



***A Meeting of Trust Board to be held at 2.00pm  
Thursday, 2 February 2017, Boardroom, Northern Ireland Ambulance  
Service Headquarters, Knockbracken Healthcare Park, Saintfield Road,  
Belfast BT8 8BH***

Welcome, Introduction and Format of Meeting		Paper Enclosed	Timing Guide
1.0	<b><u>Apologies</u></b>		14:00
2.0	<b><u>Procedure:</u></b> Declaration of potential Conflict of Interest: Quorum:		
3.0	<b><u>Minutes of the previous meeting of the Trust Board held 1 December 2016</u></b> (for approval and signature)	TB/04/02/02/17	14:05
4.0	<b><u>Matters Arising</u></b>		14:10
5.0	<b><u>Chairman's Business</u></b>		
5.1	Chairman's Update		14:20
6.0	<b><u>Chief Executive's Business</u></b>		
6.1	Chief Executive's Update		14:30
7.0	<b><u>Performance Report as at 30 October 2016</u></b>		
7.1	<b>Highlight Reports by each Director:</b> Operations Finance Human Resources Medical	TB/05/02/02/17	14:40
8.0	<b><u>Items for Approval</u></b>		
8.1	Policy on Attendance Management	TB/06/02/02/17	15:10
9.0	<b><u>Items for Information/Noting</u></b>		
9.1	Staff Survey Action Plan	TB/07/02/02/17	15:40
10.0	<b><u>Forum for Questions</u></b>		15:55
11.0	<b><u>Any Other Business</u></b>		16:00
12.0	<b><u>Summary &amp; Forward Agenda</u></b>		16:05

**Total Approx Time: 2 hrs 5min**

**Next meeting of Trust Board will be held on Thursday, 6 April 2017 at 2.00 pm, Western Division (Venue to be confirmed)**

## **Standing Orders**

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

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

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

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

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

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

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

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

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

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

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

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





Northern Ireland Ambulance Service  
Health and Social Care Trust



# **TRUST BOARD**

***Meeting to be held on Thursday, 2 February 2017 at 2.00pm  
Northern Ireland Ambulance Service, Knockbracken Healthcare Park,  
Saintfield Road, Belfast BT8 8SG***



**TB/04/02/02/17**







**PRIVATE & CONFIDENTIAL**

***Minutes of Meeting of Trust Board held  
Thursday 1 December 2016 at 2.00pm in Marine Court Hotel, Bangor***

**Present:**

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

**In Attendance:**

Mr S Devlin	Observer
Mrs J McSwiggan	Senior Secretary
Mr D Mahaffy	Senior Secretary

The Chairman thanked members for their attendance and welcomed Mr Shane Devlin as an observer. Mr Devlin will join the Trust as Chief Executive on 5 December 2016.

**1.0 Apologies**

There were no apologies.

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

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

**3.0 Minutes of the previous meeting of Trust Board held on 6 October 2016**

The Minutes were agreed on the proposal of Mr Haslett, seconded by Dr Livingstone.

**4.0 Matters Arising**

The Director of Operations clarified the terms of the maintenance agreement for Ballymena station, confirming that the station had been commissioned in August 2016 with a 12 month maintenance contract in place.

Mr McNeill noted that NIAS is working to have a Facilities Contract in place for all its premises. .

Further matters arising will be covered within the Agenda.

## **5.0 Chairman's Business**

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

The Chairman welcomed the Board's regular visits to ambulance stations and thanked the staff at Bangor station for hosting the visit prior to this Board meeting. It was noted that that this was the Trust's largest joint station with NIFRS.

Mr Cardwell noted that there was no signage indicating the location of the ambulance station. To be reviewed by Director of Operations.

**Action: The Director of Operations to Review Signage at Bangor Ambulance Station.**

- The Chairman gave an outline of his activities and meetings attended since the last meeting of Trust Board.

The Chair thanked the Director of HR & CS and the Medical Director for acting up into the position of Interim Chief Executive since 25 April 2016 following the resignation of the previous Chief Executive.

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

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

The Interim Chief Executive gave an outline of activities and meetings attended since the last meeting of Trust Board, including:

- Chief Executives' Forum
- Meeting of Partnership Forum with the Health Minister, HSC Chief Executive and Trade Unions
- Health and Wellbeing 2026: Delivering Together – meetings with the Minister, Department of Health and Trust Chief Executives
- Meeting with an MP & MLA in South West regarding ambulance-related issues
- Meeting with a Community First Responder Group
- Meeting with Department of Health regarding health and social care preparedness and resilience planning for winter.
- Ongoing meetings regarding HEMS and the Trauma Network including attendance at the National Conference of the Association of Air Ambulances
- Meetings with the Chair and incoming Chief Executive.

## **7.0 Performance Report as at 30 October 2016**

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

#### **Operations**

The Director of Operations updated Trust Board as follows:

- An important upgrade to the software associated with the Ambulance

- Medical Priority Dispatch System (AMPDS) had taken place successfully.
- Clarification was provided on the distinction between Emergency and Routine calls.
  - Response time performance was noted. The response time taken to answer 999 calls and routine calls was discussed and it was noted that AMPDS-licensed call takers can take routine calls when not responding to 999 calls, resulting in quicker response times.
  - The Director of Operations reported that due to the significant and sustained increase in calls NIAS does not have the necessary staff complement employed in Control to meet this demand, it was noted that this is an important part of the capacity review.
  - With regards to Fleet and Estate the success of the vehicle replacement was acknowledged.
  - Work has commenced on the site of the new Enniskillen station, which is expected to complete in a year and a half.
  - The Board discussed the Welsh Ambulance Service clinical response model which is currently meeting targets.
  - The Board discussed reasons for the increasing number of emergency calls being received, contributory factors include increasing demand from GPs, a change to the call-taking system with the introduction of Card 35, and a general national trend for the public to select 999 as their route to treatment. Of note was the increase in turn-round times for Ambulances at A&E units.
  - In addition to the report £1,000 has been secured from the Northern Health & Social Care Trust to support an enhanced Care at Home pilot in the East Antrim area. Although this funding is non-recurrent there is the potential, under integrated care projects, for it to be extended.

Mr Haslett commended the Director of Operations on a comprehensive report, and highlighted the national BBC coverage of the Ambulance Service on 30 November 2016. The Board thanked the Director of Operations and Mr John McPoland, Communications & Media Manager, for their contribution to the NIAS coverage. It was noted that Mr McPoland is the sole member of the NIAS Communications & Media team.

### **Finance & ICT**

The Director of Finance & ICT updated Trust Board as follows:

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

- The Trust is projecting a small surplus of £2k at end October 2016, with a projected breakeven position at year end, subject to key risks and assumptions. The Trust continues with the assumption that the HSC Board will fund the full costs of Agenda for Change for NIAS.
- Mrs McCue advised that the allocation from HSCB of Demography funding totalling £1M is anticipated to be non-recurrent and to be spent this year on operational pressures and the capacity review.
- The Trust has received a revised Capital Resource Limit allocation of £8.8m, previously £5.6m, the increase reflects the costs of the new ambulance station at Enniskillen. To date expenditure totals £334k, however Mrs McCue has been advised, through regular capital update meetings with representatives from the operations Directorate that £8.8m will be expended by year-end, as there will be significant expenditure on fleet, cardiac defibrillators and the Enniskillen Ambulance Station.

- It was noted that NIAS is the only Trust meeting the target of paying 95% of invoices within 30 calendar days. The Board commended the team for meeting this target.
- There are no particular issues to raise at this stage in relation to Business Services Organisation, with Key Performance Indicators and contract management arrangements being followed through a detailed governance structure on an ongoing basis.

*Mr Abraham left the meeting.*

### ***Information Technology***

- In September and October there were three system failures which had been managed appropriately, with contingency plans activated.
- The project to replace the NIAS telephony platform at HQ, Altnagelvin and the short-term contingency site is nearing completion. Work is also ongoing to refresh core Microsoft platforms which will provide enhanced functionality & capability.
- Dr Livingstone had noted a radio blackspot at Bangor station and asked about the extent of this issue. The Director of Operations confirmed that although this is an irritant, it will not affect contact with patients as the current system Digital Trunk Radio works on a different network and difficulties are managed as part of arrangements with PSNI. It was noted that a specification is being developed for procurement of a new MDT system which will have a dual SIM card to improve resilience further.
- There were no planned maintenance of critical systems during this reporting period.

### ***Information Governance***

- Current developments include delivering information governance training to new starts, and reviewing the monitoring of TYC.
- There has been a significant increase in Freedom of Information requests, with 310 recorded April – October 2016, compared to 195 in the same period in 2015/16. It was noted that media interest can contribute to an increase in requests.
- There has also been an increase in PSNI requests and Data Protection Subject Access requests compared to the same period last year.
- 72.63% of FOI requests are completed within 20 working days. It was noted the significant amount of work required to complete FOI, and a review is being carried out to increase staff resources.
- The Information Commissioner is currently monitoring returns and performance of HSC Trusts including NIAS against legislative requirements. NIAS are currently reporting monthly to the ICO.
- The Director of ICT & Finance advised that developments in ePRF would substantially improve the Trust's ability to process Patient Record Forms, noting that 15,000 to 17,000 record forms are manually screened monthly. The current system is time-intensive and inflexible.
- It was confirmed that all records, including 999 call recordings, are maintained in accordance with the Trust's Record Disposal Scheme.

### **Human Resources**

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

- Increased detail has been provided around recruitment activity.
- The Director of HR & CS advised on progress with Trade Unions in relation to the Job Evaluation process.
- A new cohort of EMTs commenced their training in November, with a second group to follow in the New Year.
- Skill mix between EMTs and Paramedics was good and it was noted that NIAS is in a better position in this regard compared to other years. It had been noted that NIAS had lost a small number of paramedics to another company however this does not seem to appear to be an ongoing issue, there is very little staff turnover of paramedics.
- The Board recognised the work of the relatively small HR team in their management of large complex recruitment exercises.
- NIAS is currently meeting the Departmental sickness absence target, however, efforts continue to reduce this further. This includes the pilot of additional intervention by Carecall within Emergency Ambulance Control, and following successful review, this would be considered for rolling out throughout the Trust.
- The Director of HR & CS was pleased to advise that NIAS has now received Future Qualifications accreditation for EMT training which the Trust is now delivering. The Board acknowledged the work of the Training Team.

### **Medical**

The Interim Chief Executive, in his role as Trust Medical Director, updated Trust Board as follows:

- NIAS Emergency Planning Team are rolling out a programme of Major Incident Management Training to the wider HSC on behalf of the Health & Care Social Board and Department of Health. It was noted that the Department of Finance were no longer able to provide expert support to complete the Business Impact Analysis and the review of the Business Continuity Plans. Other options to obtain expert support were currently being explored.
- Trust Board welcomed the recruitment of administrative support to the Risk Manager, and it was noted that a review of incident reporting procedures remained on track for completion within the current year.
- The Interim Chief Executive advised the Board of the requirement for all Trusts to include “never events” in the Regional SAI reporting system and had circulated a list of such events to the Trusts. However these were relevant to hospitals and not to an ambulance service. NIAS was therefore developing a list of relevant Never Events collaboration with the Health & Social Care Board and other UK Ambulance Services
- It was noted that the first meeting of the Trust’s Learning Outcomes Review Panel had taken place in September.
- The Interim Chief Executive was pleased to report that in the course of Restart a Heart Day on 18 October, 4,193 people mainly school students were trained in CPR. Tribute was paid to Mr McPoland, Communications & Media Manager, for his work in collaboration with other agencies and schools, and for arranging extensive media coverage for the event. Appreciation of the work of all the staff who took part in the training across Northern Ireland was also recorded and would be shared with all involved. The Trust plans to increase numbers trained at next year’s event.
- The Interim Chief Executive has been asked to Chair the Regional Trauma Network Board in his role as NIAS Medical Director, with the first meeting on

15 December. Further updates will be provided to Trust Board.

- The Interim Chief Executive apologised that due to DoH deadlines, it had not, on this occasion, been possible to bring the Annual Quality Report to the Trust Board before publication. The Department of Health had published the Trusts' Quality Reports in conjunction with World Quality Day, and NIAS has placed the report on its website. The Board considered the report to be an excellent document as it is open & transparent, and felt that it is important for it to be part of a wider communications strategy and for dissemination to staff, key stakeholders including MLA's and Media. The Board gave the document its endorsement and thanked the team who had prepared the report.

**Action: The Interim Chief Executive to discuss further dissemination with the NIAS Communications & Media Manager.**

## **8.0 Items for Approval**

### **8.1 Appropriate Referral and Transport Policy**

The Interim Chief Executive confirmed that this Policy was being brought back to the Trust Board for approval due to a number of amendments.

Mr McKinley asked about the extent of the Trust's consultation with patients in relation to the policy. The Interim Chief Executive confirmed the Policy had been subject to consultation including service users who were very supportive. He advised that NIAS engages with service users on an ongoing basis as part of PPI by a number of means such as 10,000 Voices, Patient Stories, focus groups, patient support groups etc. This was welcomed by the Board.

It was noted the issue of patient consent to referral by ambulance services was currently being reviewed nationally.

The Appropriate Referral and Transport Policy was approved on the approval of Mr McKinley, seconded by Dr Livingstone.

### **8.2 Whistleblowing Policy**

The Director of HR & CS presented the Whistleblowing Policy, the only change is to the designated person, it was noted that the Whistleblowing email address is confidential and secure.

It was noted that RQIA are currently reviewing whistleblowing and the policy may change further. Also as a Trust, NIAS works closely with HSC and any legislative changes will be reflected in further policies, which will then be brought to the Board for approval.

It was noted that work is also ongoing to bring Whistleblowing legislation in NI into line with GB in relation as there are differences around the significance of public and personal interest.

The Whistleblowing Policy was approved on the proposal of Mr McKinley, seconded by Dr Livingstone.

### **8.3 Driving Policy**

The Director of HR & CS presented the Driving Policy to the Trust Board.

There had been significant consultation around this policy, and the SEMT were cognisant that the policy should ensure safeguarding of staff and patients.

In England there is a legislative requirement for assessments every five years, however, this is not required in Northern Ireland. NIAS, however consider this to be best practice and have included this in the policy, subject to review.

A discussion took place around the phrasing of Risk Management and Assessment 9.2 and it was agreed that "A dynamic risk assessment should be completed for each journey..." should be changed to "A dynamic risk assessment should be undertaken for each journey..."

**Action: Wording in the Policy to be amended**

The Director of Operations clarified the following:

- Parameters for driving under blue lights and the related training.
- The Service Level Agreement for the Voluntary Car Scheme.
- Points on Driving Licence and annual driving licence checks.
- The standards for professional driving.

NIAS have adopted the higher DVLA Medical standard required to drive an ambulance.

Subject to one amendment the Driving policy was approved on the proposal of Dr Livingstone, seconded by Mr Cardwell.

**8.4 Patient Report Form**

It was noted that this item should read "Policy for Completion of Patient Records".

The Policy for Completion of Patient Records, was approved on the proposal of Mr McKinley, seconded by Mr Haslett

**9.0 Items for Information / Noting**

**9.1 Annual Quality Report**

This had been covered earlier in the meeting, under the Medical Director's Performance Report (Agenda Item 7.1).

**9.2 Minutes of Assurance Committee 20 September 2016**

Dr Livingstone confirmed that the Audit and Assurance Committees would not be able to meet on the same days this year due to changes in the Audit Cycle. The Assurance Committee will however meet prior to Trust Board meetings.

**9.3 Minutes of Audit Committee 20 September 2016**

The Director of Finance & ICT confirmed the main item was the mid-year assurance statement which is part of the cycle of assurances.

**9.4 Proposed Dates for Board Meetings, Audit & Assurance Committees 2017**

Noted.

#### **10.0 Application of Trust Seal**

Mrs McCue confirmed that within the Health Service there are new requirements from the DFP for major capital projects, which include opening a separate bank account to ensure payments are passed on from the main contractor to sub-contractors on a timely basis when work is completed. Therefore NIAS are required to open a separate Bank Account for the building of the Enniskillen Ambulance Station, and requested Board approval for the Application of the Trust Seal for this purpose. Mrs McCue confirmed that NIAS, DFP and other significant stakeholders will have ongoing management responsibility for the Bank Account, will be used for this sole purpose and once the project is complete the Bank Account will be closed. The Trust Board were content for the Bank Account to be opened for this purpose and for the required documentation to be signed and sealed.

The Board agreed that the seal be fixed following the meeting.

#### **11.0 Forum for Questions**

No questions.

#### **12.0 Any Other Business**

No items.

#### **13.0 Summary and Forward Agenda**

No items.

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

The next scheduled In Committee of the Trust Board will be held on **Thursday 2 February 2017** at 2.00pm in the Southern Division (venue to be confirmed).

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

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



**TB/05/02/02/17**



# **NORTHERN IRELAND AMBULANCE SERVICE**

## **TRUST BOARD REPORT**

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## **OPERATIONAL DIRECTORATE**

Director of Operations  
2017 / 02 / 02  
(Reporting to 31 December 2016)

## PERFORMANCE ANALYSIS AND REPORT

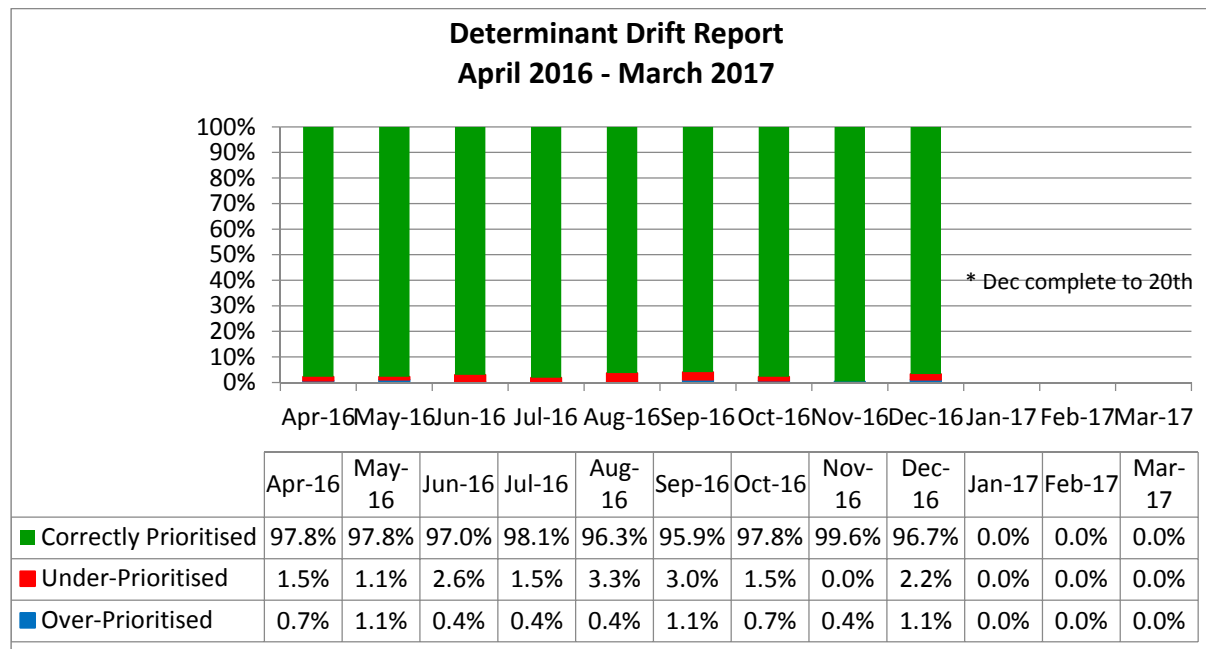
### Emergency and Non-Emergency Control Centres

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

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

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

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



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, these form the single most significant change in 999 triage within NIAS since the initial implementation of MPS 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.

## EAC Call Taking Statistics

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

### Emergency Call Activity

In April 2016 16,231 “999” calls were answered in the Emergency Control room that figure rose to 20,340 in December in 2016. This table shows the number of “999” calls answered each month from 2014 – 2016.

Month	Year 2014	Year 2015	Year 2016
Apr	14988	16079	16321
May	15433	16795	17437
Jun	15911	16321	17030
Jul	16633	16266	17773
Aug	16244	16814	17728
Sep	15389	15802	16803
Oct	15803	16701	18282
Nov	15860	16083	16979
Dec	18088	18494	20340

**December 2016 saw an increase in “999” call answering of 19.80% from November 2016. This equates to an additional 3,361 “999” calls being answered**

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 this particular call type.

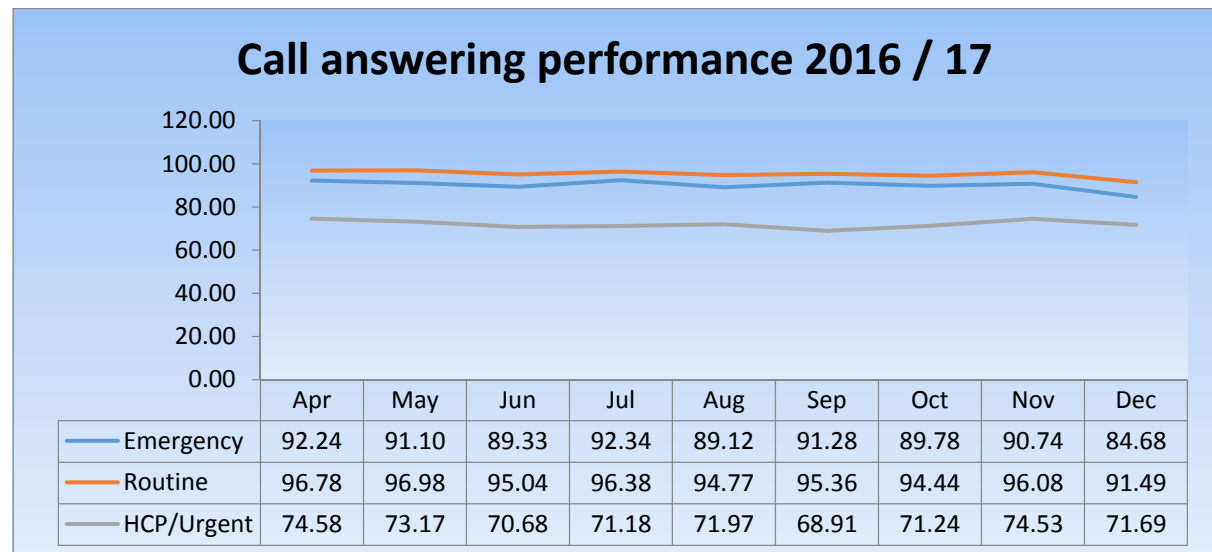
NIAS also are in constant contact with the other Emergency Services. As an example, from April 2016 to October 2016 NIAS received 16,388 from the Police Service Northern Ireland (PSNI). Normally the levels are between 2,100 and 2,300 each month. Some calls are to place Emergency calls for ambulance assistance, whilst others may update NIAS on situations or events that are ongoing.

## 999 Call Answer Times

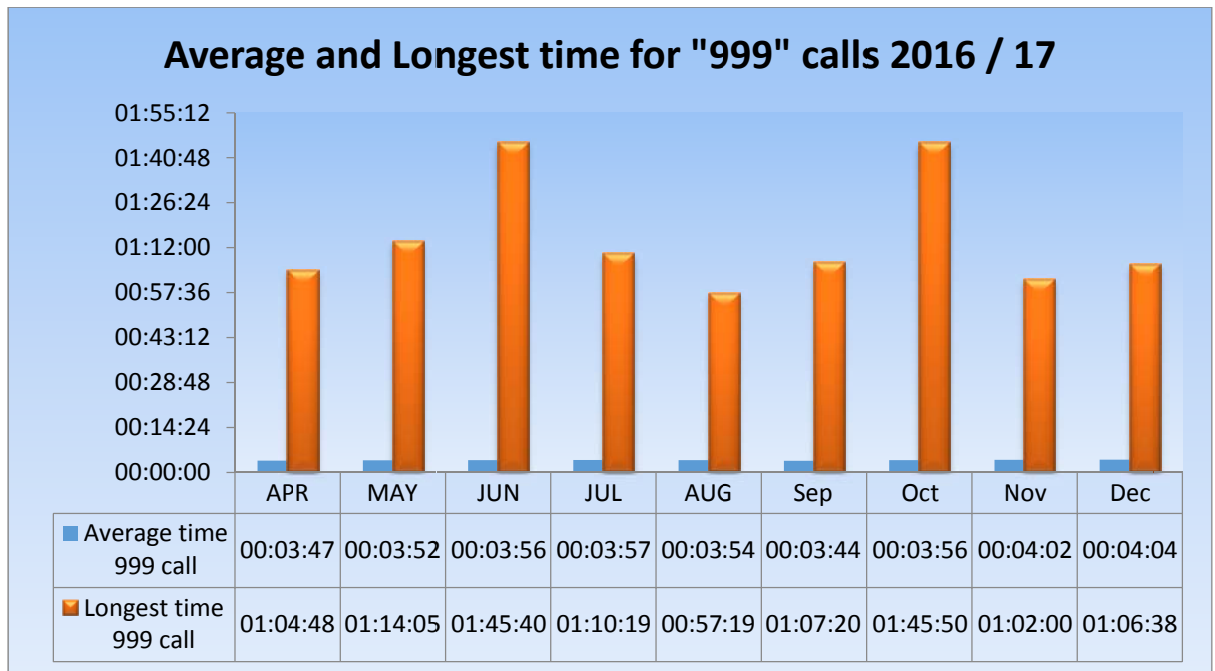
### Key Performance Indicator

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 the beginning of the year.



- 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.
- A significant increase in “999” activity was felt in December 2016.



## EMD Award Scheme

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

The table below shows the level and number of awards attained by EMDs for September and October as well as the year to date.

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

# **RESPONSE TIME PERFORMANCE REPORT**

**For November and December 2016**

## **Summary of trends:**

- 1. Cumulative Cat A performance at December 2016 = 50.9% which is 2.6% less than last year. October Board Report was 51.9%**
- 2. Average response time for Cat A response in December 2016 was 12 minutes and 33 seconds. October Board Report was 10 mins 29 seconds**
- 3. Cumulative Cat A demand from April 2016 to December 2016 has increased by 2.5% = 1049 calls**
- 4. Total Emergency demand (999 = Card 35) has increased by 9.2% = 1669 calls**
- 5. Trends for ambulance turnaround times greater than the standard (i.e. 30 mins) continue to 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 2016/17
<i>From April 2016, 72.5% of Cat A (potentially immediately life threatening) calls to be responded to within 8 minutes, 67.5% in each Local Commissioning Group area (LCG) with 95% of Cat A have a conveying resource &lt;21 min</i>
<i>95% of Category B Response &lt;21 mins</i>
<i>95% Category C Non- Health Care Professional &lt;60mins</i>
<i>Health Care Professional (formally GP Urgent) within agreed target of either 1, 2, 3, 4, hours</i>

## Performance Against Each KPI by Local Commissioning Group – Summary per month

<i>KPI - From April 2016, to December 2016 – Cat A Cumulative Position</i>													
LCG	Apr 16	May 16	June 16	July 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 16	Feb 16	Mar 16	2016/17
Belfast	60.1%	59.0%	60.2%	61.1%	61.6%	62.0%	62.4%	63.0%	61.8%				
South Eastern	43.1%	42.2%	43.2%	44.5%	44.5%	45.4%	46.2%	46.5%	45.4%				
Northern	44.7%	45.3%	45.2%	45.0%	44.2%	44.3%	44.3%	42.7%	43.2%				
Southern	54.5%	49.1%	48.6%	47.9%	47.8%	47.9%	48.0%	43.3%	46.5%				
Western	55.3%	56.0%	56.3%	57.1%	57.1%	57.2%	56.8%	54.0%	55.5%				
Northern Ireland	52.0%	50.8%	51.1%	51.6%	51.6%	51.5%	51.9%	50.2%	50.9%				

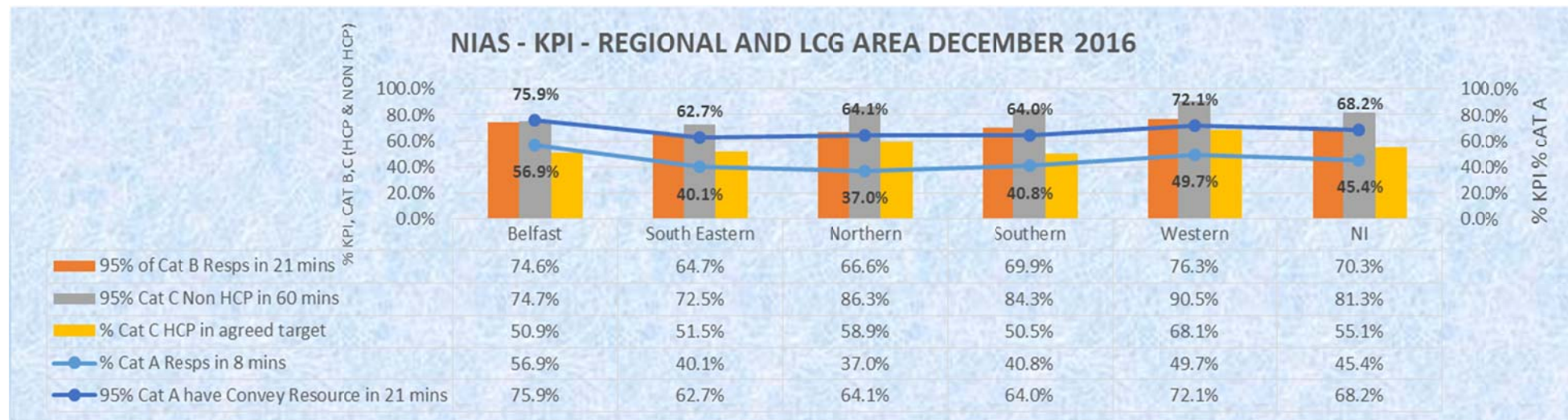
<i>KPI - From April 2016, 72.5% of Cat A (potentially immediately life threatening) calls to be responded to within 8 minutes, 67.5% in each Local Commissioning Group area (LCG)</i>													
LCG	Apr 16	May 16	June 16	July 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 16	Feb 16	Mar 16	2016/17
Belfast	60.1%	57.7%	62.7%	64.0%	63.6%	63.3%	65.0%	63.0%	56.9%				
South Eastern	43.1%	41.2%	45.1%	48.2%	44.6%	50.3%	50.1%	46.5%	40.1%				
Northern	44.7%	45.9%	45.1%	44.5%	40.7%	44.8%	44.2%	42.7%	37.0%				
Southern	54.5%	43.9%	47.5%	45.9%	47.2%	48.8%	48.2%	43.3%	40.8%				
Western	55.3%	56.7%	56.9%	59.4%	57.5%	57.3%	54.6%	54.0%	49.7%				
Northern Ireland	52.0%	49.5%	51.9%	52.8%	51.2%	53.2%	52.7%	50.2%	45.4%				

<i>KPI - 95% of Cat A have a conveying resource &lt;21min</i>													
LCG	Apr 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 16	Feb 16	Mar 16	2016/17
Belfast	73.8%	74.5%	72.3%	77.6%	76.4%	76.0%	75.4%	73.2%	75.9%				
South Eastern	64.3%	73.9%	65.8%	67.1%	68.1%	70.2%	69.8%	67.0%	62.7%				
Northern	70.3%	64.1%	73.2%	75.9%	71.9%	74.8%	75.1%	71.8%	64.1%				
Southern	74.0%	68.6%	68.9%	69.8%	68.9%	70.5%	72.8%	68.0%	64.0%				
Western	72.9%	79.5%	78.2%	81.5%	75.2%	81.0%	76.1%	76.6%	72.1%				
Northern Ireland	64.5%	72.2%	71.6%	74.6%	72.4%	74.6%	74.0%	71.4%	68.2%				

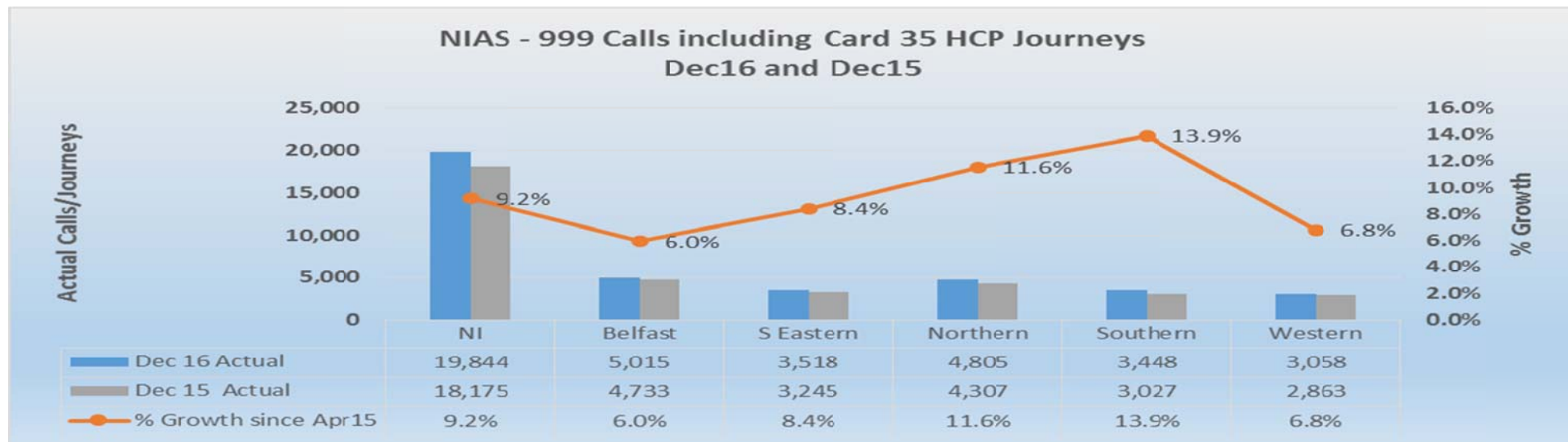
<i>KPI - 95% of Category B Response &lt;21 mins</i>													
LCG	Apr 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 16	Feb 16	Mar 16	2016/17
Belfast	78.9%	75.2%	78.6%	80.7%	79.9%	81.0%	80.6%	81.3%	74.6%				
South Eastern	72.0%	68.1%	73.1%	72.4%	70.6%	72.2%	72.6%	76.0%	64.7%				
Northern	77.2%	76.3%	76.7%	74.0%	74.3%	77.2%	76.9%	76.3%	66.6%				
Southern	77.5%	76.9%	75.6%	80.9%	74.5%	78.0%	81.8%	76.4%	69.9%				
Western	85.8%	83.1%	84.9%	81.2%	80.8%	82.8%	80.2%	82.5%	76.3%				
Northern Ireland	78.1%	75.8%	77.7%	77.7%	76.1%	78.3%	78.4%	78.5%	70.3%				

<i>KPI - 95% Category C Non- Health Care Professional &lt;60mins</i>													
LCG	Apr 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 16	Feb 16	Mar 16	2016/17
Belfast	86.4%	83.8%	87.5%	88.9%	86.4%	85.0%	89.1%	84.5%	74.7%				
South Eastern	84.4%	83.9%	89.7%	85.4%	86.2%	87.2%	89.8%	87.6%	72.5%				
Northern	92.7%	91.8%	94.6%	91.9%	91.2%	91.8%	91.3%	90.9%	86.3%				
Southern	93.6%	91.5%	94.4%	95.7%	92.6%	93.1%	94.6%	94.3%	84.3%				
Western	98.4%	95.6%	94.9%	94.6%	93.2%	96.8%	97.8%	92.9%	90.5%				
Northern Ireland	90.6%	88.9%	91.9%	91.0%	89.6%	90.3%	92.1%	89.7%	81.3%				

<i>KPI - Category Health Care Professional (formally GP Urgent) within agreed target of either 1, 2, 3, 4, hours (measured against first response at scene)</i>													
LCG	Apr 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 16	Feb 16	Mar 16	2016/17
Belfast	50.6%	61.0%	63.3%	65.8%	71.3%	68.4%	66.8%	56.3%	50.9%				
South Eastern	53.7%	63.1%	62.3%	65.7%	60.3%	64.9%	67.7%	52.8%	51.5%				
Northern	63.7%	65.5%	67.2%	68.1 %	65.4%	65.3%	64.6%	60.5%	58.9%				
Southern	57.2%	62.2%	65.2%	64.1%	67.7%	60.5%	60.6%	53.2%	50.5%				
Western	66.7%	67.8%	67.7%	71.3%	69.9%	67.1%	69.1%	67.1%	68.1%				
Northern Ireland	57.7%	63.6%	65.0%	66.8%	66.9%	65.5%	65.6%	57.5%	55.1%				



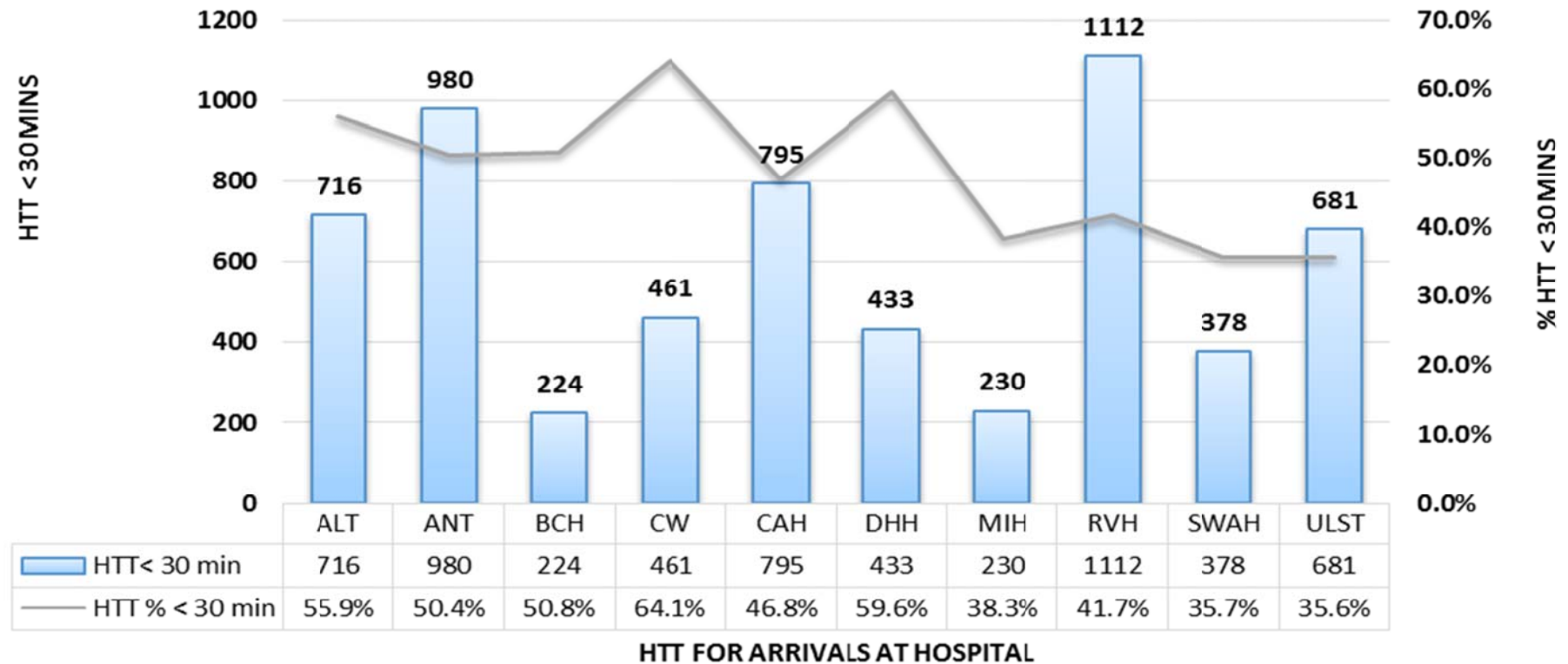
### DEMAND COMPARISON DECEMBER 2016 v DECEMBER 2015 FOR 999 CALLS AND CARD 35 HCP ACTIVITY





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

## AMBULANCE TURNAROUND TIMES AT HOSPITAL < 30 MINS December 2016

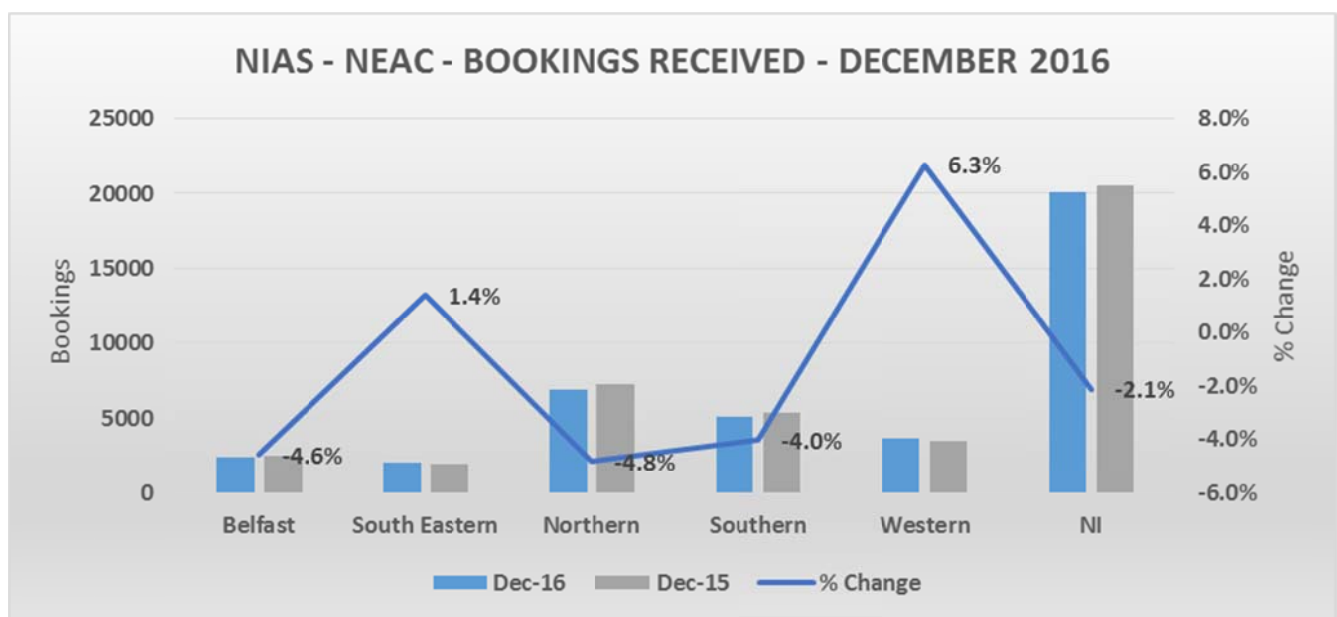


## Key Performance Indicator: Ambulance Turnaround at Emergency Departments within 30 minutes

[illegible]

**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 - DECEMBER 2016							
Bookings	LCG AREA	Belfast	South Eastern	Northern	Southern	Western	NI	
	Dec-16	2374	1975	6938	5117	3688	20092	
	Dec-15	2488	1948	7289	5332	3470	20527	
	% Change	-4.6%	1.4%	-4.8%	-4.0%	6.3%	-2.1%	
Completed Journeys	LCG AREA	Belfast	South Eastern	Northern	Southern	Western	NI	
	Dec-16	1448	1325	5471	4082	2927	15253	
	Dec-15	1782	1316	5717	3987	2604	15406	
	% Change	-18.7%	0.7%	-4.3%	2.4%	12.4%	-1.0%	
Completed Journeys	Journey Type	Outpatient	Discharge	Transfer	Admission	Second Crew	Home Assessment	Total
	Dec-16	12598	1834	634	168	9	10	15253
	Dec-15	12820	1634	770	165	13	4	15406







## CATEGORY A PERFORMANCE: AVERAGES AND OUTLIERS

Dec 16

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

#### NORTHERN IRELAND REGIONAL TOTAL

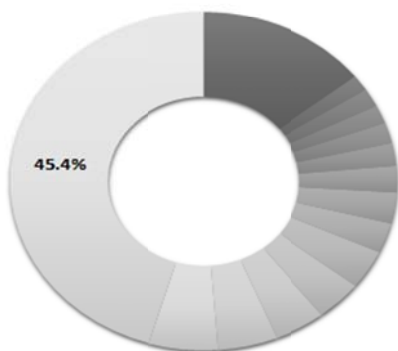
TOTAL NUMBER OF CATEGORY A RESPONSES	Number of Category A responses required to exceed Regional target (72.5%)
5325	3861
AVERAGE RESPONSE TIME (MM:SS)	1442 responses below target
12:33	

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
1361	947	1204	924	889
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%)
919	640	813	624	601
Number of category A responses at scene within 8 mins	Number of category A responses at scene within 8 mins	Number of category A responses at scene within 8 mins	Number of category A responses at scene within 8 mins	Number of category A responses at scene within 8 mins
774 56.9%	380 40.1%	446 37.0%	377 40.8%	442 49.7%
145 responses below target	260 responses below target	367 responses below target	247 responses below target	159 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)
10:39	13:46	13:50	13:31	11:23

### REGIONAL CATEGORY A PERFORMANCE SUMMARY



Northern Ireland Ambulance Service  
Health and Social Care Trust



Category A Performance	%	Cumulative %
Within 8 minutes	2419	45.4%
Within 8 - 9 minutes	307	51.2%
Within 9 - 10 minutes	265	56.2%
Within 10 - 11 minutes	232	60.5%
Within 11 - 12 minutes	207	64.4%
Within 12 - 13 minutes	198	68.1%
Within 13 - 14 minutes	152	71.0%
Within 14 - 15 minutes	160	74.0%
Within 15 - 16 minutes	134	76.5%
Within 16 - 17 minutes	115	78.7%
Within 17 - 18 minutes	105	80.6%
Within 18 - 19 minutes	92	82.4%
Within 19 - 20 minutes	93	84.1%
Within 20 - 21 minutes	80	85.6%
Over 21 minutes	766	100.0%
Total	5325	

BELFAST HSCT	SOUTH EASTERN HSCT	NORTHERN HSCT	SOUTHERN HSCT	WESTERN HSCT
Response Time	Response Time	Response Time	Response Time	Response Time
N	N	N	N	N
%	%	%	%	%
Total	Total	Total	Total	Total
< 8 m	< 8 m	< 8 m	< 8 m	< 8 m
774 56.9% 56.9%	380 40.1% 40.1%	446 37.0% 37.0%	377 40.8% 40.8%	442 49.7% 49.7%
8 - 9 m	8 - 9 m	8 - 9 m	8 - 9 m	8 - 9 m
104 7.6% 64.5%	63 6.7% 46.8%	58 4.8% 41.9%	40 4.3% 45.1%	42 4.7% 54.4%
9 - 10 m	9 - 10 m	9 - 10 m	9 - 10 m	9 - 10 m
89 6.5% 71.1%	40 4.2% 51.0%	57 4.7% 46.6%	40 4.3% 49.5%	39 4.4% 58.8%
10 - 11 m	10 - 11 m	10 - 11 m	10 - 11 m	10 - 11 m
64 4.7% 75.8%	49 5.2% 56.2%	48 4.0% 50.6%	47 5.1% 54.5%	24 2.7% 61.5%
11 - 12 m	11 - 12 m	11 - 12 m	11 - 12 m	11 - 12 m
58 4.3% 80.0%	38 4.0% 60.2%	53 4.4% 55.0%	28 3.0% 57.6%	30 3.4% 64.9%
12 - 13 m	12 - 13 m	12 - 13 m	12 - 13 m	12 - 13 m
50 3.7% 83.7%	37 3.9% 64.1%	42 3.5% 58.5%	38 4.1% 61.7%	31 3.5% 68.4%
13 - 14 m	13 - 14 m	13 - 14 m	13 - 14 m	13 - 14 m
33 2.4% 86.1%	26 2.7% 66.8%	39 3.2% 61.7%	33 3.6% 65.3%	21 2.4% 70.8%
14 - 15 m	14 - 15 m	14 - 15 m	14 - 15 m	14 - 15 m
32 2.4% 88.5%	29 3.1% 69.9%	44 3.7% 65.4%	27 2.9% 68.2%	28 3.1% 73.9%
15 - 16 m	15 - 16 m	15 - 16 m	15 - 16 m	15 - 16 m
30 2.2% 90.7%	22 2.3% 72.2%	39 3.2% 68.6%	18 1.9% 70.1%	25 2.8% 76.7%
16 - 17 m	16 - 17 m	16 - 17 m	16 - 17 m	16 - 17 m
23 1.7% 92.4%	24 2.5% 74.8%	32 2.7% 71.3%	18 1.9% 72.1%	18 2.0% 78.7%
17 - 18 m	17 - 18 m	17 - 18 m	17 - 18 m	17 - 18 m
9 0.7% 93.0%	21 2.2% 77.0%	29 2.4% 73.7%	28 3.0% 75.1%	18 2.0% 80.8%
18 - 19 m	18 - 19 m	18 - 19 m	18 - 19 m	18 - 19 m
12 0.9% 93.9%	17 1.8% 78.8%	32 2.7% 76.3%	21 2.3% 77.4%	10 1.1% 81.9%
19 - 20 m	19 - 20 m	19 - 20 m	19 - 20 m	19 - 20 m
7 0.5% 94.4%	19 2.0% 80.8%	30 2.5% 78.8%	21 2.3% 79.7%	16 1.8% 83.7%
20 - 21 m	20 - 21 m	20 - 21 m	20 - 21 m	20 - 21 m
8 0.6% 95.0%	19 2.0% 82.8%	20 1.7% 80.5%	20 2.2% 81.8%	13 1.5% 85.2%
21 + m	21 + m	21 + m	21 + m	21 + m
68 5.0% 100.0%	163 17.2% 100.0%	235 19.5% 100.0%	166 18.2% 100.0%	132 14.8% 100.0%
Total	Total	Total	Total	Total
1361	947	1204	924	889

## 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.

- Commissioning of 2016/17 vehicles ongoing.
- A&E conversions in year by the end of Q2, Vehicle commissioning continuing
- PCS Vans have been purchased for conversion in year by end of Q3, now received and commissioning has commenced which will affect KPI by year end.
- Cars purchased and conversion to be awarded by 31/01/17 for completion by end of Q4.
- The two specialist vehicles for Hart have been purchased and conversion to be awarded by 31/01/17 for completion by end of Q4.

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

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

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

### Estate Section:

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

Key Performance Indicator: To deliver Project milestones as per plan

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

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

The current modular building in Erne is scheduled to be moved to Omagh Station to facility improvements there in June/July 2017.

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

Key Performance Indicator: To provide structure around existing deteriorated portacabin to protect communication equipment and prevent disruption of control.

The new build is planned to start in March 2017.

# **NORTHERN IRELAND AMBULANCE SERVICE**

## **TRUST BOARD REPORT**

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## **FINANCE DIRECTORATE**

Director of Finance and ICT

December 2016 (Month 9)

## FINANCIAL PERFORMANCE

### Financial Breakeven

The Trust is currently reporting a small surplus of £9k for the nine months ending 31 December 2016 (Month 9), 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.

### NIAS Financial Position at the end of December 2016 (Month 9)

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		8,366	12,604	16,770	20,974	25,346	29,537	34,114	38,388			
Other Expenditure		1,861	2,831	3,852	4,874	5,638	6,603	7,476	8,555			
Expenditure Total		10,227	15,435	20,622	25,848	30,984	36,140	41,590	46,943	0	0	0
Income		82	124	165	206	225	273	317	358			
Net Expenditure		10,145	15,311	20,457	25,642	30,759	35,867	41,273	46,585	0	0	0
Net Resource Outturn		10,145	15,311	20,457	25,642	30,759	35,867	41,273	46,585	0	0	0
Revenue Resource Limit (RRL)		10,145	15,308	20,454	25,646	30,760	35,869	41,275	46,594			
Surplus/(Deficit) against RRL		0	(3)	(3)	4	1	2	3	9	0	0	0

## NIAS Financial Position at the end of December 2016 (Month 9)

(£ 000s)	FYB	YTD		
		Budget	Actual	Variance
<b>Chief Executive's Office</b>				
Payroll	162	124	123	0
Non-Payroll	42	34	34	0
<b>Chief Executive's Office Total</b>	<b>204</b>	<b>157</b>	<b>157</b>	<b>0</b>
<b>Director of Finance</b>				
Payroll	1,371	1,025	973	52
Non-Payroll	496	351	348	3
<b>Director of Finance Total</b>	<b>1,867</b>	<b>1,376</b>	<b>1,321</b>	<b>55</b>
<b>Director of HR</b>				
Payroll	3,748	2,735	2,727	8
Non-Payroll	756	575	571	4
<b>Director of HR Total</b>	<b>4,503</b>	<b>3,310</b>	<b>3,298</b>	<b>13</b>
<b>Dir of Ops (incl Divisions &amp; RCC)</b>				
Payroll	45,448	34,140	33,954	186
Non-Payroll	9,142	7,059	7,304	(245)
<b>Dir of Ops (incl Divisions &amp; RCC) Total</b>	<b>54,590</b>	<b>41,199</b>	<b>41,258</b>	<b>(60)</b>
<b>Medical Director</b>				
Payroll	790	609	609	0
Non-Payroll	321	299	299	0
<b>Medical Director Total</b>	<b>1,111</b>	<b>908</b>	<b>908</b>	<b>1</b>
<b>NIAS Total Payroll</b>	<b>51,520</b>	<b>38,633</b>	<b>38,387</b>	<b>247</b>
<b>NIAS Total Non-Payroll</b>	<b>10,757</b>	<b>8,318</b>	<b>8,555</b>	<b>(238)</b>
<b>NIAS Total</b>	<b>62,276</b>	<b>46,951</b>	<b>46,942</b>	<b>9</b>

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

Plans to stabilise the workforce and reduce the level of vacancies are well progressed and a full programme of recruitment and training is ongoing and further plans for the 2016/17 financial year are under development. Attendance management continues to be managed in line with the Trust's Health and Wellbeing Attendance Management Action Plan. Detailed monitoring of the budget and financial performance continues in conjunction with operational managers and the Senior Executive Management Team.

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

Savings proposals to address a forecast £0.4m financial gap in 2016/17 have also been included in the Trusts planning assumptions.

The Trust continues to forecast a breakeven position at year end, subject to and without prejudice assumptions made in relation to efficiency savings and investment.

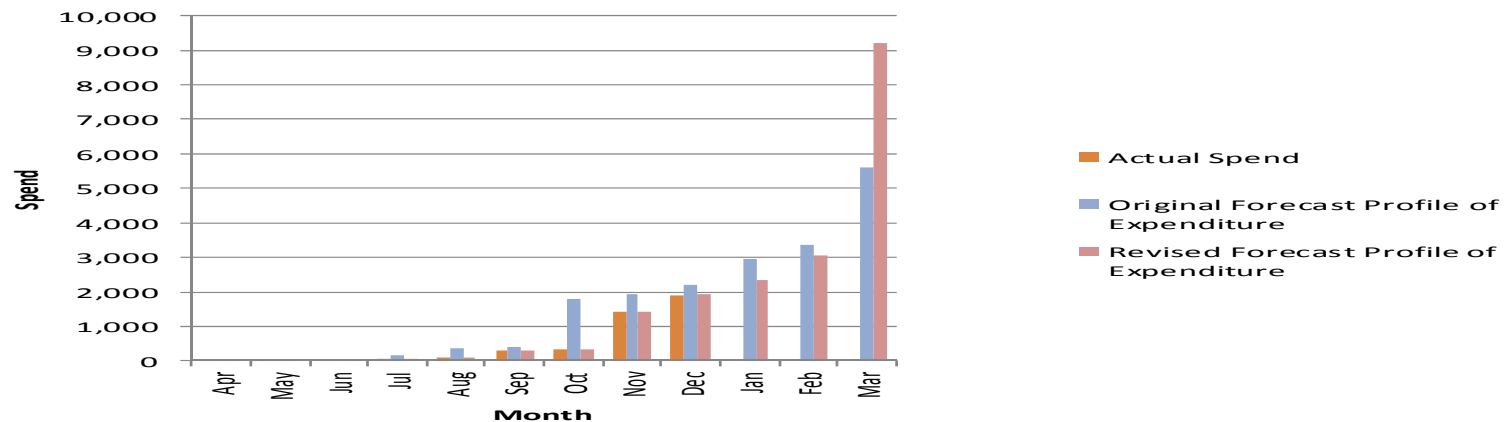
## Capital

The Trust has received a revised Capital Resource Limit (CRL) allocation of £9.2m (Previously £8.8m). This includes adjustments to the CRL allocation for changes in forecast profile of expenditure for the new ambulance station at Enniskillen, the approval of the business case for replacement cardiac defibrillators/monitors and specific ICT schemes. Forecast expenditure is subject to a number of risks and assumptions, including procurement risks and supplier capacity.

### Cumulative Capital Spend

Cumulative Capital Spend (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet	0	0	0	0	0	1	18	971	1,389			
Estate	14	29	34	55	71	93	96	222	298			
Medical Equipment	0	0	0	0	0	0	0	0	0			
IT Equipment	0	7	10	13	17	214	217	221	226			
General Capital	0	0	0	0	3	3	3	3	3			
Actual Spend	14	36	44	68	91	311	334	1,417	1,916	0	0	0
Original Forecast Profile of Expenditure	14	36	44	167	365	421	1,795	1,943	2,212	2,941	3,359	5,595
Revised Forecast Profile of Expenditure	14	36	44	68	91	310	333	1,416	1,927	2,332	3,046	9,221

### Capital Expenditure



## Prompt Payment of Invoices

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

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

A range of plans are in place to maintain and improve performance in this area, however at this level movements in just a small number of invoices within or beyond the payment period can impact significantly on performance and quickly render the in year cumulative target unachievable. As aged invoices are cleared and paid, performance between months can vary.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Total bills paid	1,825	1,537	1,352	1,219	1,685	1,336	2,059	1,530	1,007				13,550
Total bills paid within 30 calendar days of receipt of undisputed invoice	1,736	1,453	1,296	1,179	1,594	1,217	2,012	1,485	967				12,939
% bills paid on time	95.1%	94.5%	95.9%	96.7%	94.6%	91.1%	97.7%	97.1%	96.0%				95.5%
Total bills paid within 10 working days (14 calendar days)	1,302	1,076	1,041	961	1,321	971	1,705	1,228	775				10,380
% bills paid on time	71.3%	70.0%	77.0%	78.8%	78.4%	72.7%	82.8%	80.3%	77.0%				76.6%



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

The Business Services Organisation provides a range of services to The Trust, including Procurement and Logistics Services (PaLS), Legal Services, Technology Services and Internal Audit. New reporting arrangements for the Service Level Agreements have identified Key Performance Indicators (KPIs) in respect of Purchasing and Supply. Performance against these KPI's to the end of December 2016 (Month 9) is as follows:

Key Performance Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Average Processing Time Per Requisition Days (Target 5 Days)	4.33	4.76	5.75	4.38	3.46	6.62	4.00	3.99	4.50			
Percentage of Products Supplied on First Request % (Target 95%)	99.76%	98.90%	99.40%	98.80%	99.10%	99.40%	99.00%	98.22%	99.58%			
Number of Lines Issued (Stock and Non Stock Line)	1,177	890	1,028	809	907	1,135	915	1,040	1,020			
Value of Spend £k (Stock and Non Stock)	129	507	369	164	1,523	463	148	511	1,122			

## ***Information Technology Systems - System Availability***

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

There were no Service effecting system failures during this period.

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

Any system developments are reported in this section.

A project to replace the NIAS Telephony platform at HQ, Altnagelvin and the short term contingency site is ongoing with a target completion date of March 2017. This project provides NIAS with a telephony architecture capable of using the latest VOIP technology. All telephone switches have now been replaced as part of this project and the telephony network is now in place to implement a VOIP network to Ambulance stations. This project will also allow NIAS to deploy additional workstations at Ambulance Stations and Outposts and improve access to NIAS Corporate Systems for Operational staff.

Work is ongoing on a technology refresh of the NIAS core Microsoft platforms to more effectively support the needs of the organisation. Modernising these platforms will provide enhanced functionality & capability whilst ensuring full supportability and reducing risk. The target completion of this project is March 2017.

## ICT Help Desk Performance

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

	Nov			Dec		
Target to Respond to 95%	No of Calls	Within time	Actual	No of Calls	Within time	Actual
Immediate	15	15	100%	16	15	94%
Urgent	51	48	94%	33	33	100%
High	11	11	100%	7	6	86%
Medium	471	463	98%	313	310	99%
Low	713	713	100%	475	475	100%
Total	1261			844		

## ICT Planned Maintenance November 2016 – 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	716	4 Hours	0	No	
C3 PCS	716	4 Hours	0	No	
Pro-QA	716	4 Hours	0	No	
ICCS A&E	716	4 Hours	0	No	
ICCS PCS	716	4 Hours	0	No	
DTR	716	4 Hours	0	No	
Voice Recorder	716	4 Hours	0.5	No	
Mobile Data	716	4 Hours	0	No	

## ICT Planned Maintenance November 2016 – 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	0.05	No	
Virtual Server	218	2 Hours	0	No	
BlackBerry	216	4 Hours	0.10	No	
Promis	216	4 Hours	0	No	

## ICT Planned Maintenance December 2016 – System Upgrades Critical Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	<p>These are business critical systems which manage front line resources and need to be available on a 24/7 365 basis.</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>
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	0.15	No	
Mobile Data	740	4 Hours	0	No	

## ICT Planned Maintenance December 2016 – 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	0.05	No	
Virtual Server	198	2 Hours	0	No	
BlackBerry	196	4 Hours	0	No	
Promis	196	4 Hours	0	No	

## **Information Governance – Developments 01/11/2016 to 31/12/2016 (Reporting Period)**

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

- ***Control Assurance – Information Management: 75% Substantive Achieved. Action Plan for outstanding items being developed. This work continues to be a priority of the Trust.***
- ***Information Commissioner - correspondence with Trust regarding outstanding FOI requests and processing times. Monitoring data has been sent to the ICO each month. Meeting due to be held in February 2017.***
- ***Delivery of Information Governance Training to Emergency Medical Technicians***
- ***Supporting Regional Ambulance Training Centre with Quality Improvement Templates and data analysis. These continue to be developed and amended. Includes Falls, Hypoglycaemia, Acute Coronary Syndrome, Cardiac Arrest (refer to Medical Directorate section of report for reporting)***
- ***TYC monitoring aspects reviewed. TYC Board and TYC Team Information papers continue to be updated and monitored. Ad hoc datasets have been provided to support further initiatives including Mental Health statistics, Nursing Home Attendances, call stopped reasons etc. On call management cycle to be reviewed further***
- ***Patient Care Service datasets being analysed to support ongoing contract review***
- ***A Day in the Life of the Ambulance Service – 30/11/2016 (datasets to support media coverage)***
- ***Road Traffic Collision Datasets to support North and Ards Presentation by Clinical Support Officers – data and maps***
- ***Trauma Audit & Research Network – Attendance at Workshop in November 2016. NIAS to provide datasets to support this Project going forward into 2017 and beyond, if required***
- ***Supporting work and data streams in Frequent Caller Monitoring and Information Markers – attendance at meeting, updating datasets***
- ***Ad hoc datasets to internal/external stakeholders included (examples only, not an exhaustive list) – potential Frequent callers, station profiles, trampoline attendances, paediatric callouts, private ambulance usages, divers, Hospital attendances etc***

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

## Information Governance

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

Summary April 16 – December 16 requests compared with same period in 2015:

	<b>April 16 – Dec 16</b>	<b>April 15 – Dec 15</b>	<b>% Increase / (Decrease)</b>
<b>Freedom of Information</b> Requests Received	122	89	37% increase
<b>Data Protection Act 1998</b> <b>Section 7, Subject Access</b> Requests Received	33	18	83% increase
<b>Police Service of Northern Ireland</b> Requests Received	312	264	18% increase
<b>Solicitor Enquiries</b> Requests Received	457	425	7% increase
<b>Total</b>	<b>924</b>	<b>796</b>	<b>16% increase</b>

## REPORT FOR FREEDOM OF INFORMATION PROCESSING FOR THE PERIOD OF 01/04/2016 to 31/12/2016

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

### 2016-17 Data

Freedom of information	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total Apr16 - Dec16	Total Apr15 - Dec15	%age completed within 20 working days	
Number of Requests Received	15	9	8	14	16	13	20	15	12				122	89	Apr16 - Dec16	71.31%
Number of Questions Received	50	35	15	41	54	41	74	52	22				384	337	Apr15 - Dec15	75.28%
Completed Requests processed within 20 days or less	14	5	7	11	10	10	13	13	4				87	67		
Completed Requests exceeding 20 days	1	2	1	2	5	3	5	0	1				20	17		
REQUESTS Still Being Processed (within 20)	0	0	0	0	0	0	0	0	6				6			
REQUESTS Still being processed (outside 20)	0	0	0	0	0	0	2	2	1				5			
Stood Down	0	2	0	1	1	0	0	0	0				4			
Number of Records Fully Disclosed	45	31	13	38	47	30	55	34	8				301			
Vexatious Requests	0	0	0	0	0	0	0	0	0				0			
Number of Records for which records not held	5	1	1	2	5	0	13	11	0				38			
Requests where exemptions wholly/partially applied	0	1	1	0	0	11	3	0	0				16			
Questions stood down	0	2	0	1	2	0	0	0	0				5			
QUESTIONS Still Being Processed (within 20)	0	0	0	0	0	0	0	0	13				13			
QUESTIONS Still Being Processed (outside 20)	0	0	0	0	0	0	3	7	1				11			
Referrals for Independent Review	0	0	0	0	0	1	0	0	0				1			
Appeals to the Information Commissioner	0	0	0	0	0	0	0	0	0				0			
<b>Requestor Type</b>																
Member of Public	6	2	0	6	2	4	9	3	7				39			
Local Government	0	0	0	0	1	0	0	0	0				1			
Staff Member	5	4	4	2	5	0	2	1	1				24			
Media	3	1	2	4	2	4	5	9	1				31			
Student	0	0	0	0	0	0	0	0	0				0			
Commercial Company	0	0	0	0	1	0	1	1	0				3			
Solicitor	0	0	0	0	0	0	0	0	0				0			
WhatDoTheyKnow.com	1	2	2	0	5	5	3	0	1				19			
NHS	0	0	0	0	0	0	0	1	0				1			
Trade Union	0	0	0	2	0	0	0	0	0				2			

The number of requests received in Apr-Dec 2016 represents an increase of 37% over the same period in 2015

Data may be subject to amendments



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

### **REPORT FOR DPA PROCESSING (SUBJECT ACCESS) FOR THE PERIOD OF 01/04/2016 to 31/12/2016**

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.

<b>Data Protection Act 1998 – Section 7, Subject Access</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr 16 – Dec 16</b>	<b>Apr 15 – Dec 15</b>
Number of Requests Received	4	6	1	5	2	4	5	4	2				33	18
Completed Requests processed within 40 days or less	4	5	1	2	2	2	3	3	2				24	11
Completed Requests exceeding 40 days	0	0	0	2	0	2	2	0	0				6	3
Requests still being processed in line with 40 days	0	0	0	0	0	0	0	0	0				0	0
Identity Not Confirmed and therefore could not be further processed	0	1	0	1	0	0	0	1	0				3	4
Patient	1	5	1	3	0	1	2	2	1				16	5
NIAS Staff Member	3	1	0	1	1	2	3	1	1				13	10
External Agency	0	0	0	1	0	1	0	0	0				2	2
Relative of Patient	0	0	0	0	1	0	0	1	0				2	0

*The number of requests received in Apr-Dec 2016 represents an increase of 83% over the same period in 2015*

- **From 01/04/2016 to 31/12/2016: 80% of Subject Access Requests processed within 40 calendar days**  
(this is based on this requests that were fully processed ie identity and fee received)
- The Trust has been reported to the Information Commissioner Officer on x 2 occasions during April to June 2016 for delays with subject access requests received in 2015/16. These responses have now been issued, however, further evidence of correspondence from 1 x requestor.

**POLICE SERVICE OF NORTHERN IRELAND REQUESTS – Police Acts, Common Law for the Period of 01/04/2016 to 31/12/2016****Purpose:**

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

<i>Requests will relate and include the release of call incident logs, 999 call, staff names and shift patterns, Patient Report Form, staff witness statements in line with legislative requirements to assist with PSNI investigations for example, investigation of fatal road traffic collisions, murder enquiries, alleged assaults etc</i>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr 16 – Dec 16</b>	<b>Apr 15 – Dec 15</b>
Number of Requests Received (based on receipt of correspondence date)	21	37	36	23	42	32	37	47	37				312	264

*The number of requests received in Apr-Dec 2016 represents an increase of 18% over the same period in 2015*

**SOLICITOR ENQUIRIES for the Period of 01/04/2016 to 31/12/2016****REQUESTS FOR INFORMATION WHICH FALL UNDER THE REMIT OF THE DATA PROTECTION ACT 1998 AND/OR ACCESS TO HEALTH RECORDS (NI) ORDER 1993****REQUESTS FOR INFORMATION WHICH FALL UNDER THE REMIT OF THE DATA PROTECTION ACT 1998 AND/OR ACCESS TO HEALTH RECORDS (NI) ORDER 1993**

	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr 16 – Dec 16</b>	<b>Apr 15 – Dec 15</b>
Number of Requests Received (based on receipt of correspondence date)	52	45	65	41	53	52	56	63	30				457	425

*The number of requests received in Apr-Dec 2016 represents an increase of 7% over the same period in 2015*

**DEPARTMENT OF HEALTH – REQUEST FOR INFORMATION for Period of 01/04/2016 to 31/12/2016**

<b>DHSSPS/AQ's/CORs/TOF's/INV's</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr 16 – Dec 16</b>
Assembly Questions (Oral)	0	0	0	0	0	0	0	0	0				0
Assembly Questions (Written)	0	1	12	1	0	20	15	10	15				74
CORs Received	1	0	1	2	1	1	1	0	0				6
TOFs Received	1	0	0	4	0	0	0	0	0				5
INVs Received	0	0	0	1	0	0	0	0	0				1



## 16/17 - PRF v PATIENT NUMBERS COMPARISON

Summary		Patient Journeys			Completed PRFs (Formic)	Difference
Month	Emergency Calls responded to (KA34)	Emergency	Routine	Total		
April 2016	16819	12859	343	13202	16519	+3,317
May 2016	16215	13357	389	13746	16754	+3,008
June 2016	15732	12842	381	13223	16250	+3,027
July 2016	16279	13182	394	13576	16077	+2,501
August 2016	16220	13262	347	13609	16507	+2,898
September 2016	15704	12783	403	13186	16069	+2,883
October 2016	17029	13736	426	14162	16671	+2,509
November 2016	16429	13420	369	13789	15954	+2,165
December 2016	18095	14328	334	14662	11791	-2,871
January 2017						
February 2017						
March 2017						
<b>Total</b>	<b>148522</b>	<b>119769</b>	<b>3386</b>	<b>123155</b>	<b>142592</b>	<b>+19,437</b>

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

# **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 / 02 / 02

**(As at 31 December 2016)**

**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 December 2016. This information is taken from the Trust’s Corporate Workforce Information Report which is reported via HRPTS.

DECEMBER 2016	TRUST TOTAL	CX / BOARD	FINANCE / ICT	HRCS	MEDICAL	OPERATIONS
<b>FUNDED WTE</b>	1,290.32	7.00	31.63	67.15	8.00	1,176.54
<b>SUBSTANTIVE-IN-POST (WTE) PERM/(TEMP)</b>	1,165.33 (27.16)	1.00 (6.00)	25.63 (2.00)	63.78 (4.00)	7.00 (2.00)	1,067.92 (13.16)
<b>STAFF-IN-POST/HEADCOUNT</b>	1,222	7	29	69 (81*)	9	1,108 (1,121*)
<b>VACANCY LEVELS (WTE)</b>	<b>-97.83</b>	<b>0.00</b>	<b>-4.00</b>	<b>0.63</b>	<b>1.00</b>	<b>-95.46</b>

**NB:** *The above figures do not include Sessional GP’s, nor individuals who support ELD clinical programmes, as required, nor Bank Contracts. These individuals have been included in Headcount figures (in brackets) in the respective Directorates.*

On the basis of the information above @ 31 December 2016, the Trust has an overall vacancy level of **97.83** 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 and provides related details on actions currently being taken to address.

Post	Funded Est (WTE)	Staff-in-Post (WTE)	Vacancy (WTE)	Bank Staff	Recruitment Activity	Current Trainees (WTE)	Date Next Training Cohort Due to Commence	Further Planned Training Cohorts
Paramedic Stn Supervisor	25.00	19.89	5.11	0	No recruitment planned, due to ongoing Job Evaluation process.	N/A	N/A	N/A
Paramedic	322.00	316.29	5.71	27	<u>Bank Recruitment:</u> 31 offers made, 31 acceptances received, 27 Bank Paramedics have joined NIAS (5 Paramedics accepted permanent Contracts during October/November 2016). <u>Internal Recruitment:</u> 17 offers made, 8 acceptances received, (6 from Bank, 2 from RRV posts). <u>External Recruitment:</u> Offers completed, 3 due to commence 23/01/17 and 1 due to undertake familiarisation training in Division in March 2017, thus bringing vacancy level to -1.71 WTE.	N/A	N/A	N/A
RRV Paramedic	86.00	81.14	4.86	0	No recruitment planned.	N/A	N/A	N/A
EMT Stn Supervisor	5.00	4.00	1.00	0	No recruitment planned, due to ongoing Job Evaluation process.	N/A	N/A	N/A
EMT + Trainee EMT	300.00	232.69 + 23.00	44.31	4	<u>Internal Recruitment:</u> Qualified EMT recruitment waiting list created. <u>External Recruitment:</u> Qualified EMT: OSCE completed during November 2016. Trainee EMT (internal & external): training commenced on 25/11/16. <u>Internal / External Recruitment:</u> 4 Qualified Bank EMTs joined NIAS between August – October 2016.	N/A	Cohort 1 ( <b>23</b> Trainees) commenced training on 25/11/16. Practice placement to commence on 17/04/17 (for 20 weeks) with full qualification expected in September 2017.	Plans being finalised for Cohort 2 ( <b>24</b> Trainees) to commence May 2017 with practice placement commencing August 2017 and full qualification in February 2018.
ACA (inc. PCS Supervisor)	263.50	241.20	22.30	0	ACA Recruitment exercise completed at end of May 2016. Active waiting list in place until 19/05/17. Offers ongoing for course (of 24) commencing 20/02/17, which will bring ACA tier to full establishment.	N/A	Cohort 1 ( <b>24</b> Trainees) due to commence on 20/02/17.	Plans being finalised for Cohort 2 ( <b>24</b> Trainees) to commence 03/04/17.

## Section 1: Human Resources & Corporate Services

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

#### CORPORATE ABSENCE REPORT (@ 30 NOVEMBER 2016)

NIAS's cumulative absence in 2015/16 was 10.43%. NIAS therefore met its target for 2015/16, as agreed with the DoH, which was "to improve or maintain sick absence rates on 2014/15 levels" (2014/15 cumulative absence was 10.55%). NIAS's sickness absence target for 2016/17, as agreed with the DoH, is to "improve sick absence rates by 5% on 2015/16 levels". NIAS therefore must achieve an absence rate of **9.91%** in 2016/17. The table below provides a summary of the Trust's sickness absence for the period 1 April 2016 to 30 November 2016. The monthly % absence recorded for November 2016 was 11.09% and is higher than the target, resulting in the Trust failing to meet the 16/17 target, as the cumulative absence @ 30 November was **10.06%**. Long term absence (20+ working days) accounted for 8.58% of overall monthly absence and short-term absence accounted for 2.51% of overall monthly absence in November 2016.

2016/17 Monthly Sickness Absence including Comparators to Previous Reporting Year (2015/16)												
ATTENDANCE MANAGEMENT	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>NIAS ABSENCE TARGET (2016/17)</b>	<b>"IMPROVE SICK ABSENCE RATES BY 5% ON 2015/16 LEVELS": NIAS TARGET = 9.91%</b>											
NIAS absenteeism monthly % hrs lost (15/16)	10.22%	11.42%	10.41%	10.36%	9.96%	9.91%	9.81%	9.70%	11.97%	11.62%	10.16%	9.61%
NIAS cumulative monthly % hrs lost (15/16)	10.22%	10.81%	10.67%	10.59%	10.47%	10.37%	10.29%	10.22%	10.43%	10.54%	10.51%	10.43%
NIAS absenteeism monthly % hrs lost (16/17)	9.78%	9.64%	10.30%	8.39%	10.21%	10.41%	10.55%	11.09%	**			
NIAS cumulative monthly % hrs lost (16/17)	9.78%	9.70%*	9.91%*	9.54%	9.68%	9.80%	9.91%	10.06%	**			
Monthly % hrs lost (S/T)	2.55%	1.76%	1.73%	2.38%	2.52%	2.49%	2.52%	2.51%	**			
Monthly % hrs lost (L/T)	7.23%	7.87%	8.58%	6.01%	7.69%	7.92%	8.03%	8.58%	**			
Av. days lost (7.5 hrs) per Empee per Mth	1.97	2.07	2.21	1.71	2.30	2.23	2.16	2.37	**			
NIAS cumulative costs (£'000)	£305	£621	£963	£1,307	£1,639	£1,989	£2,351	£2,717	**			
* May-16 & Jun-16 cumulative absence figs adjusted due to late notifications received after production of reports. ** December 2016 unavailable, due to current technical issues with the HRPTS System, which remain ongoing at time of publication.												
<b>NIAS CUMULATIVE % HRS LOST</b>	<b>(2015/16) 10.43%</b>				<b>(2016/17 @ 30 Nov 2016) 10.06%</b>				<b>OFF TARGET</b>			

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

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

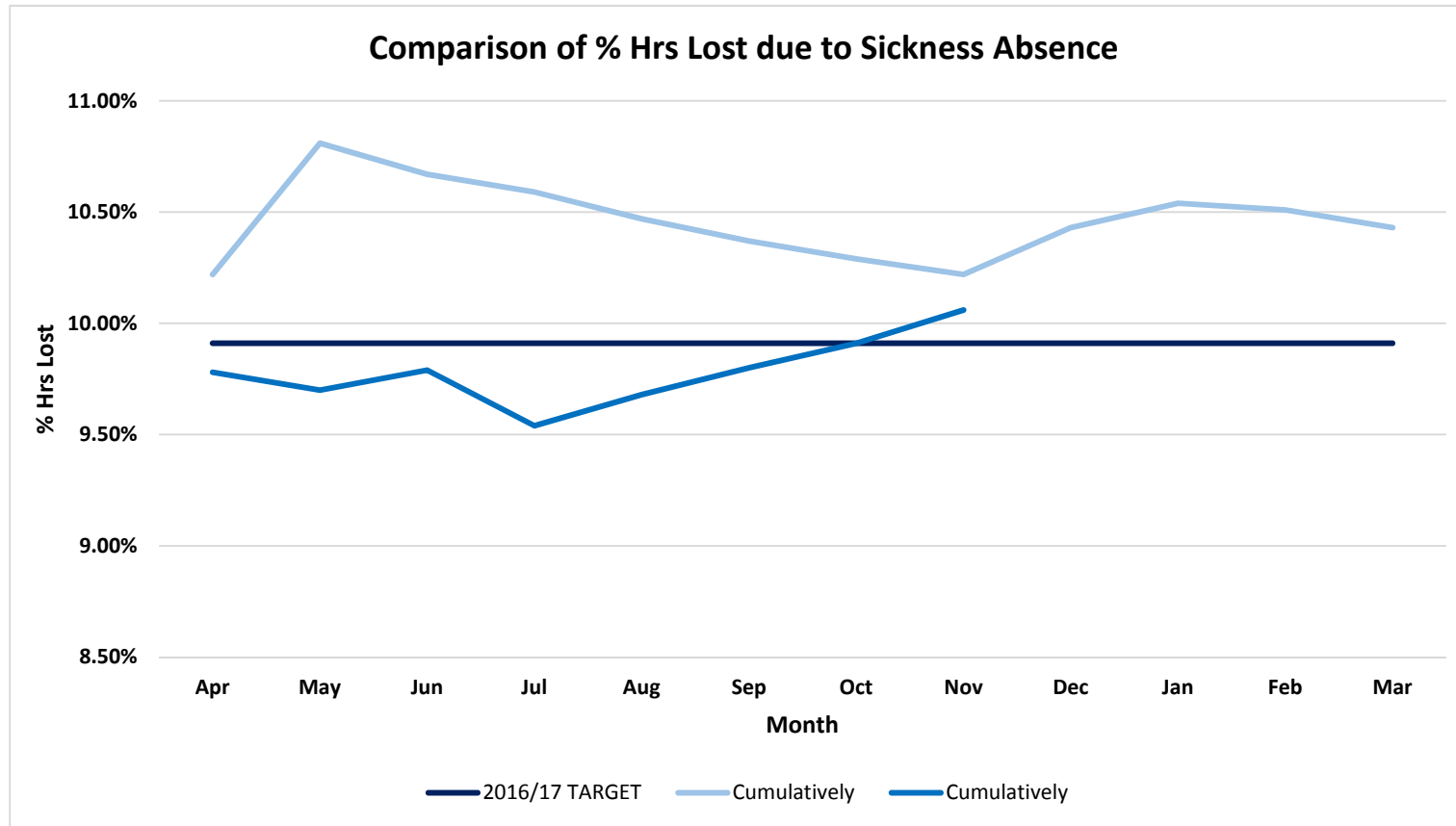
- Health and Wellbeing Group established under Engagement strategy;
- Health and Wellbeing Strategy under review;
- Review of Attendance Management Procedure and associated policies/procedures;
- Consideration of a new peer support model;
- Pilot of additional intervention by Carecall in relation to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

## Section 1: Human Resources & Corporate Services

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



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

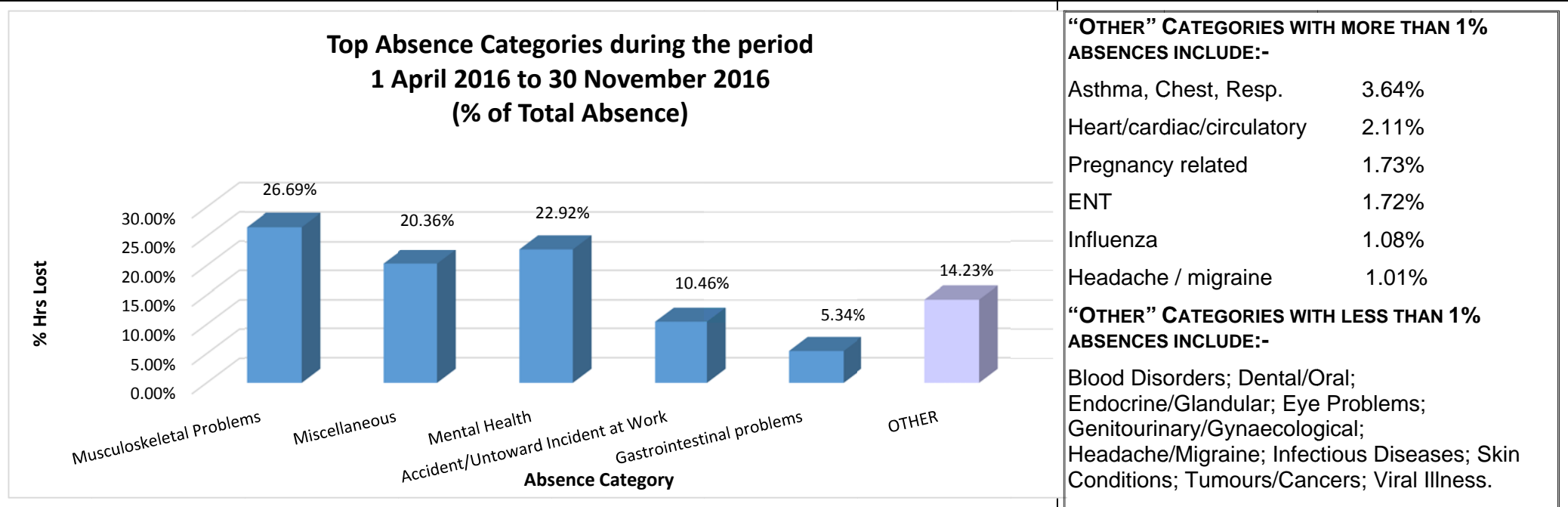


**FLU VACCINE  
UPTAKE: 2015/16:  
13.47% (167 STAFF)**

**NIAS TARGET 2016/17:  
40% OF STAFF TO  
UPTAKE FLU VACCINE**

## Section 1: Human Resources & Corporate Services

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



#### REASONS FOR ABSENCE

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

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

**Musculoskeletal** (including Injury, Fracture, Back Problems and Other Musculoskeletal Problems) (26.69%) and **Mental Health** (22.92%) related absences account for the highest % of sickness absence. Work in ongoing to address levels of absence in these areas as detailed above.

## 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)**

The HR Department continues to manage Employee Relations matters, as they arise. The tables below detail NIAS Procedures instigated: -

### Disciplinary Cases:

Position as at December 2016	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>1</b>	<b>0</b>	<b>6</b>
HCPC Referrals	1	0	0	1	0	0
Suspensions	1	0	0	1	0	0
<b>New Cases</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Grievance Cases:

Position as at December 2016	TRUST TOTAL	Transfer	Application of T&C	Recruitment	Job Evaluation	Equal Opps	Trust Processes	Promotion	Pay
<b>Total Ongoing Cases</b>	<b>32</b>	<b>1</b>	<b>21*</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>
Informal Stage	8	0	5	2	0	0	1	0	0
Formal Stage 1	23	1	16	3	1	0	1	0	1
Formal Stage 2 (Appeal)	1	0	0	0	0	1	0	0	0
<b>New Cases</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\* relates to a collective issue (affecting 9 aggrieved individuals)

### Working Well Together / Harassment Cases:

Position as at December 2016	Fin & ICT	HRCS	Medical	Ops	TRUST TOTAL
<b>Total Ongoing Cases</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>3</b>
Informal Resolution / withdrawn	0	0	0	0	0
Inv Ongoing	0	0	0	1	2
Formal Stage 1	0	0	0	2	1
Formal Stage 2 (Appeal)	0	0	0	0	0
<b>New Cases</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

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

### Case File Closures:

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

Position as at December 2016	January	February	March	April	May	June	July	August	September	October	November	December
Grievance	1	2	4	1	3	0	1	0	1	0	0	7
Disciplinary	2	3	2	2	2	1	1	1	1	0	0	0
Harassment	0	0	0	0	0	0	0	1	0	0	0	0
<b>Total</b>	<b>3</b>	<b>5</b>	<b>6</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>7</b>

**Section 1: Human Resources & Corporate Services****HRCS KPI: Modernisation & Reform (BSTP)****BSTP UPDATE****HRPTS:**

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

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

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

**BENEFITS REALISATION:**

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

**SHARED SERVICES**

NIAS continues to engage with BSO Shared Services in planning the transition of the NIAS Recruitment & Selection (R&S) function. It is anticipated that NIAS Recruitment & Selection function will transition during Q4, 2016/17.

**HRPTS Deployment Within NIAS**

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

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

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

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

Total complaints received to date													Total (to date) 99			
HANDLING TIMES OF COMPLAINTS																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2015-16	
Complaints Received	8	24	17	5	7	9	14	15					99		160	100%
<b>Total A&amp;E &amp; PCS Activity</b>	<b>28788</b>	<b>29104</b>	<b>29077</b>	<b>32782</b>	<b>29353</b>	<b>29469</b>	<b>30281</b>	<b>30290</b>					<b>239144</b>			
<b>% Complaints/Activity</b>	<b>0.03%</b>	<b>0.08%</b>	<b>0.06%</b>	<b>0.02%</b>	<b>0.02%</b>	<b>0.03%</b>	<b>0.05%</b>	<b>0.05%</b>					<b>0.04%</b>			
Acknowledged within 2 working days	8	24	17	5	6	9	14	15					98	99%	160	100%
Acknowledged after 2 working days	0	0	0	0	1	0	0	0					1	1%	0	0%
Response within 20 working days	3	4	3	1	1	2	1	4					19	19%	43	27%
Response after 20 working days	5	18	7	1	0	3	11	9					54	55%	66	41%
Complaints Investigations ongoing	1	2	7	3	6	4	2	2					27	27%	51	32%
Cases referred to NI Ombudsman (cases ongoing)	0(4)	0(4)	0(4)	0(4)	0(4)	0(4)	0(4)	0(4)							5	
NATURE OF COMPLAINTS RECEIVED																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2016-17	%	2015-16	
Staff Attitude	4	8	11	3	4	4	7	6					47	47%	65	41%
Ambulance Late/No Arrival	4	16	6	1	1	3	3	8					42	42%	78	49%
Quality of Treatment & Care	0	0	0	1	1	2	2	1					7	7%	11	7%
Suitability of Equip/Vehicle	0	0	0	0	1	0	0	0					1	1%	3	2%
Other	0	0	0	0	0	0	2	0					2	2%	3	2%
Patient Property	0	0	0	0	0	0	0	0					0	0%	0	0%
<b>TOTAL</b>	<b>8</b>	<b>24</b>	<b>17</b>	<b>5</b>	<b>7</b>	<b>9</b>	<b>14</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>99</b>		<b>160</b>	

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

**HRCS KPI: Supporting Trust Priorities**

SERVICE AREA OF COMPLAINTS																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2015-16	
Accident & Emergency	5	14	10	5	4	6	6	5					55	56%	80	50%
Patient Care Service	1	3	2	0	1	0	2	0					9	9%	17	11%
Control & Communications	2	7	5	0	1	3	3	10					31	31%	63	39%
Other	0	0	0	0	1	0	3	0					0	0%	0	0%
Voluntary Car Service	0	0	0	0	0	0	0	0					0	0%	0	0%
<b>TOTAL</b>	<b>8</b>	<b>24</b>	<b>17</b>	<b>5</b>	<b>7</b>	<b>9</b>	<b>14</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>99</b>	<b>100%</b>	<b>160</b>	<b>100%</b>

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COMPLIMENTS RECEIVED																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2016-17	2015-16		
RECEIVED	11	26	15	20	19	15	16	22					144	174		
SERVICE AREA OF COMPLIMENTS RECEIVED																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2016-17	%	2015-16	
Accident & Emergency	11	23	10	20	18	14	16	21					133	92.4%	163	94%
Control	0	0	0	0	0	1	0	1					2	1.4%	4	2%
Patient Care Service	0	2	1	0	0	0	0	0					3	2.1%	0	0%
Voluntary Car Service	0	0	0	0	0	0	0	0					0	0.0%	0	0%
Other	0	1	4	0	1	0	0	0					6	4.2%	7	4%
TOTAL	11	26	15	20	19	15	16	22	0	0	0	0	144		174	

**Section 1: Human Resources & Corporate Services**
**HRCS KPI: Supporting Trust Priorities**
**CLOSED COMPLAINTS OCTOBER / NOVEMBER 2016**

Ref	Description	Outcome	Action taken (Investigation)
COMP/1159	Complainant believes the EMT in attendance was intoxicated.	Complaint dealt with informally and neither upheld nor not upheld.	Complainant does not want to make a formal complaint at this time. Matter dealt with informally and kept under review.
COMP/1140	Complaint regarding the non-arrival of a non-emergency ambulance to transport patient from his home to respite.	Complaint upheld. Due to high demand for ambulance transports we were unable to make this call.	Letter of apology and explanation issued. No further action identified.
COMP/1125	Complainant unhappy with staff attitude whilst they were in her home. Crew suggested alternatives to bringing her to hospital and complainant unhappy.	Complaint partly upheld as investigation concluded there was a breakdown in communication on behalf of crew.	Letter of apology and explanation issued. Crew to be reminded of standards expected.
COMP/1148	Complaint regarding the delay of an ambulance regarding her 94 y/o mother whose mobility was affected. Mother was left on floor for 6 hours whilst waiting for ambulance.	Complaint upheld. Ambulance control were experiencing a high demand of emergency calls and no resources available.	Letter of apology and explanation issued. No further action identified.
COMP/1142	Complainant advises that ambulance crew arrived to take her to hospital and when carrying her out of the house in a chair, one of the ambulance crew missed a step and dropped her on her back.	Complaint upheld. Investigation found that the patient did fall backwards whilst being carried however staff took the appropriate action following this incident.	Letter of apology and explanation issued. Staff to be undertake an assessment in relation to risk assessment for manual handling and safe use of equipment.
COMP/1121	Complaint regarding the attitude of staff towards reception staff at Doctors surgery. Crew allegedly swore in public place.	Complaint upheld. Crew did not act professionally in a public environment and have been reminded of expected standards.	Letter of apology issued. Crew have been reminded of our code of conduct policy and the need to act professionally at all times.
COMP/1123	Patient was attended to initially by a NIAS RRV paramedic who allegedly treated the patient for indigestion and was left at home and advised that pain would settle. Patient was advised by RRV paramedic that A&E would be 'very busy'. Patient has previous cardiac history and was presenting with symptoms consistent with a MI. Patient should have been conveyed to Cath Lab as an emergency. The patients Consultant and daughter have raised concerns around same and are unhappy that with handling of initial call.	Complaint upheld. Paramedic failed to follow current guidelines in relation to patients with a cardiac history.	Letter of apology and explanation issued. Paramedic will be retrained on the recognition of specific myocardial infarcts and the protocols to follow. Memo to be sent to all clinical staff to remind them of changes to recent guidelines.
COMP/1120	Non-emergency ambulance drove off from nursing home when patient was being brought to front door.	Complaint not upheld. Crew advised nursing home in advance of their arrival and arrived as arranged.	Letter of explanation and apology issued. No further action identified.
COMP/1085	Complaint regarding the delay of an ambulance for a knee dislocation girl was left on a cold hard floor for approx two hours.	Complaint upheld. No resources available as all other emergency ambulances committed to other calls.	Letter of apology and explanation issued. No further action identified.

## CLOSED COMPLAINTS OCTOBER / NOVEMBER 2016

COMP/1129	Complaint regarding the questioning behaviour of the Rapid Response Paramedic who questioned the decisions made by GP and nursing home in relation to the patient's care.	Complaint upheld. Investigation found that the Paramedic did act in the best interests of the patient but failed to do so in a sensitive manner.	Letter of apology and explanation issued. Paramedic to be counselled on his poor communication.
COMP/1067	Complaint regarding the delay of A&E ambulance which took over 40 mins to arrive.	Complaint upheld. All emergency resources already deployed due to high volume of calls.	Letter of apology and explanation issued. No further actions identified.
COMP/1136	MLA has raised a complaint on behalf of the Patient's family. Patient sadly passed away as a result of a cardiac arrest. The family have raised concerns regarding the ambulance response time.	Complaint upheld. Resources not available due to high volume of calls. EMDs protocol is not to advise of ETA.	Letter of apology and explanation issued after meeting with MLA and family. No further actions identified.
COMP1144	Patient allegedly fell down 25 stairs from the top to the bottom, hitting his head off the stair lift and becoming trapped under the stair lift. When the Romeo arrived he lifted the patient onto a chair and then moved to the ambulance without immobilisation. The patient has suffered a chipped bone in his neck, multiple fractures and staples to his head. The complainant would like to know why the patient was not immobilised.	Complaint withdrawn	No further action identified
COMP/1135	Patient suffers from severe depression and alcohol problems and would call an ambulance on a regular basis. When the ambulance arrived, the ambulance man made dismissive comments.	Complaint not upheld. Communication perceived differently than it was intended.	
COMP/1157	Complaint regarding the non-arrival of a non-emergency ambulance	Complaint upheld. Moved into disciplinary process.	Letter sent explaining disciplinary process.
COMP/1128	Complaint received from both the patient's daughter and the MLA in relation to the delay of an ambulance for an elderly lady who had to wait 5 hours for an ambulance.	Complaint upheld. Control were experiencing a high demand for ambulances.	Letter of explanation and apology issued. No further action identified.
COMP/1137	Complaint regarding the delay of an emergency ambulance which took nearly three hours to arrive for patient with badly cut arm.	Complaint upheld. All resources were engaged on other calls.	Letter of apology and explanation issued. No further action identified.
COMP/1160	Nursing staff booked a nonemergency ambulance to take a patient home. This ambulance did not arrive.	Complaint upheld. MDT system failed and call was lost.	Letter of apology and explanation issued. MDT system being replaced and upgraded. No further actions identified.
COMP/1154	Complainant feels ambulance crew were rude and dismissive of the patient. Not interested in taking the patient to hospital and shouted at the complainant.	Complaint dealt with under local resolution. Investigating officer phoned complainant to discuss and complainant happy matter is closed.	Phone call made to the complainant and complainant happy that the matter has been discussed and considers the complaint to be closed via local resolution.
COMP/1146	Complaint regarding non-arrival of ambulance for patient to attend fracture clinic.	Complaint not upheld. Fault did not lie with NIAS.	Letter of apology for breakdown in communication. No further action identified.
COMP/1073	Complaint regarding the attitude of the crew, who appeared disgruntled that they had been called out as an emergency.	Complaint not upheld. Call should not have been placed as an emergency call.	Letter of apology and explanation issued. Miscommunication, no further action identified.



## CLOSED COMPLAINTS OCTOBER / NOVEMBER 2016

COMP/1138	Complainant had to stop in his wheelchair on the pavement to let a patient on a trolley and two ambulance men past to get to the ambulance. When the trolley was wheeled off the pavement, complainant said ambulance crew did not take any care and did not take into consideration that there was a patient on the trolley, the patient bounced up when wheeled off the pavement.	Complaint upheld. Crew did not find an appropriate point in the pavement in which to lower the stretcher.	Letter of explanation and apology issued. Crew reminded of the standards expected.
COMP/1139	Complaint regarding the length of time it took for an ambulance to arrive. Complainant was unhappy with the behaviour of the crew during this call and lack of concern shown.	Complaint upheld. No resources available due to high volume of calls.	Letter of apology and explanation issued. No further actions identified.
COMP/1156	Complainant's brother passed away. Murder investigation launched allegedly on ambulance crew remarks at the scene.	Complaint not upheld as ambulance crews were following a legal obligation to report suspicious findings.	Letter of apology and explanation of our legal obligations. No further actions identified.
COMP/1126	Complaint regarding the delay of an ambulance after his 10 y/o son suffered a seizure. RRV arrived on scene in 59mins, Conveying A&E resource arrived on scene in 1hr 07mins.	Complaint upheld. High volume of calls resulted in long delay in ambulance arrival.	Letter of apology and explanation issued. No further actions identified as high volume of calls received resulted in ambulance delay.
COMP/1155	MLA has made complaint on behalf of constituent's deceased husband. Had to wait 40 mins on ambulance.	Complaint upheld. Call took 14 minutes to respond to as closest crew came from Ballynahinch.	Letter of apology and explanation issued. No further actions identified.
COMP/1109	Nursing Manager complained about the attitude of the female crew member where she accused the Manager of not respecting the patient's dignity.	Complaint not upheld. Allegations cannot be substantiated.	Letter of apology and explanation issued. Staff member has been asked to be aware of how people can perceive her directness.
COMP/1069	Complaint regarding attitude of staff towards who allegedly refused to take the complainant to hospital.	Complaint not upheld. Crew were proposing to take patient to closest hospital but patient wanted to go to a different hospital. Crew within guidelines.	Complaint not upheld. No further action identified.
COMP/1141	Complainant unhappy that crew questioned family on medication given to the patient which resulted in a 20 minute delay. Patient passed away the next day.	Complaint partially upheld. Length of time spent at scene was within guidelines. Crew member to be counselled on non-medical terminology.	Letter of apology and explanation issued. Crew member to be counselled on using non-medical terminology and the need to treat all patients and relatives with respect.
COMP/1162	Complainant unhappy about the way control staff spoke to the ambulance crew over the telephone regarding her mobility.	Complaint not upheld. Allegations made were not substantiated.	NEAC manager contacted the complainant after listening to the taped conversation and advised her that there was no shouting. Complainant happy to withdraw the complaint.

## CLOSED COMPLAINTS OCTOBER / NOVEMBER 2016

COMP/1131	This lady states the ambulance crew had no sense of urgency and were forceful. Unhappy with the attitude of the crew.	Complaint not upheld. Allegations made could not be substantiated.	Letter of apology and explanation issued. No further action identified.
COMP/1047	Complaint regarding the delay of an ambulance for a patient who had collapsed and had stopped breathing, the response took over 20 minutes.	Response letter sent 21.10.2016 signed by chief ex Dr McManus	
COMP/1118	Complainant alleges that staff member injured her chest and caused bruising when trying to wake her up.	Complaint partially upheld. Investigation found that assessment was carried out applying stimuli as per training however this specific stimuli is no longer considered best practice.	Letter of apology and explanation issued. Paramedic to be shown alternative methods of stimuli. A memo to be issued to staff advising of best practice.
COMP/1111	Complainant unhappy with the actions of the crew where she felt they did not assist her husband appropriately and made him walk to the ambulance unaided.	Partially upheld. Crew found to have acted appropriately however they did not explain their actions to patient.	Letter of explanation and apology issued. Crew to be reminded of the standards expected and treat all patients with dignity and respect.
COMP/1110	Complainant is unhappy and upset that one of the crew made her feel that she had wasted their time.	Complaint partially upheld. EMT had patient's well-being as a priority, however control could have been contacted to request an alternative receiving hospital.	Letter of apology and explanation issued. Crew members to attend a review on the Management of CVA/TIA patients. Both crew members to carry out reflective practice regarding this call. NIAS staff should be reminded to take account of the patient's ongoing treatment and investigations at a particular hospital.
COMP/1105	Complaint regarding the attitude of crew where they did not appear to take the patient's injuries seriously.	Complaint not upheld. Allegations made were not substantiated.	Letter of explanation issued. Advised complainant of how process could have been speeded up such as if football match had been stopped.

## Section 1: Human Resources & Corporate Services

### HRCS KPI: Supporting Trust Priorities

#### Claims 2016/17

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

	C/O	A	M	J	J	A	S	O	N	D	J	F	M	Total
<b>Employers Liability</b>	<b>30</b>													
Claims Received		0	0	2	1	1	1	0	1					6
Claims Settled		2	1	1	0	0	1	0	2					7
Cases Ongoing														30
<b>Public Liability</b>	<b>2</b>													
Claims Received		0	0	0	1	0	0	0	0					1
Claims Settled		0	0	0	0	0	0	0	0					0
Cases Ongoing														2
<b>Clinical Negligence</b>	<b>12</b>													
Claims Received		0	0	0	0	0	0	0	1					1
Claims Settled		0	0	0	0	0	0	0	0					0
Cases Ongoing														12

#### Lessons Learned:

2 Employee Liability cases settled:

1. Crew have claimed that they were exposed to obnoxious/dangerous vehicle fumes/gases whilst on route to an emergency call. Protocol to be developed by Operations Directorate if situation arises again.
2. Knee injury from hole in floor of ambulance over course of 2-3 days. Protocol for reporting of defects to be reviewed and implemented.

#### Commentary:

The Trust aims to ensure that all claims:

- Are dealt with promptly and efficiently within an organisational culture of openness which encourages all parties to resolve disputes, reduce delays and costs, and which ultimately reduces the requirements for litigation.
- Where litigation has been instigated that, without good reason, indefensible claims are not defended or settlement is delayed.
- Application of the risk management systems and processes detailed in the Trust's Risk Management Strategy to the management of claims including ensuring that all claims are thoroughly investigated, learning identified and improvements made so as to reduce the risk of further similar adverse events again occurring in the future.

#### Categories of Claims Received 2016/17

Categories	Slips & Trips	Quality of Treatment	Needle Stick Injury	Equip / Vehicle Faults	RTA's	Other
<b>Employers Liability</b>	1		1	1		3*
<b>Public Liability</b>					1	
<b>Clinical Negligence</b>		1				

\* Staff member injured arm whilst using locker in rear of ambulance

\* Staff member had to carry out difficult patient lift, injured back

\* Staff member injured shoulder whilst lifting patient

**Section 1: Human Resources & Corporate Services****HRCS KPI: Supporting Trust Priorities****Concerns raised under Public Interest Disclosure (NI) 1998 (WHISTLE BLOWING)**

<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>2016-17</b>
1	0	0	0	0	1	0	0					2

## Section 2: Education, Learning & Development

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

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

As we enter Quarter 4 and rapidly move towards year-end, 'change, quality and challenge' continue to be the buzz words at RATC. Subsequent to Linda Rafferty moving to lead the project on the future of Paramedic Education and her temporary replacement, Frank Orr, taking on the position of Assistant Director of HR ELD, Ken Reid has now adopted the role of temporary RATC Clinical Training Manager. The theme of change is continued as the new 'regulated' *Associate Ambulance Practitioner* (AAP) programme is in full swing, with the inaugural cohort of 23 learners embarking upon the pathway to become NIAS EMTs. The 2016/17 ELD plan was presented to and approved by SEMT in November; and the Training Needs Analysis, which was commissioned from the Clinical Leadership Centre, has also been received. Both papers highlight the need to continue to educate and support our ambulance clinicians with a view to aiding the successful implementation and embedding of NIAS's TYC initiatives.

#### ELD Highlight report:

- Delivery of the RATC 2016/17 core clinical training programmes for EMTs and ACAs continue to satisfy the needs of the Trust's operational workforce demands. The first cohort of 23 learners have commenced on the AAP programme (and associated driving), with the second cohort of 24 learners also due to commence within year. An ACA course for 24 candidates will commence in late February with a follow-on cohort soon thereafter. Internal and external requests for training are a continuing feature of daily life, and RATC will continue to address the challenge of balancing supply against demand.
- The introduction of the regulated AAP programme, which is the replacement for the IHCD EMT course, has brought with it a renewed need to focus upon quality assurance. The awarding body FutureQuals, require NIAS to have a robust system of internal quality assurance (IQA) which will comply with the stipulations of OFQUAL. This has compelled RATC to look at existing IQA arrangements and to devise additional new Standard Operating Procedures (SOPs); all of which have now been put into place
- The first cohort of Training Officers and Clinical Support Officers have completed the Physical Assessment and Clinical reasoning (PACR) module which was delivered in partnership by SWASFT and the University of the West of England (UWE). RATC is delighted to report that all 19 students who sat the final exam have passed, with a good average mark. The second cohort is due to
- The Appropriate Care Pathway Working Group as part of the ELD ACP Project has commenced a 1-day Clinical Update Seminar for all operational paramedics. The seminar is facilitated by a Clinical Training Officer and two CSOs and will be delivered at various sites throughout NI. The first seminar took place in Ballymena on the 10<sup>th</sup> January with an ongoing programme of events planned until the end of March. The purpose of the seminar is to develop and refine the clinical decision-making and enhanced patient assessment skills that will support paramedics in practice. The 'workshop' aspects of the seminar focus upon areas that do require attention and have been determined by a combination of QI audit and clinician feedback, so in this respect RATC is not only acting to do its best to improve patient care, but also to support paramedics to be confident in fully utilising the various emergent pathways, in line with the TNA and ELD Plan.
- RATC has invited a representative of the Welsh Ambulance Service over to deliver a 'Train-the-Trainer' course in conflict Resolution (CRT) to our own Clinical Training Team. The intention is to utilise this training to cascade CRT to all operational clinicians in 2017/18. 6 members of the Clinical Training Team will be availing of this training in mid-January.
- RATC is keen to keep one eye fixed on the future with regard to driver training. It is our intention that the 2 NIAS Advanced Driving Instructors (ADIs) will attend a 'driver transition' course at the start of February, with the ultimate aim of enabling an in-house scheme which will allow NIAS to develop our own driving instructors. This will go some way to increase our resilience and potentially reduce costs associated with

commence in mid-January. The feedback from the participants has been overwhelmingly positive; and the acquired knowledge has provided CSOs and Training Officers with an enhanced ability to support operational clinicians with insightful and contemporary advice. Additional PACR or PACR-related education is under consideration for further roll-out.

- The audit facet of the Quality Improvement programme has now become embedded as a core business function of RATC. The traditional method of Patient Report Form (PRF) audit was not an optimal method for improving patient care, whereas the QI audit processes provides measurable data which can highlight not only good practice, but can also detect trends of patient care that require attention. In cases that do warrant attention, there are inherent mechanisms which will expedite feedback to patient-facing clinicians on the ground. The QI audit process is facilitated locally by all 30 CSOs, and is driven by the 5 CSO QI leads who act as a link to the central QI team in Headquarters. The system continues to be streamlined, but at present still represents significant labour-intensity; therefore any expansion of QI will be balanced against RATC's on-going capacity pressures.
- The Phase 2 review of Statutory and Mandatory Training is nearing completion; discussions are underway with subject experts to establish the type, method and frequency of Statutory and Mandatory Training for all staff. The collation of this information will aid development of a Statutory and Mandatory training matrix which will clearly set out for the Trust those subject areas that are deemed to be necessary for all staff and also role specific subjects. It will also inform and aid the creation of a Statutory and Mandatory Training Policy, again a recommendation from our recent audit.

sourcing external driving instructors.

- Annual Post Proficiency (PP) training for operational clinicians in 2017/18 will incorporate aspects of the TNA and ELD plan, by providing clinical education that will support and enhance the accessibility to Appropriate Care Pathways. The PP will focus upon high quality resuscitation and introduce external jugular vein cannulation; it will also incorporate other topics such as 'end of life care' and 'safeguarding'.
- Work is underway to move from the RTIX training database system to the LSO function of HRPTS. This will improve the current system of monitoring and reporting on mandatory training compliance. It will also amalgamate training records being held by different functional teams in to one central location making them more easily identifiable. This reflects improvement areas identified during our recent internal audit and will support the recommendations made by BSO.
- Since the launch of the Q2020 E-learning programme in November, 61 staff have successfully completed the programme which is almost 50% of the target set by the DHSSPS (20% of staff). We have until 31<sup>st</sup> March 2017 to reach our target and there will be a further drive to achieve this in the coming months.



<b>HRCS KPI: Supporting Trust Priorities; Transformation and Modernisation; Equality and Human Rights; Partnership &amp; Employee Engagement</b>	
<p><b>Section 75</b></p> <ul style="list-style-type: none"> <li>• Section 75 implementation requirements are set out in the Trust's Equality Scheme and delivery is monitored by the Trust's Equality and PPI Steering Group.</li> <li>• The Trust works to mainstream section 75 considerations into policy development through engagement and screening processes.</li> <li>• NIAS contributes to the HSC regional Equality and Human Rights agenda through participation in the DHSSPS Equality and Human Rights Steering Group.</li> <li>• Contribute to regional work to 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>	<p><b>Key Work Streams underway include</b></p> <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. The re-established Equality Forum met on 12 December and will continue to meet on a quarterly basis.</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>
<p><b>Human Rights</b></p> <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>	<p><b>Supporting Trust policy</b></p> <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. Further engagement events have been scheduled for January – March 2017.</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>

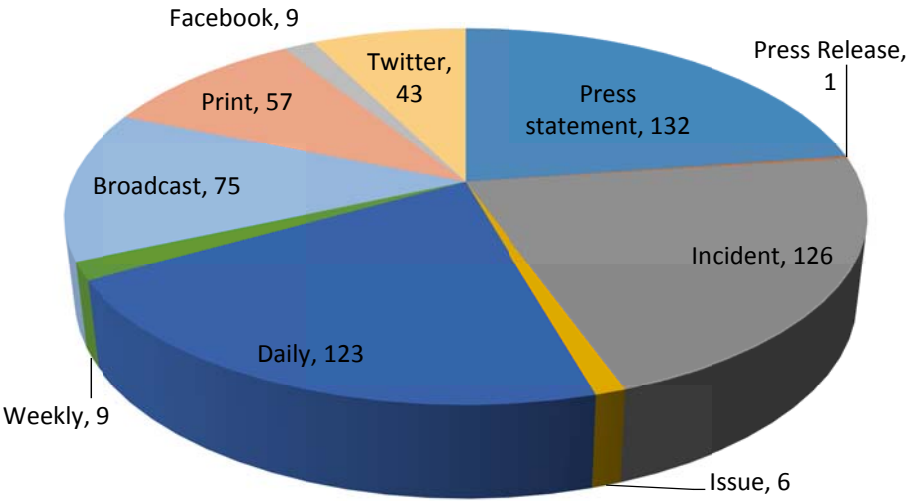
**NIAS Responses to Consultations November & December 2016**

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link to Consultation
9/12/2016	HCPC – Consultation on Draft Revised Standards for Education and Training (SETs) and Supporting Guidance	NIAS believes that the existing level of qualification for entry to the Register is outdated and does not reflect the national developments and should be revised based considerations outlined in the response. This view is compounded by the clear necessity for paramedics to be autonomous practitioners as required by the HCPC Standards of Proficiency.	<a href="http://www.hcpc-uk.org/aboutus/consultations/">http://www.hcpc-uk.org/aboutus/consultations/</a>
22/12/2016	DfE - Consultation on the Apprenticeship Levy	The main issue for NIAS is the added financial burden the Levy will place on the Trust as a public sector organisation amidst the current uncertainty of any additional funding being made available to the Northern Ireland Block and ultimately for NIAS to access/recoup through the potential introduction of an appropriate apprenticeship programme.	<a href="https://consultations.nidirect.gov.uk/dfe/apprenticeship-levy">https://consultations.nidirect.gov.uk/dfe/apprenticeship-levy</a>



Section 3:
HRCS KPI:

Equality & Human Rights/Personal and Public Involvement/ Patient Experience/Media and Communication
Supporting Trust Priorities; Transformation and Modernisation; Equality and Human Rights; Partnership & Employee Engagement

<div> <div> Press and Media Activity: Nov &amp; Dec 2016 </div>  <table border="1"> <caption>Press and Media Activity Data</caption> <thead> <tr> <th>Category</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Incident</td> <td>126</td> </tr> <tr> <td>Press statement</td> <td>132</td> </tr> <tr> <td>Broadcast</td> <td>75</td> </tr> <tr> <td>Print</td> <td>57</td> </tr> <tr> <td>Twitter</td> <td>43</td> </tr> <tr> <td>Facebook</td> <td>9</td> </tr> <tr> <td>Weekly</td> <td>9</td> </tr> <tr> <td>Issue</td> <td>6</td> </tr> <tr> <td>Press Release</td> <td>1</td> </tr> </tbody> </table> </div>	Category	Count	Incident	126	Press statement	132	Broadcast	75	Print	57	Twitter	43	Facebook	9	Weekly	9	Issue	6	Press Release	1	<div> <div> Key Themes in press coverage </div> <ul style="list-style-type: none"> <li>During November and December 2016, NIAS issued 132 Press Statements in response to enquiries from the media along with 1 press release</li> <li>6 media interviews were conducted during the period.</li> <li>The number of media outlets reached in this period, including by Press Release, totalled 151.</li> <li>Press statements tend to be issued in response to particular incidents which, in this period, included new Chief Executive, BBC Ambulance Day, Community Engagement Events, RTC's and multi-agency rescue.</li> <li>The Trust Continues to engage with the public through social media which includes the Trust Facebook and Twitter platforms. This period was particularly active with one post on facebook by Training Officer, Seamus McAllister reaching 234,000 with a road safety message.</li> </ul> </div>
Category	Count																				
Incident	126																				
Press statement	132																				
Broadcast	75																				
Print	57																				
Twitter	43																				
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Issue	6																				
Press Release	1																				
<div> <div> Community Education </div> <table border="1"> <tr> <td>Number of Community Education Visits</td> <td>39</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 underway to further develop the public awareness campaign in respect of the changing face of the service linked to Transforming Your Care and the Trust's modernisation agenda</li> </ul> </div>	Number of Community Education Visits	39	<div> <div> General Media and Communication Work Streams </div> <ul style="list-style-type: none"> <li>The Trust website has been redeveloped which provides a more modern and accessible format for users. This will also enable greater ownership to maintain currency within directorate areas.</li> <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> </div>																		
Number of Community Education Visits	39																				

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

### HRCS KPI: Modernisation and Reform

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

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

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

Transformation and Modernisation projects include:

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

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

#### Embedding

An 'Impact' model is being used to raise awareness and use of the pathways, with the TYC team working with members of the training team who have been appointed to support use of the ACPs through education. Falls was the focus in October and diabetes in November. A number of initiatives took place to raise awareness and understanding of these pathways including: Specialist teams meeting with crews in EDs; CPD events; breakfast clubs; MDT messages and real time feedback regarding patient outcome. There was a significant increase in referrals as a result. This model continued throughout December with COPD being the focus.

#### PACR

19 members of the training team completed and successfully passed the Patient Assessment Clinical Reasoning Module in Dec. This module is in association with the University of West England and South Western Ambulance Service. A further 23 members of staff are due to commence the course in Jan 17.

#### Clinical Support Desk Highlight Report

The CSD Contingency arrangements, with an Enhanced GP role, continues to operate whilst awaiting an agreed Job Description for a Clinical Support Desk Clinician. There has been a reduction in the number of GPs available to work within Control with the total number down from 10 GPs to 6. This reduction has been temporarily mitigated by one GP increasing the number of sessions in Control, however coverage remains below 50%. The new call stack on the ambulance control dispatch system has been embedded and the role out of the NIAS Adastra module (the GP Out of Hours system) has been completed to allow the NIAS GPs to communicate with the patients GP to notify them of a NIAS 999 call and the outcome.

#### Appropriate Care Pathways Highlight Report:

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

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

- An extension to the Diabetic pathway to include hyperglycemia has commenced in SET locality.
- A new Safeguarding procedure and referral pathway has gone live regionally. This pathway applies to all staff and there have been 36 referrals since its implementation. A Heart Failure referral pathway has gone live in the Southern Trust locality.
- A range of patient engagement initiatives are underway. The TMP team continue to present to nursing / residential home managers across NI and have also presented to GPs at PBL meetings. The team undertook specific engagement regarding heart failure with a service user in Dec.
- Internal staff engagement continues with TYC / OPS meetings / HALO update days and regular station visits. The team also present to new staff during induction / training.

#### Quality Improvement

The Quality Improvement project continues to measure the quality of care being delivered to our patients through use of Clinical Performance Indicators. It is central to the effective embedding of the ACPs. The QI programme now includes 5 topics – Cardiac Arrest; Stroke; Hypoglycaemia; Acute Cardiac Syndrome and Falls. The team continue to participate in Project Echo in partnership with the patient safety forum.

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

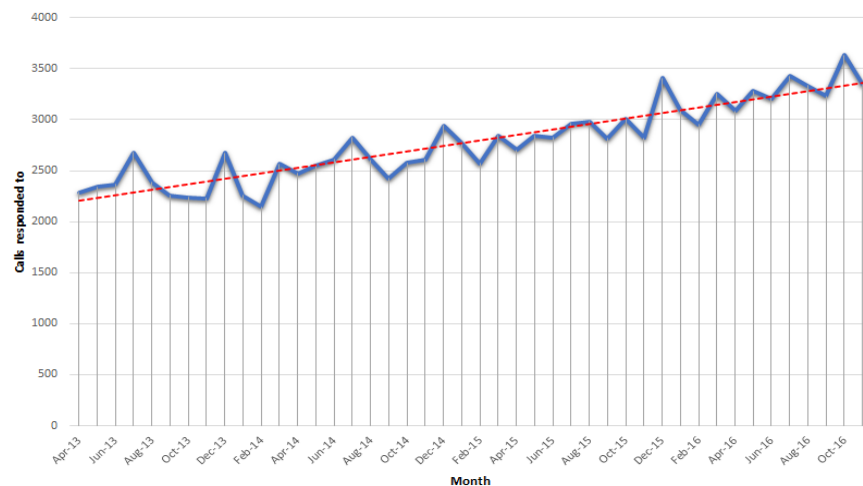
### HRCS KPI: Modernisation and Reform

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

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

NIAS continues to monitor non-conveyance numbers and rates. The average number of patients not conveyed to hospital has grown from an average of 2369 in 13/14 to 3,318 a month in the first 8 months of 16/17. The proportion of patients not attending hospital following ambulance response has grown from 17.3% (2013/14) to 20.5% in 15/16 and now 22.4% in the first 8 months of 16/17. In comparison with the 'pre-TYC' baseline of April-Aug 2013, an additional 7,759 patients were not conveyed to hospital.

Calls responded to resulting in non-attendance at hospital  
(April 2013 to November 2016)



In addition to the reduction in conveyances, 1,146 patients were conveyed to 'alternative destinations' following paramedic referral.

These include:

	Alternative Destinations first seven months of 16/17 (i.e. attended hospital, non ED).
<b>BCH Direct (Paramedic Referrals only)</b>	402
<b>Cath Labs (Accepted by Cath Lab)</b>	357
<b>Type 3 Hospitals and Minor Injury Units</b>	172
<b>Antrim Area Medical Assessment Unit (Paramedic Referrals only)</b>	141
<b>Alcohol Recovery Centre</b>	74
<b>Total (Apr-Nov 2016)</b>	<b>1,146</b>

Therefore a total of 8,905 (7,759 + 1,146) ED conveyances were avoided in comparison with the pre-TYC baseline although this sits within the context of an increase in overall activity. Below is a summary of some of the Appropriate Care Pathway referral numbers. Compliance with new MDT codes still needs improved.

Appropriate care pathways April 2016 – November 2016	
Diabetes Treat and Leave / Refer	250
Falls Referral	550
Southern Trust Acute Care at Home Team	36
South Eastern Enhanced Care at Home	9
Belfast Trust Acute Care at Home	73
Palliative Care	35
Epilepsy	47
Respiratory	34
Community Nursing	99
GP Referral	971
<b>Total</b>	<b>2,104</b>



# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD REPORT MEDICAL DIRECTORATE

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Medical Director  
2017 / 02 / 02  
(Sept-Dec 2016)

## Medical Directorate Performance Report for Trust Board (September-December 2016)

### Emergency Planning & Business Continuity

Please refer to attached Emergency Planning Report for September-December 2016.

The Trust's Emergency Planning Team continue to participate in a full programme of major incident planning and multi-agency exercises to test such plans. During this reporting period two such exercises were undertaken. Operational pressures continue to cause difficulty in supplying personnel and vehicles for these exercises, an increasing number of which are taking place as table-top rather than live exercises.

The Trust has been commissioned to deliver Hospital Major Incident Medical Management and Support (HMIMMS) and Medical Management and Support (MIMMS) training to the wider HSC by the Health & Social Care Board and Department of Health respectively. Four courses were scheduled and have taken place in Q3/Q4 in 2016/17.

Training delivered by the Cabinet Office Emergency Planning College has been undertaken by Directorate Business Continuity leads, a Business Impact Analysis questionnaire developed for use within the Trust, and distributed to Directorate leads for completion with support from the Emergency Planning Team. Due to constraints within the Emergency Planning Team, and the Trust has been informed that the Department of Finance is no longer in a position to provide expert support and advice for this process, this has not been fully completed. Recruitment of a temporary dedicated Business Continuity lead has commenced and the outcome of this process will inform the development of new and review of existing Business Continuity plans during 2016/17, and will include a review of the Trust's Business Continuity Strategy and Policy, and the development of a programme of exercising of Business Continuity Plans.

Current on-call arrangements were subject to review by the NIAS Workforce Planning Group and a series of recommendations agreed. The implementation of these recommendations was initially deferred due to a number of significant events such as G8, World Police & Fire Games etc. More recently implementation has been further delayed to allow further consideration of cost, training and terms and conditions implications as well as the absence of a number of key personnel for several months during the year 2015-16. This has been further impacted by the outcome and recommendations of the review of industrial action during the year and an independent review to inform the development of a policy on the use of marked vehicles. Implementation now anticipated during 2016/17 following a period of consultation.

<b>Risk Management</b>	
<b><i>Corporate Risk Register</i></b>	<p>The Trust's Risk Management Strategy and Risk Management Policy have been reviewed and considered by SEMT and the Trust's Assurance Committee, and approved by Trust Board in October 2016.</p> <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, have taken place.</p> <p>Directorate Local Risk Registers are presented in turn to the Trust's Assurance Committee.</p> <p>A format for the Trust Assurance Framework has been agreed by SEMT and the Assurance Committee. Work is ongoing to populate the Framework. A populated Framework will be presented to the Assurance Committee in January 2017 and further updated to reflect strategic aims in the 2017-2020 Corporate Plan from April 2017.</p>
<b><i>Incident Reporting Procedures</i></b>	<p>A review of the incident reporting procedure to enhance the reporting of patient-related incidents commenced in 2015/16 but completion was delayed due to the retirement of the Risk Manager. It was anticipated that this would be completed by end Q3 2016/17 but was delayed whilst awaiting the appointment of administrative support for the Risk Manager. This review has now recommenced and is currently ongoing, and it is now anticipated that it will be completed by end Q4. As an outcome of the Departmental review of regional serious adverse incident reporting procedures in which NIAS participated, a revised regional SAI reporting procedure was published in November 2016. This has been adopted within the Trust and will formally be incorporated into the revised NIAS incident reporting procedure. NIAS continues to participate in the learning outcomes review from SAIs regionally.</p> <p>The first meeting of the Trust's Learning Outcomes Review Panel took place in September 2016. The panel has been established to enhance and support individual and organisational learning from events such as untoward incidents, disciplinary investigations, claims, compliments, Serious Adverse Incidents (SAIs) etc. as well as feedback at organisational, local and individual levels. The outcome from the panel will be reported to the Trust's Assurance Committee.</p>
<b><i>Outcomes from Reports, Alerts, etc.</i></b>	<p>Regular reports on complaints, compliments, adverse incidents including SAIs involving NIAS, Coroner's reports, medication and device alerts continue to be provided to the Assurance Committee as standing agenda items. NIAS also continues to review relevant NICE guidelines and regional learning and quality letters and reports. New JRCALC Clinical Guidelines published</p>

	<p>in March 2016 including the new Resuscitation Guidelines have been received and have been distributed to operational staff. An aide memoire in PDF format containing protocols and referral pathways has been developed for use by staff. Alternative formats such as an app to access guidelines continues to be explored. No learning letters, Coroner's reports or medical device / drug alerts relevant to NIAS were received during the reporting period.</p>
<b>Clinical Care</b>	
<b><i>Regional Community Resuscitation Strategy</i></b>	<p>As part of the implementation of the Community Resuscitation Strategy, the Implementation Group and its Sub-Groups with representatives from a range of other organisations and providers supported and facilitated the UK Resuscitation Council "Restart a Heart Day" in October 2016. Over four thousand people participated in CPR training regionally on that day. This received considerable media attention and a review of the day took place at the most recent meeting of the Implementation Group in December 2016. Planning for the day in 2017 has already commenced and it is hoped to train even more people in CPR in 2017.</p> <p>Following engagement by the Medical Director with DoH, the CMO and Permanent Secretary, confirmation of recurrent funding for Community Resuscitation Development Officers (CRDOs) from the Health &amp; Social Care Board (HSCB) / Public Health Agency (PHA) was received for 2017/18 onwards with reduced funding to reflect part-year effect received for 2016/17. It was hoped that recruitment of the CRDOs would commence but is still delayed while the outcome of engagement with Trade Unions in relation to job evaluation is awaited. It is unlikely that any recruitment to these posts will take place in 2016/17 and this element of the funding has been returned. It is anticipated that recruitment will commence to enable appointments to be made for the start of 2017/18. As existing funding to support current resuscitation training initiatives ended in 2015/16, the majority of these initiatives have now ceased. NIAS has agreed to use the funding provided to support to CRDOs in the NHSCT and a number of ongoing initiatives in the interim while regional CRDOs are established.</p> <p>NIAS continues to engage with a number of organisations and community groups regarding the placement of public access defibrillators. This includes a number of sporting organisations as well as Government Departments. Meetings with Belfast City Council and Mid-Ulster Council have taken place in June 2016. NIAS has also facilitated the activation of two further Community First Responder Groups and engagement with a further two groups is continuing.</p>
<b><i>Patient Report Form (PRF)</i></b>	<p>Following the introduction of a revised PRF in 2015/16, a policy for PRF completion has been reviewed and updated, and was submitted to and approved by Trust Board in December 2016.</p>



<p><b><i>Electronic Patient Report Form (ePRF)</i></b></p>	<p>The progress of the Outline Business Case (OBC) for the introduction of an electronic Patient Report Form (ePRF) had been significantly delayed due to the lack of support for revenue funding by the Commissioner. This has resulted in a significant delay on project deadlines and milestones.</p> <p>Despite this the Trust has continued to engage with HSCB in the development of a regional Electronic HealthCare Record (EHCR) which will replace, as a minimum, the current Patient Administration Systems (PAS) in hospitals. This will require significant capital and revenue investment and as part of the business case development, various options including the position of an ambulance ePRF were considered within that project.</p> <p>Engagement with HSCB is still ongoing to scope if the ePRF should remain as a stand-alone initiative linking with the EHCR or should become an integral part of the EHCR development. Following the postponement of a number of meetings, NIAS has met with the eHealth Strategy Team on a number of occasions to progress this and, as an outcome of these meetings, it was agreed that a revised Outline Business Case be resubmitted to the Commissioner to obtain indicative support for revenue funding to allow the project to proceed to consider procurement options and more detailed costings, at which stage a further review would take place in advance of formal commitment to funding. As a result of this process, conditional support for revenue funding for the Business Case has now been received from HSCB. Approval of the Outline Business Case, which was submitted in October 2016, is now awaited from the Department of Health in order to allow the Trust to proceed.</p> <p>Failure to progress an ePRF will seriously constrain the Trust's ability to provide timely clinical information to further improve and maintain effective, high quality clinical care and support referral pathways and other initiatives including consideration of the introduction of outcome-based performance indicators.</p>
<p><b><i>Annual Quality Report</i></b></p>	<p>The Trust's 2015/16 Annual Quality Report was published in November 2016 and reviewed by Trust Board in December 2016. It was acknowledged that the report was very informative and positive. Work is currently ongoing to circulate the report internally but also to a wider external audience including public representatives.</p>
<p><b><i>Alternative Care Pathways</i></b></p>	<p>Work is continuing on the development of a number of policies including information markers and frequent callers. Completion of this work continues to be delayed by other competing pressures and capacity constraints. It is now anticipated that these will not be circulated for consultation and comment within the Trust until Q4 2016/17.</p>

	<p>The establishment of the CSD in Emergency Ambulance Control (EAC) continues to be delayed pending the outcome of the Job Evaluation and Job Specification process. However work is continuing in preparing Ambulance Control systems and operational protocols for the CSD and a three-month pilot of an enhanced NIAS GP CSD has been completed and is currently being evaluated.</p> <p>A quality improvement programme to monitor and review compliance with the appropriate care pathways introduced last year has commenced with the initial reports for a number of pathways being reported to Trust in June 2016. Further reports have been submitted to Trust Board and the Trust's Assurance Committee. These reports will facilitate monitoring and feedback at an organisational, divisional and local level. Please refer to the attached report as part of this programme regarding compliance with a range of care bundles for a number of clinical conditions.</p>
<b><i>Helicopter Emergency Medical Service (HEMS)</i></b>	<p>Following a Ministerial statement in September 2015, and a public consultation from November 2015 to January 2016, in March 2016 the Health Minister made a public announcement regarding the establishment of a HEMS service in Northern Ireland and that the HSCB would commission NIAS to deliver the service. Following the announcement NIAS has met on a number of occasions with the Department of Health and HSCB as well as a potential charitable partner to clarify the funding and delivery model. The Minister has announced that the charitable partner will be Air Ambulance Northern Ireland (AANI). A draft Memorandum of Understanding between NIAS and AANI was approved by Trust Board in July 2016. The Trust submitted a strategic outline business case for HEMS to DoH in December 2016, and approval is awaited. Funding support for an investment proposal for pre-project costs for a Project Manager and operational and clinical leads has been received. Job descriptions and personnel specifications for the project leads have been developed but recruitment is currently constrained while the outcome of engagement between the Trust and Trade Unions regarding the job evaluation process is awaited. The medical clinical lead was appointed in Q3 2016/17. NIAS has participated in meetings with the CMO and other HSC Trusts regarding the delivery model and an anticipated date of commencement for the HEMS service. A decision by the Minister regarding these, following advice from the CMO, is currently awaited. It has been agreed that the clinical advisory groups for HEMS and the Regional Trauma Network be combined and the NIAS Medical Director has been asked to lead the Project Board for the development of the Regional Trauma Network. The first meeting of the Regional Trauma Network Board took place in December 2016 and the Clinical Advisory Group appointed in January 2017.</p>

## Personal Public Involvement / Patient Client Experience

### **Patient and Client Experience Standards (PCES)**

We have continued to gather and analyse patient experience stories as part of the regional 10,000 Voices project. We have now collected 300 patient stories related to the ambulance service, the vast majority of which have been positive.

With support from the PHA, we intend to continue to promote 10,000 Voices and gather more stories from patients and staff within NIAS during 2016/17, reviewing progress and learning from results with service users. Further work will be undertaken to use 10,000 Voices as a learning and engagement tool for the Transformation and Modernisation Programme around Transforming Your Care and Alternative Care Pathways. We have been working to develop a separate survey on Appropriate Care Pathways and are working with PHA to launch this in February.

During the reporting period we developed a work-plan which includes:

- a workshop with service users and the PHA to be held in March 2017 with the aim of analysing the themes emerging from patient stories collected so far and considering learning outcomes and improvements;
- focus on the regional priorities on staff introductions and patient-centred communication skills;
- re-launch “Hello My Name is...” campaign within the Trust.
- engagement with the Comms Team on options for a NIAS 10,000 Voices awareness and promotional campaign; and
- re-launch 10,000 Voices staff survey;

Staff attitude, behaviour and communication are continuing themes reflected in complaints and we continue to work to address these issues through internal processes including training. We will also prioritise staff attitude and will raise awareness of and communicate the patient experience standards across all staff groups through the Corporate Induction Resource Pack and training and clinical training programmes.

### **Personal and Public Involvement**

The Trust's Personal and Public Involvement (PPI) Strategy outlines its commitment to involving

(PPI)

key stakeholders such as service users, carers and their representatives in the development of services. The Trust continued to participate in regional PPI work with other HSC organisations to ensure a collaborative approach across HSC. This included contribution to the development of PPI Standards for HSC and related training and awareness programmes for staff.

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

This included shopping centre engagement events, incorporating the NIAS Community Education team and promotion of ACPs in conjunction with the T&M team, following a workshop to agree corporate outcomes. Successful engagement events were held at:

- Kennedy Centre (27 October)
- Bloomfield Shopping Centre (4 November)

A further programme of shopping centre events is being developed, taking into account an evaluation of those held already (including during March 2016).

At its meeting in September 2016, the Trust's Equality and PPI Forum approved a proposition to begin developing a Good Relations Strategy and for the reestablishment of the Trust's Equality Forum. Both these proposals have been actioned. Terms of Reference for the Good Relations Strategy are being drafted and these will take into account a PPI dimension, in line with best practice in policy development. The Equality Forum was re-established at a meeting in December 2016. This will have an important consultative role in advising on policy development and equality/PPI issues from the informed perspective of staff members.

Initial contact was established with the Rainbow Project in December 2016 to develop a role (with NIAS as regional health lead) for delivering Diversity Champion status within NIAS. This will feed directly into the Trust's PPI obligations through a range of awareness-raising, training and policy-proofing tools which will enhance inclusiveness and participation. The scoping process is ongoing.

In October 2016, two staff members participated in a social media training day organised by the Regional PPI Forum. Both staff members have since been added as administrators for the management of NIAS social media.

During the reporting period, we developed a work-plan which includes:

- |  |  |
|--|--|
|  | <ul style="list-style-type: none"><li>• Finalising a draft integrated training module on equality, PPI and human rights</li><li>• Reviewing internal NIAS PPI reporting and governance structures</li><li>• Developing draft Terms of Reference for a PPI Service Users Forum</li><li>• Organising engagement events with carers</li></ul> |
|--|--|

## EMERGENCY PLANNING REPORT for September to December 2016 period

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

## **Potential Major Incidents**

On 5 September 2016 at 08.32 NIAS received a 999 call for a Road Traffic Collision in Claudy for an accident between a car and a school bus. Three A&E crews, an Intermediate Care crew, a Rapid Response Vehicle and one Officer were tasked to the scene. 24 patients were triaged at scene and two were transported to hospital for treatment, the remainder continued on their journey to school. The school principals accepted the children and arranged for welfare and parents to pick up children where necessary. The incident was stood down at 08.44.

On 21 October 2016 at 02.57 NIAS received a 999 call for a fire in block of flats in Glengormley. Further reports from the Fire Service were that there was a possibility of 9 people trapped in the fire. Control actioned a potential major incident. Three A&E crews, an Intermediate Care crew, a Rapid Response Vehicle, three Officers and two Doctors were tasked to the scene. The incident was stood down at 03.41 on confirmation from the Fire Service that all persons were accounted for.

A review of this incident identified that a number of On Call officers did not receive the alert for a variety of reasons including an issue with the paging system. These have now been investigated and resolved.

## **Major Incidents**

There were no declared major incidents during this period.

## **Airport Alerts**

On 30 October 2016 at 13.44 NIAS received an airport alert to the George Best Belfast City Airport for a suspected fire in the auxiliary power unit of a plane still on the apron with 81 persons on board. Five A&E crews, three Intermediate Care crews, three Rapid Response vehicles, six Officers, the Mobile Control Vehicle and the Emergency Equipment Vehicle were tasked to the scene. The Ulster Hospital and the Belfast Trust were alerted to the potential major incident. The incident was stood down at 14.30.

On 15 December 2016 at 11.50 NIAS received an airport alert to the Belfast International Airport for an aircraft making an emergency landing with hydraulic problems. Two A&E crews, ten Patient Care Service/ Intermediate Care crews, 1 Rapid Response paramedic, five Officers, one Doctor and the Emergency Equipment Vehicle & Mobile Control Vehicle were tasked to the scene. Four hospitals were alerted by Ambulance Control. The plane landed safely and a phased stand down was commenced by the Officer in charge. The official stand down was completed at 12.16.

On 28 December 2016 11.15 NIAS received an airport alert to the Belfast International Airport for a report of a military aircraft with engine vibration making an emergency landing. They gave an estimated time of arrival of 10 minutes. Three A&E crews, one Intermediate Care crew, three Rapid Response Vehicles, two Officers were dispatched to the rendezvous point.

A review of the incident identified that local Officers in the area did not respond despite it being during normal working hours. This issue has been addressed by the Area Manager.

## **Of Note**

- HART staff were pre-deployed for the marches in Belfast.
- Festival of flight Airshow in Portrush took place on 3 and 4 September.
- Decontamination tents serviced.
- NIAS HART & NIFRS demonstration for Royal Visit to Belfast Activity Centre.
- One Officer attended Marauding Terrorist Firearms Attack (MTFA) workshop in London.
- Working at Height rig tested.
- Pandemic flu plan reviewed.
- One Officer attended MTFA workshop in London.
- On 21 December Northern Ireland held a GAP analysis exercise for a MTFA, NIAS had three Officers present.
- 4 Ram Genies and 10 Electronic Personal Dosemeters (EPDs) serviced / calibrated.
- Major Incident Drug store was updated by Stores.

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

175 = Deployments with Breathing Apparatus skills/ HAZMAT deployments

21 = Restricted space

0 = MTFA

9= Incident at height

2 = Rope Tech

7 = HAZMAT

4 = Mountain Rescue

19 = In Land Water



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



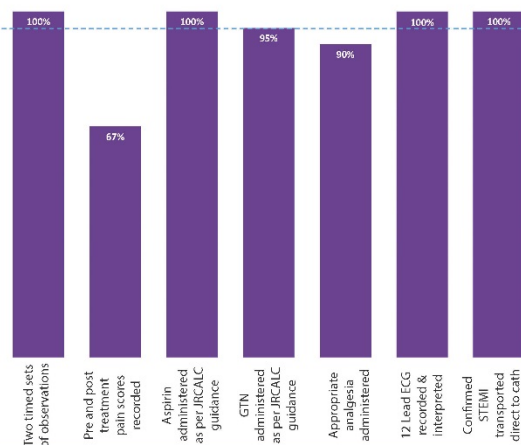
# Clinical Audit / QI Programme Report

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

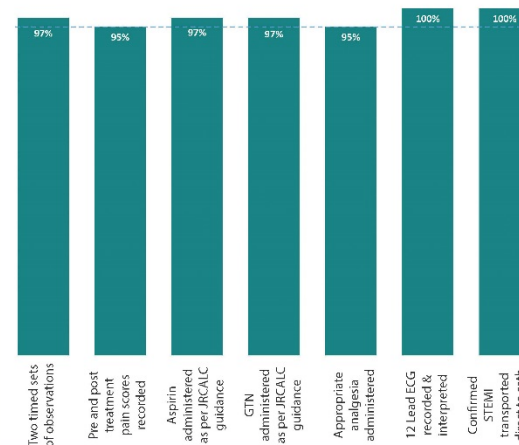


## Acute Cardiac Syndrome Quality Improvement Compliance by Division (December 2016)

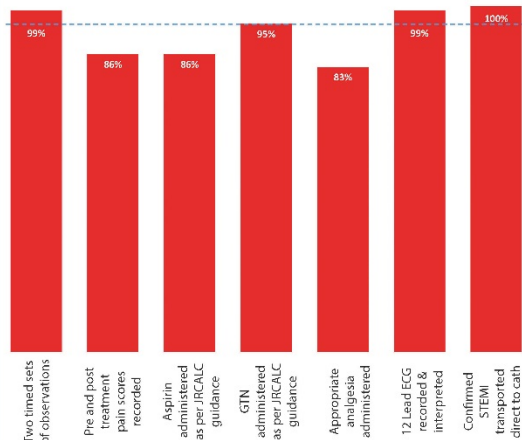
### Belfast Division



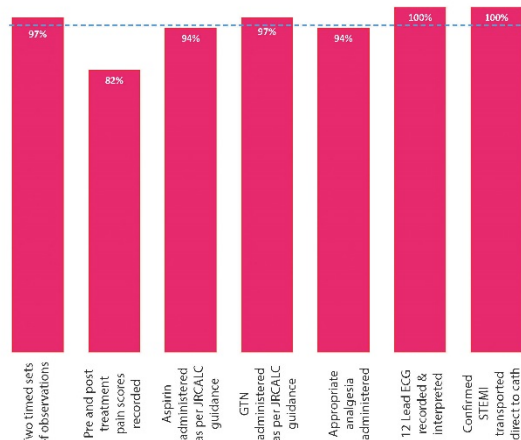
### South Eastern Division



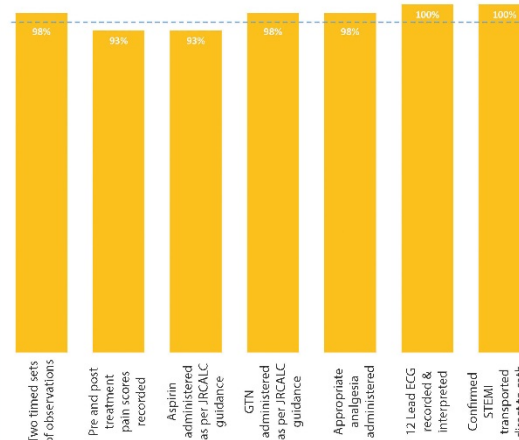
### Northern Division



### Southern Division



### Western Division



**Reporting Period 01-Apr-16 to 31-Dec-16**

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		132	207	195	193	208	236	329	301	212	0	0	0
Two timed sets of basic observations	Yes	130	198	189	190	205	228	324	287	206	0	0	0
	No	1	9	5	3	2	5	3	8	4	0	0	0
	Exemption	1	0	1	0	1	3	2	6	2	0	0	0
KPI (95%)		99%	96%	97%	98%	99%	98%	99%	97%	98%	0%	0%	0%
Pre AND post treatment pain scores recorded	Yes	89	119	135	134	151	176	245	232	160	0	0	0
	No	30	71	41	46	47	46	65	43	29	0	0	0
	Exemption	13	17	19	13	10	14	19	26	23	0	0	0
KPI (95%)		77%	66%	79%	76%	77%	81%	80%	86%	86%	0%	0%	0%
Aspirin administered as per JRCALC guidance	Yes	74	148	142	141	138	171	249	232	165	0	0	0
	No	34	28	18	29	31	31	34	34	17	0	0	0
	Exemption	24	31	35	23	39	34	46	35	30	0	0	0
KPI (95%)		74%	86%	91%	85%	85%	87%	90%	89%	92%	0%	0%	0%
GTN administered as per JRCALC guidance	Yes	63	127	114	123	130	156	202	194	146	0	0	0
	No	23	25	17	16	20	17	25	19	8	0	0	0
	Exemption	46	55	64	54	58	63	102	88	58	0	0	0
KPI (95%)		83%	88%	91%	92%	90%	93%	92%	94%	96%	0%	0%	0%
Appropriate analgesia administered e.g. Entonox / morphine	Yes	26	65	64	73	72	69	111	105	88	0	0	0
	No	36	58	48	47	33	49	61	49	21	0	0	0
	Exemption	70	84	83	73	103	118	157	147	103	0	0	0
KPI (95%)		73%	72%	75%	76%	84%	79%	81%	84%	90%	0%	0%	0%
12 lead ECG recorded and interpreted	Yes	124	197	190	187	200	228	323	291	210	0	0	0
	No	6	8	4	2	7	2	6	6	1	0	0	0
	Exemption	2	2	1	4	1	6	0	4	1	0	0	0
KPI (95%)		95%	96%	98%	99%	97%	99%	98%	98%	100%	0%	0%	0%
Patients with a confirmed STEMI transported direct to cath lab	Yes	13	20	22	23	22	16	36	31	20	0	0	0
	No	3	11	9	3	5	10	3	0	0	0	0	0
	Exemption	116	176	164	167	181	210	290	270	192	0	0	0
KPI (95%)		98%	95%	95%	98%	98%	96%	99%	100%	100%	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**

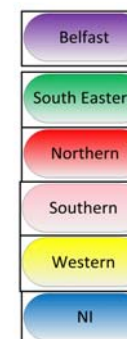
- ☒ Armagh
- ☒ Banbridge
- ☒ Ballgawley
- ☒ Craigavon
- ☒ Dunganron
- ☒ Kilkeel
- ☒ Newry

**Northern**

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

**Western**

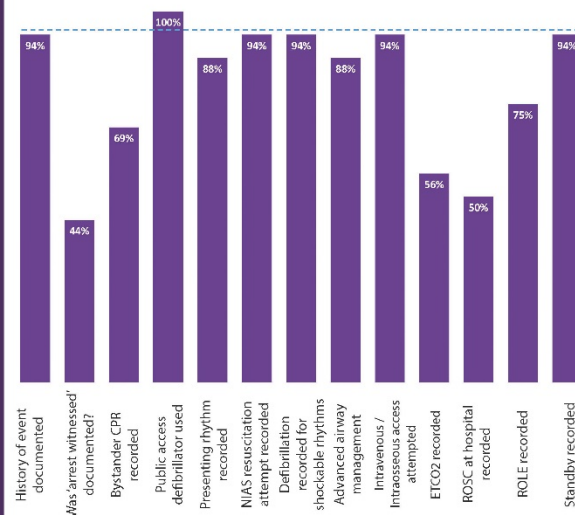
- ☒ Altnagelvin
- ☒ Castlederg
- ☒ Enniskillen
- ☒ Limavady
- ☒ Omagh
- ☒ Strabane



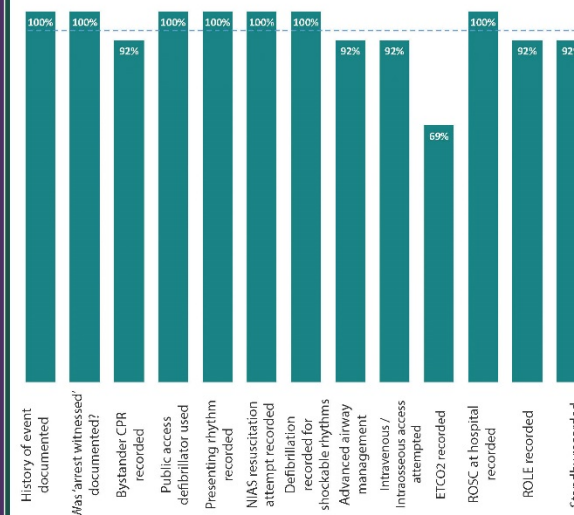


## Cardiac Quality Improvement Compliance by Division (December 2016)

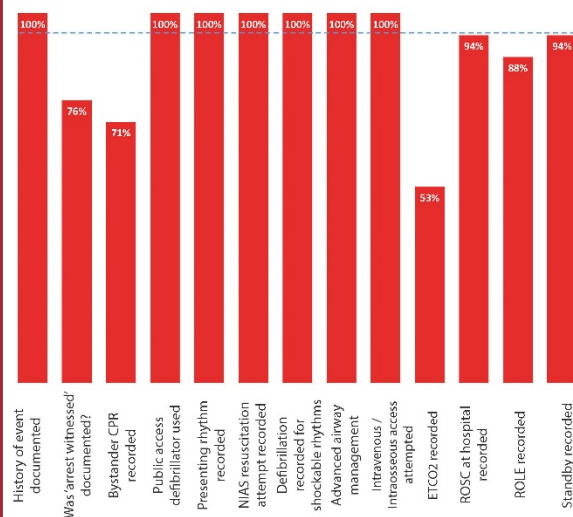
### Belfast Division



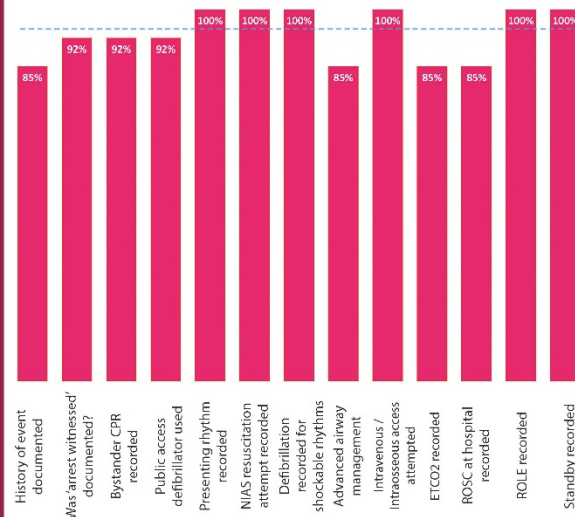
### South Eastern Division



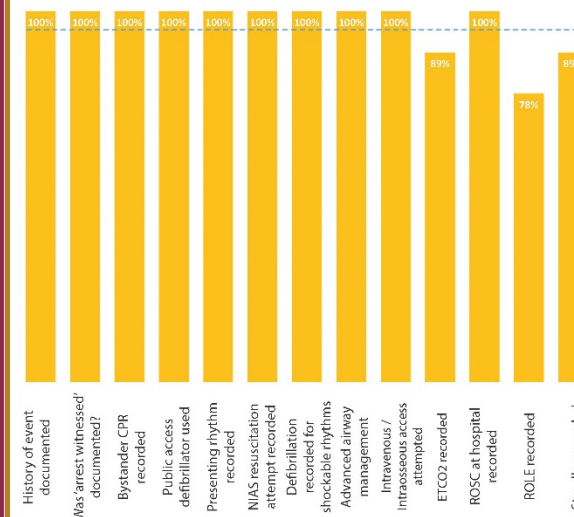
### Northern Division



### Southern Division



### Western Division





## CARDIAC ARREST

Reporting Period 01-Apr-16 to 31-Dec-16



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		0	0	29	60	60	56	79	81	68	0	0	0
History of event documented	Yes	0	0	23	51	54	53	76	80	64	0	0	0
	No	0	0	1	3	1	1	2	0	3	0	0	0
	Exemption	0	0	5	6	5	2	1	1	1	0	0	0
	KPI (95%)	0%	0%	97%	95%	98%	98%	97%	100%	96%	0%	0%	0%
Was "Arrest witnessed" documented?	Yes	0	0	14	30	28	28	48	61	42	0	0	0
	No	0	0	9	13	20	12	16	10	14	0	0	0
	Exemption	0	0	6	17	12	16	15	10	12	0	0	0
	KPI (95%)	0%	0%	69%	78%	67%	79%	80%	88%	79%	0%	0%	0%
Bystander CPR recorded	Yes	0	0	18	38	42	37	50	59	46	0	0	0
	No	0	0	6	11	9	4	12	3	12	0	0	0
	Exemption	0	0	5	11	9	15	17	19	10	0	0	0
	KPI (95%)	0%	0%	79%	82%	85%	93%	85%	96%	82%	0%	0%	0%
Public access defibrillator used	Yes	0	0	1	4	4	4	6	9	3	0	0	0
	No	0	0	5	31	26	20	29	11	1	0	0	0
	Exemption	0	0	23	25	30	32	44	61	64	0	0	0
	KPI (95%)	0%	0%	83%	48%	57%	64%	63%	86%	99%	0%	0%	0%
Presenting rhythm recorded	Yes	0	0	27	53	58	54	78	78	66	0	0	0
	No	0	0	1	3	2	2	0	3	2	0	0	0
	Exemption	0	0	1	4	0	0	1	0	0	0	0	0
	KPI (95%)	0%	0%	97%	95%	97%	96%	100%	96%	97%	0%	0%	0%
NIAS resuscitation attempt recorded	Yes	0	0	22	45	50	44	63	75	66	0	0	0
	No	0	0	6	3	2	0	4	0	1	0	0	0
	Exemption	0	0	1	12	8	12	12	6	1	0	0	0
	KPI (95%)	0%	0%	79%	95%	97%	100%	95%	100%	99%	0%	0%	0%
Defibrillation recorded for shockable rhythms	Yes	0	0	7	18	10	10	24	30	20	0	0	0
	No	0	0	0	6	5	3	5	5	1	0	0	0
	Exemption	0	0	22	36	45	43	50	46	47	0	0	0
	KPI (95%)	0%	0%	100%	90%	92%	95%	94%	94%	99%	0%	0%	0%
Advanced airway management	Yes	0	0	19	42	44	39	48	62	62	0	0	0
	No	0	0	5	6	6	4	14	7	5	0	0	0
	Exemption	0	0	5	12	10	13	17	12	1	0	0	0
	KPI (95%)	0%	0%	83%	90%	90%	93%	82%	91%	93%	0%	0%	0%
Intravenous / Intraosseous access attempted	Yes	0	0	22	47	50	43	63	70	64	0	0	0
	No	0	0	1	4	0	0	5	2	2	0	0	0
	Exemption	0	0	6	9	10	13	11	9	2	0	0	0
	KPI (95%)	0%	0%	97%	93%	100%	100%	94%	98%	97%	0%	0%	0%
ETCO2 recorded	Yes	0	0	6	25	21	20	37	42	44	0	0	0
	No	0	0	15	21	28	24	26	27	22	0	0	0
	Exemption	0	0	8	14	11	12	16	12	2	0	0	0
	KPI (95%)	0%	0%	48%	65%	53%	57%	67%	67%	68%	0%	0%	0%
ROSC at hospital recorded	Yes	0	0	9	13	12	10	16	17	15	0	0	0
	No	0	0	3	10	7	7	8	9	11	0	0	0
	Exemption	0	0	17	37	41	39	55	55	42	0	0	0
	KPI (95%)	0%	0%	90%	83%	88%	88%	90%	89%	84%	0%	0%	0%
ROLE recorded	Yes	0	0	13	24	33	27	41	35	26	0	0	0
	No	0	0	3	10	12	12	8	14	9	0	0	0
	Exemption	0	0	13	26	15	17	30	32	33	0	0	0
	KPI (95%)	0%	0%	90%	83%	80%	79%	90%	83%	87%	0%	0%	0%
Standby recorded	Yes	0	0	10	18	16	18	25	33	28	0	0	0
	No	0	0	2	5	4	4	4	1	4	0	0	0
	Exemption	0	0	17	37	40	34	50	47	36	0	0	0
	KPI (95%)	0%	0%	93%	92%	93%	93%	95%	99%	94%	0%	0%	0%

### Division

#### Belfast

- ☒ Ardoyne  
☒ Broadway  
☒ Purdysburn  
☒ The Bridge

#### South Eastern

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

#### Southern

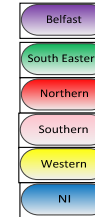
- ☒ Armagh  
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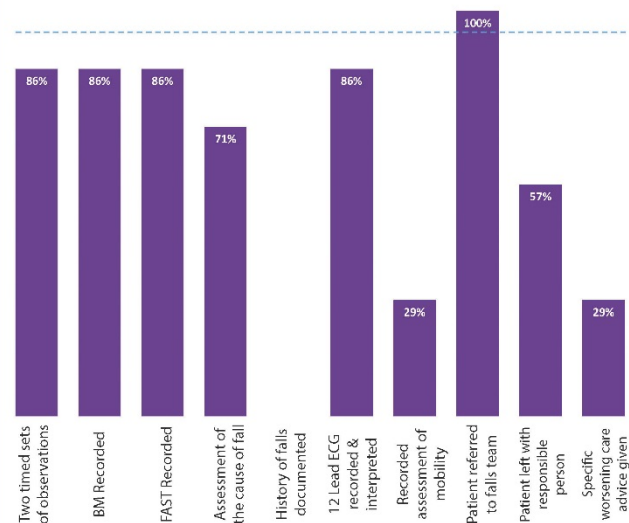




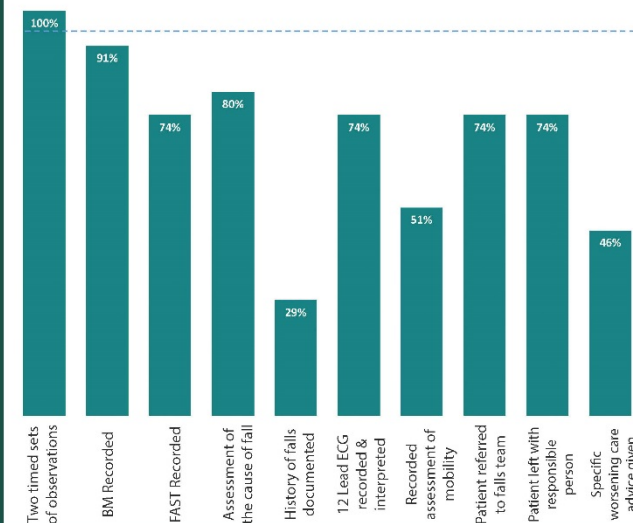


## Falls Quality Improvement Compliance by Division (December 2016)

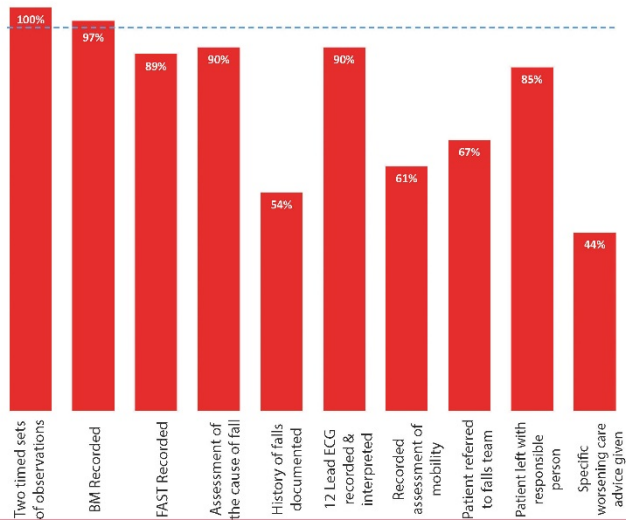
### Belfast Division



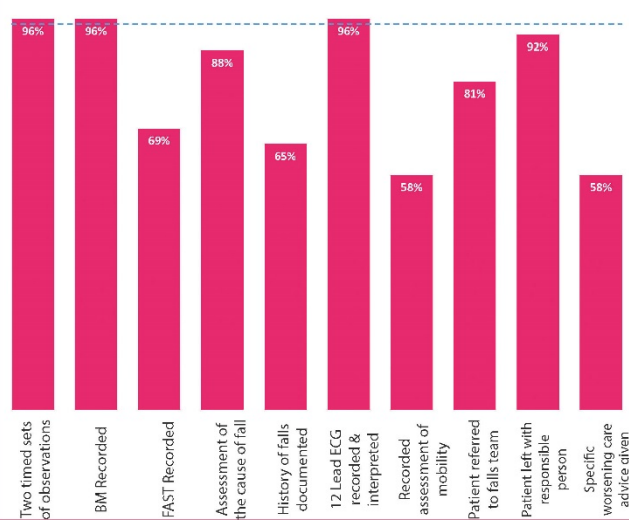
### South Eastern Division



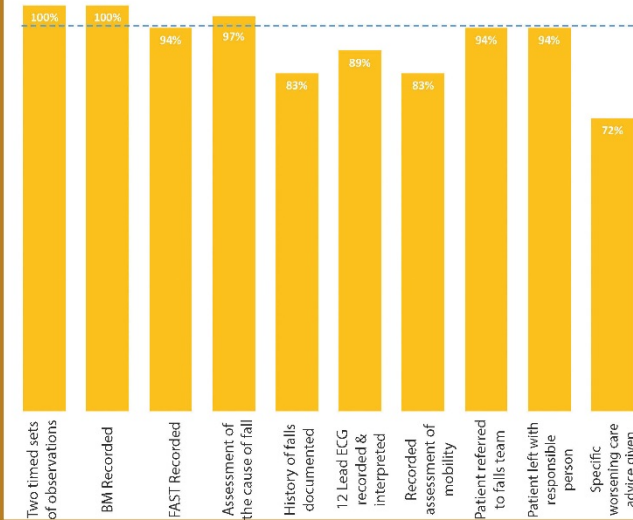
### Northern Division



### Southern Division



### Western Division



Reporting Period 01-Apr-16 to 31-Dec-16

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		10	24	27	15	33	42	41	16	7	0	0	0
Two timed sets of basic observations	Yes	8	19	22	10	31	36	35	14	6			
	No	2	5	5	4	2	5	6	2	1			
	Exemption	0	0	0	1	0	1	0	0	0			
	KPI (95%)	80%	79%	81%	73%	94%	88%	85%	88%	86%			
BM recorded	Yes	9	21	23	13	29	35	32	14	6			
	No	1	3	3	1	4	6	7	2	1			
	Exemption	0	0	1	1	0	1	2	0	0			
	KPI (95%)	90%	88%	89%	93%	88%	86%	83%	88%	86%			
FAST recorded	Yes	8	21	21	14	29	37	36	14	6			
	No	2	3	6	1	4	5	4	2	1			
	Exemption	0	0	0	0	0	0	1	0	0			
	KPI (95%)	80%	88%	78%	93%	88%	88%	90%	88%	86%			
Assessment to the cause of fall documented	Yes	10	19	25	14	29	32	37	15	5			
	No	0	3	2	1	4	10	3	0	2			
	Exemption	0	2	0	0	0	0	1	1	0			
	KPI (95%)	100%	88%	93%	93%	88%	76%	93%	100%	71%			
History of falls recorded	Yes	2	7	13	8	10	17	14	7	0			
	No	7	13	9	6	17	24	26	9	7			
	Exemption	1	4	5	1	6	1	1	0	0			
	KPI (95%)	30%	46%	67%	60%	48%	43%	37%	44%	0%			
12 lead ECG recorded and interpreted	Yes	1	3	3	2	9	9	6	2	1			
	No	2	11	10	6	14	16	12	2	1			
	Exemption	7	10	14	7	10	17	23	12	5			
	KPI (95%)	80%	54%	63%	60%	58%	62%	71%	88%	86%			
Assessment of mobility recorded	Yes	9	14	18	13	25	29	33	12	2			
	No	1	9	8	2	7	13	7	3	5			
	Exemption	0	1	1	0	1	0	1	1	0			
	KPI (95%)	90%	63%	70%	87%	79%	69%	83%	81%	29%			
Patient referred to falls team	Yes	0	0	1	1	2	5	4	0	0			
	No	0	0	0	0	0	0	0	0	0			
	Exemption	10	24	26	14	31	37	37	16	7			
	KPI (95%)	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Patient left in care of responsible person	Yes	7	21	23	14	31	34	32	8	4			
	No	1	2	1	1	1	8	6	3	3			
	Exemption	2	1	3	0	1	0	3	5	0			
	KPI (95%)	90%	92%	96%	93%	97%	81%	85%	81%	57%			
Appropriate worsening care advice given	Yes	7	13	19	13	18	30	22	10	1			
	No	3	9	6	1	12	12	18	5	5			
	Exemption	0	2	2	1	3	0	1	1	1			
	KPI (95%)	70%	63%	78%	93%	64%	71%	56%	69%	29%			

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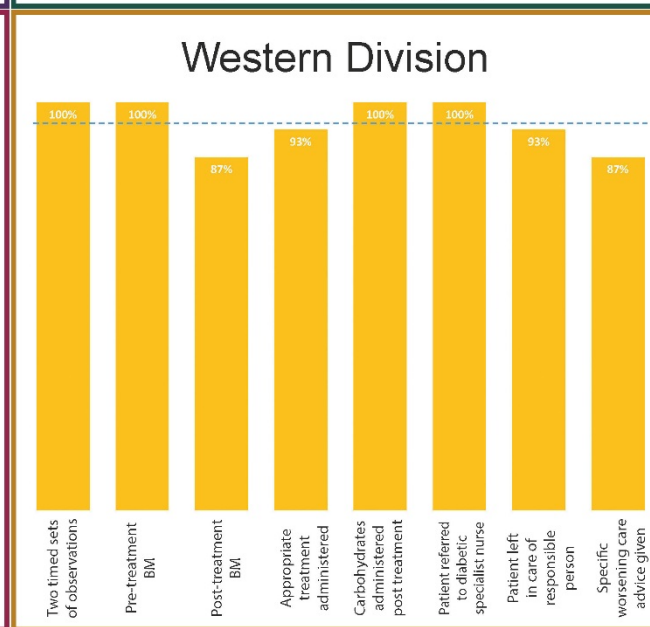
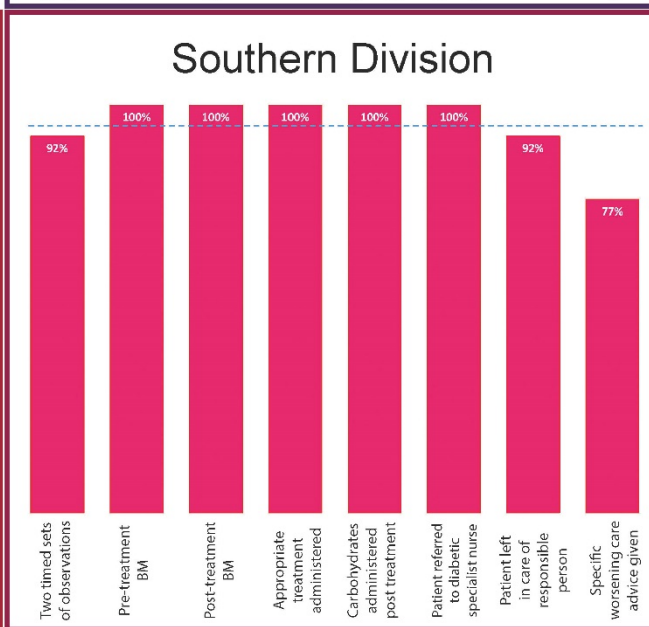
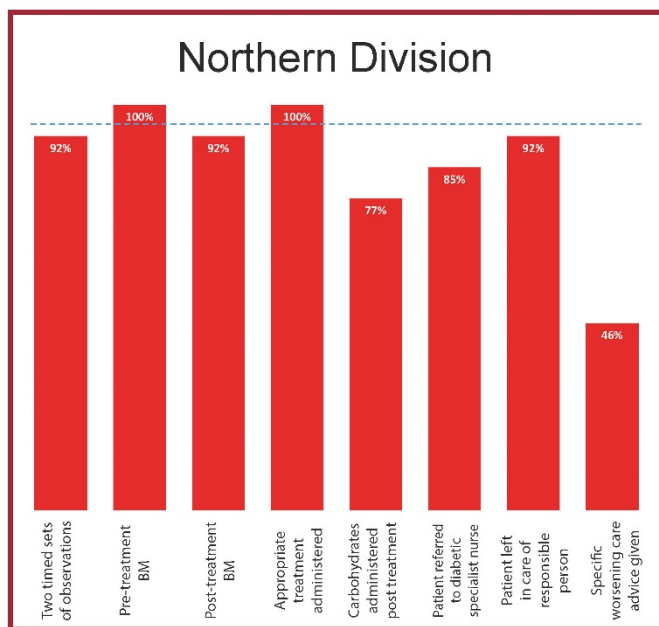
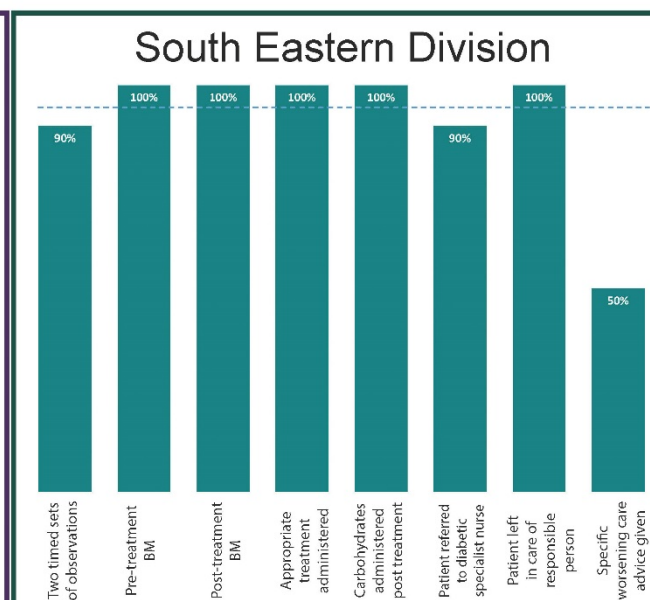
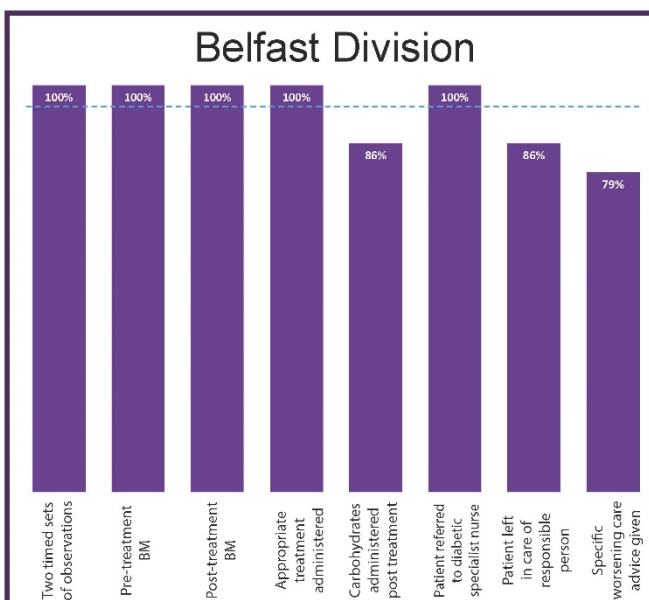
##### Western

- ☐ Altnagelvin  
☐ Castlederg  
☐ Enniskillen  
☐ Limavady  
☐ Omagh  
☐ Strabane

☒ Belfast  
☒ South Eastern  
☒ Northern  
☐ Southern  
☐ Western  
☐ NI



## Hypoglycaemia Quality Improvement Compliance by Division (December 2016)



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

Reporting Period 01-Apr-16 to 31-Dec-16

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		35	75	78	77	86	78	94	101	65	0	0	0
Two timed sets of basic observations	Yes	33	68	75	72	84	76	92	96	60	0	0	0
	No	2	5	3	4	2	1	2	4	3	0	0	0
	Exemption	0	2	0	1	0	1	0	1	2	0	0	0
	KPI (95%)	94%	93%	96%	95%	98%	99%	98%	96%	95%	0%	0%	0%
Pre-treatment BM recorded	Yes	35	68	76	74	83	76	92	97	63	0	0	0
	No	0	4	0	0	0	1	0	0	0	0	0	0
	Exemption	0	3	2	3	3	1	2	4	2	0	0	0
	KPI (95%)	100%	95%	100%	100%	100%	99%	100%	100%	100%	0%	0%	0%
Post-treatment BM recorded	Yes	34	72	71	73	83	75	92	95	61	0	0	0
	No	1	2	4	1	1	2	2	4	3	0	0	0
	Exemption	0	1	3	3	2	1	0	2	1	0	0	0
	KPI (95%)	97%	97%	95%	99%	99%	97%	98%	96%	95%	0%	0%	0%
Appropriate treatment administered (for age and GCS)	Yes	30	59	64	64	69	66	81	83	55	0	0	0
	No	2	1	3	0	2	1	1	4	1	0	0	0
	Exemption	3	15	11	13	15	11	12	14	9	0	0	0
	KPI (95%)	94%	99%	96%	100%	98%	99%	99%	96%	98%	0%	0%	0%
Carbohydrates administered post treatment	Yes	12	36	41	36	44	39	56	61	44	0	0	0
	No	10	17	13	13	16	14	16	10	5	0	0	0
	Exemption	13	22	24	28	26	25	22	30	16	0	0	0
	KPI (95%)	71%	77%	83%	83%	81%	82%	83%	90%	92%	0%	0%	0%
Patient referred to diabetic appropriate care pathway	Yes	7	13	10	18	22	19	29	38	31	0	0	0
	No	10	29	23	21	18	14	14	12	3	0	0	0
	Exemption	18	33	45	38	46	45	51	51	31	0	0	0
	KPI (95%)	71%	61%	71%	73%	79%	82%	85%	88%	95%	0%	0%	0%
Patient left in care of responsible person	Yes	16	39	38	44	44	46	58	49	38	0	0	0
	No	3	12	7	11	6	5	2	10	5	0	0	0
	Exemption	16	24	33	22	36	27	34	42	22	0	0	0
	KPI (95%)	91%	84%	91%	86%	93%	94%	98%	90%	92%	0%	0%	0%
Appropriate worsening care advice given	Yes	9	18	22	24	28	23	26	30	21	0	0	0
	No	10	33	27	28	24	31	33	30	20	0	0	0
	Exemption	16	24	29	25	34	24	35	41	24	0	0	0
	KPI (95%)	71%	56%	65%	64%	72%	60%	65%	70%	69%	0%	0%	0%

**Division**

**Belfast**

- ☒ Ardoyne ☒ Purdysburn  
☒ Broadway ☒ The Bridge

**South Eastern**

- ☒ Ballynahinch ☒ Armagh  
☒ Bangor ☒ Banbridge  
☒ Derriaghy ☒ Ballgawley  
☒ Downpatrick ☒ Craigavon  
☒ Lisburn ☒ Dungannon  
☒ Newcastle ☒ Kilkeel  
☒ Newtownards ☒ Newry

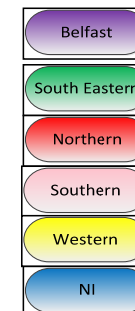
**Southern**

**Northern**

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

**Western**

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

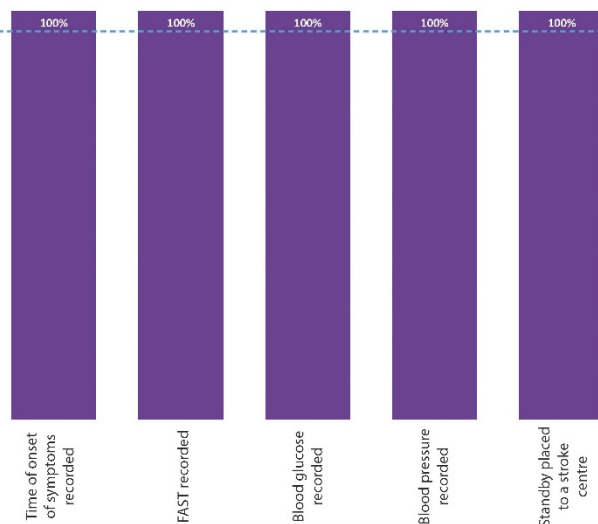




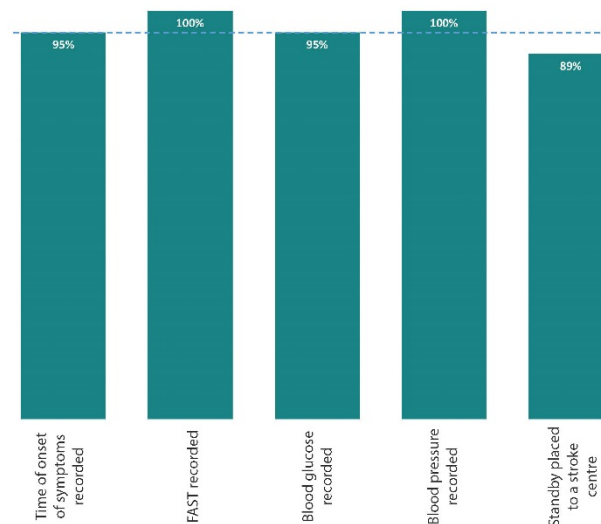


## Stroke Quality Improvement Compliance by Division (December 2016)

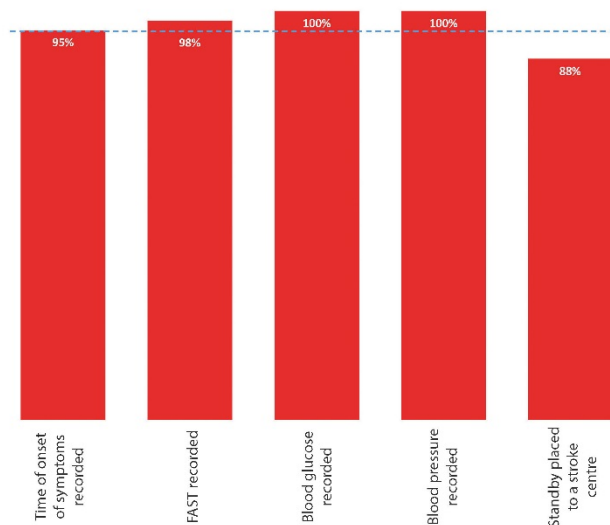
### Belfast Division



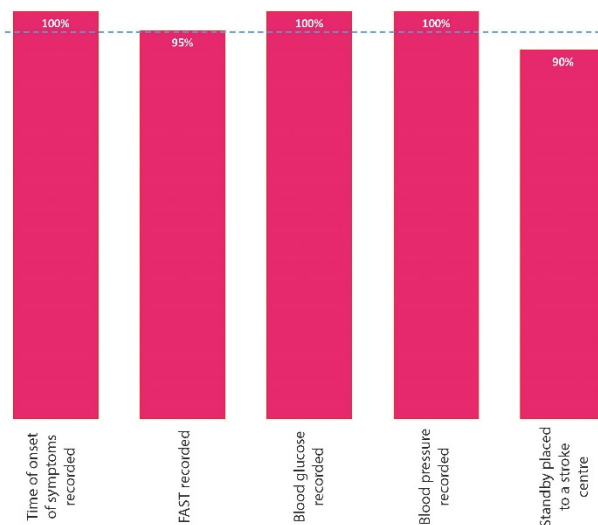
### South Eastern Division



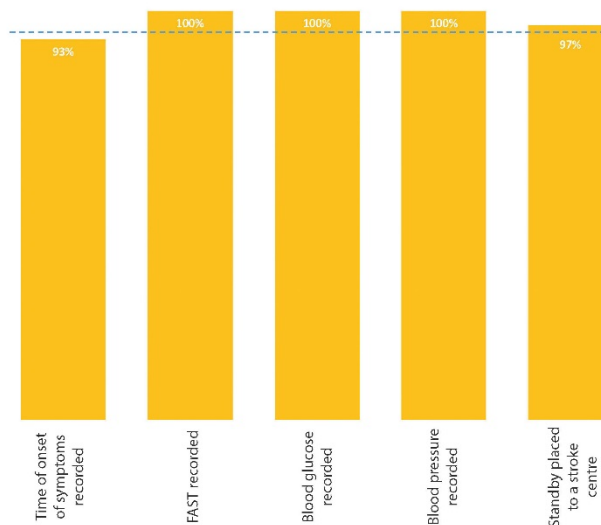
### Northern Division



### Southern Division



### Western Division





## STROKE

### QUALITY IMPROVEMENT - PRF AUDIT



Reporting Period 01-Apr-16 to 31-Dec-16

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		0	0	0	1	0	25	24	30	29	0	0	0
Time of onset of symptoms recorded	Yes	0	0	0	1	0	18	22	28	26	0	0	0
	No	0	0	0	0	0	3	2	1	2	0	0	0
	Exemption	0	0	0	0	0	4	0	1	1	0	0	0
	KPI (95%)	0%	0%	0%	100%	0%	88%	92%	97%	93%	0%	0%	0%
FAST recorded	Yes	0	0	0	1	0	25	24	30	29	0	0	0
	No	0	0	0	0	0	0	0	0	0	0	0	0
	Exemption	0	0	0	0	0	0	0	0	0	0	0	0
	KPI (95%)	0%	0%	0%	100%	0%	100%	100%	100%	100%	0%	0%	0%
Blood glucose recorded	Yes	0	0	0	1	0	24	23	29	29	0	0	0
	No	0	0	0	0	0	0	1	1	0	0	0	0
	Exemption	0	0	0	0	0	1	0	0	0	0	0	0
	KPI (95%)	0%	0%	0%	100%	0%	100%	96%	97%	100%	0%	0%	0%
Blood pressure recorded	Yes	0	0	0	1	0	25	24	30	29	0	0	0
	No	0	0	0	0	0	0	0	0	0	0	0	0
	Exemption	0	0	0	0	0	0	0	0	0	0	0	0
	KPI (95%)	0%	0%	0%	100%	0%	100%	100%	100%	100%	0%	0%	0%
Standby placed to a stroke centre	Yes	0	0	0	1	0	19	19	22	25	0	0	0
	No	0	0	0	0	0	1	0	3	1	0	0	0
	Exemption	0	0	0	0	0	5	5	5	3	0	0	0
	KPI (95%)	0%	0%	0%	100%	0%	96%	100%	90%	97%	0%	0%	0%

#### Division

##### Belfast

- ☐ Ardoyne ☐ Purdysburn  
☐ Broadway ☐ The Bridge

##### South Eastern

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

##### Southern

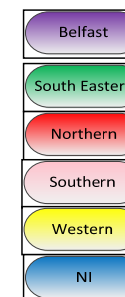
- ☐ Armagh  
☐ Banbridge  
☐ Ballgawley  
☐ Craigavon  
☐ Dungannon  
☐ Kilkeel  
☐ Newry

##### Northern

- ☐ Antrim  
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☐ Coleraine  
☐ Cookstown  
☐ Larne  
☐ Magherafelt  
☐ Whiteabbey

##### Western

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



**TB/06/02/02/17**



# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

**2 FEBRUARY 2017**

<b>Title:</b>	Policy on Attendance Management
<b>Purpose:</b>	This document is concerned with the effective management of attendance of all Trust staff.
<b>Content:</b>	This document provides a framework for effective attendance management in accordance with the Regional Policy Framework for Best Practice for Managing Attendance, NHS terms and conditions, relevant legislation and evidence based best practice principles. It outlines the role and responsibilities of all stakeholders involved in attendance management, as well as key attendance management principles.
<b>Recommendation:</b>	For approval.
<b>Previous Forum:</b>	<b>HR Terms &amp; Conditions Group Senior Executive Management Team</b>
<b>Prepared by:</b>	Lorraine Gardner, Assistant HR Director, Employment, Performance & Corporate Services
<b>Presented by:</b>	<b>Roisin O'Hara, Director of HR &amp; Corporate Services</b>



<b>Title:</b>	Policy on Attendance Management		
<b>Author(s)</b>	Roisin O'Hara, Director of HR & Corporate Services Lorraine Gardner, Assistant HR Director, Employment, Performance & Corporate Services Verity Cochrane, HR Manager		
<b>Ownership:</b>	Director of HR & Corporate Services		
<b>Date of SEMT Approval:</b>	15/11/2016	<b>Date of Trust Board Approval:</b>	
<b>Operational Date:</b>		<b>Review Date:</b>	
<b>Version No:</b>		<b>Supersedes:</b>	Attendance Management Policy
<b>Key words:</b>	Health and well-being, attendance management, sickness absence		
<b>Other Relevant Policies:</b>			

Version Control for Drafts:			
Date	Version	Author	Comments
10/11/16	V1.0	HR & CS	Initial draft
11/11/16	V1.1	HR & CS	Amendments following consultation with Trade Unions
20/1/17	V1.2	HR&CS	Updated with outcome of equality screening

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

### **1.1 Background**

- 1.1.1 The Northern Ireland Ambulance Service HSC Trust (hereafter referred to as ‘the Trust’) recognises that the health and well-being of its workforce is critical to its effective functioning and that the management of attendance is an important management issue which requires to be pursued in an open and transparent manner.
- 1.1.2 In this context, the Trust, as an employer, has a duty to support staff when they become ill, facilitating them, in so far as is reasonably practicable, to safely return to and remain in work as early as they can. The Trust also has a responsibility to actively encourage a culture of health and well-being within the workforce, while equally expecting employees to take personal responsibility for their own health and well-being.

### **1.2 Purpose**

The Trust has a primary responsibility to provide high quality services to the population of Northern Ireland. The Trust recognises that sickness absence places additional pressure on employees who are not affected by illness and carries a significant financial cost which draws resources away from service delivery. This policy is intended to provide a framework for effective attendance management in accordance with the Regional Policy Framework for Best Practice for Managing Attendance, NHS terms and conditions, relevant legislation and evidence based best practice principles.

### **1.3 Objectives**

- 1.3.1 This document aims to:
- Provide the context for defining a fair, reasonable, consistent and transparent procedure for managing attendance;
  - Outline the roles and responsibilities of key stakeholders in attendance management;
  - ensure compliance with the Regional Policy Framework for Best Practice for Managing Attendance, NHS terms and conditions, relevant legislation and evidence based best practice principles.

## **2.0 SCOPE OF THE POLICY**

- 2.1 This policy applies to all Trust employees.

### **3.0 ROLES & RESPONSIBILITIES**

3.1 All employees have a responsibility in relation to attendance at work. In addition, some employee groups have additional specialist roles and responsibilities in ensuring effective attendance management.

#### **3.2 The Trust:**

- should provide a safe and supportive working environment;
- should promote initiatives that sustain the overall health and well-being of all employees;
- should support employees impacted by ill health and endeavour to retain them in their current role where possible or consider reasonable adjustments and/or redeployment to other roles where necessary.

#### **3.3 All Trust Employees:**

- should give regular and effective attendance at work;
- should take personal responsibility for their own health and well-being;
- should not remain away from work on sickness absence, where adjustments/modifications could be made to facilitate their return;
- should adhere to attendance management arrangements as they apply to them.

#### **3.4 Senior Management:**

- should demonstrate leadership in the development, implementation, monitoring and review of this policy and associated procedures, ensuring that attendance management arrangements are applied fairly, reasonably and consistently to all employees.

#### **3.5 Line Management:**

- should apply attendance management principles fairly, reasonably and consistently to all employees, taking into account individual circumstances;
- should encourage and assist employees in maintaining their own health and well-being;
- should support employees impacted by ill health to remain and/or return to work through meaningful engagement and consideration of all feasible options.

#### **3.6 Human Resources:**

- should lead the development of health and well-being initiatives and attendance management policy, procedures and practices, in consultation with key stakeholders and in accordance with the Regional Policy Framework for Best Practice for Managing Attendance, NHS terms and conditions, relevant legislation and evidence based best practice principles;



- should develop and deliver communication and training programmes to support the implementation of this policy and associated procedures;
- should provide management information reports and consistent, resolved, professional advice to Managers and employees in relation to health and well-being and attendance management issues;
- should lead the monitoring and review of effectiveness of attendance management policy, procedures and practices, in consultation with key stakeholders.

### **3.7 Occupational Health:**

- Should liaise with key stakeholders in the promotion of employee health and well-being and the provision of specialist advice in relation to employee ill health and attendance management.

### **3.8 Trade Unions:**

- should engage with the Trust in the development of health and well-being initiatives and attendance management policy, procedures and practices;
- should provide support to individual employees in relation to health and well-being and attendance management issues;
- should promote employee compliance with agreed attendance management arrangements.

## **4.0 KEY POLICY PRINCIPLES**

- 4.1 The Trust and Trade Unions will actively promote a culture that encourages attendance at work.
- 4.2 The Trust is committed to the promotion and provision of initiatives that offer practical support and preventative measures for the health and well-being of all employees.
- 4.3 The Trust and Trade Unions will seek to identify and address the underlying causes of sickness absence where interventions in the workplace would improve employee health and well-being.
- 4.4 Rehabilitation and a focus on return to work will be a primary consideration for the Trust in attendance management arrangements, as it recognised that being out of work can progressively damage health and decrease life expectancy.
- 4.5 Targeted interventions to improve employee health and well-being, such as access to timely physiotherapy services and counselling, will be an essential component of the Trust's approach to attendance management.

- 4.6 The Trust will maximise the potential of information systems, including the Human Resources, Payroll and Travel System (HRPTS), to establish clear methods for monitoring, measuring and understanding sickness absence and to inform the development of relevant action plans.
- 4.7 The Trust recognises that early intervention and regular, effective communication by line managers are key to reducing employee absence.
- 4.8 This policy will be underpinned by comprehensive procedures which address all aspects of attendance management including:
- notification of and contact during sickness absence;
  - certification and recording of sickness absence;
  - management of short-term, intermittent and long-term sickness absence, including Occupational Health referral processes;
  - return to work arrangements, including return to work interviews, rehabilitation programmes, reasonable adjustments and redeployment processes;
  - ill health retirement and termination processes;
  - HSC Injury Allowance process.
- 4.9 Line managers and Trade Unions will receive comprehensive training and resolved professional advice and guidance in applying this policy and associated procedures.
- 4.10 Employees who are unwell will be treated with dignity and respect at all stages in the attendance management process.
- 4.11 Employees can expect that their sickness absence will be managed in a fair and reasonable manner in accordance with a shared goal of an early return to work, which is in the best interests of both the employee and the Trust.
- 4.12 The Trust will adhere to its obligations under the Disability Discrimination Act (DDA), including the duty to make reasonable adjustments, as an integral part of attendance management arrangements.
- 4.13 Reasonable adjustments within the scope of the DDA and other role modifications/ redeployments will be considered collaborative between all relevant stakeholders and will be implemented in a timely manner in order to support the employee in remaining in the workplace and/or prevent unnecessary delays in the employee returning to work.

## **5.0 IMPLEMENTATION OF THE POLICY**

### **5.1 Dissemination**

- 5.1.1 This policy will be disseminated to all Trust employees and will be included on the Trust's intranet site.

## **5.2 Resources**

- 5.2.1 A comprehensive, mandatory training programme to support the implementation of this policy and associated procedures will require to be developed and delivered to line managers and Trade Unions.

## **5.3 Exceptions**

- 5.3.1 There are no exceptions to this policy.

## **6.0 MONITORING & REVIEW**

- 6.1 The implementation of this policy and associated procedures will be monitored to ensure compliance across the organisation. The policy and associated procedures will be reviewed in the context of organisational learning outcomes, emerging legislation and best practice to ensure continued effectiveness and fitness for purpose.
- 6.2 This policy and associated procedures will be reviewed every 2 years.

## **7.0 EVIDENCE BASE/REFERENCES**

- 7.1 Regional Policy Framework of Best Practice for Managing Attendance

## **8.0 CONSULTATION PROCESS**

- 8.1 HR Terms & Conditions Group  
Senior Executive Management Team

## **9.0 APPENDICES / ATTACHMENTS**

- 9.1 None.

## **10.0 EQUALITY STATEMENT**

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

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

Major impact ☐

Minor impact ☐

No impact. ☒

## 11.0 SIGNATORIES

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

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

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

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

**TB/07/02/02/17**



# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

**2<sup>nd</sup> February 2017**

<b>Title:</b>	NIAS Trust Action Plan (2016-2018) to support results of NIAS Staff Survey, undertaken Oct – Dec 2015.
<b>Purpose:</b>	To provide Trust Board with an update on progress on the Staff Survey Action Plan developed on the basis of key findings identified from results of the NIAS Staff Survey.
<b>Content:</b>	Trust update on progress on the Staff Survey Action Plan developed on the basis of key findings identified from results of the NIAS Staff Survey.
<b>Recommendation:</b>	FOR NOTING
<b>Previous Forum:</b>	
<b>Prepared by:</b>	Roisin O'Hara – Director of HR
<b>Presented by:</b>	<b>Roisin O'Hara – Director of HR</b>



## **NIAS Trust Draft Action Plan (2016 - 2018)** **to support results of NIAS Staff Survey undertaken Oct – Dec 2015)**

The following action plan is based on the results of the 2015 NI Ambulance Service Health & Social Care Trust Staff Survey (NIAS12) prepared as part of the 2015 Health and Social Care Staff Survey carried out by Quality Health on behalf of the Department of Health, Social Services and Public Safety (DHSSPS).

The NI Ambulance Service Trust has a workforce of 1,108. A full sample of 1,108 was selected and invited to complete a manual paper questionnaire. The survey returned a response rate of 31% (338 Respondents). As a full sample was used accordingly, it is reasonable to consider the survey responses representative.

Findings of the survey, as provided by Quality Health, were analysed and the following action plan subsequently developed by NIAS to address key issues highlighted in the findings of the Survey.

This Action Plan was agreed at NIAS Senior Executive Team Meeting 22<sup>nd</sup> November 2016 and will be tabled at Trust Board for ratification.

Appendix 1 details NIAS Staff Engagement Delivery Plan that supplements this action plan and is referred to therein.

Appendix 2 details NIAS Staff Survey Recommendations and Actions, these are reflected in the related Key Theme within the action plan.

Draft 5



KEY THEME 1: YOUR PERSONAL DEVELOPMENT (Recommendations 4 / 5 / 6 )						
ACTION AREA	FINDING	ACTION REQUIRED	UPDATE	TIME-FRAME	WHO	JAN 17
INDUCTION	53% OF RESPONDENTS AGREED THAT THEY HAD AN EFFECTIVE INDUCTION WHEN THEY JOINED NIAS, WITH 32% AGREEING THEY HAD RECEIVED EFFECTIVE INDUCTION WHEN THEIR ROLES AND RESPONSIBILITIES CHANGED.	(1) LOCAL MANAGEMENT TO UNDERTAKE A REVIEW OF INDUCTION PROCESSES WHEN AN EMPLOYEE CHANGES ROLE WITHIN THE ORGANISATION TO ENSURE EFFECTIVENESS	(1) Review of Local Induction when an employee changes role has been concluded within the Operations Directorate and remains ongoing within other Directorates.	MAR 2017	DIRECTORS	(1)
		(2) MANAGERS TO BE REMINDED THAT NON-FRONTLINE STAFF SHOULD BE INVITED TO PARTICIPATE IN THE CORPORATE INDUCTION PROGRAMMES	(2) Reminders issued to managers and all staff to invite them to participate in planned corporate induction programmes	DEC 2016	AD ELD	(2)
APPRAISAL/ OBJECTIVES	25% OF RESPONDENTS SAID THAT THEY HAD AN APPRAISAL. WHERE APPRAISALS TOOK PLACE 48% OF STAFF SAID THAT THEY HELPED THEM TO IMPROVE HOW THEY DID THEIR JOB.	(3) CHIEF EXECUTIVE TO REMIND MANAGEMENT OF THE IMPORTANCE OF COMPLETING KSF/PERSONAL CONTRIBUTION REVIEW (KSF/PDCR) APPRAISALS WITH THEIR STAFF	(3) Communique issued by CX to managers and all staff reminding them of the importance and value of completing KSF/PDCRs	JAN 2017	CHIEF EXECUTIVE	(3)
	48% OF RESPONDENTS SAY THEY AGREED CLEAR OBJECTIVES FOR THEIR WORK. 29% SAID IT LEFT THEM FEELING VALUED.  46% OF RESPONDENTS SAID THEY HAD AN AGREED PERSONAL DEVELOPMENT PLAN WITH 17% OF STAFF SAYING THESE HAD BEEN ACTIONED.	(4) REVIEW ARRANGEMENTS FOR RELEASE OF FRONT LINE STAFF TO ENSURE COVERAGE OF KSF/PCR IS MAXIMISED	(4) Arrangements for release of front-line staff are in place for Qtr 4 (2016/17) and will be co-ordinated through local management and RMC	DEC 2016	AD OPS	(4)

KEY THEME 2: YOUR JOB (Recommendations 7 / 8 )					
<b>ADDITIONAL HOURS</b>	<p>94% OF RESPONDENTS REPORTED THAT THEY WORK MORE THAN THEIR CONTRACTED HOURS. COMMONEST REASONS BEING:-</p> <ul style="list-style-type: none"> <li>• TO PROVIDE THE BEST CARE THEY CAN (67%)</li> <li>• EARN EXTRA MONEY (60%)</li> <li>• IMPOSSIBLE TO GET THE JOB DONE OTHERWISE (59%)</li> </ul>	(5) DIRECTORS TO UNDERTAKE A CAPACITY REVIEW AND MAKE RECOMMENDATIONS WITHIN THEIR AREA OF RESPONSIBILITY TO REDUCE THE REQUIREMENT FOR STAFF TO WORK MORE THAN THEIR CONTRACTED HOURS	<p><u>OPERATIONS DIRECTORATE</u></p> <p>A Capacity Review for Operational Front-Line and Control has been commissioned. Final Report is due in June 2017.</p> <p><u>HR/CORPORATE SERVICES</u></p> <p>A Capacity Review has been commissioned from the HSC Leadership Centre and commenced in October 2016. Draft report currently under consideration.</p> <p><u>FINANCE/ICT</u></p> <p>A Capacity Review has been commissioned from HSC Leadership Centre. Final Report has been received and actions currently being taken forward.</p> <p><u>MEDICAL DIRECTORATE</u></p> <p>Recruitment approved for administrative support to Risk Manager and awaits resolution of JE issue. Additional temporary EPO is being recruited with responsibility for Continuity.</p>	MAR 2017	DIRECTORS (5)
KEY THEME 3: FLEXIBLE WORKING/WORK-LIFE BALANCE (Recommendation 9 )					
<b>FLEXIBLE WORKING/ WORK-LIFE BALANCE</b>	17% (HSC12 44%) OF RESPONDENTS AGREED THAT NIAS IS COMMITTED TO HELPING STAFF BALANCE THEIR WORK	(6) REISSUE FLEXIBLE WORKING/ WORKLIFE BALANCE POLICIES AND PROCEDURES TO MANAGERS	(6) Flexible working/worklife balance policies re-issued to managers.	JAN 2017	ADHRCS (6)

	<p>AND HOME LIFE.</p> <p>41% OF STAFF FEEL THAT THEY CAN APPROACH THEIR MANAGER TO TALK ABOUT FLEXIBLE WORKING WITH ONLY 21% SAYING THEIR MANAGER CAN HELP THEM WITH THIS. THIS IS SIGNIFICANTLY BELOW THE NI AVERAGE</p>	<p>(7) DEVELOPMENT A MANAGEMENT TOOLKIT TO SUPPORT MANAGERS IN THEIR RELATED DECISION MAKING</p> <p>(8) MANAGEMENT LOCALLY TO CONSIDER OPPORTUNITIES FOR FLEXIBLE WORKING / WORKLIFE BALANCE AND ENSURE GOOD PRACTICE IS REFLECTED IN RELATED PROCESS, EG R&amp;S, SERVICE &amp; WORKFORCE PLANNING,ETC</p> <p>(9) OPERATIONAL MANAGEMENT TO CONSIDER SHIFT AND WORKING PATTERNS AND MAKE RECOMMENDATIONS FOR DEVELOPMENT THAT WOULD ENSURE THAT THE OPPORTUNITY TO PROVIDE MORE FLEXIBILITY IS PART OF FUTURE RELATED DECISION MAKING</p>	<p>(7) Work scheduled to commence in February 2017</p> <p>(8) Operations Managers facilitate flexible working in Control, Front-line and Administrative functions through term-time; compressed hours and part-time working for Paramedic, EMT and PCS staff. In Control 25% of the workforce are working mutually agreed flexible working patterns.</p> <p>(9) The Operations Capacity Review will provide data to enable joint working with staff in review of working time patterns aligned with service demand profile.</p>	<p>JUN 2017</p> <p>Ongoing</p> <p>MAR 2017</p>	<p>ADHRCS</p> <p>ADOPs</p> <p>ADOPs</p>	<p>(7)</p> <p>(8)</p> <p>(9)</p>
<b>KEY THEME 3: YOUR MANAGERS (Recommendations 1 / 2 / 3 / 10 / 11 / 14 / 15 / 16 / 17)</b>						
<b>STAFF ENGAGEMENT</b>	<p>21% OF STAFF SAID THAT THEIR IMMEDIATE MANAGER ASKS THEIR OPINION BEFORE MAKING DECISIONS THAT AFFECT THEIR WORK.</p> <p>59% OF STAFF SAY THAT THEIR MANAGER IS SUPPORTIVE IN A PERSONAL CRISIS.</p>	REFER TO NIAS STAFF ENGAGEMENT DELIVERY PLAN (APPENDIX 1)	REFER TO NIAS STAFF ENGAGEMENT DELIVERY PLAN. APPENDIX 1)	AS PER PLAN	DIRECTORS	

	<p>4% OF STAFF SAY THAT SENIOR MANAGERS TRY TO INVOLVE THEM IN IMPORTANT DECISIONS.</p> <p>7% OF STAFF SAID THAT SENIOR MANAGERS ACT ON FEEDBACK COMPARED WITH 28% IN ENGLAND.</p> <p>68% OF STAFF SAY THEY KNOW WHO THE SENIOR MANAGERS ARE IN THEIR ORGANISATION HOWEVER ONLY 3% OF STAFF SAY THAT COMMUNICATION BETWEEN SENIOR MANAGERS AND STAFF IS EFFECTIVE COMPARED TO THE EQUIVALENT 36% IN ENGLAND.</p>					
<b>KEY THEME 4: YOUR ORGANISATION (Recommendations 12 / 13 / 18)</b>						
<b>PATIENT EXPERIENCE</b>	<p>26% OF STAFF SAID THAT FEEDBACK FROM PATIENTS, CLIENTS AND SERVICE USERS IS COLLECTED COMPARED TO EQUIVALENT 89% IN ENGLAND. WHERE IT IS COLLECTED 21% OF STAFF SAID THAT THEY WERE GIVEN REGULAR UPDATES ON IT.</p> <p>23% OF STAFF SAID THAT THIS FEEDBACK IS USED TO MAKE DECISIONS COMPARED TO THE</p>	<p>(10) LEARNING OUTCOMES COMMITTEE TO CONSIDER METHODOLOGY FOR IMPROVED FEEDBACK TO STAFF</p> <p>(11) QUALITY IMPROVEMENT WORKING GROUP TO CONSIDER METHODOLOGY FOR IMPROVED FEEDBACK TO STAFF</p>	<p>(10) Learning Outcomes Review Group established and first meeting held. Further meetings scheduled within year. Terms of Reference and Agenda structure currently being reviewed.</p> <p>(11) Group not yet established but clinical newsletters published and feedback being provided at Trust, Divisional and Station level on clinical performance through QI Programme.</p>	<p>MAR 2017</p> <p>MAR 2017</p>	<p>MEDICAL DIRECTOR</p> <p>MEDICAL DIRECTOR</p>	<p>(10)</p> <p>(11)</p>

	<p>EQUIVALENT 54% IN ENGLAND.</p> <p>ALL OF THESE SCORES ARE SIGNIFICANTLY BELOW THE NI AVERAGE.</p>					
<b>WHISTLE-BLOWING</b>	<p>82% OF RESPONDENTS KNOW HOW TO REPORT THEIR CONCERNS ABOUT NEGLIGENCE AND WRONG DOING BY STAFF AND 81% ARE AWARE OF THE ORGANISATION'S WHISTLEBLOWING PROCESS.</p> <p>55% OF STAFF SAY THEY WOULD BE CONFIDENT TO SPEAK UP AND REPORT CONCERNS.</p> <p>18% OF STAFF SAY THAT THEY ARE CONFIDENT THEIR ORGANISATION WOULD APPROPRIATELY HANDLE THE INVESTIGATION THAT RESULTED. THIS IS SIGNIFICANTLY BELOW THE NI AVERAGE.</p>	(12) PARTICIPATE IN REGIONAL REVIEW OF WHISTLEBLOWING POLICY IN LINE WITH RQIA RECOMMENDATIONS	(12) Participation in regional workstream is ongoing. Final Draft Policy awaited.	Ongoing	TRUST BOARD	(12)
		(13) REVIEW OF WHISTLEBLOWING PROCESSES TO SUPPORT IMPLEMENTATION OF THE REVISED POLICY IN LINE WITH INTERNAL AUDIT RECOMMENDATIONS	(13) Action Plan under development to address Internal Audit Recommendations	MAR 2017	TRUST BOARD	(13)
		(14) COMMUNICATION AND DISTRIBUTION OF NEW WHISTLEBLOWING POLICY TO ALL STAFF	(14) Communication and Distribution of new Policy will commence in line with timeframe of (12)	Ongoing	ADHRCS	(14)
		(15) USE ESTABLISHED MECHANISM OF LEARNING OUTCOMES COMMITTEE TO REVIEW WHISTLE BLOWING CASES AND ESTABLISH ANY LEARNING THAT COULD TRANSFER INTO FUTURE PRACTICE	(15) Learning Outcomes Review Group established and first meeting held. Learning from Whistleblowing to be included as standing agenda item and in Terms of Reference.	Ongoing	MEDICAL DIRECTOR	(15)
<b>DISCRIMINATION</b>	<p>74 STAFF SAY THEY HAVE PERSONALLY EXPERIENCED DISCRIMINATION FROM PATIENTS, THEIR RELATIVES OR OTHER MEMBERS OF THE PUBLIC.</p> <p>59 STAFF SAY THAT THEY</p>	(16) ENSURE NEW CORPORATE PLAN AND ASSOCIATED VALUES PROMOTE AN ANTI-DISCRIMINATORY CULTURE	(16) Corporate Plan currently being finalised.	APR 2017	TRUST BOARD	(16)
		(17) ENSURE THE NEW CORPORATE PLAN PROMOTES ETHICAL	(17) Corporate Plan currently being finalised	APR 2017	TRUST BOARD	(17)

	<p>HAVE PERSONALLY EXPERIENCED DISCRIMINATION FROM THEIR MANAGER, TEAM LEADER OR OTHER COLLEAGUE.</p> <p>THESE FIGURES ARE SIGNIFICANTLY HIGHER THAN THE REST OF NI</p> <p>35% OF STAFF REPORTED ANY DISCRIMINATION EXPERIENCED WITH 5% OF STAFF SAYING THAT THE ORGANISATION TOOK EFFECTIVE ACTION AS A RESULT</p>	<p>LEADERSHIP AND DIGNITY AND RESPECT FOR ALL</p> <p>(18) DEVELOP DIRECTORATE DELIVERY PLANS FOR CORPORATE PLAN OUTLINING ANNUAL DELIVERABLES</p> <p>(19) EQUALITY TRAINING, HARASSMENT AWARENESS AND ANTI-DISCRIMINATORY PRACTICE TO BE PROVIDED FOR STAFF AND INCLUDED WITHIN THE ANNUAL ELD PLAN</p> <p>(20) ESTABLISH A WOMEN'S FORUM FOR NIAS</p>	<p>(18) Directorate Delivery Plans for Corporate Plan are in progress following engagement with staff. Standing agenda item on monthly Medical Directorate meetings.</p> <p>(19) Staff have access to HSC Equality E-Learning modules. Being further considered for inclusion in 2017/18 ELD Plan</p> <p>(20) Initial dialogue has commenced with Trade Unions in this regard.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>JAN 2017</p>	<p>DIRECTORS</p> <p>ADELD</p> <p>ADEPPI</p>	<p>(18)</p> <p>(19)</p> <p>(20)</p>
<b>KEY THEME 5: COMMUNICATION &amp; ENGAGEMENT (Recommendations 3 / 14)</b>						
<b>STAFF COMMUNICATION</b>	<p>11% OF STAFF SAY THAT THE ORGANISATION COMMUNICATES EFFECTIVELY WITH STAFF ABOUT WHAT IT IS TRYING TO ACHIEVE.</p> <p>8% OF STAFF SAY THAT DIFFERENT PARTS OF THE ORGANISATION COMMUNICATE EFFECTIVELY WITH EACH OTHER.</p> <p>THIS IS SIGNIFICANTLY BELOW THE AVERAGE FOR NI.</p>	REFER TO NIAS STAFF ENGAGEMENT DELIVERY PLAN (APPENDIX 1)	REFER TO NIAS STAFF ENGAGEMENT DELIVERY PLAN. APPENDIX 1)	AS PER PLAN	DIRECTORS	

**KEY THEME 6: HEALTH, SAFETY & WELLBEING AT WORK**  
(R 19/20/21/22/24/25)

<b>ZERO TOLERANCE</b>	<p>211 STAFF SAID THEY HAD EXPERIENCED HARASSMENT, BULLYING OR ABUSE FROM PATIENTS, RELATIVES OR MEMBERS OF THE PUBLIC</p> <p>10 STAFF SAID THAT THEY EXPERIENCED PHYSICAL VIOLENCE FROM THEIR MANAGER AND 15 STAFF SAID THEY EXPERIENCED PHYSICAL VIOLENCE FROM OTHER STAFF</p> <p>78% OF STAFF SAID THAT THEY HAD REPORTED SUCH VIOLENCE</p>	(21) ZERO TOLERANCE JOINT WORKING GROUP TO CONSIDER RELATED FEEDBACK FROM STAFF SATISFACTION SURVEY AND MAKE RECOMMENDATIONS FOR IMPROVEMENT.	(21) Survey information passed to chair of Zero Tolerance Working Group for review and monitoring under the Groups plans.	MAR 2017	ZERO TOLERANCE JOINT WORKING GROUP	
<b>HARASSMENT/ WWT</b>	82 STAFF SAID THEY HAD EXPERIENCED HARASSMENT, BULLYING OR ABUSE FROM THEIR MANAGER WHILST 81 STAFF SAY THEY HAD EXPERIENCED SUCH BEHAVIOUR FROM OTHER COLLEAGUES.	(22) COMMUNIQUE TO BE ISSUED TO STAFF REMINDING THEM OF TRUST POLICY & PROCEDURES IN THIS REGARD	(22) Communique currently being drafted for issue to all staff	MAR 2017	ADHRCS	
<b>UNTOWARD</b>	93% OF STAFF SAID THAT	(23) MANAGERS TO BE	(23) Incident Reporting Procedure	MAR	MEDICAL	

<b>INCIDENTS</b>	<p>THEY KNOW HOW TO REPORT ERRORS, NEAR MISSES AND INCIDENTS.</p> <p>17% OF STAFF SAY THAT THEIR ORGANISATION INFORMS STAFF ABOUT INCIDENTS THAT HAPPEN AND 15% OF STAFF SAID THAT THE ORGANISATION FEEDS BACK TO STAFF WHAT HAS BEEN DONE IN RESPONSE.</p>	<p>REMINDED OF THE REQUIREMENT TO PROVIDE FEEDBACK TO STAFF IN THIS REGARD AND TO MONITOR COMPLIANCE THROUGH LOCAL PERFORMANCE MANAGEMENT MECHANISMS</p>	<p>currently being reviewed.</p> <p>Outcome of relevant SAls and learning letters communicated to all operational staff.</p>	2017	DIRECTOR	
<b>HAND HYGIENE</b>	<p>55% OF STAFF SAY THAT THE ORGANISATION DOES ENOUGH TO PROMOTE THE IMPORTANCE OF HAND HYGIENE TO STAFF.</p> <p>29% OF STAFF SAY THE ORGANISATION DOES ENOUGH TO PROMOTE THIS TO PATIENTS AND OTHER VISITORS.</p> <p>THESE SCORES HAVE DECREASED SIGNIFICANTLY SINCE 2012 AND ARE LOWER THAN THE NI AVERAGES</p>	<p>(24) INFECTION CONTROL JOINT WORKING GROUP TO CONSIDER RELATED FEEDBACK FROM STAFF SATISFACTION SURVEY AND MAKE RECOMMENDATIONS FOR IMPROVEMENT</p>	<p>(24) Currently being actioned. Staff Representatives are included in Group membership.</p>	MAR 2017	INFECTION CONTROL JOINT WORKING GROUP	
<b>HEALTH &amp; WELLBEING</b>	<p>68% OF STAFF SAY THEY WERE INJURED OR FELT UNWELL AS A RESULT OF WORK-RELATED STRESS, SIGNIFICANTLY HIGHER THAN THE NI AVERAGE.</p> <p>54% OF STAFF SAID THEIR ORGANISATION PROVIDES ADVICE ON MENTAL HEALTH AND WELLBEING, 5% SAY ADVICE ON DIET, 8% SAY</p>	<p>REFER TO NIAS STAFF ENGAGEMENT DELIVERY PLAN. APPENDIX 1)</p>	<p>REFER TO NIAS STAFF ENGAGEMENT DELIVERY PLAN. APPENDIX 1)</p> <p>Health &amp; Wellbeing pilot for Control Staff completed. Support for staff through Carecall is now available one evening and one morning per week. Survey completion is ongoing. Trust H&amp;WB Group formed and meeting with Carecall scheduled to develop project</p>	AS PER PLAN	DIRECTORS	



	ADVICE ON ALCOHOL CONSUMPTION AND 6% SAY ADVICE ON EXERCISE		structure and plan.			
<b>STAFF SURVEY RESULTS</b>	REVIEW AND IDENTIFY AREAS OF LOWER PERFORMANCE AND SCORES FOR DIFFERENT DEPARTMENTS	(25) TO BE CONSIDERED IN DIRECTORATE ACTION PLANS	(25) HRCS Directorate Action Plan currently under development. Finance & ICT have developed an action to address Directorate specific issues. Medical Directorate addressing through monthly Medical Directorate meetings.	Ongoing	DIRECTORS	

## Appendix 1

### Northern Ireland Ambulance Service Employee Engagement Delivery Plan

#### Develop Trust-wide proposals and related Action Plans to deliver staff engagement within NIAS

Objective	Key Performance Indicator	Intended Outcome	Lead	Update	Date	RAG Status
<b>To engage senior leaders in the organisation in respect of engagement agenda and related cultural transformation</b>	Presentation of a proposal document for SEMT approval including key pillars and deliverables	<ul style="list-style-type: none"> <li>Senior Executive level buy-in for Staff Engagement and related work streams</li> </ul>	Acting DHRCS	Proposal document produced and presented to endorsed by SEMT	May 2016	
	Communique to be issued to all staff indicating new culture of engagement and increased related communication	<ul style="list-style-type: none"> <li>Increase staff awareness of Trust commitment to engagement work</li> <li>increased communication with all staff from senior leaders</li> </ul>	Interim Chief Executive	<ul style="list-style-type: none"> <li>Communique issued by Interim Chief Executive</li> <li>Further communique was issued by Director of Operations in respect of identified key issues affecting frontline staff</li> </ul>	July 2016  Aug 2016	
	Presentation to Trust Board around Staff Engagement agenda	<ul style="list-style-type: none"> <li>Trust Board level buy-in</li> </ul>	Acting DHRCS	<ul style="list-style-type: none"> <li>TB Presentation delivered/endorsed</li> </ul>	June 2016	

Objective	Key Performance Indicator	Intended Outcome	Lead	Update	Date	RAG Status
To ensure appropriate available capacity to deliver staff engagement work streams	<ul style="list-style-type: none"> <li>Identification of funding stream</li> <li>Application to BSO for HSC Graduate Intern</li> </ul>	<ul style="list-style-type: none"> <li>Identification of capacity to ensure delivery of project outcomes</li> </ul>	ADEPPI	<ul style="list-style-type: none"> <li>Funding stream agreed through TMP linked to engagement in respect of Trust modernisation agenda</li> <li>Intern took up post</li> </ul>	Sept 2016	
To apply engagement approach to development of new Corporate Plan	<ul style="list-style-type: none"> <li>Trust Board presentation and SEMT Workshop to agree engagement plan and begin development work</li> </ul>	<ul style="list-style-type: none"> <li>Senior leadership in respect of engagement approach to new Corporate Plan</li> </ul>	Interim Chief Exec/Acting DHRCS	<ul style="list-style-type: none"> <li>Interim Chief Exec led SEMT workshop</li> <li>Acting DHRCS Presented to Trust Board</li> </ul>	SEPT 2016	
	<ul style="list-style-type: none"> <li>Tier 3 and 4 leadership workshop on new corporate plan</li> </ul>	<ul style="list-style-type: none"> <li>Engagement of next tier leaders in the new Corporate Plan and agree next tier engagement</li> </ul>	Interim Chief Exec	<ul style="list-style-type: none"> <li>Two Workshops held</li> </ul>	Sept/ Oct 2016	
	<ul style="list-style-type: none"> <li>Objectives set for Executive Directors in respect of engagement</li> </ul>	<ul style="list-style-type: none"> <li>Leadership around Corporate Plan and related</li> </ul>	Interim Chief Exec	<ul style="list-style-type: none"> <li>Objectives set and endorsed by Remuneration Committee,</li> </ul>		

		engagement		monitored through PRP mechanisms		
Objective	Key Performance Indicator	Intended Outcome	Lead	Update	Date	RAG Status
	<ul style="list-style-type: none"> <li>Engagement approach undertaken within each directorate area in development of Corporate Plan and related cultural change</li> </ul>	<ul style="list-style-type: none"> <li>Leadership within each directorate in engagement around corporate plan and related cultural change</li> </ul>	Executive Directors	<ul style="list-style-type: none"> <li>Work completed within each directorate led by ADs to engage with teams around new corporate plan and implementation</li> </ul>	Nov 2016	
<b>To ensure appropriate governance and accountability around delivery of Staff Engagement work streams</b>	<ul style="list-style-type: none"> <li>Development of a framework/ project plan for Staff Engagement</li> </ul>	<ul style="list-style-type: none"> <li>Robust focused framework within which Staff engagement work plan will be delivered</li> </ul>	Project Manager	<ul style="list-style-type: none"> <li>Benchmarking has been undertaken. Work plan in place by December as indicated to deliver Strategy and related framework March 17</li> </ul>	Dec 2016	
		<ul style="list-style-type: none"> <li>TMP Workshop to agree key deliverables for employee engagement</li> </ul>	ADEPPI	<ul style="list-style-type: none"> <li>Workshop took place 21 Nov 2016</li> <li>Subsequently will be presented to TMPB</li> </ul>	Nov 2016	

Objective	Key Performance Indicator	Intended Outcome	Lead	Update	Date	RAG Status
<b>To ensure parallel implementation of key engagement work streams</b>	<ul style="list-style-type: none"> <li>Prioritisation of Health and Wellbeing</li> <li>Establishment of working group to include staff representation</li> </ul>	<ul style="list-style-type: none"> <li>Visible engagement approach to Health and Wellbeing</li> </ul>	Acting DHRCS	Engagement with trade union representatives and staff members, HWB Group Established Workshop held September 2016. Further meetings scheduled Feb and March 2017.		
	<ul style="list-style-type: none"> <li>Implementation of pilot staff survey on HWB and related action plan</li> </ul>	Staff engagement in delivering HWB improved outcomes	ADOps	Carecall engaged, Staff survey undertaken, pilot of on-site counselling, follow up survey planned	2016-17 plan	
	<ul style="list-style-type: none"> <li>HWB - Partnership methodology HWB</li> </ul>	Positive partnership best practice approach to Employee Engagement	DHRCS	Launch of training attended Nominated managers attended training Jan 2017	Jan 2017	
<b>To ensure implementation of staff engagement work</b>	<ul style="list-style-type: none"> <li>Project Team established</li> <li>Project Plan in Place</li> </ul>	Effective planning, implementation and monitoring of SE work	ADEPPI	Initial project working team meetings have taken place	Dec 2016	

Objective	Key Performance Indicator	Intended Outcome	Lead	Update	Date	RAG Status
	<ul style="list-style-type: none"> <li>Action Plan for each pillar to incl staff recognition, HWB etc</li> </ul>	“	“	“	Dec 2016	
	<ul style="list-style-type: none"> <li>Development of a communication s plan for Staff engagement</li> </ul>	Effective communication with all staff on progress of project	ADEPPI	Initial meeting has taken place. Work plan in place		
<b>To ensure learning from Staff Satisfaction Survey leads to improvements</b>	Results of staff survey to be shared with staff	Improved communication and engagement, taking on board feedback	ADEPCS	Executive Summary and related corporate action plan to be shared with staff following Trust Board meeting Feb 2017	Feb 2017	
	Engagement sessions with staff on learning and improved practice from staff survey	Ensuring analysis of staff survey leads to improved practice. Link to Comms Strategy work stream	Directorate Plans/Directors	Directors will report quarterly on Directorate plans	<b>Dec 16/Jan 17</b>	
<b>To develop a new Communications Strategy and Action Plan</b>	Develop outline Strategy methodology including staff engagement and Staff Survey Results	Improved communications reflecting feedback from staff engagement and Staff Satisfaction Survey	ADEPPI	Work plan in place, linked to Communications Strategy	<b>March 17</b>	
Objective	Key Performance Indicator	Intended Outcome	Lead	Update	Date	RAG Status

	Undertake engagement with key stakeholders including managers, staff and their representatives	Ensure communications strategy which is fit for purpose and reflects staff feedback	ADEPPI	In progress, workshops/focus groups in planning	Mar 2017	
	Undertake benchmark and research in respect of innovative and engaging approaches to communications	New Communications strategy which is modern, innovative and effective	ADEPPI	“	Dec 2016	
	New Draft Communications Strategy and Action Plan presented to SEMT			“	Jan 2016	

<b>To ensure effective engagement and communications in NIAS Transformation and Modernisation Agenda</b>	Staff engagement sessions with frontline staff in respect of transformation and modernisation and related ACPs in NIAS	High level of engagement and communication with staff on new care pathways and related Paramedic Practice	<b>TMPM/T</b>	Newsletters issued Focus groups held Breakfast meetings held at shift changeover times Meetings with staff in EDs Feedback email address created	<b>Ongoing</b>	
	Roll out of social media plan	Exploration of additional means of engagement of staff	<b>ADEPPI</b>	Initial roll out from Corporate function to Chief Exec in Dec 2016 proposal	<b>Dec 2016/ Jan 2017</b>	
	Gather Paramedic Stories	Promotion of Paramedic best practice	<b>TMPT/ADEPPI</b>	Work in progress to gather	<b>Dec 2016</b>	

Objective	Key Performance Indicator	Intended Outcome	Lead	Update	Date	RAG Status
	Report patient experience outcomes and learning to staff	Ensure feedback and staff recognition for good practice and reflect learning outcomes	<b>ADEPPI</b>	Review date to take account of service user workshop to inform reporting Proposed March 2017	<b>Jan – Mar 2017</b>	
<b>To ensure managers recognise the benefits of staff engagement</b>	Managers workshop on engagement and communications	Managers to be supported to undertake staff engagement in their own areas of responsibility	<b>ADEPPI</b>	Initial focus on Corporate Plan  Partnership Training through Leadership Centre	<b>Jan – Mar 2017</b>	



**NIAS Trust Action Plan (2016-2018)**  
**To support results of NIAS Staff Survey undertaken Oct-Dec 2015**  
**Recommendations and Action Points**

**Appendix 2**

1. Communication and engagement with staff is critical, and underpins good performance in every other area of the survey. Build on the Engagement Strategy that is already in place to ensure that it remains a key priority.
2. Share good practice in engagement and communications. Learn from successful initiatives that have been put in place.
3. Share the results of this survey widely with staff, as part of the Engagement Strategy. Publicise results, and work with staff groups to understand more about areas with lower scores. Develop mechanisms for staff to feed into action planning for improvement as a result.
4. Ensure all staff have effective inductions when they join the organisation, and when they change jobs.
5. Improve the coverage of appraisals – three quarters of staff say that they do not have one. Where they take place, ensure that clear objectives are agreed for work and for personal development.
6. Review the implementation of Personal Development Plans – more than half of staff say that they don't have a Personal Development Plan, and where they are in place very few are actioned.
7. Significant numbers of staff report working additional hours. Consider whether resources are deployed in the most appropriate places. Drill down into the data to identify the hotspots of particular concern.
8. Investigate the areas where staff say there are not enough materials to carry out their jobs, and action as appropriate.
9. Scores on work life balance are significantly below the Northern Ireland average. Consider approaches and review strategies to improve this further, and ensure that managers understand what they can and cannot offer to staff as part of this.

10. Review approaches for senior managers to communicate with staff – particularly around the vision and priorities of the organisation.
11. Where possible, involve staff in decision-making that affects their roles.
12. Review and improve strategies and mechanisms for obtaining feedback on patient outcomes. Where this is collected, share it with staff. Use this feedback to inform change and improvement, and ensure that staff are aware that this has been done.
13. Review the approach to communicating whistleblowing policies, and other processes for staff to raise concerns. Ensure that all staff know that these are in place, and how to use them. Reassure staff that they will be afforded appropriate protection and that the organisation will take them seriously and take action where necessary.
14. Consider internal communications more generally – particularly around how different parts of the organisation communicate with each other.
15. Ensure that senior and middle managers recognise that positive staff engagement requires that communication is a two-way process. Develop appropriate strategies for obtaining staff views and feedback. Ensure that this is properly considered and acted on, and is given to staff on the resulting actions.
16. Ensure the continued visibility of senior managers, and that they are personally involved in developing and delivering key communications.
17. Consider strategies for involving staff in key decisions. Act on staff feedback, and ensure that actions taken are widely communicated back to staff.
18. There are significant levels of reported discrimination compared to the rest of Northern Ireland. Where there are hotspots, drill down into the results to understand where this is happening, and on what basis and consider action as appropriate. Encourage staff to report all incidents of discrimination, from patients/clients/service users and from their managers/colleagues.
19. Identify and tackle any hotspots around physical violence toward staff from patients/their relatives/the public. Encourage staff to report any incidents when they occur. Ensure all staff know what action has been taken as a result.

20. Identify and tackle any hotspots around harassment, bullying and abuse of staff: from patients/their relatives/ the public, managers, and other colleagues. Encourage staff to report any incidents when they occur. Ensure staff know what action has been taken as a result.
21. Consider the issue of high levels of reported injury and work-related stress, and analyse ways in which the organisation can meet legitimate problems. In particular, consider what can be done to improve communication, reduce conflicting pressures, and eliminate barriers to effective working.
22. Consider the implementation and communication of policies and practices around general physical and mental health and well-being.
23. Consider whether improvements can be made to the provision of healthy food in workplace canteens.
24. Where necessary, review processes around reporting errors, near misses and incidents – and around reporting concerns about unsafe clinical practice. Ensure all staff know how to report incidents. Encourage staff to report incidents, and ensure that they feel safe doing so. Communicate whatever action is taken as a result.
25. Understand why the organisation is performing poorly in relation to promoting the importance of hand hygiene to staff. Make necessary improvements, learning from some of the top performers in this area.
26. Review Heat Maps to identify areas of lower performance, and scores for different personnel areas. Develop action plans as appropriate.