Northern Ireland Ambulance Service
Health and Social Care Trust

A Meeting of Trust Board to be held at 2.00pm
Thursday, 17 August 2017, NIAS Headquarters, Boardroom Site 30,
Knockbracken Healthcare Park, Belfast, BT8 8SG

Welcome, Introduction and Format of Meeting   Paper Enclosed

1.0   Apologies

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

Suspension of Standing Orders

ANNUAL GENERAL MEETING

    i.   Presentation of Annual Report 2016/17   Tabled
    ii. Presentation of Annual Accounts 2016/17
    iii. Question and Answer Session

FINISH

Re-instate Standing Orders

3.0   Minutes of the previous meeting of the Trust Board   TB/17/08/2017/01
held 1 June 2017 (for approval and signature)

4.0   Matters Arising

5.0   Chairman's Business

    5.1   Chairman's Update

6.0   Chief Executive's Business

    6.1   Chief Executive's Update

7.0   Performance Report as at 30 June 2017

    7.1   **Highlight Reports by each Director**:
        Operations   TB/17/08/2017/02
        Finance   TB/17/08/2017/03
        Human Resources   TB/17/08/2017/04
        Medical   TB/17/08/2017/05

8.0   Items for Approval

    8.1   Business Continuity Policy   TB/17/08/2017/06
    8.2   Business Continuity Strategy 2017   TB/17/08/2017/07
    8.3   NIAS Communications Strategy 2017-2021   TB/17/08/2017/08

9.0   Items for Information/Noting

    9.1   Audit Committee Minutes (17/05/2017)   TB/17/08/2017/09

10.0   Forum for Questions

11.0   Any Other Business

Next meeting of Trust Board will be held on Thursday, 05 October 2017, location to be confirmed.

Standing Orders

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

Admission of Public and the Press

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

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

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

3.18 *Observers at Board meetings*

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

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

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

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

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

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

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

Meeting to be held on Thursday, 17 August 2017, 2:00pm at Ambulance Headquarters, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast BT88SG

TB/17/08/17/01

Northern Ireland Ambulance Service
Health and Social Care Trust

Minutes of Trust Board held
Thursday 01 June 2017 @ 2.00pm in the
Silverbirch Hotel, Gortin Road, Omagh, BT79 7DH

Present:

Mr W Abraham	Non-Executive Director (Acting Chairman)
Mr A Cardwell	Non-Executive Director
Mr T Haslett	Non-Executive Director
Mr S Devlin	Chief Executive
Mr B McNeill	Director of Operations

In Attendance:

Dr D McManus	Former Medical Director NIAS
Mr P Nicholson	Assistant Director of Finance
Ms M Lemon	Assistant Director of HR, Equality, PPI & Patient Experience
Ms H Coard	Senior Secretary
Mr A Watterson	Administration and Complaints Manager

1.0 Apologies

The following apologies were noted:

Mr P Archer	Chairman
Dr J Livingstone	Non-Executive Director
Ms R O'Hara	Director of HR & Corporate Services
Mrs S McCue	Director of Finance & ICT

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 06 April 2017

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

4.0 Matters Arising

There were no matters arising.

5.0   Chairman's Business

In the absence of the Chairman no updates were available.

6.0   Chief Executive's Business

CE outlined activities and meetings attended since the last Trust Board. These included;

- A visit to the new Cancer Centre located at Altnagelvin Hospital Londonderry.
- Enniskillen Station visit.
- Meeting with Mr Chris Hassard MLA.
- Meeting with Margaret Ritchie MLA.
- Regional Department of Health meeting.
- Represented NIAS on the Transformation Innovation Group.
- Two conferences AACE and NICON.
- Reform process (work ongoing).

7.0   Performance Report as at 31 March 2017

7.1   Highlight Reports by Each Director

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

- The EMD award scheme rewards certificates and badges for "999 High Compliance", Exemplary Customer Service, Baby Born, Cardiac Life Saver and Non- Cardiac Life Saver to staff in recognition of the contributions from staff.

- An update on the summary of trends was given. It was noted that this has been a difficult year for NIAS and work continues with the Demand & Capacity Review.

- In addition to internal awards the International Academies of Emergency Dispatch held a conference in Dublin in March 2017 and five NIAS Emergency Medical Dispatchers (EMDs) were nominated and shortlisted. Kelly Anne McKee was chosen to receive the award. The Board wished to send their congratulations to Kelly Anne.

- The Response Time Performance Report outlines the cumulative NI Cat A performance in March 2017 = 51% which reveals a 2.5% downturn from the same period in 2016. The cumulative demand of Cat A calls has increased by 1.2% = 670 more calls compared to the same period in 2016. The total Emergency demand (999 + Card 35) has increased by 4.7% = 9482 which is equivalent to 26 more calls per day compared to same period in 2016. Ambulance Turn Around Times continue to cause significant pressure on NIAS response and availability.

- NIAS are currently working through a Demand & Capacity Review and are moving towards an Ambulance Response Programme (ARP) model and are currently working with Commissioner support. This review will be completed by the end of July 2017 and will help shape the way forward over the coming years.

- New staff members have now taken up position and have positively impacted on Operational pressures.

- All conversions to Fleet have now been completed.

- Replacement of the new Ambulance Station in Enniskillen commenced in November 2016 and is scheduled to be completed by September 2017.

Finance & ICT Directorate
Mr Nicholson gave the following update on behalf of the Director of Finance & ICT to Trust Board:

Financial Performance
- The Trust is currently reporting a small draft surplus of £1k for year ending 31 March 2017. This was in the context of a £66.4m Revenue Resource Limit (RRL) allocation. The draft position, and all risks and assumptions contained within it, are subject to the completion of Final Accounts and review by External Audit.

- A capital programme of £8.9m had been delivered and the Trust was reporting a £4k underspend against the capital resources that had been allocated in the year. The profile of the capital schemes had resulted in expenditure of nearly £6m in March 2017, largely on replacement medical equipment and the continuing replacement of ambulances in line with the fleet replacement strategy.

- NIAS are the only Trust to reach the 95% target in relation to payment of invoices within the 30 day agreed time frame. Work will continue to maintain and improve performance in this area. The Trust Board expressed their gratitude in achieving these results.

Information Technology Systems – Developments
- HSCNI and NIAS were not directly affected by the recent national cyber-attack.

- IT work continuously to manage any threats to systems and there are a range of measures in place to minimise as much as possible any risks to systems from such attacks.

- A planned fixed wire-testing procedure was deferred and will now take place at a later stage. The planned upgrade of the Finance, Procurement and Logistics (FPL) system had also been deferred.

Information Governance – Developments
- An action plan for outstanding items is currently being developed in relation to Control Assurance.

- Requests under FOI have greatly increased and the Disclosure Log continues to be updated.

- Reports from PSNI, Solicitors and other outside bodies have also increased in

number over recent months. This potentially may be an area for monitoring.

Human Resources Directorate
Ms Lemon gave the following update on behalf of the Director of HR&CS to Trust Board:

- There is some movement in relation the Job Evaluation process in that the Trade Unions have recently re-entered negotiations and are currently working through the backlog.

- New posts are being prioritised at present and good progress has been made to date in relation to Helicopter Emergency Medical Service Paramedic (HEMS), Community Resuscitation Development Officers (CRDO) and Clinical Support Desk Paramedic posts.

- Sickness continues to be a significant issue and NIAS have been unable to reach the target set to reduce sickness by 5% over the past year.

- NIAS are not performing well in relation to sickness levels on a Regional basis.

- Operations are currently undertaking a benchmarking exercise in relation to sickness absence. There are some difficulties getting information from other Trusts.

- All national Ambulance Services, including NIAS, were nominated for a Chartered Institute of Public Relations Award for the Ambulance Day media campaign in November 2016.

- A new Management Attendance Procedure was discussed and agreed at a meeting with Trade Unions (31/05/2017). Training will need to take place for Managers in relation to this and is currently in the early development stages.

- A Health and Wellbeing working group has been established with priority focus on two key projects; a Peer Support Model for staff dealing with trauma and a partnership project in conjunction with Unison in relation to Health Promotion.

- Ways to increase the Trust profile should be highlighted and awareness raising events are planned over the coming weeks. Much positive work has been undertaken in relation to Patient Experience and this work was commended by the Board.

- An update on current complaints/compliments was given. An update on the Complaints Policy and Procedure was given and a request to extend the policy to facilitate participation in regional policy work stream was approved by the Board.

Medical Directorate
Dr McManus gave the following update to Trust Board as follows:

- The Emergency Planning Annual Report should be brought to Trust Board prior to submission to HSCB.

- Work is ongoing in relation to the Trust's Business Continuity Strategy and Policy. Once finalised this will be submitted to Trust Board for approval.

- A review of Incident Reporting was delayed due to workload pressures however this is now underway.

- A revised Regional Serious Adverse Incident (SAI) reporting procedure is now in place and NIAS continues to participate in the learning outcomes from SAIs regionally.

- No Healthcare Acquired Infections (HCAIs) were reported within the Trust during the year.

- An audit of Personal Protective Equipment (PPE) has taken place and the tool was developed in conjunction with RQIA and NIAS are now included in the Regulation and Quality Improvement Authority (RQIA) programme of unscheduled infection control and prevention inspections. NIAS can now access expert advice on Infection Prevention from a Microbiologist facilitated by the South Eastern Health & Social Care Trust.

- The Risk Manger will liaise with the Chief Executive in all matters associated with risks.

- The Trust are extremely disappointed over the lack of progress in relation to the Electronic Patient Report Form (EPRF) and how valuable this would be in many aspects of all future developments. Trust Board fully support the need for this.

- Recruitment of the Operational Lead for HEMS was delayed due to the job evaluation process and the outcome regarding this is still awaited.

- The HEMS Management Board has been established and Terms of Reference for this are agreed and in place.

- We are pleased to report recruitment has now begun in relation to CRDO posts. This is an excellent development and will make a huge contribution to NIAS.

8   Items for Approval

8.1   Management of Aggression Policy
Approved on proposal of Mr T Haslett and seconded by Mr A Cardwell.

8.2   HSC Equality Action Plan
Approved on proposal of Mr T Haslett and seconded by Mr A Cardwell.

8.3   Disability Action Plan
Approved on proposal of Mr T Haslett and seconded by Mr A Cardwell.

9   Items for Information/Noting

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9.1 Assurance Committee Minutes (04/05/2017)
Approved on proposal of Mr T Haslett and seconded by Mr A Cardwell.

9.2 Audit Committee Minutes (19/01/2017)
Approved on proposal of Mr T Haslett and seconded by Mr A Cardwell.

9.3 Audit Committee Terms of Reference (Revised 2017)
Approved on proposal of Mr T Haslett and seconded by Mr A Cardwell.

9.4 Complaints Policy & Procedure – Extension of Renewal Date
Noted

10 Forum for Questions
There were no questions asked.

11 AOB

Presentation to Dr D McManus
Mr Devlin thanked Dr McManus for his invaluable contribution to NIAS and Trust Board over many years and all agreed he would be greatly missed. All wished him every success in the future.

Date, Time and Venue of Next Meeting

The next scheduled Trust Board meeting will be held on **Thursday 17 August 2017 @ 2.00pm, NIAS Headquarters, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG and will include the AGM.**

Signed: _____   Dated: _____
(Chairman)

TB/17/08/17/02

TRUST BOARD REPORT
OPERATIONAL DIRECTORATE

Reporting to 30 JUNE 2017
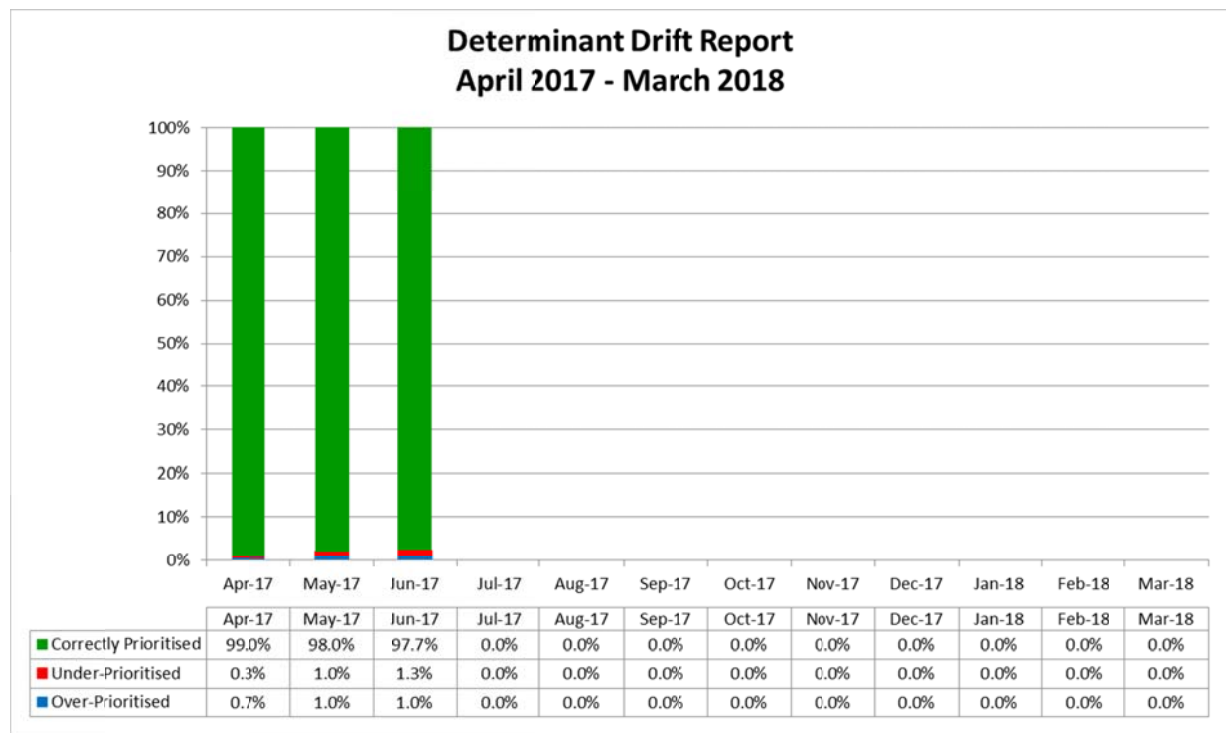
PERFORMANCE ANALYSIS AND REPORT

Emergency and Non-Emergency Control Centres

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

NIAS is committed to reviewing a percentage of 999 calls in line with annual call volume. For 2017-18 this equates to approximately 2.58% of 999 calls or approximately 70 calls per week.

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

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

Determinant Drift Report
April 2017 - March 2018

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Correctly Prioritised	99.0%	98.0%	97.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Under-Prioritised	0.3%	1.0%	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Over-Prioritised	0.7%	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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

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

EMD Award Scheme

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

The table below shows the level and number of awards attained by EMDs for May and June as well as the year 2017-18 to date. February saw the first gold award for 100 calls reviewed as "High Compliance" achieved.

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

EAC Call Taking Statistics

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

Emergency Call Activity

From April 2016 until March 2017 a total of 210,027 Emergency calls were answered by staff in EAC which was a 4.87% rise in "999" activity from the previous year. In the first three months of this year we have seen a 4.24% rise in "999" calls from the same period last year.

Month	Year 2014-15	Year 2015-16	Year 2016-17	Year 2017-18
Apr	14988	16079	16321	17403
May	15433	16795	17437	18365
Jun	15911	16321	17030	17173
Jul	16633	16266	17773	
Aug	16244	16814	17728	
Sep	16244	15802	16803	
Oct	15803	16701	18282	
Nov	15860	16083	16979	
Dec	18088	18494	20340	
Jan	16590	16989	17630	
Feb	16138	16188	16181	
Mar	16872	17740	17523	
Total	**194804**	**200272**	**210027**	**52941**

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 2017 to June 2017 NIAS received 7,164 from the Police Service Northern Ireland (PSNI). Normally the levels are between 2,100 and 2,300 each month. Some calls are to place Emergency calls for ambulance assistance, whilst others may update NIAS on situations or events that are ongoing.

As part of contingency arrangements we, on occasions, answer calls from the Republic of Ireland, on the emergency roamer, and take emergency calls from Scotland and England. We recently were in contact with an Emergency Medical Service (EMS) in the USA to pass the details of an emergency that a resident in the UK had contacted us via the "999" system to report.
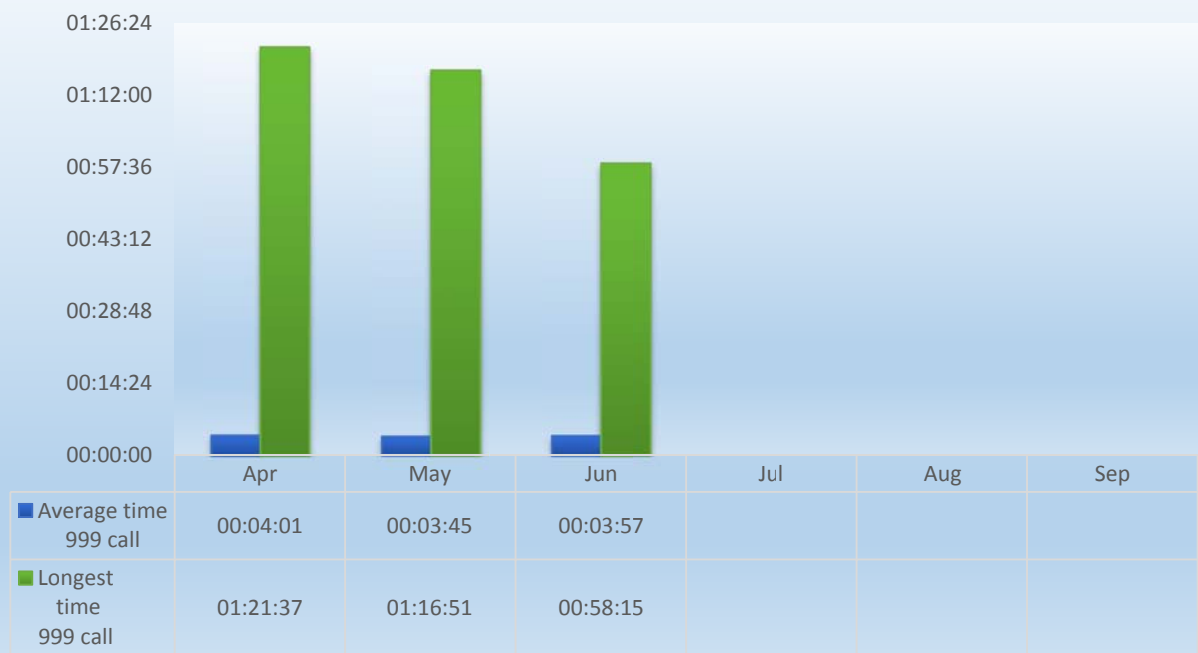
999 Call Answer Times

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

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

Call Answering performance 2017

	Apr	May	Jun
Emergency	89.88	88.99	91.71
Routine	96.23	94.47	95.58
HCP / Urgent	70.93	76.71	74.69

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

- The target of 95% 999 call taking is yet to be achieved – new recruitment in EMD levels would be expected to improve this performance level.

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

Average and longest time for "999" call 2017

	Apr	May	Jun	Jul	Aug	Sep
■ Average time 999 call	00:04:01	00:03:45	00:03:57			
■ Longest time 999 call	01:21:37	01:16:51	00:58:15			

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RESPONSE TIME PERFORMANCE REPORT

For April to June 2017

Summary of Trends:

1. **Cumulative NI Cat A performance from April - June 2017 = 51.7% which is 0.6% higher than last year.**

2. **Average response time across Northern for Cat A response in June 2017 was 10 minutes 45 seconds.**

3. **Cumulative Cat A demand from April to June 2017 has decreased by 2.3% = -351 calls for the same period last year**

4. **Total cumulative Emergency Call demand for April to June 2017 (including Cat HCP activity) has increased by 3.3% = 1730 calls for the same period last year. There was a noted increase in May 2017 with an additional 890 calls received across all Trust areas relating to an increase of 30 calls per day**

5. **Trends for ambulance turnaround times greater than the standard (i.e. 30 mins) continue to heavily impact on NIAS response and availability**

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

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

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

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

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

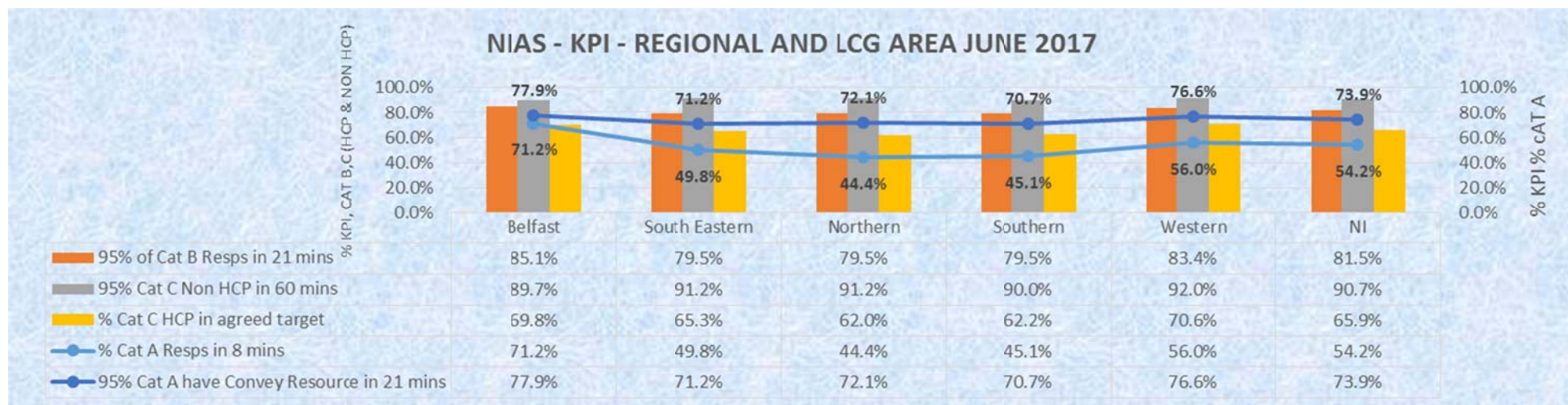| KPI - From April 2017, to March 2018 – Cat A Cumulative Position												
LCG	Apr 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 17	Feb 18	Mar 17	2017/18
Belfast	61.5%	63.7%	66.2%										
South Eastern	43.3%	42.3%	44.7%										
Northern	41.0%	42.2%	42.9%										
Southern	44.5%	45.7%	45.5%										
Western	54.3%	55.4%	55.6%										
Northern Ireland	49.4%	50.5%	51.7%										

KPI - From April 2017, 72.5% of Cat A (potentially immediately life threatening) calls to be responded to within 8 minutes, 67.5% in each Local Commissioning Group area (LCG)												
LCG	Apr 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 17	Feb 18	Mar 17	2017/18
Belfast	61.5%	65.7%	71.2%										
South Eastern	43.3%	41.2%	49.8%										
Northern	41.0%	43.2%	44.4%										
Southern	44.5%	46.9%	45.1%										
Western	54.3%	56.5%	56.0%										
Northern Ireland	49.4%	51.6%	54.2%										

KPI - 95% of Cat A have a conveying resource <21min												
LCG	Apr 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 17	Feb 18	Mar 17	2017/18
Belfast	77.0%	74.0%	77.9%										
South Eastern	67.3%	69.3%	71.2%										
Northern	73.9%	72.1%	72.1%										
Southern	69.5%	68.7%	70.7%										
Western	78.0%	78.5%	76.6%										
Northern Ireland	73.4%	72.6%	73.9%										

KPI - 95% of Category B Response <21 mins													
LCG	Apr 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 17	Feb 18	Mar 17	2017/18
Belfast	79.0%	81.5%	85.1%										
South Eastern	73.3%	72.7%	79.5%										
Northern	74.7%	74.9%	79.5%										
Southern	76.9%	77.3%	79.5%										
Western	81.8%	83.3%	83.4%										
Northern Ireland	77.0%	78.0%	81.5%										

KPI - 95% Category C Non- Health Care Professional <60mins													
LCG	Apr 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 17	Feb 18	Mar 17	2017/18
Belfast	82.4%	83.5%	89.7%										
South Eastern	84.8%	86.5%	91.2%										
Northern	91.6%	87.9%	91.2%										
Southern	89.7%	88.8%	90.0%										
Western	92.2%	94.4%	92.0%										
Northern Ireland	87.9%	87.8%	90.7%										

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 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 17	Feb 18	Mar 17	2017/18
Belfast	70.8%	64.1%	69.8%										
South Eastern	68.8%	66.3%	65.3%										
Northern	66.2%	65.7%	62.0%										
Southern	67.5%	64.3%	62.2%										
Western	64.7%	68.0%	70.6%										
Northern Ireland	67.9%	65.5%	65.9%										

NIAS - KPI - REGIONAL AND LCG AREA JUNE 2017

	Belfast	South Eastern	Northern	Southern	Western	NI
95% of Cat B Resps in 21 mins	85.1%	79.5%	79.5%	79.5%	83.4%	81.5%
95% Cat C Non HCP in 60 mins	89.7%	91.2%	91.2%	90.0%	92.0%	90.7%
% Cat C HCP in agreed target	69.8%	65.3%	62.0%	62.2%	70.6%	65.9%
% Cat A Resps in 8 mins	71.2%	49.8%	44.4%	45.1%	56.0%	54.2%
95% Cat A have Convey Resource in 21 mins	77.9%	71.2%	72.1%	70.7%	76.6%	73.9%

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

NIAS - 999 Calls including Card 35 HCP Journeys
Jun17 and Jun16

	NI	Belfast	S Eastern	Northern	Southern	Western
Jun17 Actual	17,475	4,495	3,066	4,293	2,961	2,660
Jun16 Actual	17,040	4,429	3,135	4,021	2,897	2,558
% Growth since Apr 16	2.6%	1.5%	-2.2%	6.8%	2.2%	4.0%

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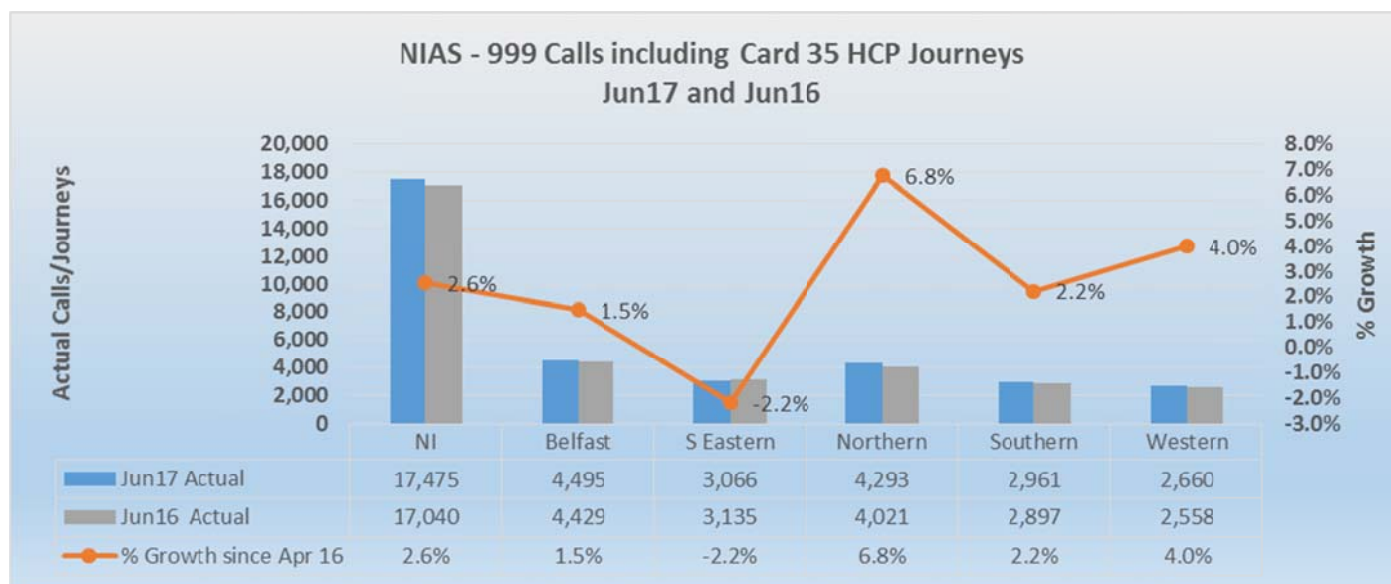
DEMAND COMPARISON BY MONTH FOR 2017/18 v 2016/17 FOR 999 CALLS AND CARD 35 HCP ACTIVITY

MONTH	Belfast LCG		South Eastern LCG		Northern LCG		Southern LCG		Western LCG		Northern Ireland	
	2017-18	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18	2016-17
Apr 17 (Actual)	4,312	4,486	3,130	2,961	4,164	3,960	2,897	2,823	2,721	2,589	17,224	16,819
% Change 16v17	-3.9%		5.7%		5.2%		2.6%		5.1%		2.4%	
May 17 (Actual)	4,820	4,648	3,235	4,414	4,414	4,137	3,081	3,004	2,894	2,701	18,444	17,554
% Change 16v17	3.7%		5.6%		6.7%		2.6%		7.1%		5.1%	
Jun 17 (Actual)	4,495	4,429	3,066	3,135	4,293	4,021	2,961	2,897	2,660	2,558	17,475	17,040
% Change 16v17	1.5%		-2.2%		6.8%		2.2%		4.0%		2.6%	
Jul 17 (Actual)												
% Change 16v17												
Aug 17 (Actual)												
% Change 16v17												
Sept 17 (Actual)												
% Change 16v17												
Oct 17 (Actual)												
% Change 16v17												
Nov 17 (Actual)												
% Change 16v17												
Dec 17 (Actual)												
% Change 16v17												
Jan 17 (Actual)												
% Change 16v17												
Feb 17 (Actual)												
% Change 16v17												
Mar 17 (Actual)												
% Change 16v17												

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

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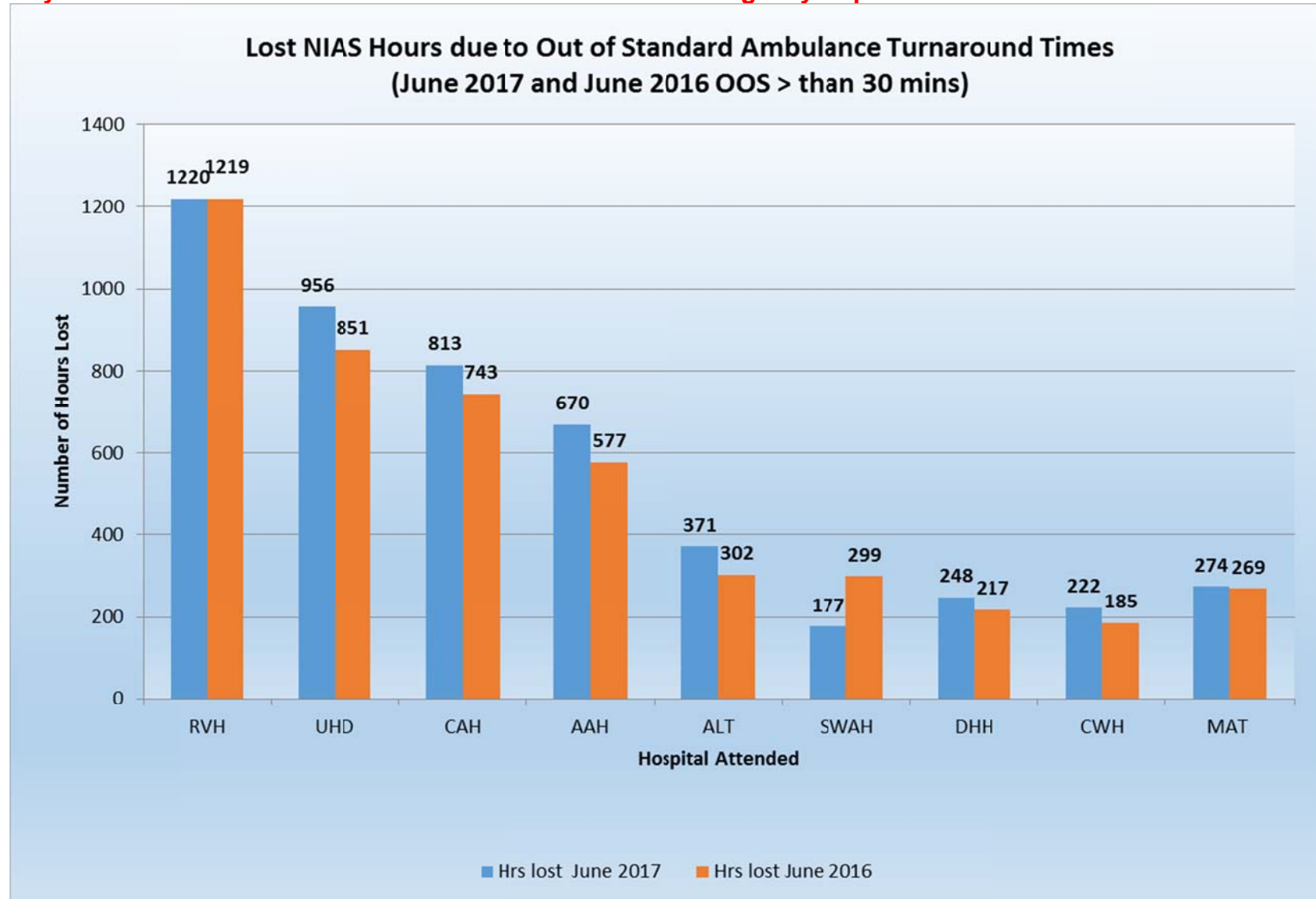
Key Performance Indicator: Provide non-urgent transport of patients across Northern Ireland through its Patient Care Service (PCS) to locally agreed specifications

	NEAC BOOKINGS AND JOURNEYS - JUNE 2017						
Bookings	**LCG AREA**	**Belfast**	**South Eastern**	**Northern**	**Southern**	**Western**	**NI**
	Jun-17	2555	2162	7202	5364	3666	**20949**
	Jun-16	2440	2162	6854	5339	3134	**19929**
	% Change	4.7%	0.0%	5.1%	0.5%	17.0%	**5.1%**
Completed Journeys	**LCG AREA**	**Belfast**	**South Eastern**	**Northern**	**Southern**	**Western**	**NI**
	Jun-17	1884	1496	5819	4086	2818	**16103**
	Jun-16	1674	1466	5326	4210	2577	**15253**
	% Change	12.5%	2.0%	9.3%	-2.9%	9.4%	**5.6%**

	Journey Type	**Outpatient**	**Discharge**	**Transfer**	**Admission**	**Second Crew**	**Home Assessment**	**Total**
Completed Journeys	**Jun-17**	12883	2128	920	164	4	4	**16103**
	Jun-16	12816	1559	682	177	17	2	**15253**

NIAS - NEAC - BOOKINGS RECEIVED - JUNE 2017
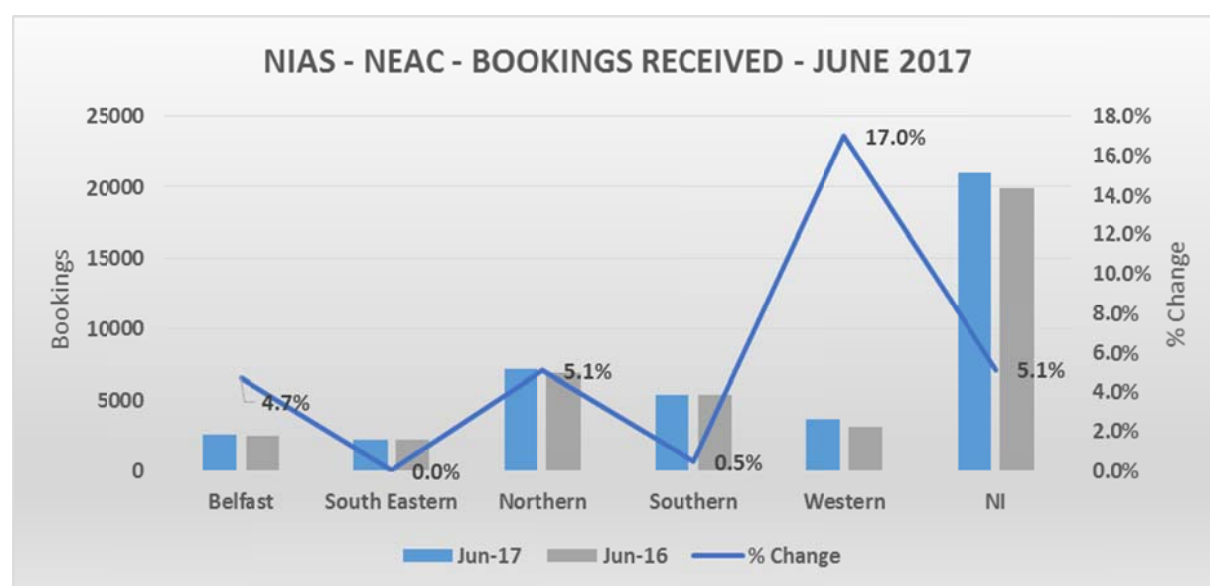
Jun 17

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%)
4554	**3302**

AVERAGE RESPONSE TIME [MM:SS]	
10:45	**834 responses below target**

	BELFAST HSCT	SOUTH EASTERN HSCT	NORTHERN HSCT	SOUTHERN HSCT	WESTERN HSCT
Total number of Cat A responses	1180	791	1089	796	698
Number required to exceed LCG target (67.5%)	797	534	736	538	472
Number of category A responses at scene within 8 mins	840 / 71.2%	394 / 49.8%	484 / 44.4%	359 / 45.1%	391 / 56.0%
	Target Achieved	140 responses below target	252 responses below target	179 responses below target	81 responses below target
Average response time [mm:ss]	08:15	12:14	12:47	11:04	09:45

REGIONAL CATEGORY A PERFORMANCE SUMMARY

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

54.2%
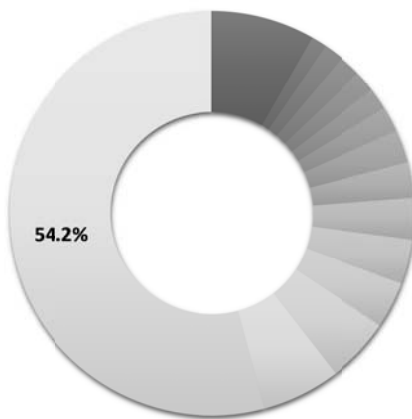
Category A Performance		%	Cumulative %
Within 8 minutes	2468	54.2%	54.2%
Within 8 - 9 minutes	285	6.3%	60.5%
Within 9 - 10 minutes	236	5.2%	65.6%
Within 10 - 11 minutes	169	3.7%	69.3%
Within 11 - 12 minutes	162	3.6%	72.9%
Within 12 - 13 minutes	151	3.3%	76.2%
Within 13 - 14 minutes	129	2.8%	79.1%
Within 14 - 15 minutes	120	2.6%	81.7%
Within 15 - 16 minutes	92	2.0%	83.7%
Within 16 - 17 minutes	80	1.8%	85.5%
Within 17 - 18 minutes	77	1.7%	87.2%
Within 18 - 19 minutes	80	1.8%	88.9%
Within 19 - 20 minutes	73	1.6%	90.5%
Within 20 - 21 minutes	56	1.2%	91.7%
Over 21 minutes	376	8.3%	100.0%
Total	4554		

Response Time	N	%	Total	Response Time	N	%	Total	Response Time	N	%	Total	Response Time	N	%	Total	Response Time	N	%	Total
< 8 m	840	71.2%	71.2%	< 8 m	394	49.8%	49.8%	< 8 m	484	44.4%	44.4%	< 8 m	359	45.1%	45.1%	< 8 m	391	56.0%	56.0%
8 - 9 m	96	8.1%	79.3%	8 - 9 m	43	5.4%	55.2%	8 - 9 m	63	5.8%	50.2%	8 - 9 m	49	6.2%	51.3%	8 - 9 m	34	4.9%	60.9%
9 - 10 m	63	5.3%	84.7%	9 - 10 m	43	5.4%	60.7%	9 - 10 m	48	4.4%	54.6%	9 - 10 m	44	5.5%	56.8%	9 - 10 m	38	5.4%	66.3%
10 - 11 m	33	2.8%	87.5%	10 - 11 m	41	5.2%	65.9%	10 - 11 m	36	3.3%	57.9%	10 - 11 m	36	4.5%	61.3%	10 - 11 m	23	3.3%	69.6%
11 - 12 m	27	2.3%	89.7%	11 - 12 m	40	5.1%	70.9%	11 - 12 m	44	4.0%	62.0%	11 - 12 m	29	3.6%	64.9%	11 - 12 m	22	3.2%	72.8%
12 - 13 m	32	2.7%	92.5%	12 - 13 m	27	3.4%	74.3%	12 - 13 m	45	4.1%	66.1%	12 - 13 m	30	3.8%	68.7%	12 - 13 m	17	2.4%	75.2%
13 - 14 m	16	1.4%	93.8%	13 - 14 m	28	3.5%	77.9%	13 - 14 m	48	4.4%	70.5%	13 - 14 m	23	2.9%	71.6%	13 - 14 m	14	2.0%	77.2%
14 - 15 m	15	1.3%	95.1%	14 - 15 m	24	3.0%	80.9%	14 - 15 m	41	3.8%	74.3%	14 - 15 m	25	3.1%	74.7%	14 - 15 m	15	2.1%	79.4%
15 - 16 m	7	0.6%	95.7%	15 - 16 m	20	2.5%	83.4%	15 - 16 m	26	2.4%	76.7%	15 - 16 m	20	2.5%	77.3%	15 - 16 m	19	2.7%	82.1%
16 - 17 m	8	0.7%	96.4%	16 - 17 m	16	2.0%	85.5%	16 - 17 m	33	3.0%	79.7%	16 - 17 m	11	1.4%	78.6%	16 - 17 m	12	1.7%	83.8%
17 - 18 m	5	0.4%	96.8%	17 - 18 m	17	2.1%	87.6%	17 - 18 m	21	1.9%	81.6%	17 - 18 m	27	3.4%	82.0%	17 - 18 m	7	1.0%	84.8%
18 - 19 m	5	0.4%	97.2%	18 - 19 m	9	1.1%	88.7%	18 - 19 m	26	2.4%	84.0%	18 - 19 m	19	2.4%	84.4%	18 - 19 m	21	3.0%	87.8%
19 - 20 m	5	0.4%	97.6%	19 - 20 m	9	1.1%	89.9%	19 - 20 m	27	2.5%	86.5%	19 - 20 m	16	2.0%	86.4%	19 - 20 m	16	2.3%	90.1%
20 - 21 m	6	0.5%	98.1%	20 - 21 m	11	1.4%	91.3%	20 - 21 m	17	1.6%	88.1%	20 - 21 m	14	1.8%	88.2%	20 - 21 m	8	1.1%	91.3%
21 + m	22	1.9%	100.0%	21 + m	69	8.7%	100.0%	21 + m	130	11.9%	100.0%	21 + m	94	11.8%	100.0%	21 + m	61	8.7%	100.0%
Total		1180		Total		791		Total		1089		Total		796		Total		698	

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Fleet & Estate:

Fleet Section:

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

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

- All conversions have been completed

- Commissioning of 2016/17 is nearing completion.

    o A&E commissioning is complete

    o PCS 14, cars 9 and specialist vehicle 2 commissioning delayed due to MDT issues.

- Conversions awarded for A&E and PCS for 2017/18

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

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

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

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

Estate Section:

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

Key Performance Indicator: To deliver Project milestones as per plan

The build for the new Enniskillen Station has commenced in November 2016 and is now scheduled to complete by October 2017.

The licence with the South West College has been extended to 30/9/2017 and therefore alternative decant must be sought to cover the shortfall. The tender for provision of decant facilities did not attract any response so NIAS is progressing arrangement through PaLS, this will require a DAC.

The current modular building in Erne is scheduled to be moved to Omagh Station to facilitate improvements there. This will enable PCS to move back into the station from leased property at Dromore Road. Land transfer and/or licence is required from Western Trust.

Objective 2: Build envelope around existing Communications in Altnagelvin.

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

Planning approval has been received and work commenced on site in July 2017.

TB/17/08/17/03

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

FINANCE DIRECTORATE

Director of Finance and ICT

June 2017 (Month 3)

FINANCIAL PERFORMANCE

Financial Breakeven

The Trust is currently reporting a small surplus of £1k for the three months ending 30 June 2017 (Month 3), subject to key risks and assumptions. In particular, Accident & Emergency staff are currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS.

Financial position at the end of June 2017 (Month 3)

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		8,681	12,880									
Other Expenditure		2,071	3,004									
Expenditure Total		10,752	15,884			0	0	0	0	0	0	0
Income		73	99									
Net Expenditure		10,679	15,785			0	0	0	0	0	0	0
Net Resource Outturn		10,679	15,785			0	0	0	0	0	0	0
Revenue Resource Limit (RRL)		10,680	15,786									
Surplus/(Deficit) against RRL		1	1	0	0	0	0	0	0	0	0	0

NIAS Financial Position at the end of June 2017 (Month 3)

(£ 000s)	FYB	YTD Budget	YTD Actual	YTD Variance
Chief Executive's Office				
Payroll	153	38	37	2
Non-Payroll	44	12	12	(0)
Chief Executive's Office Total	**197**	**50**	**48**	**1**
Director of Finance				
Payroll	1,452	358	351	7
Non-Payroll	618	156	153	3
Director of Finance Total	**2,070**	**514**	**504**	**10**
Director of HR				
Payroll	3,540	897	894	3
Non-Payroll	663	182	176	5
Director of HR Total	**4,204**	**1,079**	**1,071**	**8**
Dir of Ops (incl Divisions & RCC)				
Payroll	45,368	11,419	11,332	86
Non-Payroll	9,159	2,500	2,610	(110)
Dir of Ops (incl Divisions & RCC) Total	**54,528**	**13,918**	**13,942**	**(24)**
Medical Director				
Payroll	1,243	272	266	5
Non-Payroll	195	53	53	0
Medical Director Total	**1,439**	**325**	**319**	**5**
NIAS Total Payroll	**51,757**	**12,983**	**12,880**	**104**
NIAS Total Non-Payroll	**10,680**	**2,902**	**3,004**	**(102)**
NIAS Total	**62,437**	**15,886**	**15,884**	**1**

Figures last updated: 27/07/2017 15:53

Underlying this overall financial forecast is a complex budgetary position. There are a range of vacancies creating underspends against the pay budget. The level of underspend is reduced by overtime costs to provide operational cover. There are also significant levels of sickness absence that can create a financial pressure beyond budgeted levels.   Expenditure on Voluntary and Private Ambulance Services and also the Voluntary Car Service to offset these vacancies and maintain cover and performance is creating a corresponding pressure on the non-pay budget. NIAS is also coordinating some Voluntary and Private Ambulance Service activity on behalf of other HSC Trusts. No expenditure or assumed income in relation to these services is included in the current financial position.

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

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

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

Capital Spend

The Trust has received an indicative Capital Resource Limit (CRL) allocation of £8.87m. This includes allocations for the new ambulance station at Enniskillen and also for the maintenance of the current fleet replacement cycle. The Trust has also received a specific allocation to support the replacement of the Mobile Data Terminals in Ambulance vehicles. The Trust continues to engage with the Department of Health in relation to capital expenditure forecasts. A detailed examination of capital requirements, particularly in respect of Enniskillen, is currently underway and any changes in the forecast profile and level of expenditure will be reflected in further adjustments to the CRL allocation.

Cumulative Capital Spend (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet	0	0	0									
Estate	304	604	836									
Medical Equipment	0	0	0									
ICT Schemes	0	0	2									
General Capital	0	0	27									
Actual Spend	304	604	865	0	0	0	0	0	0	0	0	0
Original Forecast Profile of Expenditure	304	604	864	1,225	1,521	2,175	2,233	2,430	3,733	4,966	5,083	8,870
Revised Forecast Profile of Expenditure												

Capital Expenditure

34
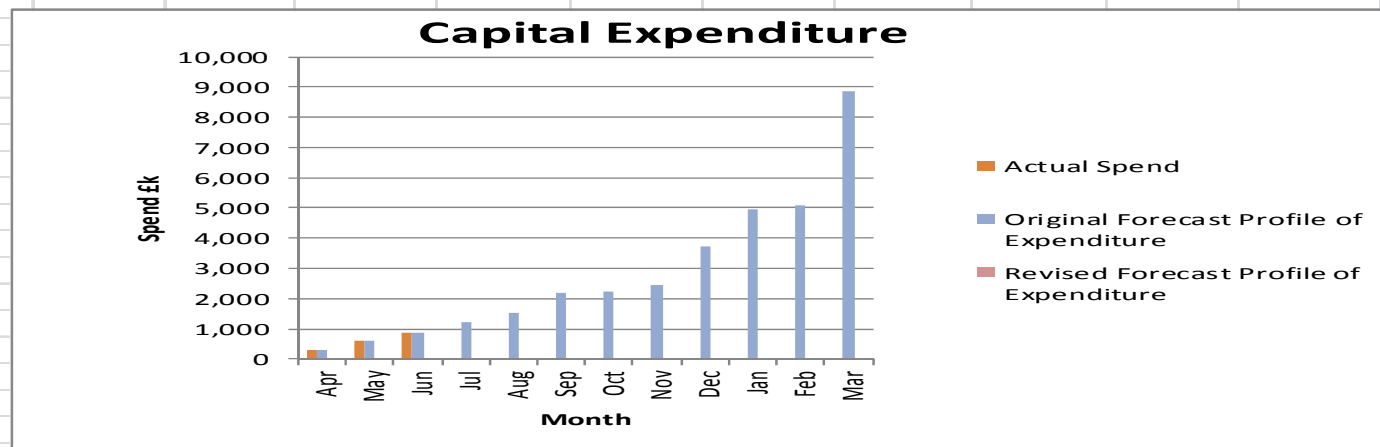
Prompt Payment of Invoices

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

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Total bills paid	1,315	1,617	1,591										4,523
Total bills paid within 30 calendar days of receipt of undisputed invoice	1,288	1,519	1,483										4,290
% bills paid on time	97.9%	93.9%	93.2%										94.8%
Total bills paid within 10 working days (14 calendar days)	898	944	1,158										3,000
% bills paid on time	68.3%	58.4%	72.8%										66.3%

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.

02 May 2017 Telephone System MRX 12lead Defibrillator Faxes not sending to RVH Ward 5

Initially an out of hours call was placed to IT On-Call. The fault was pointing to only one Fax number located at the RVH Ward 5.
After prolonged testing a temporary fax number was provided by the RVH which solved the problem. The fault was at the RVH not NIAS.

Information Technology Systems - Developments

Any system developments are reported in this section.

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

A Business Case to implement an Electronic Patient report form system (EPRF) has been formally approved to proceed to procurement stage. This project will involve, through the project team, representatives across all directorates and a fuller appreciation of the costs involved will be provided through the procurement process.

Cyber Security: A NIAS Trust Board workshop on 6th July 2017 provided an opportunity for Internal audit to share best practice and an assessment of all Trusts readiness to deal with the increasing cyber security threat. On-going engagement with HSC colleagues is helping to develop a regional plan and specific NIAS actions are being managed through the Information Governance Steering Group (IGSG). Systems to advise HSC and other stakeholders of attempted unauthorised access to Corporate Networks are being reviewed at a regional level.

ICT Help Desk Performance

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

Target to Respond to 95%	Apr			May			Jun		
	No of Calls	Within time	Actual	No of Calls	Within time	Actual	No of Calls	Within time	Actual
Immediate	10	9	90%	6	5	83%	4	4	100%
Urgent	42	42	100%	55	55	100%	42	42	100%
High	17	16	94%	14	11	79%	7	7	100%
Medium	417	408	98%	524	517	99%	588	582	99%
Low	655	655	100%	560	560	100%	656	656	100%
Total	1,141			1,159			1,297		

ICT Planned Maintenance April 2017 – system upgrades Critical Systems

There was no planned maintenance during this period.

ICT Planned Maintenance April 2017 – system upgrades Corporate Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	
E-mail	176	4 Hours	0	No	These are business support systems which need to be available on a 24/7 365 basis.
File Server	176	4 Hours	0.15	No	It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that
Virtual Server	178	2 Hours	0	No	the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is
BlackBerry	176	4 Hours	0.05	No	exceeded.
Promis	176	4 Hours	0.15	No	

ICT Planned Maintenance May 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.
C3 A&E	740	4 Hours	0.15	No	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 PCS	740	4 Hours	0.15	No	
Pro-QA	740	4 Hours	0	No	
ICCS A&E	740	4 Hours	0	No	
ICCS PCS	740	4 Hours	0	No	
DTR	740	4 Hours	0	No	
Voice Recorder	740	4 Hours	0	No	
Mobile Data	740	4 Hours	0	No	

ICT Planned Maintenance May 2017 – system upgrades Corporate Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	These are business support systems which need to be available on a 24/7 365 basis.
E-mail	226	4 Hours	0	No	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.
File Server	226	4 Hours	0.10	No	
Virtual Server	228	2 Hours	0	No	
BlackBerry	2226	4 Hours	0.05	No	
Promis	226	4 Hours	0.15	No	

ICT Planned Maintenance June 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	718	4 Hours	0	No	
C3 PCS	718	4 Hours	0	No	
Pro-QA	718	4 Hours	0	No	
ICCS A&E	718	4 Hours	0	No	
ICCS PCS	718	4 Hours	0	No	
DTR	718	4 Hours	0	No	
Voice Recorder	718	4 Hours	0.45	No	
Mobile Data	718	4 Hours	0	No	

ICT Planned Maintenance June 2017 – system upgrades Corporate Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	These are business support systems which need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.
E-mail	216	4 Hours	0	No	
File Server	216	4 Hours	0.10	No	
Virtual Server	218	2 Hours	0	No	
BlackBerry	216	4 Hours	0.10	No	
Promis	216	4 Hours	0.15	No	

Information Governance

Developments: 01/04/2017 to 30/06/2017

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

- *Control Assurance – Information Management: 76% Substantive Achieved through Self-Assessment for 2016/17. Action Plan for outstanding items being developed. This work continues to be a priority of the Trust. Along with outstanding Priority 1 Audit Recommendations relating to Information Governance aspects relating to Information Asset Register and Data Flow Exercise. This will now be reviewed as part of project workflows under the remit of Transformation and Innovation Collaborative*
- *Processing in all areas of the Information Department has noted to have increased across Freedom of Information, Data Protection, Solicitor and Police Enquiries during 2016/17 and placed additional pressures on the Department.*
- *FOI Disclosure Log under FOI Publication Requirement continues to be updated on a monthly basis*
- *Development of HEMs Patient Report Form and reviewing test calls to ensure informatics can be extracted to support relevant KPI monitoring for helicopter attendance*
- *Supporting Regional Ambulance Training Centre with Quality Improvement Templates and data analysis. These continue to be developed and amended. Includes Falls, Hypoglycaemia, Acute Coronary Syndrome, Cardiac Arrest (refer to Medical Directorate section of report for reporting)*
- *ACP monitoring aspects reviewed. ACP pathways continued to be monitored and reviewed. Ad hoc datasets have been provided to support further initiatives as required in relation to mental health, falls referrals etc including large extraction of Patient Report Forms and Command and Control records*
- *Informatics and business intelligence to support Transformation and Information Collaborative workflows continue to be worked on including ambulance turnaround reports, Prison attendances etc*
- *Supporting work and data streams in Frequent Caller Monitoring and Information Markers*
- *Ad hoc datasets to internal/external stakeholders included (examples only, not an exhaustive list) – requests for Patient Report Forms to support staff for HCPC reflection requirements, geographical maps to support Belfast Division station areas; data to support management at meetings in relation to performance at Parliamentary constituency level, Mid Ulster etc; potential deployment point in SE area, motorbike incidents, informatics and geographical datasets to support PSNI request re: 12 July 2017 Belfast Parade*

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 2017 – June 2017 requests compared with same period in 2016-17:

	April 17 – June 17	April 16 – June 16	% Increase / (Decrease)
1 Freedom of Information Requests Received	43	32	34%
2 Data Protection Act 1998 Section 7, Subject Access Requests Received	13	11	18%
3 Police Service of Northern Ireland Requests Received	106	94	12%
4 Solicitor Enquiries Requests Received	180	162	11%
Total	**342**	**299**	**14%**

1 FREEDOM FOR INFORMATION ACT (2000) – REQUESTS FOR INFORMATION

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).

Processing for the Period 01/04/2017 to 30/06/2017

2017-18 Data

Freedom of information	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total Jun-17	Total Jun-16
Number of Requests Received	14	12	17										43	32
Number of Questions Received	70	34	81										185	100
Completed Requests processed within 20 days or less	11	7	14										32	26
Completed Requests exceeding 20 days	2	3	2										7	4
REQUESTS Still Being Processed (within 20)	0	0	1										1	
REQUESTS Still being processed (outside 20)	1	2	0										3	
Stood Down	0	0	0										0	
Number of Records Fully Disclosed	55	26	45										126	
Vexatious Requests	0	0	0										0	
Number of Records for which records not held	6	0	27										33	
Requests where exemptions wholly/partially applied	2	0	0										2	
Questions stood down	0	0	0										0	
QUESTIONS Still Being Processed (within 20)	0	0	9										9	
QUESTIONS Still Being Processed (outside 20)	7	8	0										15	
Referrals for Independent Review	0	0	0										0	
Appeals to the Information Commissioner	0	0	0										0	
Requestor Type														
Member of Public	6	8	8										22	
Local Government	0	1	0										1	
Staff Member	2	1	4										7	
Media	1	0	1										2	
Student	0	0	0										0	
Commercial Company	3	0	0										3	
Solicitor	0	0	0										0	
WhatDoTheyKnow.com	2	2	1										5	
NHS	0	0	3										3	
Trade Union	0	0	0										0	

%age completed within 20 working days	
Apr '17 - Jun '17	74.42%
Apr '16 - Jun '16	81.25%

Data may be subject to amendments.

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

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

Processing (Subject Access) for the Period 01/04/2017 to 30/06/2017

Data Protection Act 1998 – Section 7, Subject Access	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 17 – Jun 17	April 16 – Jun 16
Number of Requests Received	1	8	4										13	11
Completed Requests processed within 40 days or less	1	8	4										13	11
Completed Requests exceeding 40 days	0	0	0										0	0
Requests still being processed in line with 40 days	0	0	0										0	0
Identity Not Confirmed and therefore could not be further processed	0	0	0										0	0
Patient	1	1	1										3	7
NIAS Staff Member	0	5	0										5	4
External Agency	0	2	3										5	0
Relative of Patient	0	0	0										0	0

- **From 01/04/2017 to 30/06/2017: 100% 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)

- There are a number of DPA requests from 2016/17 that remain outstanding relating to staff requests for disciplinary files, HR records etc - these are currently being prioritised

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

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

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

Processing for the Period 01/04/2017 to 30/06/2017

PSNI Requests	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 17 – Jun 17	April 16 – Jun 16
Number of Requests Received (based on receipt of correspondence date)	29	35	42										106	94

4   SOLICITOR ENQUIRIES

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

Processing for the Period 01/04/2017 to 30/06/2017

Solicitors Enquiries	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 17 – Jun 17	April 16 – Jun 16
Number of Requests Received (based on receipt of correspondence date)	52	61	67										180	162

5   DEPARTMENT OF HEALTH – REQUESTs FOR INFORMATION

Processing for the Period 01/04/2017 to 30/06/2017

DHSSPS/AQ's/CORs/TOF's/INV's	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr 17 – Jun 17
Assembly Questions (Oral)	0	0	0										0
Assembly Questions (Written)	0	0	0										0
CORs Received	2	0	2										4
TOFs Received	1	0	0										1
INVs Received	0	0	0										0

6   PRF V PATIENT NUMBERS COMPARISON

17/18 - PRF v PATIENT NUMBERS COMPARISON

Summary		Patient Journeys where a patient has transported to a hospital			Number of PRF's completed for the treatment of a patient.		
Month	Emergency Response(s) which arrived on scene	Emergency	Routine	Total	Completed PRFs (Formic)	Difference between Emergency Responses and completed PRF's	Difference Patient Journeys and completed PRF's
April 2017	17225	12899	353	13252	15772	-1,453	+2,520
May 2017	18444	13789	303	14092	16934	-1,510	+2,842
June 2017	17475	12957	339	13296	12488	-4,987	-808
July 2017				0		+0	+0
August 2017				0		+0	+0
September 2017				0		+0	+0
October 2017				0		+0	+0
November 2017				0		+0	+0
December 2017				0		+0	+0
January 2018				0		+0	+0
February 2018				0		+0	+0
March 2018				0		+0	+0
Total	53144	39645	995	40640	45194	-7,950	+4,554

Emergency Response(s) which arrived on scene only counts as 1 record irrespective of the number of resources that arrive on scene.
Multiple patients can be attended at scene, no patients may be located at scene and some records relate to non-emergency Patient Care Service. Private/Voluntary PRFs are not received by the Trust

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

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

TB/17/08/17/04

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE

Director of Human Resources and Corporate Services

2017 / 14 / 08

(As at 30 June 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 30 June 2017. This information is taken from HRPTS.

MARCH 2017	TRUST TOTAL	CX / BOARD	FINANCE / ICT	HRCS	MEDICAL	OPERATIONS
FUNDED WTE	1,299.32	7.00	31.63	68.15	11.00	1,181.54
SUBSTANTIVE-IN-POST (WTE) PERM/(TEMP)	1195.64	1.00 (5.00)	24.63 (2.00)	55.98 (2.80)	7.00 (1.00)	1,107.03 (11.16)
STAFF-IN-POST/HEADCOUNT	1,210.81	6.00	24.63	61.78	8.00	1110.40
VACANCY LEVELS (WTE)	**81.72**	**-1.00**	**-5.00**	**-9.37**	**-3.00**	**-63.35**

NB: *The above figures do not include Sessional GP's (11), nor individuals who support ELD clinical programmes as required (12), nor individuals employed on Bank Contracts (35).*

Substantive in post – Operations figures include 24 Trainee EMT's and 16 Trainee ACAs currently in RATC. Figures given in brackets include individuals employed on temporary contracts.

On the basis of the information above @ 30 June 2017, the Trust has an overall vacancy level of **81.72** WTE posts. This compares to an overall vacancy level of 213.70 WTE posts @ 30 June 2014.

RECRUITMENT ACTIVITY

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

Post	Funded Est (WTE)	Staff-in-Post (WTE)	Vacancy (WTE)	Bank Staff	Recruitment Activity	Current Trainees (WTE)	Date Next Training Cohort Due to Commence	Further Planned Training Cohorts
Paramedic Stn Sup.	25.00	18.86	-5.11	0	No recruitment planned, due to ongoing Job Evaluation process.	N/A	N/A	N/A
Paramedic	322.00	311.48	-7.52	30	Bank Recruitment: No recruitment exercise took place during this period. Internal Recruitment: No internal recruitment took place during this period. External Recruitment: -A recruitment exercise for HCPC Paramedics commenced in mid-June 2017, and is currently ongoing. Interviews will conclude on 8th August 2017. -A recruitment exercise for a Community First Responder Manager (Band 7) took place during this period, with interviews held on 4th July 2017. An offer has been made, and pre-employment checks are currently ongoing.	N/A	N/A	N/A
RRV Paramedic	86.00	77.58	-7.42	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	253.43 24.00	-43.81	4	Internal Recruitment: External Recruitment: Trainee EMT (internal & external): training on going Internal / External Recruitment:	24	Cohort 2 (**24** Trainees) due to commence training on 15/05/17, with practice placement commencing August 2017 and full qualification in February 2018.	
ACA (inc. PCS Sup.) + Trainee ACA	263.50	239.08	-22.42	0 0 (16 Trainee ACAs included in WF are currently out of RATC and awaiting processing)				

Section 1: Human Resources & Corporate Services

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

CORPORATE ABSENCE REPORT (@ 30 JUNE 2017)

NIAS's cumulative absence in 2016/17 was **10.34%**, meaning that NIAS did not meet its target as agreed with the Department of Health, which was to "**improve sick absence rates by 5% on 2015/16 levels**" in 2016/17. This target is equivalent to a sickness absence rate of **9.91%**, therefore NIAS missed the agreed target by **0.43%**.

The table below provides a summary of the Trust's sickness absence during the first quarter of 2017/18 (1 April to June 2017), which was **5.27%** overall. We are currently awaiting confirmation of the 2017/18 target from the Department of Health. Long term absence (20+ working days) accounted for **75.52%** of overall monthly absence in June 2017, and short-term absence accounted for **27.48%** of overall monthly absence in June 2017.

2017/18 Monthly Sickness Absence including Comparators to Previous Reporting Year (2016/17)												
ATTENDANCE MANAGEMENT	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
NIAS ABSENCE TARGET (2017/18)	**"IMPROVE SICK ABSENCE RATES BY 5% ON 2015/16 LEVELS": NIAS TARGET = 9.91%**											
NIAS absenteeism monthly % hrs lost (16/17)	9.78%	9.64%	10.30%	8.39%	10.21%	10.41%	10.55%	11.09%	13.11%	13.12%	9.36%	8.69%
NIAS cumulative monthly % hrs lost (16/17)	9.78%	9.70%*	9.91%*	9.54%	9.68%	9.80%	9.91%	10.06%	10.40%	10.56%	10.49%	10.34%
NIAS absenteeism monthly % hrs lost (17/18)	**8.18%**	**7.82%**	**8.35%**									
NIAS cumulative monthly % hrs lost (17/18)	**-**	**7.98%**	**8.11%**									
Monthly % hrs lost (S/T)	2.27	2.03	27.48									
Monthly % hrs lost (L/T)	5.90	5.97	72.52									
Av. days lost (7.5 hrs) per Employee per Mth	-	-	-									
NIAS cumulative costs (£'000)	272	259	294									
* May-16 & Jun-16 cumulative absence figs adjusted due to late notifications received after production of reports.												
NIAS CUMULATIVE % HRS LOST: 31,239.66	**(2017/18) 5.27%**		**(2017/18 @ 30 June 2017) 31,239.66**									

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

NIAS failed to meet its 2016/17 target, and it is 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-June (2017/18), compared to cumulative % hours lost during 2016/17.
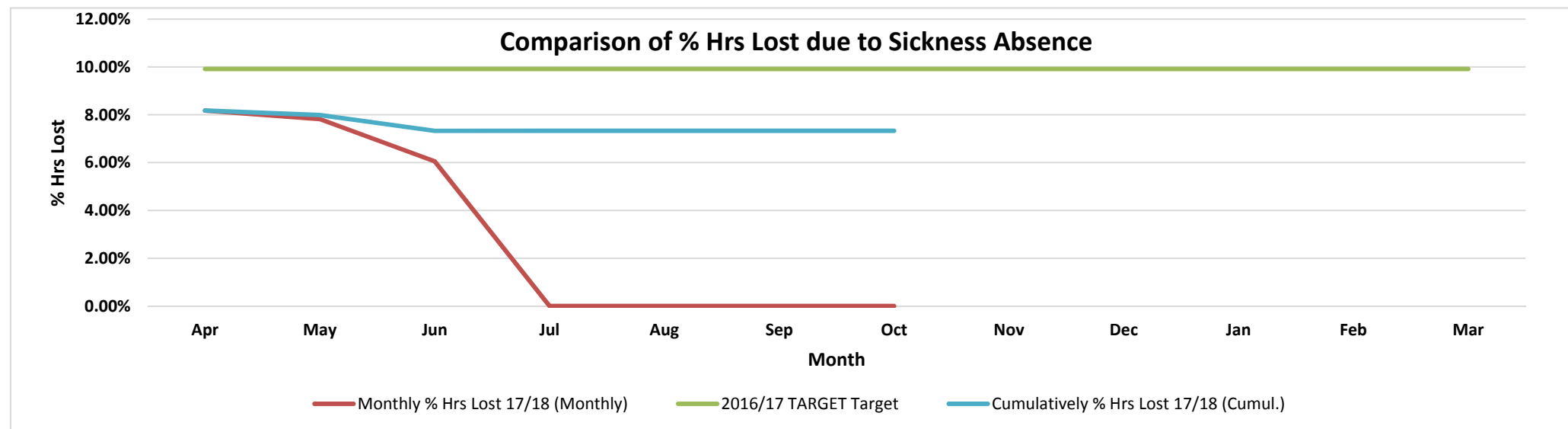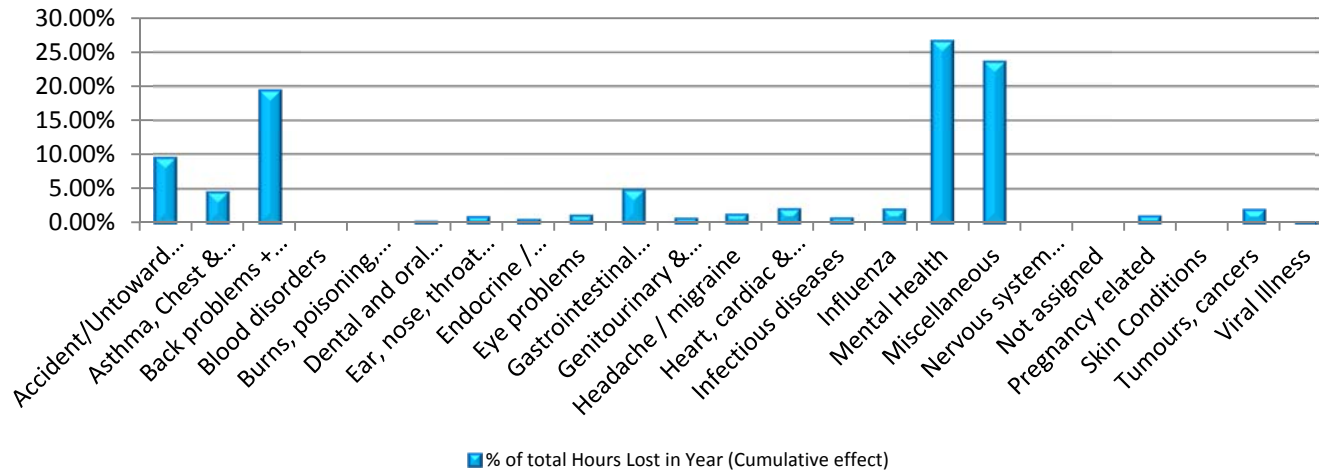
Hours Lost by Absence Category- Cumulative

% of total Hours Lost in Year (Cumulative effect)

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

Asthma, Chest, Resp.	4.47%
Heart/cardiac/circulatory	1.98%
Influenza	1.93%
Tumours and Cancers	1.91%
Headache/Migraine	1.20%
Eye problems	1.06%

OTHER CATEGORIES WITH LESS THAN 1% ABSENCES INCLUDE:-

Blood Disorders; Dental/Oral; Endocrine/Glandular; 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, which were **Mental Health, Miscellaneous, Back Problems/ Injury or Fracture/ Other Musculoskeletal,** and **Accident/Untoward Incident at Work.**

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

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

Section 1: Human Resources & Corporate Services - June 2017

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

Disciplinary Cases:

Position as at June 2017	TRUST TOTAL	Patient Care	Wilful Damage	Criminal Conduct	Fraud	Failure to comply with Trust Policy / Procedure
Total Ongoing Cases	**7**	**2**	**0**	**1**	**0**	**4**
HCPC Referrals	**5**	3	0	2	0	0
Suspensions	**1**	1	0	0	0	0
New Cases	**1**	**0**	**0**	**0**	**0**	**1**

Grievance Cases:

Position as at June 2017	TRUST TOTAL	Transfer	Application of T&C	Recruitment	Job Evaluation	Equal Opps	Employee Relations Processes	Promotion	Pay
Total Ongoing Cases	**23**	**2**	**17**	**2**	**1**	**0**	**1**	**0**	**1**
Informal Stage	1	0	1	0	0	0	0	0	0
Formal Stage 1	19	2	14	1	1	0	1	0	1
Formal Stage 2 (Appeal)	3	0	2	1	0	0	0	0	0
New Cases	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Working Well Together / Harassment Cases:

Position as at June 2017	TRUST TOTAL
Total Ongoing Cases	**7**
Informal Resolution / withdrawn	0
Inv Ongoing	7
Formal Stage 1	0
Formal Stage 2 (Appeal)	0
New Cases	**0**

Commentary (Employee Relations/Industrial Relations):

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

Case File Closures:

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

Position as at June 2017	June	July	August	September	October	November	December	January	February	March	April	May	June
Grievance	0	1	0	1	0	0	7	10	0	0	0	2	2
Disciplinary	1	1	1	1	0	0	0	2	0	0	0	1	2
Harassment	0	0	1	0	0	0	0	0	0	0	0	0	0
Total	**1**	**2**	**2**	**2**	**0**	**0**	**7**	**12**	**0**	**0**	**0**	**3**	**4**

Section 1:	Human Resources & Corporate Services
HRCS KPI:	Modernisation & Reform

SHARED SERVICES NIAS has engaged with BSO Shared Services throughout the transition of the NIAS Recruitment & Selection (R&S) function. NIAS R&S function has now completed the transition to Shared Services, which took place in 3 phases over a 6 week period that commenced on 22 May 2017.	

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

Total complaints received to date: 32

HANDLING TIMES OF COMPLAINTS FOR 2017-18																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2016-17	
Complaints Received	12	13	7										**32**		**161**	*100%*
Total A&E & PCS Activity	*27912*	*31167*	*30010*										*89089*			
% Complaints/Activity	*0.04%*	*0.04%*	*0.02%*										*0.04%*			
Acknowledged within 2 working days	12	13	7										**32**	*100%*	**160**	*99.4%*
Acknowledged after 2 working days	0	0	0										**0**	*0%*	**1**	*0.6%*
Response within 20 working days	2	5	4										**11**	*34%*	**44**	*27.3%*
Response after 20 working days	6	5	2										**13**	*41%*	**112**	*69.6%*
Complaints Investigations ongoing	4	3	1										**8**	*25%*	**5**	*3.1%*
Cases referred to NI Ombudsman (cases ongoing)	0	0	1										**1**		2	

NATURE OF COMPLAINTS RECEIVED 2017-18																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017-18	%	2016-17	
Staff Attitude	10	7	3										20	63%	**73**	*45%*
Ambulance Late/No Arrival	1	3	3										7	22%	**65**	*40%*
Quality of Treatment & Care	0	1	0										1	3%	**12**	*7%*
Suitability of Equip/Vehicle	0	0	1										1	3%	**5**	*3%*
Other	1	2	0										3	9%	**6**	*4%*
Patient Property	0	0	0										0	0%	**0**	*0%*
TOTAL	**12**	**13**	**7**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	32		**161**	

SERVICE AREA OF COMPLAINTS 2017-18

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2016-17	
Accident & Emergency	7	7	2										16	50%	90	56%
Patient Care Service	2	1	1										4	13%	10	6%
Control & Communications	2	4	4										10	31%	57	35%
Other	1	1	0										2	6%	4	2%
Voluntary Car Service	0	0	0										0	0%	0	0%
TOTAL	**12**	**13**	**7**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**32**	*100%*	**161**	*100%*

COMPLIMENTS RECEIVED 2017-18

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017-18		2016-17
RECEIVED	15	36	15										**66**		**207**

SERVICE AREA OF COMPLIMENTS RECEIVED

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2016-17	%	2016-17	
Accident & Emergency	14	35	14										**63**	95.5%	**190**	92%
Control	1	1	1										**3**	4.5%	**3**	1%
Patient Care Service	0	0	0										**0**	0.0%	**7**	3%
Voluntary Car Service	0	0	0										**0**	0.0%	**0**	0%
Other	0	0	0										**0**	0.0%	**7**	3%
TOTAL	**15**	**36**	**15**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**66**		**207**	

CLOSED COMPLAINTS: APRIL 2017 – JUNE 2017

First received	Closed	Description	Outcome	Action taken (Investigation)
24/02/2017	19/04/2017	The complainant alleges that the crew were not helpful, unsympathetic, disrespectful and unprofessional in their treatment of her grandson.	Complaint not upheld as IO can find no evidence of the allegations made.	Response issued. No further action taken.
16/03/2017	19/04/2017	Complaint regarding the delay of an ambulance for a sick baby.	Complaint upheld. All emergency responses were already deployed on red or purple calls.	Letter of apology and explanation issued. All emergency ambulance were already deployed on emergency calls on an exceptionally busy shift.
08/12/2016	19/04/2017	Complainant alleges that the paramedic did not ask her if she required medical attention following an RTC.	Complaint partially upheld. Paramedic to reflect with CSO to help learn how unintentional misunderstandings may occur.	Letter of apology and explanation issued. Crew member to undergo reflective practice with CSO
30/12/2016	19/04/2017	Complainant alleges female crew member was rude and dismissive.	Complaint not upheld as crew were following training with regards to mobilisation.	Response issued. Crew were following mobilisation protocol. Crew reminded to be professional at all times.
03/10/2016	20/04/2017	Complainant's husband was transferred from RVH to his home by ambulance. Crew were requested to transfer him into the wheelchair via hoist and crew advised they were unable to do this. Complainant was unhappy with this situation.	Complaint partially upheld. Although the crew acted correctly in not using the hoist they could have assisted the patient in many other ways using NIAS trained techniques.	Letter of apology and explanation issued. Staff referred to DTO and CSO for refresher training in manual handling and dynamic risk assessment
13/03/2017	21/04/2017	Call taker put triage nurse in an uncomfortable position by asking her to prioritise calls.	Complaint upheld. These questions should not have been asked of a triage nurse, putting her in a position where she felt compelled to make a judgment on clinical case comparisons which she could not do.	Letter of apology and explanation issued. The control officer on duty on this occasion will be retrained on deployment of resources.
10/04/2017	25/04/2017	Complainant believes ambulance driver to be aggressive and intimidating on the M1	Complaint upheld. Crew reminded to be professional at all times. Complaint closed under local resolution	Apology made to complainant by Station Officer and crew reminded to drive professionally when in marked ambulances in NIAS uniform.

First received	Closed	Description	Outcome	Action taken (Investigation)
23/03/2017	09/05/2017	Emergency ambulance took 26 minutes to arrive for 6 year old daughter in seizure	Complaint upheld. High volume of calls and limited resources resulted in delay	Letter of apology and explanation issued. No further actions identified.
08/03/2017	09/05/2017	Complainant is unhappy with paramedic who attended his son and states that he did not treat his condition seriously enough.	Complaint not upheld as crew acted appropriately.	Response issued. RRV paramedic referred to DTO as this is a second occurrence of a similar incident.
20/02/2017	09/05/2017	Complainant asked that her son be taken straight to the RVH, as per UHD instructions. The crew insisted on attending the UHD. The child was then transferred from UHD to RVH the following day.	Complaint not upheld as paramedic was found to have acted in patients best interests.	Response issued. No further actions identified.
31/03/2017	09/05/2017	Patient to be transferred from CAH to UHD for surgery but was told no ambulances available until 3 days later.	Complaint not upheld. Appointment booked with 30 minutes notice and therefore no resources available	Letter of explanation issued. No further actions identified.
13/03/2017	09/05/2017	Serious delay in ambulance arrival to convey patient to ED	Complaint upheld. Delay caused by volume of calls and limited resources.	Letter of apology and explanation issued. All response vehicles were already deployed due to high volume of calls.
03/05/2017	09/05/2017	Allegations that the paramedic was exceptionally rude and dismissive.	Case with PSNI for criminal investigation. Case closed pending outcome	Letter explaining complaints process must cease as PSNI investigating
13/03/2017	15/05/2017	ICV ambulance attended when patient needed paramedic intervention.	Complaint partially upheld. GP did not discuss the need for pain relief with EAC and therefore an emergency response was not requested. The call taker did not know what services were in operation at the UHD.	Letter of apology and explanation issued. Call taker to be educated on what injuries and conditions can be dealt with at UHD. DCM confirmed this had been actioned 27th April 2017
27/03/2017	15/05/2017	Patient's ambulance arrived one hour early to hospital and she waited 2 hours for the return journey.	Partially upheld. Crew member acted in an appropriate manner, however NEAC did not advise the Nursing Home what time to have the patient ready from.	Letter of explanation and apology issued. NEAC to remind call takers that they must advise every patient what time to be ready for.

First received	Closed	Description	Outcome	Action taken (Investigation)
14/03/2017	15/05/2017	Patient alleges paramedic was exceptionally aggressive and rude towards her. Refused to complete a PRF that the patient wanted completed to sign her refusal to travel acknowledgement.	Complaint not upheld. Complainant has ongoing issues, NIAS willing to work with GP and mental health team.	Response issued. No further actions identified.
23/03/2017	15/05/2017	Complainant unhappy as she had to make her own way to hospital. A RRV responded in 1hr 21mins. The patient made the decision to make her own way to hospital after the conveying ambulance became delayed.	Complaint upheld. Ambulance control were experiencing a high volume of calls with unexpected limited resources available.	Letter of apology and explanation issued. No further action identified.
27/04/2017	17/05/2017	NEAC said they could not transport elderly father home as they needed 4 staff members to do it.	Complaint upheld as all resources were already deployed on calls at the time of booking	Letter of apology and explanation issued.
02/05/2017	25/05/2017	Feels HR were unprofessional during a recruitment process	Complaint upheld. Letter of apology and explanation issued.	Letter of apology and explanation issued. Mechanisms being put in place by HR to ensure no reoccurrence.
20/03/2017	26/05/2017	Complainant alleges crew were rude to her mother. Complaint Withdrawn 26/05/17.	The complainant alleges the crew refused to bring her to hospital and were quite rude. After speaking to Mrs ### she informed me she has no complaints with NIAS staffs and her complaint is against the hospital. She is happy to withdraw any allegations.	No further action identified.
16/03/2017	26/05/2017	Complaint regarding the delay of an ambulance and the attitude of a crew member who was allegedly rude, unhelpful and unprofessional. The patient was made to walk to the ambulance despite the pain she was experiencing.	Complaint not upheld. Communication breakdown as patient was verbally aggressive to crew. Staff reminded of effective communication and how to dissolve conflict	Response issued. Crew to reflect on effective communication and deflecting conflict
06/04/2017	26/05/2017	Complainant alleges crew member was rude and abrupt and drove carelessly.	Complaint upheld. Crew made inappropriate remarks. CSO to engage with crew to reflect on call, paying particular attention on the subjects of confidentiality and Osteoporosis	Letter of apology and explanation issued. Crew to reflect on Confidentiality and management of osteoporosis patients with their CSO.

First received	Closed	Description	Outcome	Action taken (Investigation)
27/04/2017	26/05/2017	Feels HR were unprofessional during a recruitment process	Complaint upheld. Recognised bad practice for HR to notify successful candidates before unsuccessful.	Letter of apology and explanation issued. HR to put mechanisms in place to ensure there is no reoccurrence
11/04/2017	26/05/2017	RRV paramedic said inappropriate things to female patient with dementia and was dismissive of her presenting complaint.	Complaint partially upheld. Staff member to reflect on his communication skills, however, no malice intended.	Letter of apology and explanation issued. Staff member to write a reflective account of the incident and demonstrate learning has taken place.
28/02/2017	07/06/2017	NE Ambulance delayed.	Complaint not upheld. Control staff took measures to ensure patient was transported on an exceptionally busy day and crew acted appropriately.	Response issued. Ongoing issue of communication between control staff and hospitals.
15/05/2017	07/06/2017	Complaint regarding attitude of EMT	Complaint upheld. EMT failed to achieve standards expected with regards to conduct	Letter of apology issued. Crew member to receive verbal warning
19/04/2017	08/06/2017	Complaint alleging staff language was disgusting and colourful	Referred to disciplinary.	Referred to disciplinary
28/12/2016	12/06/2017	EMD was allegedly rude and abrupt to caller.	Complaint upheld. EMD to be counselled. Letter of explanation and apology issued, along with a transcript of the call as per complainants request.	Letter of apology and explanation issued. No further actions identified.
26/05/2017	13/06/2017	Ambulance failed to show up on one occasion and was cancelled at short notice on the next - causing much distress to elderly patient who has recently had both limbs amputated.	Complaint upheld. NEAC did have to cancel the calls due to limited resources.	Letter of apology and explanation issued. No further actions identified. Ongoing issue.
14/06/2017	14/06/2017	A mother received a call from her daughter in England, who was in severe pain and very distressed. The mother asked a friend to dial 999, and got through to NIAS EAC. The NIAS call taker was noted to be very unhelpful and stated that the daughter should dial 999 herself to get in contact with the local Ambulance Service.	Duty Control manager has contacted complainant on two occasions to discuss this. Firstly to apologise after listening to the downloaded call recording and on a second occasion to update the complainant after the matter was raised with the EMD. The call will now be forwarded for formal auditing. The EMD is aware that that the call constitutes counselling and a record of the event will be held on staff file. Complainant happy with outcome.	Resolved locally.

First received	Closed	Description	Outcome	Action taken (Investigation)
14/06/2017	14/06/2017	A mother received a call from her daughter in England, who was in severe pain and very distressed. The mother asked a friend to dial 999, and got through to NIAS EAC. The NIAS call taker was noted to be very unhelpful and stated that the daughter should dial 999 herself to get in contact with the local Ambulance Service.	Duty Control manager has contacted complainant on two occasions to discuss this. Firstly to apologise after listening to the downloaded call recording and on a second occasion to update the complainant after the matter was raised with the EMD. The call will now be forwarded for formal auditing. The EMD is aware that that the call constitutes counselling and a record of the event will be held on staff file. Complainant happy with outcome.	Resolved locally.
08/05/2017	19/06/2017	Crew left door open propped with a fire extinguisher. Fold houses elderly and vulnerable patients in an area that experiences anti-social behaviour.	Letter of apology and explanation issued.	
13/06/2017	20/06/2017	Patient has stated that one of the attending crew was rude and made inappropriate remarks.	Station Officer contacted complainant by telephone, discussed the matter and issued apology. Complainant would like the matter informally resolved by way of a letter of apology from (the Paramedic) the man whom she described in her complaint. She has no issue with the other staff member whom she described as a gentleman.	Response issued. No further action identified.
25/05/2017	20/06/2017	RRV responded in 17 minutes and immediately requested crew for 2y/o infant seizing. Crew took a further 62 minutes to arrive.	Letter of apology and explanation issued for the delay of the ambulance.	

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First received	Closed	Description	Outcome	Action taken (Investigation)
14/06/2017	21/06/2017	Paramedic allegedly began questioning care home staff regarding the need for an ambulance. Sister at Care Home felt that NIAS was questioning her judgement. Has stated that they would like the complaint dealt with informally and quickly.	Station Officer has contacted the complainant, discussed and issued full apology. SO has also spoken to the NIAS staff member concerned and went through the call in detail. The NIAS staff member accepts that they could have communicated more effectively and explained their rationale for the questioning of the complainant. The complainant is happy with the outcome, and would like a further update when the staff member has been spoken to. Good outcome and quickly resolved.	The NIAS staff member had been reminded of the need for good, clear communication and to explain their reasons for all questions asked to patients/carers.
06/04/2017	23/06/2017	Pedestrian nearly knocked over by ambulance passing closely by her. When she approached the driver he was exceptionally rude.	Letter of apology and reassurance issued. Crew reminded to use horns/sirens where appropriate.	
08/05/2017	26/06/2017	Allegation made that a crew member was scruffy looking and rude to the nurse in charge.	Letter of apology and reassurance issued regarding the appearance of NIAS staff member in future.	Letter of explanation and apology issued. Staff member reminded of standards expected of NIAS personnel.
21/03/2017	26/06/2017	Nursing Home manager has stated that the NIAS crew made inappropriate remarks that were rude and unhelpful.	Complaint not upheld. Crew reminded to be aware of miscommunication.	Response issued. Crew to be reminded of how miscommunication can occur.
08/05/2017	26/06/2017	Paramedic was allegedly uncooperative, argued with the patient, made suggestions that the patient was wasting everyone's time and the Paramedic was 'acting like he was a doctor'.	Letter of apology and explanation issued.	
11/05/2017	26/06/2017	Elderly lady waited 92 minutes for an ambulance with facial and head injuries.	Letter of apology and explanation for Ambulance delay issued.	
06/06/2017	27/06/2017	Patient has raised concerns as new type PCS vehicle is very cramped for his electric wheelchair and prefers older model which has more room and is more comfortable. Patient has also stated that the PCS crew arrived late, causing him to attend a scheduled appointment late.	The NIAS Fleet Manager and Clinical Training Manager called to the complainant's home with the relevant PCS vehicle type, to discuss the complaint and demonstrate the vehicle capabilities and constraints. The meeting was positive and the complainant is happy with the outcome.	

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Claims 2017-18

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

	C/O	A	M	J	J	A	S	O	N	D	J	F	M	Total
Employers Liability	48													
Claims Received		1	1	1										3
Claims Settled		0	0	1*										1
Cases Ongoing														48
Public Liability	2													
Claims Received		0	0	0										0
Claims Settled		0	0	0										0
Cases Ongoing														2
Clinical Negligence	12													
Claims Received		1	0	0										1
Claims Settled		0	0	0										0
Cases Ongoing														12

Lessons Learned:

1 Employee Liability cases settled:

1. Claimant injured when exiting the rear of an ambulance during a call, allegedly due to the grip on the steps being worn.
   Recommendations/Actions: Footplates on ambulance vehicles ought to be inspected to ensure that the grip edge has not been worn away. If wear and tear is noticed, the footplates ought to be replaced. Service and maintenance visits should include inspection of the footplates.

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 2017-18

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

Employers Liability:

* Staff member tripped on piece of raised defective flooring at Ambulance Station. Injured back and arm.
* Patient began to fall slowly to the ground. Her top became caught on the button of our client's uniform, wrenching her forwards. She was unable to detach the button in time to avoid any injury.
* Claimant sitting in back of ambulance. Driver braked heavily on the Falls Road. Records suggest that he was seated but not belted and has slipped from his seat.

Clinical Negligence:

* Claim from member of the public regarding the alleged dismissal of his injuries sustained by his wife. Claimant felt that she was not correctly assessed by crew.

Section 1:	Human Resources & Corporate Services											
HRCS KPI:	**Supporting Trust Priorities**											
Concerns raised under Public Interest Disclosure (NI) 1998 (WHISTLE BLOWING) 2017-18												
Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**2017-18**
0	0	0										**0**

Section 2: **Education, Learning & Development**
HRCS KPI: **Support Trust Priorities; Modernisation & Reform; Shaping & Developing Future Workforce; Education, Learning & Development**

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

The installation process for RATC's new state-of-the-art technology has now been completed . Representatives from NIAVAC, the technology provider, have provided training for smart screens, video-conferencing equipment and other associated ancillaries. Full installation at RATC will now be able to realise its vision for a truly interactive classroom.

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

ELD Highlight report:

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

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

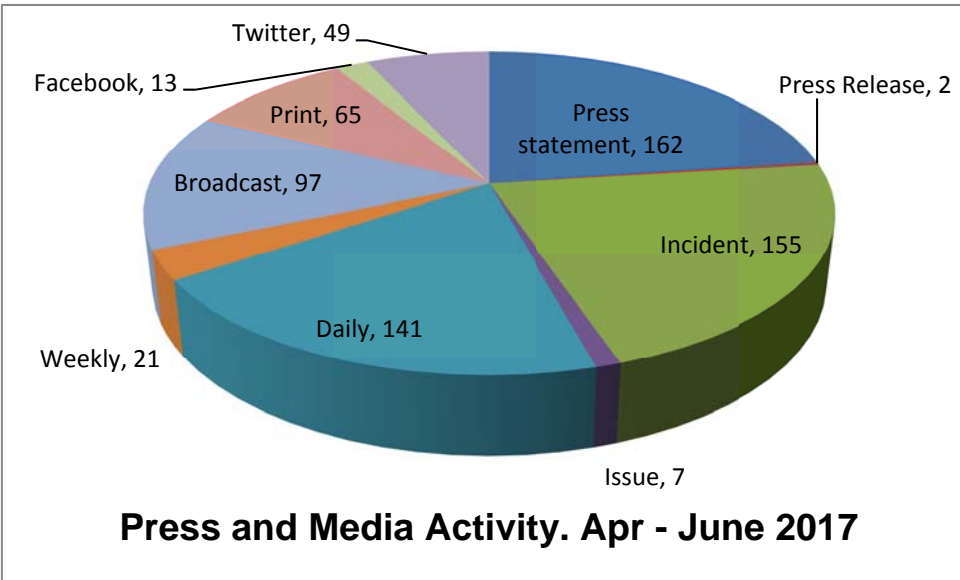- The second cohort of 23 learners (AAP 2) commenced   their

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

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

- Discussions are underway with Corpuls to finalise the format of the new defibrillators and a meeting is scheduled with the company in early August to agree a "train the trainer" programme to allow the roll out of the training programme.

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

- RATC's interim External Quality Assurance visit from FutureQuals planned for early July is now delayed until the first cohort return their portfolios. This delay was requested by FutureQuals and negates two visits within a short space of time. The visit pertains to the first AAP cohort and is a condition of running a regulated programme of education and training. RATC wishes to build upon the very positive initial visit report and cement the AAP programme as fit-for-purpose whatever the scruitiny.it was successful, with the visiting EQA citing that the programme documentation was of a 'high to very high standard'. Subsequently, RATC has achieved 'Direct Claim Status' for certification; this reflects well on the quality and quantity of work that the driving instructors have put into the Level 2 and Level 3 driving awards.

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

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	**Key Work Streams underway include**
• 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.	• Re-establishment of Trust Equality Forum to ensure engagement with Trade Union representatives and staff in relation to equality issues.
• The Trust works to mainstream section 75 considerations into policy development through engagement and screening processes.	• Establishment of a NIAS Women's Forum.
	• Lead on achievement of Rainbow Project's Diversity Champion status across HSC Trusts.
• NIAS contributes to the HSC regional Equality and Human Rights agenda through participation in the DHSSPS Equality and Human Rights Steering Group.	• Develop and introduce a Good Relations Strategy for NIAS.
	• Develop Equality Toolkit and Training Module.
• 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.	• Contribute to the development of a regional Discovering Diversity e-learning module.
Human Rights	**Supporting Trust policy**
• Human Rights consideration to Trust policy is incorporated within Equality and Human Rights Screening documentation.	• 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.
• 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.	• Key in this regard has been the mainstreaming of statutory requirements within the Trust's Transformation and Modernisation agenda. This has involved engagement with Section 75 representative groups impacted by proposals, including AGENI, Diabetes UK and Epilepsy Action.

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

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

Press and Media Activity. Apr - June 2017

(Pie chart data: Twitter, 49; Facebook, 13; Print, 65; Broadcast, 97; Weekly, 21; Daily, 141; Issue, 7; Incident, 155; Press statement, 162; Press Release, 2)

Key Themes in press coverage

- During April, May & June 2017, NIAS issued 2 proactive Press Releases and 162 Press Statements in response to enquiries from the media .

- 7 media interviews were conducted during the period.

- The number of media outlets reached in this period totalled 196.

- Press statements tend to be issued in response to particular incidents which, in this period, included HEMS use at NW200 announcement, potential impact of DHH ED closure and assaults on NIAS staff

- The Trust Continues to engage with the public through social media which includes the Trust Facebook and Twitter platforms. Through this media we were in a position to celebrate the national recognition of George Stott, QAM, and relaunch of 10,000 voices

Community Education

Number of Community Education Visits	122

- 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.

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Section 4: **Transformation and Modernisation**	
HRCS KPI: **Modernisation and Reform**	
  A new Transformation Improvement Collaborative which has been established by the Chief Executive. This will be described in more detail in future reports as the Collaborative evolves. The members of the Transformation and Modernisation team are involved in a range of Modernisation and Improvement Projects during 16/17. 3 projects will be profiled in this month's report. **Quality Improvement Project-** led by the Transformation and Organisational Change Programme Manager this project aims to develop the use of Quality Improvement methodologies across the organisation and develop the skills of staff in the same. The Improvement approach used to develop the use of Clinical Performance Indicators was the subject of poster presentations and oral presentations at a range of conferences in 16/17. A QI training programme has been launched in conjunction with SE Trust beginning in the Autumn. Other events are also being planned. Work is underway on a range of Improvement projects through the Collaborative. **Clinical Development Project**- led by the Clinical Service Improvement Lead this project aims to improve clinical care through delivery of a structured workplan of key priorities for the Trust.	In the past few months these have included the pilot of lactate testing for early identification of Sepsis in the Belfast locality. Staff are enthusiastic about the pilot and are already reporting the benefits for patients. A report will be drafted by the group. A care bundle has also been drafted. A small number of staff have been trained in order to prepare for go live of pilot scheme regarding the management of severe nose bleeds in 2 localities. Management and review of Appropriate Care Pathways continues with presentations to a range of GPs and the Western and SE Locality Unscheduled Care Network meetings. Clinical Support Desk- The implementation of a Paramedic Clinical Support Desk is being led by the Control Service Improvement Lead in support of the Assistant Director Control and Communications. The 5 paramedic posts have been recruited and a comprehensive training programme is underway in association with a number of other Ambulance Services. A detailed implementation and training plan is in place and 'go live' of the desk is being planned for the Autumn.

TB/17/08/17/05

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT
MEDICAL DIRECTORATE

Medical Director
2017 / 08 / 17
(May-June 2017)

Medical Directorate Performance Report for Trust Board

Emergency Planning & Business Continuity	
	Please refer to attached Emergency Planning Reports for May-June 2017.
	The Trust's Emergency Planning Team continues to participate in major incident planning and multi-agency exercises with two table-top and two live exercises taking place in this reporting period. Following the attacks in London and Manchester, there has been considerable emphasis on planning for terrorist incidents. Meetings have been held with the DoH NI in order to agree the level of provision moving forwards, and NIAS has been tasked with producing a business case that will allow for a similar operational capability to that provided in other UK Ambulance Services. Learning from these incidents has been shared across the NHS and made available to the HSCNI.
	The Business Continuity lead has undertaken a review of the existing Business Continuity Plans, and both the Strategy and Policy are tabled at this meeting. Following agreement of these, an overarching Business Continuity Plan and programme of exercising such plans will be developed.
	Current on-call arrangements were subject to review by the NIAS Workforce Planning Group and a series of recommendations agreed. The implementation of these recommendations was initially deferred due to a number of significant events such as G8, World Police & Fire Games etc. More recently implementation has been further delayed to allow further consideration of cost, training and terms and conditions implications as well as the absence of a number of key personnel for several months during the year 2015-16. This has been further impacted by the outcome and recommendations of the review of industrial action during the year and an independent review to inform the development of a policy on the use of marked vehicles in 2016/17. Implementation has now been delayed beyond the end of 2016/17 to await the outcome of the demand capacity review which is scheduled for Q2 2017/18.

Risk Management	
Corporate Risk Register	The Trust's Corporate Risk Register is presented monthly to SEMT, and to the Assurance Committee as a standing agenda item. A series of Directorate-specific Risk Register workshops, facilitated by the Risk Manager, took place earlier in the year.
	The Local Risk Registers of each Directorate are presented to the Trust's Assurance Committee on a rolling basis to ensure that all are considered during the year.

	In accordance with the 2017/18 annual audit plan, BSO Internal Audit carried out an audit of Risk Management within Northern Ireland Ambulance Service (NIAS) during June 2017. Risk Management was last reviewed by Internal Audit in July 2016, when Satisfactory assurance was provided. A draft Report has been received and is currently being reviewed.
Incident Reporting Procedures	The review of the incident reporting procedure is currently ongoing, and it is anticipated that it will be completed by end Q2 2017/18. Progress has already been made including the introduction of remote access to the Datix system allowing station management staff the ability to submit and review untoward incident reports while contributing to the overall database. NIAS has now adopted the revised regional serious adverse incident reporting procedure. NIAS continues to participate in the learning outcomes review from SAIs regionally. A composite report of Untoward and Serious Adverse Incidents is reported at each meeting of the Assurance Committee. A second meeting of the Trust's Learning Outcomes Review Panel took place in May 2017. The panel has been established to enhance and support individual and organisational learning from events such as untoward incidents, disciplinary investigations, claims, compliments, Serious Adverse Incidents (SAIs) etc. as well as feedback at organisational, local and individual levels. These are presented in a redacted form so that the emphasis is on learning as an organisation, rather than attributing blame. The outcome from the panel will be reported to the Trust's Assurance Committee from August 2017.
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. An electronic form of the aide memoire containing protocols and referral pathways is now being formally trialled by a group of frontline staff using a dedicated phone app, although hard copies of the latest pathways are made available to all frontline staff.
Clinical Care	
Infection Prevention & Control	The Infection Prevention and Control Group continues to advise the Trust on matters relating to infection prevention and control, and the reduction of the risk to patients of healthcare-acquired infection, as well as the safeguarding of staff and patients from other infections. Activity in this regard is reported to Trust Board through the Assurance Committee. No healthcare acquired

	infections (HCAIs) were reported within the Trust during the year.

During the year, a Quality Improvement Plan following a planned Regulation and Quality Improvement Agency (RQIA) Infection Prevention and Control Inspection Governance Progress Report was developed and progress against actions reported to the Trusts Assurance Committee. As an outcome of this review the Trust in collaboration with RQIA developed an ambulance specific audit and inspection tool for use within NIAS. An initial pilot inspection was undertaken by RQIA in conjunction with NIAS in March 2017 at Ballymena Ambulance Station, but no report has been made available from this visit. This will inform a programme of unannounced station inspections across all NIAS Divisions due to commence in July 2017. |
| *Regional Community Resuscitation Strategy* | Following on from the success of the 2016 "Restart a Heart Day", when over four thousand people participated in CPR training regionally, plans are already underway for the 2017 event.

Following a significant delay due to difficulties in agreeing job evaluation in partnership with staffside representatives, the Community Resuscitation Manager post has been awarded with the appointee due to take up post in the next few weeks. Shortlisting for the CRDO posts has produced a number of suitable candidates and the interviews for these positions are anticipated to be held in September 2017.

As existing funding to support current resuscitation training initiatives ended in 2015/16, the majority of these initiatives have now ceased. In the absence of the CRDOs being appointed, NIAS continued to make funding available to support a number of resuscitation initiatives, particularly within the NHSCT. However the NHSCT has given notice of the end of this arrangements in anticipation of the new appointments.

A large number of public access defibrillators are now available throughout Northern Ireland with over 800 of these registered on the NIAS control system to allow for their rapid deployment in the event of a local call to a collapsed patient. These units have been provided by a mixture of commercial organisations and public bodies, with a number of meetings being held between NIAS and local Council planners in order to facilitate future roll-outs.

NIAS continues to engage with a number of First Responder schemes across Northern Ireland. |
| *Patient Report Form (PRF)* | The updated Patient Report Form (PRF) approved by Trust Board in December 2016 has been implemented across the whole of NIAS. As well as fulfilling new audit purposes, it also offers guidance and support to crews on the implementation of appropriate care pathways. |

Electronic Patient Report Form (ePRF)	The business case for introduction of an electronic Patient Report Form (ePRF) has now received the support of the Commissioners with approval for the full amount for the project. Work has now commenced to initiate procurement options and the full tender process. It is accepted that the ePRF is a standalone project although meetings have already been held to explore how it may integrate with areas such as the Electronic Care Record (ECR) and the Key Information System (KIS). This project will be a major step forward in the modernisation of NIAS and has benefits for patients in terms of improved clinical care with better continuity, for NIAS in terms of audit and quality improvement, and also for the wider HSC where the data can more readily inform the development of acute services.
Annual Quality Report	The Trust's 2016/17 Annual Quality Report will be presented to Trust Board in Q3 2017/18.
Alternative Care Pathways	Work has continued to embed the appropriate care pathways resulting in more patients being referred directly to specific services such as palliative care, home care teams, community diabetic teams, community respiratory teams, etc. Further pathways such as referral of patients with mental health issues are being explored. Successful meetings have been held with representatives of primary care in order to address concerns raised by GPs and in particular to demonstrate the consideration of safety issues within all of the appropriate care pathways. Work on policies including information markers and frequent callers continues, but these are not yet ready for submission to Trust Board. It is anticipated that these will be ready by the end of 2017. Following significant delay due to difficulty in agreeing job evaluations with staffside representatives, staff have now been appointed to the position of the Clinical Support Desk Team and it is anticipated that they will start to actively manage calls in October 2017. The quality improvement programme to monitor and review compliance with the appropriate care pathways continues and a number of reports are attached indicating compliance and performance in the areas of: • Acute coronary syndrome care; • Cardiac arrest management; • Management of falls in older patients; • Management of hypoglycaemia;

	• Management of acute stroke. These show significant improvement across the areas outlined and work continues to ensure compliance in all areas.
Helicopter Emergency Medical Service (HEMS)	The HEMS project received Ministerial approval in March 2017 and much work has been undertaken to introduce a safe and effective service based on the combined doctor / paramedic model of care. A Clinical Lead Consultant was appointed along with an Operational Lead Paramedic, and development of the airbase at Maze Long Kesh (MLK) has moved forward. Recruitment of the medical and paramedic staff was completed in April 2017 resulting in a number of doctors drawn from the consultant tier of emergency medicine and critical care across Northern Ireland. These doctors will undertake HEMS work on a sessional basis so as to maintain skills within their regular posts. Six regular and four reserve paramedics have also been appointed to work on the service and have undertaken a large amount of training in areas such as flight operations, crew resource management and advanced trauma skills. The Assistant Medical Director has been working with the Inspector of Pharmacy Services for DoH NI, in order to procure the necessary license for scheduled drugs that will be specific to the HEMS service. It is anticipated that the service will go live towards the end of July 2017. Two aircraft have been obtained by the designated charity partner, Air Ambulance Northern Ireland (AANI), although only one of these will be operational at any given time. This will be based at MLK while the secondary airframe will be held at St Angelo Airport, Enniskillen. The NIAS appointees have undertaken some public relations exercises along with the AANI partners including a presence at the NW200 road races and site visits to various hospitals. The helipad at the Royal Victoria Hospital site will not be ready in time for the launch of the HEMS service, but plans for this are being moved forwards by the Belfast Trust. This will significantly reduce the transfer time of patients who will have to undergo secondary road transfer from alternative sites at the Musgrave Park Hospital or Belfast City Airport in the interim. The combined clinical advisory groups for HEMS and the Regional Trauma Network continue to meet and the Chair of the Panel will be reviewed following the retirement of the current NIAS Medical Director. The full implementation of the Regional Trauma Network is not a prerequisite for the introduction of the HEMS service, but is planned to commence in Q1 2018/19.
Personal Public Involvement / Patient Client Experience	
Patient and Client Experience Standards (PCES)	The Trust has continued to gather and analyse patient experience stories as part of the regional 10,000 Voices project. We have now collected over 300 patient stories related to the Ambulance

	Service covering all aspects of our service, including emergency 999 response, Patient Care Service and Ambulance Control. The results from feedback have been very positive and reflect a high degree of satisfaction in terms of compliance with the patient experience standards. The vast majority of patients (90%) described their experience as either positive or strongly positive.

Work to promote the 10,000 Voices patient experience survey and to pilot a survey for Appropriate Care Pathways continued. The Trust was represented at the regular regional 10,000 Voices Facilitators Working Group which took place on 23 June.

Having reached the target of 10,000 stories on how health and social care is delivered, the project is building on that success and seeking 10,000 More Voices. The regional launch of 10,000 More Voices on 13 June was supported with a video message from the Chief Executive on Facebook and Twitter and a Trust Press Release.

The following service user engagement events were undertaken during the reporting period:
- Dementia NI patient and carer event Coleraine 16 May. Paramedic representation, engagement with staff and 10,000 Voices surveys distributed.
- NICON Conference 25-26 May – 10,000 Voices surveys distributed to service users.

The Trust's Workplan for 2017/18 will include:
- Focus on the regional priorities on staff introductions and patient-centred communication skills;
- Staff introductions – relaunch and promotion of #hellomynameis… campaign;
- Engagement with the Comms Team on options for a NIAS 10,000 Voices awareness and promotional campaign;
- Promote the pilot of the Appropriate Care Pathways survey and re-launch the staff survey;
- Learning from results – ensuring that learning is shared with senior management and lessons learnt are used in training and service delivery.

Staff attitude, behaviour and communication are continuing themes emerging from complaints and we continue to work to address these issues through internal processes including training. We will also prioritise staff attitude and will raise awareness of and communicate the patient experience standards across all staff groups through the Corporate Induction Resource Pack and training and clinical training programmes. |
| ***Personal and Public Involvement (PPI)*** | The Trust's Personal and Public Involvement (PPI) Strategy outlines its commitment to involving key stakeholders such as service users, carers and their representatives in the development of services. |

| | At a regional level, the Trust's participation included a PPI Leadership Forum on 10 May 2017. This involved representatives across the HSC examining broader strategic developments for the PPI agenda, and included discussion of the new consultation framework being developed by PHA around PPI consultation. On 15 May 2017, the Trust attended the regional PPI Forum, involving HSC representatives and service users. This included a presentation from Dr Niall Herrity (BHSCT) who was appointed to chair the Transformation Group looking at the Elective care system, which prompted a detailed discussion about the role of service users in shaping outcomes. It also included a presentation by Dr Michael McBride (CMO) on the potential of PPI and co-production. Dr McBride followed this up through a joint communication with Prof. Charlotte McArdle (CNO) to HSC representatives on 27 June 2017 which set out the statutory and strategic agenda for PPI in the time ahead. A regional PPI website is also being established called Engage, which NIAS will be able to utilise in relation to staff training and development. The next PPI Regional Forum will take place on 18 September 2017.

During this reporting period, work has continued on reviewing NIAS PPI strategy and structure. Prior to this point, while NIAS has been an integral participant in the PHA regional structures, it has not previously undergone the annual verification and reporting process. During the reporting period, NIAS agreed with the PHA to commence the process of formal verification during 2018/19 and discussions in this regard are to follow in August. The review and recalibration of NIAS's PPI strategy and structure will dovetail with pilot engagement work in autumn 2017. It is intended to develop links with the Patient Client Council in this regard, with a meeting scheduled in July 2017.

On 22 June 2017, the staff Equality Forum received a report on the review to PPI. The approach received support from the Forum with a range of practical ideas to take forward. When the Equality and PPI team has completed the review with recommendations, the outcome will be presented to the NIAS Equality and PPI Steering Group. In the meantime, PPI activity at Trust and regional level, such as public engagements, will continue as established.

A PPI information film which has been commissioned by NIAS for staff and service users continued in development, including filming of relevant stakeholders and staff. This is nearing completion. |

EMERGENCY PLANNING REPORT for May-June 2017

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

Potential Major Incident

On 29 May 2017 at 16:48 NIAS received an emergency call for a report of a light aircraft with two occupants having crashed in Castlewellan Forest Park. Four A&E crews, three Rapid Response Vehicles, one Doctor, five Officers, the Emergency Equipment Vehicle & the Mobile Control Vehicle were tasked to the scene. Three additional Officers were tasked to hospitals to act as liaison officers for the incident. The patients were assessed by paramedics in the ambulances and discharged at scene with no significant injuries. The incident was stood down by the RRV paramedic following this assessment.

On 16 June 2017at 16.24 NIAS received an emergency call for a report of a road traffic collision between two buses in Londonderry. Two A&E crews, two Rapid Response Vehicles, 5 Officers, one British Red Cross ambulance, the Mobile Control Vehicle and the Emergency Equipment Vehicle were tasked to the scene. The incident was stood down by the first Officer to arrive on scene at 16.37. All patients were discharged at the scene.

Major Incidents

On 7 May 2017 at 15:15 NIAS received a call to Carrickmore Flying Club for a report of a gyrocopter crash with a possible two persons injured. Three Rapid Response Vehicles, two A&E crews, two Officers, the Mobile Control Vehicle and the Emergency Equipment Vehicle were tasked to the scene. The incident was declared a major incident by the first arriving RRV due to the complex nature of the terrain necessitating specialist rescue teams. HART paramedics were tasked and donned rope rescue safety harness to gain access to patients prior to rescuing the patients to the ambulance. Two patients were transported to hospital and the incident was stood down at 18:15.

Airport Alerts

On 17 May 2017 at 17:57 NIAS received an airport alert to the George Best Belfast City Airport for a fuel leak from an aircraft. Three A&E crews, two Rapid Response Vehicles, 6 Officers, the Mobile Control Vehicle and the Emergency Equipment Vehicle were tasked to the scene. The passengers on board were evacuated from the aircraft and the airport alert was stood down prior to the arrival of any ambulance resources. The incident was stood down at 17.59 by ground staff at airport.

HAZMAT / Hazardous Area Response Team (HART) deployments

97 = Deployments with Breathing Apparatus skills/ HAZMAT deployments
29 = Restricted space
18 = IWO
14 = Incident at height
 7 = Mountain rescue
 7 = HAZMAT

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William Newton

Clinical Audit / QI Programme Report

Northern Ireland Ambulance Service
HSC Health and Social Care Trust

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

Belfast Division

Category	Value
Two timed sets of observations	100%
Pre and post treatment pain scores recorded	78%
Aspirin administered as per JRCALC guidance	100%
GTN administered as per JRCALC guidance	100%
Appropriate analgesia administered	87%
12 Lead ECG recorded & interpreted	100%
Confirmed STEMI transported direct to cath lab	100%

South Eastern Division

Category	Value
Two timed sets of observations	100%
Pre and post treatment pain scores recorded	87%
Aspirin administered as per JRCALC guidance	99%
GTN administered as per JRCALC guidance	99%
Appropriate analgesia administered	99%
12 Lead ECG recorded & interpreted	100%
Confirmed STEMI transported direct to cath lab	99%

Northern Division

Category	Value
Two timed sets of observations	98%
Pre and post treatment pain scores recorded	98%
Aspirin administered as per JRCALC guidance	98%
GTN administered as per JRCALC guidance	97%
Appropriate analgesia administered	94%
12 Lead ECG recorded & interpreted	100%
Confirmed STEMI transported direct to cath lab	100%

Southern Division

Category	Value
Two timed sets of observations	100%
Pre and post treatment pain scores recorded	91%
Aspirin administered as per JRCALC guidance	100%
GTN administered as per JRCALC guidance	100%
Appropriate analgesia administered	100%
12 Lead ECG recorded & interpreted	100%
Confirmed STEMI transported direct to cath lab	97%

Western Division

Category	Value
Two timed sets of observations	100%
Pre and post treatment pain scores recorded	98%
Aspirin administered as per JRCALC guidance	94%
GTN administered as per JRCALC guidance	100%
Appropriate analgesia administered	96%
12 Lead ECG recorded & interpreted	100%
Confirmed STEMI transported direct to cath lab	100%

NORTHERN IRELAND Ambulance Service Health and Social Care Trust

ACUTE CORONARY SYNDROME
QUALITY IMPROVEMENT - PRF AUDIT

continuous improvement *Pursuing Excellence*

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

Transforming Your Care

		Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Total PRFs audited		229	241	241	0	0	0	0	0	0	0	0	0
Two timed sets of basic observations	Yes	229	239	239	0	0	0	0	0	0	0	0	0
	No	0	2	1	0	0	0	0	0	0	0	0	0
	Exemption	0	0	1	0	0	0	0	0	0	0	0	0
	KPI (95%)	100%	99%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Pre AND post treatment pain scores recorded	Yes	209	217	201	0	0	0	0	0	0	0	0	0
	No	12	13	19	0	0	0	0	0	0	0	0	0
	Exemption	8	11	21	0	0	0	0	0	0	0	0	0
	KPI (95%)	95%	95%	92%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Aspirin administered as per JRCALC guidance	Yes	204	207	207	0	0	0	0	0	0	0	0	0
	No	5	3	5	0	0	0	0	0	0	0	0	0
	Exemption	20	31	29	0	0	0	0	0	0	0	0	0
	KPI (95%)	98%	99%	98%	0%	0%	0%	0%	0%	0%	0%	0%	0%
GTN administered as per JRCALC guidance	Yes	176	193	191	0	0	0	0	0	0	0	0	0
	No	5	7	3	0	0	0	0	0	0	0	0	0
	Exemption	48	41	47	0	0	0	0	0	0	0	0	0
	KPI (95%)	98%	97%	99%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Appropriate analgesia administered e.g. Entonox / morphine	Yes	104	112	117	0	0	0	0	0	0	0	0	0
	No	9	15	10	0	0	0	0	0	0	0	0	0
	Exemption	116	114	114	0	0	0	0	0	0	0	0	0
	KPI (95%)	96%	94%	96%	0%	0%	0%	0%	0%	0%	0%	0%	0%
12 lead ECG recorded and interpreted	Yes	226	239	240	0	0	0	0	0	0	0	0	0
	No	1	1	0	0	0	0	0	0	0	0	0	0
	Exemption	2	1	1	0	0	0	0	0	0	0	0	0
	KPI (95%)	100%	100%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Patients with a confirmed STEMI transported direct to cath lab	Yes	26	33	28	0	0	0	0	0	0	0	0	0
	No	1	1	2	0	0	0	0	0	0	0	0	0
	Exemption	202	207	211	0	0	0	0	0	0	0	0	0
	KPI (95%)	100%	100%	99%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Division

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

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

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

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

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

Belfast
South Eastern
Northern
Southern
Western
NI

Northern Ireland Ambulance Service
Health and Social Care Trust

Cardiac Quality Improvement Compliance by Division (June 2017)

Belfast Division

Metric	Value
History of event documented	100%
Was 'arrest witnessed' documented?	100%
Bystander CPR recorded	100%
Public access defibrillator used	100%
Presenting rhythm recorded	93%
NIAS resuscitation attempt recorded	100%
Defibrillation recorded for shockable rhythms	100%
Advanced airway management	93%
Intravenous / Intraosseous access	100%
ETCO2 recorded	87%
ROSC at hospital recorded	100%
ROLE recorded	87%
Standby recorded	100%

South Eastern Division

Metric	Value
History of event documented	93%
Was 'arrest witnessed' documented?	93%
Bystander CPR recorded	93%
Public access defibrillator used	100%
Presenting rhythm recorded	100%
NIAS resuscitation attempt recorded	93%
Defibrillation recorded for shockable rhythms	100%
Advanced airway management	100%
Intravenous / Intraosseous access	100%
ETCO2 recorded	79%
ROSC at hospital recorded	100%
ROLE recorded	86%
Standby recorded	100%

Northern Division

Metric	Value
History of event documented	100%
Was 'arrest witnessed' documented?	100%
Bystander CPR recorded	100%
Public access defibrillator used	100%
Presenting rhythm recorded	100%
NIAS resuscitation attempt recorded	100%
Defibrillation recorded for shockable rhythms	100%
Advanced airway management	89%
Intravenous / Intraosseous access	100%
ETCO2 recorded	79%
ROSC at hospital recorded	100%
ROLE recorded	68%
Standby recorded	100%

Southern Division

Metric	Value
History of event documented	100%
Was 'arrest witnessed' documented?	83%
Bystander CPR recorded	67%
Public access defibrillator used	100%
Presenting rhythm recorded	100%
NIAS resuscitation attempt recorded	100%
Defibrillation recorded for shockable rhythms	83%
Advanced airway management	83%
Intravenous / Intraosseous access	100%
ETCO2 recorded	83%
ROSC at hospital recorded	100%
ROLE recorded	83%
Standby recorded	100%

Western Division

Metric	Value
History of event documented	100%
Was 'arrest witnessed' documented?	94%
Bystander CPR recorded	100%
Public access defibrillator used	100%
Presenting rhythm recorded	100%
NIAS resuscitation attempt recorded	100%
Defibrillation recorded for shockable rhythms	100%
Advanced airway management	94%
Intravenous / Intraosseous access	100%
ETCO2 recorded	75%
ROSC at hospital recorded	100%
ROLE recorded	100%
Standby recorded	100%

Northern Ireland Ambulance Service Health and Social Care Trust

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

Transforming Your Care

		Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Total PRFs audited		70	54	70	0	0	0	0	0	0	0	0	0
History of event documented	Yes	68	54	68	0	0	0	0	0	0	0	0	0
	No	1	0	1	0	0	0	0	0	0	0	0	0
	Exemption	1	0	1	0	0	0	0	0	0	0	0	0
	KPI (95%)	99%	100%	99%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Was "Arrest witnessed" documented?	Yes	49	39	44	0	0	0	0	0	0	0	0	0
	No	3	2	3	0	0	0	0	0	0	0	0	0
	Exemption	18	13	23	0	0	0	0	0	0	0	0	0
	KPI (95%)	96%	96%	96%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Bystander CPR recorded	Yes	54	39	45	0	0	0	0	0	0	0	0	0
	No	2	1	3	0	0	0	0	0	0	0	0	0
	Exemption	14	14	22	0	0	0	0	0	0	0	0	0
	KPI (95%)	97%	98%	96%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Public access defibrillator used	Yes	3	4	1	0	0	0	0	0	0	0	0	0
	No	3	1	0	0	0	0	0	0	0	0	0	0
	Exemption	64	49	69	0	0	0	0	0	0	0	0	0
	KPI (95%)	96%	98%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Presenting rhythm recorded	Yes	69	53	69	0	0	0	0	0	0	0	0	0
	No	1	0	1	0	0	0	0	0	0	0	0	0
	Exemption	0	1	0	0	0	0	0	0	0	0	0	0
	KPI (95%)	99%	100%	99%	0%	0%	0%	0%	0%	0%	0%	0%	0%
NIAS resuscitation attempt recorded	Yes	64	46	61	0	0	0	0	0	0	0	0	0
	No	1	1	1	0	0	0	0	0	0	0	0	0
	Exemption	5	7	8	0	0	0	0	0	0	0	0	0
	KPI (95%)	99%	98%	99%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Defibrillation recorded for shockable rhythms	Yes	24	15	18	0	0	0	0	0	0	0	0	0
	No	0	0	1	0	0	0	0	0	0	0	0	0
	Exemption	46	39	51	0	0	0	0	0	0	0	0	0
	KPI (95%)	100%	100%	99%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Advanced airway management	Yes	61	46	56	0	0	0	0	0	0	0	0	0
	No	1	1	5	0	0	0	0	0	0	0	0	0
	Exemption	8	7	9	0	0	0	0	0	0	0	0	0
	KPI (95%)	99%	98%	93%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Intravenous / Intraosseous access attempted	Yes	62	50	63	0	0	0	0	0	0	0	0	0
	No	0	0	0	0	0	0	0	0	0	0	0	0
	Exemption	8	4	7	0	0	0	0	0	0	0	0	0
	KPI (95%)	100%	100%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%
ETCO2 recorded	Yes	51	37	44	0	0	0	0	0	0	0	0	0
	No	10	7	14	0	0	0	0	0	0	0	0	0
	Exemption	9	10	12	0	0	0	0	0	0	0	0	0
	KPI (95%)	86%	87%	80%	0%	0%	0%	0%	0%	0%	0%	0%	0%
ROSC at hospital recorded	Yes	10	12	16	0	0	0	0	0	0	0	0	0
	No	0	1	0	0	0	0	0	0	0	0	0	0
	Exemption	60	41	54	0	0	0	0	0	0	0	0	0
	KPI (95%)	100%	98%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%
ROLE recorded	Yes	41	30	35	0	0	0	0	0	0	0	0	0
	No	6	3	11	0	0	0	0	0	0	0	0	0
	Exemption	23	21	24	0	0	0	0	0	0	0	0	0
	KPI (95%)	91%	94%	84%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Standby recorded	Yes	20	17	24	0	0	0	0	0	0	0	0	0
	No	1	3	0	0	0	0	0	0	0	0	0	0
	Exemption	49	34	46	0	0	0	0	0	0	0	0	0
	KPI (95%)	99%	94%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Division

Belfast

☑ Ardoyne ☑ Purdysburn
☑ Broadway ☑ The Bridge

South Eastern

☑ Ballynahinch
☑ Bangor
☑ Derriaghy
☑ Downpatrick
☑ Lisburn
☑ Newcastle
☑ Newtownards

Southern

☑ Armagh
☑ Banbridge
☑ Ballgawley
☑ Craigavon
☑ Dungannon
☑ Kilkeel
☑ Newry

Northern

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

Western

☑ Altnagelvin
☑ Castlederg
☑ Enniskillen
☑ Limavady
☑ Omagh
☑ Strabane
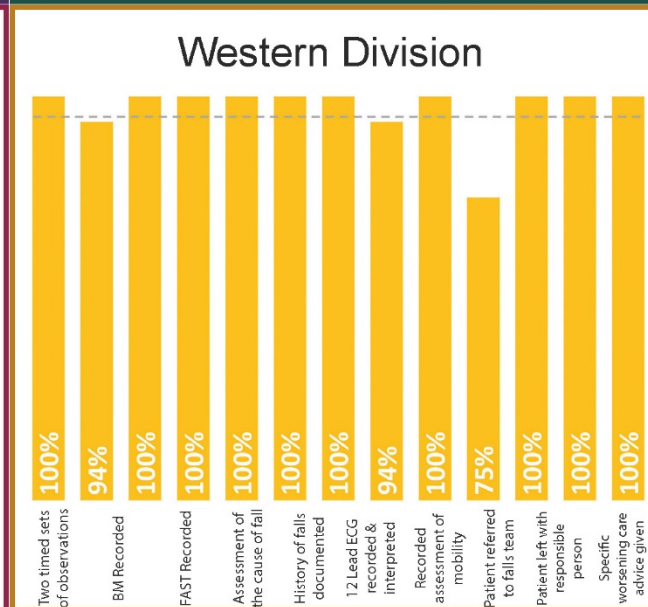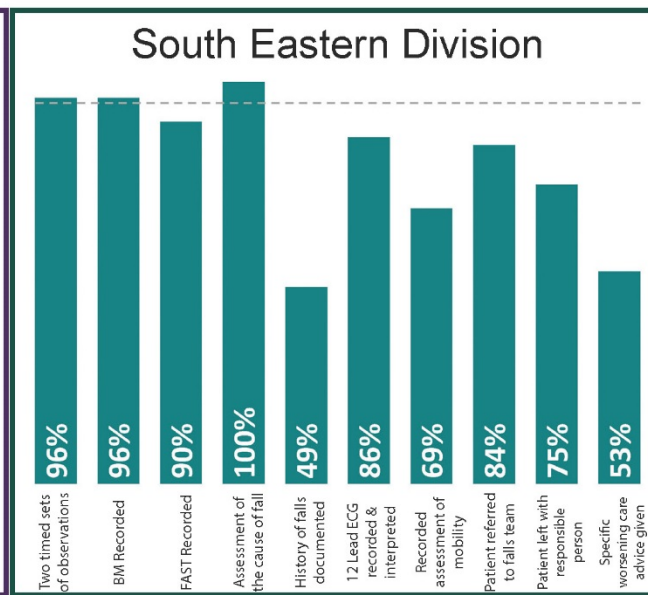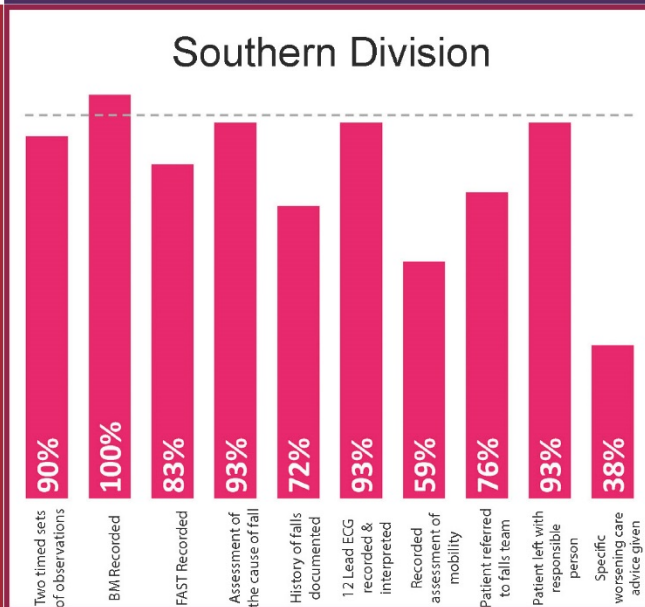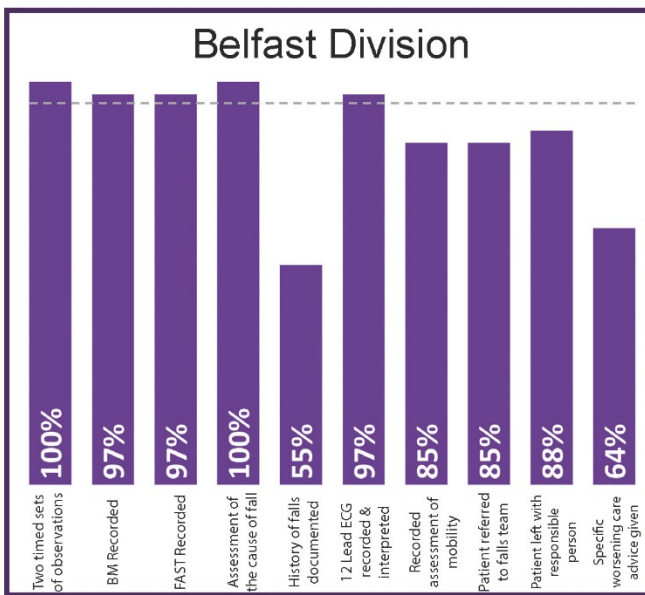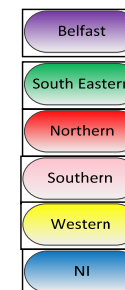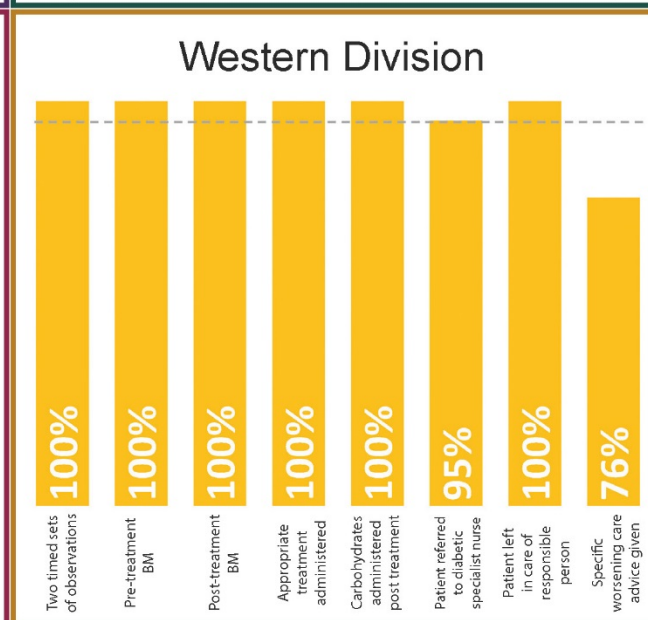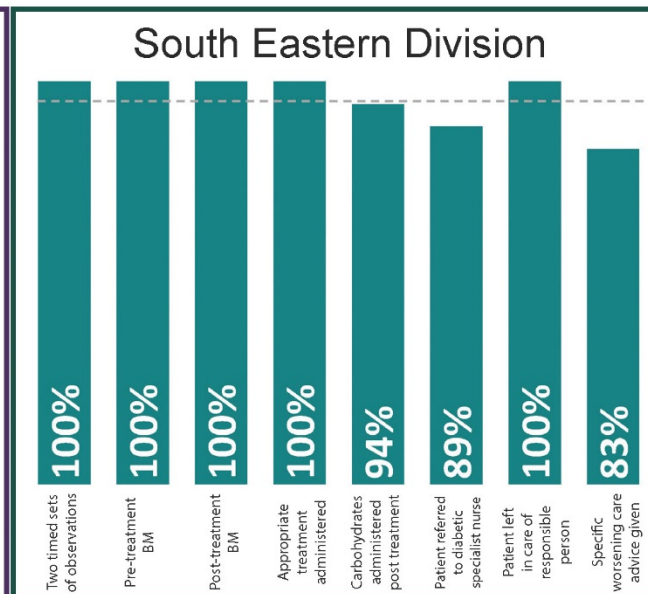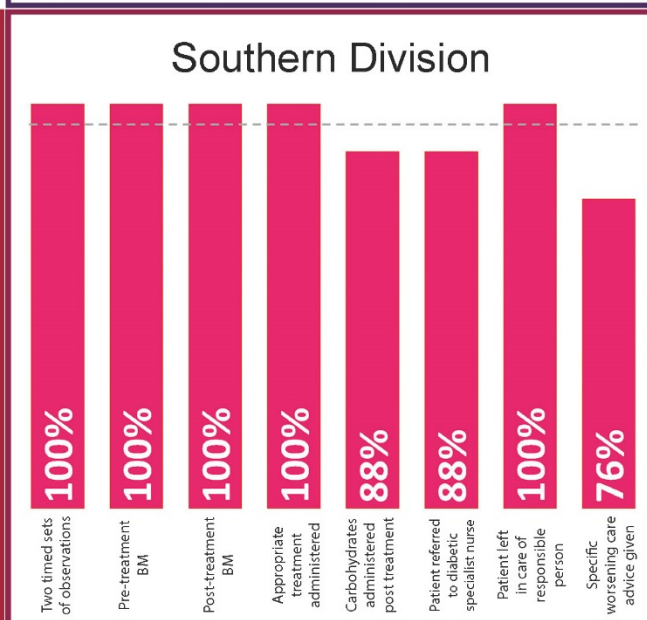
Belfast
South Eastern
Northern
Southern
Western
NI

continuous improvement
Pursuing Excellence

Northern Ireland Ambulance Service
Health and Social Care Trust

Falls Quality Improvement
Compliance by Division
(June 2017)

Belfast Division

Two timed sets of observations	BM Recorded	FAST Recorded	Assessment of the cause of fall	History of falls documented	12 Lead ECG recorded & interpreted	Recorded assessment of mobility	Patient referred to falls team	Patient left with responsible person	Specific worsening care advice given
100%	97%	97%	100%	55%	97%	85%	85%	88%	64%

South Eastern Division

Two timed sets of observations	BM Recorded	FAST Recorded	Assessment of the cause of fall	History of falls documented	12 Lead ECG recorded & interpreted	Recorded assessment of mobility	Patient referred to falls team	Patient left with responsible person	Specific worsening care advice given
96%	96%	90%	100%	49%	86%	69%	84%	75%	53%

Northern Division

Two timed sets of observations	BM Recorded	FAST Recorded	Assessment of the cause of fall	History of falls documented	12 Lead ECG recorded & interpreted	Recorded assessment of mobility	Patient referred to falls team	Patient left with responsible person	Specific worsening care advice given
98%	92%	92%	100%	82%	98%	76%	80%	100%	66%

Southern Division

Two timed sets of observations	BM Recorded	FAST Recorded	Assessment of the cause of fall	History of falls documented	12 Lead ECG recorded & interpreted	Recorded assessment of mobility	Patient referred to falls team	Patient left with responsible person	Specific worsening care advice given
90%	100%	83%	93%	72%	93%	59%	76%	93%	38%

Western Division

Two timed sets of observations	BM Recorded	FAST Recorded	Assessment of the cause of fall	History of falls documented	12 Lead ECG recorded & interpreted	Recorded assessment of mobility	Patient referred to falls team	Patient left with responsible person	Specific worsening care advice given
100%	94%	100%	100%	100%	100%	94%	100%	75%	100%	100%	100%

FALLS
QUALITY IMPROVEMENT - PRF AUDIT

Northern Ireland Ambulance Service Health and Social Care Trust

continuous improvement *Pursuing Excellence*

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

Transforming Your Care

		Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Total PRFs audited		156	140	183	0	0	0	0	0	0	0	0	0
Two timed sets of basic observations	Yes	148	137	175	0	0	0	0	0	0	0	0	0
	No	4	0	6	0	0	0	0	0	0	0	0	0
	Exemption	4	3	2	0	0	0	0	0	0	0	0	0
	KPI (95%)	97%	100%	97%	0%	0%	0%	0%	0%	0%	0%	0%	0%
BM recorded	Yes	148	135	171	0	0	0	0	0	0	0	0	0
	No	5	3	7	0	0	0	0	0	0	0	0	0
	Exemption	3	2	5	0	0	0	0	0	0	0	0	0
	KPI (95%)	97%	98%	96%	0%	0%	0%	0%	0%	0%	0%	0%	0%
FAST recorded	Yes	142	130	165	0	0	0	0	0	0	0	0	0
	No	12	8	16	0	0	0	0	0	0	0	0	0
	Exemption	2	2	2	0	0	0	0	0	0	0	0	0
	KPI (95%)	92%	94%	91%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Assessment to the cause of fall documented	Yes	141	135	175	0	0	0	0	0	0	0	0	0
	No	7	1	2	0	0	0	0	0	0	0	0	0
	Exemption	8	4	6	0	0	0	0	0	0	0	0	0
	KPI (95%)	96%	99%	99%	0%	0%	0%	0%	0%	0%	0%	0%	0%
History of falls recorded	Yes	86	90	117	0	0	0	0	0	0	0	0	0
	No	67	49	63	0	0	0	0	0	0	0	0	0
	Exemption	3	1	3	0	0	0	0	0	0	0	0	0
	KPI (95%)	57%	65%	66%	0%	0%	0%	0%	0%	0%	0%	0%	0%
12 lead ECG recorded and interpreted	Yes	72	77	87	0	0	0	0	0	0	0	0	0
	No	7	10	13	0	0	0	0	0	0	0	0	0
	Exemption	77	53	83	0	0	0	0	0	0	0	0	0
	KPI (95%)	96%	93%	93%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Assessment of mobility recorded	Yes	111	103	127	0	0	0	0	0	0	0	0	0
	No	39	33	53	0	0	0	0	0	0	0	0	0
	Exemption	6	4	3	0	0	0	0	0	0	0	0	0
	KPI (95%)	75%	76%	71%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Patient referred to falls team	Yes	86	76	114	0	0	0	0	0	0	0	0	0
	No	19	17	35	0	0	0	0	0	0	0	0	0
	Exemption	51	47	34	0	0	0	0	0	0	0	0	0
	KPI (95%)	88%	88%	81%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Patient left in care of responsible person	Yes	130	122	150	0	0	0	0	0	0	0	0	0
	No	12	14	21	0	0	0	0	0	0	0	0	0
	Exemption	14	4	12	0	0	0	0	0	0	0	0	0
	KPI (95%)	92%	90%	89%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Appropriate worsening care advice given	Yes	101	87	99	0	0	0	0	0	0	0	0	0
	No	52	48	79	0	0	0	0	0	0	0	0	0
	Exemption	3	5	5	0	0	0	0	0	0	0	0	0
	KPI (95%)	67%	66%	57%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Division

Belfast
☑ Ardoyne ☑ Purdysburn
☑ Broadway ☑ The Bridge

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

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

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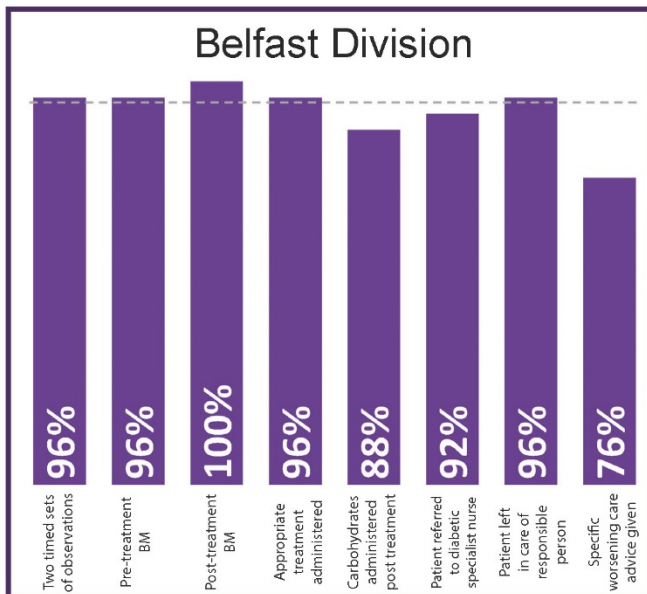☑ Coleraine
☑ Cookstown
☑ Larne
☑ Magherafelt
☑ Whiteabbey

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

Belfast
South Eastern
Northern
Southern
Western
NI

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Northern Ireland Ambulance Service
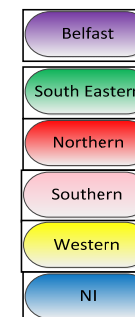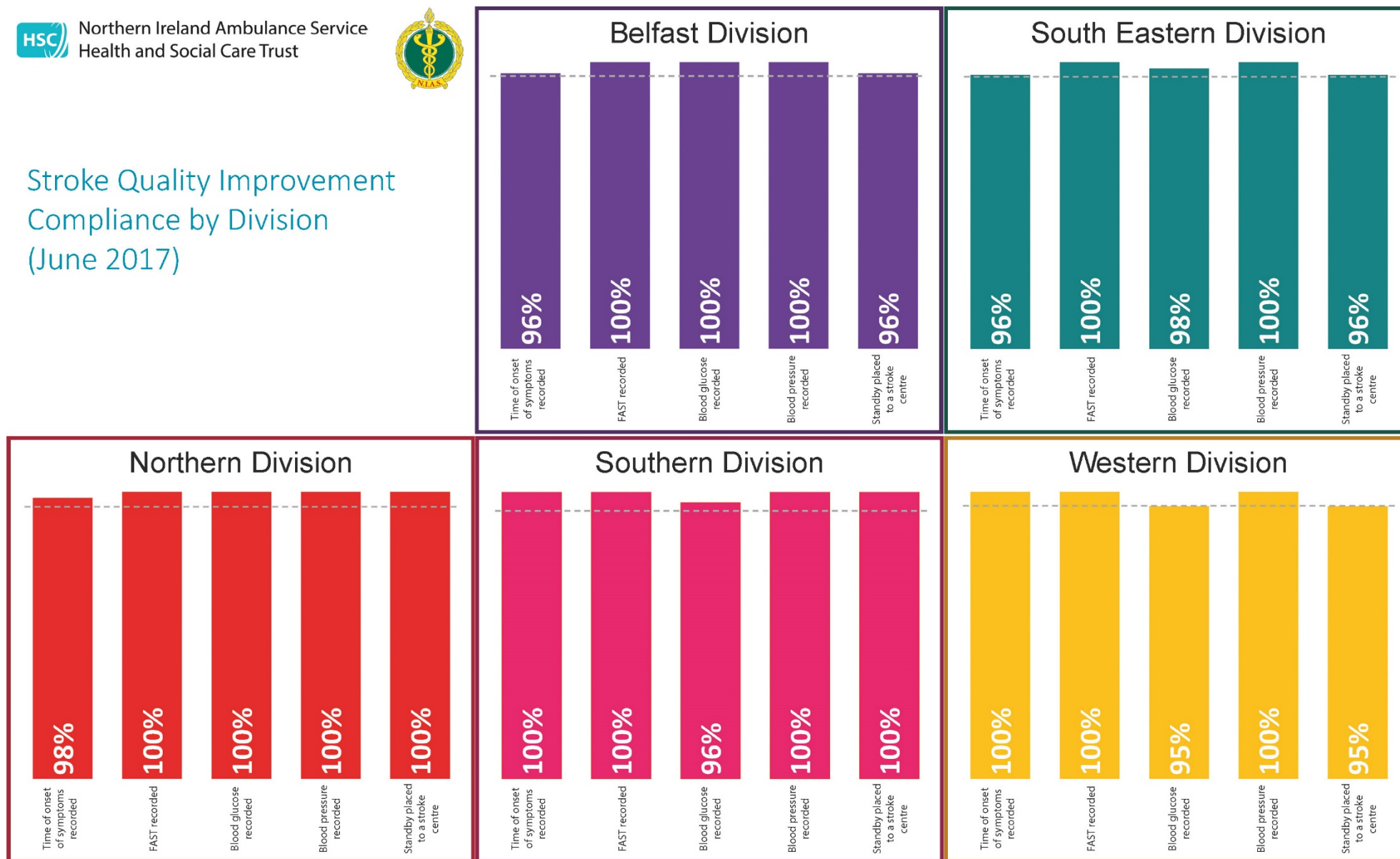Health and Social Care Trust

Hypoglycaemia Quality Improvement Compliance by Division (June 2017)

Belfast Division

Category	Value
Two timed sets of observations	96%
Pre-treatment BM	96%
Post-treatment BM	100%
Appropriate treatment administered	96%
Carbohydrates administered post treatment	88%
Patient referred to diabetic specialist nurse	92%
Patient left in care of responsible person	96%
Specific worsening care advice given	76%

South Eastern Division

Category	Value
Two timed sets of observations	100%
Pre-treatment BM	100%
Post-treatment BM	100%
Appropriate treatment administered	100%
Carbohydrates administered post treatment	94%
Patient referred to diabetic specialist nurse	89%
Patient left in care of responsible person	100%
Specific worsening care advice given	83%

Northern Division

Category	Value
Two timed sets of observations	100%
Pre-treatment BM	100%
Post-treatment BM	100%
Appropriate treatment administered	100%
Carbohydrates administered post treatment	85%
Patient referred to diabetic specialist nurse	81%
Patient left in care of responsible person	100%
Specific worsening care advice given	81%

Southern Division

Category	Value
Two timed sets of observations	100%
Pre-treatment BM	100%
Post-treatment BM	100%
Appropriate treatment administered	100%
Carbohydrates administered post treatment	88%
Patient referred to diabetic specialist nurse	88%
Patient left in care of responsible person	100%
Specific worsening care advice given	76%

Western Division

Category	Value
Two timed sets of observations	100%
Pre-treatment BM	100%
Post-treatment BM	100%
Appropriate treatment administered	100%
Carbohydrates administered post treatment	100%
Patient referred to diabetic specialist nurse	95%
Patient left in care of responsible person	100%
Specific worsening care advice given	76%

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HYPOGLYCAEMIA
PRF AUDIT

Northern Ireland Ambulance Service Health and Social Care Trust

continuous improvement *Pursuing Excellence*

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

Transforming Your Care

		Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Total PRFs audited		88	85	108	0	0	0	0	0	0	0	0	0
Two timed sets of basic observations	Yes	86	82	107	0	0	0	0	0	0	0	0	0
	No	0	0	1	0	0	0	0	0	0	0	0	0
	Exemption	2	3	0	0	0	0	0	0	0	0	0	0
	KPI (95%)	100%	100%	99%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Pre-treatment BM recorded	Yes	85	83	102	0	0	0	0	0	0	0	0	0
	No	0	0	1	0	0	0	0	0	0	0	0	0
	Exemption	3	2	5	0	0	0	0	0	0	0	0	0
	KPI (95%)	100%	100%	99%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Post-treatment BM recorded	Yes	87	80	106	0	0	0	0	0	0	0	0	0
	No	0	2	0	0	0	0	0	0	0	0	0	0
	Exemption	1	3	2	0	0	0	0	0	0	0	0	0
	KPI (95%)	100%	98%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Appropriate treatment administered (for age and GCS)	Yes	80	73	98	0	0	0	0	0	0	0	0	0
	No	1	1	1	0	0	0	0	0	0	0	0	0
	Exemption	7	11	9	0	0	0	0	0	0	0	0	0
	KPI (95%)	99%	99%	99%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Carbohydrates administered post treatment	Yes	56	58	72	0	0	0	0	0	0	0	0	0
	No	7	5	10	0	0	0	0	0	0	0	0	0
	Exemption	25	22	26	0	0	0	0	0	0	0	0	0
	KPI (95%)	92%	94%	91%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Patient referred to diabetic appropriate care pathway	Yes	49	36	55	0	0	0	0	0	0	0	0	0
	No	7	13	12	0	0	0	0	0	0	0	0	0
	Exemption	32	36	41	0	0	0	0	0	0	0	0	0
	KPI (95%)	92%	85%	89%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Patient left in care of responsible person	Yes	55	50	69	0	0	0	0	0	0	0	0	0
	No	3	4	1	0	0	0	0	0	0	0	0	0
	Exemption	30	31	38	0	0	0	0	0	0	0	0	0
	KPI (95%)	97%	95%	99%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Appropriate worsening care advice given	Yes	40	37	47	0	0	0	0	0	0	0	0	0
	No	18	18	23	0	0	0	0	0	0	0	0	0
	Exemption	30	30	38	0	0	0	0	0	0	0	0	0
	KPI (95%)	80%	79%	79%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Division

Belfast

- ☑ Ardoyne
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South Eastern

- ☑ Ballynahinch
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- ☑ Derriaghy
- ☑ Downpatrick
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- ☑ Newcastle
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- ☑ Dungannon
- ☑ Kilkeel
- ☑ Newry

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- ☑ Antrim
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- ☑ Ballymoney
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- ☑ Coleraine
- ☑ Cookstown
- ☑ Larne
- ☑ Magherafelt
- ☑ Whiteabbey

Western

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

Belfast
South Eastern
Northern
Southern
Western
NI

Northern Ireland Ambulance Service
Health and Social Care Trust

Stroke Quality Improvement Compliance by Division (June 2017)

Belfast Division

- Time of onset of symptoms recorded: 96%
- FAST recorded: 100%
- Blood glucose recorded: 100%
- Blood pressure recorded: 100%
- Standby placed to a stroke centre: 96%

South Eastern Division

- Time of onset of symptoms recorded: 96%
- FAST recorded: 100%
- Blood glucose recorded: 98%
- Blood pressure recorded: 100%
- Standby placed to a stroke centre: 96%

Northern Division

- Time of onset of symptoms recorded: 98%
- FAST recorded: 100%
- Blood glucose recorded: 100%
- Blood pressure recorded: 100%
- Standby placed to a stroke centre: 100%

Southern Division

- Time of onset of symptoms recorded: 100%
- FAST recorded: 100%
- Blood glucose recorded: 96%
- Blood pressure recorded: 100%
- Standby placed to a stroke centre: 100%

Western Division

- Time of onset of symptoms recorded: 100%
- FAST recorded: 100%
- Blood glucose recorded: 95%
- Blood pressure recorded: 100%
- Standby placed to a stroke centre: 95%

Northern Ireland Ambulance Service
Health and Social Care Trust

STROKE
QUALITY IMPROVEMENT - PRF AUDIT

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

Transforming Your Care

		Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Total PRFs audited		146	143	165	0	0	0	0	0	0	0	0	0
Time of onset of symptoms recorded	Yes	134	127	152	0	0	0	0	0	0	0	0	0
	No	0	6	4	0	0	0	0	0	0	0	0	0
	Exemption	12	10	9	0	0	0	0	0	0	0	0	0
	KPI (95%)	100%	96%	98%	0%	0%	0%	0%	0%	0%	0%	0%	0%
FAST recorded	Yes	145	139	164	0	0	0	0	0	0	0	0	0
	No	1	4	0	0	0	0	0	0	0	0	0	0
	Exemption	0	0	1	0	0	0	0	0	0	0	0	0
	KPI (95%)	99%	97%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Blood glucose recorded	Yes	140	135	160	0	0	0	0	0	0	0	0	0
	No	2	4	3	0	0	0	0	0	0	0	0	0
	Exemption	4	4	2	0	0	0	0	0	0	0	0	0
	KPI (95%)	99%	97%	98%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Blood pressure recorded	Yes	146	143	165	0	0	0	0	0	0	0	0	0
	No	0	0	0	0	0	0	0	0	0	0	0	0
	Exemption	0	0	0	0	0	0	0	0	0	0	0	0
	KPI (95%)	100%	100%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Standby placed to a stroke centre	Yes	118	114	136	0	0	0	0	0	0	0	0	0
	No	5	7	4	0	0	0	0	0	0	0	0	0
	Exemption	23	22	25	0	0	0	0	0	0	0	0	0
	KPI (95%)	97%	95%	98%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Division

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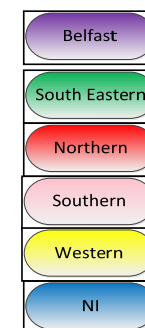
TB/17/08/17/06

Northern Ireland Ambulance Service Health and Social Care Trust

Title:	**Business Continuity Policy**		
Author(s)	Heather Sharpe, Emergency Planning Support Officer for Business Continuity Management		
Ownership:	Medical Directorate		
Date of SEMT Approval:		**Date of Trust Board Approval:**	
Operational Date:		**Review Date:**	
Version No:	Version 3.0	**Supersedes:**	Version 2.2
Key words:	Business continuity / resilience / emergency planning		
Other Relevant Policies:	Risk policy Risk Strategy Business Continuity Strategy		

Version Control for Drafts:			
Date	**Version**	**Comments**	**Author**
12 Jan 2011	1.0	Document created	J Cowen
23 Dec 2013	2.0	Equality screening template completed and reflected in section 3	J Cowen
01 April 2017	3.0	Document revised Format reviewed in line with corporate layout Update to ISO22301 principles	H Sharpe

1.0   INTRODUCTION

How well we manage Business Continuity arrangements directly impacts on how effective we are as an organisation. Good Business Continuity arrangements will ensure that NIAS has the capability to continue to deliver our key services at acceptable pre-defined levels following a disruptive incident.

1.1   Background

The Northern Ireland Civil Contingencies Framework (2011) (NICCF) and various associated Statutory Regulations and Guidance documents require the Northern Ireland Ambulance Service HSC Trust (the Trust) to produce and maintain a comprehensive business continuity plan that will enable the Trust to continue to 'deliver services in response to an emergency and to maintain essential services to the public through a business disruption'.

1.2   Purpose

The purpose of this policy is to ensure that the Trust has robust Business Continuity Management (BCM) arrangements in place, and that a defined structure for use by all staff is managed and maintained. This will improve the Trust's ability to respond to periods of disruption and enhance our resilience, allowing us to continue to provide key services regardless of external influences.

All BCM arrangements within the Trust will be in accordance with this policy and in compliance with ISO22301, where it is practicable to do so.

1.3   Objectives

The objectives of this policy are to ensure:

- The roles and responsibilities for BCM for all staff bound by this policy are defined
- The governance and reporting arrangements for BCM are defined
- That BCM is embedded within all levels and areas of the Trust
- That plans appropriate to the respective organisational levels are written
- Regular risk and threat assessments are carried out
- Critical activities are identified and mapped out as per Business Impact Assessments (BIA)
- Plans are developed, exercised, tested reviewed and maintained.

2.0   SCOPE OF THE POLICY

The Trust will establish and maintain appropriate and relevant business continuity arrangements. These arrangements will remain current and will be updated to reflect business continuity challenges as experienced by the Trust or as identified by external sources.

The Trust will ensure that adequate business continuity arrangements are in place in those organisations upon whom the Trust depends for the delivery of key functions and the provision of essential services to the Trust.

This Policy applies to all staff within the Trust, both permanent and non-permanent and for whom the Trust has legal responsibility.

Where appropriate, the Trust will secure training for relevant members of staff in the concept of business continuity management

3.0   ROLES & RESPONSIBILITIES

Trust Board

The Trust Board will be responsible for monitoring the continued effectiveness of the Trust's Business Continuity Management arrangements through the Assurance Committee.

Chief Executive

The Chief Executive has overall responsibility for Business Continuity Management within the Trust and will support business continuity development and promotion.

Medical Director

The lead Director for Business Continuity Management is the Medical Director who reports directly to the Chief Executive in relation to Business Continuity Management within the Trust. The Medical Director will discharge his responsibility through the Assistant Director, Emergency Planning who will work collaboratively with the nominated leads from each directorate and department to ensure compliance with the policy and strategy for business continuity.

Executive Directors

The Executive Directors are responsible for Business Continuity within their own Directorate. They will ensure compliance with this policy within their area of responsibility and will promote the ethos of business continuity within their department.

Functional Leads

The Executive Directors normally discharge their responsibilities through their nominated Functional Leads. The Functional Leads will be the lead for business continuity in their particular area of responsibility or speciality. They will be responsible for coordinating and documenting the relevant Business Continuity Plan and Business Impact Analysis's arrangements to ensure compliance with the Trust's strategy, its legal obligations and best practice as set out in ISO 22301.

Assistant Director, Emergency Planning

The Assistant Director, Emergency Planning is responsible for maintaining a central record of plans, testing, exercising, validating and reviews of such plans and ensuring that the linkages and interdependencies between departments, for example in the case of IT, are accurately reflected in the plans.

Additional support

Where available, business continuity support will provide assistance to the Assistant Director, Emergency Planning Officer by co-ordinating the assimilation of the Trust's BCM processes developed by the Business Continuity functional leads and will continue to development business continuity throughout the Trust.

All staff

All staff have a responsibility to comply with the business continuity arrangements as defined within the respective procedure(s) for their own work area. They are required to report all actual or potential business continuity risks or issues via the UIR1 system. This is to ensure that key risks are identified to the Trust, trends can be identified and business continuity plans modified where required.

Operational Framework

NIAS will continue to evaluate Business Continuity arrangements within the Trust to ensure effectiveness and best practice. The reporting structure of the Trust's committees is highlighted in Appendix 1. Throughout this structure, the Trust will endeavour to identify good practice published in relevant documents such as ISO 22301, will benchmark against other similar organisations to identify opportunities for improvement and will routinely review and exercise business continuity arrangements within the Trust.

4.0   KEY POLICY PRINCIPLES

<u>Levels</u>

Each business continuity plan will be identified clearly with the organisational level at which it is aimed. This level will be defined post completion of each of the respective departments Business Impact Analysis and will depend on whether the impact will affect NIAS either at a corporate level, or whether the impacts will be felt at a more local level.

The levels are identified in table 1 below:

Area of Impact	Plan Level
Corporate-wide impact	4
Directorate-wide impact	3
Division/Departmental-wide impact	2
Sub-departmental-wide impact	1

4.1   <u>Activation</u>

All staff are authorised to activate a LEVEL 1 plan as defined within the respective procedure(s).

Any other level of plan can only be authorised by the level of Management as defined within the respective procedure(s).

In each instance of activating a business continuity plan, the individual who activated the plan must contact their line manager, informing them of the reasons behind the activation and any actions taken. Out of Hours, the EAC must be informed in the first instance.

4.2 Reporting

It is the responsibility of all staff to ensure that any actual or potential activation of any business continuity procedure or plan is reported to their directorate functional lead through their line manager and to the Risk Manager through the Trust's Untoward Incident reporting procedure.

The Risk Manager will inform the Assistant Director, Emergency Planning and will record the incident. The Assistant Director, Emergency Planning will then ensure that appropriate actions and reviews are undertaken.

The Emergency Preparedness and Business Continuity committee will consider all incidents as a standing agenda item and will then, in turn, report to the Trust's Assurance Committee.

5.0 IMPLEMENTATION OF THE POLICY

5.1 Dissemination

This policy will be disseminated to all those responsible for business continuity management for review and will be included on the Trust's intranet site.

5.2 Resources

Where available, support will be provided to assist in the implementation of the policy. The Emergency Planning and Business Continuity Group will provide ongoing guidance and be a driver for continually maintaining and improving the Trust's business continuity processes / plans.

6.0   MONITORING / GOVERNANCE

This business continuity policy and all associated plans will be reviewed on at least an annual basis and any changes made will be approved through the Trust's agreed procedures. Processes will be benchmarked nationally and any new legislation, best practice or guidance will be taken into account. Audit findings will be taken into consideration and NIAS will endeavour to continually improve business continuity arrangements.

7.0   EVIDENCE BASE / REFERENCES

This business continuity management policy reflects a range of BCM standards, current guidance and best practice such as NICCF (2011), Cabinet Office, Chapter 6 Business Continuity Management (2012), ISO 22301 and ISO22313. It also builds on the previous version 2.2

8.0   CONSULTATION PROCESS

This business continuity policy is a revised version of 2.2. It has been revised by an Emergency Planning Support Officer with responsibility for business continuity and developed in consultation with the Emergency Planning Officer and Medical Directorate.

9.0   EQUALITY STATEMENT

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

Equality Screening

The equality screening template was reviewed on 19 December 2013 and no impacts of any significance were identified during the screening process. To ensure conformity and to determine if there were any developments in this area or changes in legislation, the equality and screening template was updated and further reviewed in March 2017. It was determined that this policy was unlikely to have any adverse impact on equality of opportunity or impact on the patients and service users. It concluded that a full EQIA was not required.

The outcome of the screening exercise for this policy is:

Major impact ☐

Minor impact ☐

No impact. ☒

11.0   SIGNATORIES

_____ **Date:** _____

Lead Author

_____ **Date:** _____

Lead Director

Appendix 1 NIAS Trust reporting Structure

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                          ┌─────────────┐
                          │    Trust    │
                          └─────────────┘
        ┌────────────────────────┼────────────────────────┐
┌─────────────┐          ┌─────────────┐          ┌──────────────┐
│  Assurance  │          │    Audit    │          │ Remuneration │
└─────────────┘          └─────────────┘          │  Committee   │
                                                  └──────────────┘
┌──────────────────┐     ┌─────────────┐
│ Learning Outcomes│     │ Procurement │
│  Review Group    │     └─────────────┘
└──────────────────┘
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┌──────────────┐ ┌──────────┐ ┌─────────┐ ┌────────────┐ ┌───────────┐ ┌──────────────┐ ┌────────┐
│ Information  │ │Facilities│ │Health & │ │ Infection  │ │  Medical  │ │  Emergency   │ │  Fire  │
│ Governance   │ │ & Support│ │ Safety  │ │ Prevention │ │ Equipment │ │ Preparednes  │ │ Safety │
└──────────────┘ │  Group   │ └─────────┘ │ & Control  │ │           │ │ s & Business │ └────────┘
                 └──────────┘             │   Group    │ │  Working  │ │  Continuity  │
                                          └────────────┘ │   Group   │ │    Group     │
                      ┌──────────────┐                   └───────────┘ └──────────────┘
                      │Zero Tolerance│
                      │Working Group │
                      └──────────────┘
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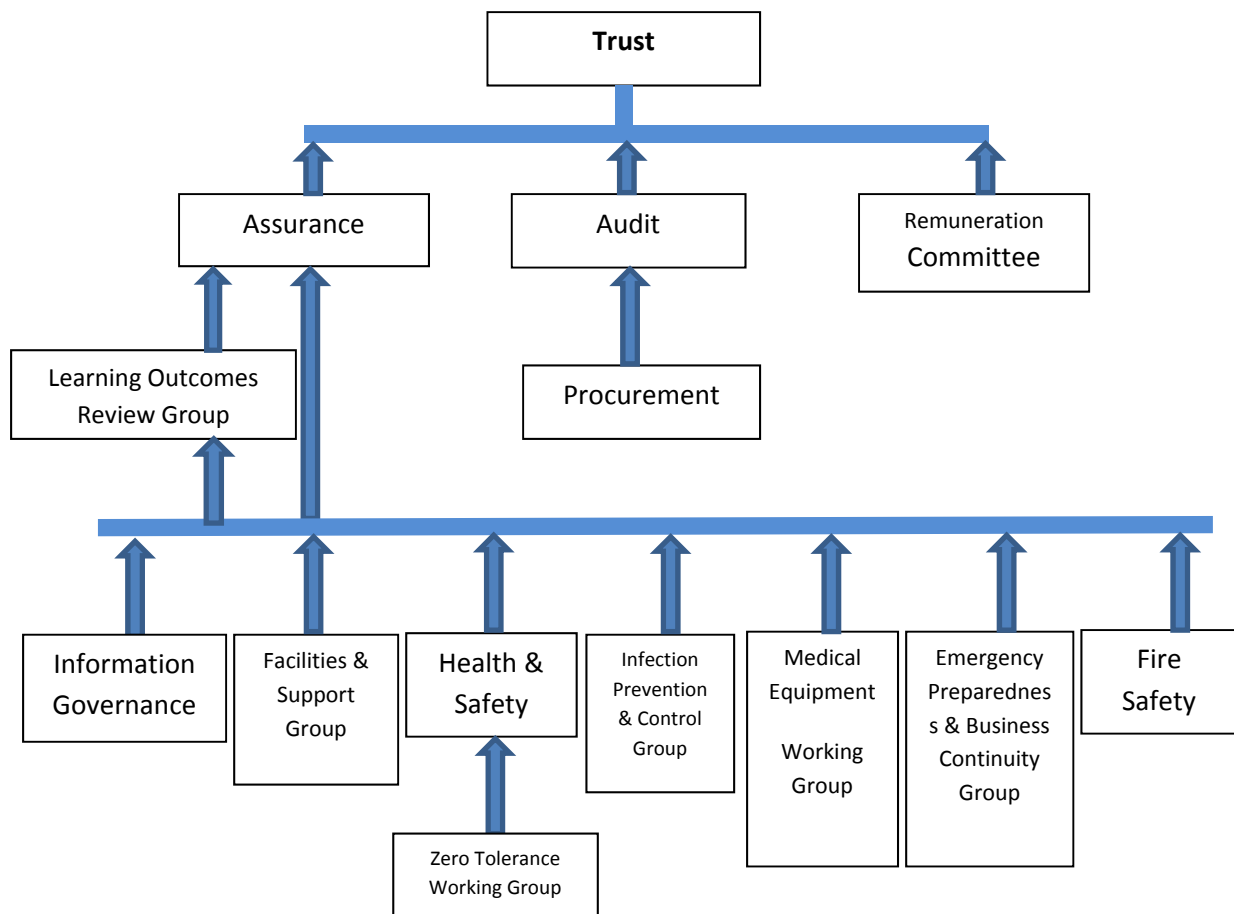
TB/17/08/17/07

1.0 Title:	**Business Continuity Strategy 2017**		
2.0 Author(s)	Heather Sharpe, Emergency Planning Support Officer		
3.0 Ownership:	Medical Directorate		
4.0 Date of SEMT Approval:		**Date of Trust Board Approval:**	
5.0 Operational Date:		**6.0 Review Date:**	
Version No:	Version 2.0	**Supersedes:**	1.12
7.0 Key words:	Business continuity, resilience, business continuity management		
8.0 Other Relevant Policies:	- Risk Management Policy - Business Continuity Policy - Risk Strategy		

Version Control for Drafts:			
Date	**Version**	**Comments**	**Author**
20 Dec 2010	1.0	Document created	J Cowen
01 April 2017	2.0	Full review of previous strategy and aligned to reflect criteria as set out under ISO22301	H Sharpe

1.0   KEY DEFINITIONS

Business Continuity (BC)	Capability of the organisation to continue deliver products or services at acceptable predefined levels following a disruptive incident ISO22301 (2012:4)
Business Continuity Management (BCM)	A holistic management process that identifies potential threats to an organisation and the impacts to business operations those threats, if realised, might cause, and which provides a framework for building organisational resilience with the capability of an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating activities. ISO22301 (2012:4)
Recovery Time Objective (RTO)	The time by which services must be resumed to avoid unacceptable levels of service
Maximum tolerable period of disruption (MTPD)	The time it would take for adverse impacts, which might arise as a result of not providing a product/service or performing an activity, to become unacceptable ISO22301 (2012:5)
Emergency	An event or a situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK Civil Contingencies Act, 2004:Chpt 36:14

Disruption	Something which may affect an organisation's ability to
	   a) Continue to exercise its civil contingencies functions, in particular its ability to respond in a coherent and coordinated manner to an emergency (whether or not that emergency is related to the cause of the business disruption) and to warn and inform the public and
	   b) Continue to perform its 'essentials of life' functions in relation to human welfare, protection of the environment and security, and to the continuance of the critical NI infrastructure and essential functions of government in support of these (NICCF, 2011:89)

2.0 REVIEW AND EQUALITY SCREENING

2.1   This Strategy will be reviewed no later than one year from the date of implementation, i.e. by the 30th April 2018.

2.2   The equality screening template was reviewed on 19 December 2013 – no impacts of any significance were identified during the screening process and that this strategy was unlikely to have any adverse impact on equality of opportunity or impact on the patients and service users. It concluded that a full EQIA was not required.

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

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

Major Impact ☐

Minor Impact ☐

No Impact   ☒ X

3.0   EXECUTIVE SUMMARY

This Strategy contains the Northern Ireland Ambulance Service Trust (NIAS) Business Continuity intent for 2017. The strategy will remain dynamic and flexible to rapid change generated from real incidents or procedural or practice changes across Northern Ireland and the UK and is intended to support the Trust in achieving corporate resilience.

Business Continuity Management is a requirement for the Trust as indicated in the HSC (PHD) Communications 1/2010 Emergency Preparedness for Health and Social Care Organisations. In addition, the Northern Ireland Civil Contingencies Framework (NICCF, 2011) requires that all organisations undertake Business Continuity Management processes to enable them to deliver their services in response to an emergency and to maintain essential services to the public through a business disruption.   Furthermore, the framework specifies that public sector organisations should promote Business Continuity Management in their public, private and voluntary sector suppliers, customers, licence holders and stakeholders.

NIAS recognises that effective Business Continuity Management (BCM) is an essential component of good management practice, enabling the Trust to anticipate, prepare for, prevent, respond to and recover from disruptions, whatever their source and whatever aspect of our business they affect.

NIAS will continue to adopt a holistic Business Continuity Management process that will identify threats and the impact they may have upon service delivery which will provide a framework for building organisational resilience, enabling the Trust to continue to deliver key services to the people of N. Ireland, irrespective of significant challenges to our ability to do so.

4.0 INTRODUCTION

Existing NIAS good practice, such as effective departmental plans, robust and developing risk management strategies and our ability to work together efficiently as a Trust are all examples of effective business continuity management. To ensure continual improvement, we must regularly review our plans and share pertinent lessons learned if we are to keep up to date with the rapidly changing environment in which the Trust functions. This strategy describes how we will continue to develop, implement and imbed business continuity within the Trust, ensuring that we can continue to deliver our key services at acceptable predefined levels following a disruptive incident.

5.0 BACKGROUND

5.1 The Northern Ireland Civil Contingencies Framework (NICCF) document, Chapter 11, Core Principal 9: 'Business Continuity' sets out guidance on good business management practice in the area of Business Continuity. In particular it states that:

'*All organisations shall undertake Business Continuity Management processes which will enable them to deliver their services in response to an emergency and to maintain essential services to the public through a business disruption'*.

5.2 The Framework (NICCF) deals primarily with Business Continuity Management for those disruptions which may affect an organisation's ability to:

a) continue to exercise its civil contingencies functions, in particular its ability to respond in a coherent and co-ordinated manner to an emergency (whether or not that emergency is related to the cause of the business disruption) and to warn and inform the public, and

b) continue to perform its 'essentials of life' functions in relation to human welfare, protection of the environment and security, and to the

continuance of the critical NI infrastructure and essential functions of government in support of these.

5.3 Prior to 2013, ambulance service providers were expected to deliver Business Continuity arrangements aligned to the BS25999, the British Standard for Business Continuity Management (BCM) and this was considered the primary standard in this field. The BS25999 was withdrawn in 2012 following the publication of the international standards ISO22301 'Societal Security – Business Continuity Management Systems'.

5.4 The Controls Assurance Standard, Criteria 9, states that 'business continuity management plans aligned to the International Standard on Business Continuity Management Systems ISO22301 should be in place and be able to be activated in order to protect and maintain essential services to a pre-defined level through a business disruption'. For this reason, this strategy document will move from the British Standard on which the previous strategy was based and will align with the international (ISO) standard.

5.5 It is the intention of the Trust to ensure that a robust Business Continuity Programme and associated plans are in place to enable the Trust to continue to deliver ambulance services to the population of Northern Ireland in the event of an emergency occurring or other challenge being identified.

5.6 The National Ambulance Resilience Unit (NARU) have developed a National Business Continuity Group as a sub-group of the Response and Resilience work stream. The Assistant Director, Emergency Planning represents NIAS at this National level group and the Trust will follow, where applicable, the guidance of the NARU group.

5.7 The Trust has a number of existing plans for business continuity such as the REMDC Contingency Plan, the Divisional Summer Contingencies

Plan, Resource Escalatory Action Plan (REAP), Pandemic Influenza Plan and a number of related policies such as Firecode. These plans (or procedures) will be scoped as part of the review of the Trust's business continuity arrangements.

6.0 SCOPE

6.1 The Business Continuity Management Strategy will apply to all members of staff and to all products and services that support the function of the Trust.

6.2 All directorates and departments will be required to follow the Business Continuity Strategy, with functional leads for business continuity being identified in each.

6.3 The Trust will engage with other key stakeholders to ensure that adequate business continuity plans and arrangements are in place in those organisations upon whom the Trust depends for the delivery of key functions and the provision of essential services to the Trust.

6.4 It is the intention of the Trust to ensure that an effective business continuity communications procedure is established and maintained and that business continuity is encouraged at all levels, both internally and externally to the organisation.

6.5 Whilst there is no compulsion upon the Trust to achieve full compliance with the ISO22301 standard, NIAS will align or aspire to the principals contained therein.

6.6 It is the intention of the Trust to utilise technology to accommodate sharing of pertinent business continuity arrangements within the Trust.

7.0   TRUST STRATEGY

The aim of this strategy is to establish a framework for the effective and systematic management and development of business continuity, ensuring that critical functions and service delivery can be maintained in the event of any disruptive challenge or incident. The aims and objectives support and reflect those of the Trust's Risk Management Strategy and incorporate key business continuity processes as identified in ISO22301.

7.1   Aims and objectives:

- Identify accountability and responsibility for the management of business continuity across NIAS.
- Provide a clearly understandable, structured framework that drives a consistent approach to business continuity and its implementation.
- Ensure that significant, existing and emerging risks to NIAS are effectively identified, assessed and considered in Business Continuity plans.
- To implement and operate controls and measures for managing the Trust's overall capability to manage disruptive incidents.
- Ensure that NIAS applies a best practice approach to Business Continuity Management, which is aligned to relevant statutory requirements and which demonstrates a commitment to continual improvement.
- To develop an informative and proactive approach to exercising Business Continuity Plans to enhance active learning and service improvement.

To assist in the structured approach to managing business continuity within NIAS, the Trust will endeavour to embed the 'Plan, Do, Check, Act' cycle. The cycle will assist in identifying corporate deficiencies and will aid in the development of improved systems. The cycle and its relevance to ISO22301 can be seen in Appendix 1.

7.2 The eighty two clauses which make up the ISO22301 standard are grouped under the following key headings:

- Context of the Organisation
- Leadership
- Planning
- Support
- Operation
- Performance Evaluation
- Improvement

Fig 1 Key headings of ISO22301

NIAS has considered the headings as provided under ISO22301 and has chosen to align this Business Continuity Strategy to the grouped ISO clauses.

7.4 To ensure a committed and holistic approach to business continuity within the Trust, a committee and organisational structure has been established as part of the governance arrangements for BCM. This structure will mirror the risk management structure as business continuity and risk management are closely related.

7.5 The previous Trust 'Emergency Planning Group' has been reformed and has become the 'Emergency Preparedness and Business Continuity Group' (EP&BC). This reformed group reports to the Assurance Committee and thus oversees business continuity within the Trust. The group meets each quarter and aids in embedding business continuity (BC) within the Trust. Any BC issues are highlighted at the EP&BC meetings and actions identified to enhance the Trust's resilience.

8.0   KEY AREAS FOR CONSIDERATION

8.1   Context of the organisation – aligned with clause 4 of ISO22301

NIAS is organised into a number of directorates, each of which is responsible for a number of departments and functions, all of which form the Northern Ireland Ambulance Service. The roles and responsibilities of each of the directorates and departments are shown in Table 1 (below). It is recognised that this list may change to reflect service developments and changes. It is also recognised that there are essential linkages and interdependencies between directorates and the departments and functions within each directorate and this will be reflected in the business continuity plans. For example, all directorates and departments are dependent upon the IT function and this should be incorporated as an integral part of each plan.

8.1.1 **Operational Functions of NIAS Directorates:**

Directorate:	Department:
Operations	A&E Operations Patient Care Services Fleet Estate Resource Management Centre EAC (Emergency Ambulance Control) NEAC (Non-Emergency Ambulance Control)
Finance	Management Accounts Management Information Salaries and Wages Procurement and Supplies IT Systems and Networks IT Support and customer services
Human Resources and Corporate Services	Personnel Services Education & learning development RATC (Regional Ambulance Training Centre) Media & communications Corporate Administration Complaints Office of the Chief Executive Equality, PPI and patient experience
Medical Directorate	Emergency Planning Unit Risk Management RPCC (Regional Pressures Coordinating Centre) Hazardous Area Response Team (HART)

Table 1 – Operational Functions

8.1.2 The role of each department in contributing to the overall NIAS strategic aims will be identified and understood, furthermore this will include

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understanding how each department interacts or depends upon each other to minimise multiple pathway failures from occurring.

8.2   Leadership – aligned with clause 5 of ISO223001

Business Continuity within NIAS is a top management led process that helps identify and plan against risks that could affect the smooth running of the Trust's departments, all of which contribute to Trust corporate objectives. The lead Director for Business Continuity Management is the Medical Director. The Medical Director, in turn, delegates particular aspects of business continuity to the Assistant Director, Emergency Planning Officer as part of the business continuity management programme.

Each Director has appointed a functional lead for business continuity for their particular directorate. In keeping with good practice, the Trust endeavours to provide training, education, development and other support needed to ensure that all persons assigned functional roles demonstrate the competencies required.   Through this structure, a culture of business continuity will be promoted throughout the Trust. The Business Continuity Strategy is the key to effective and successful development of robust Business Continuity Planning (BCP) within NIAS. The BCP requires organisational ownership and will be managed centrally and within all departments.

8.2.1 Functional leads will be responsible for ensuring that business continuity plans and business impact analysis remains relevant and current within their departments.

Directorate	Functional Lead
Operations	Bryan Snoddy
Medical Directorate	Billy Newton
Finance & ICT	Paul Nicholson (Finance) Paddy Dornan (ICT)
Human Resources	Lorraine Gardiner

Table 2 – Functional leads for BCM

8.2.2 Functional leads will attend and contribute to the Emergency Preparedness and Business Continuity Group and will provide input into recovery arrangements during and after incidents.

8.2.4 Functional leads will remain engaged and cooperate with the Trust's senior management team and those responsible for ensuring business continuity within the Trust.

8.2.5 The reporting structure of the Trust's committees is highlighted below:
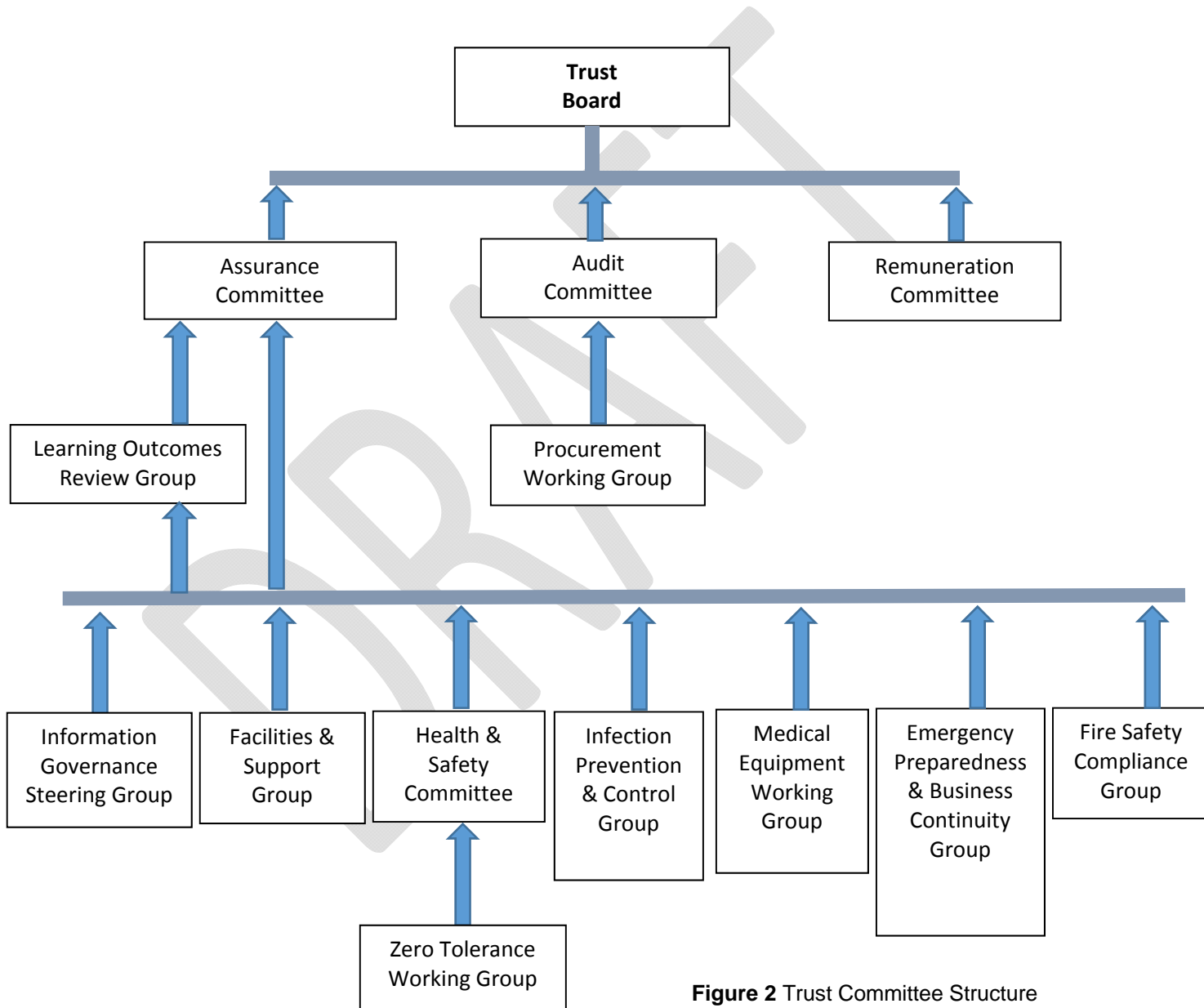
Figure 2 Trust Committee Structure

8.3   Planning- aligned with clause 6 of ISO22301

The Trust will develop a programme of work to embed business continuity plans which will include the actions required to address risks to the organisation. Business continuity plans will be consistent with the policy, will endeavour to achieve continual improvement and will take into account the minimum level of service that is acceptable for NIAS to meet its corporate obligations. The Trust will endeavour to identify key overarching functions which should always be considered and protected where possible, especially during a disruption. These key functions will become a focus for business continuity development within the Trust and will be agreed by the Emergency Preparedness and Business Continuity Group.

8.4   Support - aligned to clause 7 of ISO22301

 NIAS will provide support to those functional leads responsible for business continuity and shall provide, as far as is reasonably practicably, the resources required for the maintenance and continual improvement of business continuity within the Trust. Business Continuity Management will be incorporated into the existing well defined command structures in use within NIAS and will be communicated throughout the Trust.

8.4.1   The Trust has already provided support in the form of training to functional leads and to other staff involved in business continuity. Business cases have been utilised to offer support in the form of a temporary BC co-ordinator and further cases will be developed, where required.

8.4.2   Business continuity documentation will be developed in accordance the Trust's policies. Any information will be protected where appropriate and will be made available for use as and when it is needed using access control measures where required.

8.5   Operation – aligned to clause 8 of ISO22301

The Trust will implement and maintain a formal and documented process for business impact analysis that will identify activities that support the provision of our key services and assess the impacts over time if these services are disrupted. For identified risks, the Trust will consider proactive measures that will reduce the likelihood of disruption, shorten the period of disruption and limit the impact of disruption to key services. Business Continuity plans will also be developed and tested to ensure their effectiveness.

8.5.1 Business Impact Analysis (BIA) will be carried out by functional leads with Trust support. The BIA will follow a standard template assessing:

Purpose	An assessment of department's prioritised activities (core business processes) and the recovery time objective, maximum tolerable period of disruption and the impact of disruption
Key recovery activities	Identification of the key recovery activities that take place and the resources required to support recovery
My dependencies	Who and what do you rely on in order to deliver your prioritised activities to include utilities.
My dependants	Who relies on you carrying out your prioritised activities and what do they rely on you for?
Loss of people	To include the skill level required to carry out priority roles, minimum number of staff to operate at an acceptable and normal levels and any contingency arrangements
Loss of premises	Where you are located normally, your fall-back site, fall-back site issues and timescales
Loss of IT	Details of your dependency on IT and how it may affect your department carrying out prioritised activities, what the fall-back process is and the timescale. Detail also your IT recovery priority.
Loss of suppliers	Who are you reliant upon to delivery prioritised activities and what are your fall back processes and timescales
Reputation	How would a loss of your service affect NIAS' reputation
Legal Considerations	What are your legal and statutory requirements and how would disruption impact on them?

8.5.2 The BIA will build the departmental business continuity plan (BCP) into a useable document that will allow staff to activate in accordance with the Trust's Business Continuity policy.

8.5.3 The BCP will also follow a generic format to support familiarisation and will include standard details such as:

- Purpose
- Scope
- Objectives
- Definitions
- Duties, responsibilities and reporting
- Activation and implementation of the plan to include Stand down procedures
- Communication Strategy
- Information flow and documentation processes
- Review and maintenance
- Exercising and testing

8.5.4 The Trust will exercise and test our business continuity procedures to restore and return activities from the temporary measures adopted to support normal business requirements after an incident. Any learning from such exercises will be fed into the business continuity arrangements to ensure increasing resilience.

8.5.5 Business continuity arrangements will be promoted within the Trust. The existence and location of plans will be disseminated within the Trust to all relevant parties.

8.6 Performance evaluation – aligned to clause 9 of ISO22301

NIAS will evaluate business continuity performance and effectiveness and take action to address any adverse trends. Senior managers within NIAS will review the Trust's business continuity processes to ensure its continuing suitability. Business continuity arrangements will be reviewed annually with input from the Emergency Preparedness and Business Continuity Group.

8.6.1 Exercising will take various formats from table top exercising to live play to evaluation of response to past live events. A schedule of exercising will be developed through the Emergency Preparedness and Business Continuity Group.

8.6.2 Exercising of plans can be completed in whole or in part but will include a selection of departments to exercise their response to a disruption. Where interdependencies have been identified between departments, these departments should exercise together to test group resilience.

8.7 Improvement – aligned to clause 10 of ISO22301

NIAS will endeavour to improve the suitability, adequacy and effectiveness of our business continuity arrangements on an ongoing basis. A programme of work will be developed to include the testing and reviewing of continuity plans, with a continual cycle of maintenance being utilised to develop safeguards and improved resilience in accordance with the 'Plan, Do, Check, Act' model (see appendix 1). The Trust will endeavour to ensure that the principals of business continuity are embedded. Technology will be utilised to improve access to business continuity plans, guidance materials and awareness campaigns and engagement will be encouraged throughout the Trust.

Appendix 1 – the PDCA cycle

The diagram below illustrates an ISO22301 'Plan, Do, Check, Act (PDCA) model and shows how a Business Continuity Management System (BCMS) takes as inputs interested parties and requirements for continuity management and through necessary actions and processes will produce continuity outcomes that meets the interested parties and the Trust's requirements. By adopting this approach this will also ensure a degree of consistency with other management system standards such as ISO9001,
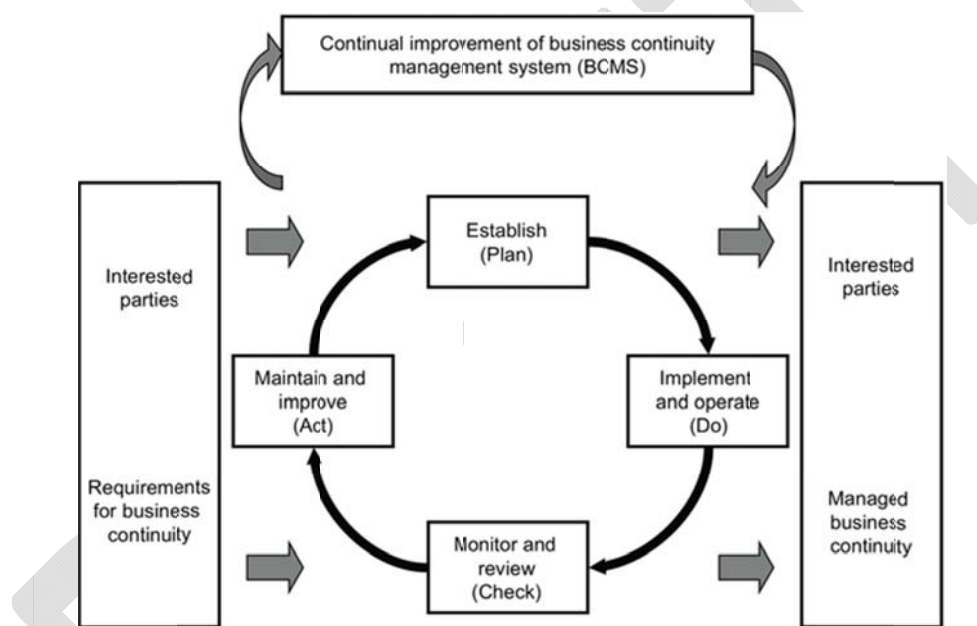
Fig 3 The PDCA cycle

Plan Establish	Establish business continuity policy, objectives, controls, processes and procedures relevant to improving business continuity in order to deliver results that align with the organisations overall policies and objectives
Do Implement and operate	Implement and operate the business continuity policy, controls, processes and procedures
Check Monitor and review	Monitor and review the performance against business continuity objectives and policy, report the results to management for review, and determine and authorize actions for remediation and improvement.
Act Maintain and improve	Maintain and improve the business continuity management system (BCMS) by taking corrective actions, based on the results of management review and re-appraising the scope of BCMS and business continuity policy and objectives

Table 3 Plan, Do, Check, Act.

As there is a direct relationship between the content of Fig 3 and the eighty two clauses which make up the ISO22301 Standard, the Trust will endeavour to apply the Plan, Do, Check, Act model to our Business Continuity Management system.

The relationship between the PDCA model and Clauses 4 to 10 of ISO 22301 can be demonstrated in Table 4.

PDCA	Clause addressing PDCA component
Plan (Establish)	**Clause 4 (Context of the organization)** sets out what the organization has to do in order to make sure that the BCMS meets its requirements, taking into account all relevant external and internal factors, including:
	— The needs and expectations of interested parties.
	— Its legal and regulatory obligations.
	— The required scope of the BCMS.
	Clause 5 (Leadership) sets out the key role of management in terms of demonstrating commitment, defining policy and establishing roles, responsibilities and authorities.
	Clause 6 (Planning) describes the actions required to establish strategic objectives and guiding principles for the BCMS as a whole. These set the context for the business impact analysis and risk assessment (8.2) and business continuity strategy (8.3).
	Clause 7 (Support) identifies the key elements that need to be in place to support the BCMS, namely: resources, competence, awareness, communication and documented information.
Do (Implement and operate)	**Clause 8 (Operation)** identifies the elements of business continuity management (BCM) that are needed to achieve business continuity.
Check (Monitor and review)	**Clause 9 (Performance evaluation)** provides the basis for improvement of the BCMS through measurement and evaluation of its performance.
Act Maintain and improve	**Clause 10 (Improvement)** covers the corrective action needed to address nonconformity identified through performance evaluation.

Table 4 – PDCA model applied to
BCMS processes

11.0 **SIGNATORIES**

_____   D**ate:**_____
       Lead Author

_____   **Date:** _____
       Lead Director

TB/17/08/17/08

1.0 Title:	**NIAS Communications Strategy 2017-2021**		
2.0 Author(s)	John McPoland (Media and Communications Manager)		
3.0 Ownership:	John McPoland (Media and Communications Manager)		
4.0 Date of SEMT Approval:	25 07 2017	**Date of Trust Board Approval:**	17 08 2017
5.0 Operational Date:	17 08 2017	**6.0 Review Date:**	March 2021
Version No:	1	**Supersedes:**	NIAS Communications Strategy 2011-2015
7.0 Key words:			
8.0 Other Relevant Policies:			

Version Control for Drafts:			
Date	**Version**	**Comments**	**Author**
April 2017	1	Amendments following engagement with Asst Dir	JMCP
April 2017	2	Amendments following engagement with internal teams	JMcP
May 2017	3	Amendments following engagement with individual staff members and TU	JMCP
July 2017	4	Amendments following engagement with Trust Board	JMCP
July 2017	5	Amendments following comments received from Trade Union	JMCP

1. Introduction

The Northern Ireland Ambulance Service HSC Trust (NIAS) has had a number of previous Communications Strategies since its first in 2005. The predominant focus of these strategies has been the establishment and maintenance of effective channels to improve communications within the Trust. However the nurturing of a "communications culture" within the organisation did not materialise with other communications developments.

This Communications Strategy is designed to cover Internal Communications within the Trust and External Communications.

In respect of Internal Communication, a number of staff surveys have identified areas for improvement. Staff have had their say and the Trust will demonstrate that, within the implementation of this strategy, the staff voice has been heard and this strategy will herald a new approach to communications within NIAS.

In terms of External Communication, the Trust is also committed to improved practice and will continue to engage with external stakeholders in this regard.

2. Purpose and Aims

1. The purpose of this strategy is to promote a culture of communications, which supports a wider culture of engagement and involvement within NIAS and to detail how the delivery of NIAS vision and values, for the benefit of patients and carers, will be supported through communications.

   NIAS's vision, mission and purpose statements have been revised to reflect the organisation's aim to ***"become the best ambulance service in the UK, providing excellent quality of care, experience and outcomes for the patients we serve".***

2. This Communications Strategy will signpost how a culture of communications can support this statement in line with proposed "Collective Leadership" models designed through "Health & Well-being 2026: Delivering Together" to

deliver six key outcomes which will form the basis of the NIAS 2107-21 Corporate Plan.

3. The Trust will develop an Organisational Development Strategy which will link to and be supported by the Communications Strategy and related principles of engagement and communication.

4. This strategy aims to place communication at the centre of all we do and enable a greater understanding of how effective communications can **support**:

- A leadership approach which is effective, ethical and collective
- Promotion of key messages which indicate that NIAS has clinical excellence and quality improvement at the heart of our organisation
- Demonstration of progress towards a delivery model which gets the right response to the sickest patients in the quickest time therefore promoting understanding of decision making
- Employee engagement work streams designed to support the motivation, involvement and empowerment of our staff
- Achievement of Trust's strategic aims.

3. Strategic context

3.1 Health and Social Care in NI

NIAS operates within an ever changing healthcare environment where developments within acute services and urgent care impact directly on our ability to deliver a sustainable service.

In October 2016, a report commissioned by DoH and delivered by the "Expert Panel – chaired by Professor Rafael Bengoa" was published under the title of "Systems not Structures: Changing Health and Social Care". The Minister of Health then launched

a 10 year plan in response to the report. "Health and Wellbeing 2026: Delivering Together" is a vison of healthcare which puts the patient at the centre of services, indicating service users and staff must have a voice in the change programme.

These changes are happening at a time when NIAS is undergoing a major internal transformation and modernisation programme. To seek to embed and maintain the highest standards of communications is a particularly important undertaking during periods of organisational change in order to facilitate an understanding of the Trusts direction among staff and external stakeholders.

During times of transition, it is also imperative that NIAS maintains its reputation and public confidence in the Service. The foundation of both are based on public interaction with our representatives, particularly, but not exclusively, our frontline staff. Supporting all staff with a proactive, fit-for-purpose communications strategy will deliver a platform for delivering improved patient care through a motivated, empowered and involved workforce.

3.2   Scope of this strategy.

The strategic vision for NIAS in relation to communications is to have a culture of communications and engagement which will play its part in enabling NIAS to be recognised as the best ambulance service in the UK.

The Strategy will identify best practice, principles and approaches relating to both **internal communications and external communications** with a wide range of stakeholders.

As such, this Strategy details specific responsibilities and communications channels we use to engage with key stakeholders with a particular emphasis on internal communications. The aim is, through a robust communications culture, to reinforce and protect the Trusts reputation and identity at a time of significant change.

Effective internal communication can positively influence employee engagement and, subsequently, interaction between our staff and patients.

This strategy will support other strategies that already exist for key stakeholder groups as well as strategies which may be developed during the timeframe of this strategy in work-streams such as, but not exclusively;

- Employee engagement
- Health and wellbeing
- Patient and public engagement
- External stakeholders engagement
- Quality improvement

Improving internal and external communications will support plans for organisational development.

The strategy is informed by the Trusts Corporate Plan and Trust Delivery Plan.

3.3 Review

The Strategy has a four year timeframe and will be delivered through the creation of annual actions plans. Implementation will be monitored through Directorate Performance Management processes and reporting to the Trust's Senior Executive Management Team and Trust Board as appropriate

4. Principles and approach to communications.

4.1 Best practice principles for communications.

NIAS is committed to ensuring that corporate communications adhere to the following best practice principles for communications and;

- Are clear and accurate
- Are open, honest and transparent
- Are inclusive and meaningful
- Are targeted and tailored
- Are timely and honest
- Value people

- Provide feedback
- Are accessible to all and aligned to the Trusts obligations under equality legislation

4.2   Information Governance

NIAS recognises that its records and information must be managed, handled and protected in accordance with the requirements of the Data Protection Act and other associated legislation, not only to serve its business but also to support the provision of the highest quality care and ensure individual's rights in respect of their personal data are observed. NIAS employees are expected to respect their contact with personal and/or sensitive information and protect it in line with associated Trust policies and procedures.

Compliance with information governance policies and procedures relating to Data Protection Act and Freedom of Information Act 2000 all give opportunities to promote the Trust. The Communication Team will continue to work closely with Information Governance colleagues to support media and reputational impact of Freedom of Information requests.

4.3 Our approach to communications

NIAS is committed to ensuring that Trust communications are at all times;

- Linked to the strategic and delivery plan priorities of the Trust
- In line with Regional Guidelines relating to communications
- Open, honest and transparent
- Accessible to all
- Designed to create a culture of communication within NIAS
- Are consistent with the mission/vision and values of NIAS

- Responsive to insightful feedback
- Proactive and aimed at enhancing the reputation of the Trust
- Consistent
- Inclusive
- Innovative
- Meaningful in terms of engagement with stakeholders

4.4 Learning and development

Through continued participation in HSC and, particularly, National Ambulance Communications fora the Trust will draw on evidence of best practice within other Trusts to gauge which initiatives may best fit the ongoing development and implementation of this Strategy.

5.0 Policy Objectives

All communications activity should be aligned to and reflect the outcomes of the corporate plan. An overarching objective of the strategy will be to develop an action plan for implementation of the strategy which will ensure effective, innovative communications to support leaders within NIAS

In order to deliver an integrated communications strategy, a number of related communications objectives have been identified, and are listed below each outcome, which will contribute to the delivery of the six proposed Corporate Plan outcomes which ensure that NIAS:

1. Has a motivated, empowered and involved workforce
   a. **To profile good practice to promote the work of the service and to promote recognition of staff**
   b. **To ensure that accessible, innovative and effective systems of communications are in place**
   c. **To ensure that staff are of aware and participate in the delivery of the Communications Strategy**

      d. To contribute to development, within the Trust, of a culture of engagement and involvement

2. Has a delivery model that gets the right resource to the patient quickly, therefore getting to the sickest patients quickest

      a. To support the development and delivery of a new operating model through specific communication plans for internal and external stakeholders

3. Has clear evidence of improving experiences and outcomes for patients

      a. To ensure effective communications systems are in place to support work to engage with, involve and learn from those who have made use of our Service

4. Has clinical excellence at the heart of our organisation

      a. Ensure appropriate access for patients to information in relation to skills base and knowledge of our staff in relation to e.g. Alternative Care Pathways

      b. Ensure appropriate access for patients to information relating to professional training, clinical audit and supervision of staff

5. Will be recognised for its innovation

      a. Seek to be creative and innovative in communications activity

      b. Improve Trust reputation through proactive celebration of staff achievements.

6. Has an approach to leadership which is effective, ethical and collective

      a. Identify regular communications opportunities to promote a visible and credible leadership approach for those in leadership positions across all levels of the organisation.

6. Audience segmentation/Stakeholders

The Trust has identified a number of key stakeholder groups for whom specific communication plans will be developed as part of Year 1 Communications Action Plan. The identified stakeholder groups are:

- **Staff**

  "Our staff is our most valuable asset" cannot be allowed to be a cliché if our communication strategy is to be credible. We must learn through effective two way communication to, not only listen to but to hear, what our staff are saying as, in the eyes of the public, they are the service. They must be informed better and engaged with in meaningful ways which will motivate them to act as strong ambassadors for the Trust.

- **Patients/carers/patient groups/public**

  Our purpose as an ambulance service is to deliver for our patients and clients. In the context of increasing demand on our services we must engage with patients, their representatives and the general public to involve and engage them in the transformation and modernisation of our services. We must provide, to the public, information to improve their understanding of the range of responses which NIAS currently has, and plans to have, at its disposal to ensure the most appropriate response to individual needs.

- **Commissioners and partners**

  Funding for our services is provided by the Health and Social Care Board and it is important that NIAS nurtures a positive relationship with them which can be enhanced by effective and regular communications which provide up to date analysis of performance and developing needs in terms of resources. Proactive engagement will serve to enhance this relationship and create a more sustainable partnership approach to the needs of our organisation.

  The Trust will continue to work with a range of partners within HSC, local government departments and other emergency services. Developments within modern ambulance services will impact upon our collaborative working and it

is important for us to ensure they have a greater comprehension of these developments.

- **Media**

The established media is an extremely important stakeholder for NIAS to engage and build relationships with. The media has within its power the ability to impact either positively or negatively on the reputation of the Trust. The building of positive relations with the media can help ensure that stories and headlines remain balanced and fair.

The growth of social media is a relatively new phenomenon which provides anyone with access to a social media app to comment on the organisation, in positive or negative terms. It also allows NIAS to make positive use of this media without recourse to editorial decisions of established media outlets.

- **Political and societal representatives**

Political representatives within Northern Ireland include MP's, MLA's and councillors. They represent members of the public and often deal with public bodies on behalf of their constituents. It is important for them to be judged on the work that they do on behalf of constituents and therefore have ready access to media outlets and often host their own social media platforms with large followings.

- **Trade Unions**

Trade Unions represent large numbers of our staff. It is important that we maintain healthy working relationships through joint working forums and engagement with our senior team. Healthy working relationships with the Trade Unions can assist in the delivery of key messages around agreed positions on transformation and other issues. The Trust is committed to engagement with and involving all stakeholders, including Trade Unions, on a range of issues. The relationship with Trade Unions is a key channel for receiving feedback from staff.

7. Communications Channels

7.1 Existing Channels

The Trust makes use of a number of communications channels to engage with internal and external stakeholders. The table below outlines each of those channels with a brief summary of its delivery and identification of the audience.

Channel	Summary	Audience
Face to face		
Staff events	Various events including, but not exclusively, • Senior manager workshops • Staff focus groups • TU engagement • Annual awards ceremony	Internal
Board meetings	6 weekly public meetings	Public/Staff/Patients & carers
AGM	Formal annual corporate event	Public/Staff/Patients & carers
External groups and committees	Wide range of established ambulance and HSC forums along with other emergency services and inter departmental forums	Commissioners and partners
Listening events	• Patient events under PPI and Patient Engagement work streams • Political representative engagement	Public/Patients and carers Political reps
Online/digital		
Trust website	The Trusts website which hosts corporate information, published information e.g. Trust Board papers and Annual Reports, news and relevant external info.	External
SharePoint	The Trusts intranet which was upgraded in 2016 to encourage greater use by staff	Internal
Social media	Corporate presence on most popular social media platforms to promote the work of the Trust	External
Trust videos	Development of a number of Trust videos relating particularly to introduction of ACPs and appropriate use of the Service.	External
Written		
Email	The most used/overused method of communication within the Trust.	All audiences
Annual Report	Corporate publication	External
Annual Quality Report	Corporate publication	External
Board Papers	Corporate publication to service public Trust Board meetings	External
Internal newssheets	These include; • NIAS news	Internal

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	• TMPB Update • Clinical Update	
Media releases/statements	Reactive and proactive engagement with local, regional and, at times, national media outlets re-emerging issues	External
Public Information leaflets	A range of public information leaflets	External

7.2 Building on existing channels

- **Social Media channels** – we will support greater use of corporate social media accounts by identified staff to support profile raising and reputation building of the Trust with all external stakeholders. Internal social media sites should also be developed to enable staff greater access to corporate information in real time.

- **Digital media** – the Trust has witnessed the success of video content on our social media sites (ACP videos and VTS video) and greater use of such media should be factored in to annual plans. Digital media offers more engaging content than traditional written statements or news updates.

- **Mobile access to internal information for staff** – our staff operates in a mobile environment and are increasingly reporting that they spend less and less time on station and therefore their ability to access information is limited. Through the development of SharePoint, potential exists to facilitate remote access to corporate information through mobile devices. The pending introduction of apps for clinical information will be evaluated with a view to introducing a, non-clinical, corporate app.

- **Regular bulletins from Directorates** – staff feedback suggests that they would welcome a review of performance information as currently disseminated throughout the Trust. Such a review will consider the type, frequency and most user-friendly method of the sharing of this information.

- **Regular information bulletin for external stakeholders** – consideration needs to be given to develop a regular and frequent

bulletin for external stakeholders to keep them informed on news and developments within NIAS.

8. Roles and Responsibilities

Every member of staff has a role to play in the implementation of the Communications Strategy to ensure the development of a positive communications culture within the Trust. Communications by everyone in the Trust impacts on our reputation and public confidence in the organisation.

The Media and Communications Manager will take lead responsibility for facilitating and promoting good communications within the Trust. The Media and Communications Manager will also be responsible for the provision of professional advice and support to the Board and other Trust representatives.

The Media and Communications Manager will be responsible for the implementation, monitoring and review of the strategy.

8.1 Specific responsibilities

Trust Board
The Trust Board will be responsible for:
- Endorsing and adopting the Communications Strategy and supporting communications activities
- Ensuring that clear channels of communications with the Trusts' stakeholders have been established
- Establishing/reviewing appropriate processes to ensure that such channels operate effectively in practice

All Staff
- To maintain an awareness of key issues affecting the Trust
- To seek relevant information from line managers

- Highlight areas of concern to line managers or Media and Communications Manager
- To participate in suggestion and feedback schemes
- To make use of communication processes provided by the Trust.
- To participate in available internal communications and staff engagement opportunities
- To ensure that all communications is produced and delivered to an excellent standard
- To refrain from inappropriate communication which is likely to damage the reputation of, or to undermine public confidence in, the Trust?

Chief Executive

- To develop key organisational messages with the management team and to ensure consistent support for their dissemination
- To reinforce the role of communications as a key management tool and competency
- To lead by example in terms of consistently being a communications role model making time required for effective communications with internal and external stakeholders
- To lead at Board level in the implementation and monitoring of communications processes
- To give confidence to the communications process
- Act as spokesperson for the Trust as required, working with Media and Communications Manager on all official statements to, and interviews with the media.
- To ensure Performance Management of Communications activity is undertaken through line management structure

Other Directors and managers

- To promote and ensure effective systems are in place for two-way staff communication within your area of responsibility, including ensuring that information is cascaded effectively
- To lead by example in terms of consistently being a communications role model making time required for effective communications with internal and external stakeholders
- To ensure that key issues are communicated to relevant staff in a manner which is timely and accurate
- To seek the guidance of the Media and Communications Manager when communicating corporate messages and in the use of the most appropriate process.
- Attend and actively participate in events for Senior Managers to support effective sharing of information up and down the Trust.
- To ensure consistency in style of communications
- To ensure that opportunities for feedback are afforded to all staff.

Media and Communications Manager

- Provide expert advice on communications issues to projects and teams across the Trust
- Promote best practice in communication to all parts of the Trust and lead on identifying innovation to facilitate improvement
- Manage production of core publications and events
- Manage Trust visual identity
- Ensure processes are in place to respond to media queries and to provide communications support in Major Incidents
- Ensure effective channels are in place to communicate with all stakeholders and to regularly evaluate same.

9. Communications work plans

The Strategy will be implemented through annual communications work plans. Progress will be reported through line management systems within directorate and to SEMT and Trust Board as appropriate.

10.   Evaluation

As part of the 2017/18 communications work plan, a suite of measures will be developed to monitor and evaluate the implementation of the communications strategy.

These will include, but will not be restricted to;

- Performance meetings
- Progress reports to SEMT
- Trust Board reporting
- Communications forum feedback
- Staff survey results
- Media monitoring
- Social media and digital communications metrics (hits, likes, views etc.)

11. Measurement of success

- **Internal Communications** – a cultural change can be difficult to measure in a quantifiable way. The Trust will make use of staff survey results relating to communications as a baseline from which to measure progress towards an improved communications culture.
  The establishment of focus groups and the development of staff engagement plans will enable qualitative intelligence to be gathered in relation to how staff feel engaged, informed and have a voice which is being listened to.
- **External stakeholders** – as part of 2017/18 work plan an approach will be developed to gathering external stakeholder satisfaction data.

TB/17/08/17/09

*__Minutes of a meeting of the Audit Committee held on Wednesday 17 May 2017 at 3.00pm
in the Boardroom, Ambulance Headquarters,
Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG__*

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

IN ATTENDANCE: Mr S Devlin   Chief Executive
                    Mrs S McCue   Director of Finance & ICT
                    Mr Brian McNeill (part)   Director of Operations
                    Mr P Nicholson   Assistant Director of Finance
                    Mr A Phillips   Financial Accounts Manager
                    Mrs C McKeown   Internal Audit
                    Mr J McNeill   ASM, External Audit
                    Mr R Ross   NIAO
                    Mr D Mahaffy   Senior Secretary

Welcome and Introduction to the Meeting
Mr Abraham (Chair) welcomed everyone and thanked all members for their attendance.

1.0 Apologies
There were no apologies received.

2.0 Declaration of Potential Conflict of Interest & Confirmation of Quorum
No conflicts of interest declared and the meeting was confirmed as quorate.

3.0 Minutes of Previous Meeting of the Audit Committee held on 19ᵗʰ January 2017 (for approval)
The Chair asked for any amendments to be forwarded to NIAS within five working days.
One amendment was highlighted Item 6.0 Internal Audit; Mr Cardwell is the current NIAS designated person in respect to whistleblowing rather than Dr Livingstone.

4.0 Matters Arising
There were no matters arising not covered in the agenda

5.0 Chairman's Business

5.1 Marked Cars
Mr McNeill (Operations Director) gave an update on Marked Cars:

- NIAS have issued HMRC guidance to staff who have access to Marked Cars to ensure they are aware of their responsibilities regarding private use of these vehicles.
- The Chief Executive has also issued a declaration on personal use to all staff who have access to Marked Cars which must be completed and returned by 28 May 2017.
- A task and finish group, chaired by Assistant Director, Fleet and Estate, has been established to operationalise the draft policy with a focus on the impact on out of hours and major incidents and to establish the Trust's position on Marked Cars. This will include a consultation exercise and screening and is expected to be completed by autumn 2017.

The Chair requested that this update be presented by the Operations Director to Trust Board.
The Director of Operations left the meeting.

5.2 Audit Committee Annual Report

The Chair advised that this is being progressed and will be reported at the next Audit Committee.

5.3 Audit Committee Self-Assessment

The Chair confirmed that this is being progressed and will be reported at the next Audit Committee.

5.4 Audit Committee Terms of Reference

Mrs McCue (Director of Finance) reminded members that, following discussion of the Terms of Reference at the January Audit Committee meeting and subsequent conversations, it has been confirmed that the Audit Committee terms of reference do not require any further amendment and will be presented at Trust Board for approval. She highlighted that the Terms of Reference are reviewed on an annual basis.

6.0 Internal Audit

6.1 Progress Report 2016/17

Mrs McKeown (Head of Internal Audit) introduced this paper which includes a summary of findings, all of which had been accepted by NIAS.

Stocktaking Report 2016/17
Satisfactory assurance with nothing to draw the Committee's attention to

Verification of Compliance with Controls Assurance Standards 2016/17
Compliance achieved within all five of the standards of Governance, Financial Management, Risk Management, Emergency Planning and Human Resources. Mrs McKeown confirmed that internal audit had examined and independently verified NIAS's self-assessment of these standards.

Financial Review (Including HRPTS Related Processes)
Satisfactory assurances were provided in relation to financial processes within NIAS with the exception of Payments to Staff.

Limited assurance was provided in respect to Payments to Staff, with five Priority 1 findings being identified. These included incomplete and unverified timesheets, lack of appropriate approval rights of signatories, allocation of roles, reporting of overpayments and the arrangements for payment and control over unsocial hours payments to staff and the adequacy of audit trails. The Audit Committee were concerned that issues still remain to be addressed around HRPTS. Mrs McCue pointed to the increased reliance on local management's processes as part of the operation of HRPTS. Mr Devlin (Chief Executive) highlighted the need for greater management responsibility and accountability at local level to address some of these recommendations.

The Chief Executive highlighted that it will be a priority to clear all Priority 1 findings during 2017/18.

Procurement and Contract Management:
Limited Assurance was provided in respect of Procurement and Contract Management, specifically there were five Priority 1 findings in relation to patient taxis, voluntary ambulance service, private ambulance providers, estates and fleet.

Unacceptable Assurance was provided in relation to Volunteer Drivers. This was in relation to the processes in place to ensure that all journeys claimed are accurate and appropriate and that claims are appropriately authorised. The Audit Committee were concerned over this unacceptable level of assurance, and discussed the possibility of temporarily stepping down this service until proper and appropriate systems and processes are in place. Mrs McCue advised that some immediate steps had been taken in the Operations Directorate to begin to address the issues identified. Dr Livingstone confirmed that the Trust Board would require assurances around improvements made and this should be escalated to Trust Board. Mrs McKeown

confirmed that if any items of significant concern are identified during an audit that these would be immediately brought to the attention of management.

6.2 Year End Follow Up on Outstanding Internal Audit Recommendation 2016/17

Mrs McKeown provided a summary of year end follow up report on outstanding Internal Audit recommendations 2016/17. At the time of the review 114 (69%) of 166 recommendations examined were fully implemented, a further 51 (30%) were partially implemented and 4 (8%) require input from another organisation in order to fully implement. It was noted that only 29% of Ambulance Service Marked Cars Priority 1 recommendations were implemented.

There was a discussion on the number and age of outstanding audit recommendations and how implementation could be improved. Mrs McKeown confirmed that NIAS should move to address these recommendations as soon as possible.

6.3 BSO Internal Audit of Shared Services

Mrs McKeown presented the BSO Internal Audit of Shared Services, of note Internal Audit have provided Limited Assurance over Payroll Processing and Unacceptable Assurance over Payroll System and Function stability, with routine but significant changes in Payroll having a major impact on the system. Internal Audit recommended that a review should be commissioned of the management / staffing resourcing and structure within Payroll Shared Service Centre (PSSC), with a view to stabilisation and improvement. The Audit Committee expressed their concern at their current situation and felt that after three years the system should be stable, and requested that NIAS closely monitor further developments in this area. Mrs McCue confirmed that Trust Directors of Finance are offering support to BSO colleagues.

It was confirmed NIAS will be moving to E-recruitment in Shared Services and the NIAS would like some level of assurance to ensure quality of service provision from Shared Services, as being a relatively small organisation, to ensure our requirements are not overlooked. Mrs McKeown advised that BSO Internal Audit Reports would be provided to NIAS where appropriate.

6.4 Head of Internal Audit Annual Report Year ending 31 March 2017

Mrs McKeown provided a summary of her annual report, confirming that overall there is a satisfactory system of internal control designed to meet the organisation's objectives.

However, limited assurance was provided in a number of areas:

Finance Audits
- Financial Review (including HRPTS related processes) – payments to staff in relation to HRPTS processes
- Procurement and Management of Contracts - Patient Taxis, Voluntary Ambulance Service, Private Ambulance Providers, Estates and Fleets

Corporate Risk Audits
- Mandatory Training and Adherence to Statutory Requirement and Best Practice within the HR Directorate.

There is one unacceptable level of assurance – volunteer drivers.

The Audit Committee were pleased that overall the level of assurance is satisfactory, but as previously discussed, were concerned regarding the areas of Limited and Unacceptable Assurance.

The Audit Committee thanked Mrs McKeown and her team for their hard work.

6.5 Internal Audit Charter

Mrs McKeown presented the BSO Internal Audit Charter, which details its roles and responsibilities, which was last presented to Audit Committee in May 2015. On the proposal of Dr Livingstone, seconded by the Chair, the Internal Audit Charter was approved.

6.6 Internal Audit Benchmarking 2016/17

Mrs McKeown confirmed that during 2016/17 BSO Internal Audit participated in two benchmarking exercises with CIPFA & NHS Wales Shared Service Partnership, comparing costs and staffing. Mrs McKeown confirmed that BSO compared favourably in terms of cost. Regarding staffing BSO employs more staff than the two other organisations, however many of these are in lower grades, with fewer in higher grades. It was noted that staff in lower grades are part qualified, and continue to work to become fully qualified.

6.7 Internal Audit Strategy Incorporating Proposed Internal Audit Plan 2017/18-2019/20

Mrs McKeown confirmed that the strategy provides a framework for the development of the Internal Audit Plan. Following review the Committee requested changes to the first paragraph of 'Audit Plan Section 3 Governance, Including Controls Assurance, Proposed Scope of Assignment', which should read 'Review the robustness of Assurance Committee processes….' Mrs McKeown agreed to make this amendment. The opportunity to review NIAS Governance structures and processes was welcomed.

The Audit Plan for 2017/18 the included proposed Internal Audit Assignments and number of Audit days. With one amendment 'Governance Audits: Governance – Assurance Committee' should be changed to 'Governance Audits: Governance – Assurance Processes' on the proposal of Dr Livingstone, seconded by the Chair, the Internal Audit Plan 2017/18 to 2019/20 was approved.

7.0 External Audit

7.1 Draft, Unaudited, Uncertified, Exchequer and Consolidated Annual Report & Accounts 2016/17 (Including Performance Report, Accountability Report and Annual Accounts)

Mrs McCue confirmed that the financial statements presented are unaudited and as such they are subject to change, however the audit is progressing well. It was confirmed that this was the version as submitted on 4 May 2017 as per the final accounts timetable.

Annual Report
Views on content of the report were requested from the Audit Committee; it was noted that

- There was inconsistency of punctuation & writing style
- Charts were missing values
- Some text was missing
- New photographs to include new uniforms were required
- A review of the Clinical Audit Charts was recommended, to be repackaged and shortened to a format that is more user friendly for the reader, as the current style is designed for management information rather than potential readers of the report.
- Dr Livingstone noted that his tenure was extended from 1 November 2016 for a period of four years

Mr Ross suggested including web addresses to signpost readers to websites where the information is contained, rather than including this in the annual report.

The Audit Committee recognised the work that has gone into producing the Annual Report and thanked the team involved.

Annual Accounts

Mrs McCue referred the Committee to financial resources and performance. Of note; revenue is increasing as a result of supported developments including Transforming Your Care and HEMS. NIAS will have a small surplus of £1k, subject to audit, which is an excellent achievement. NIAS has also achieved the target in regard to prompt payment of invoices.

Looking ahead at the financial picture, there may be further requirements to deliver efficiency saving in 2017/18.

Mrs McCue highlighted the Principle Risks and Uncertainties section to the Audit Committee and asked to be advised if any risks had been omitted. No additional Risks or uncertainties were proposed by the Audit Committee. The Audit Committee requested the wording in the section be amended to the following 'The Trust Board has signalled its concern through the Corporate Risk Register in respect of the following risks, these continue to be managed through the Corporate Risk Register and assurance processes'.

Mrs McCue highlighted the Internal Governance Divergences section, including update on prior year control issues which continue to be considered control issues, of note:
- Management of Contracts – which has been discussed in item 6.1
- Agenda for Change including Job Evaluations for NIAS Paramedics and EMT posts, which NIAS continue to highlight with appropriate officials and departments, which may have significant implications.

Financial Position 2017-18, the Audit Committee suggested that this section may be expanded to be more descriptive, however, there is a possibility that the DoH will provide a form of words to be included in the report. Mrs McCue asked to be advised if any divergences had been omitted. No additional divergences were proposed by Audit Committee.

Mrs McCue presented the financial statements, including staff costs and operating expenses £72M, consolidated property, plant and equipment £34M, and Prompt Payment performance. She also highlighted that the Trust had maintained its capital spending within its Capital Resource Limit of £8.8M.

7.2 Draft, Unaudited, Uncertified, Charitable Trust Fund Accounts 2016/17
Mrs McCue reported that total funds carried forward at 31st March 2017 were £11k, of which £5k were restricted and £6k were unrestricted funds. Mrs McCue confirmed that although the value of the charitable funds is small, a full exercise is carried out to provide Financial Statements and Annual Report.

8.0 For Noting
8.1 Single Tender Actions
Mr Nicholson presented the summary of single tender actions. He highlighted an example whereby a single tender action was provided to support the short term provision of cleaning services to cover the period between the conclusion of a contract and the commencement of the new contract. The paper was noted by the Committee.

8.2 Losses and Special Payments
Mr Nicholson presented the analysis of Losses and Special Payments, which totalled £94k. There was discussion over the number and level of payments and also the meaning of fruitless payments. The report was considered and noted.

8.3 Procurement Working Group
As the Procurement Working Group reports to the Audit Committee Mr Nicholson presented the Terms of Reference which were approved.

9.0 Any Other Business

9.1 Fraud Update

Mr Nicholson confirmed that there were no specific frauds for NIAS. Data matches identified through the National Fraud Initiative were being worked through.

9.2 BSO Provisional Assurance 2016/17 (draft)
The draft BSO Governance Statement for year end 31 March 2017 was presented. Of note were assurances around stability of Payroll Shared Services, which had been discussed earlier by the Committee

9.3 Financial Planning Process 2017/18
Mrs McCue presented this item. It was noted that at this time no budget has been set for HSC as a whole and NIAS in particular. NIAS is contributing (with other Trusts) to a review of options There is currently a projected gap in HSC and potential for further cost efficiency savings. It was agreed that a substantive item would be brought to the Trust Board in June 2017.

10.0 Closed Meeting
Mrs McCue confirmed that there was the opportunity for Audit Committee members to meet independently with the Internal and External Auditors without staff members being present, however, it was agreed that on this occasion a closed meeting was not required.

It was agreed that a closed meeting will take place at the start of the next Audit Committee on 15 June 2017.

11.0 Date, Time and Venue of Next Meetings

15 June 2017 @ 10.00am, Boardroom, NIAS Headquarters
12 October 2017 @ 2.00pm, Boardroom, NIAS Headquarters

Please note that these dates may be subject to change and/or additional dates may be scheduled to accommodate Departmental deadlines.

Signed

William Abraham

(Chairman)

Date   15 June 2017

Northern Ireland Ambulance Service Health and Social Care Trust

www.nias.hscni.net