriate care pathway
- Patient left in care of responsible adult
- Appropriate worsening care advice given

# Northern Ireland Ambulance Service Health and Social Care Trust

## HYPOGLYCAEMIA
### *PRF AUDIT*

**continuous improvement** *Pursuing Excellence*

## Reporting Period 01-Apr-17 to 30-Apr-17

Transforming Your Care

| | | Apr 17 | May 17 | Jun 17 | Jul 17 | Aug 17 | Sep 17 | Oct 17 | Nov 17 | Dec 17 | Jan 18 | Feb 18 | Mar 18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total PRFs audited** | | 88 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Two timed sets of basic observations** | Yes | 86 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 100% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Pre-treatment BM recorded** | Yes | 85 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 100% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Post-treatment BM recorded** | Yes | 87 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 100% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Appropriate treatment administered (for age and GCS)** | Yes | 80 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 99% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Carbohydrates administered post treatment** | Yes | 56 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 92% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Patient referred to diabetic appropriate care pathway** | Yes | 49 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 32 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 92% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Patient left in care of responsible person** | Yes | 55 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 30 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 97% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Appropriate worsening care advice given** | Yes | 40 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 30 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 80% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |

**Division**

**Belfast**
- ☑ Ardoyne
- ☑ Broadway
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- ☑ The Bridge

Belfast

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Northern

Southern

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Western

NI

**Stroke**

Compliance %

Clinical Performance Indicators

— Target compliance  — Time of onset of symptoms recorded  — FAST recorded
— Blood glucose recorded  — Blood pressure recorded  — Standby placed to a stroke centre

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

**STROKE**
*QUALITY IMPROVEMENT - PRF AUDIT*

**continuous improvement** *Pursuing Excellence*

## Reporting Period 01-Apr-17 to 30-Apr-17

Transforming Your Care

| | | Apr 16 | May 16 | Jun 16 | Jul 16 | Aug 16 | Sep 16 | Oct 16 | Nov 16 | Dec 16 | Jan 17 | Feb 17 | Mar 17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total PRFs audited** | | 146 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Time of onset of symptoms recorded** | Yes | 134 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 100% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **FAST recorded** | Yes | 145 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 99% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Blood glucose recorded** | Yes | 140 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 99% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Blood pressure recorded** | Yes | 146 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 100% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Standby placed to a stroke centre** | Yes | 118 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | No | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Exemption | 23 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | KPI (95%) | 97% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |

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Belfast
South Eastern
Northern
Southern
Western
NI

**Quality Improvement Update**

From April 2016 to March 2017, the Quality Improvement programme has become established within the core business of the NIAS. The QI Steering Group has proposed that from March 2017, given that improvement methodologies will be used across a range of projects in 17/18, the presentation of compliance on Care Bundles should be rebranded as 'Clinical Performance Indicators' which, it is hoped, should dovetail in to the work currently being undertaken in relation to a clinical response model. This would include outcome-based performance measures.

During the previous 12 months, the Quality Improvement Programme has focused on the audit and review of the care bundles for the following five Clinical Performance Indicators:

- Acute Coronary Syndrome
- Cardiac Arrest
- Hypoglycaemia
- Stroke
- Falls

**Results**

The target compliance for the care bundles is 95%. While this is an ambitious target to achieve, it has been benchmarked with other UK services. It is pleasing to report that compliance has risen in all areas for all care bundles between April 2016 and March 2017.

A range of innovative methods were used to increase compliance with the care bundles and this included:

- Staff focus groups
- Production and dissemination of care bundle posters
- Production and dissemination of personal issue QI leaflets
- Weekly MDT messages
- Breakfast Clubs
- Topics of conversation by CSOs during observational shifts
- The introduction of a clinical newsletter
- Regional CPD events

**Recognition**

The team leading on Clinical Performance Indicators (including the Clinical Training Manager, the Clinical Service Improvement Lead, the Transformation & Organisational Change Manager and five lead Clinical Support Officers) have presented this work at a range of events including:

- Project ECHO
- Presentation & poster at the "Delivering Safer Care" Conference

**Next steps**

The QI programme within NIAS is still in its infancy. In the immediate future, new care bundles are being planned to add to Clinical Performance Indicator reporting. It is interesting to note that other services already use CPIs as outcome-based measures.

**Challenges**

The current Clinical Performance Indicator work relies heavily on manual processes with sorting and review of many patient report forms. Technological support such as an electronic platform (PRF) is therefore essential to make these processes more timely and efficient. The support of the Information Team in developing reports has been hugely helpful. Staffing constraints have also impacted the number of returns being collected, therefore although compliance is improving, the number of report forms audited has in fact reduced.

While the QI team should be immensely proud of their work to date, there are a number of challenges that must be overcome in order to maintain, further develop and embed the QI work stream. These include:

- **Training / education.** It is suggested that frontline staff responsible for clinical care require access to regular higher level education in order to provide the necessary underpinning knowledge that will support the implementation of the care bundles. In addition, a range of both operational and managerial staff require formal training in the application of QI methodology in order to embed the QI ethos within the organisation.

- **Staffing.** The training team and clinical support officers have supported the implementation of the care bundles, however due to recent recruitment drives, there are now significant vacancies within these tiers and this level of support is no longer available.

- **Technological support.** The current QI programme relies heavily on manual processes especially with regards to reviewing patient report forms. Technological support, as noted above, is essential to make these processes more timely and efficient.

- **Budget / resource.** The current programme is being delivered by a small team of committed staff who have undertaken this work in addition to their core roles. If maximum benefits from this QI and CPI work are to be realised, there is a need for dedicated and adequate resources to support the current team and engage all staff.

| | |
|---|---|
| • Poster presentation at the International Foundation for Integrated Care Conference<br>• Poster presentation at Faculty of Medical Leadership Conference | |

# TB/06/01/2017/05

# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

## 1 JUNE 2017

| | |
|---|---|
| **Title:** | Management of Aggression Policy |
| **Purpose:** | Sets out NIAS Plan for the management of aggression |
| **Content:** | |
| **Recommendation:** | For approval |
| **Previous Forum:** | H&S Committee, Zero Tolerance Sub Group |
| **Prepared by:** | Mark Cochrane, John Wright & CTM |
| **Presented by:** | Director of HR&CS |

# NORTHERN IRELAND AMBULANCE SERVICE

# MANAGEMENT OF AGGRESSION POLICY

# Northern Ireland Ambulance Service Health and Social Care Trust

| Title: | Management of Aggression Policy | | |
|---|---|---|---|
| **Author(s)** | John Wright, Area Manager<br>Clinical Training Manager (version 1)<br><br>Review undertaken by Mark Cochrane, Area Manager (version 2.0) | | |
| **Ownership:** | HRCS as Joint Chair of H&S Committee | | |
| **Date of SEMT Approval:** | 2012 v1<br>2017 v2 | **Date of Trust Board Approval:** | 2012<br>2017 tbc |
| **Operational Date:** | 2012 v1<br>2017 v2 - tbc | **Review Date:** | June 2016 v1<br>June 2019 |
| **Version No:** | 2.0 | **Supercedes:** | Version 1.0 |
| **Key words:** | Equality screened – 2011<br>                              2016 | | |
| **Other Relevant Policies:** | | | |

**Circulation List:**

This Policy was circulated to the following groups for consultation.

- Staffside
- Executive Directors and Senior Managers

Following approval, this policy document was circulated to the following staff and groups of staff.

- All Trust Staff
- Trust Internet Site/ Intranet Site

# CONTENTS

## 1.0  Introduction

1.1 This policy sets out the Northern Ireland Ambulance Service Trust's (hereafter referred to as 'The Trust') plan for the management of aggression

1.2 This Policy gives guidance on minimising risk, investigating incidents and promoting a culture of continuous improvement

1.3 This Policy should be read in conjunction with the Trust's procedural arrangements for management of aggression.

1.4 This Policy has been developed in consultation with internal stakeholders.


## 2.0  Policy Statement

2.1 The Trust promotes a pro-active approach to the management of aggression

2.2 Due to the nature of ambulance work, there is a likelihood that employees of the Trust may, on occasions, encounter angry, hostile, verbally abusive or aggressive individuals who may be patients, relatives or members of the public.  There may be a wide range of reasons for this type of behaviour, ranging from mental or medical illness through to criminal intent.  Often, such behaviour will involve alcohol or drug abuse.

2.3 The Trust believes that all acts of aggression towards its employees and contractors are unacceptable regardless of the reasons or form they may take.

2.4 The Trust will take all reasonable steps to provide an environment that is safe and secure in order to protect the safety and security of its staff and to minimise the risk of aggression directed towards them

## 3.0 Scope of the Policy

3.1 This policy provides guidance on how the Trust will deal with circumstances where staff may be at risk of violence, aggression or harassment by individuals external to the Trust. Should a member of staff be subjected to any of these acts or bullying by a manager or another employee of the Trust, then reference should be made to the Trust's Working Well Together Policy

3.2 This policy should be read in conjunction with the procedure for managing aggression

3.3 This Policy must be adhered to by all Trust employees. It will also apply to those who carry out work for the Trust such as contractors and agency staff. It includes a commitment to the continual improvement of managing aggression and to compliance with health and safety, legal and other requirements

## 4.0 Definitions

4.1 Aggression is defined as; "any incidents where persons are abused, threatened or assaulted in circumstances relating to their work, involving an implicit or explicit challenge to their safety, wellbeing or health." *European commission DG-V1997*

4.2 Additionally the Trust will adopt the following explicit definitions of physical and non-physical abuse as defined by the NHS Security Management Agency:

> *4.2.1* Physical assault – *"the intentional application of force against the person of another, without lawful justification, resulting in physical injury or personal discomfort"*

> 4.2.2 Non-physical assault – *"the use of inappropriate words or behaviour causing distress and/or constituting harassment"*

4.3     The Health and Safety Executive (NI) define violence as

*"Any incident, in which a person is abused, threatened, or assaulted in circumstances relating to their work"*

4.4     For the purposes of Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995, the term 'accident' has been extended to include:

*"an act of non-consensual violence done to a person at work"*


## 5.0     Legal Requirements

The Trust has a duty with regard to the management of work related incidents in line with UK and European Health & Safety legislation and by the common duty of care.   The statutory duties to which the Trust is subject include the following:

5.1     *Health & Safety at Work (NI) Order 1978*

Employers have responsibilities under the Health & Safety at Work (NI) Order 1978 for ensuring, as far as is reasonably practicable, the health, safety and welfare of employees at work

Employers should have written policies setting out their arrangements for managing health and safety risks.   These policies should be publicised and easily accessible to staff.

5.2     *The Management of Health and Safety at Work (Regulations) Northern Ireland 2006*

These regulations require the employer to assess risks to employees and non-employees and make arrangements for effective planning, organisation, control, monitoring and review of health and safety risks

5.3     The Corporate Manslaughter and Corporate Homicide Act 2007

This came into force in April 2008 and creates a new offence under which an employer (rather than an individual) can be prosecuted and face an unlimited fine, particularly if an employer is in gross breach of health and safety standards and the duty of care owed to the deceased

5.4     Human Rights Act 1998

This places a requirement on a Public Authority to recognise an individuals Rights and Freedoms as contained within the Articles under Schedule 1 of the Act

## 6.0     Policy Objectives

6.1     The Trust will ensure that it has in place suitable and robust governance arrangements to support the management of aggression

6.2     The Zero Tolerance group will review, monitor and report on management of aggression issues and to fulfil the requirements of this Policy

6.3     To reduce the risks associated with aggression incidents, particularly the risks from physical abuse

6.4     To encourage staff, in line with the Trusts Policy for reporting incidents, to report incidents which have resulted in or which may give rise to an aggressive incident, to enable monitoring and to ensure procedures in place are functioning effectively. The Trust will support staff in providing information to the Police Service Northern Ireland (PSNI) when required

6.5     To establish the reporting of managing aggressive incidents annually to the Board

6.6   The Trust will seek independent assurance that an appropriate and effective system of managing aggressive risks is in place and that the necessary level of controls and monitoring are being implemented

## 7.0   Roles and Responsibilities

7.1   **The Chief Executive** is the Accountable Officer.  S/he is responsible for providing the Trust Board with assurances that all possible measures have been taken to minimise the risk to staff, patients and the organisation from violence and aggression arising in the course of the Trust's business.  S/he has overall responsibility for ensuring the objectives of this policy are met and resources are made available to implement the policy

7.2   **The Health & Safety Committee** is a statutory committee responsible for issues associated with health and safety, welfare and risk management.  The committee will report to the Assurance Committee (Appendix 1 committee structure)

7.3   **The Zero Tolerance Sub Group** will monitor the effectiveness of all policies and procedures relating to the management of aggression.  It will review all reported incidents of aggression and advise the Health & Safety Committee of identifiable trends and/or risks

7.4   **The Director Human Resources** is the designated Executive Director with lead responsibility for the management of aggression.  S/he will report to the Trust's Assurance Committee and Trust Board on matters relating to management of aggression.  The Director Human Resources will Chair the Trust's Health and Safety committee and through the sub group of Zero Tolerance it will address the requirements of this policy

7.5   **The Risk Manager** is responsible for collating and reporting data relevant to violent and aggressive incidents

7.6 **The Clinical Training Manager** is responsible for the provision of information, instruction, training and supervision with regard to this policy

7.7 **Heads of Department/Managers/Supervisors** are responsible for ensuring:

- That all staff under his/her responsibility are aware of and understand the Trust procedures for the management of violence and aggression and have received appropriate training

- That this policy and procedure if fully applied within their area of responsibility

- All reported incidents and risks are fully investigated and reported to

7.8 **Employees** have a responsibility to:

- ensure they act in accordance with relevant codes of conduct in order to minimise risks to themselves, colleagues or Trust property

- Remain polite but firm and professional at all times

- Apply the principles and procedures contained within this document

- Report all incidents of violence, abuse and harassment in accordance with the Trust's procedures

- Participate in training delivered by, or on behalf of the trust which will assist in the handling of violent incidents

## 8.0 Equality and Human Rights Considerations

8.1 This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1998. Equality Commission for Northern Ireland guidance states that the purpose of screening is to identify

those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be targeted at them

8.2     This policy has also been considered under the terms of the Human Rights Act, 1998, and was deemed to be compatible with the European Convention Rights contained in that Act

8.3     This policy embraces Diversity, Dignity and Inclusion in line with emerging Human Rights guidance. We recognise, acknowledge and value difference across all people and their backgrounds. We will treat everyone with courtesy and consideration and ensure that no-one is belittled, excluded or disadvantaged in any way, shape or form

8.4     Using the Equality Commission's screening criteria; no significant equality implications have been identified. This Policy will therefore not be subject to an equality impact assessment

8.5     This Policy will be included in the Trust's register of screening documentation and maintained for inspection whilst it remains in force

8.6     This document can be made available on request in alternative formats, e.g. Braille, disc, audio cassette and in other languages to meet the needs of those who are not fluent in English


## 9.0     Policy Review

9.1     The Trust is committed to ensuring that all policies are kept under review to ensure that they remain compliant with relevant legislation

9.2     This Policy will be reviewed by the Health and Safety Committee bi-annually, or earlier if changes to legislation, work practices or a significant incident require it.  That review will be noted on a subsequent version of this policy, even where there are no substantive changes made or required.

# *Appendices*

124

# APPENDIX A:  COMMITTEE STRUCTURE
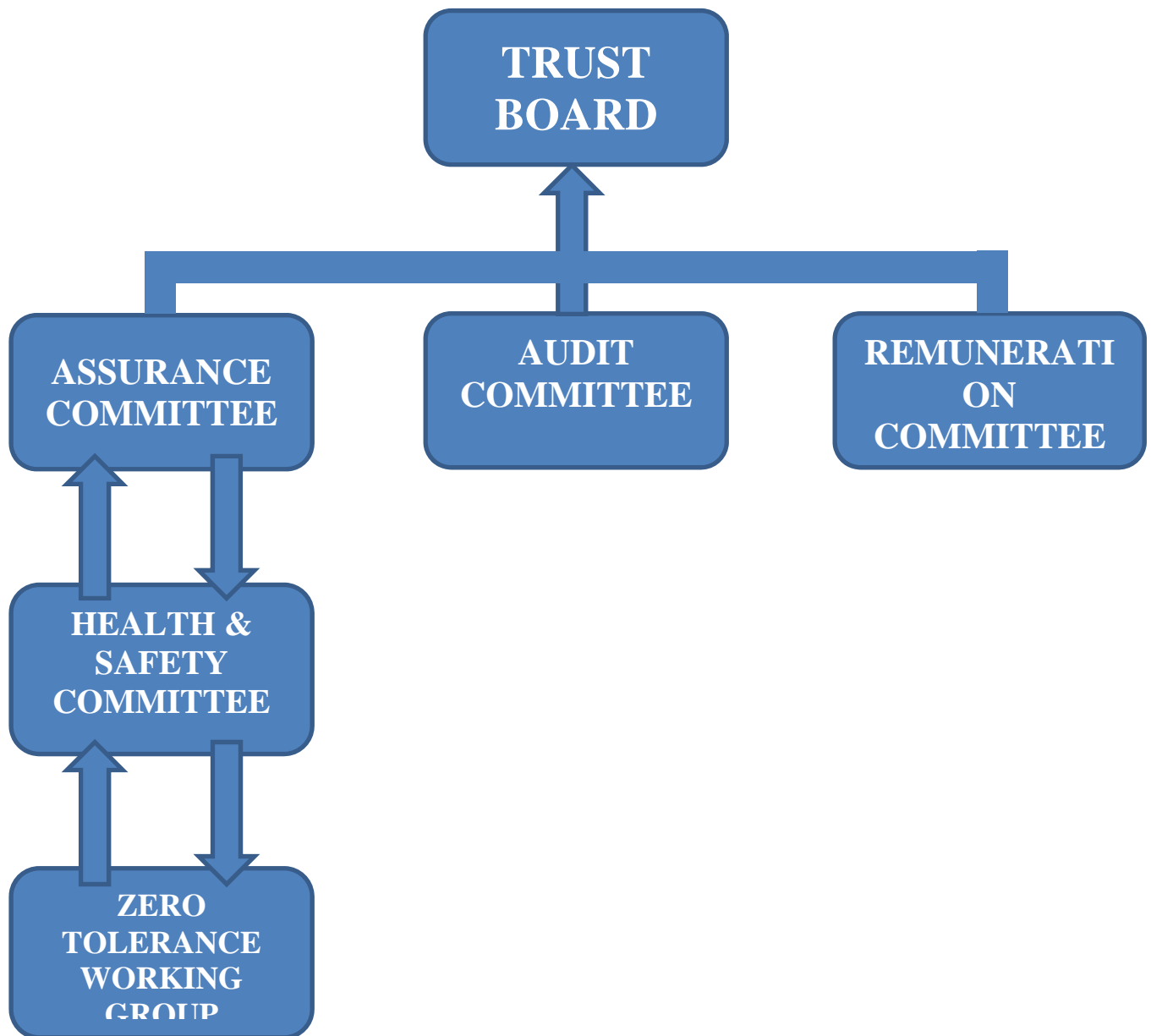
**APPENDIX B:  HOME/SITE/WORKPLACE VISIT**

**MANAGING POTENTIALLY AGGRESSIVE SITUATIONS WHILE CARRYING OUT A DOMICILIARY VISIT, NOT ASSOCIATED WITH DELIVERING AMBULANCE CARE e.g. Complaints Investigation**

1.0     **Preparation**

1.1     Do you feel reasonably sure that the individual is generally non-aggressive?

1.2     Is a member of the household known to be potentially aggressive?

1.3     Will the individual be aggressive today because of some unusual circumstances?

1.4     Do you feel safe visiting the individual?


2.0     **Precautions**

2.1     Notify your colleague(s) where you are going. Always leave a name, address and telephone number so you can be contacted. Say how long you expect to be away and ring colleagues if you change your schedule

2.2     Even if you are not nervous about the visit, work out a checking system with your colleagues. For example, agree that if you have not telephoned in by a set time then your colleague(s) will take some specified action to ensure your safety

2.3     Be prepared to take a colleague with you on a visit

2.4     Be prepared to cut short a visit if you anticipate the situation may become difficult to control

2.5     If you would like to carry a personal alarm you can ask your Line Manager about obtaining one for you through the Trust

2.6     Invite the potentially aggressive client to the workplace


3.0     **Conducting a Meeting**

3.1     Leave the interview room door ajar

3.2     Consider having another person present

3.3 Arrange the furniture so that you have easy access to a door or other escape route

3.4 Arrange for a personal interruption by a colleague

3.5 Remove any heavy objects from the interview room

3.6 In meeting a client, be alert to:

- Reasons for aggression
- Non-verbal signs, for example, changes in mood, the challenge of eye-contact, angle and posture when sitting and standing
- The use of language. Ask questions to regain control. Avoid provocation

**APPENDIX C:  REDUCING THE RISK OF AGGRESSION**

### 1.0    Introduction

1.1    Staff and managers should be mindful of preventive measures to reduce the risk of aggression. Such measures include identifying areas of risk, reviewing systems of working, considering the layout of areas such as waiting rooms and offices which are open to public access, ensuring that appropriate training is taken up, understanding the causes of aggression and indicators for its potential etc.

1.2    Patient Care Service Staff who may have to deal with certain patients on a regular basis in particular should, where possible, gain a knowledge and understanding of the patients and circumstances which might lead to a potentially aggressive situation

### 2.0    Reasons for Aggression

2.1    Aggression can occur for a number of reasons which might include:

- Mental illness
- Certain medical states e.g. hypoglycaemia, epilepsy, head injury, etc
- Reaction to uniformed personnel/authority;
- Environmental factors;
- Alcohol, drug and/or solvent misuse;
- Stress, frustration, feelings of inadequacy;
- Effects of injury;
- Anxiety and fear by relatives and/or friends; pain caused by staff in order to treat the patient; unsympathetic attitudes by ambulance crews at a time when re-assurance and sympathy are needed;
- bias, discrimination or indifference on the part of the ambulance crews to the patient and/or relatives;

- Reluctance by individuals to receive treatment at hospital. In most circumstances staff do not have the right to treat or convey patients without their consent

## 3.0 Indicators of the Potential for Aggression

3.1 It is important for staff to recognise early warning signs from those patients etc., who might be potentially aggressive. Sometimes a threat can be made quite openly e.g. threatening language, pointing aggressively etc., but other action may be less obvious.

The patient may:

- be tense and agitated
- may reply to questions abruptly
- may increase voice pitch and volume
- may bring their fist into the palm of their hand or into a nearby object
- exhibit unusual or inconsistent behaviour e.g. the noisy person who becomes quiet and withdrawn
- invade your personal space
- Increase their activity e.g. pacing

The list is neither exclusive nor exhaustive.

## 4.0 Personal Precautions in Reducing Risk

4.1 For Operational Staff, risk can be minimised by the following:

- understanding the causes of aggression and indicators for its potential
- Keeping in close radio contact in potentially dangerous situations, including suspect and isolated geographical areas. All operational staff should carry their hand portable radio when leaving the vehicle. If confronted with a violent situation and assistance is thought necessary, you should alert the (N)EAC immediately and retreat from the scene. The (N)EAC should then seek assistance from the Police

- maximum illumination of the scene

- ensuring security of the vehicle when unattended

- asking visitors to stations to formally identify themselves and the purpose of the visit in the Station Log Book, or equivalent

- Securing vehicle equipment e.g. medical cylinders, rescue equipment and IV needles and Cannulae to prevent its use as a weapon

- Request assistance if you have doubts about your safety (see paragraph 9 of the Trust Guidelines).

4.2     For non-operational staff, careful consideration should be given to avoiding staff working alone, or if they do, arrangements should be made to secure the premises where such an option is agreed by the post-holder and their Line Manager

## 5.0     High Risk Workplaces

Staff should be aware of the types of locations which may give rise to an increased risk of violence or aggressive behaviour.  The Trust will put in place specific risk assessments for such areas

5.1     Public Houses/Night Clubs

Calls to incidents at these locations will often be as a result of alcohol, drugs or other toxic substances and patients can be in a confused or potentially aggressive state.  Relatives or friends may be hostile and aggressive as a direct result of stress or from the debilitating effects of alcohol or drugs.

Ambulance personnel should enter premises together, clearly indicating who they are. They should always wear a high visibility jacket/tabard and  have a personal radio to call for assistance.

If a risk assessment by the crew suggests that it may be dangerous to enter, police assistance can be called and the crew should wait for their arrival before entering the premises.  They should not remain immediately outside

the premises to avoid being confronted and pressurised to enter by the occupants.

Ambulance crews should remember that their dynamic Risk Assessment must be patient-centred.

5.2     Isolated locations

Personnel called to isolated locations, or to attend high rise flats, may be exposed to greater risks due to the isolation.  Staff should not enter high rise flats separately if at all possible and must always carry a radio to summon assistance

5.3     Night Duty

Staff should take extra care during working hours of darkness, as there will be fewer people locally to assist with aggressive situations

5.4     Entering Domestic/Private Premises

Often, staff are called to incidents of an unknown nature to domestic or private premises.  Staff should not enter these premises unaccompanied and should always enter as a crew.  In the event of a forced entry needing to be made, Police assistance should always be summoned, though you should not await their arrival if immediate care is needed and you feel it safe to enter

**APPENDIX D**:  **MANAGING POTENTIALLY AGGRESSIVE SITUATIONS**

1.0     Self Rescue Action

- ✓ try to be calm, confident, objective;
- ✓ answer questions firmly yet politely;
- ✓ do not be domineering; be non-critical; remain objective and do not over-react to the patient's emotions;
- ✓  your first approach should be to listen and to talk using jargon free language;
- ✓ take care not to appear threatening by voice projection, gesture or behaviour;
- ✓ avoid being drawn into heated debate.
- ✓ if the situation appears to be getting out of control you should consider withdrawal and summoning help;
- ✓ use relaxed tones;
- ✓  ask questions to gain control and clarify.
- ✓ do not assume, let the individual suggest the solutions; try not to touch a person who is arguing with you as this could constitute an assault in law or trigger a violent reaction (Appendix 'F');
- ✓ consider non verbal behaviour:
    - o *communicate at a safe distance*
    - o *stand sideways to reduce yourself as a target and allow extra mobility if it becomes necessary to retreat*
    - o *maintain eye contact without staring*
    - o *use open and fluid hand movements; show concern and understanding*
- ✓ ensure ambulance equipment is not accessible to aggressor

2.0     If you are threatened with assault or, during conversation, you believe there is potential for aggression, you should inform the (N)EAC immediately. Your line manager should also be informed as soon as practically possible (Action Card 1)

3.0    In protecting yourself from assault, any form of retaliation other than the minimum necessary for self defence could lead to legal action being taken against you. It could also affect any claims that you may make in the future (Appendix E)

4.0    Once an assault has started, you may intervene to the minimum necessary to give immediate protection to yourself, a colleague or patient

5.0    If someone is injured or there is serious damage to property, the Police should be informed.  Crews should request that (N)EAC contact PSNI. Medical assistance should be sought as soon as possible

6.0    If possible, find independent witnesses and try to get their statements signed and dated as close to the time of the assault as possible

7.0    Record the incident on an "Untoward Incident" form (UIR1) providing as much detail as possible

8.0    If the Police have been called, do not interfere with the evidence unless there is a safety hazard. This includes damage to property or your vehicle

9.0    Ideally, objects used in the attack should be left as they are but this will depend on the circumstances

10.0   If you do have to remove evidence, label it clearly

11.0   If body fluid is spilt as a result of a wound, be aware of the procedures in the Trust's Infection Control Policy

12.0   Consider your emotional needs and whether you should contact the Trust's Counselling Service. (Carecall)

## APPENDIX E:  THE LAW AND ASSAULT

### 1.0  GENERAL

1.1    In law a member of staff may restrain a patient/client who may be a danger only with such force as deemed necessary and reasonable in the circumstance. "Reasonable" means that amount of force which is sufficient to stop the attacker or to prevent the staff member being injured

1.2    If a member of staff is assaulted and/or injured as a result of an aggressive incident they must inform the attending Police Officer whether or not they are willing to support a prosecution.  All incidents reported to the police will be allocated a crime number which the member of staff should record on the UIR forms

1.3    To assist Police in acquiring facts which may help them in bringing a prosecution, staff should not interfere with the evidence unless it is a safety hazard or it is clearly impractical. If evidence has to be moved, it should be labelled clearly.

### 2.0  ASSAULTS

2.1    In law there are two types of assault

- Serious Assault charges are usually brought where there is evidence of significant injury.  In such cases the Police will always prosecute. Where ambulance crews are assaulted, there will be a requirement to provide a statement and unless an assailant pleads guilty, give evidence in a court of law

- In cases of common assault there is not normally physical evidence of injury.  Police are not able to bring a prosecution in such cases and the onus is on the specific ambulance personnel to initiate legal action

2.2    If assaulted, or found in a situation where you fear for your own safety, attempt to summon help via the (N)EAC.  If you are unable to contact the (N)EAC, or whilst awaiting assistance you need to defend yourself, you may do so.  However, you should always defend yourself using the minimum of force necessary

## 3.0    RETALIATION

3.1    In law, any retaliation could be considered an assault.  When defending yourself from a violent person you should consider that

- A person in a state of excitement, or who is struggling violently, will have a rapid heart rate and be breathing rapidly.  These changes in cardio-respiratory function reflect the persons need for increased oxygen.  It is therefore dangerous to impede respiration in any way such as

    X   Sitting on a person's chest;

    X   Putting an arm around the throat from behind.

    **Remember!**

    **The law only allows you to put up such a defence as to protect yourself.**

**TB/06/01/2017/06**

# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

## 1 JUNE 2017

| | |
|---|---|
| **Title:** | HSC Equality Action Plan 2017-22 |
| **Purpose:** | To outline the Trust's proposed actions to implement Equality duties* in partnership with other HSC Trusts |
| **Content:** | HSC Action Plan outlining actions to which NIAS will contribute within regional Equality framework |
| **Recommendation:** | For Approval to move to HSC Public Consultation |
| **Previous Forum:** | Senior Executive Management Team |
| **Prepared by:** | Michelle Lemon, Assistant Director |
| **Presented by:** | Roisin O'Hara, Director of HRCS |

*Section 75 of the Northern Ireland Act and Related Equality Scheme

# Equality Action Plan - Draft
## 2017 - 2022

## Contents

## Acknowledgement

We would like to take this opportunity to thank all those who participated in the development of our draft Section 75 Action Plan– both those we have engaged with over the years and those who attended the regional stakeholder event in January 2017.  This invaluable input and expertise has helped to identify priorities and to shape our final draft Plans for consultation.

## 1.    Welcome

Welcome to our new Equality Action Plan.  This Plan sets out the actions the six Health and Social Care Trusts will take forward collaboratively over the next five years.  The Plan includes actions aimed at:

➢ Simplifying our Section 75 processes
➢ Promoting equality in our services
➢ Supporting our Staff

The principles of *fairness, equality, respectfulness and dignity* will inform our work.

Actions and priorities in this Plan have been informed by our audit of inequalities.  We have consulted widely with an extensive range of stakeholders to inform the content of the Plan and to identify our key priorities. Many of the actions in the Plan are not resource dependent and are intended to make sure that the promotion of equality of opportunity and good relations are mainstreamed in existing programmes of work.  For further information please see the list of contacts in each organisation on page 17.

## 2.    Working in partnership

In October 2016, the then Health Minister, Michelle O'Neill launched her 10-year vision to transform the current health and social care system.  Her report set out the need for change and made a commitment to work in partnership with service users and carers to realise that change.  Building on the good practice that already exists across health and social care we will adopt creative and innovative ways to maximise involvement in the challenging times ahead. We will continue to work with individuals, representative groups and our trade unions to make sure that our actions make a real difference both for our service users and for our staff.

In the spirit of true partnership working we propose to create a Joint Consultative Forum so that we, as HSC Trusts, continue to work closely with the Equality Commission for NI, the Community Relations Council and the Northern Ireland Human Rights Commission in taking forward this Plan.

## 3.    Review of our first Plans and achievements to date

As we are at the end of the three years implementation of our first equality plans we have carried out a review to consider what actions to include in our new plans.  In carrying out the review we considered what actions had already been delivered and if intended outcomes had been achieved.  We also looked at a range of new research and the issues that have been raised with us during consultations and engagements carried out over the last three years.

Substantial progress has been made since the Trusts published their first Plans on 1May 2014.  For details of what we have done so far, please refer to our respective Annual Progress Reports which are available online and in alternative formats on request.

www.belfasttrust.hscni.net
www.nias.hscni.net
www.northerntrust.hscni.net
www.setrust.hscni.net
www.southerntrust.hscni.net
www.westerntrust.hscni.net

## 4.    How we developed our Plan

We wanted to engage with a wide range of key stakeholders on the development of our new Plan.  A regional stakeholder event was held on Thursday 19th January 2017 providing the opportunity to engage with a wide range of service users, carers, voluntary and community groups and trade union representatives.  We came to the event with a "blank canvas" and to ensure that our Plan was developed in partnership with a wide range of participants. This is in keeping with the clear direction set out in Health and Wellbeing: 2026 Delivering Together.

A copy of the outcome report from this event and a DVD can be found on the Trusts' websites or by contacting any of the Equality Units – contact details on page 17.

## 5.    What is in our Equality Action Plan

The following tables outline our actions for the next five years.  This Plan is designed to be flexible and responsive to changing circumstances and needs. While the majority of our actions are identified as beginning in year one and two it is important to note that realising the actions may take the full lifetime of the Plan.  Our Plan will be reviewed on an on-going basis and when the Equality Commission publishes their statement on key inequalities in health. We will report annually via our S75 Annual Progress Report to the Equality Commission for NI which is submitted at the end of August each year and available on all of our websites or by contacting the Equality Units.

# Section 1 – Simplifying our Section 75 processes

Feedback from consultees has indicated that implementation of our Equality Schemes tends to be process-driven. We recognise the value of having a legislative framework that promotes equality of opportunity and good relations however we want to ensure that the focus is on outcomes for people within the nine Section 75 equality categories and making a positive difference for them. The following actions are therefore aimed at simplifying the process.

| Actions | Measures | Timescale |
|---|---|---|
| We will develop Screening and Equality Impact Assessment (EQIA) Tool Kit to guide staff through the process. | • A regional toolkit available for policy and decision makers.<br>• Decision-making more transparent and better influenced as a result of more robust and regionally consistent screening/EQIAs. | Year 1 |
| We will review our staff training to ensure best practice in screening and EQIAs. | • Up to date training programme for all policy makers across health and social care.<br>• Skilled staff, policy leads and decision makers.<br>• Consistent and effective approach in the training programme across all Trusts.<br>• Effective compliance with the S75 Equality Duties. | Year 2 |
| We will develop good practice guidance on effective engagement, consultation, co-design and co-production to include best use of a range of methods including social media and Citizen's Space. | • Guidance on effective engagement in place for health and social care staff that links with Personal and Public Involvement (PPI) best practice.<br>• Citizens/people closer to decision making and offering innovative ways of engagement and involvement | Year 1 |

| Actions | Measures | Timescale |
|---|---|---|
|  | • Consistent approach used across health and social care.<br>• More effective and timely engagement with stakeholders and more involvement in addressing key inequalities. |  |
| We will set up a Regional Consultative Forum to work in partnership with the Equality Commission, Northern Ireland Human Rights Commission and the Community Relations Commission | • Two meetings annually between health and social care sector and the respective Commissions.<br>• Better communication and collaboration between Equality Commission, Northern Ireland Human Rights Commission and the Community Relations Commission<br>• Better partnership working to optimise outcomes for S75 groups. | Year 1 |
| We will develop and implement a communication strategy to ensure that stakeholders are aware of Trust Equality Units, their functions and how they can be engaged on equality and human rights issues. | • Strategy in place to improve communication.<br>• Raised awareness among Section 75 groups of Trust Equality Units and how they can be involved in and influence Trust equality agenda. | Year 2 |
| We will develop a checklist to make sure Equality, Disability and Human Rights are at the heart of procurement. | • Checklist developed and adhered to by staff with responsibility for buying goods and services.<br>• Raised awareness among staff of equality and human rights obligations in procurement process.<br>• S75 and human rights issues identified at an early stage of procurement process. | Year 2 |

| Actions | Measures | Timescale |
|---------|----------|-----------|
| We will work with the Department of Health and other relevant stakeholders to make sure we are prepared for the introduction of Age Discrimination Regulations. | • Regional event to raise awareness of potential implications of the new legislation on health and social care provision.<br>• Better understanding amongst staff on the implications of the legislation. | Year 2 |

## Section 2 – Promoting equality in our services

While consultees were positive about all the work that has been done to date to promote equality of opportunity they provided many suggestions on how to improve equality of access to health and social care services.  We know that the people who use our services come from many different cultures, communities, and backgrounds and being responsive to the diverse range of needs is a responsibility we take very seriously. The following actions have been developed in response to what we have heard and are aimed at providing welcoming, person-centred and accessible services for everyone.

| Actions | Measures | Timescale |
|---|---|---|
| We will review our equality training programme in collaboration with service users, carers and their advocates. | • Consistent staff training and awareness raising, co-produced and delivered, where appropriate, across health and social care.<br>• Raised awareness among staff of the best way to promote equality of opportunity for services users. | Year 2 |
| We will work with staff and service users to review how information is produced in alternative formats. | • Library of information in alternative formats available for health and social care staff and available on websites for service users and carers.<br>• Staff have better access to alternative format resources.<br>• Service users and carers have better access to accessible information. | Year 5 |
| We will work with service users, carers and representative organisations to ensure Trust | • User friendly HSC websites containing up to date information.<br>• Better communication with service users, carers and | Year 2 |

| Actions | Measures | Timescale |
|---|---|---|
| Websites are accessible, user friendly and easy to navigate. | the public. | |
| We will engage with the Regional HSC Interpreting Service to establish a process that ensures access to interpreting support when HSC practitioners refer into the voluntary sector for services. | • Clear, consistent process established.<br>• Improved access to interpreting support when referred to voluntary or community sector service. | |
| We will work with the Northern Ireland Human Rights Commission to develop a training programme on a human rights approach to dealing with complaints – building on work done by the Ombudman's office. | • Training on a human rights based approach to complaints management delivered to all staff who deal with complaints.<br>• Complaints resolution process that embeds human rights values and principles.<br>• Improved satisfaction with health and social care complaints management process. | Year 2 |
| We will work in partnership with LGBT representative organisations to develop guidance for health and social care staff to ensure LGBT service users have access to services. | • Consistent up to date staff guidance developed in partnership with LGBT organisations.<br>• Enhanced awareness of access barriers for LGBT service users and carers.<br>• Improved satisfaction with health and social care services for LGBT service users and carers. | Year 2 |
| We will work in partnership with Black and Minority Ethnic Groups to develop guidance for health and social care staff on meeting the | • Staff guidance co-produced with BME communities and representative organisations.<br>• Raised profile of needs of BME older people.<br>• Increased awareness among staff of the needs of | Year 2 |

| Actions | Measures | Timescale |
|---|---|---|
| needs of older people in Black and Minority Ethnic (BME) communities and ensure access to services. | BME older people.<br>• Improved access to services for BME older people. | |
| We will work to progress our Good Relations responsibilities and ensure all Trusts have a Good Relations Strategy in place. | • Clear and workable framework in all Trusts – which formalises the commitment to the promotion of good relations<br>• Improved good relations among staff and service users.<br>• Improved communication and engagement with key stakeholders.<br>• An environment where staff feel comfortable at work and service users and carers feel welcome when using health and social care services. | Year 5 |
| We will co-design a staff information booklet in partnership with representatives from the Traveller Community aimed at raising staff awareness and understanding of Traveller History and Cultural. | • Staff information booklet available for all staff working across health and social care.<br>• Increased staff awareness and understanding of traveller cultural<br>• Provision of culturally sensitive services that take account of Traveller needs | Year 2 |
| We will hold an annual event to showcase best practice in equality and diversity within the health and social care. | • Annual Equality and Diversity event<br>• Health and social care seen as a sector that promotes equality and diversity<br>• Improved awareness of equality and diversity best practice models<br>• Best practice in equality and diversity shared across health and social care and beyond. | Year 1 and annually |

# Section 3 –Supporting our staff

We recognise that our staff are our most valuable resource and that they deserve to be treated with dignity and respect and can expect to experience equality of opportunity and good relations in the workplace. Similarly every member of Trust staff shares a responsibility to promote equality of opportunity and good relations with their co-workers, service users and carers.  The following actions will help to promote equality of opportunity for our staff and support them to understand their responsibilities in valuing differences and advancing equality of opportunity to ensure an inclusive and welcoming environment.

| Action | Measures | Timescale |
|---|---|---|
| We will work with regional recruitment colleagues and Shared Services to ensure equality is promoted within recruitment and selection policy and procedures. | <ul><li>Promotion of best practice across health and social care.</li><li>Consistent approach to the management of recruitment.</li><li>More effective use of resources.</li></ul> | Year 1 |
| We will work with regional colleagues and representative organisations to support the development of a Regional Gender Identity and Expression Policy | <ul><li>Policy in place that promotes an inclusive workplace for Transgender and Non-Binary people.</li><li>Transgender and Non-Binary people feel comfortable to express their gender identity and can fulfil their full potential and fully contribute to the workplace.</li><li>Promotion of best practice across the all health and social care organisations.</li><li>Raised awareness among staff that discrimination against transgender and non-binary people is not acceptable.</li></ul> | Year 1 |

| Action | Measures | Timescale |
|---|---|---|
| We will simplify our Recruitment and Selection Process through development of an easy-to-follow information leaflet. | • Easy to follow information leaflet available for people applying to work in health and social care to include overview of process, tips for successful application form, interview preparation and a section on frequently asked questions.<br>• Raised awareness of process among applicants.<br>• Improved access for hard to reach groups and those unfamiliar with the health and social care recruitment and selection process. | Year 1 |
| We will work in collaboration with relevant stakeholders to extend the remit of our Employability Schemes to enhance employment opportunities for marginalised S75 groups. | • Employability scheme available to other marginalised S75 groups.<br>• Improved employment opportunities for marginalised S75 groups.<br>• Access to employment is improved for marginalised S75 groups. | Year 1 scope<br>Years 2-5 |
| We will work with relevant organisations and Trade Unions to develop best practice in supporting our staff who are victims of Domestic Violence/Abuse | • Best practice model established that with support mechanisms for staff experiencing Domestic Violence/Abuse.<br>• Improved support for staff who are victims of Domestic Violence/Abuse.<br>• Raised awareness among staff of the best way to support colleagues who are victims of Domestic Violence/Abuse. | Year 3 |
| We will make sure that our staff who are carers are supported in the | • Consistent regional approach established to support carers in our workforce. | Year 3 |

| Action | Measures | Timescale |
|---|---|---|
| workplace so that they can continue with their caring role. | • Improved support for staff who are carers.<br>• Raised awareness among staff of the best way to support staff who are carers. | |
| We will review our harmonious working environment advice in light of any new findings and recommendations from the work conducted by the Commission on Flags, Identity, Culture and Traditions | • Consistent regional approach to ensuring all health and social care environments are welcoming to everyone. | Year 2 |
| We will launch our new E-Learning Module and Equality and Diversity Staff Training Manual | • E-Learning Training Programme for staff and managers and Equality and Diversity Staff Training Manual available for all health and social care staff.<br>• Marketing strategy to increase uptake of training.<br>• Improved access to equality and diversity training for those with access to computers.<br>• Improved access to training for staff who do not have access to a computed through provision of the Staff Training Manual.<br>• Improved uptake of equality training. | Year 1 |
| We will ensure compliance with any new legislation governing gender pay reporting and address any inequalities identified. | • Pay structure that ensures fairness and equity in pay and reward arrangements. | Year 1 |

| Action | Measures | Timescale |
|---|---|---|
| We will improve awareness of options for flexible working arrangements. | • Accessible, easy to follow information available to all staff on flexible working arrangements.<br>• Improved awareness of and access to of flexible working options for staff with caring responsibilities and for those with disabilities.<br>• Promotion of diversity in the workplace.<br>• Improved health and wellbeing of staff. | Year 1 |
| We will revise Equality, Human Rights and Disability guidelines for our Non-Executive Trust Board members | • Up to date guidelines in place for Non-Executive Directors<br>• Increased awareness among Non-Executive Directors of statutory compliance and responsibilities. | Year 1 and ongoing |

## Equality Teams in your area : Contact Details

| | |
|---|---|
| **Orla Barron**<br>Equality Lead | **Belfast HSC Trust**<br>Tel: 028 9504 6567<br>Mobile / Text 0782 514 6432<br>Email: orla.barron@belfasttrust.hscni.net |
| **Alison Irwin**<br>Head of Equality | **Northern HSC Trust**<br>Tel: 028 276 61377<br>Mobile / Text: 0782 566 7154<br>E-mail: equality.unit@northerntrust.hscni.net |
| **Lynda Gordon**<br>Equality Lead | **Southern HSC Trust**<br>Tel: 028 3756 4151<br>Email: lynda.gordon@southerntrust.hscni.net |
| **Susan Thompson**<br>Equality Lead | **South Eastern HSC Trust**<br>Tel:  028 9151 2177<br>Text phone:  028 91510137<br>Email: Susan.thompson@setrust.hscni.net |
| **Siobhan O'Donnell**<br>Head of Equality & Involvement | **Western HSC Trust**<br>Tel: 028 8283 5278<br>Email: Equality.Admin@westerntrust.hscni.net. |
| **Michelle Lemon**<br>Assistant Director: Equality, PPI & Patient Experience | **Northern Ireland Ambulance Service**<br>Tel:  028 9040 0999<br>Text phone:  028 9040 0871<br>Email:  michelle.lemon@nias.hscni.net |

**TB/06/01/2017/07**

# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

## 1 JUNE 2017

| | |
|---|---|
| **Title:** | Disability Action Plan 2017-22 |
| **Purpose:** | To outline the Trust's proposed actions to comply with the Disability Discrimination (NI) Order 2006 * in partnership with other HSC Trusts |
| **Content:** | HSC Action Plan outlining actions to which NIAS will contribute within regional Equality framework |
| **Recommendation:** | For Approval to move to HSC Public Consultation |
| **Previous Forum:** | Senior Executive Management Team |
| **Prepared by:** | Michelle Lemon, Assistant Director |
| **Presented by:** | Roisin O'Hara, Director of HRCS |

**\***Under **Section 49** of the **Disability Discrimination (NI) Order 2006**, referred to as the **"disability duties"**, we are required when carrying out our functions to:

- promote positive attitudes towards disabled people
- encourage participation by disabled people in public life

The law requires Trusts to submit a Disability Action Plan (DAP) to the ECNI Equality Commission for Northern Ireland (ECNI) showing how we intend to fulfil these "disability duties".

# Disability Action Plan Plan – Draft

## 2017 - 2022

## Alternative Formats

This document is available in alternative formats including:

- Large font
- Audiocassette
- Braille
- Computer Disc
- Main minority ethnic languages
- DAISY
- Easy-read
- Electronic version.

English:  This document can be made available in minority ethnic languages, on request, to meet the needs of those not fluent in English.  Please see contact details of the Equality Units on page 16.

**Polish:**  Aby wyjść naprzeciw potrzebom osób, które nie mówią biegle po angielsku, ten Plan Działania może być udostępniony w językach mniejszości etnicznych na życzenie.

**Lithuanian:**  Šis veiksmų Planas pareikalavus gali būti pateiktas tautiniu mažumu kalbomis, kad atitiktų sklandžiai nemokančių anglų kalbos poreikius.

**Portuguese:**  O Plano de Ação está disponível, à pedido, em outras línguas, para atender às necessidades das pessoas que não são fluentes na língua Inglesa.

**Tetum:** Aksaun Planu ida né,se bele fo ou halo iha liafuan etnika minoria sira nian, nebe bele husu, para bele ajuda ba ema sira nebe la hatene koalia lian Inglés.

**Latvian:** Šis darbības plāns var būt pieejams mazākumtautību valodās pēc pieprasījuma, lai palīdzētu tiem, kam ir nepietiekamas angļu valodas zināšanas.

**Russian:** Сейчас план проводимой работы может быть доступен так же на языках этнических меньшинств, по просьбе тех, кто не владеет свободно английским языком.

**Czech:** 'Aby byly uspokojeny potřeby těch, kteří nemluví plynule anglicky, je možné tento návrh Akčního plánu na požádání poskytnout v jazycích etnických menšin.'

**Slovak:** Tento Akčný Plán môže byť na požiadanie dostupný v jazykoch národnostných menšín z dôvodu zabezpečenia potrieb tých, ktorí nie sú spôsobilí mu porozumieť v angličtine.

**Chinese- (Cantonese):**這行動計劃草案將會根據需求被翻譯成各種小數族裔語言去迎合那些英語不流利的人士的需要。

## 1.      Introduction



Welcome to our new draft Disability Action Plan.  Our Plan sets out actions we in health and social care will take forward collaboratively over the next five years in partnership with disabled people.  It creates actions that will improve our services, promote positive attitudes to people with a disability and encourage opportunities for disabled people to participate fully in public life. It also shows our commitment to mainstreaming disability issues and placing disability issues at the core of what we do.

The actions and priorities in this Plan were influenced by what disabled people told us, research on inequalities relating to disabled people and other strategic drivers such as the Department of Health's  "Health and Wellbeing 2026: Delivering Together" Strategy.

Our Plan is a living document.  It is designed to be flexible and responsive to changing circumstances over the five year period.  It will be reviewed on an on-going basis, with annual reports submitted to the Equality Commission for Northern Ireland (ECNI).   The reports will provide an annual update on each action and will be available on our websites.

The principles of *Fairness, Respect, Dignity, Equality and Autonomy* will inform the implementation of our Plan which can be read alongside our Equality Action Plan for 2017 - 2022.  We wish to thank everyone who has helped us produce our draft Plan.  We value the experiences and expertise people shared with us and remain committed to working in partnership to deliver the actions.

## 2. Why we have produced a Disability Action Plan

Under **Section 49** of the **Disability Discrimination (NI) Order 2006**, referred to as the **"disability duties"**, we are required when carrying out our functions to:

- promote positive attitudes towards disabled people
- encourage participation by disabled people in public life

The law requires Trusts to submit a Disability Action Plan (DAP) to the ECNI Equality Commission for Northern Ireland (ECNI) showing how we intend to fulfil these "disability duties".

We also have a duty to promote and protect human rights both as service providers and employers.  We are committed to meeting our duties under both the **Human Rights Act 1998** plus the nine other international human rights treaties including the **United Nations Convention on the Rights of Disabled People**.

Whilst we have these legal responsibilities, we believe that promoting positive attitudes and encouraging participation in public life is part of our core business and that we will lead by example in addressing inequalities and barriers that disabled people experience ultimately to improve health outcomes.  Our Plan will help meet our goals of reducing health and social inequalities and improve health and well-being.

## 3.        Working in Partnership



Health and Social Care Trusts and the Northern Ireland Ambulance Service Trust have worked in partnership with disabled people and representative organisations to develop this Plan.  **Co-design** has been at the centre of how our draft Plan has been produced.  It was designed for and with people who are disabled including staff, service users, carers and representative groups from the community and statutory sectors.   At the start of writing this Plan we looked at what we had done so far to make a difference for people who are disabled. Next we read up on what other organisations said is good practice and then did our own research on the inequalities that still persist.  All this helped us think about what else we could do to make a difference.



We then had a workshop in January 2017 and listened to many people with disabilities, carers and representatives from disability organisations. We asked people at the workshop:
- What has worked well and what needs improved?
- What actions could bring about the improvement?
- Who ought to be involved?

We were told about issues concerning access to information, accessing appointments, other people's attitudes, how people are supported in work and how they find getting a job.  Our Plan has been built around these ideas.

To read the report written about our workshop, please go to https://view.pagetiger.com/Outcome-Report

## 4.     What is in our Disability Action Plan for 2017 - 2022

The following tables outline our actions for the next five years.  This Plan is designed to be flexible and responsive to changing circumstances and needs.  Our Plan will be reviewed on an on-going basis and when the Equality Commission publishes their statement on key inequalities in health. We will report annually via our S75 Annual Progress Report to the ECNI which is submitted at the end of August each year and available on all of our websites or by contacting the Equality Units.

## Section 1 – Promoting positive actions and increased participation through training, awareness and resources

Disabled people have told us that promoting well-informed social attitudes to disability is central to securing the right to equality for all disabled people.   We are committed to providing training and resources to support our staff in the implementation of our disability duties.

| What we will do | How will we measure what we have done | When |
|---|---|---|
| We will develop for staff a welcome pack with information about accessibility such as: <br> • arrangements for sign language interpreting <br> • provision of auxiliary aids <br> • disability etiquette <br> • alternative formats | • Accessible welcome pack available for disabled service users to improve access to services <br> • Improved service user and carer experience <br> • Resource available for staff to support them to meet the needs of disabled service users and carers | Year 2 |

| | | |
|---|---|---|
| We will co-design and deliver bespoke disability equality training for frontline staff in partnership with disabled people. | • Consistent staff training and awareness raising, co-designed and delivered, where appropriate, across health and social care.<br>• Increased staff awareness on disability equality and how to promote positive attitudes and participation in public life.<br>• Disability equality training that will reflect all disabilities (including hidden, autism, sensory).<br>▪ Disability equality training that will challenge negative stereotypes / attitudes about disabled people | Year 2 |
| We will support the regional initiative to promote awareness of Hospital Passports and undertake actions accordingly. | • Promotion of initiative across all the health and social care organisations<br>• Improved communication between staff and service users with a learning disability<br>• Improved experience for people with a learning disability across health and social care when accessing hospital services<br>• Enhanced support for staff to meet the needs of service users with a learning disability. | Year 1 |
| We will work with the consortium of mental health | • Public commitment made to helping employees get through difficulties at work | Year 1-5 |

| | | |
|---|---|---|
| organisations and the ECNI to ensure health and social care is signed up to the Mental Health Charter. | caused by mental illness.<br>• Workplace that welcomes and supports staff with a mental health issue.<br>• Development of best practice models that ensure services are accessible to people with a mental health issue.<br>• Availability of long-term sustainable information and training support that will help managers to identify and offer help and support to staff with a mental health issue. | |
| We will continue to support the implementation of the Regional Physical and Sensory Disability Strategy | • Promotion of regional sensory awareness e-learning programme<br>• Improve awareness among staff on how to ensure people with sensory impairment have access to information, services and supports. | Year 1 |

# Section 2 – Supporting full participation of disabled people by improving accessibility

We have done much work over the years in enhancing the accessibility of health and social care services but disabled people continue to tell us that barriers to full accessibility remain.  We are committed to working with disabled people on the initiatives listed below to improve accessibility for and participation of disabled people when accessing our buildings, information and services.

| What we will do | How will we measure what we have done | When |
| --- | --- | --- |
| We will join the Equality Commission 'Every Customer Counts' initiative to try and ensure that services and the physical environment is accessible. | <ul><li>Public commitment to 'Every Customer Counts' and formal sign up by being a campaign signatory.</li><li>Health and social care services accessible and open to all potential service users and carers.</li><li>Raised awareness of three good practice guides to illustrate reasonable adjustments which have been made by various service providers in a range of sectors.</li><li>Share practical examples of how to improve services for disabled service users and carers</li></ul> | Year 1-5 |
| We will work with representative groups to develop an accessibility checklist to ensure that health and social care | <ul><li>Accessibility checklist for health and social care facilities developed in partnership with ECNI and voluntary and community sector.</li><li>Health and social care facilities accessible</li></ul> | Year 2 |

| | | |
|---|---|---|
| facilities are considered accessible spaces for all. | for service users and carers.<br>• Information from checklist to support prioritisation of programme of accessibility works.<br>• Resource developed to promote best practice in the built environment including autism friendly spaces.<br>• Promotion of best practice when working with colleagues on modernisation projects or new builds<br>• Guidance available on autism friendly spaces and Promote principles of autism friendly spaces and services | |
| We will review how we communicate with and seek feedback from disabled people (staff and service users) about health and social care and develop guidance to ensure effective engagement in the future. | • New methods of seeking feedback and communication identified such as Citizen Space<br>• Use of all available media (including social media) considered<br>• Guidance available for staff to ensure effective engagement with disabled people<br>• Improved development of policy and practice by drawing on wide range of views and experiences | Year 2 |
| We will work with disabled people to make sure we are ready for the introduction of new | • Actions plans available to ensure readiness for forthcoming legislation | Year 1-5 – as and when legislation enacted |

| legislation including: <ul><li>Mental Capacity</li><li>Age Discrimination (Goods / Facilities/Services)</li></ul> | | |
|---|---|---|

## Section 3 – Supporting full participation of and positive attitudes towards disabled people in our workforce

We know that there continues to be gaps between the proportion of disabled people employed in health and social care compared with non-disabled people.  We are committed to ensuring that disabled people are afforded equality of opportunity in respect of entering and continuing employment in health and social care. We will work in partnership with disabled people to make sure our employment policies and practices and working environments are as inclusive and accessible as possible.

| What we will do | How will we measure what we have done | When |
|---|---|---|
| We will work in partnership with Recruitment Shared Services to promote a review of recruitment and selection processes to promote equality and ensure any barriers that may discourage a disabled | <ul><li>Barriers to recruitment and selection process removed/reduced</li><li>Best practice model developed in relation to online recruitment</li><li>Increased applications from people with a disability</li></ul> | Year 2 |

| | | |
|---|---|---|
| person from applying are identified and mitigated action as appropriate | | |
| We will work with staff, schools and disability organisations to promote health and social care as a disability friendly employer. | • Development of our work placements and employability programmes<br>• Improved awareness of the Trust as a disability friendly employer through increased work placements and promotion at careers conventions | Year 1 and ongoing |
| We will review opportunities for staff to disclose their disability. | • Staff encouraged to declare that they have a disability<br>• Promotion of the benefits of disclosure and importance of monitoring<br>• Increased awareness of the importance of staff keeping personal equality monitoring records up to date (via HRPTS)<br>• Increased staff disclosure and staff supported<br>• Robust equality monitoring statistics to ensure meaningful analysis to support decision making and benchmark workforce profile | Year 2 |
| We will work in partnership with disabled people and Occupational Health Services to ensure that disabled people are | • Promotion of revised best practice guidance on employing persons with a disability<br>• Development and delivery of bespoke equality and human rights training to | Year 1-3 |

| | | |
|---|---|---|
| supported to continue in employment. | Occupational Health staff<br>• Awareness campaign to highlight the benefits of referral to Occupational Health - for staff and for managers.<br>• Improved support for disabled staff<br>• More robust reasonable adjustment process | |
| We will review the Employment of Persons with a Disability Policy in partnership with disabled people and trade union representatives and extend the associated guidance. | • Guidance updated to take account of any new research and to ensure issues relating to hidden disabilities / autism / mental health / negative attitudes and stereotypes is included<br>• Promotion of guidance across health and social care | Year 1 |
| We will develop guidance on supporting people with autism in employment in partnership with representative organisations. | • Co designed guidance produced which will raise awareness among staff of reasonable adjustments for people with autism<br>• Promotion of guidance across health and social care | Year 2-4 |

## Equality Teams in your area : Contact Details

| | |
|---|---|
| **Orla Barron**<br>Equality Lead | **Belfast HSC Trust**<br>Tel: 028 9504 6567<br>Mobile / Text 0782 514 6432<br>Email: orla.barron@belfasttrust.hscni.net |
| **Alison Irwin**<br>Head of Equality | **Northern HSC Trust**<br>Tel: 028 276 61377<br>Mobile / Text: 0782 566 7154<br>E-mail: equality.unit@northerntrust.hscni.net |
| **Lynda Gordon**<br>Equality Lead | **Southern HSC Trust**<br>Tel: 028 3756 4151<br>Email: lynda.gordon@southerntrust.hscni.net |
| **Susan Thompson**<br>Equality Lead | **South Eastern HSC Trust**<br>Tel:  028 9151 2177<br>Text phone:  028 91510137<br>Email: Susan.thompson@setrust.hscni.net |
| **Siobhan O'Donnell**<br>Head of Equality & Involvement | **Western HSC Trust**<br>Tel: 028 8283 5278<br>Email: Equality.Admin@westerntrust.hscni.net. |
| **Michelle Lemon**<br>Assistant Director: Equality, PPI & Patient Experience | **Northern Ireland Ambulance Service HSC Trust**<br>Tel:  028 9040 0999<br>Text phone:  028 9040 0871<br>Email:  michelle.lemon@nias.hscni.net |

# TB/06/01/2017/08

**Minutes of a Meeting of the Assurance Committee**
**Thursday 4 May 2017 11.00am**
**NIAS HART Board Room, Lissue Industrial Estate, Moira Road, Lisburn**

| | | |
|---|---|---|
| **PRESENT** | Dr J Livingstone | Non-Executive Director (Chair) |
| | Mr W Abraham | Non-Executive Director |
| | Mr T Haslett | Non-Executive Director |
| **IN ATTENDANCE** | Mr S Devlin | Chief Executive |
| | Dr D McManus | Medical Director |
| | Mr B McNeill | Director or Operations |
| | Mrs S McCue | Director of Finance & ICT |
| | Ms R O'Hara | Director of HR & Corporate Services |
| | Dr N Ruddell | Assistant Medical Director |
| | Mrs K Keating | Risk Manager |
| | Mrs J McSwiggan | Note-taker |

## 1.0 Apologies

No apologies were tendered.

## 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 19 January 2017

The Minutes were presented for noting by the Assurance Committee. The Minutes had been previously circulated, agreed and signed by the Committee Chair and were presented to Trust Board on 6 April 2017.

## 4.0 Matters Arising
All matters arising are covered within the Agenda.

## 5.0 Chairman's Business
The Chairman thanked the NIAS Hazardous Area Response Team (HART) for hosting the meeting.

**5.1** **Assurance Committee Terms of Reference**
The Terms of Reference amended to reflect discussion at the previous meeting were accepted.

The Chairman will highlight any issues arising at this meeting to Trust Board on 1 June.

**6.0** **Standing Items**

**6.1** **Assurance Framework as at 31 March 2017**
The Chief Executive presented the Assurance Framework highlighting key issues, and reminded the Committee that the Framework would change considerably moving forward to reflect the Trust's new corporate objectives.

**6.2** **Corporate Risk Register as at 31 March 2017**
The Committee agreed to the following actions:
- **240** (Sickness Absence) – escalate from local risk register as new corporate risk.
- **284** (Job Evaluation) – de-escalate to local risk register.
- **295** (Community Resuscitation Strategy) – de-escalate to local risk register.

In addition, the Committee will highlight two risks around the availability of adequate resources to Trust Board:
- **252** (resources allocated to the strategic management of risk and governance)
- **283** (lack of adequate HR resources)

The Committee thanked K Keating for her work on this and noted the links between the Risk Register and the Assurance Framework. S Devlin suggested a review of how other Trusts report between Assurance Committee and Trust Board to ensure the same information is not duplicated. It was agreed that the Chairs of the Assurance and Audit Committees meet with S Devlin and S McCue to review how the Committees report to Trust Board.

Further to a query around the need to present Local Risk Registers to this Committee, it was agreed that moving forward the Local Risk Registers would continue to be presented to the Assurance Committee on rotation to provide assurance that these are in place and effective, but these will be for noting rather than discussion.

**6.3** **Local Risk Register Review (Medical) as at 31 March 2017**
**252** (resources allocated to the strategic management of risk and governance) – it was noted that a job evaluation process is currently underway to address the resource issues in terms of servicing and managing risk within NIAS.

**6.4** **Serious Adverse Incidents as at 31 March 2017**
Given the significant delays involved, the Committee agreed that SAIs awaiting a decision from HSCB with regards a NIAS request for de-escalation be removed from the report pending a response, and be brought

back to the Committee only if the HSCB do not agree to de-escalate. It was agreed that new SAIs should be highlighted to the Committee.

It was noted that 43 interface incidents between other Trusts had been raised within this quarter. The Committee agreed that they be made aware only of those in which NIAS has a significant involvement. The Chief Executive plans to raise the increasing number of interface incidents with HSCB.

**6.5** **Clinical Incidents as at 31 March 2017**
It was noted that all incidents relating to controlled drugs within medicines management were administration errors which have all been individually followed up and accounted for. There have been no reports of loss of controlled drugs.

**6.6** **Untoward Incidents as at 31 March 2017**
Significant improvements in the overall reporting process within the Trust and positive engagement with NIAS staff in this area were welcomed by the Committee.

**6.7** **Coroner's Reports & Letters**
Noted.

**6.8** **Medical Device Alerts**
Noted.

**6.9** **PHA Safety & Quality Reminder of Best Practice Guidelines**
Noted.

**6.10** **Pharmacy & Medicines Management Update**
Dr Ruddell updated the Committee on developments within the Trust's pharmacy arrangements, with particular reference to HEMS.

The Committee noted the Local Intelligence Network's Accountable Officers Report 2015-16.

**7.0** **Reports from Groups and Committees**

**7.1** **Presentation on the Fire Compliance Group**
This presentation was deferred due to the change in venue until the next meeting on 31 August 2017.

**7.2** **Health & Safety Committee – Notes of Meeting 27 September 2016**
Noted.

**7.3** **Fire Compliance Group – Minutes of Meeting 24 January 2017**
It was noted that this meeting was not quorate.

**7.4** **Medical Equipment Group – Notes of Meeting 29 November 2016**
Noted.

**7.5** **Medical Equipment Group – Notes of Meeting 7 February 2017**
Noted.

**7.6** **Infection Prevention & Control Group – Notes of Meeting 19 December 2016**
Noted.

**7.7** **Emergency Preparedness & Business Continuity Group – Notes of Meeting 9 February 2017**
Noted.

**7.8** **Information Governance Steering Group – Minutes of Meeting 22 March 2017**
Noted.

**8.0** **Additional Items**

**8.1** **Controls Assurance Standards**
The Committee noted the internal audit controls assurance, and that the entire self-assessment report will be presented at the next meeting on 31 August 2017, along with an update on anticipated changes to the standards. The Committee commended the achievement of substantive compliance in all standards.

**8.2** **RQIA Inspection Reports Action Plan – Progress Update**
The Committee noted progress to date, and agreed that moving forward, those recommendations which have been implemented can be removed from the progress report.

**8.3** **Francis Report Action Plan – Progress Report**
The Committee noted progress to date, and agreed that moving forward, those recommendations which are not directly relevant to or within the remit of NIAS to implement be removed from the progress report.

It was agreed that the Committee Chairman would ask the Trust Chairman to write to the Department of Health regarding progress against outstanding recommendations for which they are responsible.

**8.4** **Department of Health Correspondence – Never Events**
The Committee noted that the Department of Health's list of Never Events was not relevant to NIAS. Dr McManus had proposed the development of Ambulance Service specific Never Events but the Department of Health have confirmed that this regional list is for use by all HSC organisations. It was noted that NIAS will therefore not be reporting to the Assurance Committee on this.

The Chairman suggested that the feasibility of NIAS developing its own list of Never Events to improve patient care and safety be given consideration. K Keating advised that this was being considered nationally by UK Ambulance Services, and that NIAS already provides assurance through the SAI process.
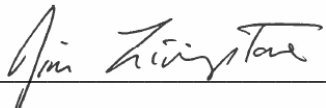
**8.5** **Quality Improvement Pilot Plan – Progress Update**
Noted.

**8.6**    **Regional SAI Learning Report November 2016**
Noted.

**9.0**    **Any Other Business**
The Committee noted that this would be Dr McManus's last Assurance Committee meeting before his retirement at the end of May. The Chairman took the opportunity, on behalf of the Committee, to thank Dr McManus for his immense contribution to the Committee and the Trust's assurance process, and to congratulate him and wish him well for the future.

**Date of Next Meeting** – this will take place on **Thursday 31 August 2017 at 11am.**

**Signed:** _____

**(Dr Livingstone, Chairman)**

**Date:** _18 May 2017_____

**TB/06/01/2017/09**

**NORTHERN IRELAND AMBULANCE SERVICE**

**PRESENT:**      Mr W Abraham      Non-Executive Director (Chair)
     Mr J Livingstone      Non-Executive Director

**IN ATTENDANCE:**      Mrs S McCue      Director of Finance & ICT
     Mr P Nicholson      Assistant Director of Finance
     Mr A Phillips      Financial Accounts Manager
     Mr S Devlin      Chief Executive
     Mr B McNeill (Part)      Director of Operations
     Mr R Ross      External Audit (NIAO)
     Mr B Clerkin      External Audit (ASM)
     Mr D Charles      BSO Internal Audit
     Mr D Mahaffy      Minute Taker

**Welcome and Introduction to the Meeting**

The Chair welcomed everyone to the meeting and all participants introduced themselves. In particular, Mr Devlin was welcomed to his first Audit Committee meeting since his appointment as NIAS Chief Executive

**1.0**      **Apologies**

An apology was received from Mr N McKinley, Non-Executive Director.

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

There were no expressions of potential conflicts of interest and the meeting was declared to be quorate.

**3.0**      **Minutes of Previous Meeting of the Audit Committee held on 14 October 2016**

These minutes had been previously circulated and agreed and had been presented to Trust Board on 1 December 2016.

**4.0**      **Matters Arising**

**4.1**    **Mid Year Assurance Statement**

Mrs McCue advised the Committee that the Mid Year Assurance Statement reviewed by Audit Committee on 14 October 2016 was signed by the Chief Executive and submitted to DoH on the same day. To date no feedback has been received.

**4.2 Marked Cars**

Mr McNeill joined the meeting for this item.

This had previously been discussed by the Audit Committee on 14<sup>th</sup> October 2016, where further work was requested.

Mr McNeill confirmed that an independent review had been undertaken and completed by the HSC Leadership Centre and a final draft report had been produced. He outlined the context of the report and the internal audit findings including the custom and practice around allocation of marked cars and formal and informal arrangements for on call and out of hours response to major incidents. The potential tax implications in relation to the use of marked cars were also discussed.

Mr McNeill advised that a review of the structure was completed in September 2013 and the current on call model was identified as the best option to manage risk and provide cover. The Committee agreed that further work was required to consider the operational structure and models to provide 24/7 cover and negate reliance on formal and informal on call and call out arrangements.

The next step was for Mr McNeill to undertake further work, and through the Chief Executive, agree and implement the action plan. The Chair confirmed that he would update the Trust Board at the meeting in February 2017 that there was ongoing work on this issue.

Mr McNeill left the meeting.


**5.0    Chairman's Business**

**5.1 Audit Committee Check List**

The Chair confirmed that the Audit Committee Checklist, which had previously been completed by Mr McKinley, would be revisited. This would inform the Audit Committee Annual Report that would be shared with Audit Committee in advance of being presented to Trust Board.

**5.2 Northern Ireland Assembly**

The Chair noted the current issues in the Northern Ireland Assembly and the forthcoming Assembly election. Mrs McCue advised that work would continue as planned for 2016/17. However, the absence of a functioning Assembly had the potential to create significant issues across HSC and the wider public sector beyond this financial year.

**5.3 Agenda for Change Banding**

The Chair outlined the current position in relation to Job Evaluations for NIAS staff, developments in other ambulance services and the release of a new Paramedic job profile. Mrs McCue outlined that the issue has been highlighted over many years and at many forums, including Trust Board, HSCB and the Department of Health, including with the Permanent Secretary. A discussion ensued in relation to the way this was address in the accounts and assurance was received from all parties that the treatment was right and appropriate. The Chair advised he will raise the issue at the Trust Board meeting in February 2017 to advise them of the appropriateness of the treatment and to discuss if any further action is required in the light of the nature of the issue.

## 6.0　Internal Audit

### 6.1　Progress Report

Mr Charles provided a summary of internal audit progress in 2016/17.  In respect of final reports being presented to Audit Committee today, Mr Charles advised as follows:

Governance 2016/17 – An overall level of satisfactory assurance was provided.  There was one Priority 1 finding and six Priority 2 findings   In respect of the Priority 1 finding, the NIAS Assurance Framework is currently undergoing review and a revised template has been drafted although had yet to be populated.  The Priority 2 findings related to the policies and processes in respect of whistleblowing, the arrangements for sub committees and groups supporting integrated governance and the requirement to issue revised code of conduct to staff.  Management had accepted all of the recommendations made by Internal Audit.

Human Resources Directorate Risk - An overall level of limited assurance was provided.  There were six Priority 1 finding and two Priority 2 findings.   In respect of the Priority 1 findings these related to Learning and Development Workbook Compliance; Training Policies and Plans; Post Proficiency Training; Training Records; failure to Deliver Statutory Requirements and Best Practice and Contracts of Employment.  The Priority 2 findings related to reporting on Education, Learning and Development and the completeness of Human Resources policies and procedures.  Management had accepted all of the recommendations made by Internal Audit.

A discussion took place regarding the low level of mandatory training completed and how these and other indicators are reported to the Board.  Mr Devlin confirmed that these are currently being reviewed and refreshed performance indicators are being developed

It was confirmed that the findings in relation to whistleblowing are being taken forward, and the policy is currently being refreshed.  Mr Cardwell is the current NIAS Designated Person in respect of whistleblowing.  The Chair highlighted the importance of hand over between Designated Representatives and the various reporting routes for whistleblowing and also for fraud.

## 7.0　External Audit

### 7.1　Audit of 2016/17 Financial Statements – Audit Strategy

Mr Ross provided a summary of Paper 4. He highlighted the following sections to the committee for noting:
- Actions for those charged with governance (section 1.3)
- Audit approach (section 2)
- Use of contractors (section 2.3)
- Using the work of others (2.10)
- Materiality (section 2.15) including quantities materiality threshold for the Public Funds Account at approximately 1.5%, which equates to £1.05M
- Error reporting threshold (section 2.18) including treating misstatements below £52,500 in Public Funds Account and £135 in Charitable Trust Funds Account as trivial and therefore not requiring consideration by the Audit Committee.
- Risks of material misstatement in the financial statements (section 3.1 & 3.2)
- Other risk factors (section 3.4) including HEMS
- Audit timetable, staffing and fees (section 5.2)
- Staffing (section 5.5)

It was confirmed that the external audit will seek all available updates on these matters to ensure that the necessary disclosures and entries in the financial statements had been made.  This will be reported to Audit Committee and Trust Board.

**8.0    For Approval**

**8.1 Audit Committee Terms of Reference**

A discussion took place regarding the requirement of one member of the Committee to have a financial background.  A similar issue had been discussed at Assurance Committee in respect of a requirement in those terms of reference for a member with clinical expertise.  It was agreed that the matter affecting both Committee's would be taken to Trust Board for further discussion. The value of retaining the requirement for a member of the Audit Committee to have a financial background was noted.

**9.0    AOB**

**9.1  Fraud update**

Mr Nicholson presented the Annual Theft & Fraud Report 2015/16 compiled by the Department of Finance.  This represented 310 reported cases with a reported value in excess of £1m. Elements of the report were discussed and comparisons between different areas of the public sector and other areas in UK were noted.  It was confirmed that NIAS has a structured process for the reporting and investigation of fraud.

Mr Nicholson provided an update in relation to fraud matters.

**9.2  Business Systems Forum**

Mr Nicholson provided an update on issues from the Business Systems Forum.

He advised that the Finance, Procurement and Logistics (FPL) System will be upgraded over the coming months.  As part of the planning and upgrade, there will be some periods of system downtime that may impact on the processing and payment of invoices.  NIAS was extensively involved in this process and was taking the necessary steps to mitigate against this and other risks related to the upgrade.

Mr Nicholson advised of a Significant Event Audit Report in relation to the Human Resources, Payroll, Travel and Subsistence (HRPTS) System.  The incident related to a planned change to the system for Pension Auto Enrolment (PAE) which resulted in a number of issues including system downtime and poor performance and also general ledger interface issues.  Though not directly related to this change, the incident had also highlighted issues in relation to the calculation of employer pension costs.  NIAS continues to be involved locally and regionally to address these and other issues in relation to HRPTS.  The steps taken by NIAS to manage these risks and ensure minimal impact on NIAS were again noted and endorsed by Audit Committee.

**9.3  Charity Registration**

Mr Phillips confirmed that Under Section 16 of the Charities Act (Northern Ireland) 2008, as amended, all charitable organisations operating within Northern Ireland are required to register with the Charity Commission for Northern Ireland.  Application to register is compulsory.

NIAS was included in the second tranche of organisations called forward to register and the application was submitted on the 9 March 2015. The registration is for the four Charitable Trust Funds held by NIAS and the balance of which was £8,968 as at 31 March 2016.

The Charity Commission has now taken the decision to withdraw the applications for the charity registration process by the HSC Trusts. This decision was taken based on the current structure and governing documents of the charitable funds within the HSC Trusts.

The Department of Health has been requested to facilitate discussions with HSC Trusts and the Charity Commission for Northern Ireland in order to resolve the issue

**10.0** <u>**Date, Time and Venue of Next Meetings**</u>

The next meeting of the Audit Committee is scheduled for Thursday 18th May 2017 at 2.00pm in the Boardroom, NIAS Headquarters. This was subsequently rescheduled to Wednesday 17 May 2017 at 3.00pm.

Further meetings are planned for:

Thursday 15 June 2017: 10.00 am (Annual Accounts) NIAS Headquarters
Thursday 12 October 2017: 2.00 pm NIAS Headquarters

Please note that dates may be subject to change and/or additional dates may be scheduled to accommodate Departmental deadlines, in particular Final Accounts.

**Signed**

*William Abraham*

**(Chairman)**

**Date: 24th May 2017**

# TB/06/01/2017/10

# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

## 1 June 2017

| | |
|---|---|
| **Title:** | Northern Ireland Ambulance Service HSC Trust. Audit Committee Terms of Reference. |
| **Purpose:** | Annual review and update of Audit Committee Terms of Reference. |
| **Content:** | Revised and Updated Audit Committee Terms of Reference. |
| **Recommendation:** | For Approval. |
| **Previous Forum:** | Audit Committee. |
| **Prepared by:** | Assistant Director of Finance. |
| **Presented by:** | W Abraham, Non-Executive Director and Chair of Audit Committee & Sharon McCue, Director of Finance & ICT. |

# TERMS OF REFERENCE

# AUDIT COMMITTEE

## 1.0 CONSTITUTION

1.1 The Board hereby resolves to establish a Committee of the Board to be known as the Audit Committee (The Committee).

1.2 The Committee is a non-executive Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

1.3 All procedural matters in respect of the conduct of the meetings of the Committee shall be in accordance with the Trust's Standing Orders.

1.4 The Committee will regularly review and reflect on best practice and adopt new learning as part of a commitment to continuous improvement.

## 2.0 MEMBERSHIP OF THE COMMITTEE

2.1 The Audit Committee shall be appointed by the Board from amongst the Non-Executive Directors of the Trust and shall consist of not less than three members. A quorum shall be two Non-Executive Director members.

2.2 A non-executive member of the Audit Committee will be appointed Chair of the Committee by the Board.

2.3 The Chairman of the Trust Board shall not be a member of the Audit Committee.

2.4 Any non-executive who is a member of the Remuneration Committee shall not be a member of the Audit Committee.

2.5 One member of the Audit Committee shall be the Chair of the Assurance Committee.

2.6 One member of the Audit Committee should have a financial background.

## 3.0   <u>ATTENDANCE AT MEETINGS</u>

3.1    The Director of Finance and appropriate Internal and External Audit representatives shall normally attend meetings. However at least once a year the Committee should meet privately with the External and Internal Auditors.

3.2    The Chairman, Chief Executive, Executive Directors and other Officers of the Trust may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Director or Officer.

3.3    The Chief Executive should be invited to attend at least annually to discuss with Audit Committee the process for assurance that supports the Governance Statement.

3.4    A representative from the sponsoring body (Department of Health DoH) will be invited and may attend meetings of the Audit Committee.

3.5    The Assistant Director of Finance shall attend to the Minutes of the meeting and provide appropriate support to the Chairman and Committee members.

## 4.0   <u>FREQUENCY OF MEETINGS</u>

4.1    Meetings shall be held not less than three times a year. The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

## 5.0   <u>AUTHORITY</u>

5.1    The Audit Committee's primary role is to independently contribute to the Trust Board's overall process for ensuring that an effective internal financial control system is maintained.

5.2    The Board will always retain responsibility for such control and will act after taking account of the recommendations and assurances of the Committee. The Committee, therefore, does not have the executive authority of the Board, but does have sufficient membership, authority and resources to perform its role independently and effectively.

5.3    The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

5.4    The Committee is authorised by the Board to obtain outside legal or other independent professional advice as and when necessary.

## 6.0  DUTIES

The duties of the Committee can be categorised as follows:

### 6.1  Governance, Risk Management and Internal Control

The Committee shall contribute to the establishment, review and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives.

6.1.1  In particular the Committee will review:

- The adequacy of all risk and control related disclosure statements (in particular the Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.
- The adequacy of the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- The adequacy of the policies for ensuring compliance with relevant regularity, legal and code of conduct requirements, including the Trust's Standing Orders and Standing Financial Instructions.
- The adequacy of the policies and procedures for all work related to fraud and corruption as required by the Department of Health (DoH) or the Business Services Organisation (BSO) Counter Fraud and Probity Services (CFPS).
- The annual schedule of losses and compensation payments and will make recommendations to the Board regarding their approval.
- The register of Single Tender Actions (Direct Award Contracts).

6.1.2  In carrying out its work, the Committee will utilise the work of Internal Audit, External Audit, and other assurance functions where appropriate, but will not be limited to these functions. It will also seek reports and assurances from other Trust Committees through their respective Chairs, Directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

6.1.3 This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

## 6.2 Internal Audit

The Internal Audit function must meet the Public Sector Internal Audit Standards and provide appropriate independent assurance to the Audit Committee, Chief Executive and Board. The Committee shall review the effectiveness of the Internal Audit function as established by management. This will be achieved by:

- Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal;
- Review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework;
- Consideration of the Head of Internal Audit's annual report, major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources;
- Ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;
- Annual review of the effectiveness of internal audit.

## 6.3 External Audit

The Committee shall review the work and findings of the External Auditor and consider the implications of, and management's responses to, their work. This will be achieved by:

- Consideration of the performance of the External Auditor;
- Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Audit Strategy;
- Discussion with the External Auditors of their local evaluation of audit risks and assessment of the Trust;
- Review of all External Audit reports, including consideration of the annual Report to Those Charged with Governance before submission to the Board and any work carried out outside the annual audit plan, together with the appropriateness of management responses.

## 6.4 Other Assurance Functions

The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

These may include, but will not be limited to, any reports issued by the Comptroller and Auditor General or Public Accounts Committee, reviews by DoH commissioned bodies, the Regulation and Quality Improvement Authority (RQIA) or professional and regulatory bodies with responsibility for the performance of staff or functions (e.g. Joint Royal Colleges Ambulance Liaison Committee (JRCALC), Health Care Professions Council (HCPC), Royal Colleges, accreditation bodies, etc.).

### 6.5 Financial Reporting

The Audit Committee shall review the Trust's Annual Report and the Financial Statements before submission to the Board, focusing particularly on:

- The wording in the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee
- Changes in, and compliance with, accounting policies and practices
- Unadjusted mis-statements in the financial statements
- Major judgemental areas
- Significant adjustments resulting from the audit
- The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

### 6.6 Value for Money

The Audit Committee shall oversee the adequacy of the Trust's arrangements for ensuring that Value for Money (VFM) is obtained in the expenditure of all public funds entrusted to its care. This will include a review of the findings from, and management's response to, all value for money audit reports issued to the Trust as part of the regional VFM programme sponsored by DoH.

## 7.0 REPORTING

7.1 The Minutes of Committee meetings shall be formally recorded and submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.

7.2 The Committee will report to the Board annually on its work in support of the Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against the Quality Standards and Controls Assurance Standards.

**8.0** <u>**OTHER MATTERS**</u>

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

**DATE OF ISSUE:**       **June 2017**

**DATE OF REVIEW:**      **July 2018**