



Northern Ireland Ambulance Service  
Health and Social Care Trust



# **TRUST BOARD**

***Meeting to be held on Thursday, 5 October 2017, 2:00pm at the Beechlawn  
House Hotel, 4 Dunmurray Lane, Belfast BT17 9RR***



**TB/05/10/2017/01**





**PRIVATE & CONFIDENTIAL**

***Minutes of Trust Board held  
Thursday 17 August 2017 @ 2.00pm in the  
Boardroom, NIAS, Site 30 Knockbracken Healthcare Park,  
Saintfield Road, Belfast BT8 8SG***

**Present:**

Mr P Archer	Chairman
Mr W Abraham	Non-Executive Director
Mr A Cardwell	Non-Executive Director
Dr J Livingstone	Non-Executive Director
Mr T Haslett	Non-Executive Director
Mr S Devlin	Chief Executive
Mrs S McCue	Director of Finance & ICT
Mr B McNeill	Director of Operations
Ms R O'Hara	Director of HR & Corporate Services
Dr N Ruddell	Medical Director

**In Attendance:**

Mr D Mahaffy	Senior Secretary
Ms J McSwiggan	Senior Secretary

**1.0 Apologies**

No apologies were recorded

**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.

**Suspension of Standing Orders**

The Chairman suspended Standing Orders to allow the Annual General Meeting to take place.

**ANNUAL GENERAL MEETING**

**i. Presentation of Annual Report 2016/17**

The Chief Executive presented the Annual Report outlining the activity for the past year and the challenges for the year ahead.

**ii. Presentation of Annual Accounts 2016/17**

The Director of Finance delivered a presentation on the financial performance for the year through an analysis of the Annual Accounts.

**iii. Questions and Answers Section**

The Board asked about the necessity to include the Reporting of Early Retirement and Other Compensation Scheme – Exit packages (Audited) Table (page 101) as the numbers presented for NIAS are small. Mrs McCue confirmed that this presentation format is provided to all Trusts for completion in the Annual Report.

The Chairman thanked Mr Devlin and Mrs McCue for their presentations commenting that these are exciting times for the Trust with major changes ahead.

**Reinstatement of Standing Orders**

The Chairman reinstated Standing Orders

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

The minutes were approved on the proposal of Mr T Haslett and seconded by Mr A Cardwell.

**4.0 Matters Arising**

There were no matters arising.

**5.0 Chairman's Business**

The Chairman gave an outline of his activities and meetings attended since his last report.

The Chairman advised as a result of the absence of a Health Minister, there has been a delay in the appointment of a new Chairman, and therefore the Department has asked and he has agreed to extend his tenure for a further three month period to the end of December 2017. This has yet to be formally approved by the Permanent Secretary.

The Board expressed their concern at this situation as it may delay the recruitment for this important position.

**6.0 Chief Executive's Business**

Mr Shane Devlin, Chief Executive, outlined activities and meetings attended since the last Trust Board highlighting the following;

- Regional meetings attended regarding modernisation & savings
- Meeting with Board of HEMS
- Accountability Meeting with Department
- Appointment as Chair of the Trauma Network NI.

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

**7.1 Highlight Reports by Each Director**

**Operations Directorate**

The Director of Operations gave the following update to Trust Board:

- Cumulative NI Cat A performance April – June 17 was 51.7%, 0.6% higher than the previous year.
- The average response time for Cat A response in June 2017 was 10m45s, slightly higher than the average for 2016/17 which was 10m36s.
- Of note is that NIAS had met the target of responding to 67.5% of life threatening calls within 8 minutes in LCG Belfast area in June 2017 achieving 71.2%,
- The Demand / Capacity Review has been completed. NIAS will use this to engage with key stakeholders to secure more investment to ensure the Trust meets clinical targets by 2020/21. The Chairman thanked the Senior Team, AACE and OHR for an excellent piece of work and confirmed that NIAS will be progressing this with Commissioners, but will, in the interim, continue to ensure the Trust makes the most of resources available.
- Alternative accommodation for Ambulance staff on the Erne site has been identified, with staff decanting to a temporary portacabin for a period of 4-6 weeks until the new Ambulance Station is completed and operational.

### **Finance & ICT Directorate**

Mrs McCue, Director of Finance gave the following update to Trust Board:

#### ***Financial Performance***

- The Trust is currently reporting a small surplus of £1k for the three-month period ending 30 June 2017 subject to key risk and assumptions.
- The level of underspend in Operations Payroll 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 the Voluntary Car Service to offset vacancies and maintaining cover is creating a corresponding pressure on the non-pay budget.
- NIAS has received an Indicative Capital Resource Limit allocation of £8.87M. To date there has been a small spend in estate on the Enniskillen site. Other priorities this year include fleet replacement and a new mobile data system.
- NIAS continue to reinforce to staff the 95% target in relation to payment of invoices within the 30 day agreed time frame. Cumulatively for the first three months 94.8% have been paid within the timeframe.

#### ***Information Technology Systems – Developments***

- A project to replace the Mobile Data System which transmits data from the Command and Control system to the Ambulance has received Business Case approval. Spend will be in year, with a project team established to oversee implementation.
- Of significance is that the Electronic Patient Report Form Business case received approval to proceed to procurement. This will require cross Directorate input and a project team has been established to oversee this.
- NIAS continues to be engaged in regional work with rest of HSC and other stakeholders on Cybersecurity. Internal Audit's presentation to the Trust Board workshop on 6<sup>th</sup> July 2017 provided an opportunity to share best practice and an assessment of all Trust's readiness to deal with the increasing Cybersecurity threat. NIAS is developing associated plans and actions which are being

managed through the Information Steering Group

### ***Information Governance – Developments***

- Control Assurance - 76% substantive achieved through Self Assessment for 2016-17 and an action plan to address outstanding items is being developed.
- The department continues to provide informatics and business intelligence to support Transformation and Information Collaborative Workflows.
- The number of FOI, Subject Access, PSNI and Solicitors requests continues to rise, with a 14% increase over the same period last year. These are being managed by the same level of resources. It was noted that in the review of Finance and ICT an additional FOI administrator was identified for the department and this is being progressed.
- The Board asked if there were any consequences to the Trust not responding to 100% of FOI requests within the statutory 20 day period. Mrs McCue confirmed that the Information Commissioner's Office (ICO)'s main priorities are data protection breaches and non-compliance for individual requests. She advised that the ICO has met with NIAS and is monitoring the Trust through monthly reports. It was noted that the number of FOI requests continues to increase also puts additional pressures on Managers in each Directorate who are required to respond to these.

### **Human Resources Directorate**

Ms O'Hara, Director of HR&CS explained that due to staff absences the Corporate Absence Report was compiled by an inexperienced staff member, which, unfortunately contains a number of inaccuracies and typographical errors. The report to June 2017 will be reissued. She gave the following update to Trust Board

- The target for sickness absence for 2016-17 has been confirmed as 9.95%, with NIAS achieving 8.35% absence rate April 17- June 2017. Although for the period the Trust is below target the Board remain concerned regarding the continuing high level of sickness absence and the number of staff on long term sickness.
- To reduce sickness levels NIAS continue to develop and promote a number of measures including the Health & Wellbeing Group, reviewing the Health & Wellbeing Strategy; providing a peer support model, revising Attendance Management Procedures and devising a new tool kit which will be rolled out to managers. Also the Trust piloted Carecall to be in-place for a period of weeks and the results will be evaluated. A fast track physiotherapy service for staff is also available and a programme of flu vaccinations will be promoted by the Medical Directorate.
- The Board queried the use of the terminology of 'Miscellaneous' in the 'Hours Lost by Absence' table, and the Director confirmed that these categories are extracted from the HSC wide HRPTS system, but would investigate if these are able to be clarified further.
- The transition of the NIAS recruitment and selection function to Shared Services has been completed successfully with HR rolling out the training to Managers.
- The Board commented that the Complaints Report was very helpful and enlightening.

### **Medical Directorate**

Dr Ruddell, Interim Medical Director gave the following update to Trust Board:



- There has been increased activity in Emergency Planning following the attacks in London and Manchester, a Business Case has been developed to allow NIAS to have the same capabilities to that of other Ambulance Services in the UK.
- A review of the Business Continuity Policy and Strategy has taken place following the recent Cyber-Security attacks and a programme to test plans across NIAS will be implemented.
- NIAS has worked with RQIA to develop a toolkit for Infection Control inspections and audit of Ambulance Stations. This was tested in Ballymena and the final report has still to be received. From this a comprehensive business plan will be developed and roll out across the Trust. There have been unannounced inspections of Bangor and Broadway stations by RQIA and a number of issues have been identified – the Trust awaits the Final Reports.
- The Manger of the Community Resuscitation scheme has been recruited and will commence October 2017, with a recruitment exercise currently being undertaken for the other team members.
- The updated Patient Report Form has been implemented across NIAS which will support our staff to easily access appropriate care pathways for patients.
- Remote access to the Datix system to allow station management staff to submit and review untoward incident reports is being rolled out across NIAS. This will remove the manual inputting of records. Progress will be monitored closely.
- Of significance is the Electronic Patient Report Form Business Case that has been approved, which is a significant step for the Trust. The lead-time for implementation is 2 years and a project team has been established to oversee this. Once operational there will be many benefits to the Trust.
- Work continues to embed Appropriate Care Pathways which will benefit the whole health system.
- HEMS went live on 22<sup>nd</sup> July 2017 and has already responded to incidents in a positive way, on average to 1 or 2 calls per day. There has been positive coverage in the media. It was noted that the helipad in RVH is currently not functional, however alternative protocols are in place. The Medical Director confirmed that HEMS is commissioned as a Trauma Service.
- The Board complimented Dr Ruddell on his handling of the Mourne Mountains Major Incident which was a joint effort between NIAS, PSNI, Mountain Rescue and the Coastguard. The Board were pleased to see that there were no major injuries to those involved
- Dr Ruddell confirmed that Falls Quality Improvement Compliance work continues and there has been significant improvement in service provided. Future reports will be presented in a way to demonstrate this improvement.
- The Director highlighted the developments in PPI confirming that this is an excellent piece of work. A PPI information film is nearing completion and it was agreed to show this at a future Board meeting.

## **8 Items for Approval**

### **8.1 Business Continuity Policy & Business Continuity Strategy**

Dr Ruddell presented both documents for Trust Board approval, which is a requirement of Priority 1 findings. Dr Ruddell thanked Ms Heather Sharpe, Emergency Planning Support Officer for completing these.

On the proposal of Mr T Haslett, seconded by Mr W Abraham, the Business Continuity Policy and the Business Continuity Strategy were approved.

## **8.2 NIAS Communications Strategy 2017-2020**

Ms O'Hara confirmed that this Communications Strategy incorporates comments from workshops, focus groups and Trade Unions and these are also built into Annual Action Plans. Mr Devlin confirmed that the Trust intend to build on existing social media channels to increase the Trust's profile, however these will be within the parameters of a good social media policy with stringent rules to ensure information governance compliance. The Board would like to have regular update on Communication, possibly once or twice a year.

The NIAS Communications Strategy was approved on proposal of Dr J Livingstone and seconded by Mr T Haslett

## **9 Items for Information/Noting**

### **9.1 Audit Committee Minutes (17/05/2017)**

The Audit Committee Minutes of 17 May 2017 were noted

## **10 Forum for Questions**

One question was received for a member of public in line with procedure.

'If a Trust Board changes dates can this be advertised on the NIAS website at least one week in advance'. The Chairman confirmed that it is only by exception that Trust Board dates change, and confirmed that, if is the case, the Trust will ensure that appropriate notice is placed on its website.

## **11 AOB**

### **11.1 Use of Trust Seal**

The Trust Seal was used on a License with the Fermanagh and Omagh District Council for the temporary decant of staff to a portacabin on the Erne Hospital site pending the completion of the new ambulance station in Enniskillen

### **11.2 Director of Finance**

The Chairman informed the Board on recent achievements by Mrs McCue, Director of Finance, on being elected Chair of the Europe Board of the Association of International Certified Professional Accountants and for being awarded the Chartered Institute of Management Accountants silver medal in recognition of her outstanding contribution to her professional body. The Board were delighted and congratulated Mrs McCue.

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

The next scheduled Trust Board meeting will be held on **Thursday 5<sup>th</sup> October 2017 @**

**2.00pm, venue to be confirmed.**

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_  
(Chairman)



**TB/05/10/2017/02**



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

**Reporting to 31 August 2017**

## PERFORMANCE ANALYSIS AND REPORT

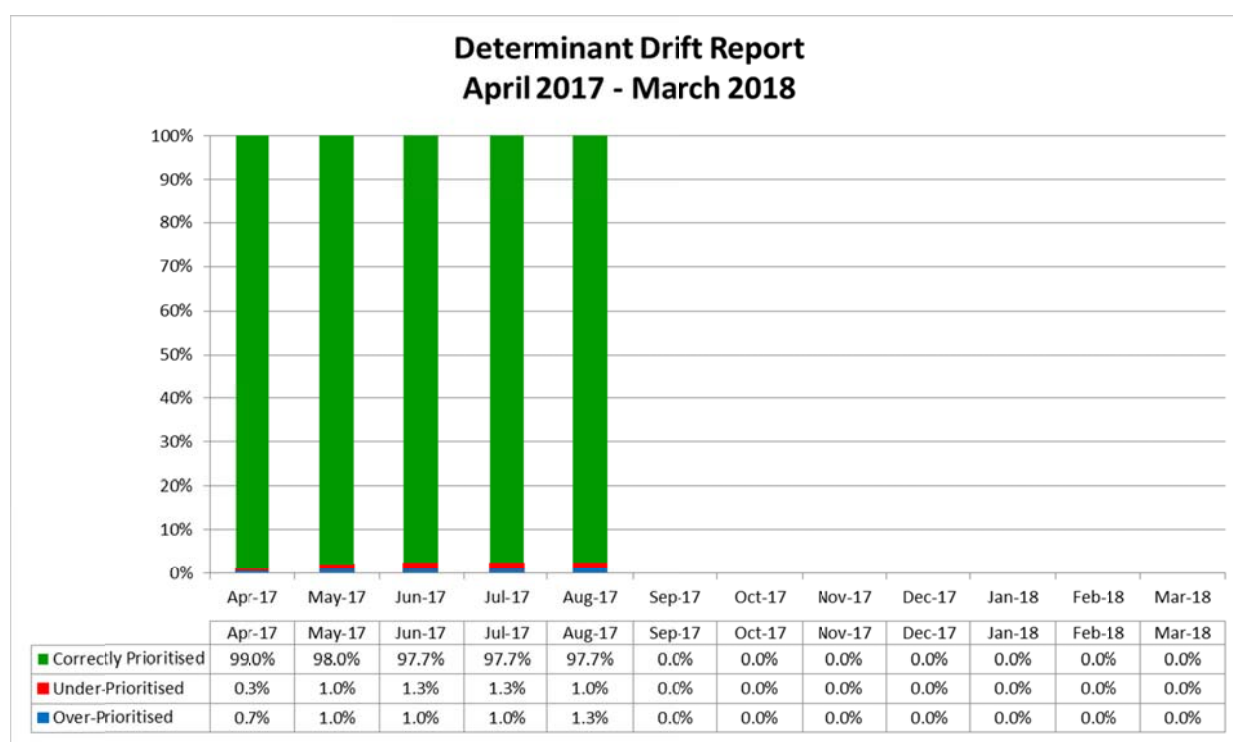
### Emergency and Non-Emergency Control Centres

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 2017-18 this equates to approximately 2.58% of 999 calls or approximately 70 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.



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 May and June as well as the year 2017-18 to date. February saw the first gold award for 100 calls reviewed as “High Compliance” achieved.

Type	Level	Jul & Aug 2017	Year to Date (Apr 17 – Mar 18)
999 High Compliance	Bronze	1	6
	Silver	0	2
	Gold	4	9
Exemplary Customer Service	Bronze	1	3
	Silver	5	6
	Gold	0	7
Baby Born		1	2
Cardiac Life Saver		0	0
Non-Cardiac Life Saver		0	0

## EAC Call Taking Statistics

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

### Emergency Call Activity

From April 2017 until August 2017 there has been a 4.04% rise in Emergency call activity from the same period in 2016, a 9.12% rise from 2015 and a 13.34% rise in the same period since 2014.

Month	Year 2014-15	Year 2015-16	Year 2016-17	Year 2017-18
Apr	14988	16079	16321	17403
May	15433	16795	17437	18365
Jun	15911	16321	17030	17173
Jul	16633	16266	17773	18352
Aug	16244	16814	17728	18486
Sep	16244	15802	16803	
Oct	15803	16701	18282	
Nov	15860	16083	16979	
Dec	18088	18494	20340	
Jan	16590	16989	17630	
Feb	16138	16188	16181	
Mar	16872	17740	17523	
<b>Total</b>	<b>194804</b>	<b>200272</b>	<b>210027</b>	<b>89779</b>

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

NIAS also are in constant contact with the other Emergency Services. In the period Apr 2017 until Aug 2017 The Northern Ireland Ambulance have responded to 54 requests from the Coast Guard, 543 requests from the Fire Service and 7239 request from the PSNI.

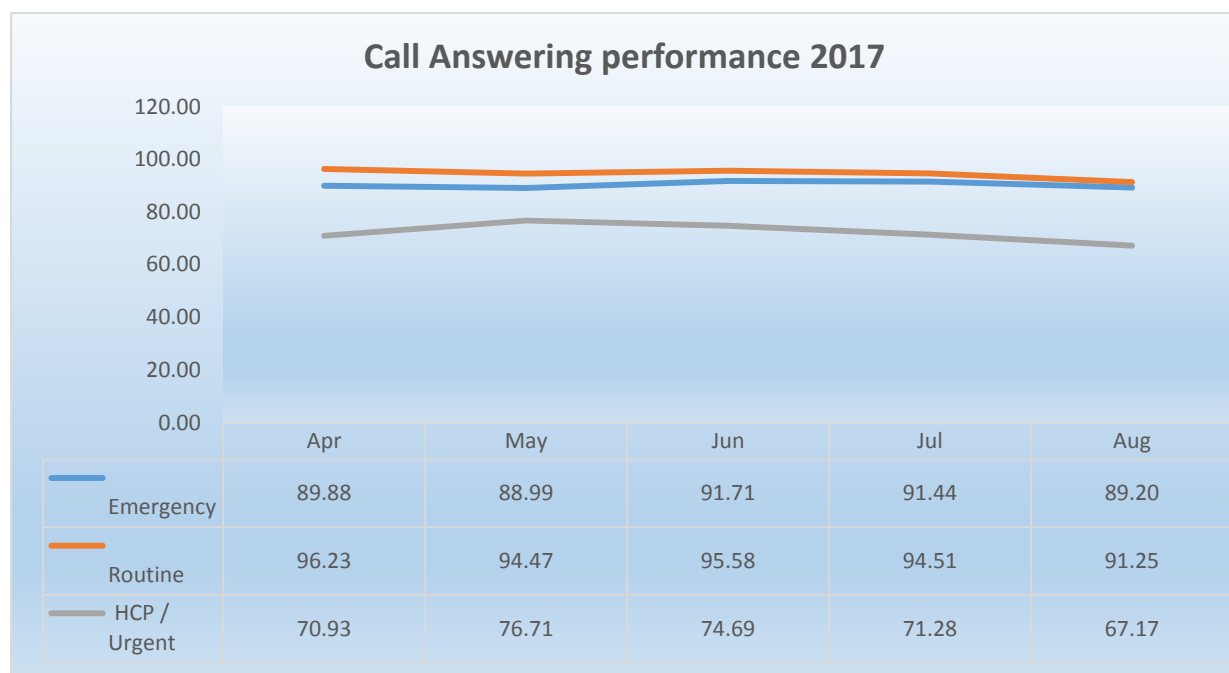
As part of contingency arrangements we, on occasions, answer calls from the Republic of Ireland, on the emergency roamer, and take emergency calls from Scotland and England.

## 999 Call Answer Times

### Key Performance Indicator

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

The table below shows the performance on call answering by month from April to August 2017 and an increase in the average percentage time to answer Emergency calls.



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

### Average and longest time for "999" call 2017



## **International Academies of Emergency Dispatch Recognise NIAS as an Accredited Centre of Excellence**

The Northern Ireland Ambulance Service (NIAS) was recognised as an Accredited Centre of Excellence (ACE) by the International Academies of Emergency Dispatch (IAED). Jerry Overton, President of the IAED, presented the award, at a ceremony held in NIAS HQ Boardroom on Tuesday 5<sup>th</sup> September where the NIAS Chief Executive was formally presented with a plaque and certificate.

A further acknowledgement and certificate of this award was presented to NIAS's Chief Executive and Assistant Director Communications and Control at the annual UK Navigator conference, hosted by the IAED in Cardiff on Tuesday 19<sup>th</sup> September.

Recognition of the NIAS as an Accredited Centre of Excellence (ACE) raises both the public and professional profile of the Trust. Now distinguished as one of only four ACE certified Ambulance Services in the UK, the award is the culmination of the work of the entire NIAS Emergency Ambulance Control team and demonstrates the consistent high quality of service provided to our patients.

The submission for the ACE award is measured against the 20 Points of Accreditation and includes assessment on local policies and procedures, a review of our Continuous Dispatch Education programme and most importantly consistent audit of 999 calls and compliance to protocol measured against International Academies of Emergency Dispatch standards.

Emergency Medical Dispatchers (EMDs) must answer 999 calls and endeavour to manage the needs of a caller who is often in significant emotional distress. The EMD must manage the caller's anxiety at the same time as obtaining as much detail about the patient as possible whilst remaining compliant to strict protocol guidelines and delivering scripted medical advice. The role of the EMD in accurately processing call details is vital to the effective and optimal allocation of ambulance resources to ensure we attend the most time-critical patients first.

Over the last 3 years the EMDs have been participating in a Quality Assurance (QA) audit of 999 calls. NIAS standards have exceeded those expected of the International Academies of Emergency Dispatch who are responsible for the QA and accreditation.

NIAS, now being an accredited centre, provides assurance that when a 999 request is made the quality of care provided is of the highest standard. Without the continued dedication of the Emergency Medical Dispatch Team, the ACE award would not have been possible.

## **RESPONSE TIME PERFORMANCE REPORT**

**For April to August 2017**

### **Summary of Trends:**

1. Cumulative NI Cat A performance from April - August 2017 = 50.5% which is 1.0% less than last year.
2. Average response time across Northern for Cat A response in August 2017 was 12 minutes 12 seconds.
3. Cumulative Cat A Responses from April to August 2017 has decreased by 0.6 % = 135 responses for the same period last year.
4. Total cumulative Emergency Call demand for April to August 2017 (including Cat HCP activity) has increased by 2.6% = 2281 calls for the same period last year.
5. Trends for ambulance turnaround times greater than the standard (i.e. 30 mins) continue to heavily impact on NIAS response and availability.

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

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

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

#### KEY PERFORMANCE INDICATORS (KPIs) for the Year 2017/18

***From April 2016, 72.5% of Cat A (potentially immediately life threatening) calls to be responded to within 8 minutes, 67.5% in each Local Commissioning Group area (LCG) with 95% of Cat A have a conveying resource <21 min***

***95% of Category B Response <21 mins***

***95% Category C Non- Health Care Professional <60mins***

***Health Care Professional (formally GP Urgent) within agreed target of either 1, 2, 3, 4, hours***

**Performance Against Each KPI by Local Commissioning Group – Summary per month April 17 to June 2017**

<b><i>KPI - From April 2017, to March 2018 – Cat A Cumulative Position</i></b>													
LCG	Apr 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 17	Feb 18	Mar 17	2017/18
Belfast	61.5%	63.7%	66.2%	66.1	65.3								
South Eastern	43.3%	42.3%	44.7%	44.6	43.8								
Northern	41.0%	42.2%	42.9%	42.9	42.7								
Southern	44.5%	45.7%	45.5%	44.0	43.1								
Western	54.3%	55.4%	55.6%	54.7	53.5								
Northern Ireland	49.4%	50.5%	51.7%	51.2	50.5								

<b><i>KPI - From April 2017, 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)</i></b>													
LCG	Apr 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 17	Feb 18	Mar 17	2017/18
Belfast	61.5%	65.7%	71.2%	66.0	62.1								
South Eastern	43.3%	41.2%	49.8%	44.3	40.7								
Northern	41.0%	43.2%	44.4%	42.7	42.2								
Southern	44.5%	46.9%	45.1%	39.4	39.5								
Western	54.3%	56.5%	56.0%	52.0	48.6								
Northern Ireland	49.4%	51.6%	54.2%	49.7	47.6								

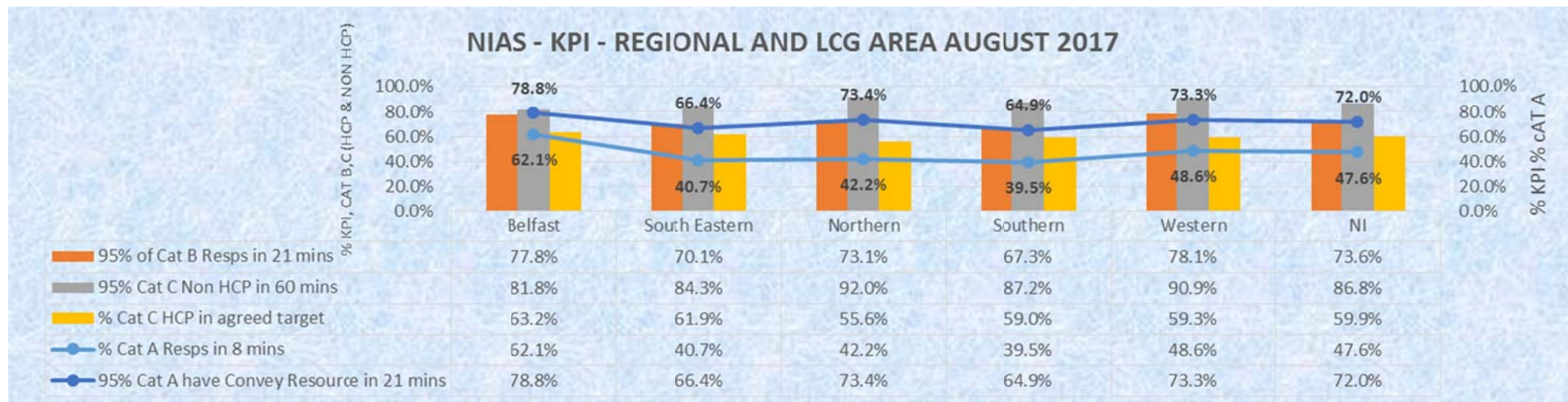


<b>KPI - 95% of Cat A have a conveying resource &lt;21min</b>													
LCG	Apr 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 17	Feb 18	Mar 17	2017/18
Belfast	77.0%	74.0%	77.9%	75.0	78.8								
South Eastern	67.3%	69.3%	71.2%	73.5	66.4								
Northern	73.9%	72.1%	72.1%	74.9	73.4								
Southern	69.5%	68.7%	70.7%	66.9	64.9								
Western	78.0%	78.5%	76.6%	85.0	73.3								
Northern Ireland	73.4%	72.6%	73.9%	74.9	72.0								

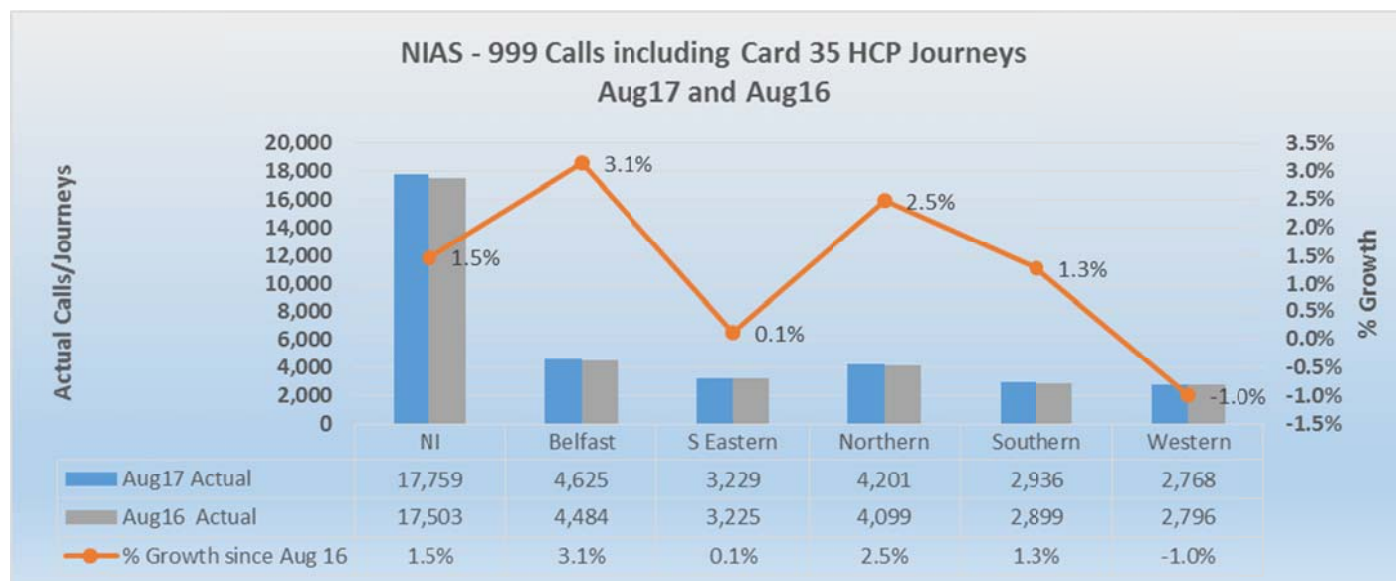
<b>KPI - 95% of Category B Response &lt;21 mins</b>													
LCG	Apr 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 17	Feb 18	Mar 17	2017/18
Belfast	79.0%	81.5%	85.1%	82.0	77.8								
South Eastern	73.3%	72.7%	79.5%	71.8	70.1								
Northern	74.7%	74.9%	79.5%	74.8	73.1								
Southern	76.9%	77.3%	79.5%	73.3	67.3								
Western	81.8%	83.3%	83.4%	76.1	78.1								
Northern Ireland	77.0%	78.0%	81.5%	75.9	73.6								

<b>KPI - 95% Category C Non- Health Care Professional &lt;60mins</b>													
LCG	Apr 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 17	Feb 18	Mar 17	2017/18
Belfast	82.4%	83.5%	89.7%	87.3	81.8								
South Eastern	84.8%	86.5%	91.2%	83.1	84.3								
Northern	91.6%	87.9%	91.2%	88.7	92.0								
Southern	89.7%	88.8%	90.0%	87.0	87.2								
Western	92.2%	94.4%	92.0%	93.5	90.9								
Northern Ireland	87.9%	87.8%	90.7%	87.8	86.8								

<b>KPI - Category Health Care Professional (formally GP Urgent) within agreed target of either 1, 2, 3, 4, hours (measured against first response at scene)</b>													
LCG	Apr 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 17	Feb 18	Mar 17	2017/18
Belfast	70.8%	64.1%	69.8%	72.6	63.2								
South Eastern	68.8%	66.3%	65.3%	70.9	61.9								
Northern	66.2%	65.7%	62.0%	62.0	55.6								
Southern	67.5%	64.3%	62.2%	59.8	59.0								
Western	64.7%	68.0%	70.6%	63.7	59.3								
Northern Ireland	67.9%	65.5%	65.9%	66.4	59.9								



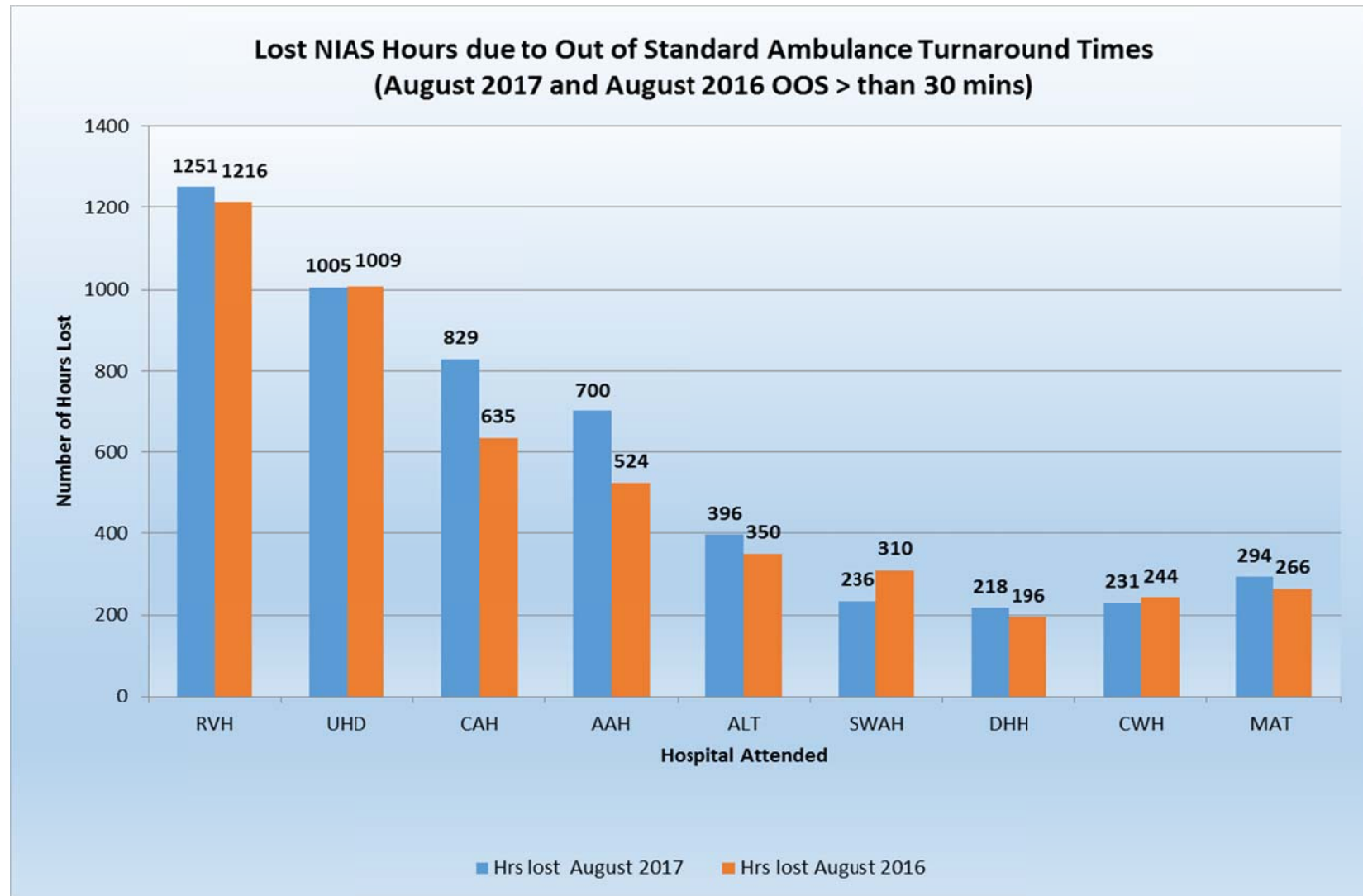
### DEMAND COMPARISON AUGUST 2017 v AUGUST 2016 FOR 999 CALLS AND CARD 35 HCP ACTIVITY



# DEMAND COMPARISON BY MONTH FOR 2017/18 v 2016/17 FOR 999 CALLS AND CARD 35 HCP ACTIVITY

MONTH	Belfast LCG		South Eastern LCG		Northern LCG		Southern LCG		Western LCG		Northern Ireland	
	2017-18	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18	2016-17
Apr 17 (Actual)	4,312	4,486	3,130	2,961	4,164	3,960	2,897	2,823	2,721	2,589	17,224	16,819
% Change 16v17	-3.9%		5.7%		5.2%		2.6%		5.1%		2.4%	
May 17 (Actual)	4,820	4,648	3,235	4,414	4,414	4,137	3,081	3,004	2,894	2,701	18,444	17,554
% Change 16v17	3.7%		5.6%		6.7%		2.6%		7.1%		5.1%	
Jun 17 (Actual)	4,495	4,429	3,066	3,135	4,293	4,021	2,961	2,897	2,660	2,558	17,475	17,040
% Change 16v17	1.5%		-2.2%		6.8%		2.2%		4.0%		2.6%	
Jul 17 ( Actual)	4,502	4,506	3,149	3,246	4,387	4,220	2,976	2,863	2,853	2,737	17,867	17,572
% Change 16v17	-0.1%		-3.0%		4.0%		3.9%		4.2%		1.7%	
Aug 17 (Actual)	4,625	4,484	3,229	3,225	4,201	4,099	2,936	2,899	2,768	2,796	17,759	17,503
% Change 16v17	3.1%		0.1%		2.5%		1.3%		-1.0%		1.5%	
Sept 17 (Actual)												
% Change 16v17												
Oct 17 (Actual)												
% Change 16v17												
Nov 17 ( Actual)												
% Change 16v17												
Dec 17 (Actual)												
% Change 16v17												
Jan 17 ( Actual)												
% Change 16v17												
Feb 17 (Actual)												
% Change 16v17												
Mar 17 (Actual)												
% Change 16v17												

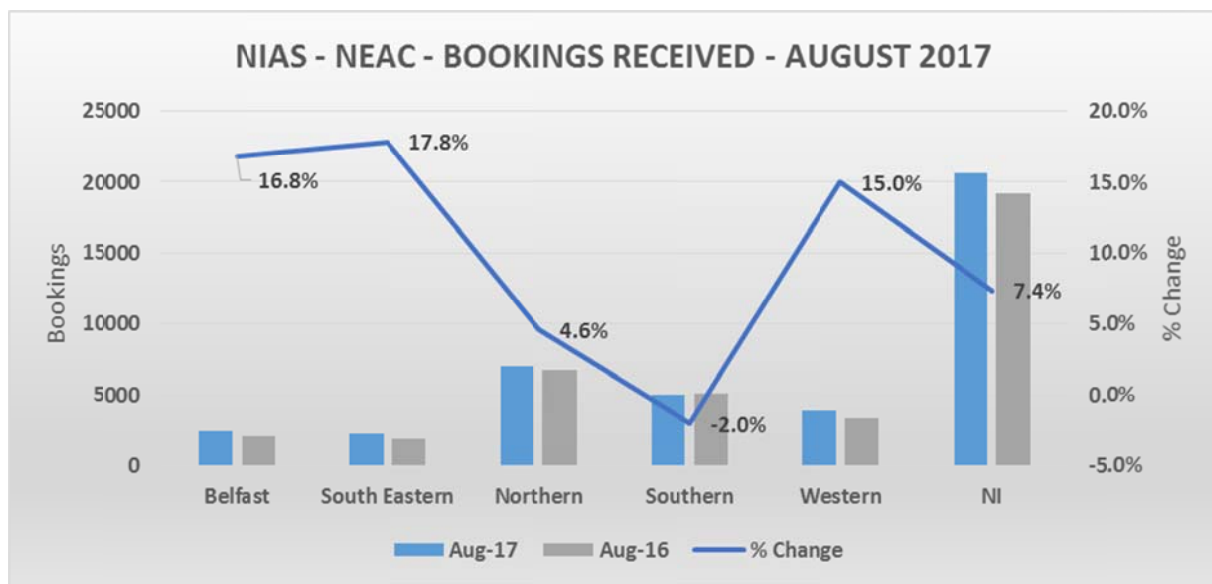
**Key Performance Indicator: Ambulance Turnaround at Emergency Departments within 30 minutes**



## Key Performance Indicator:

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

NEAC BOOKINGS AND JOURNEYS - AUGUST 2017							
Bookings	LCG AREA	Belfast	South Eastern	Northern	Southern	Western	NI
	Aug-17	2487	2260	7032	4963	3878	20620
	Aug-16	2129	1918	6722	5064	3373	19206
	% Change	16.8%	17.8%	4.6%	-2.0%	15.0%	7.4%
Completed Journeys	LCG AREA	Belfast	South Eastern	Northern	Southern	Western	NI
	Aug-17	1767	1532	5578	3816	3046	15739
	Aug-16	1555	1300	5448	4135	2780	15218
	% Change	13.6%	17.8%	2.4%	-7.7%	9.6%	3.4%
Completed Journeys	Journey Type	Outpatient	Discharge	Transfer	Admission	Second Crew	Home Assessment
	Aug-17	12685	2010	878	161	5	0
	Aug-16	12749	1541	694	222	10	2
	Total	15739	15218				







## CATEGORY A PERFORMANCE: AVERAGES AND OUTLIERS

Aug 17

REGIONAL CATEGORY A PERFORMANCE: TOTAL NUMBER OF RESPONSES

NORTHERN IRELAND REGIONAL TOTAL

TOTAL NUMBER OF CATEGORY A RESPONSES

4572

AVERAGE RESPONSE TIME [MM:SS]

12:12

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

3315

1139 responses below target

BELFAST HSCT

SOUTH EASTERN HSCT

NORTHERN HSCT

SOUTHERN HSCT

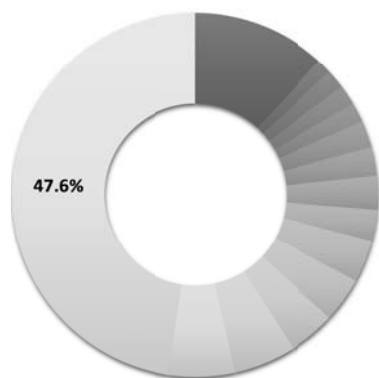
WESTERN HSCT

Total number of Cat A responses	Total number of Cat A responses	Total number of Cat A responses	Total number of Cat A responses	Total number of Cat A responses
1171	896	1014	757	734
Number required to exceed LCG target (67.5%)	Number required to exceed LCG target (67.5%)	Number required to exceed LCG target (67.5%)	Number required to exceed LCG target (67.5%)	Number required to exceed LCG target (67.5%)
791	605	685	511	496
Number of category A responses at scene within 8 mins	Number of category A responses at scene within 8 mins	Number of category A responses at scene within 3 mins	Number of category A responses at scene within 8 mins	Number of category A responses at scene within 8 mins
727	365	428	299	357
62.1%	40.7%	42.2%	39.5%	48.6%
64 responses below target	240 responses below target	257 responses below target	212 responses below target	139 responses below target
Average response time [mm:ss]	Average response time [mm:ss]	Average response time [mm:ss]	Average response time [mm:ss]	Average response time [mm:ss]
10:45	13:49	11:44	14:00	11:22

REGIONAL CATEGORY A PERFORMANCE SUMMARY

HSC Northern Ireland Ambulance Service Health and Social Care Trust

47.6%



Category A Performance		%	Cumulative %
Within 8 minutes	2176	47.6%	47.6%
Within 8 - 9 minutes	270	5.9%	53.5%
Within 9 - 10 minutes	252	5.5%	59.0%
Within 10 - 11 minutes	190	4.2%	63.2%
Within 11 - 12 minutes	182	4.0%	67.1%
Within 12 - 13 minutes	173	3.8%	70.9%
Within 13 - 14 minutes	126	2.8%	73.7%
Within 14 - 15 minutes	137	3.0%	76.7%
Within 15 - 16 minutes	116	2.5%	79.2%
Within 16 - 17 minutes	108	2.4%	81.6%
Within 17 - 18 minutes	80	1.7%	83.3%
Within 18 - 19 minutes	81	1.8%	85.1%
Within 19 - 20 minutes	77	1.7%	86.8%
Within 20 - 21 minutes	61	1.3%	88.1%
Over 21 minutes	543	11.9%	100.0%
Total	4572		

BELFAST HSCT				SOUTH EASTERN HSCT				NORTHERN HSCT				SOUTHERN HSCT				WESTERN HSCT			
Response Time	N	%	Total	Response Time	N	%	Total	Response Time	N	%	Total	Response Time	N	%	Total	Response Time	N	%	Total
< 8 m	727	62.1%	62.1%	< 8 m	365	40.7%	40.7%	< 8 m	428	42.2%	42.2%	< 8 m	299	39.5%	39.5%	< 8 m	357	48.6%	48.6%
8 - 9 m	85	7.3%	69.3%	8 - 9 m	66	7.4%	48.1%	8 - 9 m	53	5.2%	47.4%	8 - 9 m	31	4.1%	43.6%	8 - 9 m	35	4.8%	53.4%
9 - 10 m	75	6.4%	75.7%	9 - 10 m	45	5.0%	53.1%	9 - 10 m	66	6.5%	53.9%	9 - 10 m	37	4.9%	48.5%	9 - 10 m	29	4.0%	57.4%
10 - 11 m	54	4.6%	80.4%	10 - 11 m	37	4.1%	57.3%	10 - 11 m	36	3.6%	57.5%	10 - 11 m	24	3.2%	51.7%	10 - 11 m	39	5.3%	62.7%
11 - 12 m	44	3.8%	84.1%	11 - 12 m	47	5.2%	62.5%	11 - 12 m	45	4.4%	61.9%	11 - 12 m	27	3.6%	55.2%	11 - 12 m	19	2.6%	65.3%
12 - 13 m	30	2.6%	86.7%	12 - 13 m	47	5.2%	67.7%	12 - 13 m	41	4.0%	66.0%	12 - 13 m	28	3.7%	58.9%	12 - 13 m	27	3.7%	68.9%
13 - 14 m	25	2.1%	88.8%	13 - 14 m	25	2.8%	70.5%	13 - 14 m	36	3.6%	69.5%	13 - 14 m	24	3.2%	62.1%	13 - 14 m	16	2.2%	71.1%
14 - 15 m	27	2.3%	91.1%	14 - 15 m	38	4.2%	74.8%	14 - 15 m	29	2.9%	72.4%	14 - 15 m	24	3.2%	65.3%	14 - 15 m	19	2.6%	73.7%
15 - 16 m	13	1.1%	92.2%	15 - 16 m	26	2.9%	77.7%	15 - 16 m	36	3.6%	75.9%	15 - 16 m	25	3.3%	68.6%	15 - 16 m	16	2.2%	75.9%
16 - 17 m	17	1.5%	93.7%	16 - 17 m	28	3.1%	80.8%	16 - 17 m	25	2.5%	78.4%	16 - 17 m	18	2.4%	70.9%	16 - 17 m	20	2.7%	78.6%
17 - 18 m	12	1.0%	94.7%	17 - 18 m	13	1.5%	82.3%	17 - 18 m	23	2.3%	80.7%	17 - 18 m	14	1.8%	72.8%	17 - 18 m	18	2.5%	81.1%
18 - 19 m	10	0.9%	95.6%	18 - 19 m	22	2.5%	84.7%	18 - 19 m	19	1.9%	82.5%	18 - 19 m	17	2.2%	75.0%	18 - 19 m	13	1.8%	82.8%
19 - 20 m	5	0.4%	96.0%	19 - 20 m	17	1.9%	86.6%	19 - 20 m	23	2.3%	84.8%	19 - 20 m	24	3.2%	78.2%	19 - 20 m	8	1.1%	83.9%
20 - 21 m	4	0.3%	96.3%	20 - 21 m	9	1.0%	87.6%	20 - 21 m	15	1.5%	86.3%	20 - 21 m	20	2.6%	80.8%	20 - 21 m	13	1.8%	85.7%
21 + m	43	3.7%	100.0%	21 + m	111	12.4%	100.0%	21 + m	139	13.7%	100.0%	21 + m	45	19.2%	100.0%	21 + m	105	14.3%	100.0%
Total	1171			Total	896			Total	1014			Total	757			Total	734		

Data Disclaimer

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

## Fleet & Estate

### Fleet Section:

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

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

- All conversions have been completed
- Commissioning of 2016/17 is nearing completion.
  - A&E commissioning is complete
  - PCS 13, cars 8 and specialist vehicle 2 commissioning delayed due to MDT issues.
- Conversions awarded for A&E and PCS for 2017/18

**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:

<b>Fleet Profile 2017/18</b>	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
(% less than 5 yrs old)													
Emergency Ambulances	97.4	98.3	98.3	98.3	98.3	98.3							
Non-Emergency Ambulance	81.1	82.9	85.6	85.6	85.6	86.5							
Rapid Response Vehicles	71.4	71.4	76.2	79.1	81.4	81.4							
Support Vehicles	44.0	44.0	44.0	43.1	43.1	43.1							

### 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 now scheduled to complete by October 2017.

The licence with the South West College has been extended to 30/9/2017 with additional 1 week grace period. The modular is planned for dismantling and removal to Omagh commencing 25 September 2017. The staff will be decanted prior to that date.

The current modular building in Erne is scheduled to be moved to Omagh Station to facilitate improvements there. This will enable PCS to move back into the station



from leased property at Dromore Road. Land transfer has been agreed with Western Trust.

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

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

Planning approval has been received and work commenced on site in July 2017 and will complete in early September 2017.



**TB/05/10/2017/03**



# **NORTHERN IRELAND AMBULANCE SERVICE**

## **TRUST BOARD REPORT**

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## **FINANCE DIRECTORATE**

Director of Finance and ICT  
August 2017 (Month 5)

## FINANCIAL PERFORMANCE

### Financial Breakeven

The Trust is currently reporting a small surplus of £4k for the five months ending 31 August 2017 (Month 5), subject to key risks and assumptions. In particular, Accident & Emergency staff are currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS.

Financial position at the end of August 2017 (Month 5)

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		8,681	12,880	16,933	21,186							
Other Expenditure		2,071	3,004	4,284	5,831							
Expenditure Total		10,752	15,884	21,217	27,017	0	0	0	0	0	0	0
Income		73	99	136	292							
Net Expenditure		10,679	15,785	21,081	26,725	0	0	0	0	0	0	0
Net Resource Outturn		10,679	15,785	21,081	26,725	0	0	0	0	0	0	0
Revenue Resource Limit (RRL)		10,680	15,786	21,085	26,729							
Surplus/(Deficit) against RRL		1	1	4	4	0	0	0	0	0	0	0

## NIAS Trust Board Budget Report at August 2017 Month 5)

(£ 000s)	FYB	YTD		
		Budget	Actual	Variance
<b>Chief Executive's Office</b>				
Payroll	153	64	61	3
Non-Payroll	44	20	20	(0)
<b>Chief Executive's Office Total</b>	<b>197</b>	<b>84</b>	<b>81</b>	<b>3</b>
<b>Director of Finance</b>				
Payroll	1,452	601	586	15
Non-Payroll	627	256	251	5
<b>Director of Finance Total</b>	<b>2,080</b>	<b>857</b>	<b>837</b>	<b>20</b>
<b>Director of HR</b>				
Payroll	3,740	1,516	1,494	22
Non-Payroll	665	291	285	6
<b>Director of HR Total</b>	<b>4,405</b>	<b>1,806</b>	<b>1,779</b>	<b>27</b>
<b>Dir of Ops (incl Divisions &amp; RCC)</b>				
Payroll	45,462	19,051	18,977	74
Non-Payroll	9,774	4,598	4,728	(130)
<b>Dir of Ops (incl Divisions &amp; RCC) Total</b>	<b>55,237</b>	<b>23,649</b>	<b>23,705</b>	<b>(56)</b>
<b>Medical Director</b>				
Payroll	1,279	517	508	9
Non-Payroll	225	108	107	1
<b>Medical Director Total</b>	<b>1,505</b>	<b>625</b>	<b>614</b>	<b>10</b>
<b>NIAS Total Payroll</b>	<b>52,087</b>	<b>21,748</b>	<b>21,626</b>	<b>122</b>
<b>NIAS Total Non-Payroll</b>	<b>11,337</b>	<b>5,272</b>	<b>5,391</b>	<b>(118)</b>
<b>NIAS Total</b>	<b>63,424</b>	<b>27,020</b>	<b>27,017</b>	<b>4</b>

*Figures last updated: 21/09/2017 15:06*

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

Plans to stabilise the workforce and reduce the level of vacancies are well progressed and a full programme of recruitment and training is ongoing and further plans for the 2017/18 have been developed. 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.

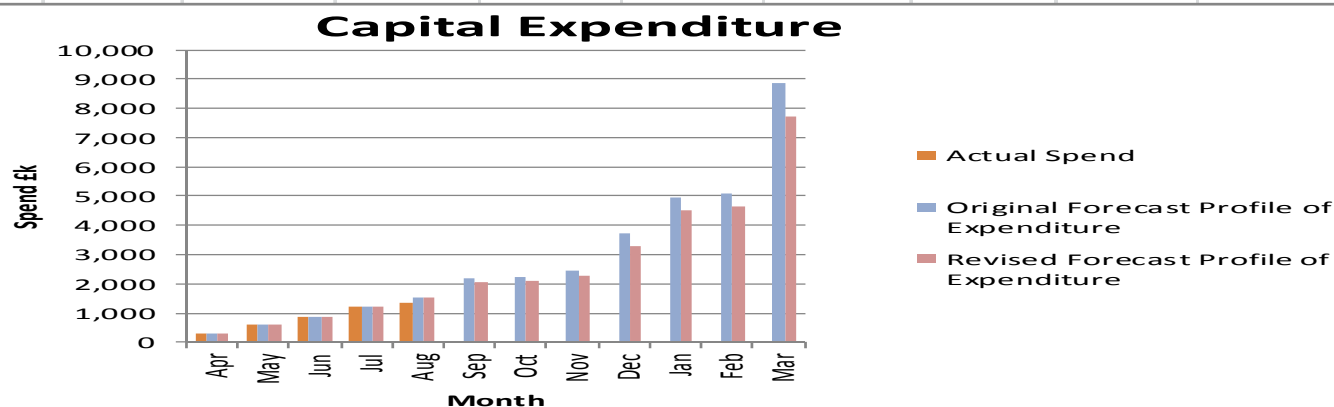
There are a number of income assumptions included in this financial position. The Trust continues to work with HSCB and other stakeholders to highlight emerging cost pressures and service changes with a view to achieving objectives and maintaining financial balance.

Budgets have been increased to reflect the increased employer national insurance costs from 2016/17. Further adjustments will be made during the year to reflect supported developments and the implementation of savings plans. Savings proposals to address a forecast £1.0m savings requirement in 2017/18 have been included in the Trusts planning assumptions.

## Capital Spend

The Trust has received a revised indicative Capital Resource Limit (CRL) allocation of £7.72m (previously £8.87m). The adjustments to the CRL allocation include a reduction in forecast costs for the new ambulance station at Enniskillen. The Trust has also received a specific allocation for NIAS elements of the Helicopter Emergency Medical Service (HEMS). The Trust continues to engage with the Department of Health in relation to capital expenditure forecasts. Forecast levels and profiles of expenditure can vary for a number of reasons, not least as a result of tender exercises and also supplier capacity and project risks and lead times. A detailed examination of capital requirements for all capital projects is currently underway and any changes in the forecast profile and level of expenditure will be reflected in further adjustments to the CRL allocation.

Cumulative Capital Spend (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet	0	0	0	0	0							
Estate	304	604	836	1,088	1,233							
Medical Equipment	0	0	0	0	0							
ICT Schemes	0	0	2	4	4							
General Capital	0	0	27	116	133							
Actual Spend	304	604	865	1,208	1,370	0	0	0	0	0	0	0
Original Forecast Profile of Expenditure	304	604	864	1,225	1,521	2,175	2,233	2,430	3,733	4,966	5,083	8,870
Revised Forecast Profile of Expenditure	304	604	864	1,207	1,508	2,034	2,095	2,294	3,301	4,537	4,658	7,723





## Prompt Payment of Invoices

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

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

A range of plans are in place to improve and maintain performance in this area. As aged invoices are cleared and paid, performance between months can vary. The Trust is also engaging with BSO to review the calculation of prompt payment performance statistics.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Total bills paid	1,315	1,617	1,591	1,324	1,592								7,439
Total bills paid within 30 calendar days of receipt of undisputed invoice	1,288	1,519	1,483	1,269	1,524								7,083
% bills paid on time	97.9%	93.9%	93.2%	95.8%	95.7%								95.2%
Total bills paid within 10 working days (14 calendar days)	898	944	1,158	931	1,032								4,963
% bills paid on time	68.3%	58.4%	72.8%	70.3%	64.8%								66.7%

## ***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.

### **03 July 2017 MRX 12 lead Defibrillator ECG not transmitting.**

Out of hours call was placed to IT On-Call. NIAS IT had introduced a new Microsoft Exchange setup which later impacted on the email transmission of ECG's as the system was configured to the legacy setup. Defibrillator system modified with new settings and issue resolved. The ECG was still transmitted via FAX with minimum impact to service.

### **17 July 2017 Telephony migration to VOIP Altnagelvin.**

An issue occurred at 10:45am during the telephony migration to VOIP at NEAC Altnagelvin where incoming calls were not delivered and instead presented to the switchboard in NIAS Headquarters. A BT engineer identified the fault and applied a fix. Reception directed the non-emergency callers to the contingency measures of booking ambulances through the web booking system or to the contingency mobile phones with minimal impact to service. Issue resolved 12.15pm.

### **27 August 2017 EAC - Phones not presenting to ICCS touch screens in Emergency Ambulance Control.**

IT notified out of hours that all incoming telephone calls to the EAC were not presenting on the ICCS touch screens and instead presenting to the contingency hand-sets on desks. NIAS IT and BT engineer arrived on site and the fault was diagnosed as a fault on the server which transfers telephony from the telephone switch to the ICCS system. Fault fixed with a down time of four hours. During down time all calls were presented to contingency phones with minimal disruption to service.

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

Any system developments are reported in this section.

A project to replace the Mobile Data System which transmits data from the Command and Control system to the Ambulance has received Business Case approval and is in the early procurement process. A project team is being set up to procure and implement the system in this financial year.

A Business Case to implement an Electronic Patient Report Form system (EPRF) has been formally approved to proceed to procurement stage. This project will involve, through the project team, representatives across all directorates and a fuller appreciation of the costs involved will be provided through the procurement process. A number of workshops with stakeholders are planned over the coming weeks to develop a user specification.

*Cyber Security:* NIAS is in the process of implementing changes to antivirus software which will enable the implementation of additional security measures procured regionally by HSC. On-going engagement with HSC colleagues is helping to develop a regional plan and specific NIAS actions are being managed through the Information Governance Steering Group (IGSG). Systems to advise HSC and other stakeholders of attempted unauthorised access to Corporate Networks are being reviewed at a regional level.

## ICT Help Desk Performance

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

	Jul			Aug		
Target to Respond to 95%	No of Calls	Within time	Actual	No of Calls	Within time	Actual
Immediate	9	9	100%	9	9	100%
Urgent	42	42	100%	31	31	100%
High	9	9	100%	8	8	100%
Medium	411	403	98%	370	365	99%
Low	470	470	100%	551	550	100%
Total	941			969		

## ICT Planned Maintenance July 2017 – system upgrades Critical Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	These are business critical systems which manage front line resources and need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.
C3 A&E	740	4 Hours	1	No	
C3 PCS	740	4 Hours	0	No	
Pro-QA	740	4 Hours	0	No	
ICCS A&E	740	4 Hours	0	No	
ICCS PCS	740	4 Hours	0	No	
DTR	740	4 Hours	0	No	
Voice Recorder	740	4 Hours	0.20	No	
Mobile Data	740	4 Hours	0	No	

## ICT Planned Maintenance July 2017 – system upgrades Corporate Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	<p>These are business support systems which need to be available on a 24/7 365 basis.</p> <p>It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.</p>
E-mail	216	4 Hours	0	No	
File Server	216	4 Hours	0	No	
Virtual Server	218	2 Hours	0	No	
BlackBerry	216	4 Hours	0.10	No	
Promis	216	4 Hours	0	No	

## ICT Planned Maintenance August 2017 – system upgrades Critical Systems

There was no planned maintenance during this period

## ICT Planned Maintenance August 2017 – system upgrades Corporate Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	<p>These are business support systems which need to be available on a 24/7 365 basis.</p> <p>It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.</p>
E-mail	196	4 Hours	0	No	
File Server	196	4 Hours	0.15	No	
Virtual Server	198	2 Hours	0	No	
BlackBerry	196	4 Hours	0	No	
Promis	196	4 Hours	0.15	No	

## **Information Governance – Developments: 01/07/2017 to 31/08/2017**

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 relating to Information Asset Register and Data Flow Exercise. This will now be reviewed as part of project workflows under the remit of Transformation and Innovation Collaborative***
- ***Processing in all areas of the Information Department has noted to have increased across Freedom of Information, Solicitor and Police Enquiries during 2017/18 to date and has placed additional pressures on the Department***
- ***FOI Disclosure Log under FOI Publication Requirement continues to be updated on a monthly basis***
- ***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)***
- ***ACP monitoring aspects reviewed. ACP pathways continued to be monitored and reviewed. Ad hoc datasets have been provided to support further initiatives as required in relation to mental health, falls referrals etc including large extraction of Patient Report Forms and Command and Control records***
- ***Informatics and business intelligence to support Transformation and Information Collaborative workflows continue to be worked on including ambulance turnaround reports, Prison attendances etc***
- ***Supporting work and data streams in Frequent Caller Monitoring and Information Markers***
- ***Ad hoc datasets to hoax calls, calls from Scottish Ambulance Service, stroke datasets, Prison Attendance audit, private and voluntary activity, stabbing activity, mental health, ambulance handover times, suicide on Westlink to support FOI requests, potential frequent caller reports and attendances to Nursing Homes, HEMs monitoring, Non-Emergency Activity and Winter Pressures datasets for Western area, Community First responder datasets, flooding activity***

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

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

**Summary April 2017 – August 2017 requests compared with same period in 2016-17:**

	April 17 – August 17	April 16 – August 16	% Increase / (Decrease)
<b>1 Freedom of Information Requests Received</b>	69	62	+10.1%
<b>2 Data Protection Act 1998 Section 7, Subject Access Requests Received</b>	17	17	0%
<b>3 Police Service of Northern Ireland Requests Received</b>	174	159	+8.6%
<b>4 Solicitor Enquiries Requests Received</b>	276	256	+7.3%
<b>Total</b>	<b>536</b>	<b>494</b>	<b>+7.8%</b>

# 1 **FREEDOM FOR INFORMATION ACT (2000) – REQUESTS FOR INFORMATION – 01/04/2017 TO 31/08/2017**

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

## 2017-18 Data

Freedom of information	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total Aug-17	Total Aug-16
Number of Requests Received	14	12	17	11	15								69	62
Number of Questions Received	70	34	81	35	54								274	141
Completed Requests processed within 20 days or less	11	7	14	9	9								50	47
Completed Requests exceeding 20 days	2	4	3	2	1								12	6
REQUESTS Still Being Processed (within 20)	0	0	0	0	4								4	
REQUESTS Still being processed (outside 20)	1	1	0	0	1								3	
Stood Down	0	0	0	0	0								0	
Number of Records Fully Disclosed	55	27	54	30	20								186	
Vexatious Requests	0	0	0	0	0								0	
Number of Records for which records not held	6	0	27	5	0								38	
Requests where exemptions wholly/partially applied	2	0	0	0	10								12	
Questions stood down	0	0	0	0	0								0	
QUESTIONS Still Being Processed (within 20)	0	0	0	0	22								22	
QUESTIONS Still Being Processed (outside 20)	7	7	0	0	2								16	
Referrals for Independent Review	0	0	0	0	0								0	
Appeals to the Information Commissioner	0	0	0	0	0								0	

%age completed within 20 working days	
Apr '17 - Aug '17	72.46%
Apr '16 - Aug '16	75.81%

## Requestor Type

Member of Public	6	8	8	3	7								32	
Local Government	0	1	0	0	0								1	
Staff Member	2	1	4	1	0								8	
Media	1	0	1	3	1								6	
Student	0	0	0	0	1								1	
Commercial Company	3	0	0	1	2								6	
Solicitor	0	0	0	0	0								0	
WhatDoTheyKnow.com	2	2	1	3	3								11	
NHS	0	0	3	0	1								4	
Trade Union	0	0	0	0	0								0	

Data may be subject to amendments.



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

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

### Processing (Subject Access) for the Period 01/04/2017 to 31/08/2017

Data Protection Act 1998 – Section 7, Subject Access	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 17 – Aug 17	April 16 – Aug 16
Number of Requests Received	1	8	4	1	3								17	17
Completed Requests processed within 40 days or less	1	8	4	1	2								16	14
Completed Requests exceeding 40 days	0	0	0	0	0								0	2
Requests still being processed in line with 40 days	0	0	0	0	1								1	0
Identity Not Confirmed and therefore could not be further processed	0	0	0	0	0								0	1
Patient	1	1	1	1	3								7	10
NIAS Staff Member	0	5	0	0	0								5	6
External Agency	0	2	3	0	0								5	1
Relative of Patient	0	0	0	0	0								0	0

- **From 01/04/2017 to 31/08/2017: 100% of Subject Access Requests processed within 40 calendar days**  
(this is based on the requests that were fully processed i.e. identity and fee received)
- There are a number of DPA requests from 2016/17 that remain outstanding relating to staff requests for disciplinary files, HR records etc - these are currently being prioritised.

### 3 **POLICE SERVICE OF NORTHERN IRELAND REQUESTS – Police Acts, Common Law**

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

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

#### **Processing for the Period 01/04/2017 to 31/08/2017**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 17 – Aug 17	Apr 16 – Aug 16
<b><i>PSNI REQUESTS</i></b>														
Number of Requests Received (based on receipt of correspondence date)	29	35	42	27	41								174	159

### 4 **SOLICITOR ENQUIRIES**

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

#### **Processing for the Period 01/04/2017 to 31/08/2017**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 17 – Aug 17	Apr 16 – Aug 16
<b><i>SOLICITOR ENQUIRIES</i></b>														
Number of Requests Received (based on receipt of correspondence date)	52	61	68	49	46								276	256

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

**Processing for the Period 01/04/2017 to 31/08/2017**

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr 17 – Aug 17
<b>DHSSPS/AQ's/CORs/TOF's/INV's</b>													
Assembly Questions (Oral)	0	0	0	0	0								0
Assembly Questions (Written)	0	0	0	0	0								0
CORs Received	2	0	2	0	1								5
TOFs Received	1	0	0	0	0								1
INVs Received	0	0	0	0	0								0

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

## 17/18 - 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 2017	16028	12899	353	13252	15911	-117	+2,659
May 2017	17157	13789	303	14092	17171	+14	+3,079
June 2017	16293	12957	339	13296	16272	-21	+2,976
July 2017	16661	13204	294	13498	15340	-1,321	+1,842
August 2017	16475	13077	334	13411	9112	-7,363	-4,299
September 2017				0	436	+436	+436
October 2017				0		+0	+0
November 2017				0		+0	+0
December 2017				0		+0	+0
January 2018				0		+0	+0
February 2018				0		+0	+0
March 2018				0		+0	+0
Total	82614	65926	1623	67549	74242	-8,372	+6,693

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

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

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

**TB/05/10/2017/04**



# **NORTHERN IRELAND AMBULANCE SERVICE**

## **TRUST BOARD REPORT**

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

Director of Human Resources and Corporate Services

2017 / 10 / 05

**(As at 31 August 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 August 2017. This information is taken from HRPTS.

<b>AUGUST 2017</b>	<b>TRUST TOTAL</b>	<b>CX / BOARD</b>	<b>FINANCE / ICT</b>	<b>HRCS</b>	<b>MEDICAL</b>	<b>OPERATIONS</b>
<b>FUNDED WTE (RECURRENT FUNDING)</b>	1,299.28	7.00	31.63	68.15	11.00	1,181.50
<b>STAFF-IN-POST (WTE) PERM / (TEMP)</b>	1,192.69 (23.80)	1.00 (5.00)	22.63 (1.00)	61.89 (3.80)	13.00 (1.00)	1,094.17 (13.00)
<b>VACANCY LEVELS (WTE)</b>	<b>-82.79</b>	<b>-1.00</b>	<b>-8.00</b>	<b>-2.46</b>	<b>3.00</b>	<b>-74.33</b>

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

Figures given in brackets include individuals employed on temporary contracts.

On the basis of the information above @ 31 August 2017, the Trust has an overall vacancy level of **82.79** 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 August 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
Station Supervisor	31.00	22.72	-8.28	0	No recruitment planned, due to ongoing Job Evaluation process.	N/A	N/A	N/A
Paramedic	321.00	308.17	-12.83	30	<u>Bank Recruitment:</u> No recruitment exercise took place during this period. <u>Internal Recruitment:</u> No internal recruitment exercise took place during this period. <u>External Recruitment:</u> A recruitment exercise for HCPC Paramedics commenced in mid-June 2017, with interviews taking place during August 2017. 7 accepted offered of employment. Waiting List in place.	N/A  N/A  N/A	N/A  N/A  Induction Training scheduled to commence 01/11/17	N/A  N/A  N/A
RRV Paramedic	86.00	76.74	-9.26	0	No recruitment planned.	N/A	N/A	N/A
EMT + Trainee EMT	300.00	252.49 + 23.00	-24.51	4	<u>Internal Recruitment:</u> No internal recruitment exercise took place during this period. <u>External Recruitment:</u> Trainee EMT (internal & external): training on going and is due to complete on 22 September 2017. Waiting List in place.	23	Cohort 2 (23 Trainees) commenced training on 15/05/17. Clinical Practice placements due to commence in September 2017, with full qualification anticipated by March 2018.	N/A
ACA (inc. PCS Sup.) + Trainee ACA	263.50	253.30	-10.20	0	Waiting List in place	N/A	N/A	N/A

## Section 1: Human Resources & Corporate Services

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

#### CORPORATE ABSENCE REPORT (@ 31 August 2017)

At the last HRD Forum, the Trusts' sickness absence targets were set out for the current Reporting Year. It has been proposed that NIAS should reduce its sickness absence rates by 5% on the 2016/17 performance. NIAS's cumulative % hours lost in 2016/17 was 10.47% (based on end-of-year re-run, as Regionally agreed), therefore the proposed sickness absence target for 2017/18 is **9.95%**.

The table below provides a summary of the Trust's sickness absence for the period 1 April to 31 August 2017), which was **9.00%** cumulatively. Since the last Trust Board, monthly absence has increased to 9.30% in July and 11.24% in August, however cumulatively, the Trust is still on target.

2017/18 Monthly Sickness Absence including Comparators to Previous Reporting Year (2016/17)												
MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>PROPOSED NIAS ABSENCE TARGET (2017/18)</b>	<b>REDUCE SICKNESS ABSENCE RATES BY 5% ON 2016/17 PERFORMANCE</b>											
NIAS cumulative % hrs lost (16/17)	9.78%	9.70%*	9.91%*	9.54%	9.68%	9.80%	9.91%	10.06%	10.40%	10.56%	10.49%	10.34%
NIAS monthly % hrs lost (16/17)	9.78%	9.64%	10.30%	8.39%	10.21%	10.41%	10.55%	11.09%	13.11%	13.12%	9.36%	8.69%
NIAS cumulative % hrs lost (17/18)	8.18%	7.98%	8.11%	8.40%	9.00%							
NIAS monthly % hrs lost (17/18)	8.18%	7.82%	8.36%	9.30%	11.24%							
Monthly % hrs lost (S/T)	2.27%	2.03%	2.30%	1.85%	2.00%							
Monthly % hrs lost (L/T)	5.90%	5.79%	6.06%	7.45%	9.24%							
Av. days lost (7.5 hrs) per Employee per Mth	1.59	1.75	1.79	1.90	2.52							
NIAS cumulative costs (£'000)	£272	£531	£824	£1,151	£1,557							
* May-16 & Jun-16 cumulative absence figs adjusted due to late notifications received after production of reports.												
<b>NIAS CUMULATIVE % HRS LOST:</b>	<b>(2016/17) 10.47%</b>					<b>(2017/18 @ 31 August 2017) 9.00%</b>				<b>ON TARGET</b>		

88%), who mostly work 12 hour shifts, the HRPTS calculation automatically divides working days over a standard 5-day week (Monday – Friday, based on a 7.5 hr day).

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

- Health and Wellbeing Group established under Engagement strategy;
- Health and Wellbeing Strategy under review;
- Attendance Management Policy and Procedure agreed and training commenced;
- Consideration of a new peer support model;
- Pilot of additional intervention by Inspire in relation to mental health issues within the EAC environment;
- Relaunch and promotion of the availability of Inspire 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 frontline staff;

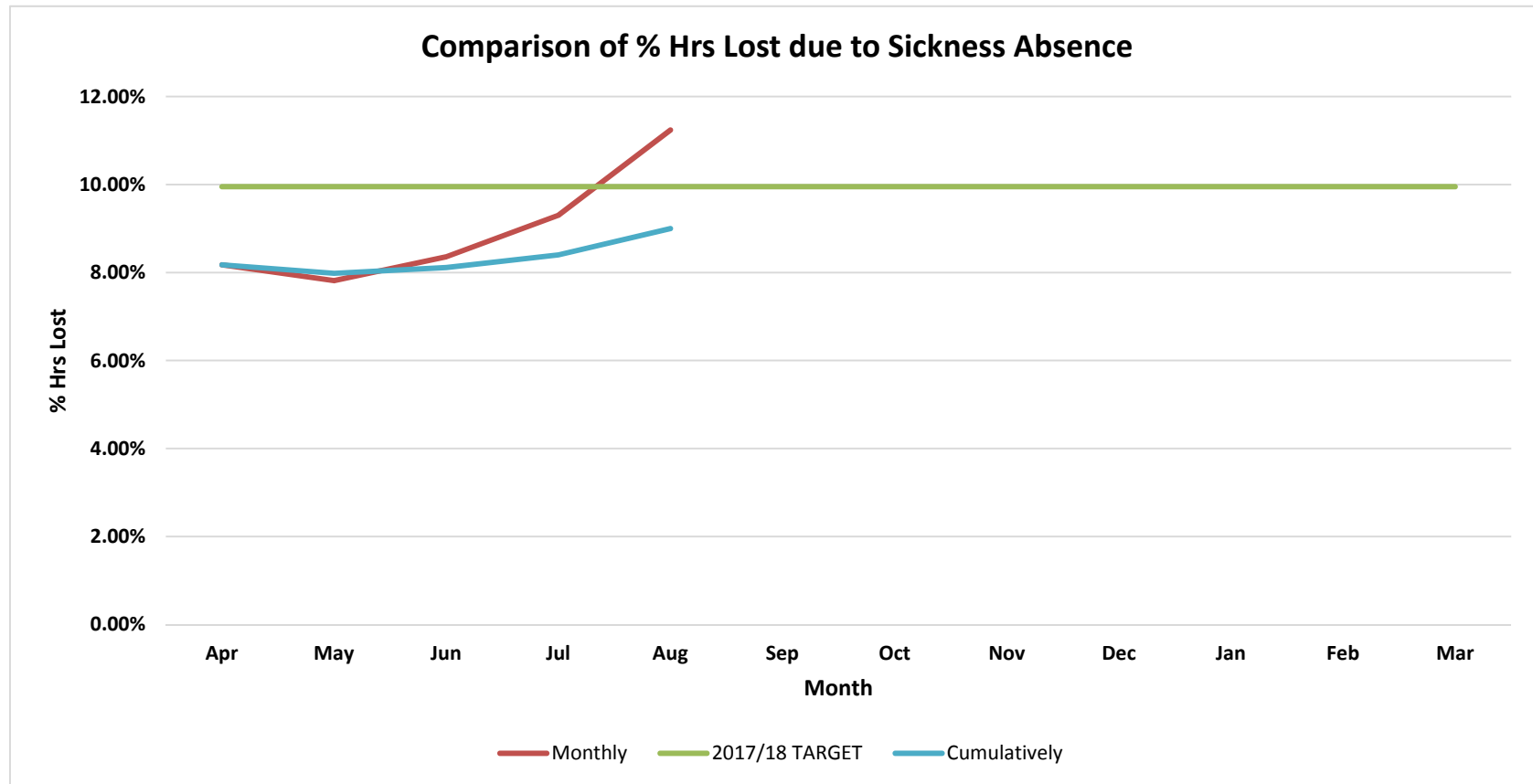
The Trust also intends to implement peer vaccinations to increase accessibility of the vaccination.

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

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

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

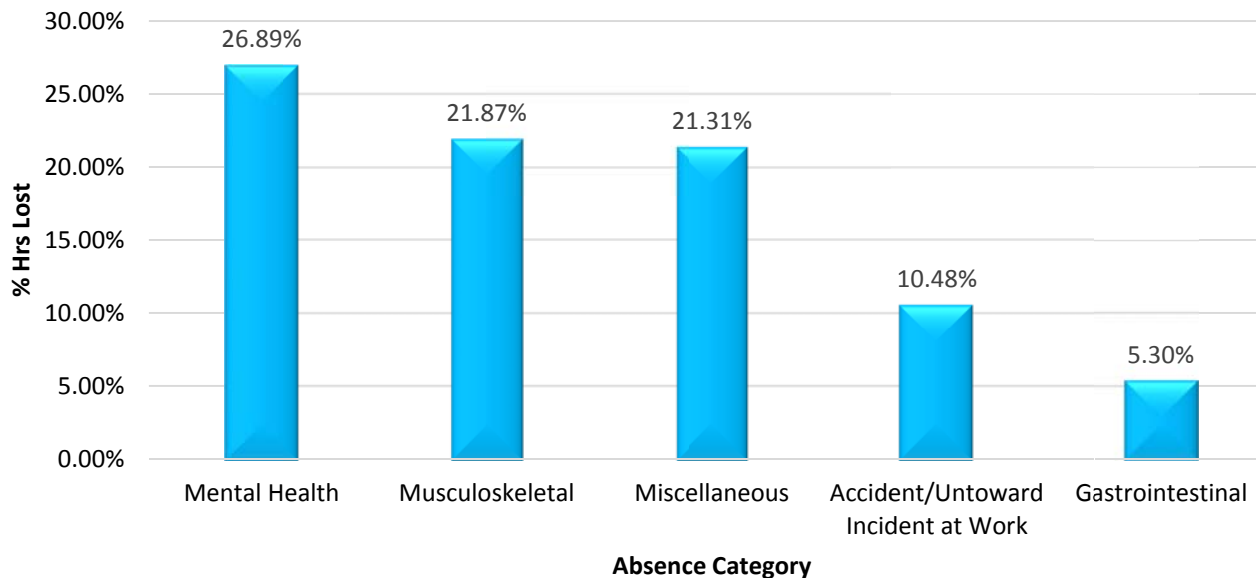
**COMPARISON OF NIAS % CUMULATIVE / MONTHLY ABSENCE:** The following chart shows the comparison of cumulative % hours lost due to sickness absence from April-August (2017/18), compared to monthly % hours lost during the same period in 2017/18.



## Section 1: Human Resources & Corporate Services

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

#### Top 5 Absence Categories during the period 1 April 2017 to 31 August 2017 (% of Total Absence)



#### “OTHER” CATEGORIES WITH MORE THAN 1% ABSENCES INCLUDE:

Asthma, Chest, Resp.	3.95%
Heart/cardiac/circulatory	1.91%
Tumours and Cancers	1.72%
ENT	1.45%
Headache/Migraine	1.37%
Influenza	1.30%

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

Dental/Oral Problems; Endocrine/Glandular Problems; Eye Problems; Genitourinary & Gynaecological Conditions; Infectious Diseases; Nervous System Disorders; Pregnancy Related; Skin Conditions; Viral Illness.

## REASONS FOR ABSENCE

The chart above illustrates the top 5 Absence Categories for NIAS during the reporting period, which were **Mental Health, Musculoskeletal (which includes Back Problems, Injury or Fracture & Other Musculoskeletal Problems), Miscellaneous, Accident/Untoward Incident at Work and Gastrointestinal Problems.**

**(1) Mental Health** includes Anxiety (3.42%), Depression (2.65%), Grief/Bereavement (1.91%), Stress (13.16%) and Work-Related Stress (5.74%).

**(2) Musculoskeletal** includes Back Ache/Pain (5.32%), Lumbago (0.03%), Sciatica (0.47%), Fractured Wrist (0.80%), Inj to Elbow/Forearm (0.29%), Inj to Foot/Ankle (0.93%), Inj to Hip/Thigh (0.74%), Inj to Knee/Lower Leg (2.53%), Inj to Shoulder/Arm (6.13%), Inj to Wrist/Hand (2.52%), Other Inj/Fracture (0.50%), Sprain (1.35%), Arthritis (0.17%) and Tennis Elbow (0.08%).

**(3) Miscellaneous** includes Chronic Fatigue (0.10%), General Debility (11.93%), Hospital Investigations (1.68%), Post-Surgical Debility (7.60%), and Post Viral Fatigue (0.00%).

## Section 1: Human Resources & Corporate Services

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

### Disciplinary Cases:

Position as at August 2017	TRUST TOTAL	Patient Care	Wilful Damage	Criminal Conduct	Fraud	Failure to comply with Trust Policy / Procedure
<b>Total Ongoing Cases</b>	<b>11</b>	<b>4</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>5</b>
HCPC Referrals	5	3	0	2	0	0
Suspensions	2	1	0	0	0	1
<b>New Cases</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

### Grievance Cases:

Position as at August 2017	TRUST TOTAL	Transfer	Application of T&C	Recruitment	Job Evaluation	Equal Opps	Employee Relations Processes	Promotion	Pay
<b>Total Ongoing Cases</b>	<b>23</b>	<b>2</b>	<b>12</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>1</b>
Informal Stage	0	0	0	0	0	0	0	0	0
Formal Stage 1	23	2	12	1	0	4	3	0	1
Formal Stage 2 (Appeal)	0	0	0	0	0	0	0	0	0
<b>New Cases</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**\*New cases included in totals**

### Working Well Together / Harassment Cases:

Position as at August 2017	TRUST TOTAL
<b>Total Ongoing Cases</b>	<b>7</b>
Informal Resolution / withdrawn	1
Inv Ongoing	6
Formal Stage 1	0
Formal Stage 2 (Appeal)	0
<b>New Cases</b>	<b>0</b>

### Commentary (Employee Relations/Industrial Relations):

Trade Union Side continue to work in partnership with NIAS management to facilitate the ongoing Job Evaluation processes, including the evaluation of both new and existing posts.

### 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 August 2017	September	October	November	December	January	February	March	April	May	June	July	August
Grievance	1	0	0	7	10	0	0	0	2	2	0	1
Disciplinary	1	0	0	0	2	0	0	0	1	2	2	0
Harassment	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>1</b>

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

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

**Total complaints received to date: 56**

**HANDLING TIMES OF COMPLAINTS FOR 2017-18**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2016-17	
Complaints Received	12	13	7	11	13								56		161	100%
<b>Total A&amp;E &amp; PCS Activity</b>	<b>27912</b>	<b>31167</b>	<b>30010</b>	<b>29171</b>	<b>29767</b>								<b>148027</b>			
<b>% Complaints/Activity</b>	<b>0.04%</b>	<b>0.04%</b>	<b>0.02%</b>	<b>0.04%</b>	<b>0.04%</b>								<b>0.04%</b>			
Acknowledged within 2 working days	12	13	7	11	13								56	100%	160	99.4%
Acknowledged after 2 working days	0	0	0	0	0								0	0%	1	0.6%
Response within 20 working days	2	5	4	3	4								18	32%	44	27.3%
Response after 20 working days	6	5	2	4	0								17	30%	112	69.6%
Complaints Investigations ongoing	4	3	1	4	9								21	38%	5	3.1%
Cases referred to NI Ombudsman (cases ongoing)	0	0	1	0	0								1		2	

**NATURE OF COMPLAINTS RECEIVED 2017-18**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017-18	%	2016-17	
Staff Attitude	10	7	3	6	5								31	55%	73	45%
Ambulance Late/No Arrival	1	3	3	3	5								15	27%	65	40%
Quality of Treatment & Care	0	1	0	0	1								2	4%	12	7%
Suitability of Equip/Vehicle	0	0	1	0	1								2	4%	5	3%
Other	1	2	0	2	1								6	11%	6	4%
Patient Property	0	0	0	0	0								0	0%	0	0%
<b>TOTAL</b>	<b>12</b>	<b>13</b>	<b>7</b>	<b>11</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>56</b>		<b>161</b>	

**Section 1: Human Resources & Corporate Services**
**HRCS KPI: Supporting Trust Priorities**
**SERVICE AREA OF COMPLAINTS 2017-18**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2016-17	
Accident & Emergency	7	7	2	6	8								30	54%	90	56%
Patient Care Service	2	1	1	2	1								7	13%	10	6%
Control	2	4	4	2	4								16	29%	57	35%
Voluntary Car Service	0	0	0	0	0								0	0%	0	0%
Other	1	1	0	1	0								3	5%	4	2%
<b>TOTAL</b>	<b>12</b>	<b>13</b>	<b>7</b>	<b>11</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>56</b>	<b>100%</b>	<b>161</b>	<b>100%</b>

**COMPLIMENTS RECEIVED 2017-18**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017-18		2016-17	
<b>RECEIVED</b>	16	36	15	18	23								108		<b>207</b>	
SERVICE AREA OF COMPLIMENTS RECEIVED																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017-18	%	2016-17	
Accident & Emergency	13	35	14	15	22								99	91.7%	190	92%
Patient Care Service	0	0	0	1	0								1	0.9%	3	43%
Control	1	1	1	1	1								5	4.6%	7	3%
Voluntary Car Service	0	0	0	0	0								0	0.0%	0	0%
Other	2	0	0	1	0								3	2.8%	7	3%
<b>TOTAL</b>	<b>16</b>	<b>36</b>	<b>15</b>	<b>18</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>108</b>		<b>207</b>	

**Section 1: Human Resources & Corporate Services**
**HRCS KPI: Supporting Trust Priorities**
**CLOSED COMPLAINTS: JULY/AUG 2017**

Ref	First received	Closed	Subject (primary)	Specialty admitted	Description (Policies)	Outcome	Action taken (Investigation)
COMP/1263	26/05/2017	27/07/2017	Staff Attitude / Behaviour	Patient Care Services	Ambulance attendant came across as rude.	The investigation has shown that the NIAS Staff member is aware that his communication was less than ideal. Apology issued to the complainant.	Staff member to be advised around appropriate levels of communication.
COMP/1269	20/06/2017	21/07/2017	Discharge / Transfer Arrangements	Non-Emergency Ambulance Control	Non-Emergency transfer from her home to CAH- Crew took patient to RVH. Patient had to make her own way home at great expense.	Letter of apology issued to complainant. It was found that the crew should have transported this patient first, which would have allowed for a more efficient and satisfactory journey.	
Comp/1222	08/03/2017	21/07/2017	Staff Attitude / Behaviour	Accident and Emergency	Complainant alleges that an attending paramedic was aggressive and his behaviour was inappropriate.	Complaint not upheld. No evidence to substantiate the allegations made. However, a letter of explanation and apology has been issued for the complainant's negative experience.	
COMP/1211	21/02/2017	10/07/2017	Staff Attitude / Behaviour	Accident and Emergency	GP has expressed concerns regarding the attitude and actions of a NIAS A&E crew. He states they were rude, used a carry chair for the patient instead of a stretcher and were irritated by GP's suggestions.	Complaint upheld. Investigation found that staff did not behave appropriately. Full apology and explanation issued.	Crew reminded of expected standard of professionalism. Paramedic will be counselled regarding the primacy of a Doctor's decision regarding a patient. The crew should be given support over a period to be determined regarding the transport of patients with the symptoms listed in the complaint.



Ref	First received	Closed	Subject (primary)	Specialty admitted	Description (Policies)	Outcome	Action taken (Investigation)
COMP/1244	19/04/2017	27/07/2017	Staff Attitude / Behaviour	Accident and Emergency	Complaint regarding the attitude of the crew.	Apology and explanation issued. Reflective account to be conducted by crew concerned.	Clinical Review/Written Reflective Account in relation to this incident by the crew, focusing on history taking assessment, clinical reasoning, working diagnosis, treatment and documentation (of same) for musculoskeletal injuries. The reflective account must demonstrate learning has taken place and there will be no repetition of clinical practice and patient/client experience concerns highlighted.
COMP/1218	01/03/2017	20/08/2017	Quantity of Treatment & Care	Accident and Emergency	The complainant believes that NIAS contributed to the paralysis and death of a family member after suffering from a fall, by not identifying a spinal injury.	Complaint not upheld. Crew acted appropriately and performed all appropriate medical checks and interventions.	Letter of apology and explanation sent. Medical Director to issue clinical update memo to all operational staff on falls suffered by elderly patients and the condition 'ankylosing spondylitis'.
COMP/1271	04/07/2017	06/07/2017	Staff Attitude / Behaviour	Accident and Emergency	Ambulance crew were very rude and arrogant to family and acted like they were not interested in treating the patient.	After phoning the complainant, a letter was sent to the complainant outlining actions.	No further action identified.
COMP/1280	25/07/2017	28/07/2017	Other	Accident and Emergency	Parents of a new born baby were unable to accompany him during ambulance transfer. The parents were upset by this and the mother felt she should have been with her new son during that difficult time.	Complainant was contacted by phone and spoke to the investigating officer around the event. It has been found that NIAS did not put forward any reason why this baby's mother could not travel in the Ambulance. It would appear that the Southern Trust medical staff informed the complainant that this was the case and they would need to provide clarity on the reasons for this. Apology issued nonetheless for the distress the event caused.	No further action identified.

Ref	First received	Closed	Subject (primary)	Specialty admitted	Description (Policies)	Outcome	Action taken (Investigation)
COMP/1270	26/06/2017	03/08/2017	Transport, Late or Non-arrival / Journey Time	Non-Emergency Ambulance Control	NEA went to the wrong unit to collect patient. Patient was supposed to be collected at 2pm. A new ambulance was booked but not until 6pm, by 8.20pm ambulance still had not arrived.	Complaint Upheld. The investigation has shown that the call taker incorrectly input the wrong pickup location for the patient. This error lead to much confusion and significant delays for the patient. Full explanation and apology issued.	Call taker to be fully counselled around the complaint to prevent any future reoccurrence.
COMP/1268	19/06/2017	27/07/2017	Transport, Late or Non-arrival / Journey Time	Non-Emergency Ambulance Control	Son is concerned around the length of time a non-emergency ambulance took, to provide transport for his elderly mother to return home from hospital. This patient ended up having to travel quite late at night, which the complainant feels was not appropriate.	Ambulance was delayed due to workload. NEAC were not informed by Hospital Ward that this was a palliative care patient and likely would have upgraded the call had they known. Apology and explanation issued to the complainant.	No further action identified.
COMP/1286	09/08/2017	10/08/2017	Staff Attitude / Behaviour	Non-Emergency Ambulance Control	Crew collected patient from hospital and told him to eat his breakfast in the ambulance as they had no time to wait. They also allegedly used a number of swear words in the ambulance, not directly to the patient but in their vocabulary during conversations.	Letter of apology issued following phone call. Resolved locally by Area Manager. No further actions identified.	Area Manager contacted the complainant. The complainant wanted no further action taken and stated "I do not want anyone to get in trouble". Area Manager assured him that the crew would be made aware of how upset he had been by their behaviour and he was happy that this was sufficient. Complainant thanked Area Manager for the call and said that the crew were probably not aware of the impact not having his breakfast would have had on him. He said that the crew had never used foul language when speaking to him but whilst speaking with each other.
COMP/1289	10/08/2017	29/08/2017	Staff Attitude / Behaviour	Emergency Ambulance Control	Complaint from out of hours GP practice nurse who recently was in contact with our EAC and has stated: 'I do not think it is appropriate for a clinician to be cross examined about the need for an emergency response'. The complainant is unhappy with how the EAC call taker managed the call.	No longer being investigated under complaints process. Currently being investigated under the Trust's Disciplinary process. Complainant advised accordingly.	Moved to disciplinary.

Ref	First received	Closed	Subject (primary)	Specialty admitted	Description (Policies)	Outcome	Action taken (Investigation)
COMP/1285	07/08/2017	29/08/2017	Transport, Suitability of Vehicle / Equipment	Patient Care Services	Complaint regarding the new model of NIAS PCS vehicles which the complainant believes are too cramped with not enough room for her wheelchair. Complainant has stated she much prefers the older model which was more spacious. The complainant also believes that the new vehicles would not be safe in the event of an RTC.	Complaint upheld and apology issued. NIAS Fleet Manager and Clinical Support Officer held a meeting with the complainant at her home address. They brought along the PCS vehicle to discuss seating arrangement. It was established that the patient was not transported in the correct location of the ambulance and should have been located within a different section which would allow for more room and better comfort.	Make the crew involved aware of the complaint and ensure they know the correct process for transporting wheelchair patients in the newer type vehicles. If not, arrange suitable training or guidance. Check that the vehicle in question has the vehicle configuration diagram fitted to the inside of the o/s rear door. If not present, contact Fleet for a replacement. Review of the call information given to the crew at the time to ensure they had the correct information to deal with the patient requirements.

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

### Claims 2017-18

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
<b>Employers Liability</b>	44													
<b>Claims Received</b>		1	1	1	2	1								6
<b>Claims Settled</b>		0	0	1	2	0								3
<b>Cases Ongoing</b>														44
<b>Public Liability</b>	1													
<b>Claims Received</b>		0	0	0	0	0								0
<b>Claims Settled</b>		0	0	0	0	0								0
<b>Cases Ongoing</b>														1
<b>Clinical Negligence</b>	12													
<b>Claims Received</b>		0	1	0	0	0								1
<b>Claims Settled</b>		0	0	0	0	0								0
<b>Cases Ongoing</b>														12

### Lessons Learned:

2 Employee Liability cases settled during July 2017:

1. Crew involved in RTA with another NIAS vehicle.  
**Recommendations/Actions:** Other than ensure that drivers are appropriately trained and refreshed in relation to their driving duties, the Trust ought to consider disciplinary actions in respect of these types of claim. It was clear carelessness on the part of the employee in the rear vehicle that this incident occurred.
2. NIAS crew members were carrying claimant in carry chair to the ambulance. One crew member lost her balance when carrying the chair down steps causing the chair to fall backwards resulting in the claimant falling to the ground causing injury.  
**Recommendations/Actions:** N/A (Settled out of Court).

### Commentary:

The Trust aims to ensure:

- 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 2017-18

<b>Categories</b>	<i>Slips/ Trips/ Falls</i>	<i>Quality of Treatment/ Delay</i>	<i>Needle Stick Injury</i>	<i>Equip / Vehicle Faults</i>	<i>RTA's</i>	<i>Other</i>
<b>Employers Liability</b>	5				1	
<b>Public Liability</b>						
<b>Clinical Negligence</b>		1				

### Employers Liability: (Received during July/Aug 17)

1. When getting into ambulance, patient grabbed claimant's wrist and fell to the floor with all her weight on claimant's wrist.
2. Employee was cleaning ambulance, he stepped onto the step and his right foot slipped forward causing him to sustain injuries to his right ankle.
3. Tripped on a parking block at Ambulance Station. Sustained a scaphoid fracture to left wrist.

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

**HRCS KPI: Supporting Trust Priorities**

**Concerns raised under Public Interest Disclosure (NI) 1998 (WHISTLE BLOWING) 2017-18**

<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>2017-18</b>
0	0	0	0	0								0

## 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 has now been completed. Representatives from NIAVAC, the technology provider, have provided training for smart screens, video-conferencing equipment and other associated ancillaries. Full installation at RATC will now 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/ Continuing Education' course is underway (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 clinical
- 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 the transformation team continue to collaborate with the HSC Clinical Education Centre and have secured a programme of courses open to both EMTs and paramedics alike. Following on from the universally welcomed 'Advanced ECG Interpretation' course; 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. These courses are attracting similar levels of interest as the pilot.
- "Train the Trainer" training is underway with Corpuls to enable the introduction of the new defibrillators. A planning meeting will take place on the 20<sup>th</sup> September.
- Seven new qualified Paramedics are to join NIAS. They will begin corporate and induction training on the 1<sup>st</sup> November 2017.

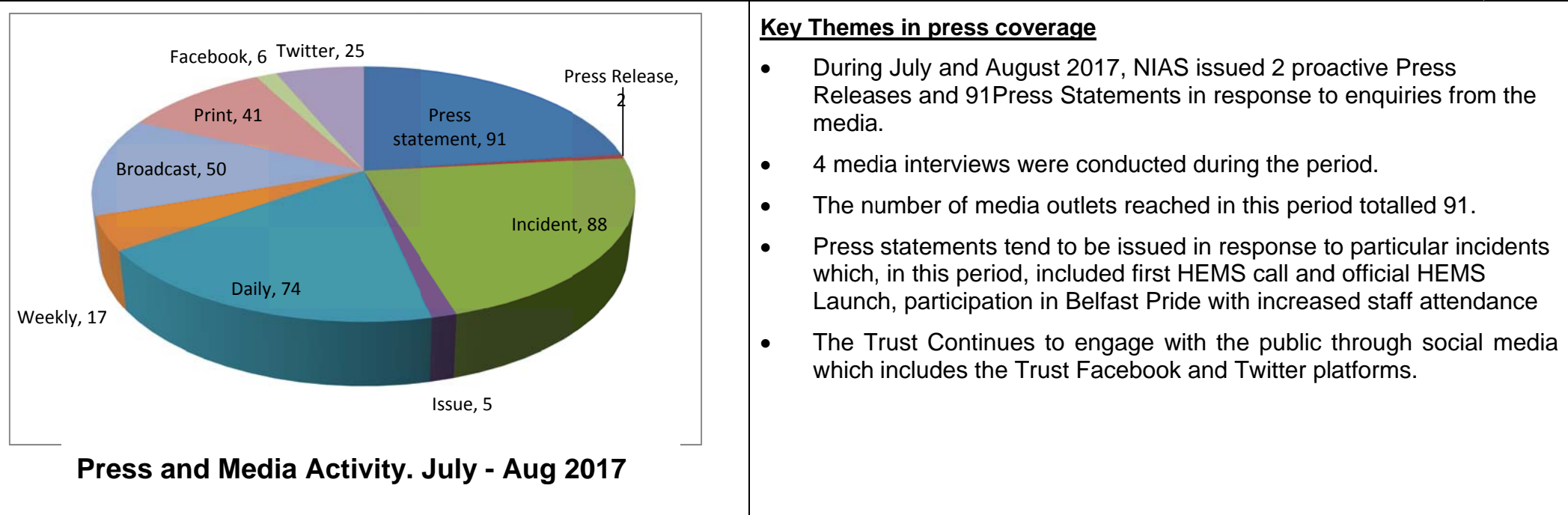
course and will move to clinical practice on 25/9/17.

- RATC's interim External Quality Assurance visit from FutureQuals planned for early July is now delayed until the first cohort return their portfolios. This delay was requested by FutureQuals and negates two visits within a short space of time. The visit pertains to the first AAP cohort and is a condition of running a regulated programme of education and training. RATC wishes to build upon the very positive initial visit report and cement the AAP programme as fit-for-purpose whatever the scrutiny. 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.

<b>Section 3: Equality &amp; Human Rights/Personal and Public Involvement/ Patient Experience/Media and Communication</b> <b>HRCS KPI: Supporting Trust Priorities; Transformation and Modernisation; Equality and Human Rights; Partnership &amp; Employee Engagement</b>	
<b>Section 75</b> <ul style="list-style-type: none"> <li>• Section 75 implementation requirements are set out in the Trust's Equality Scheme and delivery is monitored by the Trust's Equality and PPI Steering Group.</li> <li>• The Trust works to mainstream section 75 considerations into policy development through engagement and screening processes.</li> <li>• The Trust's Equality and Good Relations Duties Annual Progress Report for 2016/17 was submitted to the Equality Commission for Northern Ireland on 31 August 2017.</li> <li>• NIAS contributes to the HSC regional Equality and Human Rights agenda through participation in the DHSSPS Equality and Human Rights Steering Group.</li> <li>• Contribute to regional work to 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.</li> </ul>	<b>Key Work Streams underway include</b> <ul style="list-style-type: none"> <li>• Re-establishment of Trust Equality Forum to ensure engagement with Trade Union representatives and staff in relation to equality issues.</li> <li>• Establishment of a NIAS Women's Forum.</li> <li>• Lead on achievement of Rainbow Project's Diversity Champion status across HSC Trusts.</li> <li>• Develop and introduce a Good Relations Strategy for NIAS.</li> <li>• Develop Equality Toolkit and Training Module.</li> <li>• Contribute to the development of a regional Discovering Diversity e-learning module.</li> </ul>
<b>Human Rights</b> <ul style="list-style-type: none"> <li>• Human Rights consideration to Trust policy is incorporated within Equality and Human Rights Screening documentation.</li> <li>• The Trust has been engaging with the Northern Ireland Human Rights Commission in respect of Trust policy plans and the potential human rights considerations of these.</li> <li>• Work is underway to develop an Equality and Human Rights toolkit for policy leads to mainstream statutory obligations into the policy development, consultation and implementation processes.</li> </ul>	<b>Supporting Trust policy</b> <ul style="list-style-type: none"> <li>• The Equality, PPI and Patient Experience team support the Trust in respect of statutory obligations associated with strategic policy development. This includes Equality, Human Rights, PPI, and Patient Experience considerations.</li> <li>• Key in this regard has been the mainstreaming of statutory requirements within the Trust's Transformation and Modernisation agenda. This has involved engagement with Section 75 representative groups impacted by proposals, including AGENI, Diabetes UK and Epilepsy Action.</li> </ul>



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

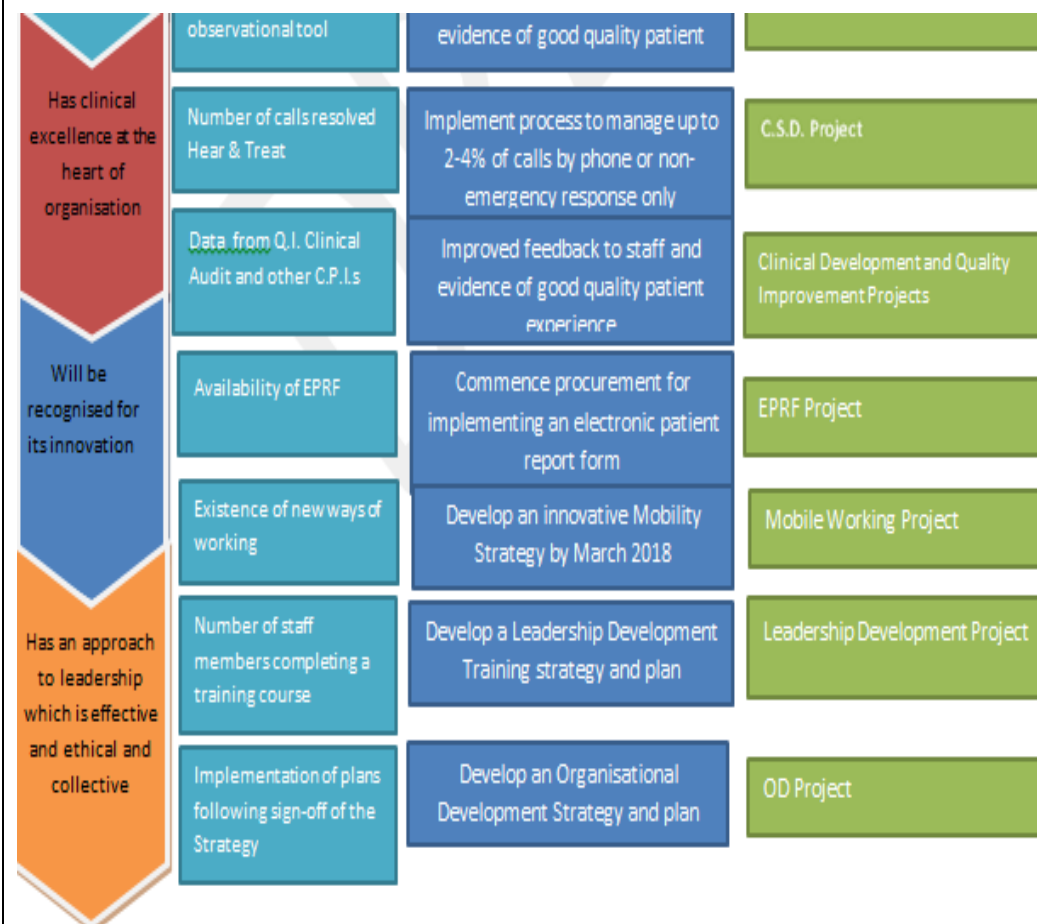
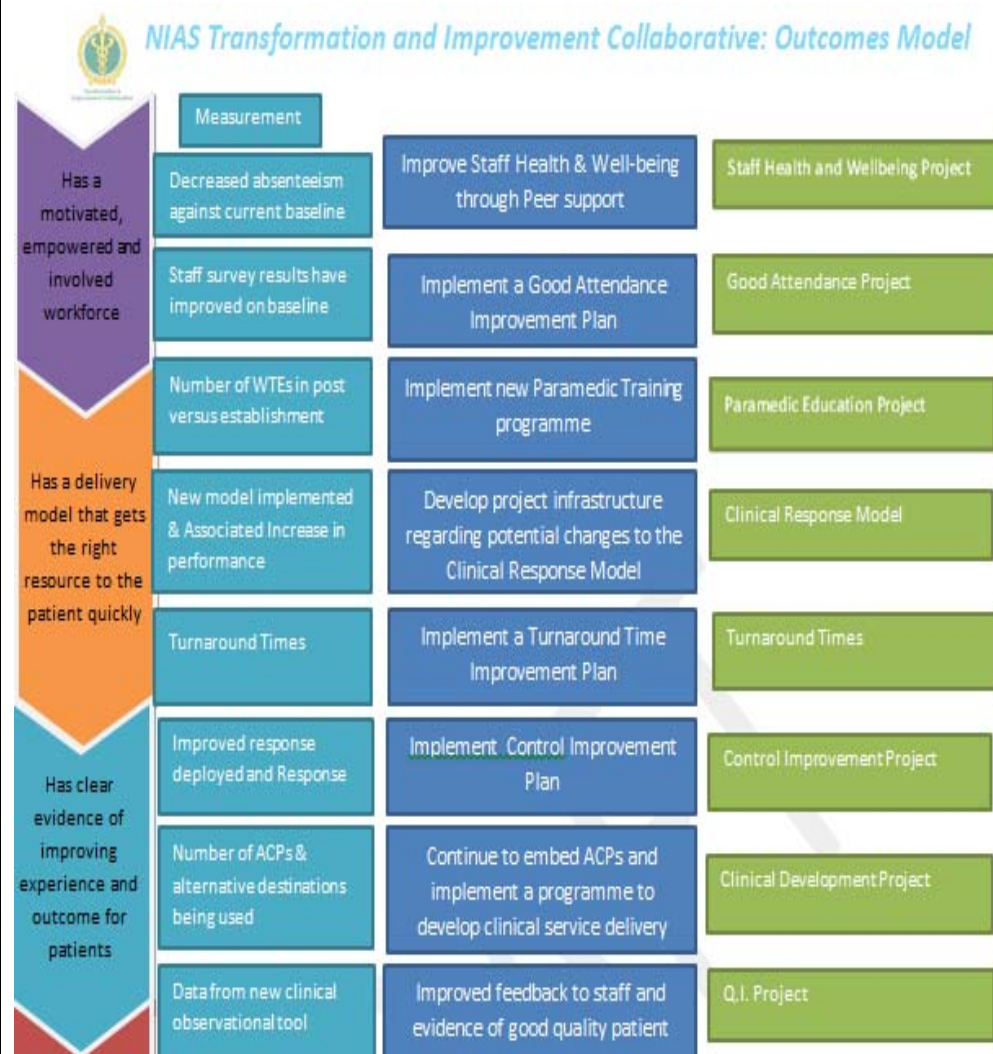


<p><b>Community Education</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Number of Community Education Visits</td> <td style="width: 30%; text-align: center;">25</td> </tr> </table> <ul style="list-style-type: none"> <li>The Trust has continued to attend schools and community groups.</li> <li>Key messages have included the impact of hoax calls, inappropriate use of the service and violence against staff.</li> <li>Work is ongoing 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</li> </ul>	Number of Community Education Visits	25	<p><b><u>General Media and Communication Work Streams</u></b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>
Number of Community Education Visits	25		

## Section 4: Transformation and Modernisation

### HRCS KPI: Modernisation and Reform

The Transformation Improvement Collaborative which has been established by the Chief Executive has been running for a few months now. This will be described in more detail in future reports as the Collaborative evolves. The members of the Transformation and Modernisation team are involved in a range of Modernisation and Improvement Projects during 16/17. An Outcomes model is being developed. This will be trialled during 16/17 with more comprehensive outcome measurement going forward.



**Quality Improvement Project-** led by the Transformation and Organisational Change Programme Manager, this project aims to develop the use of Quality Improvement methodologies across the organisation and develop the skills of staff in how to lead improvement effectively. 12 members of staff (representing Ops, Modernisation, Fleet and the Medical Directorate) are commencing a Level 2 Quality Improvement training programme in conjunction with SE Trust. This will run over the next month and each participant has come up with an improvement project in their area of work which they will be leading on.

**Clinical Development Project-** led by the Clinical Service Improvement Lead, this project aims to improve clinical care through delivery of a structured workplan of key priorities for the Trust. Management and review of Appropriate Care Pathways continues with presentations to a range of GPs in the Western Locality, a presentation to the Southern Local Commissioning Group. There continue to be review meetings, changes to pathways and discussions about new pathways.

NIAS attend approx. 5 cardiac arrests per day across NI. On 13<sup>th</sup> and 14<sup>th</sup> Sept, NIAS hosted a 2 day cardiac arrest workshop, which aims to build on some of the cardiac arrest training that has already taken place. Paramedics and CSOs from all divisions attended and the workshop was facilitated by Steve Bell (advanced paramedic NWS). The focus was on the “pit stop” team approach to cardiac arrest management and post resuscitation care. The workshop included a range of presentations followed by practical scenario sessions. As a result, NIAS have begun developing a procedure on how to deal with return of spontaneous circulation. This will also include scoping the introduction of pacing by paramedics.

NIAS are currently involved in a number of initiatives to help identify and treat patients presenting with red flag sepsis. It has previously introduced the National Early Warning Score, which all EMTs and Paramedics are able to use. The tool is also consistent with practice, which happens in both primary care and the Emergency Departments. NIAS is also taking part in a pilot, whereby a small number of Paramedics record “lactate readings” for patients presenting with red flag sepsis. To date 65 patients have been recruited and pilot evaluation will begin late Autumn.



**TB/05/10/2017/05**



# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD REPORT MEDICAL DIRECTORATE

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Medical Director  
2017 / 10 / 05  
(July-August 2017)

## Medical Directorate Performance Report for Trust Board

Emergency Planning & Business Continuity	
	<p>Please refer to attached Emergency Planning Reports for July-August 2017.</p> <p>The Trust's Emergency Planning Team continues to participate in major incident planning and multi-agency exercises. Meetings have been held with the DoH NI in order to agree the level of provision moving forwards, and NIAS has submitted a business case as requested by the Department of Health in order to develop a similar operational capability to that provided in other UK Ambulance Services. A series of regional meetings are being held to assess capacity for and response to a mass casualty incident.</p> <p>A new Business Continuity Strategy &amp; Policy were agreed at the previous Trust Board Meeting. The Business Continuity lead is now undertaking a series of meetings with representatives from all Departments of NIAS in order to review and develop individual Business Continuity Plans, and exercising of these will be undertaken in due course.</p> <p>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 &amp; 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 was further impacted by the outcome and recommendations of the review of industrial action and an independent review to inform the development of a policy on the use of marked vehicles in 2017/18.</p>
Risk Management	
<b><i>Corporate Risk Register</i></b>	<p>The Trust's Corporate Risk Register is presented monthly to SEMT, and to the Assurance Committee as a standing agenda item. A series of Directorate-specific Risk Register workshops, facilitated by the Risk Manager, took place earlier in the year. Following recommendations from Internal Audit, the Corporate Risk Register is now to be included with Trust Board papers and appears as an Appendix to this report.</p> <p>The Local Risk Registers of each Directorate are presented to the Trust's Assurance Committee on a rolling basis to ensure that all are considered during the year.</p>



	In accordance with the 2017/18 annual audit plan, BSO Internal Audit carried out an audit of Risk Management within Northern Ireland Ambulance Service (NIAS) during June 2017. A draft report has been received and NIAS responses forwarded. Risk Management was last reviewed by Internal Audit in July 2016, when Satisfactory assurance was provided.
<b><i>Incident Reporting Procedures</i></b>	<p>The review of the incident reporting procedure is currently ongoing, and it is anticipated that it will be completed by end Q4 2017/18. Progress has already been made including the introduction of remote access to the Datix system allowing station management staff the ability to submit and review untoward incident reports while contributing to the overall database. A Datix Administrator post is to be appointed in September 2017. NIAS has adopted the revised regional serious adverse incident reporting procedure. NIAS continues to participate in the learning outcomes review from SAls regionally.</p> <p>A composite report of Untoward and Serious Adverse Incidents is reported at each meeting of the Assurance Committee.</p> <p>A second meeting of the Trust's Learning Outcomes Review Panel took place in May 2017. 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. These are presented in a redacted form so that the emphasis is on learning as an organisation, rather than attributing blame. The outcome from the panel will be reported to the Trust's Assurance Committee from August 2017.</p>
<b><i>Outcomes from Reports, Alerts, etc.</i></b>	Regular reports on complaints, compliments, adverse incidents including SAls involving NIAS, Coroner's reports, medication and device alerts continue to be provided to the Assurance Committee as standing agenda items. NIAS also continues to review relevant NICE guidelines and regional learning and quality letters and reports. An electronic form of the aide memoire containing protocols and referral pathways is now being formally trialled by a group of frontline staff using a dedicated phone app, although hard copies of the latest pathways are made available to all frontline staff.
<b>Clinical Care</b>	
<b><i>Infection Prevention &amp; Control</i></b>	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

	<p>infections (HCAIs) were reported within the Trust during the year.</p> <p>In July the RQIA inspection team undertook audits of Broadway and Bangor ambulance stations. These highlighted a large number of concerns relating to the knowledge and practice of staff as well as vehicle and environmental cleanliness, which naturally raises concerns about the robustness of the assurance process. The Chief Executive, Interim Medical Director, Director of Ops, Assistant Director of Ops (Fleet and Estate) and Risk Manager have attended a series of meetings with RQIA following these inspections in order to develop an improvement plan. Some remedial work has already been taken to address the station environmental issues and the Stores department has been relocated to Derriaghy Station. All NIAS stations have had inspections by local Station Officers using the same criteria as the RQIA and similar issues relating to the estate have been identified in other locations. Custom and practice issues have been addressed locally but the regional training team is developing a remedial training programme to highlight the importance of IPC and to encourage best practice as well as auditing its uptake. This will involve significant input from the training team and the Clinical Support Officers in particular with the potential to impact on other duties. The Operations Directorate took steps to address the immediate issues regarding vehicle cleanliness and is also considering longer term options for the regular cleaning of ambulances in light of operational pressures.</p>
<b><i>Regional Community Resuscitation Strategy</i></b>	<p>Following on from the success of the 2016 “Restart a Heart Day”, when over four thousand people participated in CPR training regionally, plans are already underway for the 2017 event.</p> <p>Following a significant delay due to difficulties in agreeing job evaluation in partnership with staffside representatives, the Community Resuscitation Manager post has been awarded with the appointee due to take up post in the next few weeks. Interviews for the post of CRDOs are scheduled to take place during the week commencing 11 September.</p> <p>As existing funding to support current resuscitation training initiatives ended in 2015/16, the majority of these initiatives have now ceased. In the absence of the CRDOs being appointed, NIAS continued to make funding available to support a number of resuscitation initiatives, particularly within the NHSCT. However the NHSCT has given notice of the end of this arrangements in anticipation of the new appointments.</p> <p>A large number of public access defibrillators are now available throughout Northern Ireland. The NIAS control system now has over 1000 of these registered which allows for their rapid deployment in the event of a local call to a collapsed patient. These units have been provided by a mixture of commercial organisations and public bodies, with a number of meetings being held</p>

	<p>between NIAS and local Council planners in order to facilitate future roll-outs.</p> <p>NIAS continues to engage with a number of First Responder schemes across Northern Ireland.</p>
<b><i>Patient Report Form (PRF)</i></b>	The updated Patient Report Form (PRF) approved by Trust Board in December 2016 has been implemented across the whole of NIAS. As well as fulfilling new audit purposes, it also offers guidance and support to crews on the implementation of appropriate care pathways. A patient advice leaflet regarding self-care is also being developed.
<b><i>Electronic Patient Report Form (ePRF)</i></b>	<p>The business case for introduction of an electronic Patient Report Form (ePRF) received the support of the Commissioners in June 2017 with approval for the full amount for the project. A Project Board led by the Chief Executive has been established. Work has now commenced to initiate procurement options and the full tender process. It is accepted that the ePRF is a standalone project although meetings have already been held to explore how it may integrate with areas such as the Electronic Care Record (ECR) and the Key Information System (KIS).</p> <p>This project is a major step forward in the modernisation of NIAS and has benefits for patients in terms of improved clinical care with better continuity, for NIAS in terms of audit and quality improvement, and also for the wider HSC where the data can more readily inform the development of acute services. Due regard will be given to implications for data privacy and technological hurdles to be overcome.</p>
<b><i>Annual Quality Report</i></b>	The Trust's 2016/17 Annual Quality Report will be presented to Trust Board in Q3 2017/18.
<b><i>Alternative Care Pathways</i></b>	<p>Work has continued to embed the appropriate care pathways resulting in more patients being referred directly to specific services such as palliative care, home care teams, community diabetic teams, community respiratory teams, etc. Further pathways such as referral of patients with mental health issues are being explored. Successful meetings have been held with representatives of primary care in order to address concerns raised by GPs and in particular to demonstrate the consideration of safety issues within all of the appropriate care pathways.</p> <p>Work on policies including information markers and frequent callers continues, but these are not yet ready for submission to Trust Board. It is anticipated that these will be ready by the end of 2017.</p> <p>Following significant delay due to difficulty in agreeing job evaluations with staffside representatives, staff have now been appointed to the position of the Clinical Support Desk Team</p>

	<p>and it is anticipated that they will start to actively manage calls in October 2017.</p> <p>The quality improvement programme to monitor and review compliance with the appropriate care pathways continues and a number of reports are attached indicating compliance and performance in the areas of:</p> <ul style="list-style-type: none"> <li>• Acute coronary syndrome care;</li> <li>• Cardiac arrest management;</li> <li>• Management of falls in older patients;</li> <li>• Management of hypoglycaemia;</li> <li>• Management of acute stroke.</li> </ul> <p>These show significant improvement across the areas outlined and work continues to ensure compliance in all areas. The transformation team is also seeking to introduce a pathway for referral of patients to the Lifeline crisis service.</p>
<b><i>Helicopter Emergency Medical Service (HEMS)</i></b>	<p>The HEMS service became fully operational at the end of July 2017 and has been responding to approximately one serious trauma call per day. The service is based at the Maze Long Kesh site where a single helicopter carrying a team comprised of the pilot, critical care doctor and paramedic (also trained in flight operations) is available. A second paramedic mans the airdesk to notify the crew of calls likely to illicit a response. NIAS crews may also request backup from HEMS if required. When not responding to calls the clinical team undertake constant training in order to maintain proficiency.</p> <p>Two aircraft have been obtained by the designated charity partner, Air Ambulance Northern Ireland (AANI), although the second is a backup in the event of scheduled maintenance or technical problems, and is held at St Angelo Airport, Enniskillen. There have been a number of public events at the base to publicise the service. The helipad at the Royal Victoria Hospital site is not serviceable at this time, but plans for this are being moved forwards by the Belfast Trust. This will significantly reduce the transfer time of patients who will have to undergo secondary road transfer from alternative sites at the Musgrave Park Hospital or Belfast City Airport in the interim.</p> <p>When flight operations are restricted by weather or light conditions, the team can respond by road using a vehicle which has been provided with the call sign Delta 7. This is in keeping with all of the Delta call signs which represent a prehospital care doctor response, and historically was the personal call sign of Dr John Hinds, who campaigned for the introduction of the HEMS service. All UK air ambulance helicopters have call signs commencing “Helimed” in order to receive priority from air traffic control, and therefore the Delta call sign could not be assigned to the aircraft.</p>

	<p>The combined clinical advisory groups for HEMS and the Regional Trauma Network continue to meet and the Chair of the Panel will be reviewed following the retirement of the current NIAS Medical Director. The full implementation of the Regional Trauma Network is not a prerequisite for the introduction of the HEMS service, but is planned to commence in Q1 2018/19. Weekly teleconferences are held to review the HEMS activity and to address any potential concerns regarding repatriation of trauma patients following definitive care at the major trauma centre.</p>
<b>Personal Public Involvement / Patient Client Experience</b>	
<b><u>Patient and Client Experience Standards (PCES)</u></b>	<p>The Trust has 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 covering all aspects of our service, including emergency 999 response, Patient Care Service and ambulance control. The results from feedback have been very positive and reflect a high degree of satisfaction in terms of compliance with the patient experience standards. The vast majority of patients (90%) described their experience as either positive or strongly positive.</p> <p>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 monthly 10,000 Voices Facilitators Working Group which took place on 24 August.</p> <p>Having reached the target of 10,000 stories on how health and social care is delivered, the project is building on that success and seeking 10,000 More Voices.</p> <p>The Trust's Workplan for 2017/18 includes:</p> <ul style="list-style-type: none"> <li>• focus on the regional priorities on staff introductions and patient-centred communication skills;</li> <li>• staff introductions – relaunch and promotion of #hellomynameis... campaign;</li> <li>• engagement with the Comms Team on options for a NIAS 10,000 Voices awareness and promotional campaign;</li> <li>• promote the pilot of the Appropriate Care Pathways survey and re-launch the staff survey;</li> <li>• learning from results – ensuring that learning is shared with senior management and lessons learnt are used in training and service delivery.</li> </ul> <p>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</p>

	clinical training programmes.
<b><u>Personal and Public Involvement (PPI)</u></b>	<p>The Trust's Personal and Public Involvement (PPI) Strategy outlines its commitment to involving key stakeholders such as service users, carers and their representatives in the development of services.</p> <p>During this reporting period, work continued on reviewing NIAS's PPI strategy and structure. For example, NIAS held an initial meeting with the Patient Client Council on 18 July 2017. The agenda included a focus on the potential of linkages between NIAS and PCC in relation to establishing the Trust's proposed PPI Forum with the involvement of service users.</p> <p>At a regional level during August, the Trust was party to the considered response of the Regional PPI Forum to the Department of Health's draft guide on co-production. A number of helpful and effective interventions were included by service users before the Forum finalised its joint response. The Trust also received a number of PHA good practice guides on PPI that have been developed through the Forum. These will be utilised in relation to new policy and practice in the context of the Trust's review of PPI systems and structures.</p> <p>A PPI information film which has been commissioned by NIAS for staff and service users, including filming of relevant stakeholders and staff, was completed. A version has now been shared internally with senior staff for consideration. When finalised, this will then be made available to the Trust Board before roll-out.</p> <p>When the Equality and PPI team has considered the review of PPI systems and structures, the approach will then be presented to the NIAS Equality and PPI Steering Group in early September for next steps.</p>

## EMERGENCY PLANNING REPORT for July-August 2017

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

### **Potential Major Incident**

On 14 July 2017 at 17.59 NIAS received a 999 call for a road traffic accident involving a bus and a car on the Dunhill Road, Coleraine. Three A&E crews, four Officers, the Mobile Control Vehicle and the Emergency Equipment Vehicle were tasked to the scene. However the Emergency Equipment Vehicle and the Mobile Control Vehicle were stood down before going mobile. The incident was stood down very quickly by the first ambulance crew that arrived on scene. The Antrim Area Hospital was alerted using the ED number as opposed to the major incident number.

On 29 August 2017 at 09.41 NIAS received a 999 call for reports of a gas leak in Mill Street, Newtownards. Four A&E crews, six Officers, a Rapid Response Vehicle, the Mobile Control Vehicle & the Emergency Equipment Vehicle were tasked to the scene. The incident was stood down at 10.02. Five persons were assessed at scene and discharged without requiring transport to hospital.

### **Major Incidents**

On 2 August 2017 NIAS received a 999 call for a teenager in a fit on the mountains near the forest in Annalong. The girl was part of a large group of children who had participated in an overnight track with the Army Cadets. NIAS then received further calls stating a number of the children were suffering from cold and query hypothermia. Approximately 60 minutes after receiving the call a paramedic was able to get to the location of the group he assessed that the group was made up of 72 persons, 15 of whom were suffering ill effects from the cold and rain and who were likely to require evacuation on stretchers. Given this number and the difficulty in accessing the casualties, a major incident was declared in order to co-ordinate the response alongside other emergency services. Five A&E crews, five Intermediate Care Vehicles / Patient Care Services, one Doctor, five Officers and the Emergency Equipment Vehicle were tasked to the scene. The Red Cross sent their Fire and Emergency Services Support (FESS) vehicle to provide support to the crews and Officers on scene. An additional two Officers were tasked to the Maritime and Coastguard Agency (MCGA) building in Bangor as Liaison Officers. Daisy Hill Hospital was on standby to receive patients and eight in total were taken there with minor injuries and hypothermia. The remainder of the group and their leaders were taken to a rest centre set up in Annalong community centre where they were further medically assessed and discharged in the care of the military. The incident was ongoing for approximately six hours. Air support was on standby courtesy of three rescue helicopters from the MCGA, but their use was prevented by the extreme weather conditions at the time.

### **Airport Alerts**

On 29 August 2017 at 10.59am NIAS received an Airport Alert for the Belfast International Airport for a light aircraft making an emergency landing. Four A&E crews, four Officers, the Mobile Control Vehicle and the Emergency Equipment Vehicle were tasked to the scene. Two hospitals were alerted to the incident. The aircraft landed safely and the incident was stood down at 11.19am.

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

109 = Deployments with Breathing Apparatus skills/ HAZMAT deployments

34 = Restricted space

33 = IWO

1 = Incident at height

4 = Mountain rescue

10 = HAZMAT

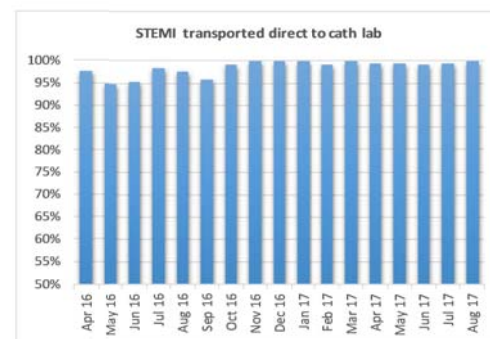
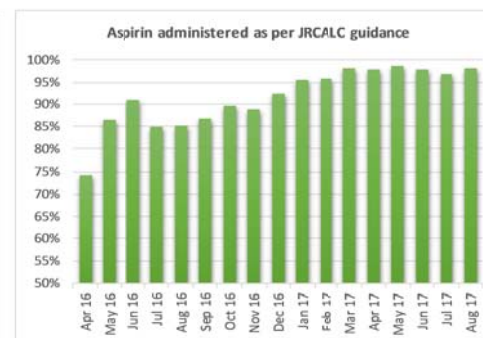
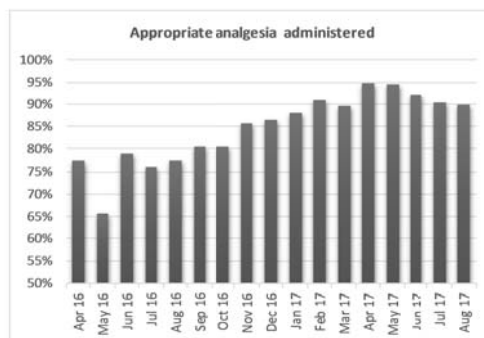
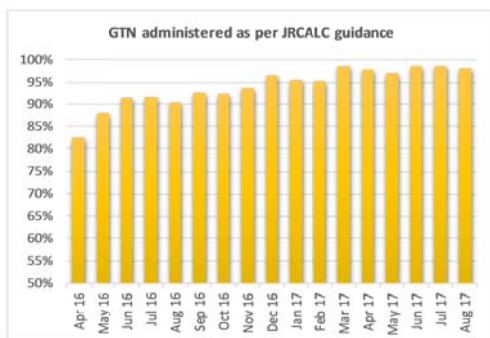
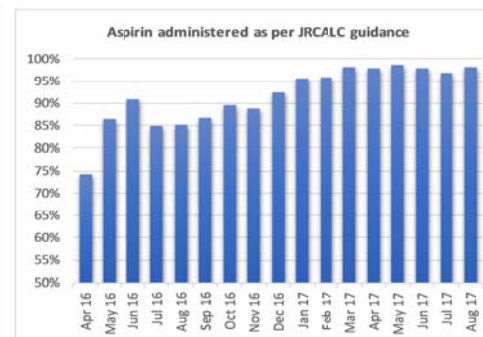
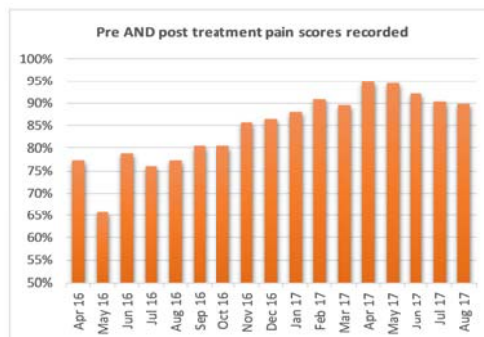
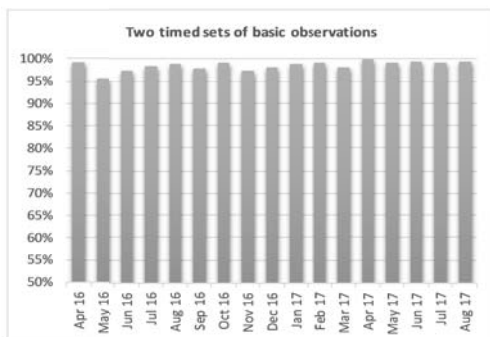


William Newton



## Clinical Audit / QI Programme Report

### ACUTE CORONARY SYNDROME QUALITY IMPROVEMENT - PRF AUDIT

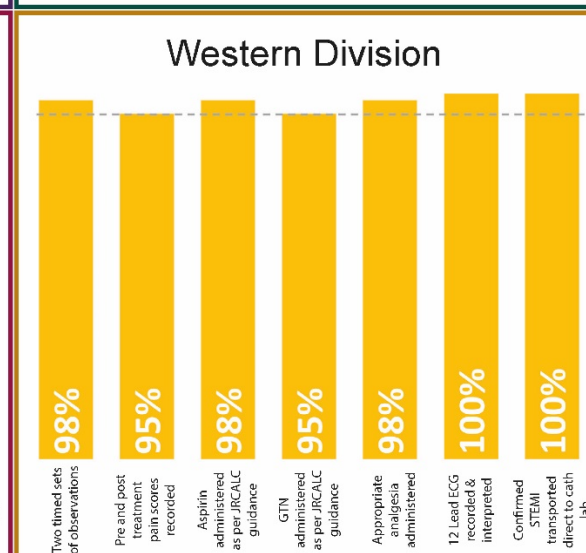
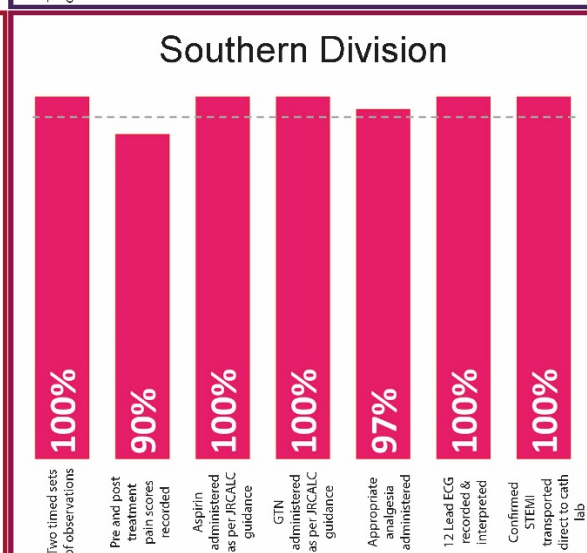
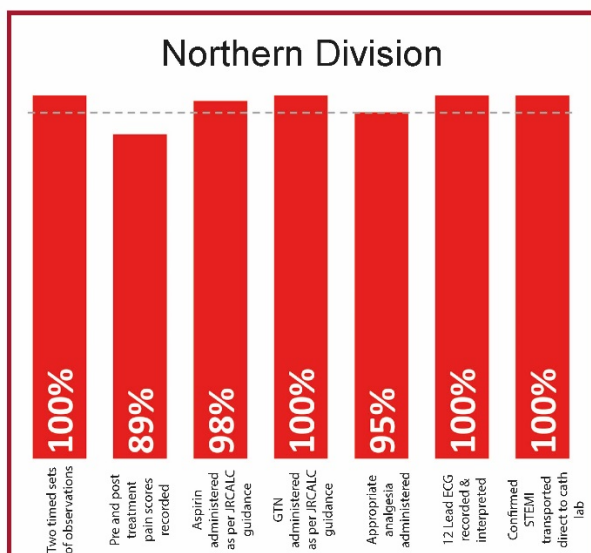
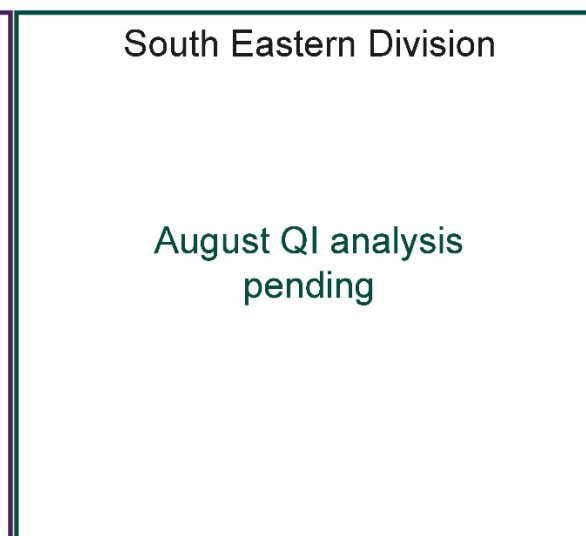
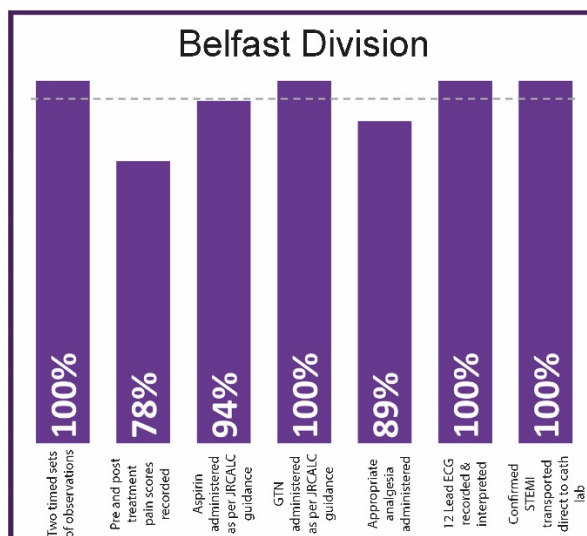


**Reporting Period 01-Apr-16 to 31-Aug-17**

		Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17
<b>Total PRFs audited</b>		132	207	195	193	208	236	330	301	229	317	260	230	229	241	241	218	169
<b>Two timed sets of basic observations</b>	<b>Yes</b>	130	198	189	190	205	228	325	287	223	312	256	225	229	239	239	214	168
	<b>No</b>	1	9	5	3	2	5	3	8	4	3	2	4	0	2	1	2	1
	<i>Exemption</i>	1	0	1	0	1	3	2	6	2	2	2	1	0	0	1	2	0
	<b>KPI (95%)</b>	99%	96%	97%	98%	99%	98%	99%	97%	98%	99%	99%	98%	100%	99%	100%	99%	99%
<b>Pre AND post treatment pain scores recorded</b>	<b>Yes</b>	89	119	135	134	151	176	246	232	173	245	206	184	209	217	201	180	141
	<b>No</b>	30	71	41	46	47	46	64	43	31	38	24	24	12	13	19	21	17
	<i>Exemption</i>	13	17	19	13	10	14	20	26	25	34	30	22	8	11	21	17	11
	<b>KPI (95%)</b>	77%	66%	79%	76%	77%	81%	81%	86%	86%	88%	91%	90%	95%	95%	92%	90%	90%
<b>Aspirin administered as per JRCALC guidance</b>	<b>Yes</b>	74	148	142	141	138	171	250	232	181	244	222	197	204	207	207	192	151
	<b>No</b>	34	28	18	29	31	31	34	34	17	14	11	4	5	3	5	7	3
	<i>Exemption</i>	24	31	35	23	39	34	46	35	31	59	27	29	20	31	29	19	15
	<b>KPI (95%)</b>	74%	86%	91%	85%	85%	87%	90%	89%	93%	96%	96%	98%	98%	99%	98%	97%	98%
<b>GTN administered as per JRCALC guidance</b>	<b>Yes</b>	63	127	114	123	130	156	203	194	160	214	194	181	176	193	191	174	131
	<b>No</b>	23	25	17	16	20	17	25	19	8	14	12	3	5	7	3	3	3
	<i>Exemption</i>	46	55	64	54	58	63	102	88	61	89	54	46	48	41	47	41	35
	<b>KPI (95%)</b>	83%	88%	91%	92%	90%	93%	92%	94%	97%	96%	95%	99%	98%	97%	99%	99%	98%
<b>Appropriate analgesia administered e.g. Entonox / morphine</b>	<b>Yes</b>	26	65	64	73	72	69	112	105	95	118	112	90	104	112	117	87	71
	<b>No</b>	36	58	48	47	33	49	60	49	25	29	20	14	9	15	10	17	7
	<i>Exemption</i>	70	84	83	73	103	118	158	147	109	170	128	126	116	114	114	114	91
	<b>KPI (95%)</b>	73%	72%	75%	76%	84%	79%	82%	84%	89%	91%	92%	94%	96%	94%	96%	92%	96%
<b>12 lead ECG recorded and interpreted</b>	<b>Yes</b>	124	197	190	187	200	228	324	291	227	312	257	230	226	239	240	216	167
	<b>No</b>	6	8	4	2	7	2	6	6	1	4	1	0	1	1	0	0	0
	<i>Exemption</i>	2	2	1	4	1	6	0	4	1	1	2	0	2	1	1	2	2
	<b>KPI (95%)</b>	95%	96%	98%	99%	97%	99%	98%	98%	100%	99%	100%	100%	100%	100%	100%	100%	100%
<b>Patients with a confirmed STEMI transported direct to cath lab</b>	<b>Yes</b>	13	20	22	23	22	16	36	31	20	40	38	37	26	33	28	23	19
	<b>No</b>	3	11	9	3	5	10	3	0	0	0	2	0	1	1	2	1	0
	<i>Exemption</i>	116	176	164	167	181	210	291	270	209	277	220	193	202	207	211	194	150
	<b>KPI (95%)</b>	98%	95%	95%	98%	98%	96%	99%	100%	100%	100%	99%	100%	100%	100%	99%	100%	100%



## Acute Cardiac Syndrome Quality Improvement Compliance by Division (August 2017)



Reporting Period 01-Apr-17 to 31-Aug-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		229	241	241	218	169	0	0	0	0	0	0
Two timed sets of basic observations	Yes	229	239	239	214	168	0	0	0	0	0	0
	No	0	2	1	2	1	0	0	0	0	0	0
	Exemption	0	0	1	2	0	0	0	0	0	0	0
	KPI (95%)	100%	99%	100%	99%	99%	0%	0%	0%	0%	0%	0%
Pre AND post treatment pain scores recorded	Yes	209	217	201	180	141	0	0	0	0	0	0
	No	12	13	19	21	17	0	0	0	0	0	0
	Exemption	8	11	21	17	11	0	0	0	0	0	0
	KPI (95%)	95%	95%	92%	90%	90%	0%	0%	0%	0%	0%	0%
Aspirin administered as per JRCALC guidance	Yes	204	207	207	192	151	0	0	0	0	0	0
	No	5	3	5	7	3	0	0	0	0	0	0
	Exemption	20	31	29	19	15	0	0	0	0	0	0
	KPI (95%)	98%	99%	98%	97%	98%	0%	0%	0%	0%	0%	0%
GTN administered as per JRCALC guidance	Yes	176	193	191	174	131	0	0	0	0	0	0
	No	5	7	3	3	3	0	0	0	0	0	0
	Exemption	48	41	47	41	35	0	0	0	0	0	0
	KPI (95%)	98%	97%	99%	99%	98%	0%	0%	0%	0%	0%	0%
Appropriate analgesia administered e.g. Entonox / morphine	Yes	104	112	117	87	71	0	0	0	0	0	0
	No	9	15	10	17	7	0	0	0	0	0	0
	Exemption	116	114	114	114	91	0	0	0	0	0	0
	KPI (95%)	96%	94%	96%	92%	96%	0%	0%	0%	0%	0%	0%
12 lead ECG recorded and interpreted	Yes	226	239	240	216	167	0	0	0	0	0	0
	No	1	1	0	0	0	0	0	0	0	0	0
	Exemption	2	1	1	2	2	0	0	0	0	0	0
	KPI (95%)	100%	100%	100%	100%	100%	0%	0%	0%	0%	0%	0%
Patients with a confirmed STEMI transported direct to cath lab	Yes	26	33	28	23	19	0	0	0	0	0	0
	No	1	1	2	1	0	0	0	0	0	0	0
	Exemption	202	207	211	194	150	0	0	0	0	0	0
	KPI (95%)	100%	100%	99%	100%	100%	0%	0%	0%	0%	0%	0%

#### Division

##### Belfast

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Ardoyne  | <input checked="" type="checkbox"/> Purdysburn |
| <input checked="" type="checkbox"/> Broadway | <input checked="" type="checkbox"/> The Bridge |

##### South Eastern

- ☒ Ballynahinch
- ☒ Bangor
- ☒ Derriaghy
- ☒ Downpatrick
- ☒ Lisburn
- ☒ Newcastle
- ☒ Newtownards

##### Southern

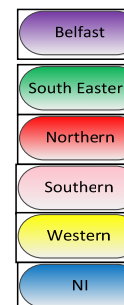
- ☒ Armagh
- ☒ Banbridge
- ☒ Ballgawley
- ☒ Craigavon
- ☒ Dungannon
- ☒ Kilkeel
- ☒ Newry

##### Northern

- ☒ Antrim
- ☒ Ballycastle
- ☒ Ballymena
- ☒ Ballymoney
- ☒ Carrickfergus
- ☒ Coleraine
- ☒ Cookstown
- ☒ Larne
- ☒ Magherafelt
- ☒ Whiteabbey

##### Western

- ☒ Altnagelvin
- ☒ Castlederg
- ☒ Enniskillen
- ☒ Limavady
- ☒ Omagh
- ☒ Strabane



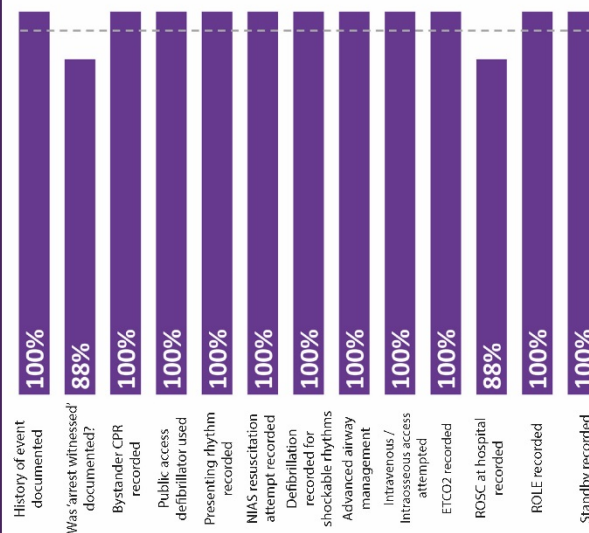


## Cardiac Quality Improvement Compliance by Division (August 2017)

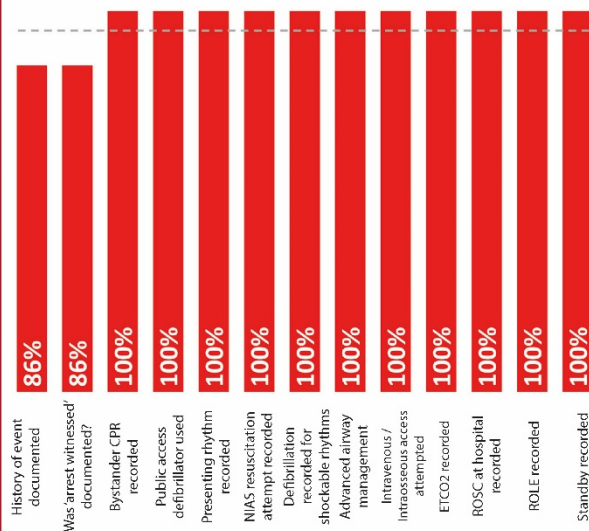
### South Eastern Division

August QI analysis  
pending

### Belfast Division



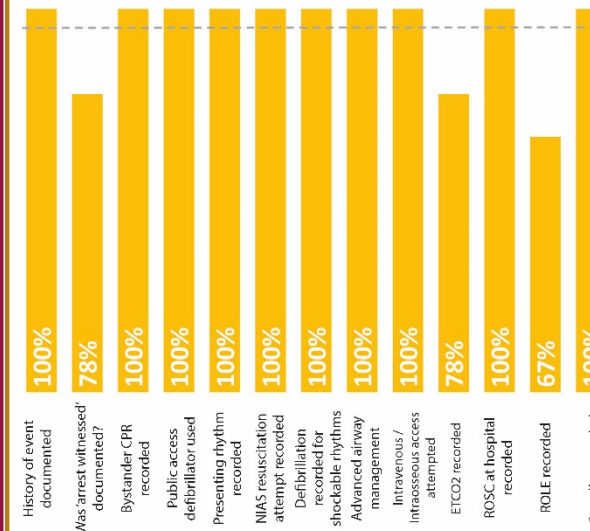
### Northern Division



### Southern Division



### Western Division



Reporting Period 01-Apr-17 to 31-Aug-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		70	54	70	58	32	0	0	0	0	0	0	0
History of event documented	Yes	68	54	68	58	31	0	0	0	0	0	0	0
	No	1	0	1	0	1	0	0	0	0	0	0	0
	Exemption	1	0	1	0	0	0	0	0	0	0	0	0
	KPI (95%)	99%	100%	99%	100%	97%	0%	0%	0%	0%	0%	0%	0%
Was "Arrest witnessed" documented?	Yes	49	39	44	43	19	0	0	0	0	0	0	0
	No	3	2	3	4	4	0	0	0	0	0	0	0
	Exemption	18	13	23	11	9	0	0	0	0	0	0	0
	KPI (95%)	96%	96%	96%	93%	88%	0%	0%	0%	0%	0%	0%	0%
Bystander CPR recorded	Yes	54	39	45	42	29	0	0	0	0	0	0	0
	No	2	1	3	4	0	0	0	0	0	0	0	0
	Exemption	14	14	22	12	3	0	0	0	0	0	0	0
	KPI (95%)	97%	98%	96%	93%	100%	0%	0%	0%	0%	0%	0%	0%
Public access defibrillator used	Yes	3	4	1	3	2	0	0	0	0	0	0	0
	No	3	1	0	0	0	0	0	0	0	0	0	0
	Exemption	64	49	69	55	30	0	0	0	0	0	0	0
	KPI (95%)	96%	98%	100%	100%	100%	0%	0%	0%	0%	0%	0%	0%
Presenting rhythm recorded	Yes	69	53	69	57	32	0	0	0	0	0	0	0
	No	1	0	1	1	0	0	0	0	0	0	0	0
	Exemption	0	1	0	0	0	0	0	0	0	0	0	0
	KPI (95%)	99%	100%	99%	98%	100%	0%	0%	0%	0%	0%	0%	0%
NIAS resuscitation attempt recorded	Yes	64	46	61	55	31	0	0	0	0	0	0	0
	No	1	1	1	1	1	0	0	0	0	0	0	0
	Exemption	5	7	8	2	0	0	0	0	0	0	0	0
	KPI (95%)	99%	98%	99%	98%	97%	0%	0%	0%	0%	0%	0%	0%
Defibrillation recorded for shockable rhythms	Yes	24	15	18	14	8	0	0	0	0	0	0	0
	No	0	0	1	0	0	0	0	0	0	0	0	0
	Exemption	46	39	51	44	24	0	0	0	0	0	0	0
	KPI (95%)	100%	100%	99%	100%	100%	0%	0%	0%	0%	0%	0%	0%
Advanced airway management	Yes	61	46	56	50	31	0	0	0	0	0	0	0
	No	1	1	5	5	0	0	0	0	0	0	0	0
	Exemption	8	7	9	3	1	0	0	0	0	0	0	0
	KPI (95%)	99%	98%	93%	91%	100%	0%	0%	0%	0%	0%	0%	0%
Intravenous / Intraosseous access attempted	Yes	62	50	63	54	30	0	0	0	0	0	0	0
	No	0	0	0	1	1	0	0	0	0	0	0	0
	Exemption	8	4	7	3	1	0	0	0	0	0	0	0
	KPI (95%)	100%	100%	100%	98%	97%	0%	0%	0%	0%	0%	0%	0%
ETCO2 recorded	Yes	51	37	44	45	24	0	0	0	0	0	0	0
	No	10	7	14	10	5	0	0	0	0	0	0	0
	Exemption	9	10	12	3	3	0	0	0	0	0	0	0
	KPI (95%)	86%	87%	80%	83%	84%	0%	0%	0%	0%	0%	0%	0%
ROSC at hospital recorded	Yes	10	12	16	10	9	0	0	0	0	0	0	0
	No	0	1	0	2	1	0	0	0	0	0	0	0
	Exemption	60	41	54	46	22	0	0	0	0	0	0	0
	KPI (95%)	100%	98%	100%	97%	97%	0%	0%	0%	0%	0%	0%	0%
ROLE recorded	Yes	41	30	35	32	12	0	0	0	0	0	0	0
	No	6	3	11	5	3	0	0	0	0	0	0	0
	Exemption	23	21	24	21	17	0	0	0	0	0	0	0
	KPI (95%)	91%	94%	84%	91%	91%	0%	0%	0%	0%	0%	0%	0%
Standby recorded	Yes	20	17	24	23	17	0	0	0	0	0	0	0
	No	1	3	0	0	0	0	0	0	0	0	0	0
	Exemption	49	34	46	35	15	0	0	0	0	0	0	0
	KPI (95%)	99%	94%	100%	100%	100%	0%	0%	0%	0%	0%	0%	0%

**Division**

**Belfast**

- ☒ Ardoyne ☒ Purdysburn  
☒ Broadway ☒ The Bridge

**South Eastern**

- ☒ Ballynahinch  
☒ Bangor  
☒ Derriaghy  
☒ Downpatrick  
☒ Lisburn  
☒ Newcastle  
☒ Newtownards

**Southern**

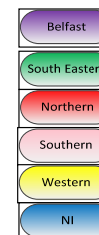
- ☒ Armagh  
☒ Banbridge  
☒ Ballgawley  
☒ Craigavon  
☒ Dungannon  
☒ Kilkeel  
☒ Newry

**Northern**

- ☒ Antrim  
☒ Ballycastle  
☒ Ballymena  
☒ Ballymoney  
☒ Carrickfergus  
☒ Coleraine  
☒ Cookstown  
☒ Larne  
☒ Magherafelt  
☒ Whiteabbey

**Western**

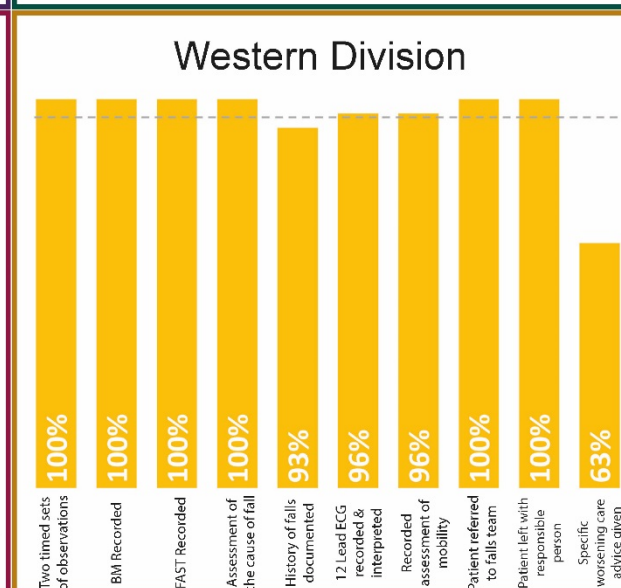
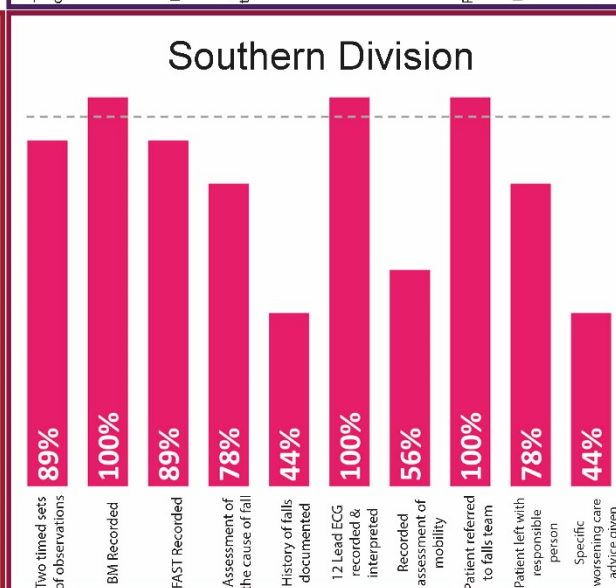
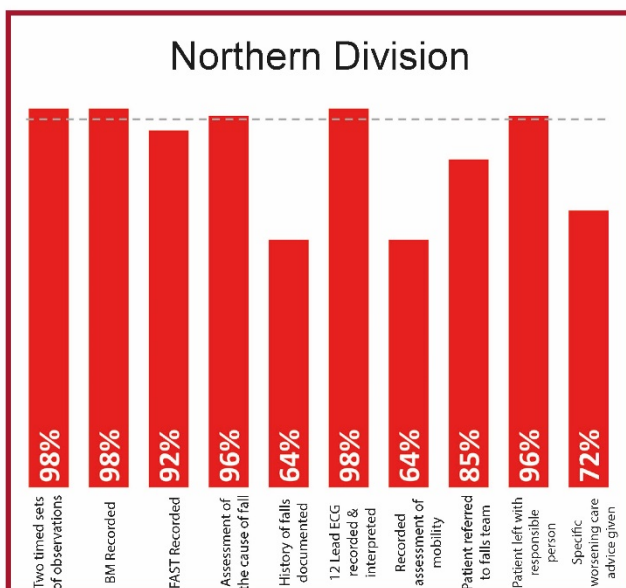
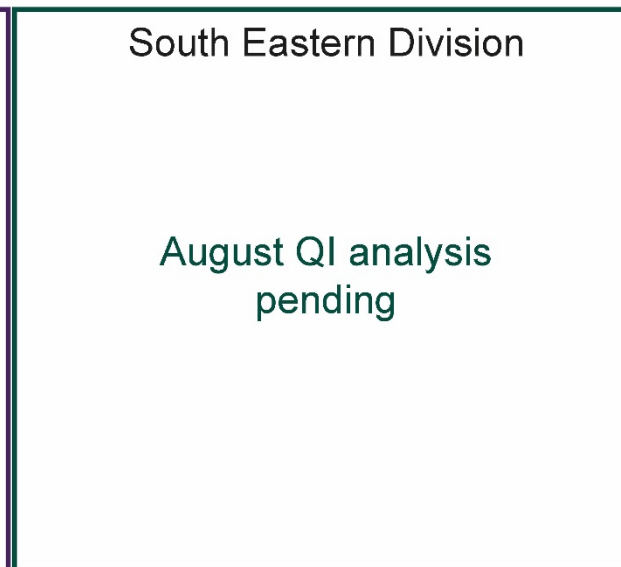
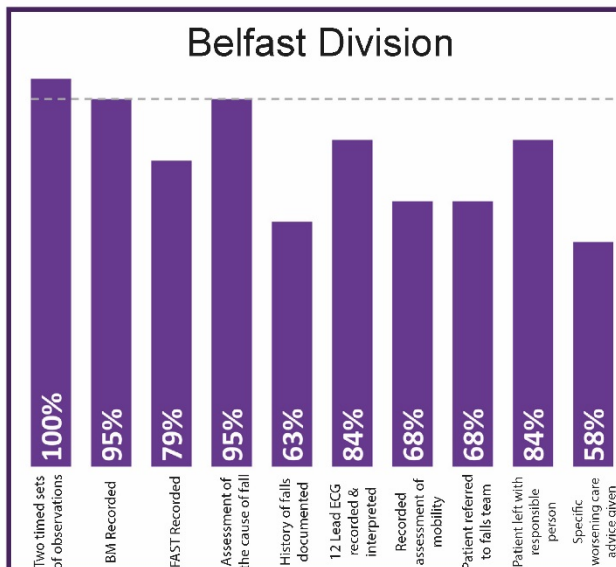
- ☒ Altnagelvin  
☒ Castlederg  
☒ Enniskillen  
☒ Limavady  
☒ Omagh  
☒ Strabane







## Falls Quality Improvement Compliance by Division (August 2017)



Reporting Period 01-Apr-17 to 31-Aug-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	140	182	142	113	0	0	0	0	0	0	0
Two timed sets of basic observations	Yes	148	137	174	133	109	0	0	0	0	0	0	0
	No	4	0	6	7	2	0	0	0	0	0	0	0
	Exemption	4	3	2	2	2	0	0	0	0	0	0	0
	KPI (95%)	97%	100%	97%	95%	98%	0%	0%	0%	0%	0%	0%	0%
BM recorded	Yes	148	135	170	133	109	0	0	0	0	0	0	0
	No	5	3	7	5	2	0	0	0	0	0	0	0
	Exemption	3	2	5	4	2	0	0	0	0	0	0	0
	KPI (95%)	97%	98%	96%	96%	98%	0%	0%	0%	0%	0%	0%	0%
FAST recorded	Yes	142	130	164	124	101	0	0	0	0	0	0	0
	No	12	8	16	16	10	0	0	0	0	0	0	0
	Exemption	2	2	2	2	2	0	0	0	0	0	0	0
	KPI (95%)	92%	94%	91%	89%	91%	0%	0%	0%	0%	0%	0%	0%
Assessment to the cause of fall documented	Yes	141	135	174	130	105	0	0	0	0	0	0	0
	No	7	1	2	4	5	0	0	0	0	0	0	0
	Exemption	8	4	6	8	3	0	0	0	0	0	0	0
	KPI (95%)	96%	99%	99%	97%	96%	0%	0%	0%	0%	0%	0%	0%
History of falls recorded	Yes	86	90	117	87	77	0	0	0	0	0	0	0
	No	67	49	62	53	34	0	0	0	0	0	0	0
	Exemption	3	1	3	2	2	0	0	0	0	0	0	0
	KPI (95%)	57%	65%	66%	63%	70%	0%	0%	0%	0%	0%	0%	0%
12 lead ECG recorded and interpreted	Yes	72	77	86	67	68	0	0	0	0	0	0	0
	No	7	10	13	21	6	0	0	0	0	0	0	0
	Exemption	77	53	83	54	39	0	0	0	0	0	0	0
	KPI (95%)	96%	93%	93%	85%	95%	0%	0%	0%	0%	0%	0%	0%
Assessment of mobility recorded	Yes	111	103	126	102	78	0	0	0	0	0	0	0
	No	39	33	53	36	32	0	0	0	0	0	0	0
	Exemption	6	4	3	4	3	0	0	0	0	0	0	0
	KPI (95%)	75%	76%	71%	75%	72%	0%	0%	0%	0%	0%	0%	0%
Patient referred to falls team	Yes	86	76	114	81	77	0	0	0	0	0	0	0
	No	19	17	35	27	15	0	0	0	0	0	0	0
	Exemption	51	47	33	34	21	0	0	0	0	0	0	0
	KPI (95%)	88%	88%	81%	81%	87%	0%	0%	0%	0%	0%	0%	0%
Patient left in care of responsible person	Yes	130	122	150	111	92	0	0	0	0	0	0	0
	No	12	14	21	12	7	0	0	0	0	0	0	0
	Exemption	14	4	11	19	14	0	0	0	0	0	0	0
	KPI (95%)	92%	90%	88%	92%	94%	0%	0%	0%	0%	0%	0%	0%
Appropriate worsening care advice given	Yes	101	87	99	86	73	0	0	0	0	0	0	0
	No	52	48	79	53	39	0	0	0	0	0	0	0
	Exemption	3	5	4	3	1	0	0	0	0	0	0	0
	KPI (95%)	67%	66%	57%	63%	65%	0%	0%	0%	0%	0%	0%	0%

#### Division

##### Belfast

- ☒ Ardoyne  
☒ Broadway  
☒ Purdysburn  
☒ The Bridge

##### South Eastern

- ☒ Ballynahinch  
☒ Bangor  
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☒ Downpatrick  
☒ Lisburn  
☒ Newcastle  
☒ Newtownards

##### Southern

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☒ Banbridge  
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☒ 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

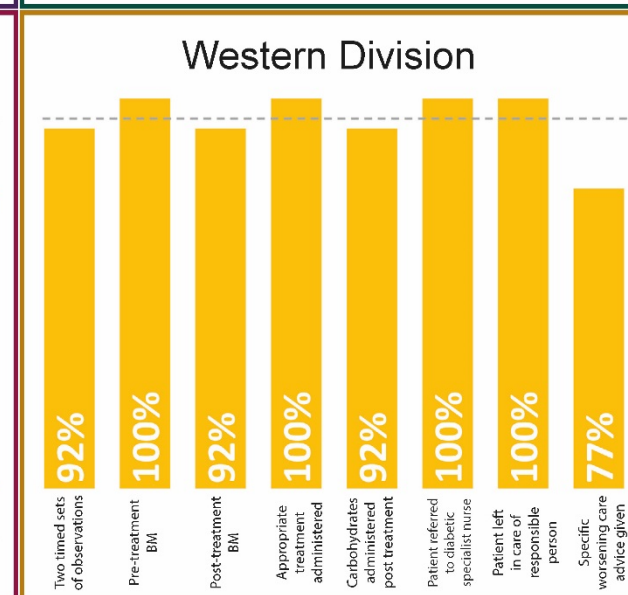
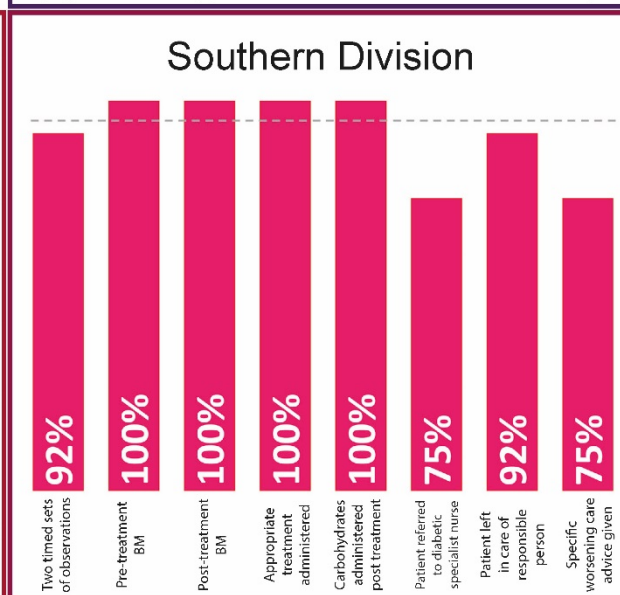
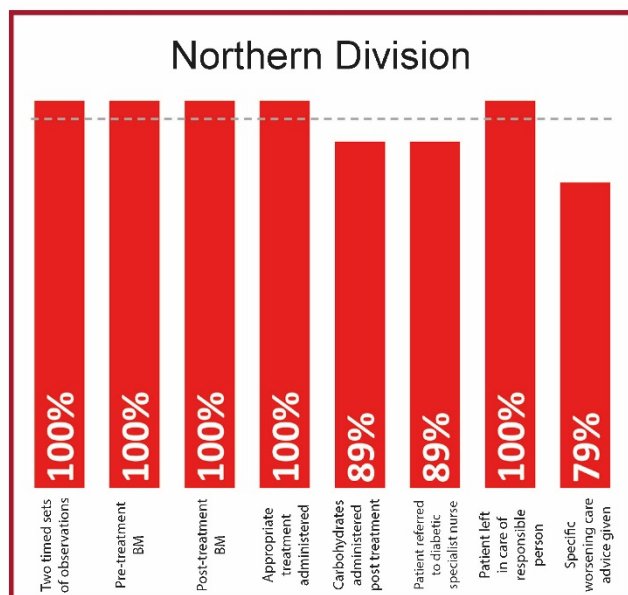
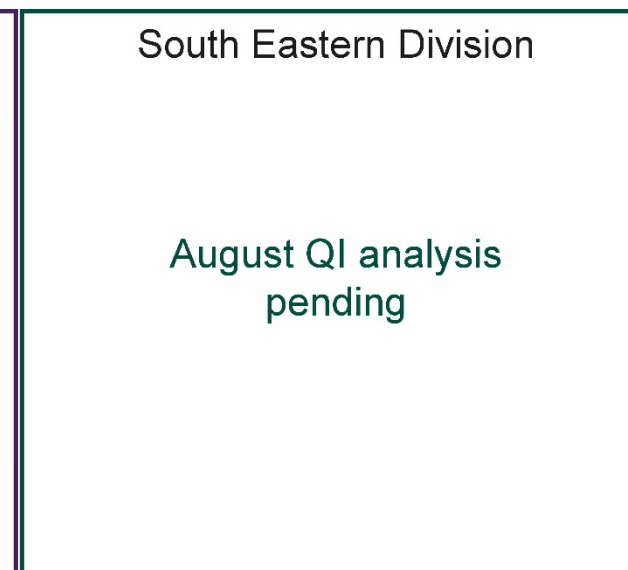
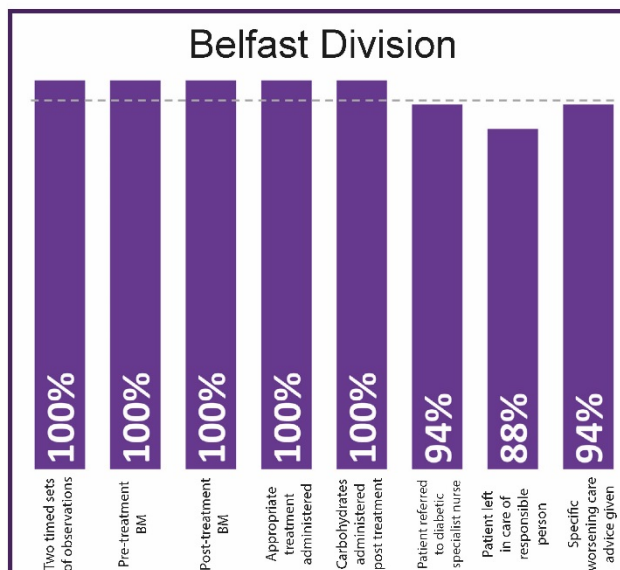
Western

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## Hypoglycaemia Quality Improvement Compliance by Division (August 2017)



For further information on the QI process, please contact your CSO.

Reporting Period 01-Apr-17 to 31-Aug-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	85	108	83	61	0	0	0	0	0	0	0
Two timed sets of basic observations	Yes	86	82	107	80	58	0	0	0	0	0	0	0
	No	0	0	1	2	2	0	0	0	0	0	0	0
	Exemption	2	3	0	1	1	0	0	0	0	0	0	0
	KPI (95%)	100%	100%	99%	98%	97%	0%	0%	0%	0%	0%	0%	0%
Pre-treatment BM recorded	Yes	85	83	102	79	59	0	0	0	0	0	0	0
	No	0	0	1	1	0	0	0	0	0	0	0	0
	Exemption	3	2	5	3	2	0	0	0	0	0	0	0
	KPI (95%)	100%	100%	99%	99%	100%	0%	0%	0%	0%	0%	0%	0%
Post-treatment BM recorded	Yes	87	80	106	81	59	0	0	0	0	0	0	0
	No	0	2	0	0	1	0	0	0	0	0	0	0
	Exemption	1	3	2	2	1	0	0	0	0	0	0	0
	KPI (95%)	100%	98%	100%	100%	98%	0%	0%	0%	0%	0%	0%	0%
Appropriate treatment administered (for age and GCS)	Yes	80	73	98	76	50	0	0	0	0	0	0	0
	No	1	1	1	1	0	0	0	0	0	0	0	0
	Exemption	7	11	9	6	11	0	0	0	0	0	0	0
	KPI (95%)	99%	99%	99%	99%	100%	0%	0%	0%	0%	0%	0%	0%
Carbohydrates administered post treatment	Yes	56	58	72	57	39	0	0	0	0	0	0	0
	No	7	5	10	8	3	0	0	0	0	0	0	0
	Exemption	25	22	26	18	19	0	0	0	0	0	0	0
	KPI (95%)	92%	94%	91%	90%	95%	0%	0%	0%	0%	0%	0%	0%
Patient referred to diabetic appropriate care pathway	Yes	49	36	55	50	33	0	0	0	0	0	0	0
	No	7	13	12	12	7	0	0	0	0	0	0	0
	Exemption	32	36	41	21	21	0	0	0	0	0	0	0
	KPI (95%)	92%	85%	89%	86%	89%	0%	0%	0%	0%	0%	0%	0%
Patient left in care of responsible person	Yes	55	50	69	54	40	0	0	0	0	0	0	0
	No	3	4	1	4	3	0	0	0	0	0	0	0
	Exemption	30	31	38	25	18	0	0	0	0	0	0	0
	KPI (95%)	97%	95%	99%	95%	95%	0%	0%	0%	0%	0%	0%	0%
Appropriate worsening care advice given	Yes	40	37	47	42	32	0	0	0	0	0	0	0
	No	18	18	23	19	11	0	0	0	0	0	0	0
	Exemption	30	30	38	22	18	0	0	0	0	0	0	0
	KPI (95%)	80%	79%	79%	77%	82%	0%	0%	0%	0%	0%	0%	0%

**Division**

**Belfast**

- ☒ Ardoyne  
☒ Broadway
- ☒ Purdysburn  
☒ The Bridge

**South Eastern**

- ☒
- Ballynahinch
- 
- ☒
- Bangor
- 
- ☒
- Derriaghy
- 
- ☒
- Downpatrick
- 
- ☒
- Lisburn
- 
- ☒
- Newcastle
- 
- ☒
- Newtownards

**Southern**

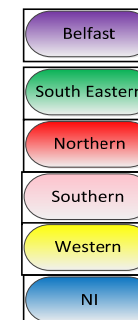
- ☒
- Armagh
- 
- ☒
- Banbridge
- 
- ☒
- Ballgawley
- 
- ☒
- Craigavon
- 
- ☒
- Dungannon
- 
- ☒
- Kilkeel
- 
- ☒
- Newry

**Northern**

- ☒
- Antrim
- 
- ☒
- Ballycastle
- 
- ☒
- Ballymena
- 
- ☒
- Ballymoney
- 
- ☒
- Carrickfergus
- 
- ☒
- Coleraine
- 
- ☒
- Cookstown
- 
- ☒
- Larne
- 
- ☒
- Magherafelt
- 
- ☒
- Whiteabbey

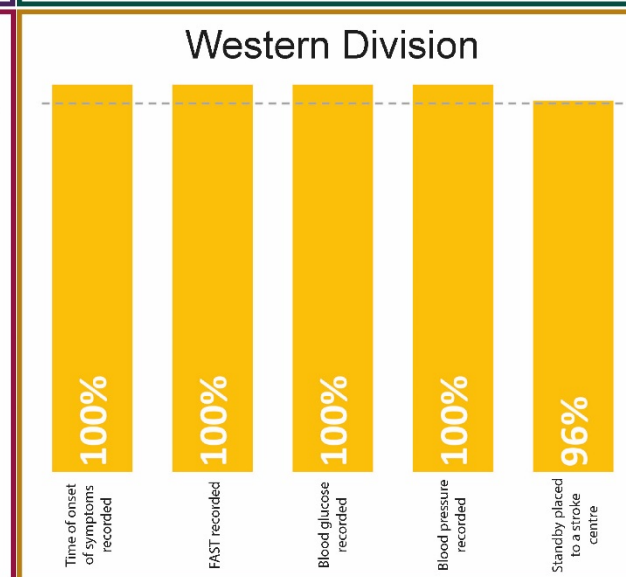
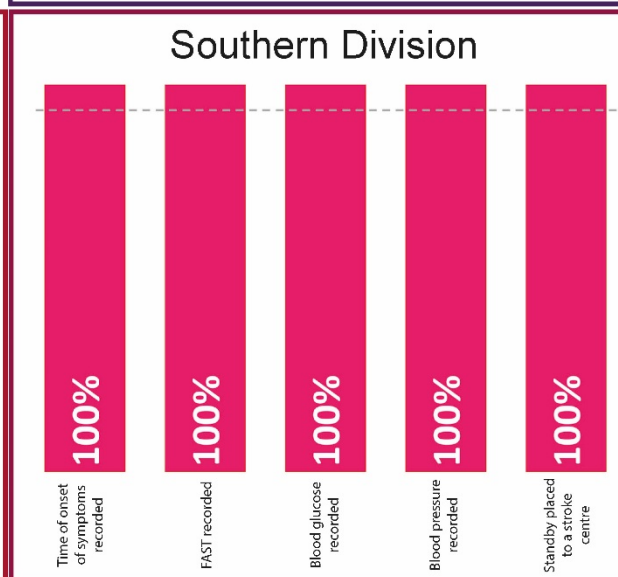
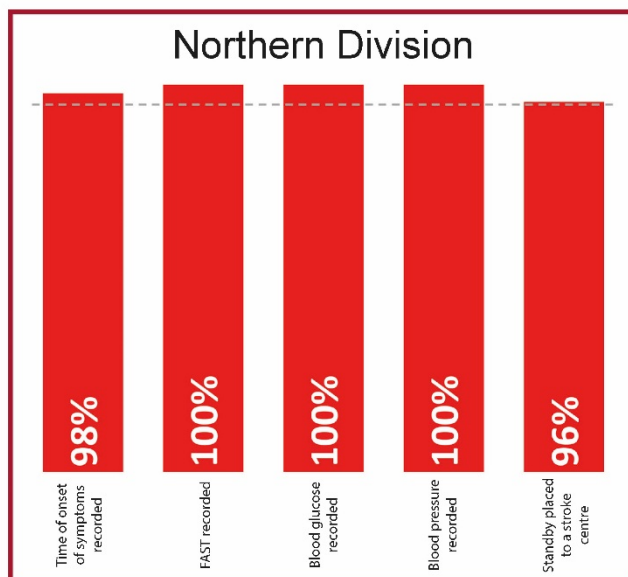
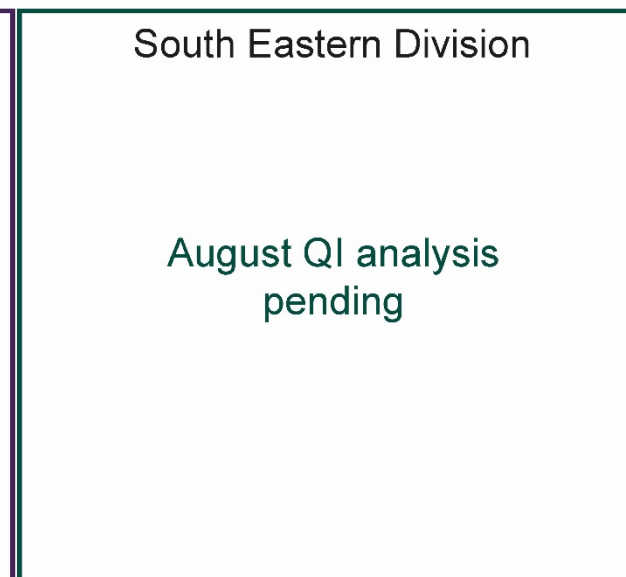
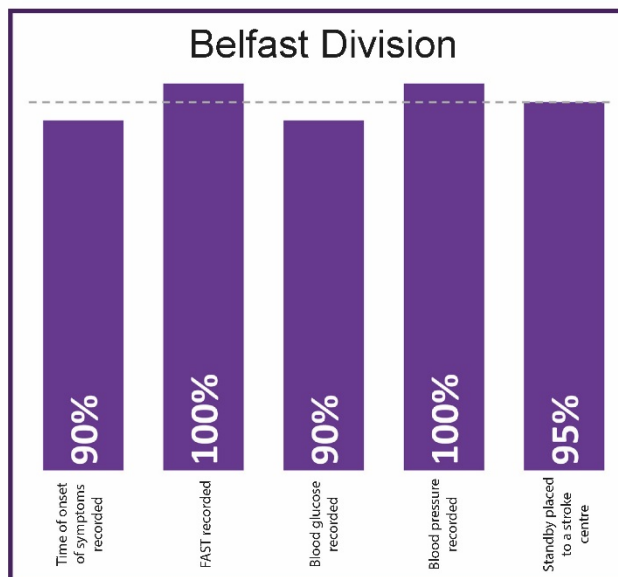
**Western**

- ☒
- Altnagelvin
- 
- ☒
- Castlederg
- 
- ☒
- Enniskillen
- 
- ☒
- Limavady
- 
- ☒
- Omagh
- 
- ☒
- Strabane





## Stroke Quality Improvement Compliance by Division (August 2017)



**Reporting Period 01-Apr-17 to 31-Aug-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		146	143	165	123	112	0	0	0	0	0	0	0
Time of onset of symptoms recorded	Yes	134	127	152	110	100	0	0	0	0	0	0	0
	No	0	6	4	4	4	0	0	0	0	0	0	0
	Exemption	12	10	9	9	8	0	0	0	0	0	0	0
	KPI (95%)	100%	96%	98%	97%	96%	0%	0%	0%	0%	0%	0%	0%
FAST recorded	Yes	145	139	164	122	107	0	0	0	0	0	0	0
	No	1	4	0	1	0	0	0	0	0	0	0	0
	Exemption	0	0	1	0	5	0	0	0	0	0	0	0
	KPI (95%)	99%	97%	100%	99%	100%	0%	0%	0%	0%	0%	0%	0%
Blood glucose recorded	Yes	140	135	160	117	105	0	0	0	0	0	0	0
	No	2	4	3	3	3	0	0	0	0	0	0	0
	Exemption	4	4	2	3	4	0	0	0	0	0	0	0
	KPI (95%)	99%	97%	98%	98%	97%	0%	0%	0%	0%	0%	0%	0%
Blood pressure recorded	Yes	146	143	165	122	112	0	0	0	0	0	0	0
	No	0	0	0	0	0	0	0	0	0	0	0	0
	Exemption	0	0	0	1	0	0	0	0	0	0	0	0
	KPI (95%)	100%	100%	100%	100%	100%	0%	0%	0%	0%	0%	0%	0%
Standby placed to a stroke centre	Yes	118	114	136	105	91	0	0	0	0	0	0	0
	No	5	7	4	5	5	0	0	0	0	0	0	0
	Exemption	23	22	25	13	16	0	0	0	0	0	0	0
	KPI (95%)	97%	95%	98%	96%	96%	0%	0%	0%	0%	0%	0%	0%

**Division**

**Belfast**

- ☒ Ardoyne
- ☒ Broadway
- ☒ Purdysburn
- ☒ The Bridge

**South Eastern**

- ☒ Ballynahinch
- ☒ Bangor
- ☒ Derriaghy
- ☒ Downpatrick
- ☒ Lisburn
- ☒ Newcastle
- ☒ Newtownards

**Southern**

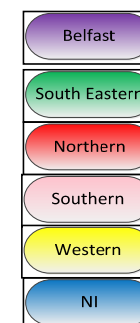
- ☒ Armagh
- ☒ Banbridge
- ☒ Ballgawley
- ☒ Craigavon
- ☒ Dungannon
- ☒ Kilkeel
- ☒ Newry

**Northern**

- ☒ Antrim
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- ☒ Ballymena
- ☒ Ballymoney
- ☒ Carrickfergus
- ☒ Coleraine
- ☒ Cookstown
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- ☒ Magherafelt
- ☒ Whiteabbey

**Western**

- ☒ Altnagelvin
- ☒ Castlederg
- ☒ Enniskillen
- ☒ Limavady
- ☒ Omagh
- ☒ Strabane



**TB/05/10/2017/06**



ID	Principal Aim/Objective Value	Description (Policies)	Risk level (initial)	Risk level (current)	Risk level (Target)	Lead Director	Initial Action Taken to Control/ Mitigate Risk	Opened	Review Date	Action Plan to Address /Mitigate Risk
285	To Achieve the best outcomes for patients whilst Ensuring High Quality Corporate Governance, Risk Management and probity	<p>If the funding to enable the Trust to progress with the movement to electronic patient records (ePRFs) is not forthcoming, there is a risk to meeting the strategic objectives of the Trust (TYC) and the delivery of safer, higher quality patient care.</p> <p>This is due to the risks around a lack of timely clinical performance information, the ability to deliver benefits of TYC and appropriate care pathways and the continued implementation of "treat and leave", "treat and refer" protocols without an enabling ICT infrastructure.</p> <p>There are increasing risks around information governance, security and the potential for data breaches; current paper systems are not sustainable.</p> <p>NIAS is currently reduced in its capacity to participate/integrate with plans for the regional electronic health care record and the sharing of patient information in pre hospital encounters especially for patients not conveyed.</p> <p>The Trust may not achieve productivity gains through ambulance response times, reduced conveyance to ED increases risk to patient safety, quality of service delivery, and service improvement.</p> <p>The Trust is failing to meet timescales set by HSCB in investigation of SAls due to the inability to gain access to PRFs in a timely fashion.</p> <p>There is an expectation from HSCB that NIAS will review performance targets/measures; this is constrained by current paper based systems.</p>	HIGH	MEDIUM	LOW	MEDDIR	<p>An outline business case (OBC) was submitted to the ICT Strategic Board at HSCB and to DHSSPS in Nov 2014. In July 15 DHSSPs agreed that the OBC should be forwarded to DFP supply with conditional Commissioner support. This would allow project to go to procurement to get an accurate picture of the quantum and timing of costs to be reviewed pending approval of FBC. This however was not supported by Commissioners; NIAS is unable to proceed in the absence of this support.</p> <p>A regional business case for mobile working has been put forward however NIAS is excluded on the basis of proceeding with ePRF. NIAS is unable to progress. SEMT Briefing Paper 14 June 2016.</p> <p>Meetings took place with regards to the eHealth strategy HSCB Q4 2015/16. Several meetings were arranged but postponed by HSCB. Further meetings to be arranged Q1 2016/17. Project involves the Medical Director, Assistant Medical Director, Director of Finance and IT Manager. NIAS continues to be represented in regional group discussions to press for NIAS to introduce ePRF to integrate with proposed HCRs; to ensure that this system becomes an integral part of EHCRs.</p> <p>At the end of June 2016 a meeting took place following which an amended business case was resubmitted to Commissioners at the end of October 2016. Additional costings were required. This was led by the Medical Director and the project lead. Further meetings were arranged in 2016.</p> <p>NIAS received a letter of conditional support for revenue funding from the Commissioner (October 2016). The Medical Director continues to engage with the HSCB with regards to allocation of funding.</p> <p>DOH advised that the business case is with DoF for approval (January 2017).</p> <p>Feedback has been received from DoF on the business case and points raised have been reviewed and further feedback to DoF provided (Medical Director Q1 17/18).</p> <p>OBC for ePRF has received approval for capital costs of £3.684m in June 2017.</p> <p>Procurement support has been secured for £50K in year (17/18).</p> <p>It was agreed to deescalate this risk at SEMT 15.08.17.</p>	16/05/2016	15/08/2017	Project Board being established with first meeting August 2017. Draft PID to be submitted to the Project Board. Procurement support proposals to be put forward through TPA in agreement with PALS with a view to conducting a procurement through PALS. Led by Chief Executive and Medical Director. Expected completion date 2020.
286	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective	<p>There is a risk to the Trust in the provision of safe care to the public. Increasing demand for ambulance response and transportation continues to outstrip capacity and compromise the delivery of safe, high quality care. Demand has been increasing by 5% annually (increase of 26% since 2012).</p>	MEDIUM	HIGH	MEDIUM	DIROPS	<p>NIAS uses internationally accredited Clinical Prioritisation System (AMPDS) to differentiate calls on basis of urgency and assign resources to the most urgent calls as a priority.</p> <p>NIAS uses Computer Assisted Dispatch (CAD) and Tactical Deployment Plan to align available resources with anticipated demand to deploy resources to location where they are most likely to be required to respond promptly to most urgent calls.</p> <p>NIAS financial planning prioritises provision of front-line resources.</p> <p>Performance Improvement Plan 2017/18 developed and being implemented. Demographic funding for poorest performing LCG agreed with HSCB.</p> <p>Financial resource and activity/performance are issues discussed at Trust Board and with HSCB.</p> <p>NIAS Modernisation programme established, this introduces measures to manage demand which result in an alternative outcome which is more appropriate for the patient and better for NIAS/HSC.</p> <p>Proposed clinical response model developed and approved by Trust Board (September 2016)</p> <p>Demand / Capacity review commenced April 2017; report July 2017.</p>	16/05/2016	15/08/2017	New clinical response model and associated revised response targets to be consulted on post Capacity Review (Q2 17/18).

ID	Principal Aim/Objective Value	Description (Policies)	Risk level (initial)	Risk level (current)	Risk level (Target)	Lead Director	Initial Action Taken to Control/ Mitigate Risk	Opened	Review Date	Action Plan to Address /Mitigate Risk
252	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective	<p>There is risk to the Trust that resources allocated to the strategic management of risk and governance are not sufficient. This includes areas such as patient safety, Quality 2020, PHA Initiatives, health and safety (including RIDDOR reporting, risk assessment, policy development etc.), medical devices, infection prevention and control, HCLs, medicines management, Serious Adverse Incident process, involvement reports to other Trusts, interface incidents, child protection/vulnerable adult/safeguarding reporting, address flags/warnings, frequent callers, oversight of risk registers/action plans, administration of the Datix Risk Management System, Oversight of RQIA Reports, Francis Report, Oversight of Trust wide Controls Assurance Process, action plans and continual improvement, general administration etc. The area is not presently sufficiently resourced to support the Trust in ensuring compliance across all related statutory requirements and Ministerial priority work streams in these areas.</p> <p>There is a risk that the administrative burden associated with these areas will detract from the management of risk within NIAS.</p> <p>There are not enough resources to take forward a number of outstanding reviews, IPC and H&amp;S projects. Unlike other Trusts in respect of these initiatives, NIAS has not received dedicated funding.</p> <p>Due to the lack of resources, the Medical Director and Assistant Medical Director are constantly being diverted to operational/minor issues, reducing their ability to focus on core functions.</p>	MEDIUM	HIGH	LOW	MEDDIR	<p>At the introduction of its Risk Management processes the Trust created a role which was dedicated to discharging its duties in respect of risk management and statutory compliance with regard to risk management and specific health and safety regulations.</p> <p>Resource issue raised at SEMT (August 2014), initial draft document prepared Jan 2015. MD developed and submitted option appraisal Jan 2015. Recruitment document and option appraisal drafted for discussion between MD and CEO in April 2015.</p> <p>Temporary Risk Manager (RM) appointed with affect from 19th January 2016.</p> <p>Escalated to Corporate Risk Register 26.07.16.</p> <p>Temporary Incident Administrator in post from 28th November 2016, funded until March 17.</p> <p>Safeguarding Pathway introduced November 2016.</p> <p>Approval to recruit passed to HR January 2017.</p> <p>TUs agreed to re-engage with Job Evaluation process (February 2017).</p> <p>Upgrade to DATIX Version 14.0 complete (Risk Manager - August 2017).</p>	04/08/2014	15/08/2017	<p>Permanent full time resource required for the position of Head of Risk Management. Job Description and Approval to Recruit passed to HR (January 2017); awaiting evaluation (Led by MedDir, input from HR).</p> <p>Complete review of Incident Management processes required (to include new policy, procedure, investigation protocol, guidance for statements, SAls, RIDDOR, inter-trust incidents, controlled drugs incidents process etc.). Risk Manager (Q3 17/18).</p> <p>DATIXWeb Incident reporting training and instruction manuals required for line management for management of incidents (Risk Manager - July 2017). This has slipped due to competing priorities. Expected completion (Q3 17/18).</p> <p>Modernisation of Datix, full implementation of DATIXWeb incidents and DATIXWeb Risks (Risk Manager - August 2017). This has slipped due to competing priorities. Expected completion (Q3 17/18).</p> <p>Plan to appoint IPC specialist (MEDDir Q3 2017/18).</p> <p>Plan to appoint Clinical Lead (MEDDir Q3 2017/18).</p> <p>Complete review of warnings/flags process (to include new policy, procedure). (MEDDir Q3 2017/18).</p> <p>Complete review of safeguarding process (to include new policy, procedure). (MEDDir Q3 2017/18).</p> <p>Complete review of frequent callers process (to include new policy, procedure). (Operations Q4 2017/18).</p> <p>Planned Governance Review (MEDDir/CEO Q3 2017/18).</p>
240	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective	<p>There is a risk to the Trust that increased levels of sickness absence could lead to an inability to deliver the required service, and contribute to the inability to achieve financial balance. There are also associated reputational issues.</p>	MEDIUM	HIGH	LOW	DIROPS	<p>RMC processes for rostered leave since 2014.</p> <p>Absence Management Policy in place.</p> <p>Absence levels reviewed and targets identified for Directorates and Areas 2017/18.</p> <p>Introduced 10% casual leave process to support long notice requests. Implemented across all NIAS frontline operational staff (A&amp;E and PCS) since Jan 2016.</p> <p>Health and Wellbeing Group established (2016).</p> <p>Weekly reports of expected dropped shifts shared by RMC with Senior Managers.</p> <p>Staff encouraged to proactively manage own health and wellbeing.</p> <p>Flu vaccination offered to all staff annually, along with other health promotion initiatives.</p> <p>Processes in place to redeploy available resources across the region.</p> <p>Use of Private Ambulance Services and Voluntary Ambulance Services as necessary.</p> <p>Reviewed Absence Management Policy approved March 2017. Draft Absence Management Procedure waiting for approval by SEMT and Trust Board.</p> <p>ASAMs actively implementing Absence Management Policy; individual case management involving Occupational Health as necessary, led by ASAMs.</p> <p>Use of overtime as necessary.</p> <p>Use of bank staff as necessary.</p>	21/12/2012	15/08/2017	<p>Development and implementation of Absence Management Service Improvement Plan as part of the Operational Performance Improvement Plan (Q1 17/18).</p> <p>Development and implementation of Operations procedures to support implementation of NIAS Absence Management Policy. Transformation Team to support programme of projects to facilitate reduction in sickness absence levels (Q2 17/18).</p> <p>Service improvement of RMC/GRS/associated support services to ensure Operational Managers are able to optimise resources (Q2 17/18).</p> <p>Staff Side and Management Side working in partnership to review Annual Leave Policy, to include review of processes for the release of staff for casual leave (Q2 2017/18).</p> <p>Ops/HR identifying options for electronic monitoring and reporting of monthly absence management figure (Q2 2017/18).</p> <p>Occupational Health Workshop planned (Q2 2017/18).</p>



ID	Principal Aim/Objective Value	Description (Policies)	Risk level (initial)	Risk level (current)	Risk level (Target)	Lead Director	Initial Action Taken to Control/ Mitigate Risk	Opened	Review Date	Action Plan to Address /Mitigate Risk
4	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective	There is a risk to the Trust from the failure to review, update and test the internal business continuity plans.	MEDIUM	HIGH	MEDIUM	MEDDIR	Four 'critical' activities were identified in 2011, Call Taking, Information Processing, Ambulance Dispatch and Clinical Care. Existing plans reviewed to ensure that the areas which directly influence these 'critical' activities have been tested, activated and reviewed or debriefed: including: REMDC, Operational Divisions, and specific ICT Infrastructures. 2010/11 EAC evacuation plan amended and retested based on learning outcomes for evacuation exercise in September 2010. AEPO was appointed in 2012 to develop Business Continuity Strategy, Policy and Action Plans and review existing plans. Business Continuity Strategy and Policy reviewed and updated October 13 and submitted to Assurance Committee December 13 and Trust Board January 14. Overarching Business Continuity submitted to Assurance Committee Sep/Oct 2014. EP/BCP planning was added to induction for all new staff (May 2015). Directorate BC leads identified Q1 2014/15. Training programme for directorate BC leads identified and agreed with RATC and delivery planned in 2013/14. Risk de-escalated from Corporate Risk Register local Medical Directorate risk register following Trust Board Workshop July 2014. An Emergency Preparedness and Business Continuity Planning Group was established June 2012 to oversee the process. Business Continuity incidents and plan activations are reviewed as standing agenda items. Internal Audit recommendations in relation to BCP are regularly reviewed and actions agreed. Terms of Reference and Schedule of Meetings submitted to the Assurance Committee on a quarterly basis. Training for Directorate functional leads in BPC completed in November 2015. Business Impact Analysis Training carried out February 2016. Escalated To Corporate Risk Register May 16. Series of meetings with functional leads to complete BIA have taken place (September 2016). Test exercise carried out 15.06.16; learning reviewed by EP & BC Group at October 16 meeting. BCP Strategy, Policy and overarching plan reviewed by EPO/AEPO (December 2016). Business Impact Analysis (BIA) Questionnaire has been reviewed by EPO/AEPO; as a result of this review it has been determined that an alternative template is required (December 2016). An Emergency Planning Lead has been seconded on a full time basis, review of	30/12/2010	15/08/2017	BCP Strategy, Policy and overarching plan to be presented at Trust Board in August 17. Directorate functional leads to complete BIA & BCPs; supported by the Emergency Planning Unit Q2 17/18. EAC BCP exercise planned for 18th August 17.
311	Review and develop operational systems and processes to support the service delivery model and provide necessary assurances of appropriate ness, accessibility, timeliness and effectiveness.	Information security across the HSC is of critical importance to delivery of care, protection of information assets and many related business processes. If a Cyber incident should occur, without effective security and controls, HSC information, systems and infrastructure may become unreliable, not accessible when required (temporarily or permanently), or compromised by unauthorised 3rd parties including criminals.  This could result in unparalleled HSC-wide disruption of services due to the lack of/unavailability of systems that facilitate HSC services (e.g. the ability to dispatch and monitor emergency ambulances, appointments, admissions to hospital, ED attendances) or data contained within. This may result in the need for HSC to cancel appointments and treatments, or divert emergency/essential clinical or other services.  The significant business disruption could also lead to increased waiting lists, delayed urgent clinical interventions and ambulance response, suboptimal clinical outcomes and potentially bring liabilities for the Service.  It could also lead to unauthorized access to any of our systems or information (including clinical/medical systems), theft of information or finances, breach of statutory obligations, substantial fines and significant reputational damage.	HIGH	HIGH	LOW	FINDIR	Technical Infrastructure: HSC security hardware (e.g. firewalls) NIAS security hardware HSC security software (threat detection, antivirus, email & web filtering). NIAS security software (threat detection, antivirus, email & web filtering). Server / Client Patching. 3rd party Secure Remote Access Data & System Backups.  Policy, Process: Regional and Local ICT/Information Security Policies (2016). Data Protection Policy (March 2016). Change Control Processes (template developed). User Account Management processes (IT Policy 2016). Disaster Recovery Plans (last reviewed 2016). Emergency Planning & Service/Business Continuity Plans (last reviewed 2016). Corporate Risk Management Framework, Processes & Monitoring (last updated Oct 16). Regional & Local Incident Management & Reporting Policies & Procedures (under review).  User Behaviours - influenced through: Induction Policy. Mandatory Training Policies. HR Disciplinary Policy. Contract of Employment. 3rd party Contracts / Data Access Agreements. IG Training (ongoing).	09/08/2017	15/08/2017	1. Agree baseline benchmark (e.g. NCSC 10 Steps to Cyber Security). SIRO/DoF, Q2 17/18. 2. Carry out risk assessment of the key cyber security gaps/threats identified in Step 1 (AD ICT, Q2 17/18). 3. Independent assessment of compliance against baseline by Internal Audit (IA, Q4 17/18). 4. Consider funding implication to implement recommendations highlighted in Steps 2 & 3 (DoF, Q3 17/18). 5. Revisit Business Continuity Planning within context of wide-scale local & regional service disruption during cyber security incident (EPO & ICT, Q2 17/18). 6. Introduce routine reporting to Trust Board and IGSG on reported incidents/near miss, and other agreed indicators (DoF, Q2 17/18). 7. Work with colleagues across the region to develop and share learning, techniques, protocols and staff guidance, including User Awareness Campaign and System Managers/Admin training (AD ICT, Regional Cyber Security Group ongoing Q3/4 17/18). 8. Explore "faux" cyber security exercises to test user behaviours, service continuity / disaster recovery plans (AD ICT, Q4 17/18).

ID	Principal Aim/Objective Value	Description (Policies)	Risk level (initial)	Risk level (current)	Risk level (Target)	Lead Director	Initial Action Taken to Control/ Mitigate Risk	Opened	Review Date	Action Plan to Address /Mitigate Risk
312	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective	<p>There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance.</p> <p>The Trust has consistently returned a break-even financial position and has a sound understanding of cost / income with controls in place to manage spend. There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely:</p> <ol style="list-style-type: none"> <li>1. Increases to Savings Target given significant emerging pressures across Northern Ireland public sector. The Trust has been advised at this date (July 2017) of a savings requirement of £1m in 2017/18.</li> <li>2. Overspending against core budget.</li> <li>3. Cost Pressures and Service changes not fully recognised and funded by Commissioners. Income levels for prior year developments, new service developments and other unavoidable pressures have been highlighted to HSCB /DoH colleagues and the Trust is assuming that these costs will be met in full.</li> <li>4. Accident &amp; Emergency staff are currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS.</li> </ol> <p>Given the challenging financial position for the public sector in Northern Ireland NIAS will continue to actively engage with Commissioners and DoH to track emerging financial pressures and their impact on NIAS. Any changes in these assumptions will result in further contingency measures which are likely to impact directly on the delivery of front line services.</p>	HIGH	HIGH	LOW	FINDIR	<p>Controls are in place to mitigate each of these factors as follows:</p> <p>A. Applying internal budgetary control processes led by Director of Finance reporting monthly to Chief Executive as Accounting Officer. This will continue to be underpinned by detailed budget reports produced by finance to support budget holders. Directors are held accountable to Chief Executive. Financial position is a standing item on SEMT agenda for DoF to provide update and test assumptions.</p> <p>B. Submission and engagement with DoH/HSCB re any emerging financial implications for HSC in the context of Northern Ireland public sector budgets to be reflected in NIAS Trust Delivery Plan. Ongoing monitoring, review and engagement with stakeholders.</p> <p>C. Ongoing monitoring, review and engagement with stakeholders will continue throughout to highlight emerging cost pressures and service changes.</p> <p>D. Ongoing monitoring, review and engagement with stakeholders will continue throughout recognising that there remain uncertainties in particular in respect of the outcome of Agenda for Change (both in terms of timing and magnitude).</p> <p>E. Development and implementation of a Trust Delivery Plan, including savings proposals, by NIAS for 2017/18 in conjunction with Trust Board. Engagement with staff and patient representatives and fulfillment of any statutory consultation requirements.</p> <p>i) Ongoing application of controls A to E above.</p> <p>At July 2017, the Trust awaits guidance from HSCB over the format and content of the Trust Delivery Plan for 2017/18. The Trust continues with the regular completion and submission of Trust Monitoring Returns and other financial returns. The Trust continues with the budgetary reporting cycle to Budget Holders, SEMT and Trust Board.</p>	28/07/2017	15/08/2017	Ongoing application of controls A to E (controls in place) throughout 2017/18.
309	To Achieve the best outcomes for patients whilst Ensuring High Quality Corporate Governance, Risk Management and probity	<p>If the Trust does not adhere to Infection Prevention and Control (IPC) Policy, Procedures and associated guidelines, there may be a risk to patient safety, staff safety and potentially organisational reputation.</p> <p>This risk includes the fact that the Trust is currently unable to carry out vehicle cleaning in line with its own Infection Prevention and Control Policy and Procedures (previously recorded as corporate risk 293 now closed due to the development of an all-encompassing IPC risk).</p>	HIGH	HIGH	LOW	MEDDIR	<p>IPC covered in PP training (2009/10).</p> <p>IPC contained in annual workbook (2012/13).</p> <p>Hand hygiene audits carried out (2014).</p> <p>IPC Policy and Procedures in place and signed for by all staff (2015).</p> <p>Infection Prevention &amp; Control Group established and meeting quarterly; items escalated to Assurance Committee as necessary (ongoing). Vehicle cleaning is considered as a 'standing item'.</p> <p>Incident reporting procedures in place (under review).</p> <p>IPC training included in Futurequels EMT syllabus (16/17 &amp; 17/18).</p> <p>Vehicle cleaning reporting system developed with EAC recording on a database (ongoing).</p> <p>Presentation on 'Make ready' system to IPC and MEG (November 2016).</p> <p>RQIA highlighted difficulties in maintaining vehicle cleaning regimes due to operational pressures (05.07.17).</p> <p>Corporate IPC Action Plan developed (July 2017).</p> <p>ASAM IPC Risk Management Workshop (August 17).</p>	24/07/2017	15/08/2017	<p>Review of IPC Governance (MEDDir Q3 17/18).</p> <p>Review of IPC Policy &amp; Procedures (MEDDir Q3 17/18).</p> <p>Review of resources allocated to IPC (MEDDir Q3 17/18).</p> <p>Review of IPC training for staff and management (MEDDir Q3 17/18).</p> <p>Review of systems and procedures for facilities, equipment and vehicle cleaning (OpsDir Q3 17/18).</p> <p>Fit testing ongoing as per risk 188.</p>
283	To Achieve the best outcomes for patients whilst Ensuring High Quality Corporate Governance, Risk Management and probity	<p>If Human Resources does not have adequate resources to support the Trusts key priorities, there will be delays in the delivery of organisational objectives. There is also a risk to the timely delivery of departmental objectives and an inability to meet statutory requirements. There is the potential to lead to further delays in meeting statutory requirements.</p> <p>Ongoing organisational pressures resulting in significantly increased workload for HR staff (relating to Workforce Stabilisation Programme which commenced in June 2014); new/additional unfunded HR workstreams (relating to Job Evaluation and mainstreaming of residual BSTP workstreams) and lack of stability within the HR Department over the last number of years (due to secondments to BSTP project and long term sickness absence of key members of staff).</p>	HIGH	HIGH	LOW	DIRHR	<ol style="list-style-type: none"> <li>(1) Ongoing prioritisation of statutory duties;</li> <li>(2) Operation of Escalation Procedures together with robust performance management arrangements;</li> <li>(3) Employment of temporary agency staff for short fixed term periods, with budgetary constraints;</li> <li>(4) Prioritisation of engagement in regional and local workstreams;</li> <li>(5) Support mechanisms for HR staff including line management support, Carecall 24 hour confidential counselling service and Occupational Health;</li> <li>(6) Work on HR role clarity and development of managers toolkit for HR processes has commenced</li> </ol>	29/04/2016	15/08/2017	<p>HSC Leadership Centre has been commissioned to undertake a review of the department responsible for these work streams in terms of structure and capacity. Terms of reference and methodology were agreed and the review is underway with an expected completion date of Dec 2016. In the interim statutory duty work continues to be prioritised (Q4 16/17). Trust is in receipt of a 1st draft report which is currently being considered.</p> <p>Comments on draft report are currently being finalised (Q2 17/18). R&amp;S function is currently transitioning to RSSSC, with a completion date of 2/7/17 and as such future recruitment will be undertaken by RSSSC. Workstreams continue to be prioritised and temporary vacancies due to sick leave/secondment are filled as soon as possible within current funded establishment. Comments on HSC Leadership review of department have been completed. R&amp;S function has completed transition to RSSSC. Role clarity work in relation to disciplinary processes is being finalised prior to communication with Managers.</p>

**TB/05/10/2017/07**





## **POLICY ON THE USE AND MANAGEMENT OF PASSWORDS**

Title:	Policy on the use and management of Passwords		
Purpose of Policy:	The purpose of this policy is to establish a standard for creation of strong passwords, the protection of those passwords and the frequency of change.		
Directorate Responsible for Policy:	Finance and IT Directorate		
Name and Title of Author:	Mr Paddy Dornan, Assistant Director ICT Miss Alison Vitty, Corporate Manager		
Staff Side Consultation	HR Joint Working Group 10 September 2009. No Comments		
Equality Screened:	Yes		
Date Presented to:	ICT Steering Group	1 June 2009	
	Comments	Accepted. For management and staffside consultation	
	Trust Board	24 September 2009	
Publication Date:	01/09/2017	Review:	01/10/2020
Version:	NIAS/TW/IG/9 v2		
(01) April 2009	No previous document to supersede.		
(02) August 2017	P Dornan and A Vitty reviewed. Update to reflect changes in structure and governing – minor changes		

### **Circulation List:**

This Policy was circulated to the following groups for consultation.

- Staffside (via HR Joint Working Group)
- Executive Directors and Senior Managers (during week of 1 June 2009)

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

- All Trust Staff
- Trust Internet/Intranet Site

## **Policy on the Use and Management of Passwords**

### **1.0 Introduction**

Password management is an integral aspect of computer security and information governance principles. Passwords are the front line of protection for user accounts through the Northern Ireland Ambulance Service Health and Social Care Trust.

Passwords are the primary authentication method for the Trust's IT resources and are currently employed as the basis authentication method. Passwords ensure that only authorised individuals have access to specific computer systems and establish accountability for all changes made to system resources. Badly chosen passwords endanger the information they are supposed to protect.

### **2.0 Purpose**

The purpose of this policy is to establish a standard for creation of strong passwords, the protection of those passwords and the frequency of change.

### **3.0 Scope**

3.1 This policy applies to all staff employed within the Trust including all transient staff including trainees, secondees and professional advisors and any external contractors who are given computer accounts to access information systems owned or operated by the Trust.

3.2 Members of staff accessing computer systems should use password protection for the following:

- Domain User Accounts;
- Applications e.g. access to desktop computer, CITRIX, C3, Promis, DATIX, Formic, HRMS etc.
- Voice mail.

3.3 Deliberate sharing of system access passwords is a criminal offence under the Computer Misuse Act 1990. All staff are required to follow good security practices in the selection and use of passwords.

### **4.0 General Password Management**

4.1 All privileged system level passwords e.g. root device enabled windows admin, application administration accounts must be changed on at least a quarterly basis.

- 4.2 All user level passwords e.g. desktop computer, CITRIX, C3, Promis, DATIX, Formic, HRMS and other bespoke software systems throughout the Trust must be changed every 37 days. This is enforced by the IT Department.
- 4.3 Passwords must not be inserted into email messages or other forms of electronic communication.
- 4.4 All user level and system level passwords must conform to the guidelines stated above.

## 5.0 **General Password Construction Guidelines**

- 5.1 Passwords are used for various purposes throughout the Trust's day to day business operations. These include:
  - Domain admin;
  - Domain use;
  - Application access;
  - Network devices;
  - Voicemail.

A password policy minimises the risk of using passwords by enforcing the following:

- All Trust staff must change their passwords according to a schedule
- All Trust staff must provide non-trivial passwords
- The password syntax must meet certain complexity requirements

All Trust staff need to be aware of how to select and choose strong passwords.

Poor or weak passwords have the following characteristics:

- The password contains less than 7 characters;
- The password is a common usage word such as:
  - Names of family, pets, friends, co-workers, fantasy characters;
  - Computer terms and names, commands, sites, companies, hardware, software;
  - Words containing the Northern Ireland Ambulance Service or Department name you work within;
  - Birthdays and other personal information such as addresses and phone numbers.
  - Word or number patterns like aaabbb, qwerty, zxywvuts, 12345678 etc.
  - Any of the above spelt backwards;

- Any of the above preceded or followed by a digit (e.g. secret1, 1 secret).
- 

Strong passwords have the following characteristics:

- Contain both upper and lower case characteristics e.g. a-z, A-Z;
- Have digits and punctuation characters as well as letters e.g. 0-9, !"@%^\$\*{ }/;
- Are at least 7 alphanumeric characters long and is a passphrase e.g. Ohmy1stubbedmyt0e;
- Are not a word in any language, slang, dialect, jargon etc.
- Are not based on personal information, names of family etc.

Passwords should never be written down or stored online and staff should always try to create passwords that can be easily remembered.

**All Trust passwords must be at least 7 characters long and contain a mix of numeric, upper and lower case and alpha characters.**

### **Password Protection Standards**

- 5.2 Staff should not use the same password you have created within your day to day duties within the Trust for external usage.
- 5.3 Staff should not share passwords created with anyone including management. All passwords are to be treated as sensitive, confidential, Trust information.
- 5.4 Where possible, staff must not use the same password for various NIAS access needs.

The minimum standards for electronic passwords are as follows:

- ❖ Passwords should not be written down, emailed or spoken.
- ❖ Passwords must be kept confidential and not shared with colleagues.
- ❖ Passwords must not be blank.
- ❖ Passwords should not be typed or saved in electronic documents;
- ❖ Passwords must not be written down and stored anywhere in the office
- ❖ Computer generated passwords must be changed following initial successful login.
- ❖ Passwords must not be revealed to anyone over the phone, even if the recipient is of the IT Department.
- ❖ New passwords must not bear any relation to the old. For example, if the old password is N0vember, the new password must not be N0vember1 or 1rebmev0N or any variation of N0vember.



- ❖ Once the password has been changed, the new password must be kept for 37 days before the user can be allowed to change it again.
- ❖ Passwords must be unique from previous passwords and not be recycled.
- ❖ Ensure passwords are changed when prompted.
- ❖ Change your password immediately if you have reason to believe that it has been compromised. Any such incidents should be reported to the IT Department.
- ❖ The password must not contain the forename or surname of the user

If a Manager requires access to a user's account during a staff member's period of absence, leave etc., a request for access form should be sought from the IT Department. Once the form has been completed and approved by a Band 7 Manager or above, it should be forwarded for consideration to the Assistant Director ICT/ICT Manager.

## 6.0 **Policy Compliance**

- 6.1 If any user is found to have breached this policy, they may be subject to the Trust's disciplinary procedure. If a criminal offence is considered to have been committed further action may be taken to assist in the prosecution of the offender(s).

## 7.0 **Review**

- 7.1 This policy will be reviewed every three years or at times considered necessary as a result of operational changes, legislative changes, risk assessments or when breaches in security have occurred.

## **Related Documentation:**

This policy should be read in conjunction with:

ICT Strategy 2017-2022

ICT Security Policy

Records Management Strategy 2015-2020

Information Governance Strategy

Information Governance Policy

Records Management Policy and associated information sheets

Data Protection Policy and associated procedures

Freedom of Information Policy and associated procedures

Email Policy

Passwords Policy

Risk Management Strategy

Signed:

\_\_\_\_\_  
**Shane Devlin (Mr)**  
**CHIEF EXECUTIVE**



**TB/05/10/2017/08**





## **POLICY ON THE USE OF THE INTERNET**

Title:	Policy on the Use of the Internet		
Purpose of Policy:	This policy document tells you how you should use the Trust's internet facility. It outlines your personal responsibilities and informs what you must and must not do.		
Directorate Responsible for Policy:	Finance and IT Directorate		
Name and Title of Author:	Mr Paddy Dornan, IT Manager Miss Alison Vitty, Corporate Manager		
Staff Side Consultation	HR Joint Working Group 10 September 2009. No Comments		
Equality Screened:	YES		
Date Presented to:	ICT Steering Group	1 June 2009.	
	Comments	No comments	
	Trust Board	24 September 2009	
Publication Date:	01/09/2017	Review:	01/10/2020
Version:	NIAS/TW/IG/6 v2		
(01) October 2009	No previous document to supersede. Information on same had previously been detailed in ICT Security Policy.		
(02) August 2017	Reviewed by P Dornan and A Vitty. Additional information included on policy statement, mobile working, security and monitoring, use of internet, blocked websites.		
(03)			
(04)			

This Policy was circulated to the following groups for consultation.

- Staffside (via HR Joint Working Group)
- Chief Executive and Senior Managers

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

- All Trust Staff
- Trust Internet/Intranet Site
-

## **1.0 POLICY ON THE USE OF THE INTERNET**

### **1.1 Policy Statement**

The Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) will ensure all users of Trust provided internet facilities are aware of the acceptable use of such facilities.

NIAS Trust has made every effort to ensure this policy does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on the grounds of age, ethnic origin, gender, transgender, sexual orientation, marital status (including civil partnerships), religion & belief, maternity and pregnancy or disability.

### **1.2 Purpose**

This policy document tells you how you should use the Trust's internet facility. It outlines your personal responsibilities and informs what you must and must not do.

The internet facility is made available for the business purposes of the Trust. A certain amount of personal use is permitted in accordance with the statements contained within this Policy.

It is recognised that it is impossible to define precise rules covering all available internet activities. The spirit of the policy needs to be adhered to in order to maximise productive use of the internet.

This policy updates and replaces all locally agreed Internet usage policies.

## **2.0 SCOPE**

Access to the Internet is provided on all devices throughout the Trust, by logging onto the Trust's Local Area Network the individual agrees to the terms and conditions of this policy.

This Internet Acceptable Usage Policy applies to, but is not limited to all Northern Ireland Ambulance Health and Social Care Workers, contractual third parties and agents of the Trust who access the Trust's Internet service and IT equipment.

This policy applies to all equipment owned by the Trust which is capable of accessing the internet including, but not limited to, desktop PCs, laptops, Blackberries, tablets and Smartphones.

Internet access for non-Trust owned equipment is available on a limited number of sites via the guest wireless. This is strictly for business use only, examples being external companies providing training or giving presentations, meetings with external organisations or members of the public in attendance, or for staff to use personal devices when receiving training so they can access external resources

## **3.0 DEFINITION**

This Internet Acceptable Usage Policy should be applied at all times when using the Trust's provided Internet facility. This includes access via any device including a desktop computer or a mobile device or remote access via home working facilities provided by the Trust.

#### **4.0 RISKS**

The Trust recognises that there are risks associated with users accessing and handling information in order to conduct official Trust business.

This policy aims to mitigate the following risks:

- The non-reporting of information security incidents;
- The loss of direct control of user access to information systems and facilities etc..

Non-compliance with this policy could have a significant effect on the efficient operation of the Trust and may result in financial loss and an inability to provide necessary services to patients and our stakeholders.

#### **5.0 APPLYING THE POLICY**

##### **5.1 What is the Purpose of Providing the Internet Service?**

The internet service is primarily provided to give Trust employees:

- Access to information that is pertinent to fulfilling the Trust's business obligations;
- The capability to post updates to Trust owned and/or maintained web sites;
- An electronic commerce facility (for limited use and procurement purposes).

##### **5.2 What You Should Use Your Trust Internet Account For?**

The Trust Internet account should be used in accordance with this policy to access anything in pursuance of your work including:

- Access to and/or provision of information to support business objectives;
- Research.

#### **6.0 PERSONAL USE OF THE TRUST'S INTERNET SERVICE**

At the discretion of your Line Manager and provided it does not interfere with your work, the Trust permits personal use of the Internet in your own time (for example during your lunch-break for a limited period of time).

The Trust is not, however, responsible for any personal transactions you enter into - for example in respect of the quality, delivery or loss of items

ordered. You must accept responsibility for, and keep the Trust protected against, any claims, damages, losses or the like which might arise from your transaction - for example in relation to payment for the items or any personal injury or damage to property they might cause.

If you purchase personal goods or services via the Trust's Internet service you are responsible for ensuring that the information you provide shows that the transaction is being entered into by you personally and not on behalf of the Trust. However, it is preferable that this does not occur.

If used, you should ensure that personal goods and services purchased are not delivered to Trust property. Rather, they should be delivered to your home or other personal address.

If you are in any doubt about how you may make personal use of the Trust's Internet Service you are advised not to do so.

All personal usage must be in accordance with this policy. Your computer and any data held on it are the property of Trust and may be accessed at any time by the Trust to ensure compliance with all its statutory, regulatory and internal policy requirements.

## **7.0 INTERNET ACCOUNT MANAGEMENT, SECURITY AND MONITORING**

The Trust will provide a secure logon-id and password facility for your Internet account. The Trust's IT Department is responsible for the technical management of this account.

**You are responsible** for the security provided by your Internet account log-on ID and password. Only you should know your log-on ID and password and you should be the only person who uses your Internet account.

You should notify your line manager or a member of the IT department immediately if you suspect that there has been any unauthorised use of the internet by any member of staff.

The Trust reserves the right to monitor your use of the internet at any time. This may be done by a central web monitoring application or by manual checking of hardware.

All internet activity is logged automatically on a central web monitoring application. This data can be sorted by user and is archived so historical data can be accessed. All internet activity is logged, including each site and pages within a site that have been accessed. The time and date stamp of the visit and the duration spent on each site and page is also recorded.

The provision of Internet access is owned by the Trust and all access is recorded, logged and interrogated for the purposes of:

- Monitoring total usage to ensure business use is not impacted by lack of capacity.



- The filtering system monitors and records all access for reports that may be produced for line managers and auditors on request.

The purpose of this monitoring is as follows:

- (a) To monitor and ensure that the NIAS network performance meets business needs;
- (b) To ensure that the use of bandwidth for Internet use is appropriate;
- (c) To protect the organisation from Spyware, viruses, and malware;
- (d) To identify any inappropriate and excessive personal use;
- (e) Compliance to this policy;
- (f) To meet the Connecting for Health Statement of Compliance (SoC) for HSC Organisations;
- (g) To meet ICT service delivery best practice;
- (h) To protect the employing organisation from legal liabilities.

## **8.0 THINGS YOU MUST NOT DO**

Access to the following categories of websites is blocked using a URL filtering system including such areas as:

- Harmful and stealth;
- Personal Business i.e. Hotmail and Gmail accounts;
- Time Wasting;
- Adult and Nudity;
- Advertising;
- Banking and Investment;
- Criminal and Undesirable;
- Discussions and Forums;
- Free time and entertainment;
- Gambling;
- General exclusions;;
- Messaging and communications;
- Violence, Hatred and Profanity;
- Dating;
- Radio stations;
- Games or gaming material;
- Sites dedicated to any sort of propaganda.

However, on limited occasions access to sites is allowed for a valid and lawful business processing reason and which is monitored by the IT Department.

Except where it is strictly and necessarily required for your work, for example IT audit activity or other investigation, you must **not** use your Internet account to:

- Create, download, upload, display or access knowingly, sites that contain pornography or other “unsuitable” material that might be deemed illegal, obscene or offensive.
- Use the internet to conduct private or freelance work for the purposes of commercial gain
- Subscribe to, enter or use peer-to-peer networks or install software that allows sharing of music, video or image files.
- Subscribe to, enter or utilise real time chat facilities such as chat rooms, text messenger or pager programs.
- Subscribe to, enter or use online gaming or betting sites.
- Use internet communications to attempt any unauthorised access to resources.
- Subscribe to or enter “money making” sites or enter or use “money making” programs.
- Run a private business.
- Use NIAS e-mail address on web sites that are not business related
- Download, install and/or use any unauthorised or unlicensed software on the Trust’s hardware.
- Use the internet to perpetrate any form of fraud or criminal activity.
- Watch streaming video or audio for non-business related use.
- Access Social Networking type sites or update their personal blogs.
- Use the internet for personal or private purposes unless such use does not expose the Trust to any expense and does not interfere with the performance of your duties. Such use should take place during your own time (e.g. meal break) and must conform to the guidelines set out in this Policy.
- Use any NIAS copyrighted name or logo without written permission.
- Hacking or gaining access to unauthorised areas.
- Send offensive or harassing material to others.

Inappropriate material may include, but is not limited to, any material of a pornographic, sexist, racist, sectarian, violent or offensive nature; whether in pictures, cartoons, words, sounds or moving images, whether or not purporting to be of a humorous

nature. Staff should be aware that the decision as to what material is considered offensive can depend on the perception of the recipient and/or observer, rather than the intention of the sender. The final decision on what is offensive is determined by the NIAS Director of Human Resources.

When a site containing inappropriate material is accessed, staff must immediately disconnect from the site, regardless of whether that site had been previously deemed acceptable by any screening or rating program. Such connections must be reported immediately to the NIAS Service Desk so that appropriate action to bar access to the site can be taken and to safeguard the individual in the event of any subsequent investigation.

Staff should be aware that where attempted access to a website categorised by the Internet Watch Foundation (IWF), e.g. child sexual abuse and criminal matters, is logged the NIAS ITS will fully co-operate with the Police Service Northern Ireland (PSNI) to identify and take action against any employee.

The above list gives examples of “*unsuitable*” usage but is neither exclusive nor exhaustive. “*Unsuitable*” material would include data, images, audio files or video files the transmission of which is illegal under British law, and material that is against the rules, essence and spirit of this and other Trust policies.

## **9.0 BLOCKED WEB SITES**

A web filtering tool is in place to control access to certain categories of sites and file protocol types.

Only if you have a legitimate business reason to be granted access to one of the blocked sites will a review of it be carried out. This does not guarantee that the restriction will be lifted.

Staff should contact the NIAS ITS Service Desk, stating the url that is blocked (this is displayed on the block page) and the business reason access is required.

Blocked categories also includes sites such as Big White Taxi sites, etc which will be categorised in policy as those which are blocked to:

- Ensure that there is protection from external intrusion;
- Ensure that the Trust's image is properly protected;
- Prevent abuse/misuse, which may adversely affect performance, patient and safety care;
- Ensure appropriate and effective use

## **10.0 YOUR RESPONSIBILITIES**

10.1 It is your responsibility to:

- (a) Familiarise yourself with the detail, essence and spirit of this policy before using the Internet facility provided for your work.
- (b) Assess any risks associated with Internet usage and ensure that the Internet is the most appropriate mechanism to use.
- (c) Know that you may only use the Trust's Internet facility within the terms described herein.
- (d) Understand the importance of verifying any information gathered. While there is much valuable and important knowledge available there is also an equal proportion of information that may be questionable

#### 10.2 **Untoward Incidents**

- 10.2.1 The nature of the Internet is such that it may not always be possible to avoid accessing material which is prohibited by terms of this policy.
- 10.2.2 Users who are placed in this position should contact the IT Helpdesk immediately so that their systems can be cleaned. Accidental access will not result in disciplinary action but failure to report may do so.
- 10.2.3 Users who believe that the internet systems are being used in a way which they regard as being offensive, potentially illegal or which otherwise appears to contravene this policy or statutory requirement should contact the Trust's IT Manager.
- 10.2.4 If you do not understand the implications of this policy or how it may apply to you, seek advice from the IT Manager or Corporate Manager.

### 11 **LINE MANAGER'S RESPONSIBILITIES**

It is the responsibility of Line Managers to ensure that the use of the Internet facility:

- (a) Within an employees work time is relevant to and appropriate to the Trust's business and within the context of the users responsibilities.
- (b) Within an employees own time is subject to the rules contained within this document.

### 12 **POLICY COMPLIANCE**

- 12.1 If any user is found to have breached this policy, they may be subject to Trust's disciplinary procedure. If a criminal offence is considered to have

been committed further action may be taken to assist in the prosecution of the offender(s).

### **Untoward Incidents**

- 12.2 The nature of the Internet is such that it may not always be possible to avoid accessing material which is prohibited by terms of this policy.
- 12.3 Users who are placed in this position should contact the IT Helpdesk immediately so that their systems can be cleaned. Accidental access will not result in disciplinary action but failure to report may do so
- 12.4 Users who believe that the internet systems are being used in a way which they regard as being offensive, potentially illegal or which otherwise appears to contravene this policy or statutory requirement should contact the Trust's IT Manager.
- 12.5 If you do not understand the implications of this policy or how it may apply to you, seek advice from the IT Manager or Corporate Manager.

### **13 REVIEW**

- 13.1 This policy will be reviewed every three years or at times considered necessary as a result of operational changes, legislative changes, risk assessments or when breaches in security have occurred.

### **Related Documentation:**

This policy should be read in conjunction with:

ICT Strategy 2017-2022  
ICT Security Policy  
Records Management Strategy 2015-2020  
Information Governance Strategy  
Information Governance Policy  
Records Management Policy and associated information sheets  
Data Protection Policy and associated procedures  
Freedom of Information Policy and associated procedures  
Email Policy  
Passwords Policy  
Risk Management Strategy

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

**CHIEF EXECUTIVE**



**TB/05/10/2017/09**







## **EMAIL POLICY**

Title:	Email Policy		
Purpose of Policy:	The purpose of this policy is to ensure the proper use of the Trust's emails system and make users aware of what the Northern Ireland Ambulance Service Health and Social Care Trust deems as an acceptable use of the email system.		
Directorate Responsible for Policy:	Finance and IT Directorate		
Name and Title of Author:	Mr Paddy Dornan, IT Manager Miss Alison Vitty, Corporate Manager		
Staff Side Consultation	YES. Via HR Joint Working Group – 10 September 2009 Minor amendments made (Point 3.3)		
Equality Screened:	YES		
Date Presented to:	ICT Steering Group	1 June 2009	
	Comments	Approved.	
	Trust Board	24 September 2009	
Publication Date:	01/09/2017	Review:	01/10/2020
Version:	NIAS/TW/IG/10 v2		
(01) October 2009	No previous document to supersede.		
(02) August 2017	P Dornan and A Vitty reviewed. Update to reflect changes in structure and governing – minor changes		

This Policy was circulated to the following groups for consultation.

- Staffside (via HR Joint Working Group)
- 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/Intranet Site

## 1.0 **EMAIL POLICY**

### 1.1 **Introduction**

This document defines the Email Policy to be applied throughout the Northern Ireland Ambulance Service Health and Social Care Trust and has been developed to ensure that all staff are aware of acceptable and unacceptable use of its email systems.

E-Mail has become the primary written business tool for both internal and external communication and as a result should be treated with the same level of attention given to drafting and managing formal letters and correspondence

As well as taking care over how e-Mail messages are written it is necessary to manage e-Mail messages appropriately after they have been sent or received.

### 1.2 **Policy Statement**

The purpose of this Policy is to ensure that emails are managed effectively throughout the Trust and with due regard to specified legislation, professional principles and guidelines.

This policy applies to the use of all electronic mail systems (hereafter referred to as e-Mail) in use within Northern Ireland Ambulance Service (NIAS). It sets the standards for the use of e-Mail, states the position of the Trust and sets out the obligations that all members of staff have when dealing with e-Mail messages. This policy is designed to protect the Trust and individuals.

Compliance with this policy will ensure that the Trust can provide evidence of performance and demonstrate accountability, as well as providing information about its decisions and activities.

### 1.3 **Purpose and Scope of Policy**

The policy is intended to detail the rules of conduct for all staff of the Trust who use email and related services. The Email Policy applies to the use, for the purpose of sending or receiving email messages and attachments of any IT facilities including hardware, software and networks provided by the Trust.

This e-Mail policy sets out the obligations that all members of staff have when dealing with e-Mail. It covers the sending, receiving, forwarding and storing of all e-Mail messages, whether internal or external

## 2.0 **RESPONSIBILITIES**

### 2.1 **Responsibilities for all Staff and Non-Executive Directors**

All staff and Non-Executive Directors are obliged to adhere to this Policy. A failure to adhere to this Policy and its associated procedures may result in disciplinary action. All users of the email system are responsible for ensuring they are acting in compliance with the legal and acceptable use conditions stated at 4.0 below.

Managers at all levels are responsible for ensuring that the staff for whom they are responsible, are aware and adhere to this Policy. They are also responsible for ensuring staff are updated with regard to any changes in this Policy.

2.2 The Assistant Director of ICT is accountable to the Director of Finance and ICT for the co-ordination and management of the email usage within the Trust. The Assistant Director of ICT will oversee the implementation of the Policy on behalf of the Director of Finance and ICT. The Assistant Director of ICT will establish systems and procedures that will support the implementation of this Policy. The Assistant Director of ICT is also responsible for dealing with complaints regarding email usage and in the first instance, for dealing with breaches of the conditions of this policy.

2.3 The IT Department is responsible for the administration of user email accounts and for the provision of a reliable and effective email system.

2.4 The Assistant Director of ICT is responsible for the maintenance and review of this Policy.

## 3.0 **Principles of Email Provision**

3.1 The Trust provides email facilities to authorised users for purposes of approved business activities and administration. Limited personal use is allowed under certain conditions.

3.2 Email cannot be assumed to be a secure medium and **where possible** should not be used for the transmission and/or storage of confidential data without suitable encryption.

3.3 Account holders must not allow any other person to access their accounts. In cases of unexpected absence eg sickness, a Line Manager can request access to an employee's email account but for specific business purposes only and which will be tightly monitored. Such access must be authorised by a Band 7 or above member of staff (within the Line Management structure of account holder) and clearly state the reason and purpose for same. This request should then be forwarded to the IT Department for consideration. The Assistant Director of ICT will liaise with the Corporate Manager on same.

Consideration of the request to access the account will include how long the staff member is off for; the timeframe to deal with the request etc.

- 3.4 Access to any accounts will be recorded and staff will be advised if the account has been accessed and for what legitimate business use. Local processes should be in place to minimise this being required.

#### 4.0 **Compliance with Legislation Acceptable Use**

- 4.1 The Trust's main purpose in providing IT facilities for email is to support the purpose of approved business activities and administration.
- 4.2 Users are responsible for the handling of received email messages and attachments.
- 4.3 Users should use their email storage areas responsibly, regularly clearing folders, archiving and saving into shared network folders, where appropriate, to ensure compliance with information governance requirements.

Staff should be aware that when they are leaving their current position, they will be asked to complete a checklist by their Manager which will prompt the leaver to take adequate measures to either file, destroy or transfer the information which they have been responsible for in their current job and in line with legislative principles of Freedom of Information 2000 and the Data Protection Act 1998 (To be replaced by the GDPR, May 2018)

#### **Unacceptable Use**

- 4.4 IT facilities provided by the Trust should not be abused. An absolute definition of abuse is difficult to achieve but includes (but is not necessarily limited to):
- (i) Creation or transmission of material which brings the Trust into disrepute;
  - (ii) Creation or transmission of material that is illegal;
  - (iii) The transmission of unsolicited commercial or advertising material, chain letters or other junk mail of any kind;
  - (iv) The authorised transmission to a third party of confidential material concerning the activities of the Trust;
  - (v) The transmission of material such that this infringes copyright concerning the activities of the Trust;
  - (vi) Activities that unreasonably waste staff effort or networked resources or activities that unreasonably serve to deny service to other users;
  - (vii) Activities that corrupt or destroy other users' data or disrupt the work of other users;
  - (viii) Unreasonable or excessive personal use;

- (ix) Creation or transmission of any offensive, obscene or indecent images, data or other material;
- (x) Creation or transmission of material which is designed or likely to cause annoyance, inconvenience or anxiety;
- (xi) Creation or transmission of material that is abusive or threatening to others, serves to harass or bully others, discriminates or encourages discrimination on racial or ethnic grounds, or on grounds of gender, sexual orientation, marital status, disability, political or religious beliefs;
- (xii) Creation or transmission of defamatory material or material that includes claims of a deceptive nature;
- (xiii) Activities that violate the privacy of others or unfairly criticise or misrepresent others; this includes copying distribution to other individuals;
- (xiv) Creation or transmission of anonymous messages or deliberating forging messages or email header information i.e. without clear identification of the sender;
- (xv) The unauthorised provision of access to the Trust's services and facilities by third parties.

In addition it is important to understand that e-Mail messages containing inaccurate information about an individual or organisation may result in legal action being taken against the person sending the e-Mail message and anyone forwarding the e-Mail message on to others.

The transmission of e-Mails that include any of the above could result in formal disciplinary proceedings being taken against the person.

### **When should e-Mail not be used?**

There are other circumstances when e-Mail is not always the best way to communicate information as e-Mail messages can often be misunderstood by the receiver and the volume of e-Mail messages people receive can be counter-productive and result in overload. This may mean that a meaningful and productive response is not always possible.

The decision to send or forward e-Mail or use other communication methods rests with the individual but consideration should always be given to the appropriate communication method to be used.

For example:

- i. E-Mail messages should never be regarded as totally secure. Guidance on using e-Mail for confidential/sensitive or personal data is covered in Section 6
- ii. E-Mails should be kept as short as possible. This is particularly important when sending or forwarding messages to large mail groups.

- iii. Send or forward e-Mails to only those people that need to see them, as sending e-Mails to all in your address book, or replies to everyone who
- iv. Received a replicated original is both time wasting for inappropriate recipients and can unnecessarily block the system.
- v. Files such as word documents and spreadsheets are generally quite large so attaching files to messages should be minimized as far as possible.
- vi. Understand the e-Mail implications whilst at home:
  - Access to the corporate e-Mail infrastructure via secure external links, utilising domestic and commercial broadband services is available to staff where the need can be justified, and a formal written request is received from the relevant head of service, assistant Director or Director.
  - The transfer of documents or information from NIAS to domestic or personal e-Mail accounts is not condoned. The transfer of Patient Identifiable Data to a non NHS account could result in disciplinary action being taken.
  - Only documents and information that relate to work undertaken on behalf of the Trust may be exchanged between work accounts. No personal files or personal e-Mails should be sent to home accounts.
  - Remember that these documents are the property of the Trust and master documents/unique copies/records should remain within the Trust's main filing structures and networks, and not on home computers or laptops.
  - It is strictly forbidden to send or forward any files that contain person identifiable information i.e. health care records or confidential patient level information to non-NHS accounts. Any breaches of this will be the subject of disciplinary action.
- vii. Do not send or forward e-Mail using another person's e-Mail account unless you have permission and formally authorised access to their account.
- viii. Sending or forwarding e-Mail messages that contain adverts, congratulations, Christmas cards and greetings etc to multiple e-Mail addresses should be avoided.
- ix. Sending e-Mail messages to large Trust-wide groups should be avoided where possible especially if the messages contain attachments. Remember that one person's piece of important information is another's junk e-Mail.

- x. If you have information or documents that you want to send to a wide audience put the information and documents on the intranet and then simply send an e-Mail containing the link to that updated information.
- xi. This is particularly pertinent for those regular publications such as newsletters, updates, minutes, policies, prospectus's etc.

## 5.0 **Personal Use**

All e-mails relating to the conduct of the business transactions of the Trust would be regarded as work e-mails and are not personal. However, any e-mail not related to the business of the Trust would be considered personal.

The Trust's computing regulations allow small-scale personal use of Trust e-mail facilities (as a privilege and not a right). The Trust accepts no responsibility whatsoever arising from the use of Trust systems for personal use.

Staff are also instructed to include the disclaimer below in all personal e-mail:

"This e-mail is a personal communication and is not authorised by or sent on behalf of any other person or organisation"

To limit the circumstances in which it becomes necessary for Trust staff (e.g IT staff) to examine your personal e-mails, you are advised to set up a folder called, "Personal" within your e-mail account. All sent and received personal e-mails should either be deleted or stored in this folder.

Ensure that you only deal with genuinely personal material in this way; if there is reason to believe that work-related information has been marked as "personal" to evade data protection or freedom of information requirements, we may have to access all your personal e-mails to identify those that are really work related.

For personal use of email, the following should be adhered to (this is not an exhaustive list):

- (i) A level of use that is not detrimental to the main purpose for which the facilities are provided. Priority must be given to use of resources for the main purpose for which they are provided;
- (ii) Personal usage must not be of a commercial or profit making nature, or for any other form of personal financial gain;
- (iii) Not be of a nature that competes with the Trust business.
- (iv) Not be connected with any use or application that conflicts with an employee's obligations to the Trust as their employer.
- (v) Include the disclaimer "This e-mail is a personal communication and is not authorised by or sent on behalf of any other person or organisation" in all personal e-mail

**REMEMBER THAT THE MAILBOX IS A WORKING BUSINESS COMMUNICATIONS TOOL – NOT A HOME PERSONAL TOOL. E-MAIL MARKED AS PERSONAL OR CONFIDENTIAL WILL NOT BE EXEMPT FROM MONITORING OR REPORTING PROCEDURES.**

## **6.0 Monitoring of Email Usage**

In line with legislative requirements of the Regulation of Investigatory Powers Act 2000, it makes it an offence for the Trust to intentionally, or without lawful authority, intercept communications without the express or implied consent of both the sender and recipient of the communication.

However, there are permitted exceptions to that principle that interception without consent is unlawful. These include:

- (i) Ensuring the effective operation of the system, for instance:
  - Scanning for viruses and other potentially harmful attachments;
  - Monitoring email storage usage;
  - Forwarding messages to the correct address;
  - Eliminating spam.
- (ii) Investigating or detecting unauthorised use.
- (iii) Checking whether communication is relevant to the Trust's business.
- (iv) Ascertaining compliance with legislative and/or regulatory practices or procedures e.g. Freedom of Information Act 2000, Data Protection Act 1998;
- (v) Preventing or detecting crime or in interests of national security. This must be authorised by the Director of Finance and ICT and only in instances where there is reasonable suspicion of criminal misuse or on the request of PSNI or specified public bodies.
- (vi) Most of the monitoring carried out by the IT Department is to ensure effective operation and is done automatically at the server level. This is no routine monitoring of the content of users' email by IT staff.

## **7.0 Breaches of the Email Policy**

- 7.1 Complaints about usage and notification of alleged breaches of the rules and regulations relating to network use should be made, in the first instance, to the IT Manager.
- 7.2 If a breach is suspected, authority is vested in the Director of Finance and ICT to suspend temporarily access to email accounts by any user suspected, pending full investigation.



7.3 Investigations that involve accessing a user's email account should be referred to the Trust's Director of Finance and ICT for authorisation.

7.4 Any disciplinary action taken will be follow the Trust's agreed Disciplinary Procedure for staff.

## 8.0 **Review**

8.1 This policy will be reviewed every three years or at times considered necessary as a result of operational changes, legislative changes, risk assessments or when breaches in security have occurred.

### **Related Documentation:**

This policy should be read in conjunction with:

ICT Strategy 2017-2022

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Information Governance Policy

Records Management Policy and associated information sheets

Data Protection Policy and associated procedures

Freedom of Information Policy and associated procedures

Email Policy

Passwords Policy

Risk Management Strategy

Signed: \_\_\_\_\_  
**CHIEF EXECUTIVE**



**TB/05/10/2017/10**





<b>Title:</b>	Uniform Policy		
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<b>Ownership:</b>	Operations Directorate		
<b>Date of SEMT Approval:</b>	DD/MM/2017	<b>Date of Trust Board Approval:</b>	DD/MM/YYYY
<b>Operational Date:</b>	DD/MM/YYYY	<b>Review Date:</b>	DD/MM/2019
<b>Version No:</b>	Version 3.4	<b>Supersedes:</b>	V3 Uniform Policy
<b>Key words:</b>	Uniform, Dress Code, Insignia		
<b>Other Relevant Policies:</b>	Ambulance Service Code of Conduct (2006) Health and Safety at Work Act (NI) Personal Protective Equipment Regulations at Work 1992 FutureQuals -Associate Ambulance Practitioner Infection Prevention Control Policy and Procedures Wearing Staff Identification badges - guidance		

Version Control for Drafts:			
Date	Version	Author	Comments
11/2008	V1	BS	First Issue
02//2011	V2	BS	Reviewed Policy
06/2014	V3	BS	Issued Policy
15/04/2016	V3.1	BS	Draft
29/04/2016	V3.2	BS	Re-Draft
09/05/2016	V3.3	BS	Re-Draft issued for consultation
17/06/2016	V3.3	BS	Issued for second consultation
17/07/2017	V3.4	BS	Reviewed Policy

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

### **1.1 Introduction**

- 1.1.1 The Trust understands the importance of dress for uniformed staff. Adhering to this policy will enhance public confidence and give a positive perception of the Trust. First impressions are important and they often determine the attitude which will be conveyed to all those who have contact with the Trust whether as a patient, a visitor or colleague.
- 1.1.2 NIAS, was part of the National Ambulance Procurement Group (NAPG) tender and contract for a National Uniform for UK Ambulance Services.

### **1.2 Purpose**

- 1.2.1 This policy will set out responsibilities and guidance relating to uniform. It should be read in conjunction with the Ambulance Service Code of Conduct (2006) and the attached Appendices.
- 1.2.2 The issuing and wearing of uniform is not purely a presentational matter. The uniform also serves a functional purpose as work wear. Therefore, uniform matters should be considered in conjunction with relevant legislation and guidance e.g. Health and Safety. It must also meet relevant specifications as set by NAPG, for design, materials and functionality.

## **2.0 SCOPE OF THE POLICY**

- 2.1 This policy applies to all uniformed members of Northern Ireland Ambulance Service HSC Trust.
- 2.2 The policy should be read in conjunction with Uniform Procedures and Dress Code. This policy must be adhered to by all uniformed Trust employees. It will also apply to relevant temporary staff, agency staff and students etc.

## **3.0 ROLES/RESPONSIBILITIES**

- 3.1.1 The Chief Executive has overall responsibility for the Uniform Policy within the Trust.
- 3.1.2 The Director of Operations has responsibility for ensuring that the Uniform Policy is implemented and appropriately resourced.
- 3.1.3 The Assistant Director of Operations has responsibility for monitoring the Uniform Policy and managing the periodic review of the policy and procedures.
- 3.1.4 The Area Managers / Department Heads are responsible for managing the implementation and compliance to the Uniform Policy in their area of responsibility.

- 3.1.5 The Station Officers / Line Managers are responsible for the day to day management of the policy and associated procedures.
- 3.1.6 Staff have a responsibility to comply with the policy and associated procedures and to therefore present a professional image.

#### **UNIFORM GROUP**

- 3.2.1 The Uniform Group is a user group, with staff and management representation from across the Divisions and job roles.
- 3.2.2 The Uniform Group is authorised to investigate any issue within its terms of reference. It is authorised to seek any information it requires from employee's and must co-operate with any request made by the group.
- 3.2.3 NIAS Uniform Group also has representation on the NAPG Uniform Working Group.

#### **PPE SUB-GROUP**

- 3.3.1 The PPE Sub-Group is a sub group of the Health & Safety Committee that can advise the uniform group of matters as they arise.
- 3.3.2 The PPE Sub-Group has union and management representation.
- 3.3.3 The PPE Sub-Group meets as required, or at least annually, to consider new issues and review existing items

### **4.0 KEY POLICY PRINCIPLES**

- 4.1 The public and professional image of the NIAS stems directly from the appearance, bearing and conduct of its employees. It is essential therefore that staff correctly wear the uniform as per the Dress Code.

NIAS adopted the green colour of the national uniform in September 2016 to clearly identify NIAS as part of the prehospital care field utilising the recognised colour for medical and paramedical services throughout UK, Ireland and Europe.

All items of uniform will be non-gender specific.

- 4.2 PPE items will be replaced in accordance with Health and Safety requirements.
- 4.3 NIAS will provide a uniform/work wear appropriate to the staff role, which contributes to the professional image of the service and is suitable for the working environment.
- 4.4 NIAS will review uniform design and specification in conjunction with NAPG Uniform Working Group in order to ensure national standardisation wherever possible.

## **5.0 IMPLEMENTATION OF THE POLICY**

### **5.1 Dissemination**

- 5.1.1 This policy will be disseminated to all those with responsible for Uniform implementation, management and to all uniformed staff. It will be included on the Trust's website and intranet.

### **5.2 Resources**

- 5.2.1 The Trust will ensure appropriate resources, facilities to manage uniforms within NIAS.
- 5.2.2 Area Manager and Department Heads will be responsible for managing their uniform budget.
- 5.2.3 The Finance department will make the necessary arrangements to permit the devolution of requisitioning and approving uniform orders to a divisional level.

### **5.3 Exceptions**

- 5.3.1 Any necessary variations to this policy and accompanying procedures leading to reasonable adjustments on the grounds of disability, religion, belief or maternity, must be raised and agreed by the line Manager.

## **6.0 MONITORING**

- 6.1 The Director of Operations is responsible for ensuring the Uniform Policy is monitored via the Facilities and Support Group to ensure
- Compliance with the Uniform Policy and associated procedures
  - Budgets will be monitored through finance
- 6.2 The Assistant Director of Operations via the Headquarters Uniform Department will monitor the effectiveness of the new procedure and ensure necessary training to key individuals.
- 6.3 The policy will be reviewed biennially or more frequently dependant on legislation, EU directives, specifications and feedback from the NAPG.

## **7.0 EVIDENCE BASE/REFERENCES**

- Health and Safety at Work Act 1974(NI)
- Personal Protective Equipment Regulations at Work 1992
- FutureQuals -Associate Ambulance Practitioner
- Infection Prevention and Control Policy and Procedures



- National Ambulance Procurement Group

## 8.0 **CONSULTATION PROCESS**

- 8.1 Uniform Group
- 8.2 Divisional Management and Staff side
- 8.3 Senior Executive Management Team

## 9.0 **EQUALITY STATEMENT**

- 9.1 In line with duties under Section 75 of the Northern Ireland Act 1998; Targeting Social Need Initiative; Disability Discrimination Act 1995 and the Human Rights Act 1998, an initial screening exercise, to ascertain if this policy should be subject to a full impact assessment, has been carried out.
- 9.2 The outcome of the screening exercise for this policy is:

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

## 10.0 **SIGNATORIES**

\_\_\_\_\_  
Lead Author

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

\_\_\_\_\_  
Lead Director

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



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