Northern Ireland Ambulance Service
Health and Social Care Trust

A Meeting of Trust Board to be held at 2.00pm
Thursday, 6 April 2017, Parkanaur House, 57 Parkanaur Road, Dungannon

Welcome, Introduction and Format of Meeting		Paper Enclosed
1.0	**Apologies**	
2.0	**Procedure:** Declaration of potential Conflict of Interest: Quorum:	
3.0	**Minutes of the previous meeting of the Trust Board held 2 February 2017** (for approval and signature)	TB/06/06/04/17
4.0	**Matters Arising**	
5.0	**Chairman's Business**	
	5.1 Chairman's Update	
6.0	**Chief Executive's Business**	
	6.1 Chief Executive's Update	
7.0	**Performance Report as at 30 October 2016**	
	7.1 **Highlight Reports by each Director**: Operations Finance Human Resources Medical	TB/07/06/04/17
8.0	**Items for Approval**	
	8.1 ICT Strategy 2017 – 2022 Draft	TB/08/06/04/17
9.0	**Forum for Questions**	
10.0	**Any Other Business**	

Next meeting of Trust Board will be held on Thursday, 1 June 2017 at 2.00 pm, Northern Ireland Ambulance Service Headquarters, Knockbracken Healthcare Park

Standing Orders

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

Admission of Public and the Press

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

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

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

3.18 ***Observers at Board meetings***

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

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

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

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

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

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

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

Meeting to be held on Thursday, 6 April 2017 at 2.00pm
Parkanaur House, 57 Parkanaur Road, Dungannon BT70 3AA

TB/06/06/04/17

Northern Ireland Ambulance Service
Health and Social Care Trust

PRIVATE & CONFIDENTIAL

Minutes of Meeting of Trust Board held
Thursday 2 February 2017 at 2.00pm in the Boardroom, Northern Ireland Ambulance Service Headquarters, Knockbracken Healthcare Park, Belfast BT8 8BH

Present:

Mr P Archer	Chairman
Mr Shane Devlin	Chief Executive
Dr D McManus	Medical Director
Ms R O'Hara	Director of HR & Corporate Services
Mrs S McCue	Director of Finance & ICT
Mr B McNeill	Director of Operations
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:

Ms M McCaughey	Senior Secretary
Mr D Mahaffy	Senior Secretary

The Chairman thanked members for their attendance and welcomed Mr Devlin to his first public Board meeting.

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 1 December 2016

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

4.0 Matters Arising

None.

5.0 Chairman's Business

5.1 Chairman's Update

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

The Chair advised that his term in office was originally due to finish in October 2016 but had been extended until the end of March. He was hopeful that it would be further extended by the Minister to September and that the competition for his replacement and another NED to replace Mr McKinley would be advertised soon.

6.0 Chief Executive's Business

6.1 Chief Executive's Update

The Chief Executive informed the Board that the Department of Health have established a Transformation Implementation Group to explore the future shape of the Health Service. Meetings will be taking place on a fortnightly basis.

Mr Devlin further outlined activities and meetings attended since the last meeting of Trust Board. These included:

- Two Chief Executives' Forum meetings
- Meetings with the Mayor of Ballymena, the Chief Constable and Northern Ireland Fire and Rescue Service
- Regular meetings with Senior HSCB officials
- Internally, a number of station visits and 'ride alongs' with ambulance crews.

7.0 Performance Report as at 31 December 2016

7.1 Highlight Reports by each Director:

Operations

The Director of Operations updated Trust Board as follows:

- The report covers holiday and Christmas period.
- In relation to the Ambulance Control sections of the report: High levels of compliance have been consistently demonstrated and AACE have recently complimented the service on the quality of call take.
- Attention was drawn to the increase in call statistics and in particular almost a 20% increase from November 2016 to December 2016. He commended call takers on their very hard work during this period.
- 16 awards were attained by EMDs for September and October for 999 high compliance and exemplary customer service. The awards are considered very important and also as a motivation for staff.
- In relation to the Frontline Operations section of the report: In the busy month of December, NIAS has not only the pressure of keeping our own system going but also a regional role as part of a system wide approach. A specific desk was set up to help improve patient flow by helping hospitals with their discharges. This service is due to be discontinued on 3 February 2017.
- The busy period over Christmas itself was 28, 29 and 30 December.
- Response time increased from 12:28 minutes to almost 30 minutes on New

Year Eve as a result of shortfall in cover and a cluster of activity within a very short period.

Finance & ICT

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

Financial Performance

- The Trust is currently reporting an underspend of £9k for the nine month period ending 31 December 2016 subject to a number of key assumptions including that any outcome of the Agenda for Change matching process for frontline staff will be fully funded.
- A break-even position is forecasted for the 2016/17 year and final accounts will be produced over the next few months. The position will be subject to audit and the alignment of a number of assumptions.
- A significant Capital Resource Limit allocation was received for 2016/17 of £9.2m. There has been limited spend against these schemes to the end of December specifically replacement cardiac defibrillators/monitors and some ICT schemes. Finance has been advised that all efforts are being made to deliver these schemes in 2016/17.
- The target of 95% is being achieved in respect of prompt payment of invoices.

Information Technology

- There was no particular issues about system availability to report during the period. Director of Finance highlighted two significant projects – replacement of the telephony platform and a technology refresh of the NIAS' core systems.

Information Governance

- There was a 16% increase in information requests for the nine month period to 31 December 2016 compared to the same period in the previous year. This includes an 83% increase in Data Protection requests. It is noted that requests from the PSNI have risen to 312 year to date and requests are now more likely to be made at the early stages of PSNI investigations.
- It was confirmed that there is a maximum statutory charge £10 for DPA subject access electronic requests.

Human Resources

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

- Meetings have taken place with regional trade union leads on job evaluation. It was noted that Band 4 and 5 remain unchanged pending resolution of issues.
- Ms O'Hara expressed disappointment that there has been no outcome to the RQA process but advised the meeting that the Chairman, Chief Executive and herself are keeping momentum going.
- Attendance management targets were not met for the months of November and December. In December almost 10% was long term and 3% short term.
- For the period April to November 2016, 27% of absence was attributable to musculoskeletal problems, 23% mental health and 60% stress.
- Mr McNeill confirmed that 2016/17 has been the worst year for sickness absence. Dr Livingstone sought clarification as to the nature of general debility. Dr McManus confirmed that such terms are actively discouraged. He further advised that the Occupational Health department consider the links between patterns and seasonal trends.

- Ms O'Hara informed the meeting that factors affecting health and wellbeing of staff are being monitored and undertook to keep the Board updated on wellness initiatives. The new corporate plan includes staff engagement.
- Mr McNeill advised the meeting that the nature of the job has changed and sickness levels are a symptom of bigger cultural issue. Staff currently call the Resource Management Centre to report in sick. This may be reviewed. N Ireland had historically higher levels of sickness than the rest of the UK. Work has started benchmarking to identify best practice in managing sickness within Ambulance Services nationally.
- It was requested that wording of the complaint about staff found to be under the influence be changed to properly reflect the process.
- The future for training for Associate Ambulance Practitioners involves very detailed programmes and external verification for 100% of students.
- 61 staff have successfully completed the Q2020 E-Learning programme to date. The target set by the DHSSPS is 130 by the end of March.

Medical

The Trust Medical Director updated Trust Board as follows:

- The review of the incident reporting procedure is ongoing and it is expected that this will now be completed by the end of quarter 4.

- Following receipt of conditional support for revenue funding from the Commissioner, the Trust is still awaiting Department of Health approval for the outline business case for the introduction of an Electronic Patient Report Form (ePRF).

- The Clinical Audit Quality Improvement Programme Report relating to compliance with care bundles for a range of conditions was presented. The Medical Director identified a number of areas of good practice with full compliance but also some areas where improvement was necessary. These areas for improving, having been identified through the QI Programme, would now be given particular attention by the Trust's Training and Clinical Support Team and presented in future reports.

- It was acknowledged that the most significant benefit would be through the performance information being fed back to frontline staff at a local level. Currently individual feedback is provided through the Clinical Support Team, but in the absence of an electronic system the capacity for individual feedback remains limited.

- Mr Devlin suggested that the information would be of great benefit to the Area Managers, who are Paramedics, in assisting them improving performance within their areas.

- Mr McKinley commended Dr McManus for the update and suggested that a narrative to accompany the report would be useful. It was agreed that such a narrative would be incorporated into future reports.

8.0 Items for Approval

8.1 Policy on Attendance Management

- The policy was developed in agreement with trade unions and agreed at Regional HSC and JCNC forum.

- It was approved on the proposal of Mr McKinley and Mr Cardwell.

9.0 Items for Information/Noting

9.1 Staff Survey Action Plan

- It was suggested that there could be further work done to strengthen the methodology of the survey.
- Mr Devlin asked that the action plan be brought back to the Board twice per annum.

10.0 Forum for questions

10.1
- There were no questions.

11.0 Any other business

11.1 Proposal to move to paperless Board papers

There was discussion about modernisation and the move towards paperless circulation of Trust Board papers. There was agreement in principle that this initiative would be progressed.

Action: The Administration and Complaints Manager to research appropriate software to facilitate this move.

The next scheduled In Committee of the Trust Board will be held on **Thursday 6 April 2017** at 2.00pm in the Southern Division (venue to be confirmed).

Signed: _____ **Dated:** _____

(Chairman)

TB/07/06/04/17

TRUST BOARD REPORT

OPERATIONAL DIRECTORATE

Reporting to 28 February 2017

PERFORMANCE ANALYSIS AND REPORT

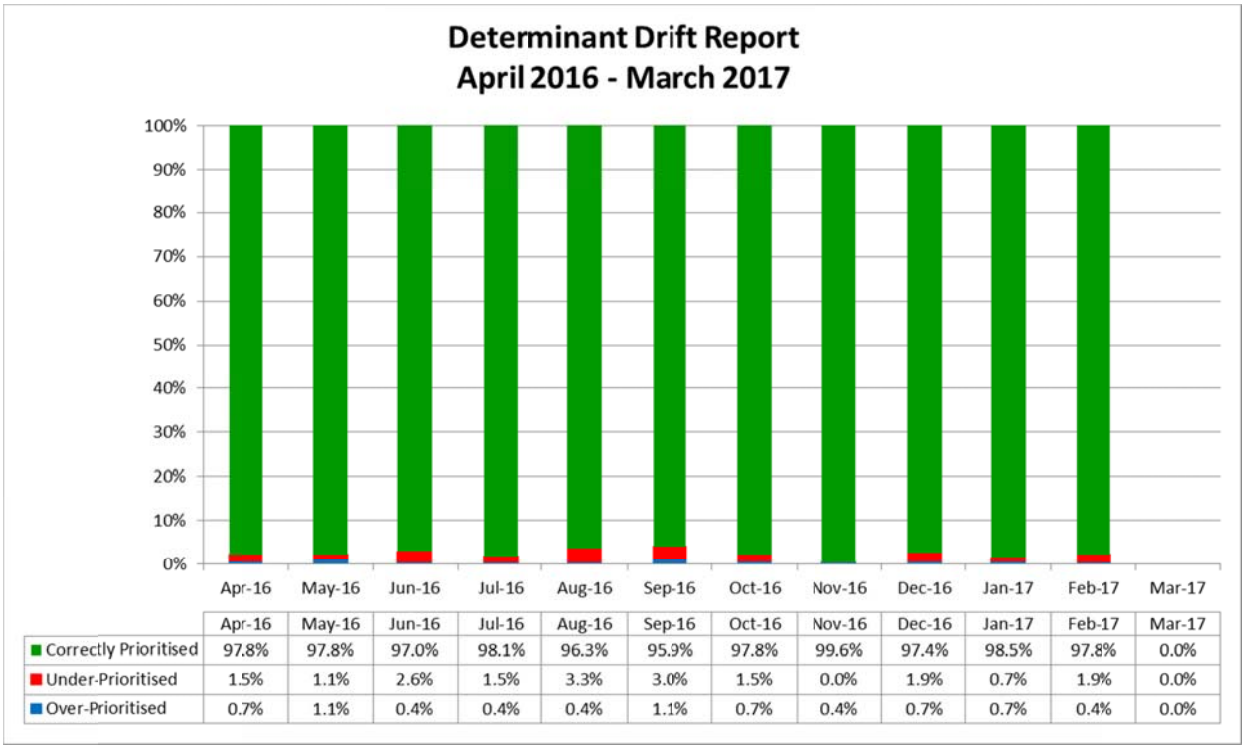
Emergency and Non-Emergency Control Centres

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

NIAS is committed to reviewing a percentage of 999 calls in line with annual call volume. For 2016-17 this 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.



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Correctly Prioritised	97.8%	97.8%	97.0%	98.1%	96.3%	95.9%	97.8%	99.6%	97.4%	98.5%	97.8%	0.0%
Under-Prioritised	1.5%	1.1%	2.6%	1.5%	3.3%	3.0%	1.5%	0.0%	1.9%	0.7%	1.9%	0.0%
Over-Prioritised	0.7%	1.1%	0.4%	0.4%	0.4%	1.1%	0.7%	0.4%	0.7%	0.7%	0.4%	0.0%

In October 2016, following extensive training, the Ambulance Medical Priority Dispatch System (AMPDS) protocols used to triage 999 calls including the associated software ProQa Paramount, were upgraded to the latest available versions.

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

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

Emergency Call Answering has seen a rise from the April 2016 figure of 16,231 to a significant rise in December of 20,340. Figures from April 2016 to February 2017 showed that NIAS had answered an additional 9,972 from the same period in 2015-2016 which is consistent with trends already identified.

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
Jan	16590	16989	17630
Feb	16138	16188	16181

Emergency Ambulance Control staff spent a total of 64,476 minutes answering incoming calls and dealing with callers in the month of Feb 2017

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.

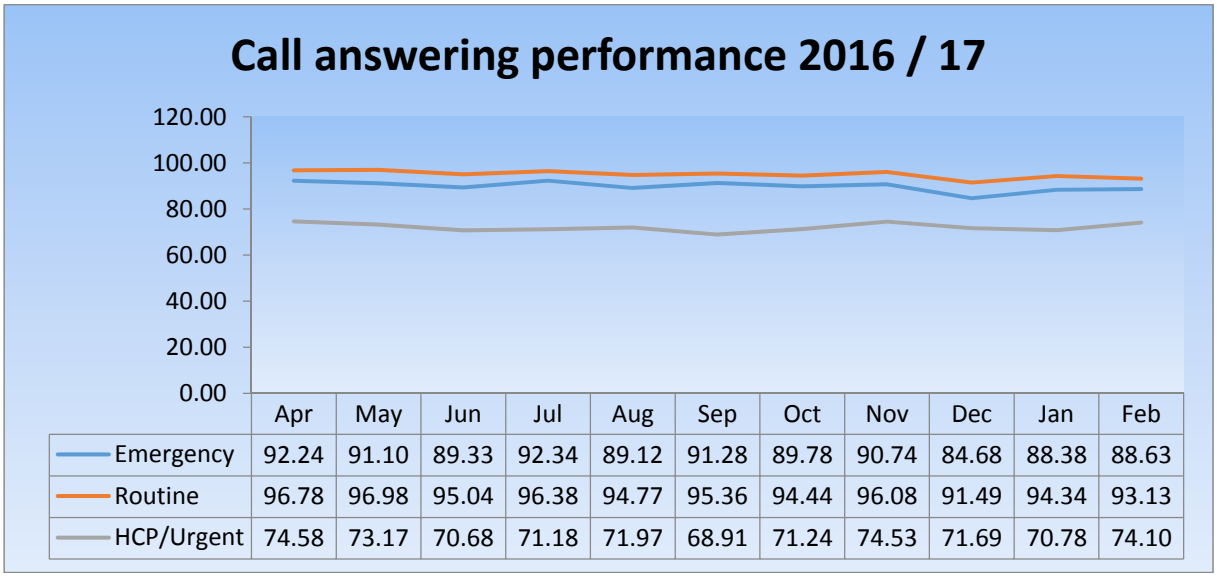
NIAS also are in constant contact with the other Emergency Services. As an example, from April 2016 to February 2017 NIAS received 24,928 from the Police Service Northern Ireland (PSNI). Some calls are to place Emergency calls for ambulance assistance, whilst others may update NIAS on situations or events 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.



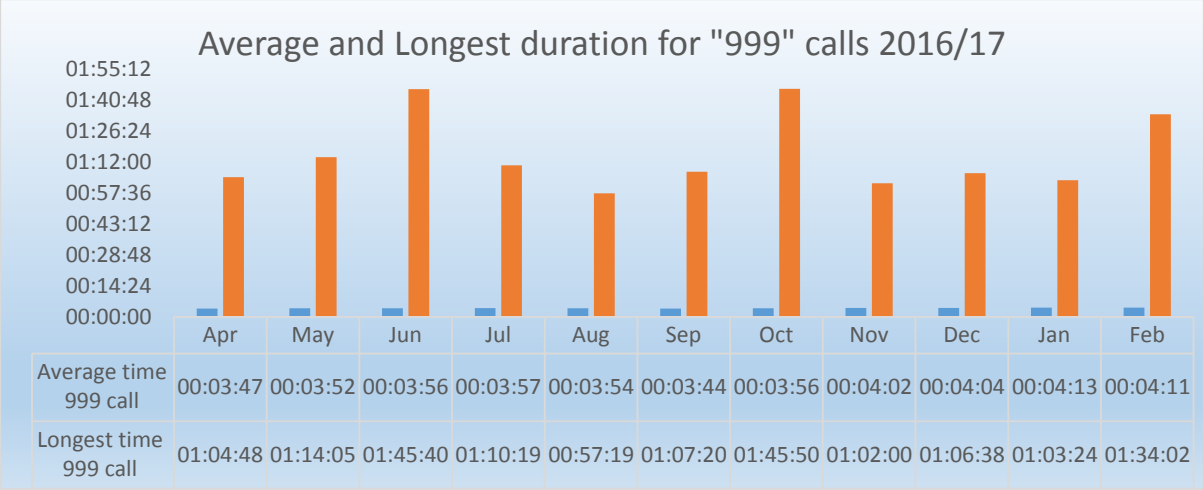
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Emergency	92.24	91.10	89.33	92.34	89.12	91.28	89.78	90.74	84.68	88.38	88.63
Routine	96.78	96.98	95.04	96.38	94.77	95.36	94.44	96.08	91.49	94.34	93.13
HCP/Urgent	74.58	73.17	70.68	71.18	71.97	68.91	71.24	74.53	71.69	70.78	74.10

- 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 International Academy of Emergency Dispatch (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. On average 4% of calls are not picked up within 2 seconds, these calls are on average picked up within 7 seconds.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Average time 999 call	00:03:47	00:03:52	00:03:56	00:03:57	00:03:54	00:03:44	00:03:56	00:04:02	00:04:04	00:04:13	00:04:11
Longest time 999 call	01:04:48	01:14:05	01:45:40	01:10:19	00:57:19	01:07:20	01:45:50	01:02:00	01:06:38	01:03:24	01:34:02

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 January & February as well as the year 2016-17 to date. February saw the first gold award for 100 calls reviewed as “High Compliance” achieved.

Type	Level	Jan & Feb 2017	Year to Date
999 High Compliance	Bronze	3	18
	Silver	1	21
	Gold	1	1
Exemplary Customer Service	Bronze	0	5
	Silver	2	21
	Gold	5	29
Baby Born		0	2
Cardiac Life Saver		0	0
Non-Cardiac Life Saver		0	0

RESPONSE TIME PERFORMANCE REPORT

For January 2017 and February 2017

Summary of Trends:

1. **Cumulative NI Cat A performance at February 2017 = 50.9% which is 2.4% less than last year. February 2016 Board Report was 53.3%**
2. **Average response time for Cat A response in February 2017 was 10 minutes and 28 seconds. In February 2016 Board Report was 10 mins 17 seconds**
3. **Cumulative Cat A demand from April 2016 to February 2017 has increased by 1.8% = 899 calls for the same period last year**
4. **Total Emergency demand (999 = Card 35) has increased by 4.9% = 7778 calls compared to same time frame last year**
5. **Trends for ambulance turnaround times greater than the standard (i.e. 30 mins) continue to heavily impact on NIAS response and availability, especially in the Royal, the Ulster and South Western Acute Hospitals.**

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

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

KPI - From April 2016, to December 2016 – Cat A Cumulative Position													
LCG	Apr 16	May 16	June 16	July 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	2016/17
Belfast	60.1%	59.0%	60.2%	61.1%	61.6%	62.0%	62.4%	63.0%	61.8%	62.1%	62.0%		
South Eastern	43.1%	42.2%	43.2%	44.5%	44.5%	45.4%	46.2%	46.5%	45.4%	45.7%	45.7%		
Northern	44.7%	45.3%	45.2%	45.0%	44.2%	44.3%	44.3%	42.7%	43.2%	43.1%	43.3%		
Southern	54.5%	49.1%	48.6%	47.9%	47.8%	47.9%	48.0%	43.3%	46.5%	46.4%	46.2%		
Western	55.3%	56.0%	56.3%	57.1%	57.1%	57.2%	56.8%	54.0%	55.5%	54.8%	54.9%		
Northern Ireland	52.0%	50.8%	51.1%	51.6%	51.6%	51.5%	51.9%	50.2%	50.9%	50.9%	50.9%		

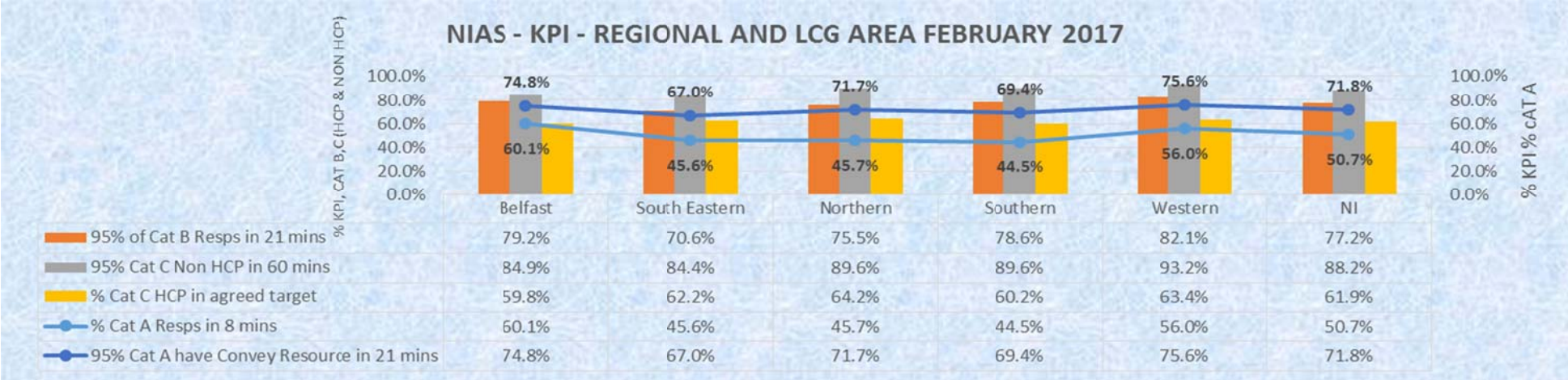
KPI - From April 2016, 72.5% of Cat A (potentially immediately life threatening) calls to be responded to within 8 minutes, 67.5% in each Local Commissioning Group area (LCG)													
LCG	Apr 16	May 16	June 16	July 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	2016/17
Belfast	60.1%	57.7%	62.7%	64.0%	63.6%	63.3%	65.0%	63.0%	56.9%	65.4%	60.1%		
South Eastern	43.1%	41.2%	45.1%	48.2%	44.6%	50.3%	50.1%	46.5%	40.1%	47.6%	45.6%		
Northern	44.7%	45.9%	45.1%	44.5%	40.7%	44.8%	44.2%	42.7%	37.0%	42.4%	45.7%		
Southern	54.5%	43.9%	47.5%	45.9%	47.2%	48.8%	48.2%	43.3%	40.8%	45.0%	44.5%		
Western	55.3%	56.7%	56.9%	59.4%	57.5%	57.3%	54.6%	54.0%	49.7%	48.5%	56.0%		
Northern Ireland	52.0%	49.5%	51.9%	52.8%	51.2%	53.2%	52.7%	50.2%	45.4%	50.5%	50.7%		

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

KPI - 95% of Category B Response <21 mins													
LCG	**Apr 16**	**May 16**	**June 16**	**July 16**	**Aug 16**	**Sept 16**	**Oct 16**	**Nov 16**	**Dec 16**	**Jan 17**	**Feb 17**	**Mar 17**	**2016/17**
Belfast	78.9%	75.2%	78.6%	80.7%	79.9%	81.0%	80.6%	81.3%	74.6%	81.4%	79.2%		
South Eastern	72.0%	68.1%	73.1%	72.4%	70.6%	72.2%	72.6%	76.0%	64.7%	70.9%	70.6%		
Northern	77.2%	76.3%	76.7%	74.0%	74.3%	77.2%	76.9%	76.3%	66.6%	74.9%	75.5%		
Southern	77.5%	76.9%	75.6%	80.9%	74.5%	78.0%	81.8%	76.4%	69.9%	77.6%	78.6%		
Western	85.8%	83.1%	84.9%	81.2%	80.8%	82.8%	80.2%	82.5%	76.3%	77.8%	82.1%		
Northern Ireland	78.1%	75.8%	77.7%	77.7%	76.1%	78.3%	78.4%	78.5%	70.3%	76.6%	77.2%		

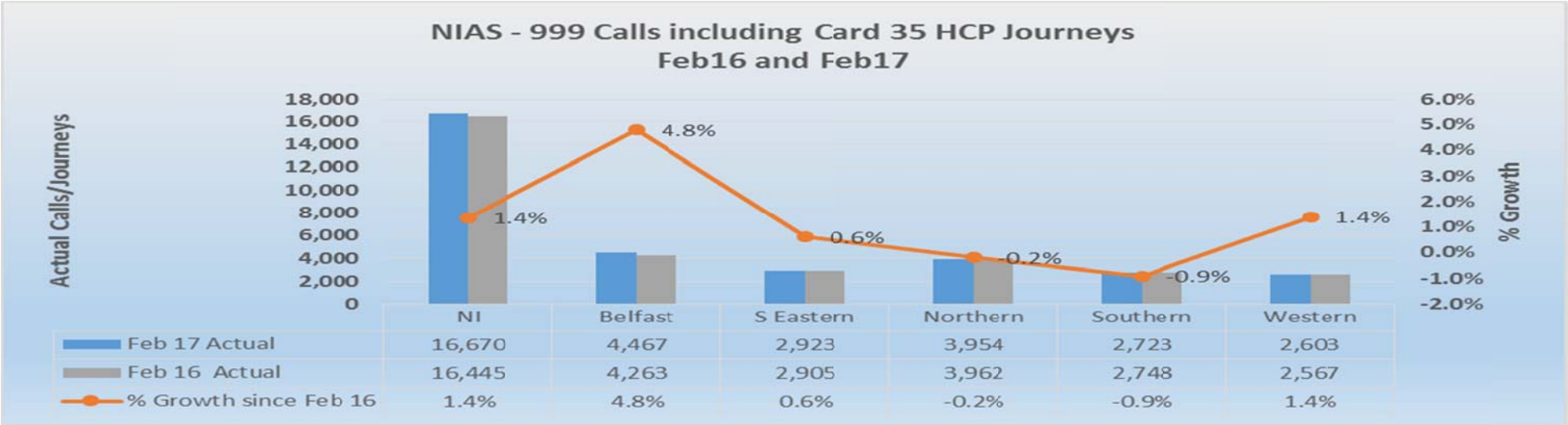
KPI - 95% Category C Non- Health Care Professional <60mins													
LCG	**Apr 16**	**May 16**	**June 16**	**July 16**	**Aug 16**	**Sept 16**	**Oct 16**	**Nov 16**	**Dec 16**	**Jan 17**	**Feb 17**	**Mar 17**	**2016/17**
Belfast	86.4%	83.8%	87.5%	88.9%	86.4%	85.0%	89.1%	84.5%	74.7%	84.1%	84.9%		
South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

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



	Belfast	South Eastern	Northern	Southern	Western	NI
95% of Cat B Resps in 21 mins	79.2%	70.6%	75.5%	78.6%	82.1%	77.2%
95% Cat C Non HCP in 60 mins	84.9%	84.4%	89.6%	89.6%	93.2%	88.2%
% Cat C HCP in agreed target	59.8%	62.2%	64.2%	60.2%	63.4%	61.9%
% Cat A Resps in 8 mins	60.1%	45.6%	45.7%	44.5%	56.0%	50.7%
95% Cat A have Convey Resource in 21 mins	74.8%	67.0%	71.7%	69.4%	75.6%	71.8%

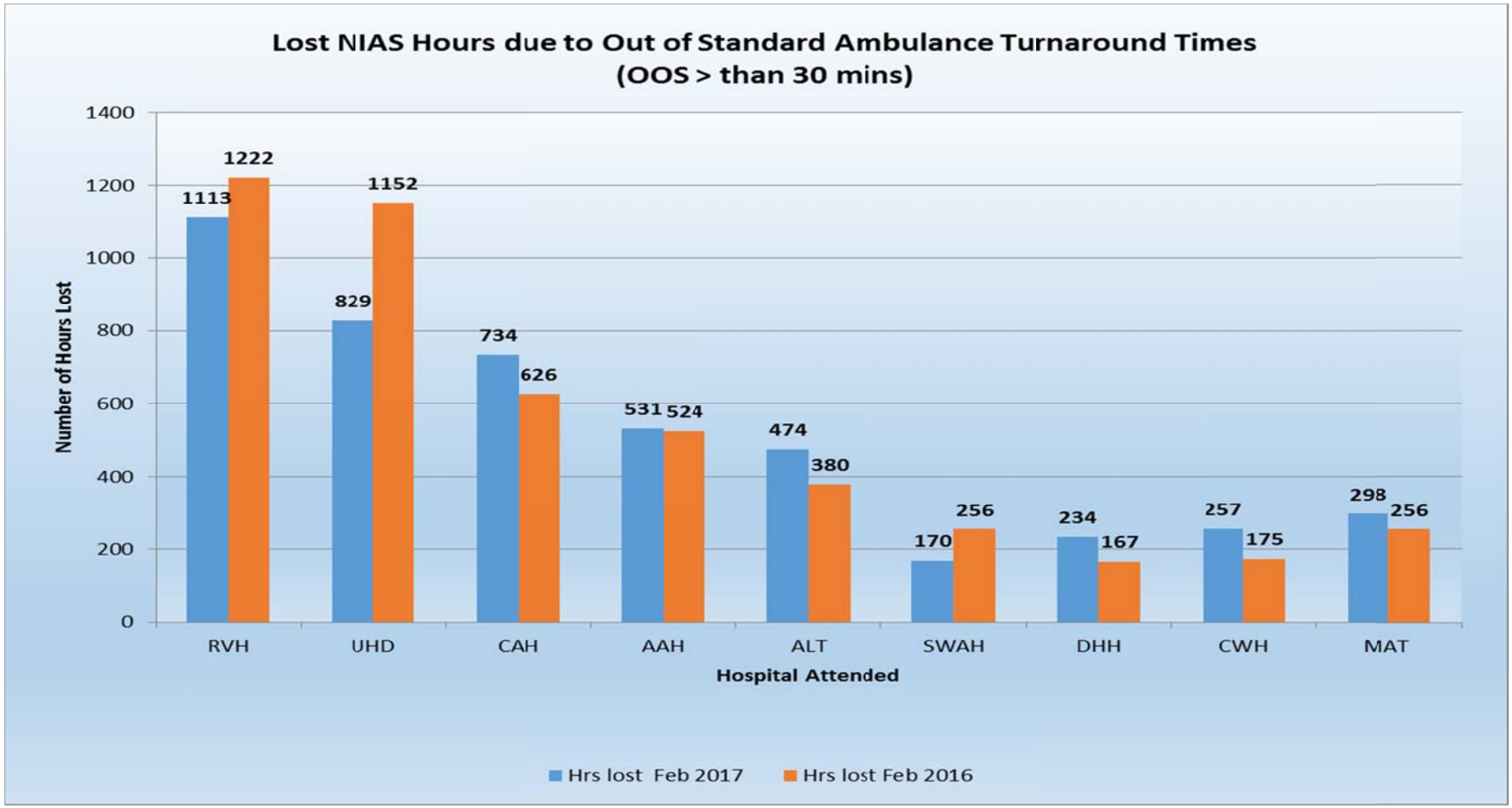
DEMAND COMPARISON FEBRUARY 2017 v FEBRUARY 2016 FOR 999 CALLS AND CARD 35 HCP ACTIVITY



	NI	Belfast	S Eastern	Northern	Southern	Western
Feb 17 Actual	16,670	4,467	2,923	3,954	2,723	2,603
Feb 16 Actual	16,445	4,263	2,905	3,962	2,748	2,567
% Growth since Feb 16	1.4%	4.8%	0.6%	-0.2%	-0.9%	1.4%

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

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

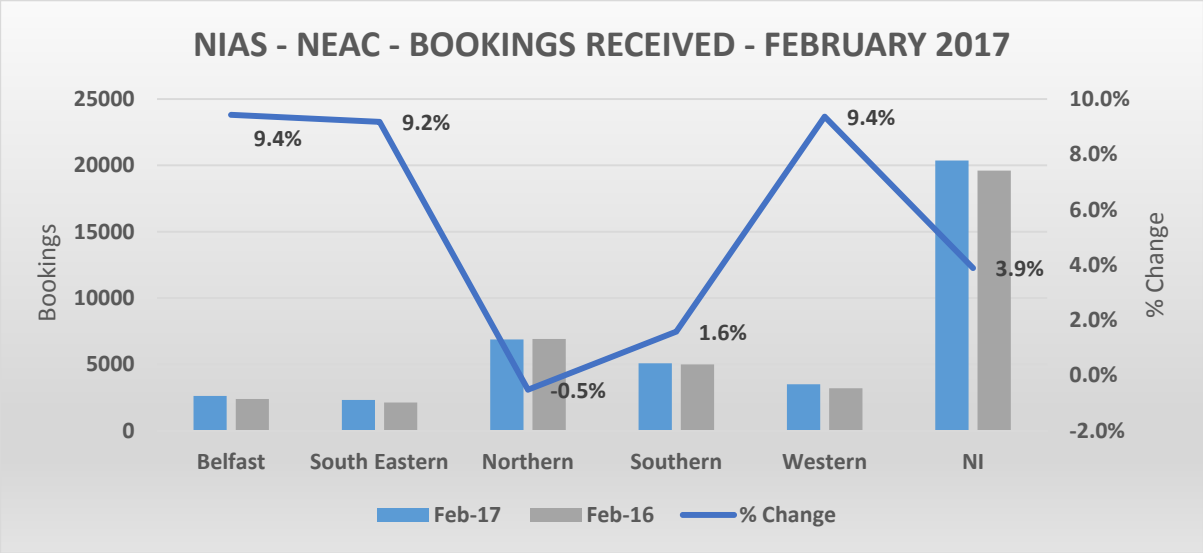


Key Performance Indicator: Provide non-urgent transport of patients across Northern Ireland through its Patient Care Service (PCS) to locally agreed specifications

	NEAC BOOKINGS AND JOURNEYS - FEBRUARY 2017						
Bookings	LCG AREA	Belfast	South Eastern	Northern	Southern	Western	NI
	Feb-17	2611	2309	6880	5071	3492	**20363**
	Feb-16	2386	2115	6916	4992	3193	**19602**
	% Change	9.4%	9.2%	-0.5%	1.6%	9.4%	**3.9%**

Completed Journeys	LCG AREA	Belfast	South Eastern	Northern	Southern	Western	NI
	Feb-17	1828	1564	5676	3933	2886	**15887**
	Feb-16	1690	1533	5425	3999	2582	**15529**
	% Change	8.2%	2.0%	4.6%	-1.7%	11.8%	**2.3%**

Completed Journeys	Journey Type	Outpatient	Discharge	Transfer	Admission	Second Crew	Home Assessment	Total
	Feb-17	12482	2266	930	186	11	12	**15887**
	Feb-16	12673	1690	704	154	6	2	**15529**



CATEGORY A PERFORMANCE: AVERAGES AND OUTLIERS

Feb 17

REGIONAL CATEGORY A PERFORMANCE: TOTAL NUMBER OF RESPONSES

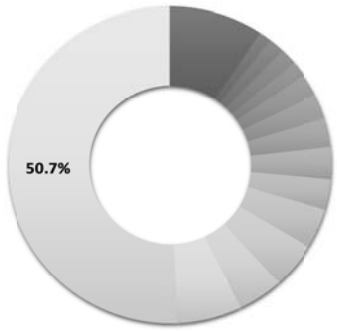
NORTHERN IRELAND REGIONAL TOTAL

TOTAL NUMBER OF CATEGORY A RESPONSES	Number of Category A responses required to exceed Regional target (72.5%)
4515	3274
AVERAGE RESPONSE TIME [MM:SS]	983 responses below target
10:28	

	BELFAST HSCT	SOUTH EASTERN HSCT	NORTHERN HSCT	SOUTHERN HSCT	WESTERN HSCT
Total number of Cat A responses	1146	788	1072	796	713
Number required to exceed LCG target (67.5%)	774	532	724	538	482
Number of category A responses at scene within 8 mins	689	359	490	354	399
	60.1%	45.6%	45.7%	44.5%	56.0%
	85 responses below target	173 responses below target	234 responses below target	184 responses below target	83 responses below target
Average response time [mm:ss]	08:27	11:50	11:09	11:33	09:57

REGIONAL CATEGORY A PERFORMANCE SUMMARY

Northern Ireland Ambulance Service Health and Social Care Trust



Category A Performance		%	Cumulative %
Within 8 minutes	2291	50.7%	50.7%
Within 8 - 9 minutes	289	6.4%	57.1%
Within 9 - 10 minutes	204	4.5%	61.7%
Within 10 - 11 minutes	212	4.7%	66.4%
Within 11 - 12 minutes	186	4.1%	70.5%
Within 12 - 13 minutes	137	3.0%	73.5%
Within 13 - 14 minutes	148	3.3%	76.8%
Within 14 - 15 minutes	133	2.9%	79.7%
Within 15 - 16 minutes	116	2.6%	82.3%
Within 16 - 17 minutes	103	2.3%	84.6%
Within 17 - 18 minutes	71	1.6%	86.2%
Within 18 - 19 minutes	75	1.7%	87.8%
Within 19 - 20 minutes	72	1.6%	89.4%
Within 20 - 21 minutes	56	1.2%	90.7%
Over 21 minutes	422	9.3%	100.0%
Total	4515		

BELFAST HSCT

Response Time	N	%	Total
< 8 m	689	60.1%	60.1%
8 - 9 m	104	9.1%	69.2%
9 - 10 m	66	5.8%	75.0%
10 - 11 m	62	5.4%	80.4%
11 - 12 m	42	3.7%	84.0%
12 - 13 m	25	2.2%	86.2%
13 - 14 m	32	2.8%	89.0%
14 - 15 m	28	2.4%	91.4%
15 - 16 m	18	1.6%	93.0%
16 - 17 m	11	1.0%	94.0%
17 - 18 m	14	1.2%	95.2%
18 - 19 m	7	0.6%	95.8%
19 - 20 m	6	0.5%	96.3%
20 - 21 m	5	0.4%	96.8%
21 + m	37	3.2%	100.0%
Total	1146		

SOUTH EASTERN HSCT

Response Time	N	%	Total
< 8 m	359	45.6%	45.6%
8 - 9 m	36	4.6%	50.1%
9 - 10 m	40	5.1%	55.2%
10 - 11 m	41	5.2%	60.4%
11 - 12 m	54	6.9%	67.3%
12 - 13 m	31	3.9%	71.2%
13 - 14 m	24	3.0%	74.2%
14 - 15 m	23	2.9%	77.2%
15 - 16 m	19	2.4%	79.6%
16 - 17 m	26	3.3%	82.9%
17 - 18 m	13	1.6%	84.5%
18 - 19 m	7	0.9%	85.4%
19 - 20 m	22	2.8%	88.2%
20 - 21 m	9	1.1%	89.3%
21 + m	84	10.7%	100.0%
Total	788		

NORTHERN HSCT

Response Time	N	%	Total
< 8 m	490	45.7%	45.7%
8 - 9 m	70	6.5%	52.2%
9 - 10 m	33	3.1%	55.3%
10 - 11 m	48	4.5%	59.8%
11 - 12 m	40	3.7%	63.5%
12 - 13 m	30	2.8%	66.3%
13 - 14 m	52	4.9%	71.2%
14 - 15 m	37	3.5%	74.6%
15 - 16 m	33	3.0%	77.6%
16 - 17 m	28	2.6%	80.2%
17 - 18 m	16	1.5%	81.7%
18 - 19 m	31	2.9%	84.6%
19 - 20 m	17	1.6%	86.2%
20 - 21 m	20	1.9%	88.1%
21 + m	128	11.9%	100.0%
Total	1072		

SOUTHERN HSCT

Response Time	N	%	Total
< 8 m	354	44.5%	44.5%
8 - 9 m	42	5.3%	49.7%
9 - 10 m	30	3.8%	53.5%
10 - 11 m	38	4.8%	58.3%
11 - 12 m	35	4.4%	62.7%
12 - 13 m	31	3.9%	66.6%
13 - 14 m	25	3.1%	69.7%
14 - 15 m	32	4.0%	73.7%
15 - 16 m	25	3.1%	76.9%
16 - 17 m	20	2.5%	79.4%
17 - 18 m	12	1.5%	80.9%
18 - 19 m	19	2.4%	83.3%
19 - 20 m	20	2.5%	85.8%
20 - 21 m	12	1.5%	87.3%
21 + m	101	12.7%	100.0%
Total	796		

WESTERN HSCT

Response Time	N	%	Total
< 8 m	399	56.0%	56.0%
8 - 9 m	37	5.2%	61.2%
9 - 10 m	35	4.9%	66.1%
10 - 11 m	23	3.2%	69.3%
11 - 12 m	15	2.1%	71.4%
12 - 13 m	20	2.8%	74.2%
13 - 14 m	15	2.1%	76.3%
14 - 15 m	13	1.8%	78.1%
15 - 16 m	22	3.1%	81.2%
16 - 17 m	18	2.5%	83.7%
17 - 18 m	16	2.2%	86.0%
18 - 19 m	11	1.5%	87.5%
19 - 20 m	7	1.0%	88.5%
20 - 21 m	10	1.4%	89.9%
21 + m	72	10.1%	100.0%
Total	713		

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 nearing completion.
    - A&E conversions by 30 September 2017, (3 remain to go operational)
    - PCS Vans have been purchased for conversion by 31 December 2016, Conversion complete, commissioning ongoing.
    - Cars purchased and conversion complete by 31 March 2017, commissioning commenced.
    - The two specialist vehicles for Hart have been purchased and conversion complete, commissioning commenced.

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	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	79.3	79.3	
Rapid Response Vehicles	69	69	69	69	69	71.4	76.2	81	85.7	85.7	88.1	88.1	
Support Vehicles	38.8	40.8	41.7	41.7	39.6	39.6	41.7	45.8	47.9	50	50.0	50.0	

Estate Section:

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

Key Performance Indicator: To deliver Project milestones as per plan

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

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

The current modular building in Erne is scheduled to be moved to Omagh Station to provide additional facilities in June/July 2017.

Objective 2: Carry out refurbishment work on server room by June 2017 to prevent disruption of control function at NEAC Altnagelvin.

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

FINANCE DIRECTORATE

Director of Finance and ICT

February 2017 (Month 11)

FINANCIAL PERFORMANCE

Financial Breakeven

The Trust is currently reporting a small surplus of £19k for the eleven months ending 28 February 2017 (Month 11), 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. On the basis of these assumptions the Trust is forecasting a break-even position for 2016/17 (subject to audit).

NIAS Financial Position at the end of February 2017 (Month 11)

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

NIAS Financial Position at the end of February 2017 (Month 11)

(£ 000s)	FYB	YTD Budget	YTD Actual	*Variance*
Chief Executive's Office				
Payroll	162	149	150	*(1)*
Non-Payroll	42	39	39	*0*
Chief Executive's Office Total	**204**	**188**	**189**	*(1)*
Director of Finance				
Payroll	1,372	1,256	1,193	*63*
Non-Payroll	684	638	638	*0*
Director of Finance Total	**2,056**	**1,894**	**1,831**	***63***
Director of HR				
Payroll	3,876	3,475	3,475	*0*
Non-Payroll	823	770	766	*4*
Director of HR Total	**4,699**	**4,245**	**4,241**	***4***
Dir of Ops (incl Divisions & RCC)				
Payroll	45,480	41,695	41,387	*308*
Non-Payroll	9,297	8,603	8,961	*(358)*
Dir of Ops (incl Divisions & RCC) Total	**54,777**	**50,298**	**50,348**	***(50)***
Medical Director				
Payroll	804	747	746	*1*
Non-Payroll	326	321	319	*2*
Medical Director Total	**1,130**	**1,068**	**1,065**	***3***
NIAS Total Payroll	**51,694**	**47,322**	**46,951**	***371***
NIAS Total Non-Payroll	**11,172**	**10,371**	**10,723**	***(352)***
NIAS Total	**62,866**	**57,963**	**57,674**	***19***

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.

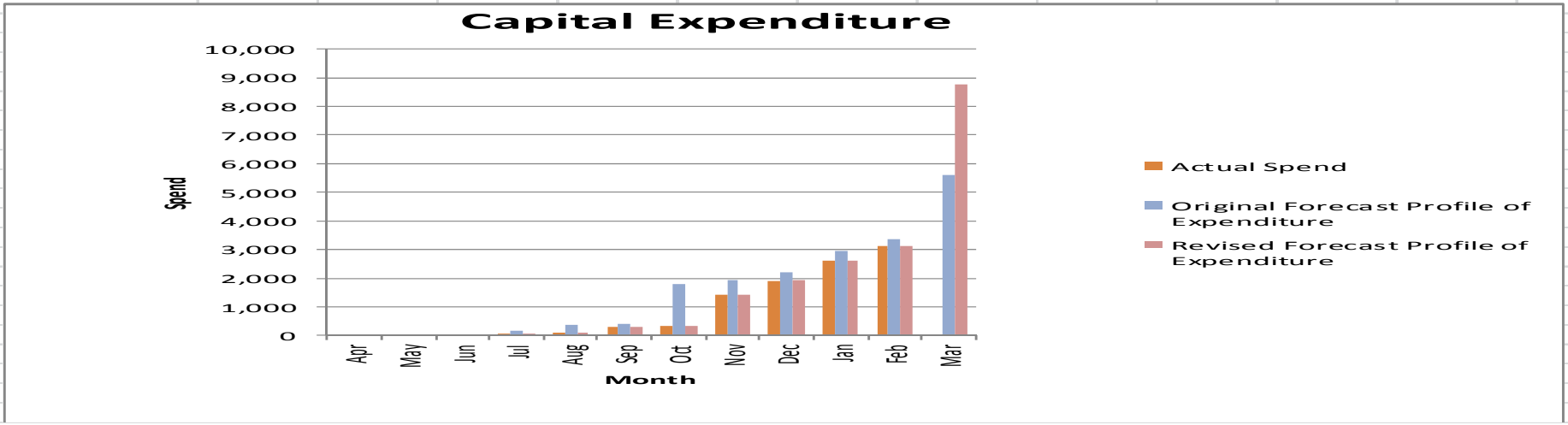
The Trust continues to forecast a breakeven position at year end, subject to and without prejudice assumptions made in relation to efficiency savings and investment.

Capital

The Trust has received a revised Capital Resource Limit (CRL) allocation of £8.8m (Previously £9.2m). This amount includes £61k from asset sales that the Trust has been given permission to utilise for capital expenditure. The adjustments to the CRL allocation include changes in forecast profile of expenditure for the new ambulance station at Enniskillen, the procurement of replacement cardiac defibrillators/monitors and some additional allocations for Fleet and a number of 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	1,869	2,035	
Estate	14	29	34	55	71	93	96	222	298	490	796	
Medical Equipment	0	0	0	0	0	0	0	0	0	0	0	
ICT	0	7	10	13	17	214	217	221	226	229	238	
General Capital	0	0	0	0	3	3	3	3	3	32	69	
Actual Spend	14	36	44	68	91	311	334	1,417	1,916	2,620	3,138	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	2,620	3,138	8,782



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	2,707	1,257		17,514
Total bills paid within 30 calendar days of receipt of undisputed invoice	1,736	1,453	1,296	1,179	1,594	1,217	2,012	1,485	967	2,667	1,225		16,831
% bills paid on time	95.1%	94.5%	95.9%	96.7%	94.6%	91.1%	97.7%	97.1%	96.0%	98.5%	97.5%		96.1%
Total bills paid within 10 working days (14 calendar days)	1,302	1,076	1,041	961	1,321	971	1,705	1,228	775	2,142	836		13,358
% bills paid on time	71.3%	70.0%	77.0%	78.8%	78.4%	72.7%	82.8%	80.3%	77.0%	79.1%	66.5%		76.3%

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

The Business Services Organisation provides a range of services to The Trust, including Procurement and Logistics Services (PaLS), Legal Services, Technology Services and Internal Audit. New reporting arrangements for the Service Level Agreements have identified Key Performance Indicators (KPIs) in respect of Purchasing and Supply. Performance against these KPI's to the end of February 2017 (Month 11) is as follows:

Key Performance Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Average Processing Time Per Requisition Days (Target 5 Days)	4.33	4.76	5.75	4.38	3.46	6.62	4.00	3.99	4.50	5.66	5.25	
Percentage of Products Supplied on First Request % (Target 95%)	99.76%	98.90%	99.40%	98.80%	99.10%	99.40%	99.00%	98.22%	99.58%	98.30%	96.20%	
Number of Lines Issued (Stock and Non Stock Line)	1,177	890	1,028	809	907	1,135	915	1,040	1,020	801	1,128	
Value of Spend £k (Stock and Non Stock)	129	507	369	164	1,523	463	148	511	1,122	179	1,075	

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 downtime episodes 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 for this project was March 2017 but this is unlikely to be achieved due to additional workload and pressures on the ICT department and will continue into 2017/18. The delay will not have any impact on service delivery.

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

ICT Help Desk Performance

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

	Jan			Feb		
Target to Respond to 95%	No of Calls	Within time	Actual	No of Calls	Within time	Actual
Immediate	9	9	100%	6	6	100%
Urgent	47	47	100%	50	50	100%
High	10	10	100%	6	6	100%
Medium	416	409	98%	395	384	97%
Low	676	676	100%	606	606	100%
Total	1158			1063		

ICT Planned Maintenance January 2017 – system upgrades Critical Systems

There was no planned maintenance during this period.

ICT Planned Maintenance January 2017 – system upgrades Corporate Systems

There was no planned maintenance during this period.

ICT Planned Maintenance February 2017 – system upgrades Critical Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	These are business critical systems which manage front line resources and need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.
C3 A&E	668	4 Hours	3	No	
C3 PCS	668	4 Hours	4	No	
Pro-QA	668	4 Hours	0	No	
ICCS A&E	668	4 Hours	0	No	
ICCS PCS	668	4 Hours	0	No	
DTR	668	4 Hours	0	No	
Voice Recorder	668	4 Hours	0	No	
Mobile Data	668	4 Hours	0	No	

ICT Planned Maintenance February 2017 – system upgrades Corporate Systems

There was no planned maintenance during this period.

Information Governance – Developments 01/01/01/2017 to 28/02/2017 (Reporting Period)

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

- ***Control Assurance – Information Management: 75% Substantive Achieved in 2015/16. Self Assessment underway for 2016/17. This work continues to be a priority of the Trust.***
- ***Meeting held with Information Commissioner Office officials on 22 February 2017. Positive discussions on improving FOI response times***
- ***Delivery of Information Governance Training for new EMT Staff***
- ***FOI Disclosure Log under FOI Publication Requirement continues to be updated***
- ***Development of new daily and monthly monitoring report by Postcode Locations for ambulance attendances to each Emergency Department in NI broken down by Trust area etc.***
- ***Supporting Regional Ambulance Training Centre with Quality Improvement Templates and data analysis. These continue to be developed and amended. Includes Falls, Hypoglycaemia, Acute Coronary Syndrome, Cardiac Arrest (refer to Medical Directorate section of report for reporting)***
- ***TYC monitoring aspects reviewed. TYC Board and TYC Team Information papers continue to be updated and monitored. Ad hoc datasets have been provided to support further initiatives e.g. Alcohol Recovery Centre – alcohol related attendances. On call management cycle to be reviewed further.***
- ***St Patricks Day Planning for Belfast Divisional Area***
- ***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, diverts, Unscheduled Care Activity – Antrim Area Hospital, private ambulance usages, transfers to ROI, Nursing Home attendances***

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

Information Governance

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

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

	April 16 – Feb 17	**April 15 – Feb 16**	**% Increase / (Decrease)**
Freedom of Information Requests Received	145	116	25%
Data Protection Act 1998 Section 7, Subject Access Requests Received	42	22	90%
Police Service of Northern Ireland Requests Received	384	337	13%
Solicitor Enquiries Requests Received	562	510	10%
Total	**1,133**	**985**	**15%**

Information Governance

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

REPORT FOR FREEDOM FOR INFORMATION PROCESSING FOR THE PERIOD OF 01/04/2016 to 28/02/2017

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

2016-17 Data

Freedom of information	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total Apr16 - Feb17	Total Apr15 - Feb16
Number of Requests Received	15	9	8	14	16	13	20	15	12	13	10		**145**	116
Number of Questions Received	50	35	15	41	54	41	74	52	22	57	62		**503**	409
Completed Requests processed within 20 days or less	14	5	7	11	10	10	13	13	9	12	3		**107**	86
Completed Requests exceeding 20 days	1	2	1	2	5	3	6	0	3	0	2		**25**	19
REQUESTS Still Being Processed (within 20)	0	0	0	0	0	0	0	0	0	0	4		**4**	
REQUESTS Still being processed (outside 20)	0	0	0	0	0	0	1	2	0	1	1		**5**	
Stood Down	0	2	0	1	1	0	0	0	0	0	0		**4**	
Number of Records Fully Disclosed	45	31	13	38	47	30	57	34	18	41	14		**368**	
Vexatious Requests	0	0	0	0	0	0	0	0	0	0	0		**0**	
Number of Records for which records not held	5	1	1	2	5	0	13	11	4	0	0		**42**	
Requests where exemptions wholly/partially applied	0	1	1	0	0	11	3	0	0	0	2		**18**	
Questions stood down	0	2	0	1	2	0	0	0	0	0	0		**5**	
QUESTIONS Still Being Processed (within 20)	0	0	0	0	0	0	0	0	0	0	34		**34**	
QUESTIONS Still Being Processed (outside 20)	0	0	0	0	0	0	1	7	0	16	12		**36**	
Requests for Internal Review	0	0	0	0	0	1	0	0	0	0	0		**1**	
Appeals to the Information Commissioner	0	0	0	0	0	0	0	0	0	0	0		**0**	
Requestor Type														
Member of Public	6	2	0	6	2	4	9	3	7	7	4		**50**	
Local Government	0	0	0	0	1	0	0	0	0	0	0		**1**	
Staff Member	5	4	4	2	5	0	2	1	1	0	1		**25**	
Media	3	1	2	4	2	4	5	9	1	3	3		**37**	
Student	0	0	0	0	0	0	0	0	0	0	0		**0**	
Commercial Company	0	0	0	0	1	0	1	1	0	0	0		**3**	
Solicitor	0	0	0	0	0	0	0	0	0	0	0		**0**	
WhatDoTheyKnow.com	1	2	2	0	5	5	3	0	1	3	2		**24**	
NHS	0	0	0	0	0	0	0	1	0	0	0		**1**	
Trade Union	0	0	0	2	0	0	0	0	0	0	0		**2**	

%age completed within 20 working days	
Apr16 - Feb17	73.79%
Apr15 - Feb16	74.14%

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 28/02/2017

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

Data Protection Act 1998 – Section 7, Subject Access	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 16 – Feb 17
Number of Requests Received	4	6	1	5	2	4	5	4	2	5	4		42
Completed Requests processed within 40 days or less	4	5	1	2	2	2	3	3	2	3	3		30
Completed Requests exceeding 40 days	0	0	0	2	0	2	2	0	0	1	0		7
Requests still being processed in line with 40 days	0	0	0	0	0	0	0	0	0	0	1		1
Identity Not Confirmed and therefore could not be further processed	0	1	0	1	0	0	0	1	0	1	0		4
Patient	1	5	1	3	0	1	2	2	1	2	1		19
NIAS Staff Member	3	1	0	1	1	2	3	1	1	2	1		15
External Agency	0	0	0	1	0	1	0	0	0	0	2		14
Relative of Patient	0	0	0	0	1	0	0	1	0	0	0		2

From 01/04/2016 to 28/02/2017: 79% of Subject Access Requests processed within 40 calendar days (this is based on this requests that were fully processed i.e. identity and fee received)

POLICE SERVICE OF NORTHERN IRELAND REQUESTS – Police Acts, Common Law for the Period of 01/04/2016 to 28/02/2017

Purpose:

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

Requests will relates and include the release of call incident logs, 999 call, staff names and shift patterns, Patient Report Form, staff witness statements in line with legislative requirements to assist with PSNI investigations for example, investigation of fatal road traffic collisions, murder enquiries, alleged assaults etc	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr 16 – Feb 17**	**Apr 15-Feb 16**
Number of Requests Received (based on receipt of correspondence date)	21	37	36	23	42	32	37	47	37	32	40		384	337

SOLICITOR ENQUIRIES for the Period of 01/04/2016 to 28/02/2017

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

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

	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr 16 – Feb 17**	**Apr 15-Feb 16**
Number of Requests Received (based on receipt of correspondence date)	52	45	65	41	53	52	56	63	30	57	48		562	510

DEPARTMENT OF HEALTH– REQUEST FOR INFORMATION for Period of 01/04/2016 to 28/02/2017

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

16/17 - PRF v PATIENT JOURNEYS COMPARISON

Summary		Patient Journeys where a patient has transported to a hospital			Number of PRF's completed for the treatment of a patient.		
Month	Emergency Response(s) which arrived on scene	Emergency	Routine	Total	Completed PRFs (Formic)	Difference between Emergency Responses and completed PRF's	Difference Patient Journeys and completed PRF's
April 2016	16819	12859	343	13202	16519	-300	+3,317
May 2016	16215	13357	389	13746	16754	+539	+3,008
June 2016	15732	12842	381	13223	16250	+518	+3,027
July 2016	16279	13182	394	13576	16082	-197	+2,506
August 2016	16220	13262	347	13609	16526	+306	+2,917
September 2016	15704	12783	403	13186	16118	+414	+2,932
October 2016	17029	13736	426	14162	17303	+274	+3,141
November 2016	16429	13420	369	13789	16765	+336	+2,976
December 2016	18095	14328	334	14662	17676	-419	+3,014
January 2017	17124	13801	412	14213	14818	-2,306	+605
February 2017	15359	12295	325	12620	5560	-9,799	-7,060
March 2017						+0	+0
Total	181005	145865	4123	149988	170371	-10,634	+20,383

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

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE

Director of Human Resources and Corporate Services

2017 / 04 / 06

(As at 28 February 2017)

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

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

JOB EVALUATION - PARAMEDICS, RRV PARAMEDICS AND EMTS

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

WORKFORCE INFORMATION

The table below reflects the NIAS workforce position as at 31 January 2017. 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
FUNDED WTE	1,290.32	7.00	31.63	67.15	8.00	1,176.54
SUBSTANTIVE-IN-POST (WTE) PERM/(TEMP)	1,169.69 (23.16)	1.00 (6.00)	25.63 (2.00)	62.78 (2.00)	7.00 (2.00)	1,096.28 (12.16)
STAFF-IN-POST/HEADCOUNT	1,257	7	27	68 (*80**)	9	1,114 (*1,146**)
VACANCY LEVELS (WTE)	**-97.47**	**0.00**	**-4.00**	**-2.37**	**1.00**	**-68.10**

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

On the basis of the information above @ 31 January 2017, the Trust has an overall vacancy level of **97.47** WTE posts. This compares to an overall vacancy level of 213.70 WTE posts @ 30 June 2014.

Section 1: Human Resources & Corporate Services

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

RECRUITMENT ACTIVITY

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

Post	Funded Est (WTE)	Staff-in-Post (WTE)	Vacancy (WTE)	Bank Staff	Recruitment Activity	Current Trainees (WTE)	Date Next Training Cohort Due to Commence	Further Planned Training Cohorts
Paramedic Stn Sup.	25.00	19.89	5.11	0	No recruitment planned, due to ongoing Job Evaluation process.	N/A	N/A	N/A
Paramedic	322.00	321.25	0.75	27	Bank Recruitment: 31 offers made, 31 acceptances received, 27 Bank Paramedics have joined NIAS (5 Paramedics accepted permanent Contracts during October/November 2016). Internal Recruitment: 17 offers made, 8 acceptances received, (6 from Bank, 2 from RRV posts). External Recruitment: Offers completed, 3 commenced 23/01/17 and 1 commenced familiarisation training in Western Division in February 2017, 1 to commence familiarisation training in March 2017.	N/A	N/A	N/A
RRV Paramedic	86.00	80.14	5.86	0	No recruitment planned.	N/A	N/A	N/A
EMT Stn Supervisor	5.00	4.00	1.00	0	No recruitment planned, due to ongoing Job Evaluation process.	N/A	N/A	N/A
EMT + Trainee EMT	300.00	234.69 + 23.00	42.31	5	Internal Recruitment: Qualified EMT recruitment waiting list created. Temporary post in South identified, offers to fill ongoing. External Recruitment: Qualified EMT: OSCE completed during November 2016, interviews to take place 20/02/2017. Trainee EMT (internal & external): training commenced on 25/11/16 x 23 students. Internal / External Recruitment: 4 Qualified Bank EMTs joined NIAS between August – October 2016, 1 during January 2017.	23	Cohort 2 (projected **23** Trainees) commencing training on 15/05/17 with practice placement commencing August 2017 and full qualification in February 2018.	
ACA (inc. PCS Supervisor)	263.50	240.20	22.30	0	ACA Recruitment exercise completed at end of May 2016. Active waiting list in place until 19/05/17. Course of 22 commenced 20/02/17, this takes account of 1 resignation from the course. This will bring ACA tier to full establishment.	22	Cohort 2 (projected 19 Trainees) due to commence on 03/04/17 as backfill for EMT2.	

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

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

CORPORATE ABSENCE REPORT (@ 28 FEBRUARY 2017)

NIAS's cumulative absence in 2015/16 was 10.43%. NIAS therefore met its target for 2015/16, as agreed with the DoH, which was "to improve or maintain sick absence rates on 2014/15 levels" (2014/15 cumulative absence was 10.55%). NIAS's sickness absence target for 2016/17, as agreed with the DoH, is to "**improve sick absence rates by 5% on 2015/16 levels**". NIAS therefore must achieve an absence rate of **9.91%** in 2016/17. The table below provides a summary of the Trust's sickness absence for the period 1 April 2016 to 28 February 2017. The monthly % absence recorded for February 2017 was 9.36% and is lower than the target, however the Trust is failing to meet the 16/17 target, as the cumulative absence @ 28 February was **10.49%**. Long term absence (20+ working days) accounted for 7.81% of overall monthly absence and short-term absence accounted for 2.23% of overall monthly absence in February 2017.

2016/17 Monthly Sickness Absence including Comparators to Previous Reporting Year (2015/16)												
ATTENDANCE MANAGEMENT	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
NIAS ABSENCE TARGET (2016/17)	**"IMPROVE SICK ABSENCE RATES BY 5% ON 2015/16 LEVELS": NIAS TARGET = 9.91%**											
NIAS absenteeism monthly % hrs lost (15/16)	**10.22%**	**11.42%**	**10.41%**	**10.36%**	**9.96%**	**9.91%**	**9.81%**	**9.70%**	**11.97%**	**11.62%**	**10.16%**	**9.61%**
NIAS cumulative monthly % hrs lost (15/16)	**10.22%**	**10.81%**	**10.67%**	**10.59%**	**10.47%**	**10.37%**	**10.29%**	**10.22%**	**10.43%**	**10.54%**	**10.51%**	**10.43%**
NIAS absenteeism monthly % hrs lost (16/17)	**9.78%**	**9.64%**	**10.30%**	**8.39%**	**10.21%**	**10.41%**	**10.55%**	**11.09%**	**13.11%**	**13.12%**	9.36%	
NIAS cumulative monthly % hrs lost (16/17)	**9.78%**	***9.70%****	***9.91%****	**9.54%**	**9.68%**	**9.80%**	**9.91%**	**10.06%**	**10.40%**	**10.56%**	10.49%	
Monthly % hrs lost (S/T)	2.55%	1.76%	1.73%	2.38%	2.52%	2.49%	2.52%	2.51%	3.37%	2.74%	2.23%	
Monthly % hrs lost (L/T)	7.23%	7.87%	8.58%	6.01%	7.69%	7.92%	8.03%	8.58%	9.73%	9.27%	7.81%	
Av. days lost (7.5 hrs) per Empee per Mth	1.97	2.07	2.21	1.71	2.30	2.23	2.16	2.37	2.81	2.58	1.94	
NIAS cumulative costs (£'000)	£305	£621	£963	£1,307	£1,639	£1,989	£2,351	£2,717	£3,161	£3,572	£3,910	
* 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.												
NIAS CUMULATIVE % HRS LOST	**(2015/16) 10.43%**				**(2016/17 @ 28 Feb 2017) 10.49%**				**OFF TARGET**			

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

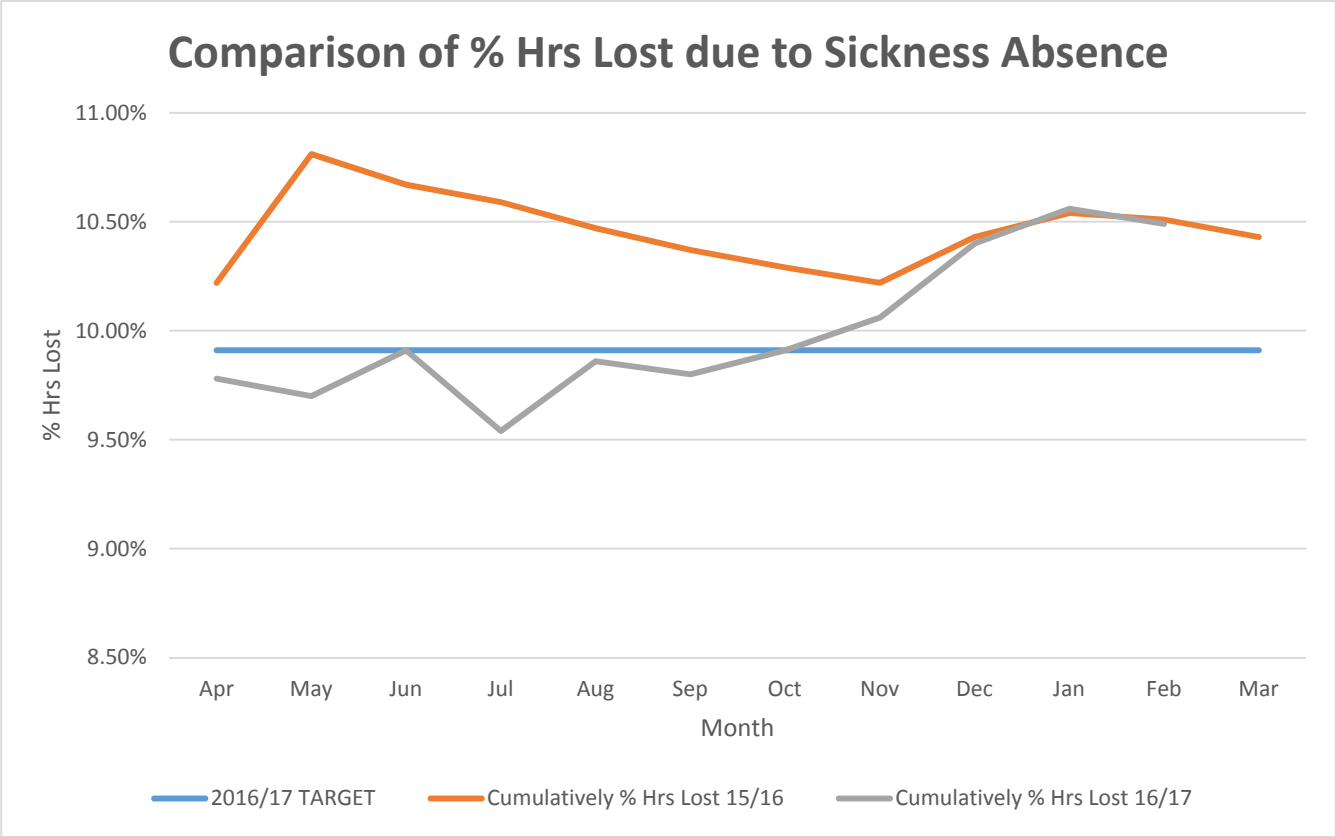
NIAS met its absence target in 2015/16 but has fallen behind its 2016/17 target. It is also acknowledged that absence within NIAS remains higher than in other HSC Trusts/NHS Trusts. The following measures are being undertaken to address current levels of absence:

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

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 – February (2016/17), compared to cumulative % hours lost during 2015/16.

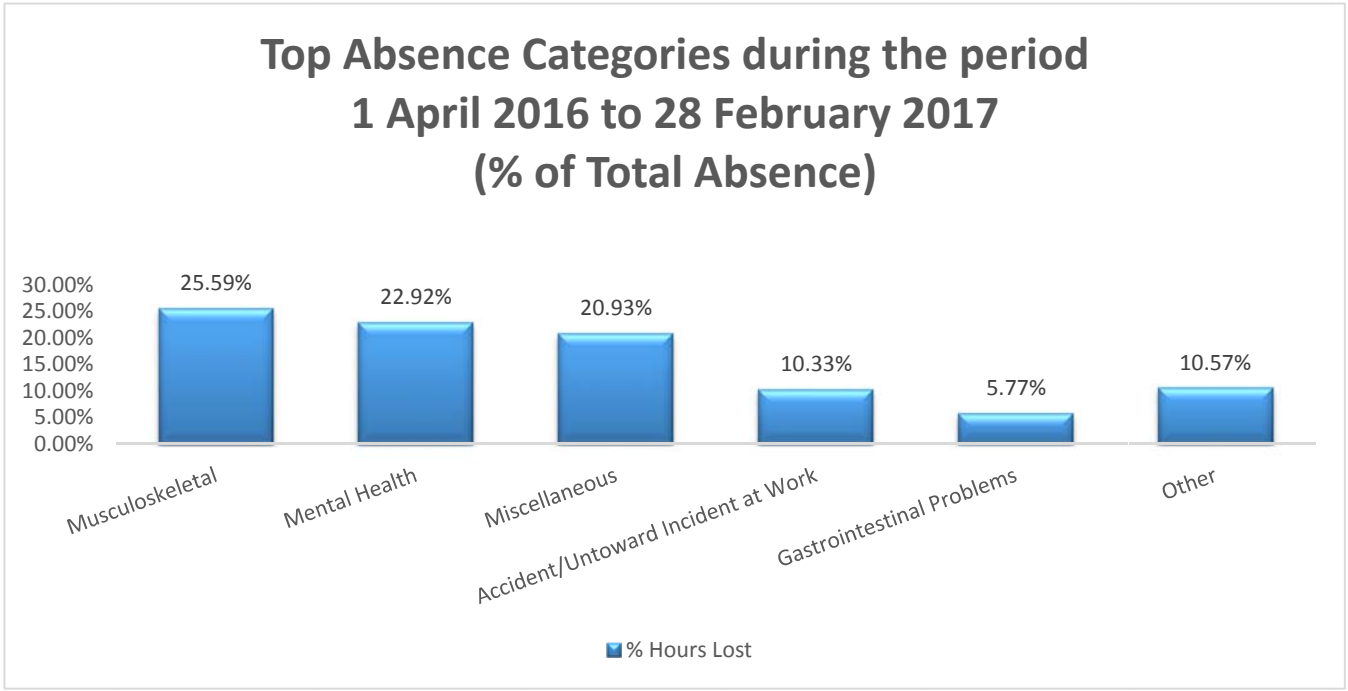


FLU VACCINE UPTAKE: 2015/16:
13.47% (167 STAFF)

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)**



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

Asthma, Chest, Resp.	4.01%
Heart/cardiac/circulatory	1.67%
Pregnancy related	1.64%
ENT	1.48%
Influenza	1.77%

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

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

REASONS FOR ABSENCE

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

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

Musculoskeletal (including Injury, Fracture, Back Problems and Other Musculoskeletal Problems) (25.59%) 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 February 2017	**TRUST TOTAL**	Patient Care	Wilful Damage	Criminal Conduct	Fraud	Failure to comply with Trust Policy / Procedure
Total Ongoing Cases	**12**	**3**	**0**	**1**	**2**	**6**
HCPC Referrals	**1**	0	0	1	0	0
Suspensions	**2**	1	0	1	0	0
New Cases	**3**	**1**	**0**	**0**	**1**	**1**

Grievance Cases:

Position as at February 2017	**TRUST TOTAL**	Transfer	Application of T&C	Recruitment	Job Evaluation	Equal Opps	Trust Processes	Pay
Total Ongoing Cases	**27**	**2**	**15**	**5**	**1**	**1**	**3**	**0**
Informal Stage	15	1	9	5	0	0	1	0
Formal Stage 1	11	1	6	0	1	0	2	0
Formal Stage 2 (Appeal)	1	0	0	0	0	1	0	0
New Cases	**3**	**1**	**1**	**1**	**0**	**0**	**0**	**0**

Working Well Together / Harassment Cases:

Position as at February 2017	**Fin & ICT**	**HRCS**	**Medical**	**Ops**	**TRUST TOTAL**
Total Ongoing Cases	**0**	**0**	**0**	**5**	**5**
Informal Resolution / withdrawn	0	0	0	0	0
Inv Ongoing	0	0	0	3	3
Formal Stage 1	0	0	0	2	2
Formal Stage 2 (Appeal)	0	0	0	0	0
New Cases	**0**	**0**	**0**	**2**	**2**

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 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. Further to managements recent meetings with Trade Union Side on this matter, Trade Union Side have now re-entered partnership Job Evaluation processes.

Case File Closures:

The table 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 February 2017	March	April	May	June	July	August	September	October	November	December	January	February
Grievance	4	1	3	0	1	0	1	0	0	7	10	0
Disciplinary	2	2	2	1	1	1	1	0	0	0	2	0
Harassment	0	0	0	0	0	1	0	0	0	0	0	0
Total	**6**	**3**	**5**	**1**	**2**	**2**	**2**	**0**	**0**	**7**	**12**	**0**

Section 1: Human Resources & Corporate Services

HRCS KPI: Modernisation & Reform (BSTP)

BSTP UPDATE

HRPTS:

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

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

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

BENEFITS REALISATION:

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

SHARED SERVICES

NIAS continues to engage with BSO Shared Services in planning the transition of the NIAS Recruitment & Selection (R&S) function. 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:

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

Section 1: Human Resources & Corporate Services

HRCS KPI: Compliments, Complaints & Claims

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

	Total (to date)
Total complaints received to date	**143**

HANDLING TIMES OF COMPLAINTS

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2015-16	
Complaints Received	8	24	17	5	7	9	14	15	21	12	11		**143**		**160**	*100%*
Total A&E & PCS Activity	***28788***	***29104***	***29077***	***32782***	***29353***	***29469***	***30281***	***30290***	***30496***	***32409***	***29,016***		***331065***			
% Complaints/Activity	***0.03%***	***0.08%***	***0.06%***	***0.02%***	***0.02%***	***0.03%***	***0.05%***	***0.05%***	***0.07%***	***0.04%***	***0.04%***		***0.04%***			
Acknowledged within 2 working days	8	24	17	5	6	9	14	15	21	12	11		**142**	*99%*	**160**	*100%*
Acknowledged after 2 working days	0	0	0	0	1	0	0	0	0	0	0		**1**	*1%*	**0**	*0%*
Response within 20 working days	3	4	3	1	1	2	1	4	2	6	4		**31**	*22%*	**43**	*27%*
Response after 20 working days	5	18	7	1	0	3	11	9	14	4	1		**73**	*51%*	**66**	*41%*
Complaints Investigations ongoing	1	2	7	3	6	4	2	2	5	2	6		**40**	*28%*	**51**	*32%*
Cases referred to NI Ombudsman (cases ongoing)	0(4)	0(4)	0(4)	0(4)	0(4)	0(4)	0(4)	0(4)	0(4)	0(3)	0(3)				5	

NATURE OF COMPLAINTS RECEIVED

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2016-17	%	2015-16	
Staff Attitude	4	8	11	3	4	4	7	6	8	7	4		66	*46%*	**65**	*41%*
Ambulance Late/No Arrival	4	16	6	1	1	3	3	8	13	3	3		61	*43%*	**78**	*49%*
Quality of Treatment & Care	0	0	0	1	1	2	2	1	0	0	3		10	*7%*	**11**	*7%*
Suitability of Equip/Vehicle	0	0	0	0	1	0	0	0	0	1	0		2	*1%*	**3**	*2%*
Other	0	0	0	0	0	0	2	0	0	1	1		4	*3%*	**3**	*2%*
Patient Property	0	0	0	0	0	0	0	0	0	0	0		0	*0%*	**0**	*0%*
TOTAL	**8**	**24**	**17**	**5**	**7**	**9**	**14**	**15**	**21**	**12**	**11**	**0**	**143**		**160**	

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	6	7	10		78	*55%*	80	*50%*
Patient Care Service	1	3	2	0	1	0	2	0	1	1	0		11	*8%*	17	*11%*
Control & Communications	2	7	5	0	1	3	3	10	14	4	1		50	*35%*	63	*39%*
Other	0	0	0	0	1	0	3	0	0	0	0		0	*0%*	0	*0%*
Voluntary Car Service	0	0	0	0	0	0	0	0	0	0	0		0	*0%*	0	*0%*
TOTAL	**8**	**24**	**17**	**5**	**7**	**9**	**14**	**15**	**21**	**12**	**11**	**0**	**143**	*100%*	**160**	*100%*

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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	11	20	8		**183**	**174**	
SERVICE AREA OF COMPLIMENTS RECEIVED															
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**2016-17**	**%**	**2015-16**	
Accident & Emergency	11	23	10	20	18	14	16	21	10	20	7		**170**	*92.9%*	**163**	*94%*
Control	0	0	0	0	0	1	0	1	1	0	0		**3**	*1.6%*	**4**	*2%*
Patient Care Service	0	2	1	0	0	0	0	0	0	0	0		**3**	*1.6%*	**0**	*0%*
Voluntary Car Service	0	0	0	0	0	0	0	0	0	0	0		**0**	*0.0%*	**0**	*0%*
Other	0	1	4	0	1	0	0	0	0	0	1		**7**	*3.8%*	**7**	*4%*
TOTAL	**11**	**26**	**15**	**20**	**19**	**15**	**16**	**22**	**11**	**20**	**8**	**0**	**183**		**174**	

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

HRCS KPI: **Supporting Trust Priorities**

CLOSED COMPLAINTS - DECEMBER 2016 – FEBRUARY 2017

Ref	Description	Outcome	Action taken (Investigation)
COMP/1186	Complaint alleging dangerous driving.	Letter of apology issued. It is agreed that this stretch of road is particularly difficult to drive on, especially during an emergency call. The crew have accepted that they may have alarmed this motorist, however there is no evidence to suggest that the crew made contact with the vehicle nor did they observe the car needing to swerve from the road.	Crew reminded of the importance of driving with due care and attention.
COMP/1197	Complaint alleging RRV was not travelling at speed on an emergency call.	Complaint upheld. The member of staff had slowed down as he was being redirected to a new call and he was reading the new address on the MDT.	No letter of response sent as complainant wished to remain anonymous. No further actions identified.
COMP/1198	Complainant alleges ambulance staff were rude to the Nursing Home causing them to become rushed and not suitably clothe the patient for outdoors,	Letter of explanation and apology issued.	Complainant is happy that we manage this internally and expects no further reply. Sean Mullan spoke with complainant via telephone on 06/01/2017. Complainant phoned on 09/01/2017 and wants a formal investigation. Formal investigation completed and response issued to the complainant on the 08 March 2017.
COMP/1185	Constituent member has now missed 4 appointments due to booked ambulances being cancelled.	Complaint partially upheld. Although ambulance resource not available NEAC did offer alternative which SOD could not accommodate.	Letter of apology and explanation issued. Consider mobile phones being placed into all non-emergency vehicles.
COMP/1192	Complainant alleges ambulance took 9.5 hours to get to her 91y/o father. Door broken down by PSNI at 01.15am. Female crew member exceptionally rude.	Complainant simply wants NIAS to pay for damages to her front door, which NIAS instructed PSNI to break open. Other aspects of the complainant have been dealt with. I have put measures in place to reimburse the complainant for damages to the door.	NIAS to reimburse the complainant for damaged caused to her front door. Await invoice for damages.
COMP/1176	NIAS were unable to provide this patient with an ambulance from Daisy Hill Hospital to attend an appoint at CAH. This reoccurred on a 2nd occasion when the patient required surgery at CAH. When an ambulance was able to take the patient back to DHH, the crew misplaced the patient's medical notes.	Complaint not upheld. Patient did not qualify for ambulance transport at this time.	Letter of apology and explanation issued. No further action identified.
COMP/1195	Complainant had to wait approx 4 mins to get through to EAC during a busy period whilst her young son had become unwell as a result of a fall incident.	Complaint upheld and apology issued for distress caused. At the time the 999 call was received, NIAS were receiving a high volume of incoming emergency calls and a message was played to the caller to advise of this.	Letter of apology and explanation issued. No further action identified.

CLOSED COMPLAINTS - DECEMBER 2016 – FEBRUARY 2017

Ref	Description	Outcome	Action taken (Investigation)
COMP/1202	Complainant alleging inappropriate remarks were made in front of the patient. The crew questioned GP decision.	Complaint upheld and letter of apology/explanation issued. NIAS crew members comments and communication was deemed to be neither relevant or appropriate.	Crew member will be counselled with regard to her communication with the patient. Crew member will also be counselled with regard to Safeguarding Procedures.
COMP/1194	Patient waited for 7 hours for non-emergency transport.	Complaint upheld. High volume of calls and no resources available resulted in long delay for response.	Letter of apology and explanation issued. No further actions identified.
COMP/1205	Non-emergency ambulance booked to transfer patient to RVH. On arrival the new ambulance could not secure the patient's wheelchair.	Dealt with under local resolution. Fleet manager and South Eastern DTO visited complainant and her husband and established the chair does indeed fit.	Fleet manager has made notes that to accommodate the patient's electric wheelchair the offside rear seat must be removed. Crew have received training for this and the notes have been updated with NEAC for future bookings.
COMP/1200	Complainant alleges she had to push her 8 year old son out of the way of an ambulance with no blue lights on whilst she was using a zebra crossing.	Complaint upheld and staff member counselled on due care and attention whilst driving. Complaint handled under local resolution by Downpatrick station officer.	Letter of apology and explanation issued under local resolution.
COMP/1178	Complaint regarding the delay of an emergency ambulance after a patient fell at nursing home and became very unwell. The patient passed away prior to the ambulance arrival.	Complaint upheld. Due to NIAS being under staffed and high volume of calls, no ambulances available at this time.	Letter of apology and explanation sent. No further action identified.
COMP/1177	Complainant states no ambulance was available to transport her mother from A&E back to her residing Nursing Home. The patient had to spend night in A&E bed until ambulance became available the following morning.	Complaint upheld. No resources available and should have advised RVH sooner.	Letter of apology and explanation issued. No further actions identified.
COMP/1181	Patient became unwell. Ambulance took 31 minutes to respond and no RRV sent.	Complaint upheld. High volume of calls meant no emergency resources available.	Letter of apology and explanation issued. No further action identified.
COMP/1188	Complainant waited 51 minutes for an emergency response.	Complaint stopped as legal action being taken.	Complaint stopped as legal action being taken.
COMP/1201	Complaint regarding the length of time it took for an emergency response.	Letter issued with explanation and apology to the complainant for the delay in the response of the conveying ambulance.	Letter of apology and explanation sent. Unit to be flagged as no medical cover available at facility.
COMP/1175	Complaint is in relation to driving of NIAS vehicle E324 enroute to 999 call in Dundonald.	Complaint not upheld as ambulance was driving accordingly.	Resolved under local resolution. Complainant happy for crew to be advised of bus lanes access for non-emergency vehicles.

CLOSED COMPLAINTS - DECEMBER 2016 – FEBRUARY 2017			
Ref	**Description**	**Outcome**	**Action taken (Investigation)**
COMP/1182	Complainant alleges paramedic was on her phone whilst driving	Complaint upheld. Employee apologises for her reckless behaviour.	Letter of apology and explanation issued. No further actions identified.
COMP/1199	Complaint regarding the length of time it took for an emergency ambulance to arrive for chest pain.	Complaint upheld and apology issued. Ambulance delay was due to high demand at the time of call.	Recruitment plans to fill vacant EMT and paramedic posts are in place to ensure better resources are available during future emergency calls.
COMP/1173	Complaint regarding the non-arrival of a non-emergency ambulance.	Complaint upheld. Miscommunication between 2 control centres & crew led to cascade of problems.	Letter of apology and explanation issued. Complaint to go to SEMT for review on actions. Crew involved have been entered into the disciplinary procedure.
COMP/1179	Complaint regarding delay of patient transportation from Ulster to Downe. Patient had to wait in Ulster overnight for PCS resource to convey patient back to Downpatrick.	Complaint upheld and apology issued. Delay was due to lack of resources at the time of call.	The Chief Executive would like to use the complaint as a case study to carry out a detailed learning event so that we can learn and change to ensure that this kind of delay/event is not suffered by any other patients.
COMP/1196	Complainant alleges the driver of an emergency vehicle lit up a cigarette whilst driving on an emergency call.	Complaint upheld and referred to Trust's Disciplinary Procedure.	Referred to disciplinary - letter sent explaining Trust's process
COMP/1183	Complaint regarding the length of time it took for an emergency response.	Complaint upheld and apology issued. Delay was due to high demand and no available resources at the time of the call. Detailed explanation of future resource plans included in response.	With further recruitment plans in place 2017/18 for additional resources, this will address the issue of unavailable staff due to vacant posts, staff absence and no staff available to provide overtime shifts.
COMP/1174	Complainant alleges paramedic made aggressive remarks towards her dog.	Letter of apology and explanation issued. No further action identified.	Paramedic to be reminded of the importance of proper/appropriate communication with patients and members of the public. Letter of apology issued.
COMP/1190	Constituent member waited 7 hours for an ambulance.	Complaint upheld with letter of apology and explanation for ambulance delay issued.	Letter of apology and explanation issued.
COMP/1187	Complaint on behalf of constituent member who waited over 30 minutes for an ambulance for his 2 year old daughter.	Complaint Upheld and letter of apology issued. The investigation found that the Northern Division were down to 13 crews out of a planned 17. Due to all ambulances in the area being engaged on other calls, the nearest available ambulance was dispatched and unfortunately this took approx 30 mins to arrive.	DCM to alert the North Control Officer that on this occasion, they could have potentially liaised with the East Control Officer for assistance with the response.

CLOSED COMPLAINTS - DECEMBER 2016 – FEBRUARY 2017			
Ref	**Description**	**Outcome**	**Action taken (Investigation)**
COMP/1209	Complainant alleges that crew were rude, unhelpful, disrespectful, did not show empathy and made a number of inappropriate remarks (listed).	Area Manager resolved locally. Telephoned complainant and apologised and reassured the complainant that the crew will be taken over the complaint and reminded of the expected standards/values of the Trust. Complainant satisfied with outcome.	No further action identified.
COMP/1200	Complainant alleges she had to push her 8 year old son out of the way of an ambulance with no blue lights on whilst she was using a zebra crossing.	Complaint upheld and staff member counselled on due care and attention whilst driving. Complaint handled under local resolution by Downpatrick station officer.	Letter of apology and explanation issued under local resolution.
COMP/1201	Complaint regarding the length of time it took for an emergency response.	Letter issued with explanation and apology to the complainant for the delay in the response of the conveying ambulance.	Letter of apology and explanation sent. Unit to be flagged as no medical cover available at facility.
COMP/1096	Complaint regarding the actions and attitude of crew member where the patient was strapped in so tight the straps were digging into his arms.	Resolved using local resolution. Area Manager contacted the complainant and issued apology and reassurance that the crew member would be formally taken through procedures regarding the expects standards/code of conduct for all NIAS Staff. Complainant happy with outcome.	No further action identified.
COMP/1212	Complaint regarding the attitude of a paramedic who was allegedly rude and dismissive of this complainant who was trying to assist with an injured patient.	The complainant has withdrawn the complaint.	Complaint withdrawn
COMP/1190	Constituent member waited 7 hours for an ambulance.	Complaint upheld with letter of apology and explanation for ambulance delay issued.	Letter of apology and explanation issued.

Section 1: Human Resources & Corporate Services

HRCS KPI: Supporting Trust Priorities

Claims 2016/17

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

	C/O	A	M	J	J	A	S	O	N	D	J	F	M	Total
Employers Liability	**28**													
Claims Received		0	0	2	1	1	1	0	1	0	1	1		**8**
Claims Settled		2	1	1	0	0	1	0	2	1	1	3		**12**
Cases Ongoing														**28**
Public Liability	**1**													
Claims Received		0	0	0	1	0	0	0	0	1	0	0		**2**
Claims Settled		0	0	0	0	0	0	0	0	0	1	1		**2**
Cases Ongoing														**1**
Clinical Negligence	**14**													
Claims Received		0	0	0	0	0	0	0	1	1	0	2		**4**
Claims Settled		0	0	0	0	0	0	0	0	0	0	0		**0**
Cases Ongoing														**14**

Lessons Learned:

4 Employee Liability cases settled:

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

Commentary:

The Trust aims to ensure that all claims:

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

Categories of Claims Received 2016/17

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

Employers Liability:

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

Clinical Negligence:

* Patient had misdiagnosed MI.

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

Concerns raised under Public Interest Disclosure (NI) 1998 (WHISTLE BLOWING)

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2016-17
1	0	0	0	0	1	0	0	0	0	0		**2**

Section 2: Education, Learning & Development

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

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

The news that state-of-the-art technology is soon to be introduced at RATC has been welcomed unreservedly. The smart screens, video-conferencing equipment and connected handheld tablets will combine to realise the vision for a truly interactive classroom; this will revolutionise how NIAS facilitates clinical education for both pre and post registration clinicians alike. However, it also has much broader implications, as the impending *'virtual learning environment'* will be an invaluable asset for us as NIAS continues to forge relationships with the education departments of other ambulance Trusts and Institutions throughout the UK. Once installation has been completed; RATC would like to extend an invitation for Trust Board to see first-hand how this technology is being employed.

ELD Highlight report:

- Another item of technology that will have an impact upon RATC is the introduction of the new defibrillator from Ortus. The *'Corpuls'* model has been selected to replace the existing Philips *MRX*; and it will be rolled-out to all Divisions next year. The training implications for this new device are substantial; every A&E clinician in the Trust will require a period of training, so discussions with Ortus have already started with this in mind. The first 'Train-The-Trainer' session will commence within year, with the Divisional Training Officers availing in the first instance. Ortus have undertaken to provide a comprehensive support package to back up the initial training; this will include online support and 'reassurance' sessions, which should serve to smooth the transition from *MRX* to *Corpuls*.
- The first cohort of student EMTs continue on the inaugural *Associate Ambulance Practitioner* programme and are due to emerge onto practice placement in early April. The second cohort of 24 learners (AAP 2) is planned to commence driving tuition in early May. ACA 1 also continues, and ACA 2 will start on 3rd April.
- RATC received their first External Quality Assurance visit from FutureQuals in late February in relation to the new regulated driving programmes. The visit was successful, with the visiting EQA citing that the programme documentation was of a 'high to very high standard'. Subsequently, RATC has achieved 'Direct Claim Status' for certification; this reflects well on the quality and quantity of work that the driving instructors have put into the Level 2 and Level 3 driving awards.
- The NIAS Conflict Resolution Training (CRT) package is in the final stages of being prepared for roll-out, with solely the 'disengagement
- Cohort 3 of the Patient Assessment and Clinical Reasoning module (PACR) has been offered out to all Paramedic Station Supervisors and to Station Officers. This has been done to reinforce and reignite the clinical leadership role of operational managers, and also to develop and mainstream the Trust's Quality Improvement vision.
- By enhancing their own patient assessment skills and by developing clinical decision-making, it is hoped that these vital links in the NIAS chain will be better able to truly fulfil their clinical leadership roles. Extensive experience, keen clinical insight and increasing underpinning knowledge should provide the right blend required to appropriately support their colleagues.
- In addition, RATC and TMPT have also collaborated with the HSC Clinical Education Centre to provide a potential programme of courses open to both EMTs and paramedics alike. The first course will take place on 22nd March and focuses upon 'Advanced ECG Interpretation'. Such was the level of interest, that when the course became available online, it subscribed fully in under 30 minutes! It is hoped that after the evaluation of this 'pilot', that a calendar of similar events can be secured.
- The Appropriate Care Pathway Working Group have relocated to Belfast for the final series of Clinical Update Seminars. In addition to operational paramedics, Area Managers, Divisional Training Officers, Station Officers, Clinical Support Officers, and Emergency Planning Officers have also availed of the one day event. It is the intention of RATC to continue this great work and reconfigure traditional annual Post-Proficiency training into the new format, which has been universally welcomed by all those who have attended.
- The number of NIAS employees who have undertaken the Q2020 E-

skills' aspect to be completed. The theoretical aspects have been peer reviewed, adjusted and referenced to suit local legislation. The 'hands-on' element of the CRT package has however proved challenging, as RATC wishes to ensure that any technique employed by clinicians, as a last resort, should be reasonable and minimally impactful on the potential aggressor. To this end a decision to seek external recognised training for these skills was taken. *Solutions Training and Advisory* will be visiting RATC on 21st March to facilitate a Train-The-Trainer course in CRT Disengagement Skills. Once this has been completed, RATC will be in a position to facilitate CRT to Operations.

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

learning programme has now reached 110 of the 131 earmarked for completion; that is 84% of the overall target set by DHSSPS; and represents a 34% increase since the last Trust Board report. The target of 10% completion of all employees remains on course to be achieved by 31st March.

Section 3: Equality & Human Rights/Personal and Public Involvement/ Patient Experience/Media and Communication

HRCS KPI:	Supporting Trust Priorities; Transformation and Modernisation; Equality and Human Rights; Partnership & Employee Engagement

Section 75

- 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.
- The Trust works to mainstream section 75 considerations into policy development through engagement and screening processes.
- NIAS contributes to the HSC regional Equality and Human Rights agenda through participation in the DHSSPS Equality and Human Rights Steering Group.
- Contribute to regional work to develop revised Equality Scheme and Action Plan. Collaborative working with other HSC Trusts to review Equality Schemes and engage with the Equality Commission for Northern Ireland in relation to delivery of statutory duties within Health and Social Care.

Key Work Streams underway include

- Re-establishment of Trust Equality Forum to ensure engagement with Trade Union representatives and staff in relation to equality issues.
- Establishment of a NIAS Women's Forum.
- Lead on achievement of Rainbow Project's Diversity Champion status across HSC Trusts.
- Develop and introduce a Good Relations Strategy for NIAS.
- Develop Equality Toolkit and Training Module.
- Contribute to the development of a regional Discovering Diversity e-learning module.

Human Rights

- Human Rights consideration to Trust policy is incorporated within Equality and Human Rights Screening documentation.
- 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.
- Work is underway to develop an Equality and Human Rights toolkit for policy leads to mainstream statutory obligations into the policy development, consultation and implementation processes.

Supporting Trust policy

- 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.
- Key in this regard has been the mainstreaming of statutory requirements within the Trust's Transformation and Modernisation agenda. This has involved engagement with Section 75 representative groups impacted by proposals, including AGENI, Diabetes UK and Epilepsy Action.

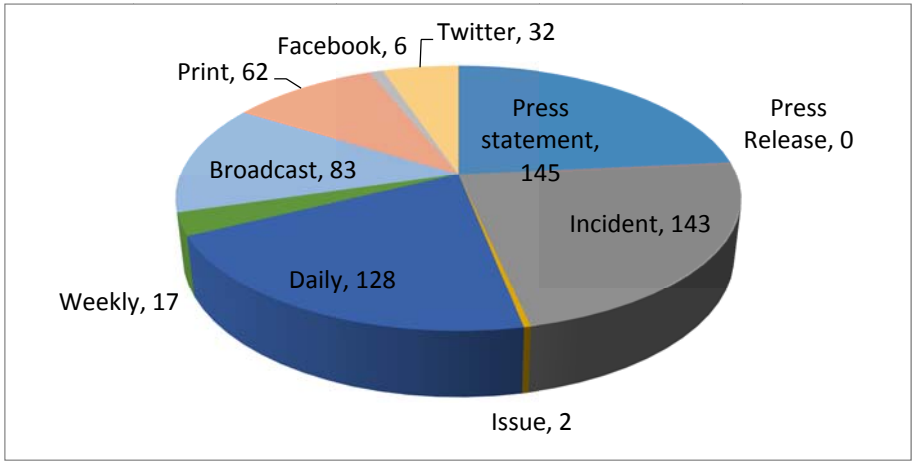
Section 3:	Equality & Human Rights/Personal and Public Involvement/ Patient Experience/Media and Communication
HRCS KPI:	Supporting Trust Priorities; Transformation and Modernisation; Equality and Human Rights; Partnership & Employee Engagement

NIAS Responses to Consultations November & December 2016

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link to Consultation
11/01/2017	HCPC Guidance on Social Media for Registrants	The Guidance could be more explicit in relation to the section "Maintain appropriate boundaries" and specifically around engaging with service users. The wording if "you plan to set up a separate professional account…..are employed and plan to use this account to have contact with service users, you ***may*** need to agree whether this is appropriate with your employer" should read more along the lines of "if you are employed and intend to set up a separate professional account where you direct any contact with service users, you should, due to the potential of comments published therein being understood, or misunderstood, as a corporate position, only do so with the express permission and guidance of your employer and adherence to your employers social media and other relevant policies".	http://www.hcpc-uk.org/aboutus/consultations/

11/01/2017	HCPC Revised Guidance on Confidentiality	More detail should be provided on page 11 of the guidance in relation to capacity to consent to disclosure of information, including a simple list of the criteria that must be met in assessing a person's capacity to consent and the premise that the service user has capacity unless proven otherwise. It would be useful to emphasise that confidentiality applies to information regarding service users that is both shared in writing but also verbally. The latter needs to be specifically included to make it more explicit.	http://www.hcpc-uk.org/aboutus/consultations
11/01/2017	Revised Guidance on Continuing profession Development	The revised guidance is an improvement on the previous versions. However, one possible further improvement could be to the flowchart which outlines the process for CPD and audit. The flowchart could be changed to include an initial single stream at the start (ongoing CPD), which then leads to a 'decision box' at the point of re-registration. Then the chart could split into the two process streams where the registrant is either selected for audit or not.	http://www.hcpc-uk.org/aboutus/consultations

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



Press and Media Activity. Jan & Feb 2017

Key Themes in press coverage

- During January and February 2017, NIAS issued 145 Press Statements in response to enquiries from the media .
- 4 media interviews were conducted during the period.
- The number of media outlets reached in this period totalled 145.
- Press statements tend to be issued in response to particular incidents which, in this period, included Assaults on ambulance crews, RTC's and HSC Pressures.
- The Trust Continues to engage with the public through social media which includes the Trust Facebook and Twitter platforms. Through this media we were in a position to highlight issues around assaults on crews and celebrate the national recognition of PCS Supervisor, Eddie Murphy..

Community Education

Number of Community Education Visits	65

- The Trust has continued to attend schools and community groups.
- Key messages have included the impact of hoax calls, innappropriate use of the service and violence against staff.
- Work is underway to further develop the public awareness campaign in respect of the changing face of the service linked to Transforming Your Care and the Trust's modernisation agenda

General Media and Communication Work Streams

- Ongoing engagement with regional and national communications groups has continued. Nationally this has involved work in line with priorities agreed by the Association of Ambulance Chief Executives (AACE) and regionally is linked to departmental objectives. The Trust's Media and Communications Manager continues to participate in the National Ambulance Communications Group (sub-group of AACE group) and its work streams.
- The Trust's Equality and Patient Experience and Communication functions support delivery of the Transformation and Modernisation agenda through leadership of a programme of Engagement and Communications. This included systems of communication and engagement with staff, service users, the public and other key stakeholders to inform development of the work streams within this framework.

Section 4: Transformation and Modernisation – Transforming Your Care

HRCS KPI: Modernisation and Reform

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

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

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

Transformation and Modernisation projects include:

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

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

Embedding

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

Education

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

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

Clinical Support Desk

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

Appropriate Care Pathways Highlight Report:

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

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

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

Quality Improvement

The Quality Improvement project continues to measure the quality of care being delivered to our patients through use of Clinical Performance Indicators. It is central to the effective embedding of the ACPs. The team continue to participate in Project Echo in partnership with the patient safety forum. Preparation is underway to introduce new topics and begin a new Q.I. project in April 2017.

Engagement

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

The second edition of a NIAS Clinical Newsletter was issued in Feb 2017.

Training in the Appropriate Care Pathways was conducted for staff who regularly participate in Community Education to enhance the ability to explain these pathways to members of the public.

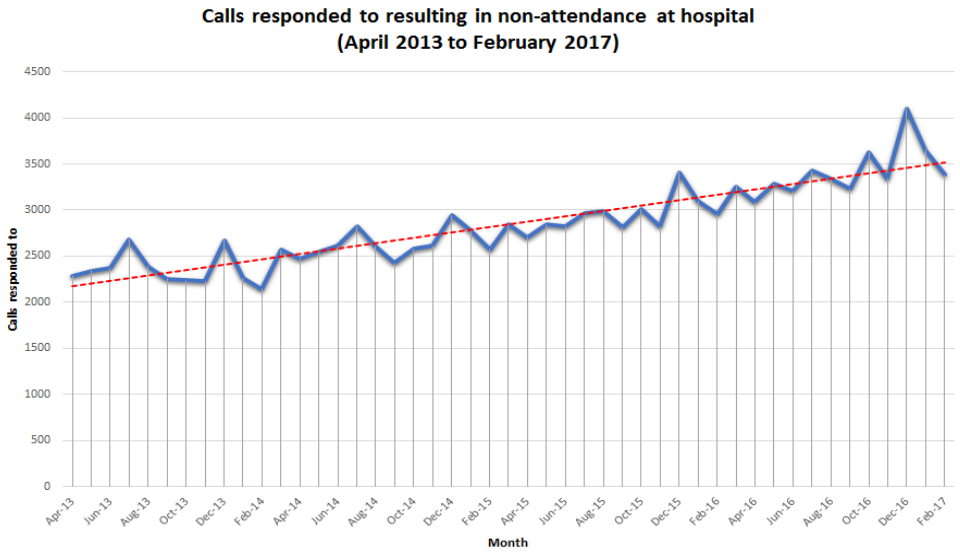
Section 4: Transformation and Modernisation – Transforming Your Care

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 3425 by Feb 2017. The proportion of patients not attending hospital following ambulance response has grown from 17.3% (2013/14) to 20.5% in 15/16 and now 24% in February.



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

	Alternative Destinations first eleven months of 16/17 (i.e. attended hospital, non ED).	**Alternative Destinations <u>FEBRUARY</u> 2017**
BCH Direct (Paramedic Referrals only) *	587 *	60 *
Cath Labs (Accepted by Cath Lab)	528	73
Type 3 Hospitals and Minor Injury Units	232	13
Antrim Area Medical Assessment Unit (Paramedic Referrals only) *	208 *	18 *
Alcohol Recovery Centre *	97 *	15*
Total *(Apr-Feb 13-14 and 16-17)*	**1,652**	**179**

Below is a summary of some of the Appropriate Care Pathway referral numbers. Compliance with new MDT codes still needs improved.

April 2016 – February 2017		***February 2017***
Diabetes Treat and Leave / Refer	425	57
Falls Referral	975	145
Southern Trust Acute Care at Home Team *	39 *	TBC *
South Eastern Trust Enhanced Care at Home Team *	9 *	TBC *
Belfast Trust Acute Care at Home Team *	105 *	11 *
Palliative Care	51	5
Epilepsy	81	18
Respiratory	47	4
Community Nursing	136	15
GP Referral	1,565	211
Total	**3,433**	**466**

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

MEDICAL DIRECTORATE

Medical Director
2017 / 04 / 06
(Jan-Feb 2017)

Medical Directorate Performance Report for Trust Board (January-February 2017)

Emergency Planning & Business Continuity	
	Please refer to attached Emergency Planning Report for January-February 2017. The Trust's Emergency Planning Team continue to participate in a full programme of major incident planning and multi-agency exercises to test such plans. During this reporting period four such exercises were undertaken. Operational pressures continue to cause difficulty in providing personnel and vehicles for these exercises, an increasing number of which are taking place as table-top rather than live exercises, as reflected in this reporting period where the majority of the exercises were table-top. The Trust has been commissioned to deliver Hospital Major Incident Medical Management and Support (HMIMMS) and Medical Management and Support (MIMMS) training to the wider HSC by the Health & Social Care Board and Department of Health respectively. Four courses were scheduled and have taken place in Q3/Q4 in 2016/17, with the last course scheduled for March 2017. Training delivered by the Cabinet Office Emergency Planning College has been undertaken by Directorate Business Continuity leads, a Business Impact Analysis questionnaire developed for use within the Trust, and distributed to Directorate leads for completion with support from the Emergency Planning Team. Due to constraints within the Emergency Planning Team, and the Trust being informed that the Department of Finance is no longer in a position to provide expert support and advice for this process, this has not been fully completed. The recruitment of a temporary dedicated Business Continuity lead was undertaken and an appointment made in February 2017. As an immediate outcome of this, a review of the existing Business Continuity plans during 2016/17, the Trust's Business Continuity Strategy and Policy has commenced, and the development of a programme of exercising of Business Continuity Plans will follow. Current on-call arrangements were subject to review by the NIAS Workforce Planning Group and a series of recommendations agreed. The implementation of these recommendations was initially deferred due to a number of significant events such as G8, World Police & Fire Games etc. More recently implementation has been further delayed to allow further consideration of cost, training and terms and conditions implications as well as the absence of a number of key personnel for several months during the year 2015-16. This has been further impacted by the outcome and recommendations of the review of industrial action during the year and an independent review to

	inform the development of a policy on the use of marked vehicles in 2016/17. Implementation has now been delayed beyond the end of 2016/17 to allow await the outcome of the demand capacity review.
Risk Management	
Corporate Risk Register	The Trust's Risk Management Strategy and Risk Management Policy have been reviewed and considered by SEMT and the Trust's Assurance Committee, and approved by Trust Board in October 2016. 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. Directorate Local Risk Registers are presented in turn to the Trust's Assurance Committee. 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 was presented to the Assurance Committee in January 2017 and will now be further updated to reflect strategic aims in the 2017-2020 Corporate Plan from April 2017.
Incident Reporting Procedures	A review of the incident reporting procedure to enhance the reporting of patient-related incidents commenced in 2015/16 but completion was delayed due to the retirement of the Risk Manager. It was anticipated that this would be completed by end Q3 2016/17 but was delayed whilst awaiting the appointment of administrative support for the Risk Manager. This review has now recommenced and is currently ongoing, and it is 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. 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.

Outcomes from Reports, Alerts, etc.	Regular reports on complaints, compliments, adverse incidents including SAIs involving NIAS, Coroner's reports, medication and device alerts continue to be provided to the Assurance Committee as standing agenda items. NIAS also continues to review relevant NICE guidelines and regional learning and quality letters and reports. New JRCALC Clinical Guidelines published in March 2016 including the new Resuscitation Guidelines have been received and have been distributed to operational staff. An aide memoire in PDF format containing protocols and referral pathways has been developed for use by staff and the Clinical Guidelines are now also available to staff in the form of an app. Alternative formats such as an app to access guidelines continues to be explored. A learning letter relating to sepsis in pregnancy received from PHA and HSCB has been circulated to all operational staff and will be presented to the next meeting of the Trust's Assurance Committee. No Coroner's reports or medical device / drug alerts relevant to NIAS were received during the reporting period.
Clinical Care	
Regional Community Resuscitation Strategy	As part of the implementation of the Community Resuscitation Strategy, the Implementation Group and its Sub-Groups with representatives from a range of other organisations and providers supported and facilitated the UK Resuscitation Council "Restart a Heart Day" in October 2016. Over four thousand people participated in CPR training regionally on that day. This received considerable media attention and a review of the day took place at the most recent meeting of the Implementation Group in December 2016. Planning for the day in 2017 has already commenced and it is hoped to train even more people in CPR in 2017. Following engagement by the Medical Director with DoH, the CMO and Permanent Secretary, confirmation of recurrent funding for Community Resuscitation Development Officers (CRDOs) from the Health & Social Care Board (HSCB) / Public Health Agency (PHA) was received for 2017/18 onwards with reduced funding to reflect part-year effect received for 2016/17. Recruitment of the CRDOs was delayed while the outcome of engagement with Trade Unions in relation to job evaluation was awaited. The evaluation of the CRDO posts will now take place during the first week of April 2017 with a recruitment process taking place immediately thereafter. As existing funding to support current resuscitation training initiatives ended in 2015/16, the majority of these initiatives have now ceased. In the interim, NIAS has continued to use the funding to support a number of resuscitation initiatives, particularly within the NHSCT. 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.
Patient Report Form (PRF)	Following the introduction of a revised PRF in 2015/16, a policy for PRF completion has been reviewed and updated, and was submitted to and approved by Trust Board in December 2016.
Electronic Patient Report Form (ePRF)	The progress of the Outline Business Case (OBC) for the introduction of an electronic Patient Report Form (ePRF) 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. Despite this the Trust has continued to engage with HSCB in the development of a regional Electronic HealthCare Record (EHCR) which will replace, as a minimum, the current Patient Administration Systems (PAS) in hospitals. This will require significant capital and revenue investment and as part of the business case development, various options including the position of an ambulance ePRF were considered within that project. Engagement with HSCB is still ongoing to scope if the ePRF should remain as a stand-alone initiative linking with the EHCR or should become an integral part of the EHCR development. Following the postponement of a number of meetings, NIAS 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. Feedback has been received from the Department of Health in relation to the Business Case in February 2017. These queries have now been addressed and approval of the Outline Business Case, which was submitted in October 2016, is now awaited from the Department of Health in order to allow the Trust to proceed. Failure to progress an ePRF will seriously constrain the Trust's ability to provide timely clinical information to further improve and maintain effective, high quality clinical care and support referral pathways and other initiatives including consideration of the introduction of outcome-based performance indicators.
Annual Quality Report	The Trust's 2015/16 Annual Quality Report was published in November 2016 and reviewed by Trust Board in December 2016. It was acknowledged that the report was very informative and positive. Work is currently ongoing to circulate the report internally but also to a wider external

	audience including public representatives.
Alternative Care Pathways	Work is continuing on the development of a number of policies including information markers and frequent callers. Completion of this work continues to be delayed by other competing pressures and capacity constraints. It is now anticipated that these will not be circulated for consultation and comment within the Trust until the end of Q4 2016/17. The establishment of the CSD in Emergency Ambulance Control (EAC) was significantly delayed pending the outcome of the Job Evaluation and Job Specification process. However work has continued in preparing Ambulance Control systems and operational protocols for the CSD, and the job evaluation will now take place end March 2017, with a recruitment to follow in Q1 2016/17. A quality improvement programme to monitor and review compliance with the appropriate care pathways introduced last year has commenced with the initial reports for a number of pathways being reported to Trust in June 2016. Further reports have been submitted to Trust Board and the Trust's Assurance Committee. These reports will facilitate monitoring and feedback at an organisational, divisional and local level. Please refer to the attached report as part of this programme regarding compliance with a range of care bundles for a number of clinical conditions.
Helicopter Emergency Medical Service (HEMS)	Following a Ministerial statement in September 2015, and a public consultation from November 2015 to January 2016, in March 2016 the Health Minister made a public announcement regarding the establishment of a HEMS service in Northern Ireland and that the HSCB would commission NIAS to deliver the service. Following the announcement NIAS has met on a number of occasions with the Department of Health and HSCB as well as a potential charitable partner to clarify the funding and delivery model. The Minister has announced that the charitable partner will be Air Ambulance Northern Ireland (AANI). A draft Memorandum of Understanding between NIAS and AANI was approved by Trust Board in July 2016. The Trust submitted a strategic outline business case for HEMS to DoH in December 2016, and approval is awaited. Funding support for an investment proposal for pre-project costs for a Project Manager and operational and clinical leads has been received. NIAS participated in meetings with the CMO and other HSC Trusts regarding the delivery model and an anticipated date of commencement for the HEMS service. A further announcement was made by the Minister at the beginning of March 2017, following advice from the CMO, confirming the operational model as a doctor/paramedic based at the Maze / Long Kesh (MLK) with a potential commencement date of twelve weeks following the announcement. The recruitment of the operational lead and HEMS paramedics was delayed due to delays in the job evaluation process while the outcome of engagement between the Trust and Trade Unions

	regarding the job evaluation process was awaited. The job evaluation process was completed in the first week of March 2017 with the recruitment process commencing on 10 March 2017. The closing date for applications is 24 March 2017. It is hoped that appointments will be made during April 2017 with a potential commencement date for the service in the late spring / early summer. The medical clinical lead was appointed in Q3 2016/17. The HEMS Management Board has been established and has met in advance of the commencement of the service with agreement on membership, Terms of Reference and standing agenda items in relation to financial reporting and monitoring. It has been agreed that the clinical advisory groups for HEMS and the Regional Trauma Network be combined and the NIAS Medical Director has been asked to lead the Project Board for the development of the Regional Trauma Network. The first meeting of the Regional Trauma Network Board took place in December 2016 and the Clinical Advisory Group appointed in January 2017. The Clinical Advisory Group is currently meeting monthly and initial Standing Operational Procedures have been developed.
Personal Public Involvement / Patient Client Experience	
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, reviewing progress and learning from results with service users. Further work is underway to use 10,000 Voices as a learning and engagement tool for the Transformation and Modernisation Programme around Transforming Your Care and Alternative Care Pathways. A pilot of a separate survey on Appropriate Care Pathways was launched in February. During the reporting period we developed a work-plan which includes: • a workshop with service users and the PHA to be held on 13 April 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 (PPI)	The Trust’s Personal and Public Involvement (PPI) Strategy outlines its commitment to involving key stakeholders such as service users, carers and their representatives in the development of services. The Trust continued to participate in regional PPI work with other HSC organisations to ensure a collaborative approach across HSC. This included related training and awareness programmes for staff. Following attendance at Regional PPI Forum social media training (during the previous reporting period), staff followed up on enhancing social media capacity by developing contacts with, and visiting, the PSNI social media team in January. This interaction and learning will inform social media strategy to help enhance options for PPI engagement. PPI involvement with service users as part of the Transformation and Modernisation work streams continued during the reporting period. A key priority remained engagement around Transformation and Modernisation and related Alternative Care Pathways. Engagement events, incorporating as appropriate the NIAS Community Education team and promotion of ACPs in conjunction with the T&M team, recently included: • 25 January – Older People’s Panel Ballymena • 16 March – Park Centre shopping centre Further shopping centre events are being developed, taking into account an evaluation of those held already (including during March 2016). In addition on 15 March, a successful workshop to

	develop the future community engagement strategy was convened with relevant staff. This was informed in part by initial quantitative research on annual visits. Both this engagement and further research will feed into the objectives and actions for enhancing effective PPI through community education. For example, this may involve looking at the effectiveness of community education visits in terms of feedback/evaluation and front-facing communication themes. On Monday 27 February, staff participated in the Regional PPI Forum, including other trusts and service users. This was held regionally at The Junction, run by the STEP organisation in Dungannon. As a result of the meeting, an issue raised by a service user representative was fully reported to the Transformation and Modernisation Team and is being processed. On Thursday, March 23, staff met with the Rainbow Project to continue developing the delivery Diversity Champion status within NIAS. This is feeding directly into the Trust's PPI obligations through a range of awareness-raising, training and policy-proofing tools which will enhance inclusiveness and participation. The project development process is ongoing. During the reporting period, staff also liaised with colleagues in Training, Learning & Development to assess the extent and appropriateness of statutory and mandatory training around equality, PPI and human rights. A wide range of policies and actions affecting PPI were presented and subjected to inspection by Internal Audit, while staff also contributed to drafting the PPI content of the Trust Assurance Framework.

EMERGENCY PLANNING REPORT for January to February 2017 period

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

Potential Major Incident

On 17 January 2017 at 17.38 NIAS received a 999 call for a road traffic collision involving two cars and a van. Initial reports stated that there were six adults and three children involved. Four A&E crews, two Officers, 1 Rapid Response Vehicle, the Emergency Equipment Vehicle and the Mobile Control Vehicle were tasked to the scene. A further three Officers made themselves available but were not tasked by Control. The incident was stood down at 17.59 by the Rapid Response paramedic following assessment of the scene on their arrival. Two hospitals were alerted but no patients travelled to hospital.

Major Incidents

There were no declared major incidents during this period.

Airport Alerts

On 4 February 2017 at 13.56 NIAS received an airport alert to the Belfast International Airport for a plane landing with a fuel leak on one wing. Six A&E crews, two Intermediate Care crews, two Rapid Response Vehicles, four Officers, a doctor, the Emergency Equipment Vehicle and the Mobile Control Vehicle were tasked to the scene. The plane landed safely and the incident was stood down with no casualties.

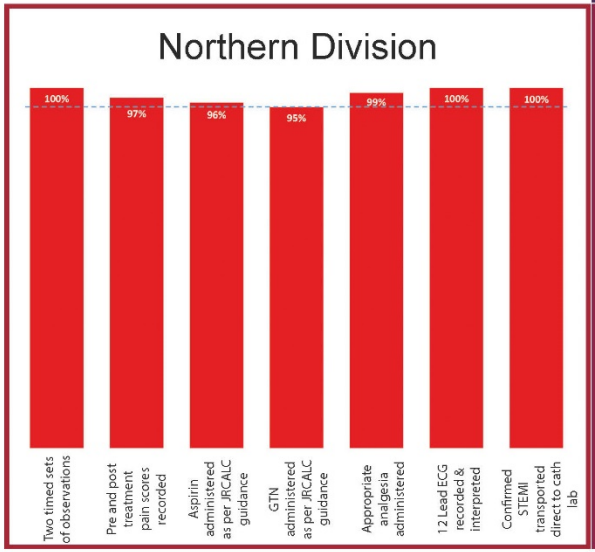
HAZMAT / Hazardous Area Response Team (HART) deployments

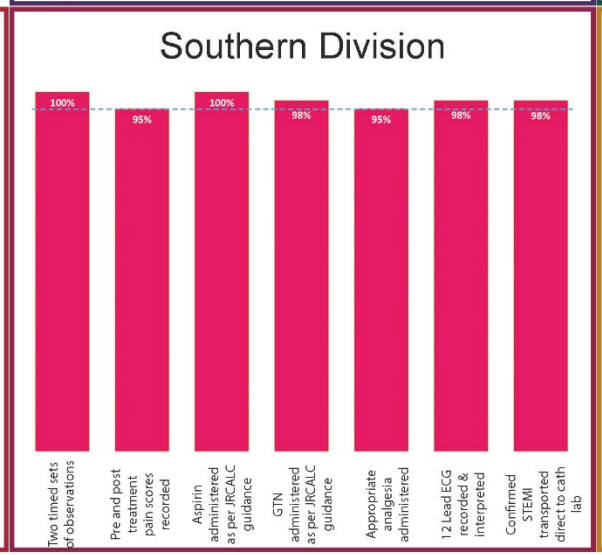
111 = Deployments with Breathing Apparatus skills/ HAZMAT deployments
17 = Restricted space
10 = Incident at height
13 = Inland Water Operations
4 = HAZMAT
2 = Mountain Rescue

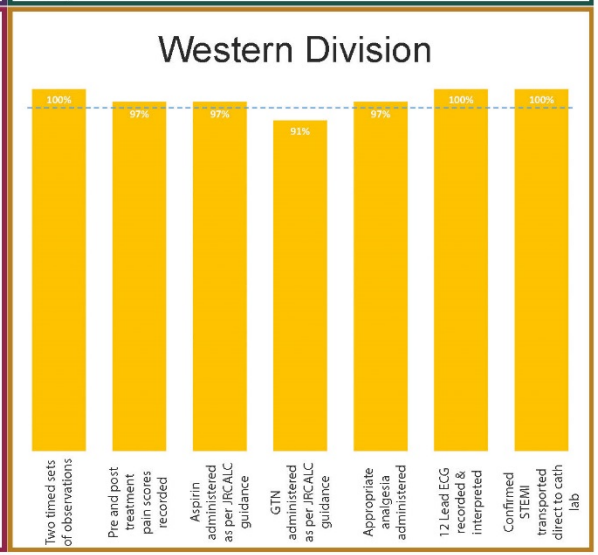
William Newton
EMERGENCY PLANNING OFFICER

Northern Ireland Ambulance Service
Health and Social Care Trust

Acute Cardiac Syndrome Quality Improvement Compliance by Division (February 2017)







Northern Ireland Ambulance Service
Health and Social Care Trust

ACUTE CORONARY SYNDROME

QUALITY IMPROVEMENT - PRF AUDIT

continuous improvement
Pursuing Excellence

Reporting Period 01-Apr-16 to 28-Feb-17

Transforming Your Care

		Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Total PRFs audited		**132**	**207**	**195**	**193**	**208**	**236**	**329**	**301**	**229**	**317**	**260**	**0**
Two timed sets of basic observations	Yes	130	198	189	190	205	228	324	287	223	312	256	0
	No	1	9	5	3	2	5	3	8	4	3	2	0
	Exemption	1	0	1	0	1	3	2	6	2	2	2	0
	KPI (95%)	**99%**	**96%**	**97%**	**98%**	**99%**	**98%**	**99%**	**97%**	**98%**	**99%**	**99%**	**0%**
Pre AND post treatment pain scores recorded	Yes	89	119	135	134	151	176	245	232	173	245	206	0
	No	30	71	41	46	47	46	64	43	31	38	24	0
	Exemption	13	17	19	13	10	14	20	26	25	34	30	0
	KPI (95%)	**77%**	**66%**	**79%**	**76%**	**77%**	**81%**	**81%**	**86%**	**86%**	**88%**	**91%**	**0%**
Aspirin administered as per JRCALC guidance	Yes	74	148	142	141	138	171	249	232	181	244	222	0
	No	34	28	18	29	31	31	34	34	17	14	11	0
	Exemption	24	31	35	23	39	34	46	35	31	59	27	0
	KPI (95%)	**74%**	**86%**	**91%**	**85%**	**85%**	**87%**	**90%**	**89%**	**93%**	**96%**	**96%**	**0%**
GTN administered as per JRCALC guidance	Yes	63	127	114	123	130	156	202	194	160	214	194	0
	No	23	25	17	16	20	17	25	19	8	14	12	0
	Exemption	46	55	64	54	58	63	102	88	61	89	54	0
	KPI (95%)	**83%**	**88%**	**91%**	**92%**	**90%**	**93%**	**92%**	**94%**	**97%**	**96%**	**95%**	**0%**
Appropriate analgesia administered e.g. Entonox / morphine	Yes	26	65	64	73	72	69	111	105	95	118	112	0
	No	36	58	48	47	33	49	60	49	25	29	20	0
	Exemption	70	84	83	73	103	118	158	147	109	170	128	0
	KPI (95%)	**73%**	**72%**	**75%**	**76%**	**84%**	**79%**	**82%**	**84%**	**89%**	**91%**	**92%**	**0%**
12 lead ECG recorded and interpreted	Yes	124	197	190	187	200	228	323	291	227	312	257	0
	No	6	8	4	2	7	2	6	6	1	4	1	0
	Exemption	2	2	1	4	1	6	0	4	1	1	2	0
	KPI (95%)	**95%**	**96%**	**98%**	**99%**	**97%**	**99%**	**98%**	**98%**	**100%**	**99%**	**100%**	**0%**
Patients with a confirmed STEMI transported direct to cath lab	Yes	13	20	22	23	22	16	36	31	20	40	38	0
	No	3	11	9	3	5	10	3	0	0	0	2	0
	Exemption	116	176	164	167	181	210	290	270	209	277	220	0
	KPI (95%)	**98%**	**95%**	**95%**	**98%**	**98%**	**96%**	**99%**	**100%**	**100%**	**100%**	**99%**	**0%**

Division

Belfast

- ☑ Ardoyne
- ☑ Broadway
- ☑ Purdysburn
- ☑ The Bridge

South Eastern

- ☑ Ballynahinch
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- ☑ Omagh
- ☑ Strabane

Belfast
South Eastern
Northern
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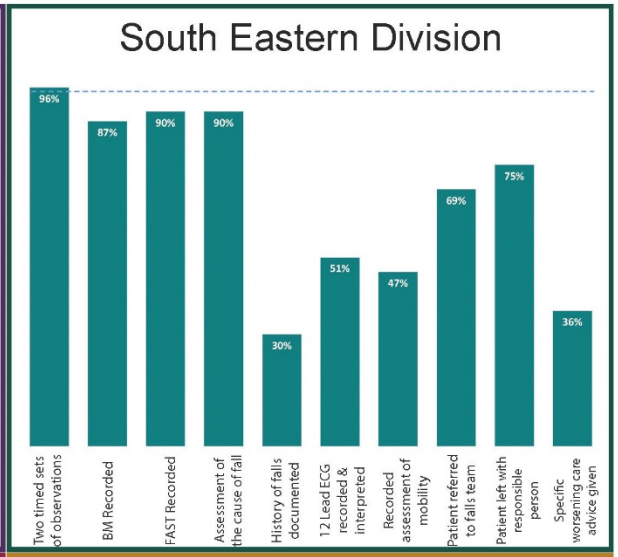
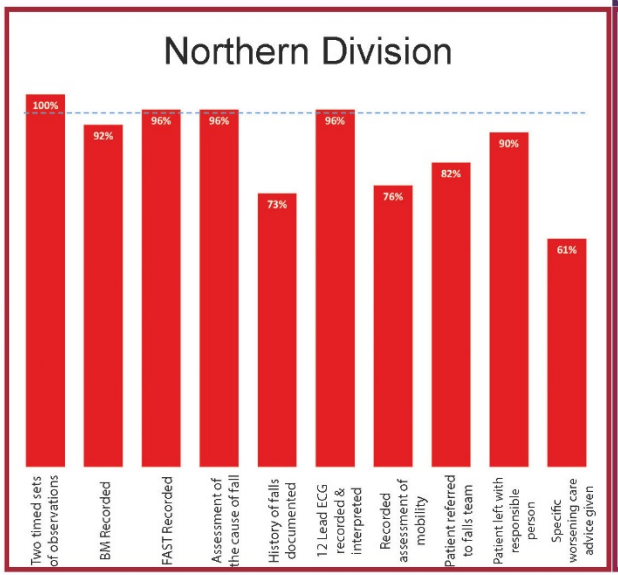
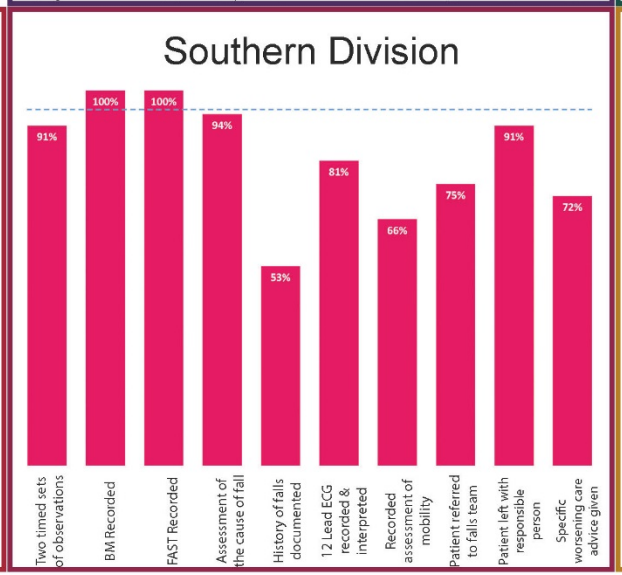
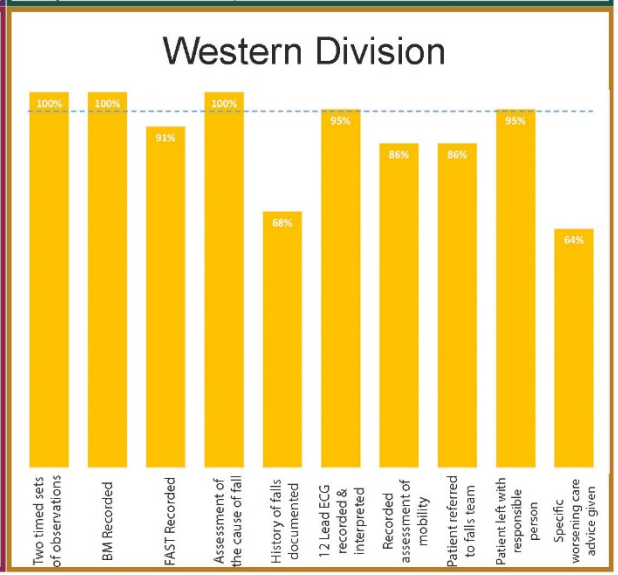
Northern Ireland Ambulance Service
Health and Social Care Trust

Falls Quality Improvement Compliance by Division (February 2017)









Northern Ireland Ambulance Service
Health and Social Care Trust

FALLS

QUALITY IMPROVEMENT - PRF AUDIT

continuous improvement
Pursuing Excellence

Reporting Period 01-Apr-16 to 28-Feb-17

Transforming Your Care

		Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Total PRFs audited		**73**	**137**	**148**	**140**	**141**	**172**	**236**	**173**	**180**	**208**	**191**	**0**
Two timed sets of basic observations	Yes	63	122	125	122	125	160	214	162	173	194	179	
	No	10	13	21	13	15	8	18	8	2	9	6	
	Exemption	0	2	2	5	1	4	4	3	5	5	6	
	KPI (95%)	**86%**	**91%**	**86%**	**91%**	**89%**	**95%**	**92%**	**95%**	**99%**	**96%**	**97%**	
BM recorded	Yes	60	113	124	115	122	148	202	159	169	187	169	
	No	10	20	21	17	14	13	23	11	8	16	14	
	Exemption	3	4	3	8	5	11	11	3	3	5	8	
	KPI (95%)	**86%**	**85%**	**86%**	**88%**	**90%**	**92%**	**90%**	**94%**	**96%**	**92%**	**93%**	
FAST recorded	Yes	53	108	113	111	116	137	193	151	150	181	178	
	No	19	28	33	29	25	27	42	21	28	22	13	
	Exemption	1	1	2	0	0	8	1	1	2	5	0	
	KPI (95%)	**74%**	**80%**	**78%**	**79%**	**82%**	**84%**	**82%**	**88%**	**84%**	**89%**	**93%**	
Assessment to the cause of fall documented	Yes	61	121	133	120	119	149	203	141	152	173	169	
	No	10	13	14	20	21	20	29	24	19	25	13	
	Exemption	2	3	1	0	1	3	4	8	9	10	9	
	KPI (95%)	**86%**	**91%**	**91%**	**86%**	**85%**	**88%**	**88%**	**86%**	**89%**	**88%**	**93%**	
History of falls recorded	Yes	25	40	55	52	51	68	97	79	97	86	95	
	No	41	89	86	82	80	96	135	92	80	117	94	
	Exemption	7	8	7	6	10	8	4	2	3	5	2	
	KPI (95%)	**44%**	**35%**	**42%**	**41%**	**43%**	**44%**	**43%**	**47%**	**56%**	**44%**	**51%**	
12 lead ECG recorded and interpreted	Yes	15	31	53	46	38	55	87	74	92	79	91	
	No	42	70	53	54	53	49	52	33	25	65	48	
	Exemption	16	36	42	40	50	68	97	66	63	64	52	
	KPI (95%)	**42%**	**49%**	**64%**	**61%**	**62%**	**72%**	**78%**	**81%**	**86%**	**69%**	**75%**	
Assessment of mobility recorded	Yes	32	68	83	68	93	102	135	103	103	132	115	
	No	39	62	64	66	46	65	98	63	68	71	68	
	Exemption	2	7	1	6	2	5	3	7	9	5	8	
	KPI (95%)	**47%**	**55%**	**57%**	**53%**	**67%**	**62%**	**58%**	**64%**	**62%**	**66%**	**64%**	
Patient referred to falls team	Yes	11	26	41	41	40	32	69	68	95	94	83	
	No	30	63	59	40	43	40	66	51	38	53	44	
	Exemption	32	48	48	59	58	100	101	54	47	61	64	
	KPI (95%)	**59%**	**54%**	**60%**	**71%**	**70%**	**77%**	**72%**	**71%**	**79%**	**75%**	**77%**	
Patient left in care of responsible person	Yes	51	101	110	108	109	113	180	124	139	160	150	
	No	19	33	34	19	27	29	36	26	30	27	29	
	Exemption	3	3	4	13	5	30	20	23	11	21	12	
	KPI (95%)	**74%**	**76%**	**77%**	**86%**	**81%**	**83%**	**85%**	**85%**	**83%**	**87%**	**85%**	
Appropriate worsening care advice given	Yes	26	55	60	57	61	78	106	75	92	100	94	
	No	44	75	87	72	75	76	116	92	86	103	88	
	Exemption	3	7	1	11	5	18	14	6	2	5	9	
	KPI (95%)	**40%**	**45%**	**41%**	**49%**	**47%**	**56%**	**51%**	**47%**	**52%**	**50%**	**54%**	

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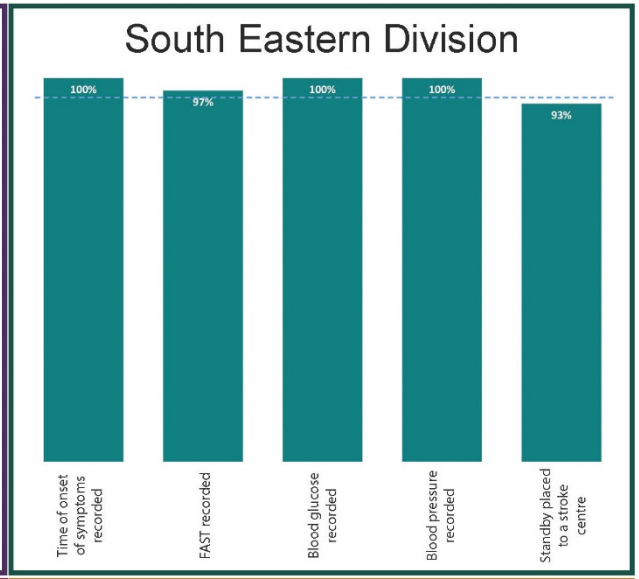
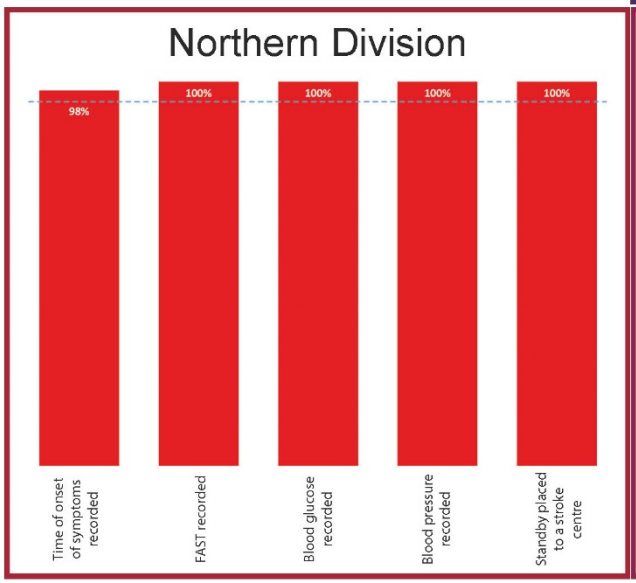
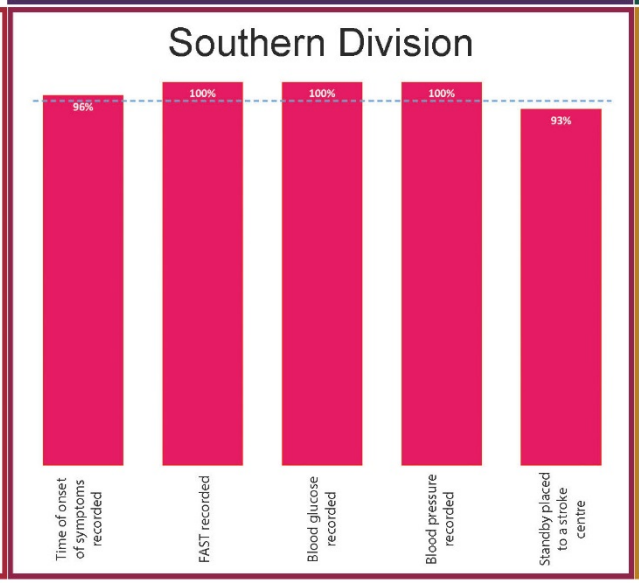
Belfast
South Eastern
Northern
Southern
Western
NI

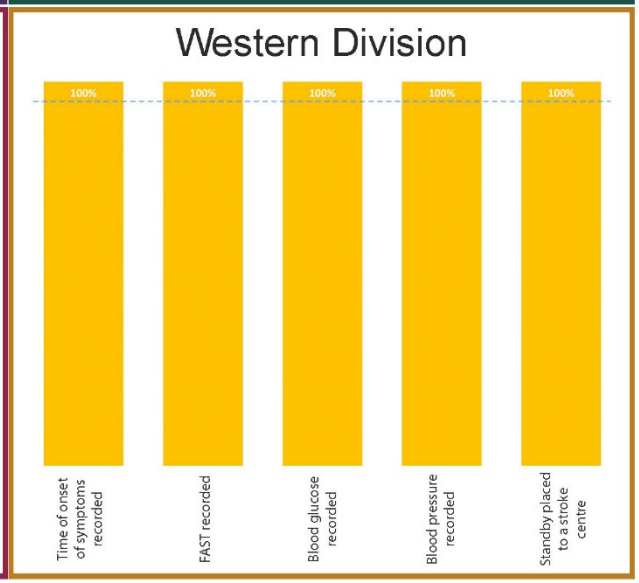
Northern Ireland Ambulance Service
Health and Social Care Trust

Stroke Quality Improvement Compliance by Division (February 2017)









Northern Ireland Ambulance Service
Health and Social Care Trust

STROKE

QUALITY IMPROVEMENT - PRF AUDIT

continuous improvement
Pursuing Excellence

Reporting Period 01-Apr-16 to 28-Feb-17

Transforming Your Care

		Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Total PRFs audited		**0**	**1**	**0**	**1**	**8**	**67**	**92**	**131**	**146**	**178**	**155**	**0**
Time of onset of symptoms recorded	Yes	0	1	0	1	7	51	81	120	129	169	139	0
	No	0	0	0	0	1	6	5	5	5	2	4	0
	Exemption	0	0	0	0	0	10	6	6	12	7	12	0
	KPI (95%)	**0%**	**100%**	**0%**	**100%**	**88%**	**91%**	**95%**	**96%**	**97%**	**99%**	**97%**	**0%**
FAST recorded	Yes	0	1	0	1	8	67	90	128	143	177	154	0
	No	0	0	0	0	0	0	1	2	2	1	1	0
	Exemption	0	0	0	0	0	0	1	1	1	0	0	0
	KPI (95%)	**0%**	**100%**	**0%**	**100%**	**100%**	**100%**	**99%**	**98%**	**99%**	**99%**	**99%**	**0%**
Blood glucose recorded	Yes	0	1	0	1	8	63	89	128	143	174	155	0
	No	0	0	0	0	0	0	2	2	2	1	0	0
	Exemption	0	0	0	0	0	4	1	1	1	3	0	0
	KPI (95%)	**0%**	**100%**	**0%**	**100%**	**100%**	**100%**	**98%**	**98%**	**99%**	**99%**	**100%**	**0%**
Blood pressure recorded	Yes	0	1	0	1	8	66	91	130	145	178	155	0
	No	0	0	0	0	0	0	1	0	0	0	0	0
	Exemption	0	0	0	0	0	1	0	1	1	0	0	0
	KPI (95%)	**0%**	**100%**	**0%**	**100%**	**100%**	**100%**	**99%**	**100%**	**100%**	**100%**	**100%**	**0%**
Standby placed to a stroke centre	Yes	0	1	0	1	6	43	64	97	108	135	123	0
	No	0	0	0	0	0	7	11	15	13	8	4	0
	Exemption	0	0	0	0	2	17	17	19	25	35	28	0
	KPI (95%)	**0%**	**100%**	**0%**	**100%**	**100%**	**90%**	**88%**	**89%**	**91%**	**96%**	**97%**	**0%**

Division

Belfast

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Belfast
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Southern
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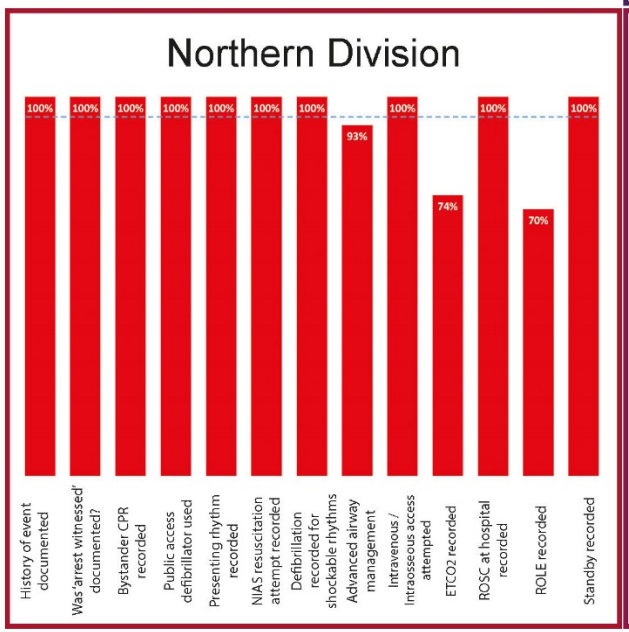
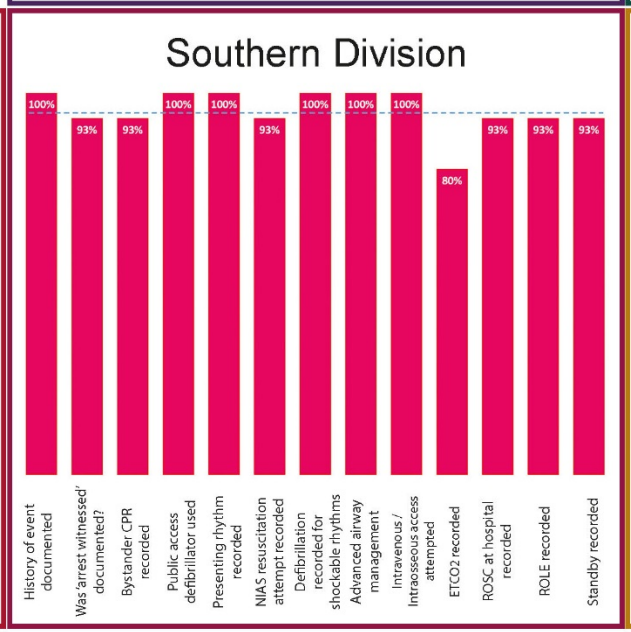
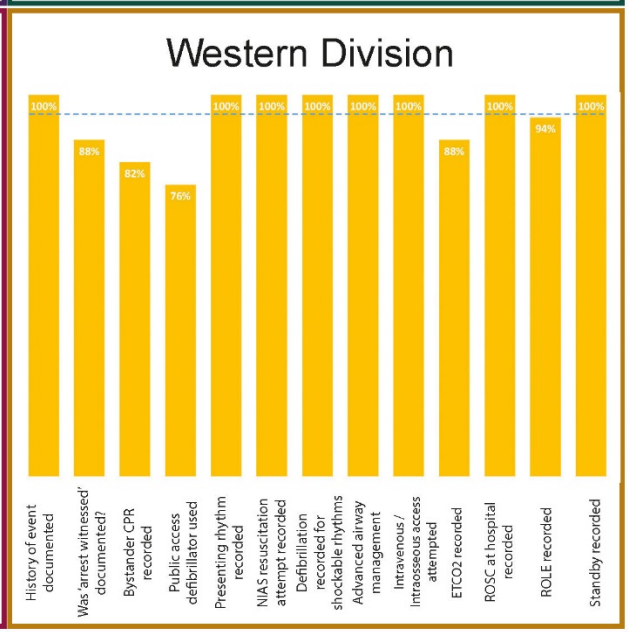
Northern Ireland Ambulance Service
Health and Social Care Trust

Cardiac Arrest Quality Improvement Compliance by Division (February 2017)







Northern Ireland Ambulance Service Health and Social Care Trust

CARDIAC ARREST

continuous improvement Pursuing Excellence

Reporting Period 01-Apr-16 to 28-Feb-17

Transforming Your Care

		Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Total PRFs audited		**0**	**0**	**29**	**60**	**60**	**56**	**79**	**81**	**73**	**91**	**93**	**0**
History of event documented	Yes	0	0	23	51	54	53	76	80	69	91	91	0
	No	0	0	1	3	1	1	2	0	3	0	1	0
	Exemption	0	0	5	6	5	2	1	1	1	0	1	0
	KPI (95%)	**0%**	**0%**	**97%**	**95%**	**98%**	**98%**	**97%**	**100%**	**96%**	**100%**	**99%**	**0%**
Was "Arrest witnessed" documented?	Yes	0	0	14	30	28	28	48	61	45	68	67	0
	No	0	0	9	13	20	12	16	10	14	12	5	0
	Exemption	0	0	6	17	12	16	15	10	14	11	21	0
	KPI (95%)	**0%**	**0%**	**69%**	**78%**	**67%**	**79%**	**80%**	**88%**	**81%**	**87%**	**95%**	**0%**
Bystander CPR recorded	Yes	0	0	18	38	42	37	50	59	50	67	67	0
	No	0	0	6	11	9	4	12	3	12	7	5	0
	Exemption	0	0	5	11	9	15	17	19	11	17	21	0
	KPI (95%)	**0%**	**0%**	**79%**	**82%**	**85%**	**93%**	**85%**	**96%**	**84%**	**92%**	**95%**	**0%**
Public access defibrillator used	Yes	0	0	1	4	4	4	6	9	3	4	5	0
	No	0	0	5	31	26	20	29	11	1	6	4	0
	Exemption	0	0	23	25	30	32	44	61	69	81	84	0
	KPI (95%)	**0%**	**0%**	**83%**	**48%**	**57%**	**64%**	**63%**	**86%**	**99%**	**93%**	**96%**	**0%**
Presenting rhythm recorded	Yes	0	0	27	53	58	54	78	78	71	91	92	0
	No	0	0	1	3	2	2	0	3	2	0	1	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%**	**100%**	**99%**	**0%**
NIAS resuscitation attempt recorded	Yes	0	0	22	45	50	44	63	75	71	87	86	0
	No	0	0	6	3	2	0	4	0	1	0	1	0
	Exemption	0	0	1	12	8	12	12	6	1	4	6	0
	KPI (95%)	**0%**	**0%**	**79%**	**95%**	**97%**	**100%**	**95%**	**100%**	**99%**	**100%**	**99%**	**0%**
Defibrillation recorded for shockable rhythms	Yes	0	0	7	18	10	10	24	30	21	27	28	0
	No	0	0	0	6	5	3	5	5	1	0	0	0
	Exemption	0	0	22	36	45	43	50	46	51	64	65	0
	KPI (95%)	**0%**	**0%**	**100%**	**90%**	**92%**	**95%**	**94%**	**94%**	**99%**	**100%**	**100%**	**0%**
Advanced airway management	Yes	0	0	19	42	44	39	48	62	67	77	76	0
	No	0	0	5	6	6	4	14	7	5	2	5	0
	Exemption	0	0	5	12	10	13	17	12	1	12	12	0
	KPI (95%)	**0%**	**0%**	**83%**	**90%**	**90%**	**93%**	**82%**	**91%**	**93%**	**98%**	**95%**	**0%**
Intravenous / Intraosseous access attempted	Yes	0	0	22	47	50	43	63	70	69	82	84	0
	No	0	0	1	4	0	0	5	2	2	2	0	0
	Exemption	0	0	6	9	10	13	11	9	2	7	9	0
	KPI (95%)	**0%**	**0%**	**97%**	**93%**	**100%**	**100%**	**94%**	**98%**	**97%**	**98%**	**100%**	**0%**
ETCO2 recorded	Yes	0	0	6	25	21	20	37	42	48	61	63	0
	No	0	0	15	21	28	24	26	27	22	17	19	0
	Exemption	0	0	8	14	11	12	16	12	3	13	11	0
	KPI (95%)	**0%**	**0%**	**48%**	**65%**	**53%**	**57%**	**67%**	**67%**	**70%**	**81%**	**80%**	**0%**
ROSC at hospital recorded	Yes	0	0	9	13	12	10	16	17	16	19	19	0
	No	0	0	3	10	7	7	8	9	11	4	1	0
	Exemption	0	0	17	37	41	39	55	55	46	68	73	0
	KPI (95%)	**0%**	**0%**	**90%**	**83%**	**88%**	**88%**	**90%**	**89%**	**85%**	**96%**	**99%**	**0%**
ROLE recorded	Yes	0	0	13	24	33	27	41	35	29	49	49	0
	No	0	0	3	10	12	12	8	14	9	8	11	0
	Exemption	0	0	13	26	15	17	30	32	35	34	33	0
	KPI (95%)	**0%**	**0%**	**90%**	**83%**	**80%**	**79%**	**90%**	**83%**	**88%**	**91%**	**88%**	**0%**
Standby recorded	Yes	0	0	10	18	16	18	25	33	30	30	33	0
	No	0	0	2	5	4	4	4	1	4	5	1	0
	Exemption	0	0	17	37	40	34	50	47	39	56	59	0
	KPI (95%)	**0%**	**0%**	**93%**	**92%**	**93%**	**93%**	**95%**	**99%**	**95%**	**95%**	**99%**	**0%**

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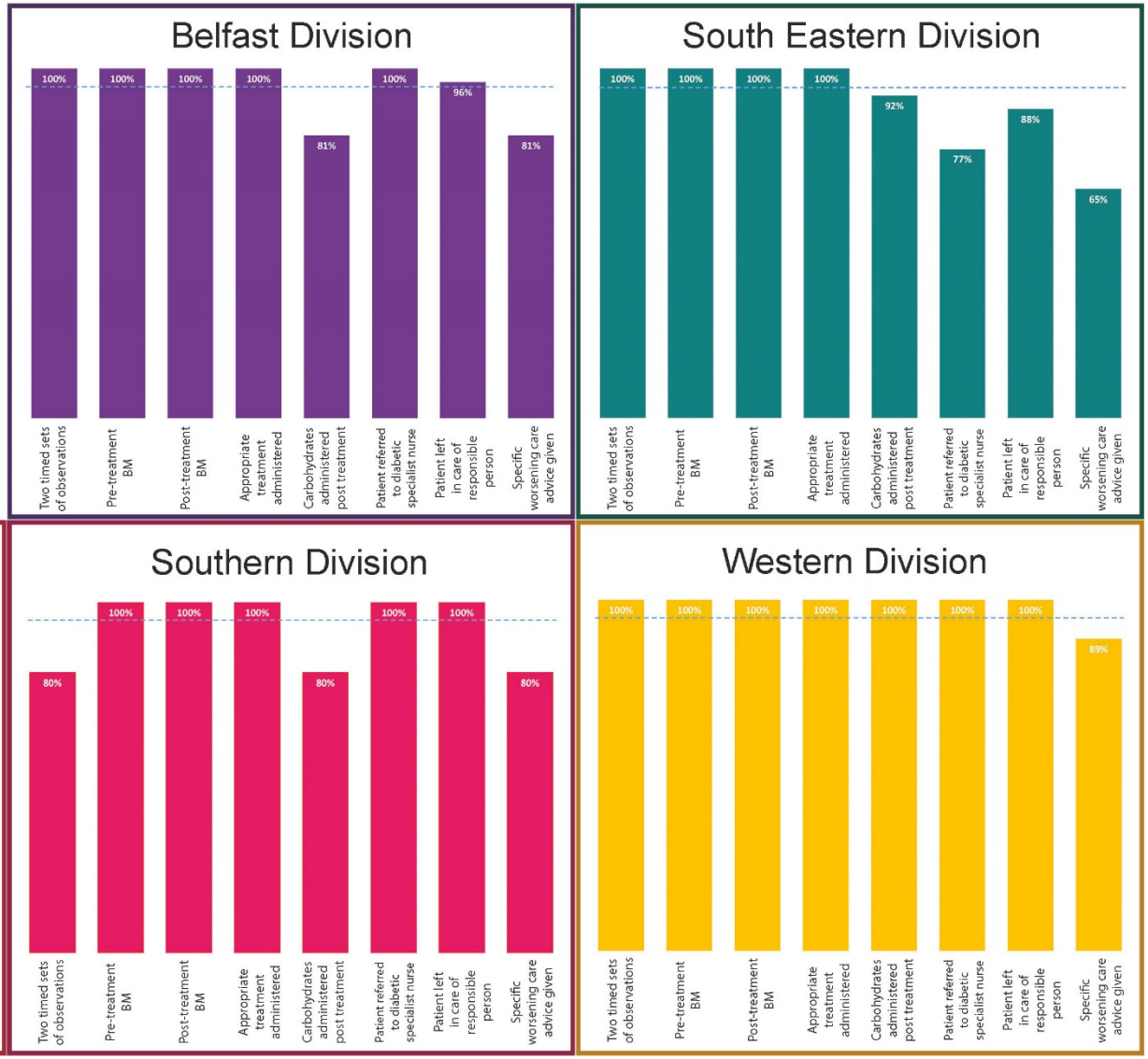
Northern Ireland Ambulance Service
Health and Social Care Trust

Hypoglycaemia Quality Improvement Compliance by Division (February 2017)



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

Northern Ireland Ambulance Service
Health and Social Care Trust

HYPOGLYCAEMIA

PRF AUDIT

continuous improvement
Pursuing Excellence

Reporting Period 01-Apr-16 to 28-Feb-17

Transforming Your Care

		Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Total PRFs audited		**35**	**75**	**78**	**77**	**86**	**78**	**94**	**104**	**71**	**106**	**91**	**0**
Two timed sets of basic observations	Yes	33	68	75	72	84	76	92	99	65	103	88	0
	No	2	5	3	4	2	1	2	4	3	3	1	0
	Exemption	0	2	0	1	0	1	0	1	3	0	2	0
	KPI (95%)	**94%**	**93%**	**96%**	**95%**	**98%**	**99%**	**98%**	**96%**	**96%**	**97%**	**99%**	**0%**
Pre-treatment BM recorded	Yes	35	68	76	74	83	76	92	99	67	103	88	0
	No	0	4	0	0	0	1	0	0	0	2	0	0
	Exemption	0	3	2	3	3	1	2	5	4	1	3	0
	KPI (95%)	**100%**	**95%**	**100%**	**100%**	**100%**	**99%**	**100%**	**100%**	**100%**	**98%**	**100%**	**0%**
Post-treatment BM recorded	Yes	34	72	71	73	83	75	92	96	64	104	91	0
	No	1	2	4	1	1	2	2	4	4	2	0	0
	Exemption	0	1	3	3	2	1	0	4	3	0	0	0
	KPI (95%)	**97%**	**97%**	**95%**	**99%**	**99%**	**97%**	**98%**	**96%**	**94%**	**98%**	**100%**	**0%**
Appropriate treatment administered (for age and GCS)	Yes	30	59	64	64	69	66	81	85	57	98	84	0
	No	2	1	3	0	2	1	1	4	3	1	0	0
	Exemption	3	15	11	13	15	11	12	15	11	7	7	0
	KPI (95%)	**94%**	**99%**	**96%**	**100%**	**98%**	**99%**	**99%**	**96%**	**96%**	**99%**	**100%**	**0%**
Carbohydrates administered post treatment	Yes	12	36	41	36	44	39	56	62	46	56	49	0
	No	10	17	13	13	16	14	16	11	5	4	12	0
	Exemption	13	22	24	28	26	25	22	31	20	46	30	0
	KPI (95%)	**71%**	**77%**	**83%**	**83%**	**81%**	**82%**	**83%**	**89%**	**93%**	**96%**	**87%**	**0%**
Patient referred to diabetic appropriate care pathway	Yes	7	13	10	18	22	19	29	38	32	52	42	0
	No	10	29	23	21	18	14	14	13	4	3	10	0
	Exemption	18	33	45	38	46	45	51	53	35	51	39	0
	KPI (95%)	**71%**	**61%**	**71%**	**73%**	**79%**	**82%**	**85%**	**88%**	**94%**	**97%**	**89%**	**0%**
Patient left in care of responsible person	Yes	16	39	38	44	44	46	58	51	39	50	51	0
	No	3	12	7	11	6	5	2	10	6	3	5	0
	Exemption	16	24	33	22	36	27	34	43	26	53	35	0
	KPI (95%)	**91%**	**84%**	**91%**	**86%**	**93%**	**94%**	**98%**	**90%**	**92%**	**97%**	**95%**	**0%**
Appropriate worsening care advice given	Yes	9	18	22	24	28	23	26	30	22	25	32	0
	No	10	33	27	28	24	31	33	31	21	30	23	0
	Exemption	16	24	29	25	34	24	35	43	28	51	36	0
	KPI (95%)	**71%**	**56%**	**65%**	**64%**	**72%**	**60%**	**65%**	**70%**	**70%**	**72%**	**75%**	**0%**

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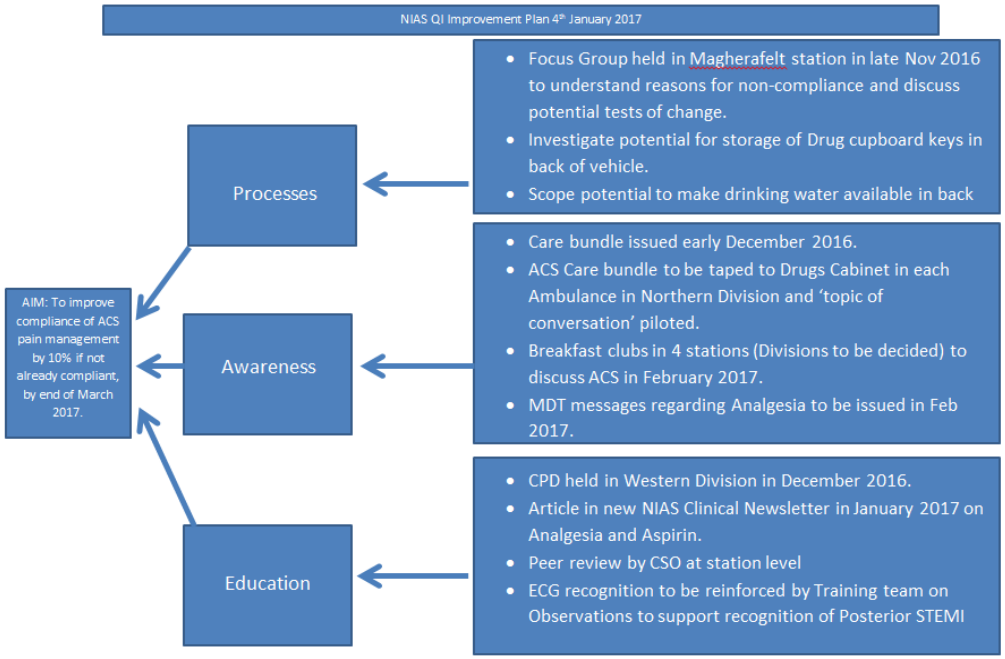
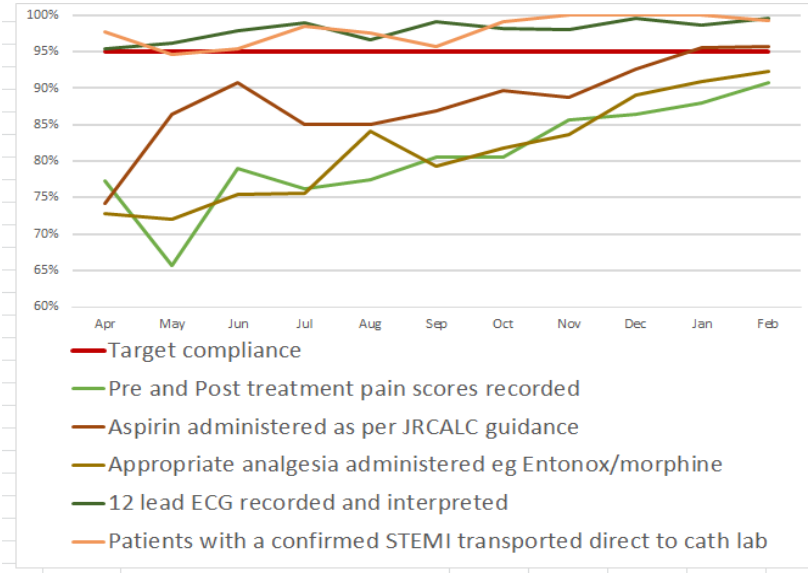
Quality Improvement Update



The Q.I. team, chaired by Ken Reid, Clinical Training Manager meet every six-eight weeks to review progress and agree 'Tests of Change' in order to improve compliance. The Falls Care Bundle has been reinforced at the Paramedic Clinical Decision Making Day which has been rolled out from Jan-March so a decision was taken to focus Tests of Change on Acute Cardiac Syndrome. See above the Driver Diagram indicating key actions which were developed in order to improve compliance. At end of February all aspects of the ACS care bundle were compliant with the exception of recording of Pain scores and the administration of Appropriate analgesia. Both improved (by 3% and 1% respectively) on January compliance and now are at 91% and 92% respectively. Further actions and a review of the actions above will be discussed at the Q.I. Project team on 23 March 2017.
A 'Quality Assurance' process of the Quality Improvement Clinical Audit is being developed and results of an initial pilot will be discussed at the project team.
There are a number of other areas of low compliance in the management of other conditions. In hypoglycaemia the issues of documentation and the administration of carbohydrates will be addressed through clinical supervision, and worsening care advice leaflets are being devised for distribution. In relation to falls, a "Call to Falls" month initiative will take place in May with an education drive in all Divisions with relevant information and the Clinical Support Team will give focus to these issues as well as the worsening care advice leaflets. The issue of the recording of end tidal carbon dioxide in cardiac arrest has led to a bulletin being posted on all station Q.I. noticeboards highlighting the importance of measurement in Out of Hospital Cardiac Arrest and to confirm compatibility with a number of airway devices.

Results: Compliance with ACS Care Bundle



PRESENTATIONS AND POSTERS!
Ken Reid and Ciaran McKenna gave a presentation on Quality Improvement work in NIAS at the Delivering Safer Care Conference and the group submitted a poster which received very favourable feedback from HSC colleagues. Sarah Williamson presented on the Q.I. work on the management of Acute Cardiac Syndrome at the Faculty of Medical Leadership and Management conference with support from Jonny Noble and Mike Patton.

NEW INITIATIVES
Plans to develop Q.I. within NIAS are being discussed at an upcoming Q.I. Steering Group and a workplan agreed. Preparatory work to enable the addition of two new categories to the clinical audit is underway.

TB/08/06/04/17

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

6 April 2017

Title:	ICT Strategy 2017 - 2022
Purpose:	Outlining IT contribution to NIAS strategic objectives
Content:	NIAS ICT Strategy 2017 - 2022
Recommendation:	For Approval
Previous Forum:	Information Governance Steering Group & SEMT
Prepared by:	IT Manager
Presented by:	Director of Finance & ICT

ICT Strategy 2017-2022

Northern Ireland Ambulance Service Trust

Draft V0.7 pending Trust Board approval 6th April 2017

Document Title	ICT Strategy 2017-2022 V0.7
Date	April 2017
Author	ICT Enabling Group

Revision History

Version number	Revision date	Previous revision date	Summary of changes	Changes marked
V0.1	22/04/2016			
V0.2	25/04/2016	22/04/2016	NIAS digital maturity map enlarged	Page 13
V0.3	05/12/16	25/04/16	Updates from IT	In document
V0.4	06/03/2017	05/12/2017	Feedback from ICT enabling	In document
V0.4.1	23/03/2017	06/03/2017	Feedback from Dir of Fin and ICT and IG steering group	In document
V0.5	24/03/2017	23/03/2017	Input from Corporate Manager	Page 20/22/23
V0.6	28/03/2017	24/03/2017	Input from SEMT	Page 31
V0.7	29/03/2017	28/03/2017	Chief Executive Foreword	Page 5

Approval History

Version	Name	Responsibility	Date

Distribution

Version	**Name**	**Title**	**Date**
V0.1	ICT Enabling Group	ICT Enabling Group	22/04/2016
V0.2	ICT Enabling Group Members	ICT Enabling Group	25/04/2016
V0.3	Information and Governance Steering Group	Information and Governance Steering Group	09/12/2016
V0.3	ICT Enabling Group	ICT Enabling Group	13/12/2016
V0.4	Information and Governance Steering Group	Information and Governance Steering Group	06/03/2017
V0.5	Corporate Manager	Corporate Manager	24/03/2017
V0.6	SEMT	SEMT	28/03/2017
V0.7	Chief Executive	Chief Executive	29/03/2017

Contents

Chief Executive's Foreword

The pace of change within the world of ICT is unrelenting, new models of delivery in all sectors means that our lives are becoming digital, even if sometimes we don't notice it happening. The process of shopping, travel and banking, to name but a few, have changed dramatically through technological innovations. These technological and societal changes set the expectations for the people we serve. Patients expect us to have their information at our fingertips, the public expect clinical decisions to be evidence based and available to us, wherever we are treating them. Our commissioners and Department of Health expect us to have accurate and timely information to plan and base decisions on. Given these increasing demands, it is of fundamental importance that we grab the opportunity that technology presents to deliver world class care. This strategy must be viewed as one of the key building blocks of our success over the next five years.

I believe that our approach to ICT must be twofold. Firstly we must allow new technology to shape our thinking, therefore being open to ideas around new ways of working, mobile technology and social media will be fundamental. Secondly we must set the direction for the service, and then ICT must step up to the mark to enable our service ambitions to be realised. I think this strategy sets the path to deliver both of these approaches.

I hope that you will find this strategy exciting and interesting, and I look forward to working together to deliver this important agenda.

Mr Shane Devlin
Chief Executive

Management Summary

The purpose of this document is to provide an Information and Communication Technology (ICT) Strategy for the Northern Ireland Ambulance Service (NIAS). The ICT strategy provides a roadmap for the next five years and takes forward a number of themes which will help NIAS achieve its vision for the future embracing new and next generation technologies delivering innovative solutions to support its models of care.

The document describes a strategic framework for ICT and is aligned to the organisation's Trust Delivery Plan which will guide the work of the ICT Department in supporting proposals for Service modernisation, Performance Improvement and Achieving Financial balance.

The strategy highlights the current situation, key achievements from the previous strategy and the critical internal and external strategic drivers facing ICT for NIAS. This provides the context for the presentation of a strategic framework in terms of five strategic themes with corresponding objectives and actions linked to each theme.

These key strategic themes are:

Theme 1. **Improving system integration and data management**

Theme 2. **Enabling improvement in performance management through ICT and data management**

Theme 3. **Using information and analytics**

Theme 4. **Building an ehealth environment and culture**

Theme 5. **ICT enabling transformation and modernisation**

1. Overview

1.1 Introduction

The ICT strategy sets out how the Northern Ireland Ambulance Service will develop its information and communications systems and data management and governance processes to support the strategic aims and objectives of the Trust. The strategy will build on the implementation and achievements of the previous strategy 2010-2015 and will be a key enabler in supporting NIAS' Transformation and Modernisation programme. The updated strategy covers the period 2017-2022.

1.2 Responsibility for Strategy

The Chief Executive, through the Director of Finance and ICT is responsible for ensuring that NIAS uses a common and systematic process for identifying, evaluating, specifying, procuring, using and safely maintaining ICT in accordance with NIAS overall strategic plan and HSC ICT policies and strategy. The Director of Finance and ICT is responsible for ensuring that an appropriate ICT strategy is developed to support the Trust aims and objectives supported by the development and review of policies and procedures to provide data and information which is appropriate, secure and confidential in compliance with the Data Protection Act 1998 and meeting the legislative requirements of the Freedom of Information framework and other associated statutory requirements.

1.3 Process used to develop this strategy

The ICT enabling group with a cross directorate membership and chaired by the Assistant Director ICT has [through a series of workshop meetings] developed the strategy. The strategy supports service development as well as NIAS' Transformation and Modernisation Programme and takes cognisance of ICT initiatives within HSC NI and other UK ambulance services.

The draft strategy was presented to the Information Governance Steering Group chaired by the Director of Finance and ICT.

1.4 Who should read this strategy?

This strategy is for all NIAS staff involved in managing and implementing service delivery and service improvements for whom ICT is increasingly a key enabler in carrying out their duties in an effective way ultimately for the benefit of the patient and the wider service users.

2. About NIAS

The Northern Ireland Ambulance Service, established in 1995, provides ambulance care, treatment and transportation services to the people of Northern Ireland 24/7, and 365 days per year. NIAS meets the needs of a population in excess of 1.8 million in a pre-hospital environment employing over 1270 staff across 59 ambulance stations/deployment locations and 2 ambulance control centres (for emergency and non-emergency calls).

2.1 NIAS Mission

The Northern Ireland Ambulance Service exists to improve population health and wellbeing, and applies the highest levels of human knowledge and skill to preserve life, prevent deterioration and promote recovery.

The Northern Ireland Ambulance Service will provide safe, effective, high quality, patient-focussed care and services to improve health and wellbeing by preserving life, preventing deterioration and promoting recovery.

NIAS Mission statement

Improved health and wellbeing for the Northern Ireland community through safe, effective, high quality care and services provided by the Northern Ireland Ambulance Service is an integral part of the whole healthcare system

NIAS Vision

The Vision will be achieved through the delivery of a plan that embeds the following themed outcomes:

"We will create an organisation that

- Has a motivated, empowered and involved workforce
- Has a delivery model that gets the resource to the patient quickly
- Has clear evidence of improving experiences and outcomes for patients
- Has clinical excellence at the heart of our organisation
- Will be recognised for its innovation
- Has an approach to leadership which is effective, ethical and collective

"each person as an individual"

"safety..confidentiality… integrity"

"learn from our mistakes.. build on our successes"

"excellence and professionalism"

"patients first"

"we all have a part to play in making ourselves and our communities healthier"

2.2 Our values

The values of the Northern Ireland Ambulance Service provide a common ground for cooperation to achieve shared aspirations. NIAS is committed to "living" those values every day in our engagement with patients, public and colleagues providing healthcare services.

- Compassion
- Integrity
- Learning & improvement
- Respect

2.3 Aim of ICT Strategy

The principle aim of the ICT strategy is to produce a framework plan for the use of current and new technologies to support delivery of services, underpinned by the mission and values of the organisation and aligned to the corporate aims and objectives as set out in the Trust Delivery plan, which will guide the work of the ICT department over the next 5 years.

The ICT strategy will become the roadmap for the effective development and implementation of innovative information and communications technology within the Trust and throughout our integration across the wider HSC network. The strategy will prioritise appropriate projects and resources in the short, medium and long term involving a wide range of stakeholders to provide NIAS with enhanced information and communications technologies to fulfil its mission in providing safe, high quality patient focussed care.

3. Strategic context

3.1 Digital Age

We live in an increasingly "information society" where approximately 76% of the population use "smart" technology[1] and over 80% of households have access to the internet[2]. Services are enhanced and enabled by advances in technology and healthcare services are no different. The pace of change is relentless and NIAS faces many pressures to stay in step with new and advancing technologies not least in the delivery of safe and quality patient care and the demand for "real time" accurate and timely information which supports clinical decision making processes as well as informing business processes. Healthcare enabled by technology is at the heart of "next generation" healthcare delivery. Leveraging the innovations provided by information and communications technologies will enable new models of care by supporting more effective and efficient ways of operating and delivering services.

[1] Deloitte: Mobile Consumer 2015: The UK Cut Game of Phones
[2] http://media.ofcom.org.uk/facts/

3.2 E Health and Care Strategy

The Northern Ireland HSC ehealth and care strategy[3] promotes the use of information that is needed by people and care professionals to make better decisions about prevention, treatment and care. It outlines how ehealth will support people and services and help information flow around the system to improve decision making for better care. It describes how ehealth will support changes that must be made to improve health and wellbeing in Northern Ireland with delivery of ehealth on the basis of "Once for NI"

The strategy is underpinned by 5 key principles:

- Citizen centred: supporting your health and well being
- Connections: Across NI, making information available in the right place, at the right time to support the best care, with the right safeguards in place.
- Consistency: technologies and the way they are used should be designed and rolled out in one way for Northern Ireland: any variations from this will need to be justified.
- Creativity: driving innovation and promoting best practice
- Cost effectiveness: investment must add value and support efficiency.

The NIAS ICT strategy embeds many of the principles of the ehealth strategy. It takes into account how healthcare is evolving in the 21st century. It aims to leverage innovative technology to support the demands on the ambulance service to drive efficiency and improve patient outcomes especially in the context of a patient centric, outcome focused, integrated care model. NIAS is s a regional service and any ICT developments will naturally fit the "Once for NI" ethos.

3.3 Northern Ireland Electronic Health and Care Record

There are regional plans to develop integrated electronic health and care records (EHCR) as part of the ehealth and care strategy driven by the need for transformational change. This is enabled through ehealth technology and builds on the successes [and recognised limitations] of the NI Electronic Care Record (NIECR) as well as the practicalities of needing to replace hospital systems approaching end of economic life in the most efficient way.

The development plans for the EHCR draw the distinction between the EHCR as a concept and the EHCR as a system. As a concept the EHCR would encompass every element of data relating to the care history of a patient/client presented in a single view; the data may be drawn from a variety of separate but linked systems. As a system the EHCR refers to the management and presentation of patient /client data through a single system.

The development of the EHCR is driven by the immediate need to replace aging and end of life patient administration systems within the hospitals.

Within the concept of the EHCR, NIAS is clear about its position and the need to have a central integration point, however the feasibility of NIAS patient reporting being part of a single EHCR

[3] eHealth and Care Strategy for Northern Ireland: Improving health and wealth through the use of information and communication technology.

system is largely unknown and is not fully explored in the EHCR research[4]. The 5 year development plan for EHCR presents added risk to NIAS timescales. NIAS' strategy continues to focus on its plans for an electronic patient record accessible at the point of care and internal infrastructure for data management taking cognizance of these developments. This points towards earlier implementation of a NIAS electronic patient information system which will integrate to the regional EHCR solution.

3.4 Transformation and Modernisation

NIAS continues to face challenges, namely increases in service provision and developing new thinking on how its services are delivered aligned with changes across the wider HSC network. Transforming Your Care[5] proposes that professionals provide health and social care and work together in a much more integrated way to plan and deliver consistently high quality care for patients.

NIAS has introduced protocols for "hear and treat" "treat and leave" and "treat and refer" which means that increasingly, there are a number of patient not conveyed to hospital who are either left at home or referred to an alternate pathway. As the volume of pathways and patient throughput grows, it is apparent that these need to be supported by ICT enablement in the most efficient way to optimise best patient outcomes.

The ICT strategy will consider the requirements not just for accurate data collection and analysis but also an increasing need to manage efficient data input and exchange. This aims to support necessary changes to system infrastructure, and any system replacement as part of a wider strategic plan, to develop the digital maturity within the ambulance service maintaining focus on information security and strong governance aspects.

3.5 Shared Services

In December 2015 the BSO commissioned Deloitte to conduct an assessment of the ICT organisation across all HCSNI Trusts to ascertain the feasibility of expanding the shared services remit of the BSO. There is significant potential for shared services to deliver more efficient and more effective ICT services within HSCNI. This is based upon the current federated approach to ICT service delivery which has some duplication of applications and infrastructure and generally, a disjointed approach to investment. The HSCNI will be following in the footsteps of many other organisations in the public and private sectors who have already reaped the benefits of implementing shared services. It is clear from the stakeholder consultation undertaken as part of the review that there is considerable concern from HSC Trusts in particular about any move to ICT shared services. ICT shared services are different to HR/Finance/Procurement in that the operation of the health service is critically reliant upon

[4] An electronic Health and Care record for Northern Ireland: Report of the Electronic Health and Care Records Research Group 9th October 2015

[5] Transforming Your Care, A review of Health and Social Care in Northern Ireland (Dec 2011)

ICT on a 365/24/7 basis. The Trusts currently have the majority of the ICT staff within HSC and a lot of the knowledge and skills required to successfully operate the ICT services required.

A key challenge in implementing shared services therefore will be to ensure that Trusts are fully engaged and involved from the outset in the design and implementation of the shared services model. NIAS will continue to work with all HSCNI Trusts and BSO to develop an agreed blueprint/roadmap for ICT within HSCNI to potentially move to an ICT shared service model. Any agreed blueprint/roadmap for shared services must not impact on delivery of ICT services locally.

4. NIAS ICT environment

4.1 ICT Resources

NIAS is a mature user of ICT and has its own ICT department within the remit of the Director of Finance and ICT. The ICT team currently consists of 7 WTE staff members including the Assistant Director with responsibility for ICT. This team manages the IT help desk, servers, communications, infrastructure and network, Command and Control Systems, Information Systems security, mobile working and telephony. The team also manages new technology implementation and provides first-line support to all 3rd party applications.

As Ambulance Control Systems receive and support emergency calls from the public they need to be permanently available without any disruption to service. A full on-call programme is provided by the NIAS ICT team to respond promptly to any disruption out-of-hours on a 24/7 x 365 basis.

This small ICT team has multi-functional staff who have attained a wide range of skills across multiple applications and developed expertise in the diverse range of tasks relating to ICT delivery. There are clear objectives, roles and responsibilities set for each member of staff. This helps ensure that important 'housekeeping' of information systems such as password control, access control, ICT security, data validation do not lapse due to multiple demands and priorities.

4.2 ICT Systems

NIAS has a modern and dynamic ICT estate that is expanding and growing. The challenge facing the ICT department is to offer a first class service to its customers while providing assurance at all times on the integrity, confidentiality and security of its network, data and services.

The Command and Control system **(MIS C3)** is the core Ambulance control system used to log incidents and despatch an appropriate ambulance resource to the scene of the incident.

An Integrated Command and Control System **(ICCS)** – presents radio and telephony communications through a touch-screen system in the Ambulance control room

AMPDS (Advance Medical Priority Dispatch software) integrates with the Command and Control system. Based on pre-determined questions and flows this allocates a dispatch code for the call.
Incident data is sent to a **Mobile Data Terminal** (MDT) in the vehicle. The **AVLS** (Automated Vehicle Location System) locates the nearest available ambulance. This is integrated with C3 and allows dual transfer of information e.g. crew status information / times etc. MDTs operate over a private encrypted 2 Mb private data network.

NIAS currently avail of the PSNI's Digital Trunk Radio (DTR) System **(Barracuda)** for voice communications between Ambulance Control and Crews. Radio and Telephony are presented to Ambulance control through the Integrated Communications Control System (ICCS) which uses touch screen technology.

Business Intelligence – NIAS can produce performance analytics based on information from MIS C3. This system holds limited clinical information other than a "chief complaint" which is determined by the initial call information.

Clinical information Systems – Patient report forms (PRFs) are completed (paper based records) by attending crews to incidents. They contain levels of clinical and medical information which are of a personal and sensitive nature. PRFs are scanned using the **Formic** system which uses OCR (optical character recognition) technology. This enables digitisation of paper patient report forms stored in a searchable database. This is a standalone system with none of the advantages which an accessible, timely electronic patient reporting system such as those provided in other ambulance services.

Other in vehicle communications – **cardiac defibrillator monitors** (CDMs)– record patient physiological data and diagnostic patient monitoring. The CDM is able to transmit ECG data in real time using Bluetooth and wi-fi technologies across the secure NIAS network. Data is transmitted via NIAS servers to pPCI units in an email as a PDF attachment.

All of the above systems are currently in place and have point to point integration within NIAS with MIS C3 as the central hub (apart from the clinical formic scanning system). Most of the client systems use Windows OS, the mobile data system uses Linux.

Other systems include the regional **HRPTS** system for online HR, Payroll, travel and subsistence.

GRS (Global Rostering System) is a system to manage shift rostering with a self-service portal for staff to query their personal details, annual leave and volunteer for overtime and enter overtime claims.

Directory of services (DOS) – software for NIAS to manage information on services available across the HSC to support the functions of the clinical support desk (CSD) in control. The DOS is also web based for access in the mobile environment.

Datix – local and web based patient safety and risk management software for healthcare incident reporting and adverse incidents.

Microsoft Office suite is also used in the organisation and staff have access to Word, Outlook, Access, Excel, PowerPoint etc.

CCTV is also in operation in vehicles and stations across the Trust.

4.3 NIAS Digital Maturity (pathway to paperless)

The healthcare system in Northern Ireland has ambitions to be paperless by 2020 through the regional "pathway to paperless" project. In England, the drive is to be paper free at the point of care with "fully interoperable" electronic patient records by 2020. In order to assess their position to achieve this, all NHS including ambulance services in England have carried out a digital maturity self-assessment.

An organizational Digital Maturity Self-Assessment builds on existing evidence about how investing and effectively using IT can achieve better patient outcomes, reduce bureaucracy, improve patient safety and deliver efficiencies. It also provides a road map to progress the digital efforts, visualizing the pathway and setting priorities for process improvements. Whilst there isn't a regional exercise in Northern Ireland, as a benchmark for good practice NIAS has carried out a similar (if not more simplified) exercise to inform its own position in a developing ehealth and paperless environment across the HSC.

Relevant statements were listed based on the larger English based survey and responses to these were graded as follows.

Not sure	Not developed	Emerging	Focused	Advanced	Optimised
0	1	2	3	4	5

4.4 Digital Maturity Analysis

A full schedule of statements can be found at appendix 1. In summary, NIAS strategy is aligned to corporate objectives and its programme for transformation and modernisation as well as the wider strategic alignment with the eHealth and Care strategy. In this respect the level of digital maturity is focused and clear about what is to be achieved. From an operational and implementation perspective the level of digital maturity is not developed. In terms of patient records and the digital mobile environment, NIAS has a lot of work to do, however this sets out the basis of achieving the roadmap to maturity and eventually working towards "paperless".

4.5 Digital Maturity benchmark

Using the same standards and scoring mechanism, NIAS carried out a benchmarking system with other UK ambulance services to assess their position in relation to other services.

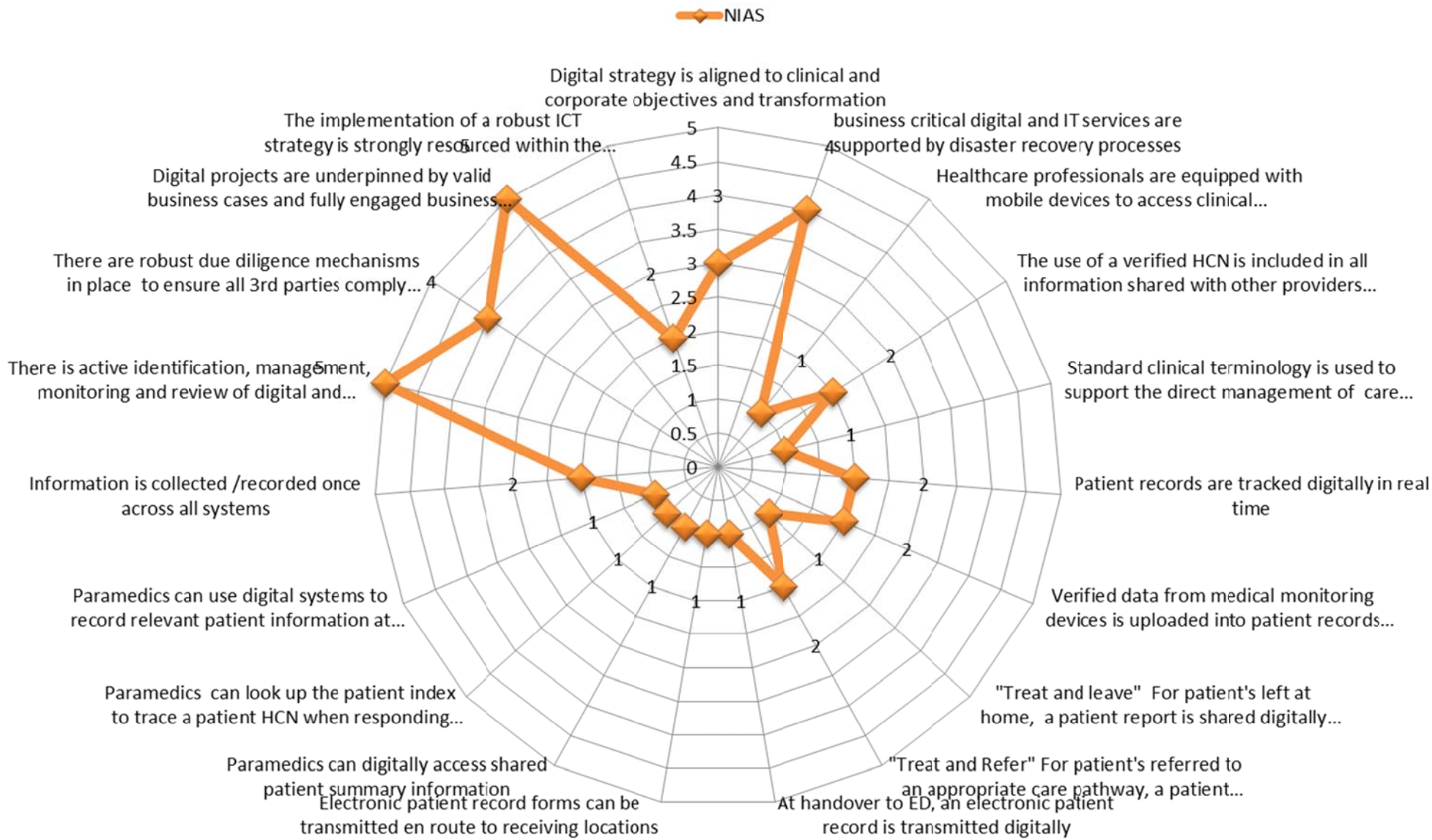
Responses were received from, Scottish Ambulance Service, West Midlands Ambulance Service, East Midlands Ambulance Service, North West Ambulance Service and South East Coast Ambulance Service.

The following table shows NIAS' position as benchmarked against these services.

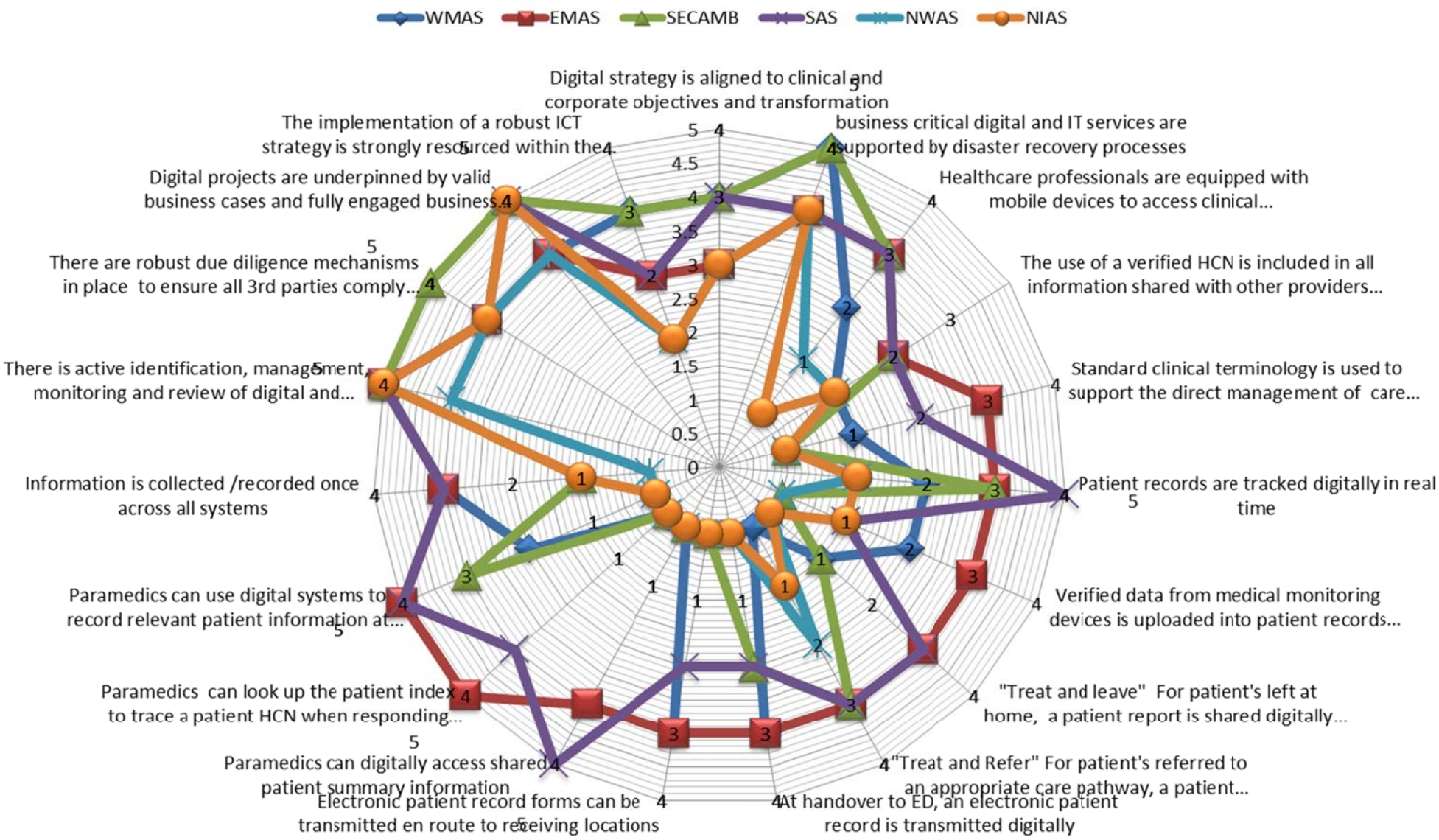
In summary:

- All services have a digital strategy aligned to their organizational aims and objectives which ranged from focused to advanced.
- NIAS was the only organisation not to be equipped with mobile devices to access clinical applications and information at the point of care. (NWAS have reverted back to paper records whilst they are scoping a new electronic patient reporting system).
- Services are working towards collecting information once across all systems as an emerging development.
- Not all services share information digitally at the point of care however these systems are in development. Scotland and East Midlands are more developed in this area followed by SECamb.
- This pattern follows with the use of a single identifier (NHS number, equivalent to the HCN no in Northern Ireland) which underpins the ability to confidently share patient data and records. This is more developed in Scotland and East Midlands.
- All organisations without exception had strong risk management in terms of cyber risks and disaster recovery processes in place.

NIAS Digital Maturity (Full description at Appendix 1)

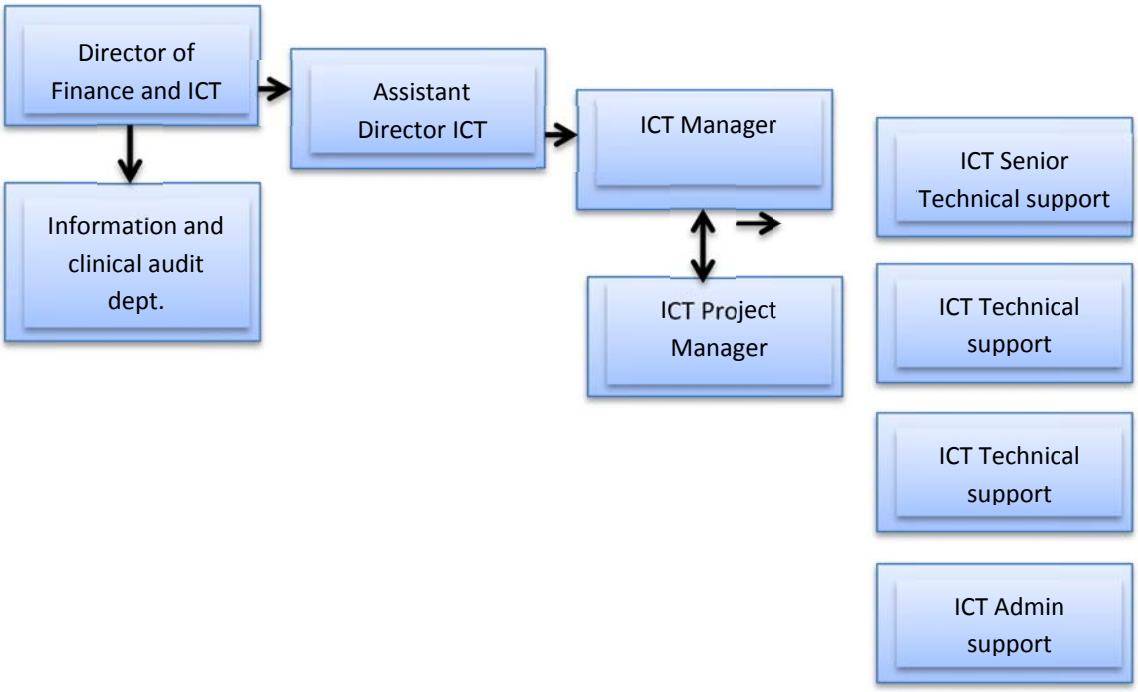


NIAS benchmarked with other UK ambulance services (full description at Appendix 1)



5. NIAS ICT department and resources

ICT department organisational chart



5.1 Roles and responsibilities

NIAS fully recognises the importance of Information Technology and Information Governance needs throughout the organisation and has in place staffing arrangements to fully develop and support these areas of management. The Director of Finance and ICT is responsible for the management of staff operating within the areas of Information Technology and Information Governance who work together to maintain legal obligations and to meet the business needs of the organisation.

The Assistant Director of ICT has a focus on the development of the ICT infrastructure, hardware, software and associated systems

The Corporate Manager is responsible for ensuring the development and implementation and delivery of the Information Governance Framework developing, monitoring and overseeing the implementation of IG policies and procedures including data protection, freedom of information, records management and providing the mechanisms for supporting access to information compliance.

5.2 Purpose of informatics at NIAS

Information Technology underpins the operational functions within the organisation. As an enabler, it is key to the delivery of new models of care by supporting more effective electronic communication processes and the capture, management and sharing of essential patient and incident data both for real time operations and analytics.

Information technology must also support decision making by enabling access to reliable, accurate and timely performance and clinical information. It must deliver the tools and clinical decision support for the delivery of safe and quality patient care at the point of care.

6. Review of ICT strategy 2010-15

6.1 Where are we now

The digital Maturity index, provides a level of self-assessment for the organisation and outlines where we are now and also where we want/need to be.

The table below outlines the achievements since the last strategy and the current position

Theme:	What we set out to achieve	Current position and key challenges
Improving System Integration	• Create a single repository for data within the organisation. • Improving the availability of corporate information to users. • Explore opportunities to integrate NIAS systems with those of the other HSC organisations	Key to achieving the objectives of this theme is the implementation of an ePRF which would provide much of the infrastructure and platform for data management, analysis, communication and further integration with other HSC organisations. The project has been in development since 2014 and is under review by the Department of Health. The alternative pathways developed as part of TYC are relying more and more on system integration across other HSC organisation in order to facilitate the appropriate exchange of patient information to further enable "Hear and Treat", "Treat and Leave" and "Treat and refer" protocols. There are regional plans to introduce an EHCR which proposes a single platform across all Trusts. Given the prevalence of system integration this theme is continued in the current strategy.
Enabling Improvement in Performance Management through ICT	• To enhance our ICT infrastructure to allow the organisation to access information to meet its performance management objectives. • Enable access to real-time information to allow pro-active decision making.	Key to achieving this objective is the development of an infrastructure that allows staff and users to access systems and information via their desktop and in the mobile environment. NIAS has implemented a project for a WAN upgrade, improving the network services for local ambulance stations. Ongoing work involves the upgrade of Citrix and introduction of Safeword to enable remote access for service users. The infrastructure enabled by the ePRF project will facilitate a mobile working

	• To provide relevant information to external stakeholders.	environment. There is a focus on providing mobile communications for operational staff by developing a vehicle Wi-Fi hub in every ambulance. This communication hub will provide corporate network accessibility for application devices and medical equipment. The use of wireless networks for the provision of clinical systems is now embedded in network designs across HSCNI. NIAS are contributing resources to a regional project team tasked with exploiting new and emerging Wireless technology in a way that will deliver real benefits for its staff and patients by increasing the ease of access to Clinical Systems, as well as facilitating new ways of communication and integration. The updating and redesign of the Trust's website has improved the public interface and information to external stakeholders. This work continues through the use of social media and redevelopment of the Trust's intranet site. Real time performance monitoring is available to NIAS Managers via a web based module of the Command and control system providing information on performance, activity and resources within their area of management This theme is continued in the current strategy.
Embedding an Information Governance ethos in the Organisation	• To promote a culture of corporate openness and transparency. • Ensure the protection and use of personal identifiable information in compliance with legislation and guidance. • Improve systems and processes for the effective	The Information Governance Framework introduced a framework of accountability for information risk with the mandated appointment of a Board level Senior Information Risk Owner (SIRO) who takes responsibility for managing information risk within the Trust and for providing assurance to the Accountable Officer on the content of the annual Statement of Internal Control in regards to IG. This is in place along with the appointment of trained Information Asset Owners and Information Asset Assistants to manage information governance aspects in local

	management of records.	Directorate areas. The Trust has in a place a suite of IG policies and procedures relating to areas including Data Protection, Freedom of Information, Records Management. All staff are also trained at induction and thereafter through e-learning, workbooks. The Trust maintains annual Information Management Controls Assurance Standards and which are currently substantive along with reviews carried out by Internal Audit.
Enhancing ICT skills and knowledge	• Improve staff awareness of corporate policies and procedures in relation to access and use of information. • Enhance staff skills and knowledge in the use of ICT systems and applications based on identified need.	NIAS continues to embed good practice in Information Governance by identifying opportunities to improve awareness of all corporate policies and procedures through exploiting digital technologies. As technologies are refreshed/replaced training plans are developed to coincide with their implementation/rollout. A dedicated IT training room has been equipped at NIAS HQ which provides an appropriate learning environment for members of staff across all Directorates within the Trust. We continue to explore opportunities to benefit from eLearning practices such as Apps development for smart phone or personal devices. An ICT Enabling group chaired by Assistant Director ICT and represented across Directorates has been established to support the Transformation and Modernisation program of work. Representation by the NIAS Learning and Development Officer on this group encourages discussion and innovation in the delivery and communication of learning methods.
Building an e-information culture	• Maximise access to corporate and service information	The updating and redesign of the Trust's website has improved the public interface and information to external

	for the Trusts Key stakeholders and the public. • Improve and promote communication and minimise the distribution of paper based information for the organisation	stakeholders. This work continues through the use of social media and redevelopment of the Trust's intranet site. An online booking system for Patient Care Services has been developed and rolled out to HSC Trusts. Further plans are in place to expand this rollout to GP services and in time this will be the preferred method of booking non-emergency Ambulances. A Directory of Services (DOS) system has been implemented in the Emergency Ambulance control (EAC) to support care protocols developed for 'treat and leave' or 'treat and refer'. This is currently only available locally. An Aide Memoire outlining clinical pathways developed under the Transformation and Modernisation Programme for front line staff has been created in PDF format and available for download to personal mobile devices.
Developing ICT services Staff	• Provide ICT services staff with development opportunities so that the team has in place skilled staff with recognised capabilities. • Create an environment in which staff continuously strive to improve their effectiveness and performance • Strive to achieve HPSS/IT industry recognised quality standards to offer assurances on ICT services delivery to NIAS Chief Executive and Trust Board.	We facilitate and support continuous learning and professional development for all ICT Services staff within the context of the Knowledge and Skills Framework (KSF). A regional HSC Microsoft Enterprise Agreement provides NIAS ICT staff with training courses and access to professional support services. ICT projects where new technologies are deployed are supported by a business case which includes a provision for ICT technical training.

6.2 Emerging Strategic Themes

Following review of the previous ICT strategy, some of the themes continue to be relevant whilst others have been consolidated and updated in the context of a developing ehealth environment to meet the needs of NIAS and the Transformation and Modernisation Programme as well as mirroring developments across other UK services.

1. Improving system integration and data management
2. Enabling improvement in performance management through ICT and data management
3. Using information and analytics
4. Building an ehealth environment and culture
5. ICT enabling transformation and modernisation

6.3 Our focus over the next 5 years.

Our key focus across all the themes will be:

- Building an appropriate infrastructure for accessibility of patient records at the point of care.
- Developing access to a central point of integration with ECR/EHCR.
- The development of the "smart" ambulance making use of wi-fi communications infrastructure
- Exploring the opportunities of telemedicine to enhance the quality and safety of patient care
- Bi-directional data sharing across all systems within NIAS and across the HSC.
- Data Management planning to include sources of data, quality of data, storage, business intelligence and analytics.
- Interoperability of command and control on a national basis for contingency.
- Improving integration of systems (especially in the renewal of existing systems and equipment CAD, MDT, medical equipment, server environments and potential use of cloud etc.)

It is crucial that ambulance clinicians have appropriate access to devices, information and systems that allow them the greatest opportunity to influence the outcomes of the situations they deal with on a daily basis. The development and deployment of the "smart" ambulance (a connected communications hub for technology and clinical devices) and an electronic patient report system enables opportunities for real time exchange of clinical data at the point of care supporting "treat and refer" or "treat and leave" protocols. NIAS is uniquely placed supported by the right technology to define the most appropriate care pathway and reduce unnecessary conveyance to ED.

7. Strategic themes

7.1 Theme 1 – Improving System Integration and Data Management

Enabling improved interoperability between all systems both within NIAS and across the wider HSC network.

Strategic Objective	How will it happen
7.1.1 **Embed appropriate enterprise system architecture to deliver the technology to support service change**	• Review current systems architecture and interfaces and identify any gaps, weaknesses and opportunities to streamline data exchange and information sharing. • Review current MS licensing platform as part of a wider HSC initiative to identify any gaps and develop a roadmap to maximise the benefits of a regional enterprise agreement. • Expand the NIAS Virtualised server environment where appropriate to do so. • Explore the use of a data integration engine to centralise data and reduce duplication and multiple entry points providing comprehensive analytics and "real time" reporting. • Create a centralised location for all training records - HRPTS L&D function will be rolled out across the Trust in 2017. This will become the centralised location for all NIAS Training records and will replace a number of systems currently used by training providers across directorates. • Explore the availability of an LMS for the Education, Learning and Development department.
7.1.2 **Support the delivery of safe and effective care through the provision of innovative ICT solutions which enable transformation and modernisation.**	• Continue to pursue the approval and implementation of an electronic patient reporting system. • Review current network infrastructure and assess improvements needed to enhance electronic communications and to enhance the ability of staff to work in the mobile environment or remotely.

7.1.3 **As part of a patient centric approach, explore opportunities to integrate NIAS systems and the wider HSC**	• Develop links with HCN master patient index to use HCN as a single patient identifier across NIAS systems. • Develop the "smart" ambulance introducing mobile wi-fi communication hubs to maximise network coverage and aggregated bandwidth for mobile data transfer and access to web based tools and apps. • Develop a central link between NIAS and the ECR (or EHCR as it develops) for bi directional exchange of patient information. • Explore the interoperability of CAD systems on a national basis for call passing.

7.2 Theme 2: Enabling improvement in performance management and access to clinical decision support through ICT and data management.

Supporting all staff to access relevant information to make informed clinical decisions and to enable performance management support.

Strategic Objective	How it will happen
7.2.1 **Enable a single view of Trust wide data to provide managers and staff with relevant performance information**	• Explore opportunities to consolidate data storage /warehousing across systems to enable Trust wide analytics and information reporting and sharing. • Review the management and redesign the Trust intranet site as a key source of organisational information and developments for all staff. • Make use of Trust wide performance dashboards as part of the development of analytics.
7.2.2 **Enable access to timely, consistent and relevant information to inform clinical decision making and to support training**	• Provide a robust system for real time clinical information and audit. • Develop a central link between NIAS and the ECR (or EHCR as it develops) for appropriate access to patient summary information Develop the "smart" ambulance introducing mobile wi-fi communication hubs to maximise network coverage and aggregated bandwidth for mobile data transfer and access to web based tools and apps. • Explore the availability of shared Cloud based storage for all staff to access training resources • Explore the use of digital learning technologies to deliver learning which is more effective, efficient and responsive.
7.2.3 **Deliver the tools and the knowledge base required to support clinical decision making at the point of care and to support training needs.**	• Explore opportunities in the mobile environment through the use of new in-vehicle technologies (MDT, tablets, smart phones) to provide electronic communications, tool, apps to staff to assist clinical decision support at the point of care as well as opportunities for elearning and training.

	• Explore the use of in vehicle technologies and infrastructure to enable staff to access a web based applications. • Use appropriate and modern communication technologies to enable staff to access the right information at the right time in the right place and to promote learning

7.3 Theme 3: Using informatics and analytics

Enabling the real time electronic capture, sharing and analysis and interpretation of data with appropriate information governance structures to support patient care and planning of patient services.

Strategic Objective	How it will happen
7.3.1 **Enable timely access and analysis of accurate performance and clinical information to support decision making, patient care and service development**	• Put in place systems to allow the electronic capture of patient data at the point of care e.g. ePRF • Invest in emerging in- vehicle communications technology to support the capture, transmission and integration of data. • Make use of business intelligence tools to enable Trust wide analytics and information reporting and sharing. • Support the role of information management in the reporting, interpretation and analysis of data to guide service development.
7.3.2 **Improve the quality and reliability of real time information across the service and the wider HSC.**	• Explore how data capture and structure can be standardised and centralised for improved real-time analytics. • Develop and use key standardised clinical and performance reporting across the service. • Provide flexibility within the system for timely bespoke reporting and analysis. • Engage with other services and innovative technology solutions to provide a benchmark and maintain pace with local and national developments. • Enable local access to information to support real time clinical audit and quality improvement plans and training
7.3.3 **Ensure that information governance processes support and enable ehealth and electronic records in compliance with relevant legislation and guidance**	• Establish, maintain and communicate policies, procedures and processes in compliance with current legislation and guidance. • Promote effective information governance and confidentiality practice to staff through the provision of appropriate training • Develop information governance policies to facilitate the development of ehealth solutions, information access and sharing to include working in the mobile environment.

7.4 Theme 4: Building an ehealth environment and culture

Continuing to invest in new technologies as key systems are renewed and replaced to build a streamlined, reliable and robust ICT infrastructure for the 21st century to meet the needs of the organisation, staff, patients and the HSC network.

Strategic Objective	How it will happen
7.4.1 **Promote the use of "smart" technologies, apps and web based tools throughout the organisation**	• Work towards a "paper free" culture through the digitisation of manual processes as much as possible. • Continue to work towards the implementation of electronic patient records and opportunities offered by telehealth • Explore the opportunities for personal issue devices for clinical data capture and the potential for using the devices for other e-benefits. • Develop the "smart" ambulance introducing mobile wi-fi communication hubs to maximise network coverage and aggregated bandwidth for mobile data transfer and access to web based tools and apps. • Explore and exploit opportunities for e-learning both locally and remotely via an appropriate integrated Learning Management System (LMS). • Develop a mobile workforce, with access to systems, information and communications in the mobile environment.
7.4.2 **Ensure that there is capacity building across ICT systems which supports the wider ehealth and care strategy.**	• As new systems are renewed / replaced, review the functionality and infrastructure and the potential through new technologies to realign and streamline systems, server infrastructures, data input, integration and data exchange. • Engage with other services and innovative technology solutions to benchmark and maintain pace with local and national developments. • Develop the organisation's "digital maturity" in order to integrate across the wider HSC network and have bi-directional information sharing within the ehealth environment. • Collaborate with other HSC Trusts and organisations to promote and exploit the benefits of an integrated health and care system in the delivery of safe and quality patient care and in the wider context of EHCR development

7.5 Theme 5: ICT enabling Transformation and Modernisation

Using and adopting innovative technologies to underpin and enable transformation and modernisation meeting the needs of a changing service.

Strategic Objective	How it will happen
7.5.1 **Support innovation through engagement with Transformation and Modernisation leads**	• Engage staff with changes in business processes and the adoption of new technologies to effectively manage change. • Provide assurances and a forum for effective cross-partnership working across all projects with an ICT component through the ICT enabling group
7.5.2 **Ensure that the transformation and modernisation programme at NIAS is enabled by a robust and reliable ICT infrastructure.**	• Engage with other services and innovative technology solutions to benchmark and maintain pace with local and national developments • Promote the use of ehealth technologies and mobile and electronic communications in the delivery of quality and safe patient care to support transformation and modernisation.

8. Core Projects

At the point of writing the Strategy, this is the ICT core work plan. The plan is fluid and will be subject to change and development at key review points in the ICT strategy and its implementation. Some of projects are contingent on additional capital and revenue funds being made available:

- Introduction of wi-fi communications within the ambulance
- Replacement of Mobile Data Terminals with Smart technology across all fleet
- Replacement of Cardiac Defibrillator Monitors in vehicles incorporating wi-fi communications
- Introduction of electronic patient records in an ehealth environment and integration with EHCR project
- Data management and integration opportunities afforded by these core developments
- Opportunities for app developments
- Command and control systems update and development
- Regional wi-fi across the ambulance estate and in vehicles
- Shared services

9. Key Challenges

Following identification and prioritisation of NIAS key projects the key challenge for ICT is to enable this transformation and modernisation across the service and large scale change whilst delivering business as usual. The increasing HSC and local demand for wide ranging and high quality information and data provision requires a systematic and adequately resourced strategy for ICT investment supported by appropriate policies and procedures.

9.1 Technology Landscape

The ICT environment is probably the most rapidly changing environment facing all organisations, not just healthcare. Rapid change versus speed of decision making and the financial constraints at various levels across the wider health and social care infrastructure in Northern Ireland presents its own challenges.

NIAS will need to consider how it manages and meet the organisational needs in terms of ICT infrastructure considering:

- The speed of change and development across technology platforms and solutions
- Changing landscape involving mobile communications and data platforms and cloud computing services
- Ability to continue and evolve legacy applications and interfaces
- Ability to support systems on a continuous basis 365/24/7
- Ability to develop and maintain services specifically tailored to NIAS's needs
- Ability to meets the needs of NIAS within the wider developments across the HSC
- Limited ICT resources

10. Governance Arrangements

The ICT Strategy is underpinned by robust organisational governance. Governance is concerned with the process by which decisions are made, and the roles and responsibilities of those who make them.

An annual ICT Implementation Plan will be produced setting out the actions required in that year to deliver against each of the strategic themes and objectives.

Where appropriate a formal project management methodology based around the concepts of PRINCE2 will be adopted for individual project implementations which will be guided by and consistent with the principle of 'Once for NI'.

The development and delivery of the ICT strategy is the responsibility of the Director of Finance and ICT who will charge the Assistant Director ICT and Corporate Manager with the implementation of the appropriate projects. ICT plays an increasingly integral part in the delivery of the organisation's overall objectives and the successful implementation of the ICT strategy will require the full involvement and commitment of all staff throughout the organisation.

11. Guiding Principles

A set of principles to guide implementation decisions has been developed. These are to assist in ensuring NIAS takes a common approach, recognises resource constraints and has the likelihood of success. The principles are listed below and will be used as assessment criteria in considering proposals, business cases and project plans.

NIAS will maximise opportunities offered by technologies both "tried and tested" as well as new innovations to support delivery of services and patient care. There are a number of guiding principles that we will adopt in taking forward plans for implementation.

1. Confidentiality and security of all personal information will be recognised as a fundamental requirement across all implementation plans.
2. All projects will be led by senior staff from the relevant business area with appropriate levels of project management and technical support. The use of regional, UK and international ICT technical and data standards will be applied with new standards adopted as they are developed and published.
3. Projects will support service delivery, transformational change, continuous service improvements and benefits to patients and clients.
4. An approach to defining common, region wide solutions and procurement opportunities (where appropriate) will be applied supporting the principle of Once 4 NI and value for money.
5. Partnership working between HSC, other emergency services, the wider public sector and private sector solution suppliers will be crucial to the success of the implementation of the strategy,
6. ICT expenditure will not be regarded as a separate area of investment but as a core and integral part of service delivery expenditure when new developments are being planned.

12. Equality and Human Rights Considerations

NIAS is committed to fulfilling its duties under s.75 of the NI Act 1998, the Disability Discrimination Act 1998 and all other relevant equality and non-discrimination legislation. This ICT Strategy 2017-22 is principally a statement of the organisation's approach to internal ICT development in technical terms. It is integrally framed within the Department of Health's eHealth and Care Strategy for Northern Ireland and the BSO's policy on the Electronic Health and Care Record for Northern Ireland, as well as within NIAS's Corporate Strategic Aims. Each of these frameworks has been developed in the context of equality considerations.

NIAS has considered the ICT Strategy 2017-22 at a high level and it has been screened out from full equality impact assessment. The core projects relate to the replacement and updating of technical facilities, including wi-fi communications, Smart technology and defibrillators. No substantive equality considerations arise for NIAS at this stage of the strategy's development. The resulting annual ICT Strategy Implementation Plan will be subject to equality screening as appropriate, under the delivery of the Information Governance Steering Group. Opportunities to embed social returns in public procurement will also be considered on a case-by-case basis.

13. Conclusion

The ICT strategy sets out a challenging agenda and will be implemented in a context of significant change for the organisation and the HSC over the next five years. The strategy provides the roadmap to meet the technology needs of the Trust and its stakeholders in continuing to deliver quality and safe patient care now and in the future. A business plan identifying targeted pieces of work from the ICT Strategy will be developed each year. This will measure achievement of the objectives outlined under the five key themes in the strategy and reported to Assurance Committee.

Appendix 1

Assessing Digital Maturity

Digital Maturity Assessment provides a framework for assessing the extent to which healthcare services are supported by the effective use of digital technology. It helps to identify key strengths and gaps in the provision of digital services at the point of care and an initial view of NIAS' position in relation to other UK ambulance services. In doing so it supports NIAS ICT strategy in developing its systems and infrastructure in an eHealth environment.

The following scoring has been used.

Maturity level	Score	Rationale
Unknown /not sure	0	Self explanatory - unknown
Not developed	1	Processes and systems have not been developed
Emerging	2	Processes/ resources /systems are at an early stage
Focused	3	Processes/ resources /systems are focused on their achievements but not fully realised
Advanced	4	Processes/ resources /systems are at an advanced level of development
Optimised	5	Processes/ resources /systems are at optimised and fully embedded within the organisation.

NIAS Digital Maturity	Maturity level	Score	Rationale	Benchmark UK Ambulance service				
				NWAS	EMAS	SAS	SecAMB	NWAS
Digital strategy is aligned to clinical and corporate objectives and transformation and modernisation	Focused	3	NIAS is reviewing its current ICT strategy and developing strategic objectives to meet business needs and enable transformation and modernisation	4	3	4	4	3
Business critical digital and IT services are supported by disaster recovery processes	Advanced	4	NIAS has in place disaster recovery processes for its main emergency control systems and has just invested in new DR hardware and software for its corporate systems. There is further development work to ensure full DR for non-emergency systems in particular telephony resources	5	4	4	5	4

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				NWAS	EMAS	SAS	SecAMB	NWAS
Healthcare professionals are equipped with mobile devices to access clinical applications and information at the point of care.	Not developed	1	This is part of the strategic vision, however this work is still to be developed	3	4	4	4	2
The use of a verified HCN is included in all information shared with other providers directly involved in the patient's care	Emerging	2	NIAS has traditionally not requested the patient HCN, however in non-emergency ambulance control, it is now routinely gathered. Part of the strategic plan will be to join up this data across other systems in NIAS and HSC.	2	3	3	3	2
Standard clinical terminology is used to support the direct management of care and recording of data in patient records. SNOMED - CT, dm+d.	Not developed	1	This is not yet developed in NIAS, however it will be part of the requirements in developing electronic care records and integration across the wider HSC.	2	4	3	1	1
Patient records are tracked digitally in real time	Emerging	2	NIAS can track patient data in real time through the CAD system and the MDT system, however the level of clinical information is limited.	3	4	5	4	2
Verified data from medical monitoring devices is uploaded into patient records automatically.	Emerging	2	NIAS uses Bluetooth technology to send ECG data via the mobile phone in the ambulance to receiving pPCI units. This still sits outside the main patient care record.	3	4	2	1	1
"Treat and leave" For patient's left at home, a patient report is shared digitally with the GP.	Not developed	1	These processes and systems are not developed.	2	4	4	2	1
"Treat and Refer" For patient's referred to an appropriate care pathway, a patient report and referral is shared digitally with other healthcare professionals.	Emerging	2	NIAS do not have electronic patient records; in the interim for patients that are referred, a secure email is sent to the relevant Healthcare Professional via a Paramedic phonecall to command and control.	1	4	4	4	3
At handover to ED, an electronic patient record is transmitted digitally.	Not developed	1	These processes and systems are not developed.	4	4	3	1	1
Electronic patient record forms can be transmitted en route to receiving locations.	Not developed	1	These processes and systems are not developed.	1	4	5	1	1
Paramedics can digitally access shared patient summary information.	Not developed	1	These processes and systems are not developed.					

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				NWAS	EMAS	SAS	SecAMB	NWAS
Paramedics can look up the patient index to trace a patient HCN when responding to an emergency call.	Not developed	1	These processes and systems are not developed.	1	5	4	1	1
Paramedics can use digital systems to record relevant patient information at the point of care.	Not developed	1	These processes and systems are not developed.	3	5	5	4	1
Information is collected /recorded once across all systems.	Emerging	2	The CAD /MDT and telephony systems are fully integrated however there are opportunities as part of the strategic vision explore how data capture and management across systems can be better streamlined.	4	4	4	2	1
There is active identification, management, monitoring and review of digital and cyber security risks.	Optimised	5	NIAS has appropriate firewalls and security monitoring processes in place.	5	5	5	5	4
There are robust due diligence mechanisms in place to ensure all 3rd parties comply with the law and central guidance and provide sufficient guarantees that personal data is handled safely and protected from unauthorised access, loss damage or destruction.	Advanced	4	NIAS has appropriate Information Governance policies and procedures in place. Patient records are still paper based and require physical storage and transportation which increases risk around unauthorised access, loss, damage or destruction.	4	4	4	5	4
Digital projects are underpinned by valid business cases and fully engaged business owners and interdependencies are assessed by an ICT enabling team.	Optimised	5	NIAS has a team in place which monitors ICT projects across all directorates.	4	4	5	5	4
The implementation of a robust ICT strategy is strongly resourced within the organisation	Emerging	2	ICT is an enabler across the whole organisation; the growth of ehealth and demands for an increasingly integrated healthcare environment impacts on NIAS ICT resources with a greater demand on time, manpower, existing and new skillsets to meet the business needs.	4	3	3	4	2

END