



***A Meeting of Trust Board to be held at 1.00pm on
Thursday, 2 June 2016, Boardroom, NIAS HQ,
Site 30, Saintfield Road, Knockbracken Healthcare Park,
Saintfield Road, Belfast, BT8 8SG***

Welcome, Introduction and Format of Meeting		Paper Enclosed	Timing Guide
1.0	<u>Apologies</u>		14:00
2.0	<u>Procedure:</u> Declaration of potential Conflict of Interest: Quorum:		
3.0	<u>Minutes of the previous meeting of the Trust Board held 7 April 2016</u> (for approval and signature)	TB/1 02/6/2016	14:05
4.0	<u>Matters Arising:</u> Action Log from 7 April 2016	TB/2 02/6/2016	14:10
4.1	Assurance Committee Report (Dr Livingstone)		
5.0	<u>Chairman's Business</u>		
5.1	Chairman's Update		14:20
5.2	Visit to Royal Victoria Hospital Emergency Department		14.25
6.0	<u>Chief Executive's Business</u>		
6.1	Chief Executive's Update		14.30
7.0	<u>Performance Report as at 31 March & 30 April 2016</u>		
7.1	Highlight Reports by each Director: Operations, Finance, Human Resources, Medical	TB3 02/6/2016 (March 2016) TB3A 02/6/2016 (April 2016)	14.35
7.2	Chief Executive Report – Trust Delivery Plan Report on Commissioning Priorities 2015-16	TB4 02/6/2016	15.10
8.0	<u>Items for Approval</u>		
8.1	Emergency Planning Annual Report – April 2015 – March 2016	TB5 02/6/2016	15:40
8.2	Fraud Policy	TB6 02/6/2016	15:50
8.3	Bribery Policy	TB7 02/6/2016	16:00

9.0 Items for Information

9.1 Patient Stories – Belfast Area

TB8 02/06/2016 16:15

10.0 Items for Noting

10.1 Assurance Committee Minutes - 10 March 2016

TB9 02/06/2016 16:40

11.0 Application of Trust Seal

16:45

12.0 Forum for Questions

16:50

13.0 **Any Other Business**

16:55

14.0 Summary & Forward Agenda

17:00

Total Approx Time: 3hrs

Next meeting of Trust Board will be held on Thursday, 16 June 2016 (Annual Accounts) at 2.00 pm NIAS HQ, Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG

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 Executive Administrator before the item on the Agenda entitled "Forum for Questions".



Northern Ireland Ambulance Service
Health and Social Care Trust



TRUST BOARD

Trust Board Meeting to be held on Thursday, 2 June 2016 at 2.00 pm in The Boardroom, NIAS HQ, Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG

TB/1 02/06/16



***Minutes of a Trust Board Meeting
held Thursday, 7 April 2016 at 1.00pm
at Roe Park Resort Hotel, 40 Drumrane Road,
Limavady, Co Londonderry, BT49 9LB***

Present:

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

In Attendance

Miss K Baxter	Executive Administrator (T)
Mrs J Pattison	Senior Secretary (T)

Welcome and Format of the Meeting

The Chairman opened the meeting by welcoming members of the Trust Board.

1.0 Apologies

Dr J Livingstone, Non-Executive Director

2.0 Procedure: Declaration of potential Conflict of Interest/Pecuniary Interests
Quorum.

No potential Conflicts of Interest/pecuniary Interests were declared and the Board was confirmed as quorate.

Suspension of Standing Order

The Chairman suspended Standing Orders to allow presentation by the Transforming Your Care Team on NIAS Transformation and Modernisation Programme. The following questions/points were noted:

- What are the monetary savings to system?
 - The HSCB have not asked for cash-releasing savings however they calculate the efficiency using a standard cost of £140 per ED attendance. Analytics

work is underway to determine the shift in terms of length of time on scene in comparison with conveyance to Emergency Department.

- Do we have league tables?
- The TYC Manager confirmed that we did.
- In relation to the programmed life cycle of TYC, at what point is the cycle now?
- The cycle is still with TYC and the Transformation Modernisation Programme Board continues to meet and assign resources.
- 2 Years into a 3 year programme.

It was agreed by all members that the NIAS contribution to the Transforming Your Care Programme was a good success story.

Reinstate Standing Orders

The Chairman advised that the business of the public meeting would now continue.

3.0 Minutes of the Previous Meeting of the Trust Board held on 4 February 2016

The members accepted the minutes as a true reflection of discussions held on the proposal of Mr Abraham, seconded by Mr Haslett.

Action: Approved

4.0 Matters Arising; Action Log

1. A visit to the Emergency Department of the Royal Victoria Hospital will take place instead of a Station visit on the morning of the next Trust Board on 2 June 2016.
2. The Director of Operations gave an update on the Fleet Management Contract indicating 2 elements: a) Refer Maintenance and b) Recovery. He stated that there was a lot of work ongoing and that the Recovery aspect had been resolved and that the Maintenance Contract was in the process of being resolved.
3. The Chairman recapped the procedure for submission of questions by the public. He advised all formal questions must be in writing. However an opportunity for submission of informal questions would be available to the public when the Board meeting had concluded. Such questions and answers would not be recorded in the minutes.

All actions completed and can be removed from the log.

Matters Arising

None

5.0 Chairman's Business

5.1 Chairman's Update

The Chairman gave a brief outline of his diary commitments since the last Board meeting.

5.2 Visit to Limavady Ambulance Station

The Chairman stated that he was impressed by the earlier visit to Limavady Station which was a small, busy, rural station. He remarked that the staff were enthusiastic and provided backup to Altnagelvin and other stations.

6.0 Chief Executive's Business

6.1 Chief Executive's Update

The Chief Executive gave a brief outline of some of his activities since the last Board Meeting which included the following:-

- Ongoing preparatory work to put in place contingencies to cover St Patrick's Day and Easter Bank Holidays.
- Attended Directory of Services (DOS) meeting to share work within the wider Health and Social Care group.
- Attended Trust Board Workshop on the 3 March 2016 which was used as a platform for the development of the five year Corporate Plan 2016-2021.
- Engagement took place in Dublin with Chief Executive and the Director of Operations and included a visit to the new Tallaght Control Centre.
- Attended RQIA Whistle Blowing Review meeting on 26th March. The Chairman attended a follow up meeting. NIAS awaits feedback.
- On the 23 March the Chief Executive and Director of Finance attended a Health and Social Care Board (HSCB) Restructure Workshop which focussed on what will happen when the HSCB is dissolved.
- Visited Ballymena and Coleraine Stations on the 30 March 2016.

7.0 Performance Report as at 29 February 2016

7.1 Operations

The Director of Operations informed the Board that the Operations Directorate Report is comprised of three sections:-

- (1) Operations Performance Report as at end February 2016.
- (2) March 60 Plan.
- (3) Update on performance at year end.

The Director of Operations gave a brief update on performance and it was noted that :-

- Category A Performance in October was 54%. From February to the same month last year there was an increase of 2% (23 calls per day) in emergency activity.

- 999 Activity – There has been an increase by 3.1% (equating to nearly 17 more emergency calls each day of the month) and a 5.3% increase in urgent activity and a 0.2% increase in non-urgent activity.

The Director of Operations gave a brief update on Fleet and Estate and it was noted that:-

- Ballymena Station handover from the Contractors has been delayed as some building systems remain to be commissioned. It was noted that it will be an impressive station when in operation.
- Medical Dispatch – Significant improvement in compliance - an increase from 60% in April 15 to 83% February 16 complaint.
- 17th Annual Arena Network Environmental Benchmarking Survey – NIAS received the Gold Award.

The Director of Operations gave a brief update on the March 60 Plan and it was noted that:-

- Last Trust Performance Improvement Plan was 60%.
- LCG level not met – NIAS only achieved 56% despite the effort of the team.
- 17th Annual Arena Network Environmental Benchmarking Survey – NIAS received the Gold Award.

In relation to presentation of data the Board asked if a chart could be presented at the next Board meeting to set in context that NIAS are just outside the target set in relation to CAT A response.

Action: Director of Operations

The Director of Operations gave a brief update on Year End. He advised that the cumulative total for Cat A performance is at 53.3% which is well below the target. However he stated that there has been a significant improvement in Medical Priority Dispatch System (MPDS) which has increased from April 15 from 60% compliant to 80% complaint by year end.

Finance and ICT

The Director of Finance & ICT updated members and the following issues/ comments were raised.

- Page 1 - Financial Performance. The Director of Finance indicated that there was a small surplus of £77K as at the end of February 2016. The Trust is currently forecasting a breakeven position at year end, subject to a number of key risks and assumptions. In particular EMT, Paramedic and RRV Paramedic staff are currently being paid without prejudice, at Band 4 and Band 5 on account, subject to the outcome of the matching process.
- Page 3 - NIAS Savings Proposals Summary 2015/16. It was highlighted that the Trust is working to deliver savings of £1.2m in

2015/16 and is on track to achieve.

- Page 4 - Capital Spend. The Director of Finance indicated that the Trust had received a Capital Resource Limit (CRL) of £7.526m (previously £7.116m) for 2015/16. This has been allocated against Fleet replacement, Estate and IT and general Capital. The Trust has also received notification of support for an additional specialist paediatric vehicle and a formal CRL Change Request will be submitted to reflect this investment and any further spend.
- Page 6 - Prompt Payment of Invoices. The Director highlighted that performance figures had been updated in October and performance for the month had met and exceeded the target set for the first time in-year. The target of 95% of invoices paid within 30 days will not be achieved cumulatively for the year 2015/16. This was largely due to the days lost processing due to implementation of the new Finance, Procurement and Logistic System (FPL). However a range of plans are in place to improve and maintain performance in this area over the rest of the year. The established 10 working day target is currently 50% for NIAS for 2015/16. This 50% target has been achieved every month and to date in 2015/16. NIAS has been working towards a regional target of 60 working days which it has achieved cumulatively to end of February.
- The Director of Finance updated the Board on page 8 & 9 - Information Technology Systems. She advised that there was downtime on 11 February due to a telephony fault but that the situation was managed well.
- Page 11 The Director of Finance highlighted Information Governance and reported there is a lot of activity and work being carried out by the Information Team in supporting the operational performance management which includes daily, weekly and monthly analysis.
- Page 11 - Freedom of Information activity - The Director of Finance indicated that 74% of requests had been processed within 20 working days from 01/04/15 – 31/10/15. This included an additional 19 questions received against the same monitoring period last year. She also highlighted that from 01/04/15 – 31/10/15 80% of requests under the Data Protection Act (DPA) were processed within 40 calendar days.

Human Resources and Corporate Services (HRCS)

The Director of HRCS thanked the TYC team for their presentation. She updated members on the report. The following issues/comments were raised:

- Page 1 - Job Evaluation. The Director of Human Resources and Corporate Services highlighted that NIAS are disappointed the RQA have still not accessed the system to allow them to complete the process. NIAS will continue to link with the Regional Management Job Evaluation Lead to press for a conclusion.
- Page 2 – Sickness Absence still remains an issue for Operational staff and it will be a priority for Managers to make every effort to reduce this. It was noted that stress accounts for a high proportion of sickness

absence, followed by mental health and muscular skeletal injuries. It was highlighted that the HR Department supports Attendance Management in line with its Health & Wellbeing Attendance Management Action Plan and HR provide professional advice and support to managers to support management of attendance. SLA meetings continue between HR and Occupational Health, as do meetings with Care Call to address prevalent issues related to staff absence e.g. Stress Management.

- Page 1 - Recruitment Activity. The Director informed members that work is ongoing to finalise process for a further cohort of Ambulance Care Attendants (ACAs) and Emergency Medical Technicians (EMTs) in 2016.

Medical

The Medical Director updated members on the report. The following issues/comments were raised:

As at the 29 February 2016:

- The Medical Director referred members to Page 13 of the Performance Report which referred to the NI Regional Trauma Network development and in particular the presentation regarding the ambulance travel times to hospital. The Medical Director explained the isochrones and the use of this information to inform decisions regarding the network development. He thanked the Information Team for the provision of this information.
- Page 24 - An update on HEMS – A summary of anticipated activity was provided by the Medical Director who advised that the Minister had made an announcement on 21 March 2016 informing the HSCB to commission NIAS to implement a HEMS service in partnership with a charity. Formal confirmation of this is currently awaited from the DHSSPS and HSCB.
- Page 25 - Quality Improvement Programme – The Medical Director presented to the Board an example of an audit template using falls as an example that would be used to monitor compliance with appropriate care pathways that had been introduced. This will form part of a quality improvement programme in relation to care pathways in 2016/17 and the information will be collated at station level. While this will inform the Trust of performance regionally, it will also allow performance to be fed back at area and local station level.
- Risk Register – The Medical Director highlighted that there were three risks currently on the Corporate Risk Register and that these would be reviewed at the planned Corporate Risk Register Workshop and be brought back to Trust Board at the next meeting for review, consideration and approval.

Action: Medical Director to review and bring Corporate Risk Register back to Trust Board.

7.2 Chief Executive Report Trust Delivery Plan Report on Commissioning Priorities 2015-16

The Chief Executive updated the Board on the Trust Delivery Plan Report on Commissioning Priorities. It was agreed that RAG status to be incorporated into the first item in relation to review of capacity for emergency ambulance response.

Action: Chief Executive

8.0 Items for Approval

8.1 Performance Management Framework

8.2 ICT Security Policy

8.3 Information Governance Strategy 2015-2018

8.4 Records Management Strategy

8.5 Information Risk Policy

All above approved on the proposal of Mr McKinley seconded by Mr Abraham.

9.0 Items for Information

9.1 Assurance Committee Report (Dr Livingstone)

Item deferred as Dr Livingstone was unable to attend the meeting due to sickness.

9.2 Board Governance Self-Assessment Tool 2015-16

Mr Cardwell thanked members for their input. It was agreed that previous Case Studies be shared with Directors to enable completion of this year's Return.

Action: Chief Executive Office to share previous Case Studies with Executive Directors.

10.0 Items for Noting

10.1 Assurance Committee Minutes dated 18 January 2016

Noted

10.2 Audit Committee Minutes dated 18 January 2016

Noted

11.0 Application of Trust Seal

The Trust Seal was used for the tarmac contract of the car park situated at Newtownards Ambulance Station.

12.0 Forum for Questions

No questions were received.

13.0 Any other Business

13.1 RQIA Independent Review

It was highlighted that the RQIA Review had received media attention. However actions have been addressed by the Assurance Committee and fed back to Trust Board. It was agreed that it was a fair assessment and a positive report.

13.2 Chief Executive Departure

The Chairman informed members that this was the Chief Executive's last Trust Board Meeting as his resignation from NIAS takes effect on 24th April in order to take up the post of Chief Executive of BSO. He thanked him on behalf of the Board for his service over the years and wished him well in his new post. The Chairman presented Mr McIvor with a small token of appreciation on behalf of the Board.

14.0 Summary & Forward Agenda

No Items

Date, Time and Venue of Next Meeting

The next meeting of Trust Board will be held on Thursday, 2 June 2016 at 2.00pm, Belfast Division NIAS HQ, Site 30 Knockbracken Healthcare park, Saintfield Road, Belfast, BT8 8SG

The Chairman thanked those present for attending and called proceedings to a close.

Signed: _____
Chairman

Date: _____

TB/2 02/06/16



Trust Board Public Meeting - Action Log

At each Board Meeting, action points are recorded throughout the meeting to note items which need further development, additional work or raise other issues which need to be considered or discussed. This document has been created to keep a record of these action points. **This list will be issued after each meeting as a reminder to the relevant Directors.**

Date of Meeting	No	Minute Reference	Agenda Item (topic)	Allocated To	Action
7 April 2016	1	7.1	Performance Report	Director of Operations	In relation to presentation of data, Director of Operations to present a chart at the next Board meeting to set in context that NIAS are just outside the target set by the Department in relation to Cat A.
	2	7.2	Chief Executive Report – Trust Delivery Plan Report on Commissioning Priorities 15-16	Chief Executive	RAG status to be incorporated into first item in relation to review of capacity for an emergency ambulance response.
	3	9.2	Board Governance Self Assessment Tool 2015-16	Chief Executive	Chief Executive to circulate Board Governance Self Assessment Tool for 14-15 to assist Directors in relation to the Case Studies for this year's Assessment.

TB/3/02/06/16

**PERFORMANCE REPORT AS
AT 31 March 2016**

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT OPERATIONS DIRECTORATE

Director of Operations
07/04/2016

(Up to March 2016)

The Operations Directorate report is comprised three sections.

Section 1 is an analysis of performance against demand and the various contributing factors.

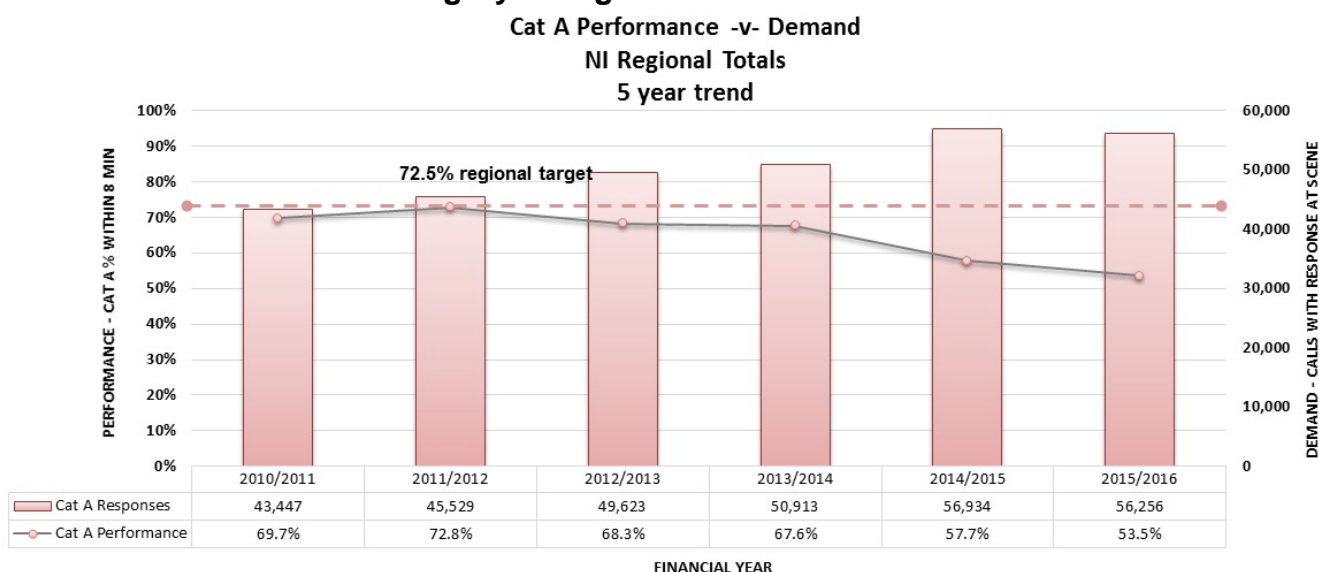
Section 2 is a brief synopsis of key Control & Communications elements of the service and their relevance to our performance.

Section 3 is the Fleet and Estates report.

SECTION 1: PERFORMANCE

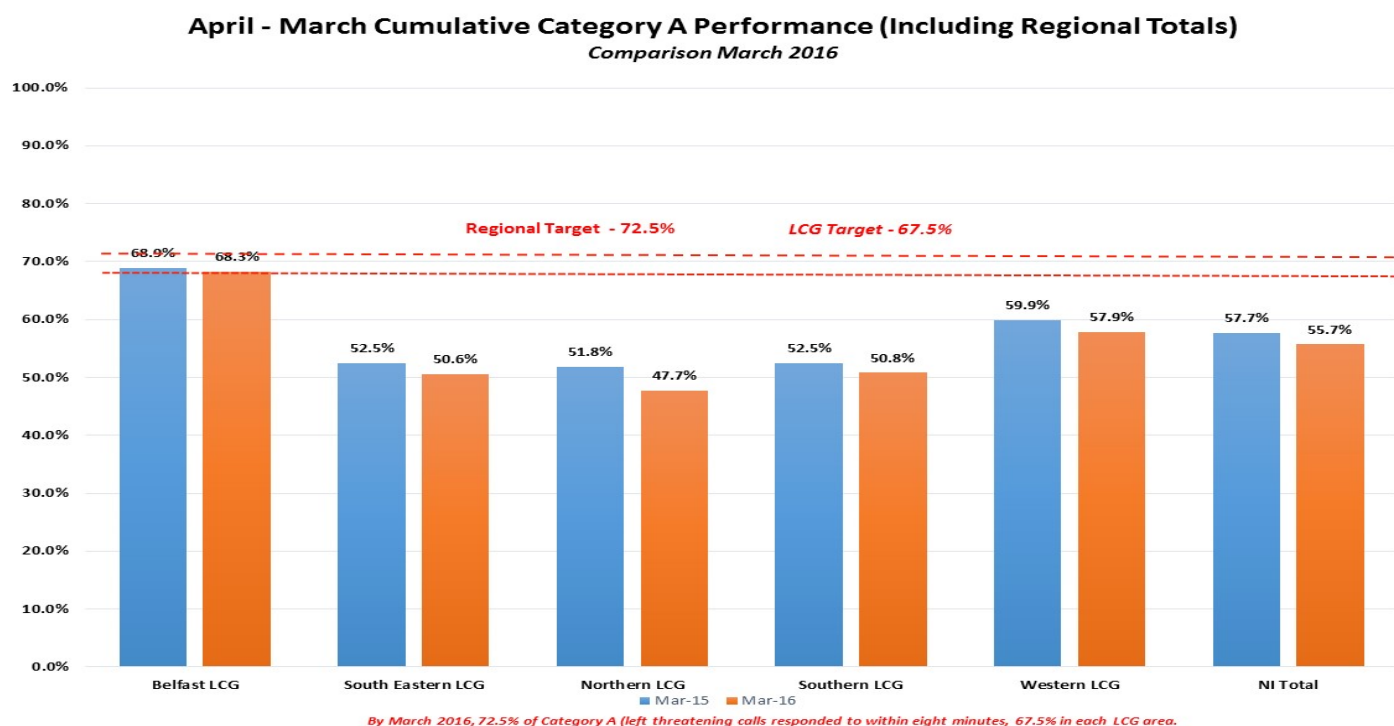
(1.1) Category A performance – last 5 years

Five Year Performance - Category A Regional Position Across Northern Ireland



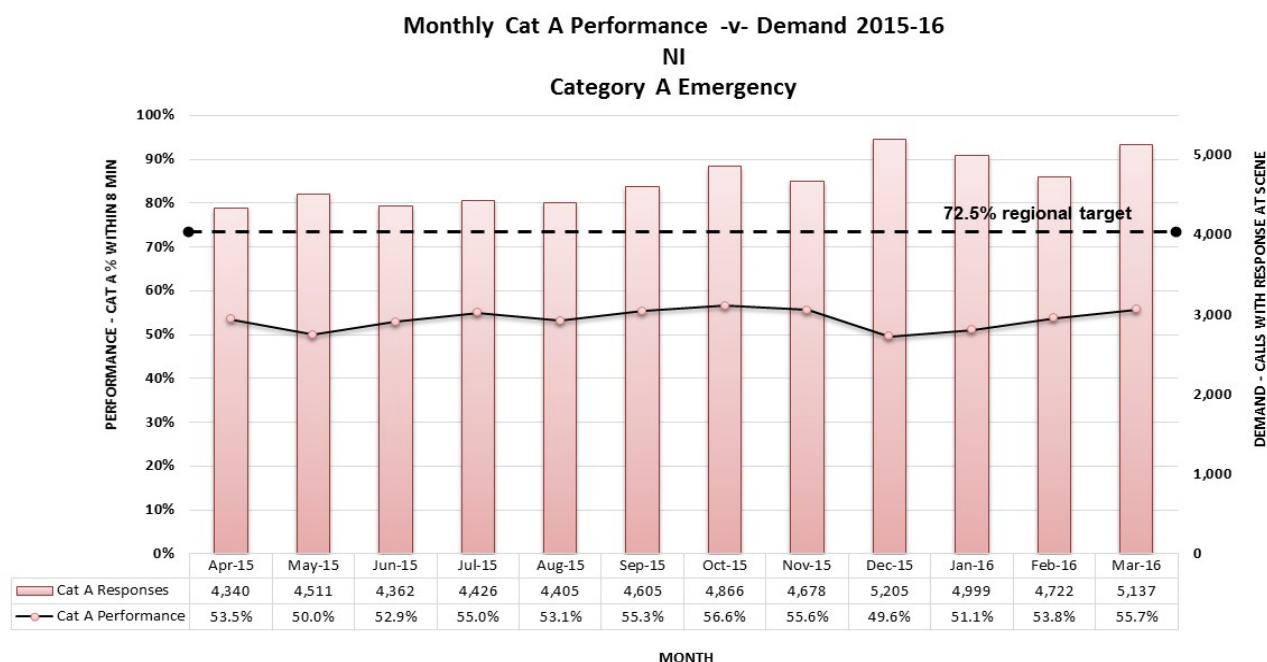
- The chart above shows a 30% increase in Category A demand over the past 5 years and a corresponding 16.2% decrease in Category A performance.

(1.2) Cumulative Cat A performance – 2015 to 2016



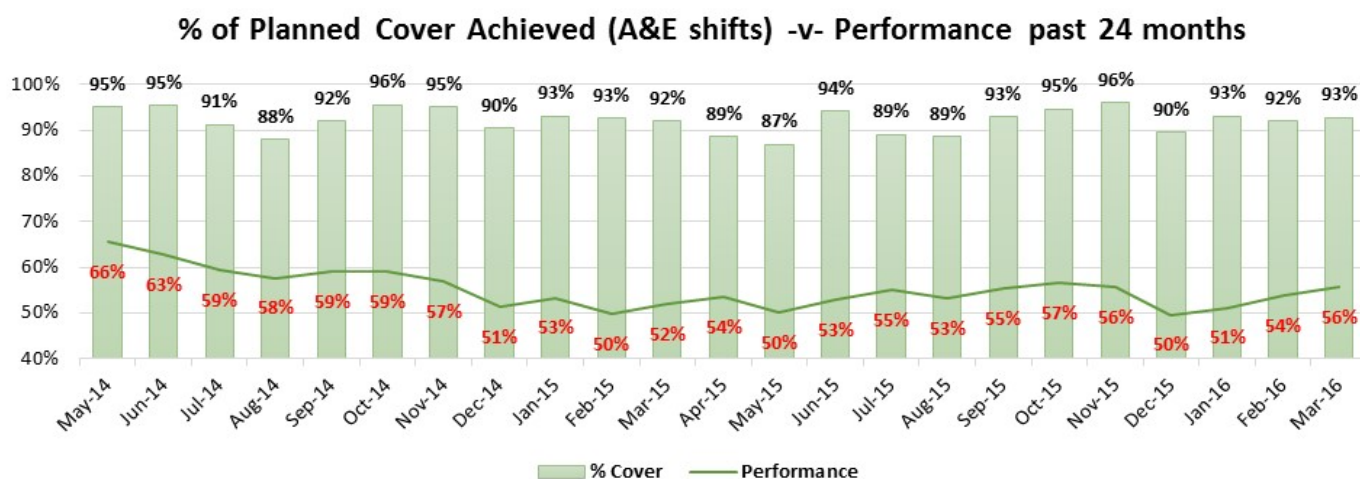
- NIAS has not met the Cat A target either regionally or at LCG level.
- NIAS used remaining year end winter pressures funding to support a performance improvement plan for March 2016. The improvement plan realised an uplift of 2% on Cat A performance compared with the previous month, while responding to an additional 365 calls. This plan included:
 - Increasing emergency and non-emergency ambulance hours of cover. (non-recurrent)
 - Increasing the availability and presence of managerial staff at shift change over times, to address logistics issues such as late notification absence, and problems associated with Fleet and equipment. These issues are normally managed remotely by the Control Team. Managers resolving these issues at station level in real time improved levels of cover and enabled the Control Team to focus fully on their role of call take and dispatch. (non-recurrent)
 - Restructuring of the East LCG Control Desk. Resulted in improved performance in both of these busy areas. (non-recurrent)
 - Pairing ICV Crews to RRV Paramedics. This improved conveyance times for Patients and released RRV Paramedics back to the Dispatch Team in Control improving response time for the next call.
 - Increasing the Operational hours of the Non-Emergency Ambulance Control at weekends. This enabled more efficient and effective use of Non-emergency Ambulances responding to lower acuity calls, creating additional capacity of Emergency Ambulances to respond to higher acuity calls. (non-recurrent)

(1.3) Monthly Cat A performance 2015 to 2016



- Comparing March 2016 with March 2015 There has been a 4% increase in Cat A performance. There has been a 7.8% (just over 7 calls each day in Urgent activity (Urgent and HCP Cat C Calls).

(1.4) Levels of planned cover



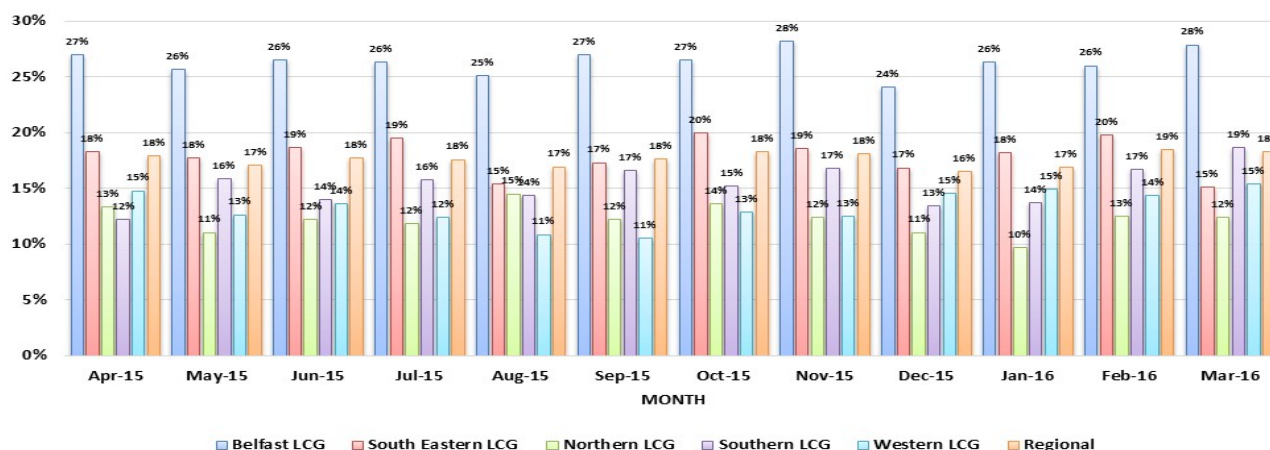
The chart above shows compliance in planned production hours compared to the actual production hours produced. The above figures include core hours and any additional extra hours required (to support non-recurrently funded services and additional ad hoc pressures at local level such as bank holidays, public events, etc.)

As can be seen from the chart, the trend in cover approximates the trend in Cat. A performance. The reduced cover levels are exacerbated by higher levels of annual leave during the summer months and by short notice leave (i.e. less than 24 hrs notice).

(1.5) NON CONVEYING RESOURCE CONTRIBUTION TO CATEGORY A PERFORMANCE

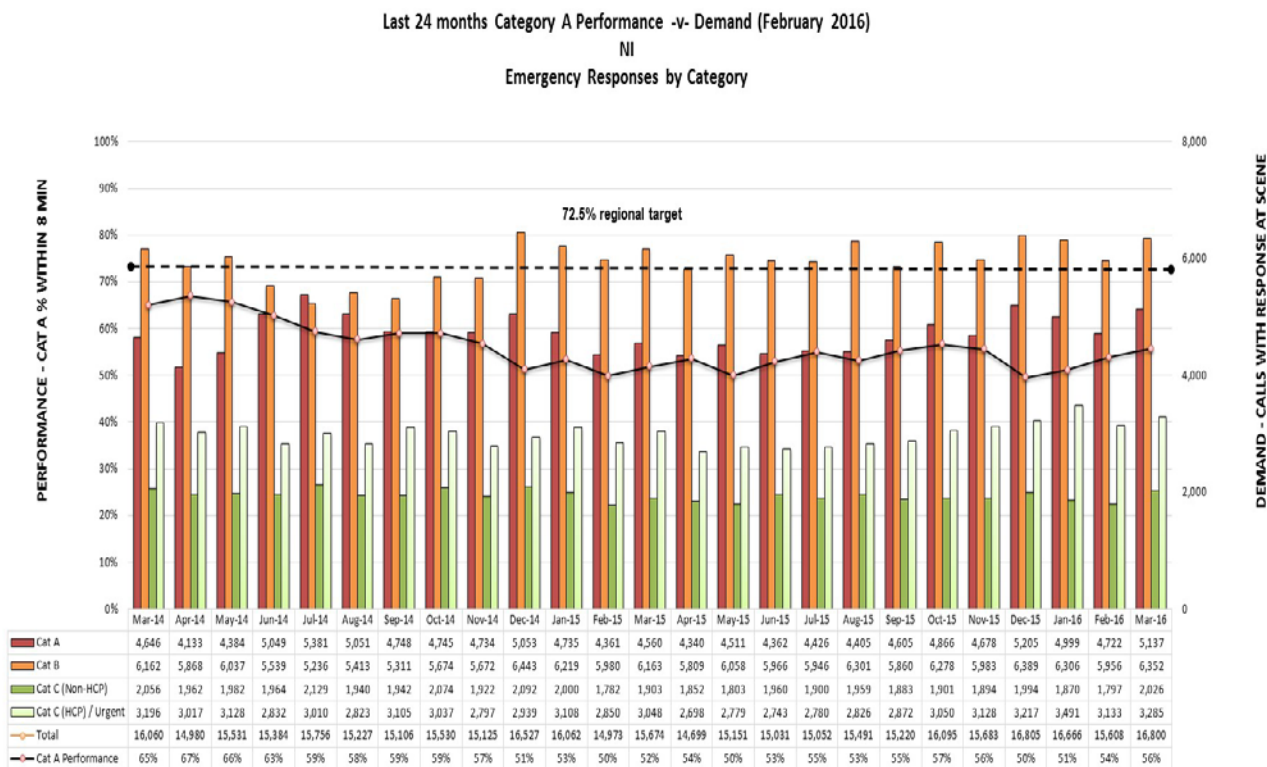
(i). Rapid response vehicle contribution to Category A performance

NIAS - RRV CAT A CONTRIBUTION - AT SCENE IN 8 MINS APRIL - MARCH 2016



- The above chart shows how effective RRVs are in urban environments such as the Belfast LCG area. More rural LCG areas, such as Northern and Southern LCG, benefit from this type of ambulance responses in their larger town areas.

1.6 999 demand (last 24 months)



Note: Changes to HCP calls categorization and management within the Control Rooms in June 2014 appeared to trigger a sharp increase in the number of Cat A Red calls. This categorization model was adjusted in December 2014 and this appears to have stabilised the Cat A performance albeit at a lower standard than previously.

The chart above illustrates the impact of increased demand across all emergency call types' and its effect on compliance with the Cat A target. This is due to the availability of emergency ambulances to respond.



CATEGORY A PERFORMANCE: AVERAGES AND OUTLIERS

2015/16

REGIONAL CATEGORY A PERFORMANCE: TOTAL NUMBER OF RESPONSES

NORTHERN IRELAND REGIONAL TOTAL

TOTAL NUMBER OF CATEGORY A RESPONSES

56258

AVERAGE RESPONSE TIME [MM:SS]

10:17

BELFAST HSCT

Total number of Cat A responses
14642

Number required to exceed LCG target (67.5%)
9884

Number of category A responses at scene within 8 mins
9416
64.3%

468 responses below target

Average response time [mm:ss]
08:32

SOUTH EASTERN HSCT

Total number of Cat A responses
10138

Number required to exceed LCG target (67.5%)
6844

Number of category A responses at scene within 8 mins
4826
47.6%

2018 responses below target

Average response time [mm:ss]
11:22

NORTHERN HSCT

Total number of Cat A responses
12924

Number required to exceed LCG target (67.5%)
8724

Number of category A responses at scene within 8 mins
5950
46.0%

2774 responses below target

Average response time [mm:ss]
11:36

SOUTHERN HSCT

Total number of Cat A responses
9512

Number required to exceed LCG target (67.5%)
6421

Number of category A responses at scene within 8 mins
4647
48.9%

1774 responses below target

Average response time [mm:ss]
10:33

WESTERN HSCT

Total number of Cat A responses
9042

Number required to exceed LCG target (67.5%)
6104

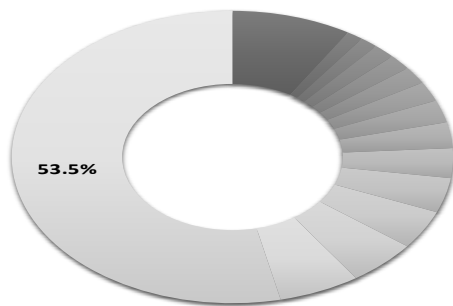
Number of category A responses at scene within 8 mins
5263
58.2%

841 responses below target

Average response time [mm:ss]
09:45

REGIONAL CATEGORY A PERFORMANCE SUMMARY

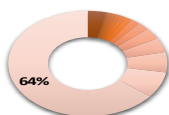
HSC Northern Ireland Ambulance Service Health and Social Care Trust



Category A Performance	
Within 8 minutes	30102
Within 8 - 9 minutes	3350
Within 9 - 10 minutes	2861
Within 10 - 11 minutes	2417
Within 11 - 12 minutes	2165
Within 12 - 13 minutes	1847
Within 13 - 14 minutes	1604
Within 14 - 15 minutes	1399
Within 15 - 16 minutes	1230
Within 16 - 17 minutes	1071
Within 17 - 18 minutes	955
Within 18 - 19 minutes	902
Within 19 - 20 minutes	744
Within 20 - 21 minutes	677
Over 21 minutes	4934
Total	56258

%
53.5%
6.0%
5.1%
4.3%
3.8%
3.3%
2.9%
2.5%
2.2%
1.9%
1.7%
1.6%
1.3%
1.2%
8.8%

Cumulative %
53.5%
59.5%
64.5%
68.8%
72.7%
76.0%
78.8%
81.3%
83.5%
85.4%
87.1%
88.7%
90.0%
91.2%
100.0%



BELFAST HSCT

Response Time	N	%	Total
< 8 m	9416	64.3%	64.3%
8 - 9 m	1169	8.0%	72.3%
9 - 10 m	909	6.2%	78.5%
10 - 11 m	650	4.4%	82.9%
11 - 12 m	508	3.5%	86.4%
12 - 13 m	355	2.4%	88.8%
13 - 14 m	266	1.8%	90.7%
14 - 15 m	201	1.4%	92.0%
15 - 16 m	173	1.2%	93.2%
16 - 17 m	118	0.8%	94.0%
17 - 18 m	108	0.7%	94.7%
18 - 19 m	105	0.7%	95.5%
19 - 20 m	56	0.4%	95.8%
20 - 21 m	59	0.4%	96.3%
21 + m	549	3.7%	100.0%
Total	14642		

SOUTH EASTERN HSCT

Response Time	N	%	Total
< 8 m	4826	47.6%	47.6%
8 - 9 m	579	5.7%	53.3%
9 - 10 m	514	5.1%	58.4%
10 - 11 m	433	4.3%	62.7%
11 - 12 m	459	4.5%	67.2%
12 - 13 m	401	4.0%	71.1%
13 - 14 m	339	3.3%	74.5%
14 - 15 m	296	2.9%	77.4%
15 - 16 m	256	2.5%	79.9%
16 - 17 m	244	2.4%	82.3%
17 - 18 m	192	1.9%	84.2%
18 - 19 m	177	1.7%	86.0%
19 - 20 m	147	1.4%	87.4%
20 - 21 m	146	1.4%	88.9%
21 + m	1129	11.1%	100.0%
Total	10138		

NORTHERN HSCT

Response Time	N	%	Total
< 8 m	5950	46.0%	46.0%
8 - 9 m	661	5.1%	51.2%
9 - 10 m	600	4.6%	55.8%
10 - 11 m	580	4.5%	60.3%
11 - 12 m	538	4.2%	64.4%
12 - 13 m	524	4.1%	68.5%
13 - 14 m	469	3.6%	72.1%
14 - 15 m	423	3.3%	75.4%
15 - 16 m	360	2.8%	78.2%
16 - 17 m	336	2.6%	80.8%
17 - 18 m	289	2.2%	83.0%
18 - 19 m	267	2.1%	85.1%
19 - 20 m	246	1.9%	87.0%
20 - 21 m	237	1.8%	88.8%
21 + m	1444	11.2%	100.0%
Total	12924		

SOUTHERN HSCT

Response Time	N	%	Total
< 8 m	4647	48.9%	48.9%
8 - 9 m	490	5.2%	54.0%
9 - 10 m	473	5.0%	59.0%
10 - 11 m	428	4.5%	63.5%
11 - 12 m	387	4.1%	67.5%
12 - 13 m	347	3.6%	71.2%
13 - 14 m	293	3.1%	74.3%
14 - 15 m	272	2.9%	77.1%
15 - 16 m	269	2.8%	80.0%
16 - 17 m	225	2.4%	82.3%
17 - 18 m	209	2.2%	84.5%
18 - 19 m	199	2.1%	86.6%
19 - 20 m	161	1.7%	88.3%
20 - 21 m	122	1.3%	89.6%
21 + m	990	10.4%	100.0%
Total	9512		

WESTERN HSCT

Response Time	N	%	Total
< 8 m	5263	58.2%	58.2%
8 - 9 m	451	5.0%	63.2%
9 - 10 m	365	4.0%	67.2%
10 - 11 m	326	3.6%	70.8%
11 - 12 m	273	3.0%	73.9%
12 - 13 m	220	2.4%	76.3%
13 - 14 m	237	2.6%	78.9%
14 - 15 m	207	2.3%	81.2%
15 - 16 m	172	1.9%	83.1%
16 - 17 m	148	1.6%	84.7%
17 - 18 m	157	1.7%	86.5%
18 - 19 m	154	1.7%	88.2%
19 - 20 m	134	1.5%	89.7%
20 - 21 m	113	1.2%	90.9%
21 + m	822	9.1%	100.0%
Total	9042		

REGIONAL CATEGORY A PERFORMANCE: OUTLIERS - NUMBER OF RESPONSES EXCEEDING 15 MINUTES

BELFAST HSCT

Response Time	N
15 - 30 mins	907
30 - 45 mins	129
45 - 60 mins	50
Over 60 mins	82

SOUTH EASTERN HSCT

Response Time	N
15 - 30 mins	1894
30 - 45 mins	287
45 - 60 mins	43
Over 60 mins	67

NORTHERN HSCT

Response Time	N
15 - 30 mins	2742
30 - 45 mins	333
45 - 60 mins	49
Over 60 mins	55

SOUTHERN HSCT

Response Time	N
15 - 30 mins	1917
30 - 45 mins	202
45 - 60 mins	32
Over 60 mins	24

WESTERN HSCT

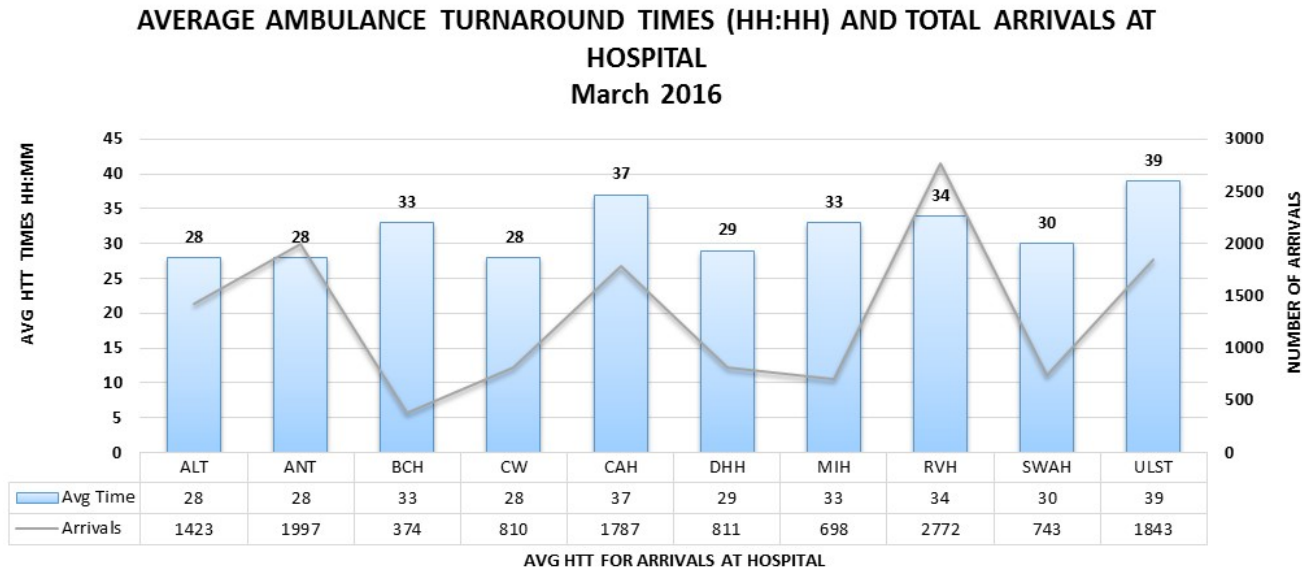
Response Time	N
15 - 30 mins	1443
30 - 45 mins	192
45 - 60 mins	40
Over 60 mins	25

Produced by NIAS Information Department
Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG.
Tel: 028 9040 0710 - Fax: 028 9040 0908 - Email: statistics@nias.hscni.net

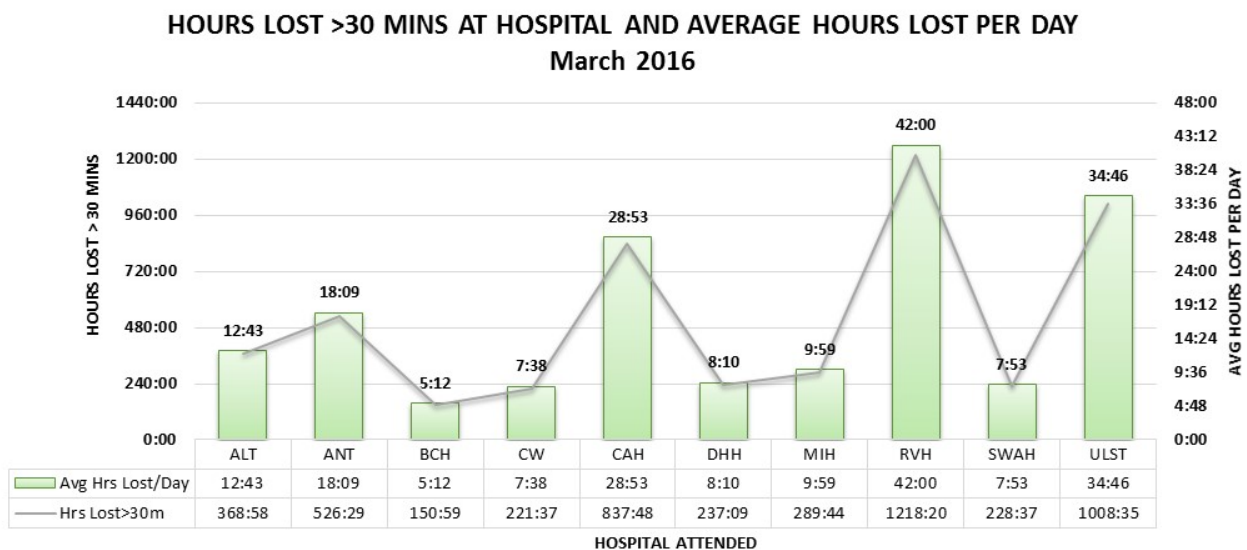
Data Disclaimer

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

1. AMBULANCE TURNAROUND TIMES



- 50.7% of all ambulance turnaround times in March 2016 were in standard (i.e. completed within 30 mins) compared to 48% in March 2015.
- There was a noticeable reduction in the proportion of lengthy ambulance turnaround times (greater than 1 hour) across the main EDs regionally in March 2016 (5.8%) when compared to the same time last year (6.6%).
- The total loss of production hours due to Turnaround Times for NIAS has remained fairly static compared to the same time last year.
- This loss of NIAS ambulance production hours equates to 7.1 ambulances lost each day of March 2016. Of the 7.1 ambulances 'lost' each day, 1.6 were lost at the RVH ED and 1.3 at the Ulster ED.



SECTION 2: CONTROL & COMMUNICATIONS

Emergency and Non-emergency Control Centres:

Telephone calls are received via Automatic Call Distribution (ACD) which is a call handling system. We receive three types of telephone call; 999 calls; Healthcare Professionals (HCP) calls and Routine calls. When a telephone call arrives at our telephone switch the system delivers it automatically to the first available and suitable call-taker and the whole process occurs within 2 seconds.

Key Performance Indicator: Answer 95% of 999 calls within 2 seconds.
NIAS achieved 92% call pick within 2 minutes.

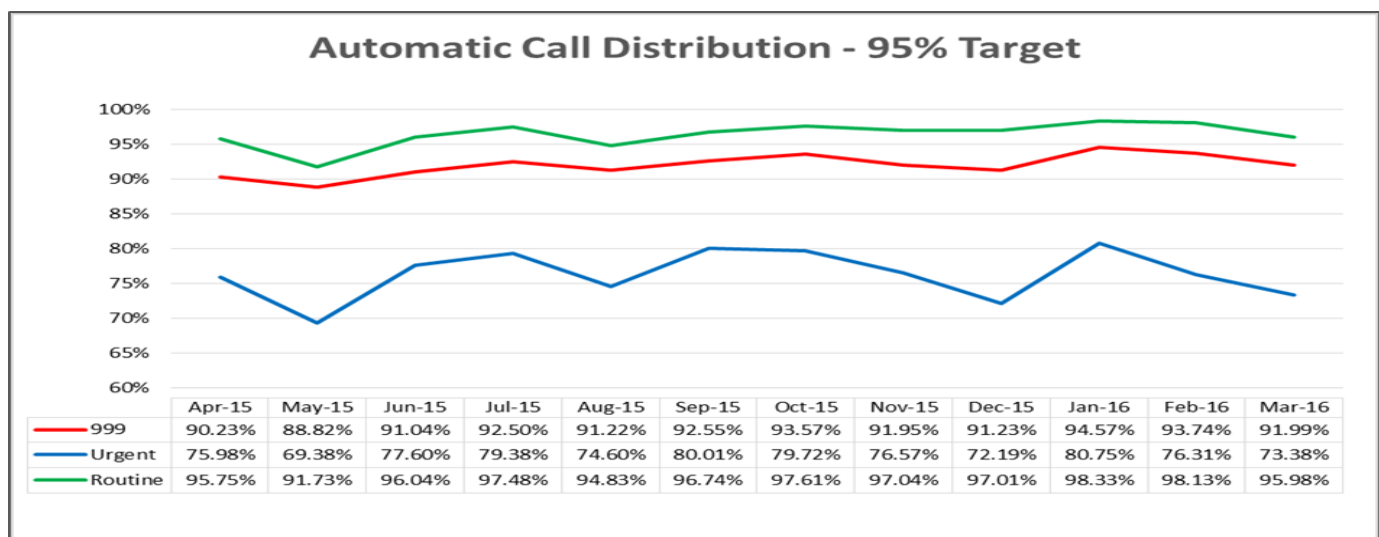
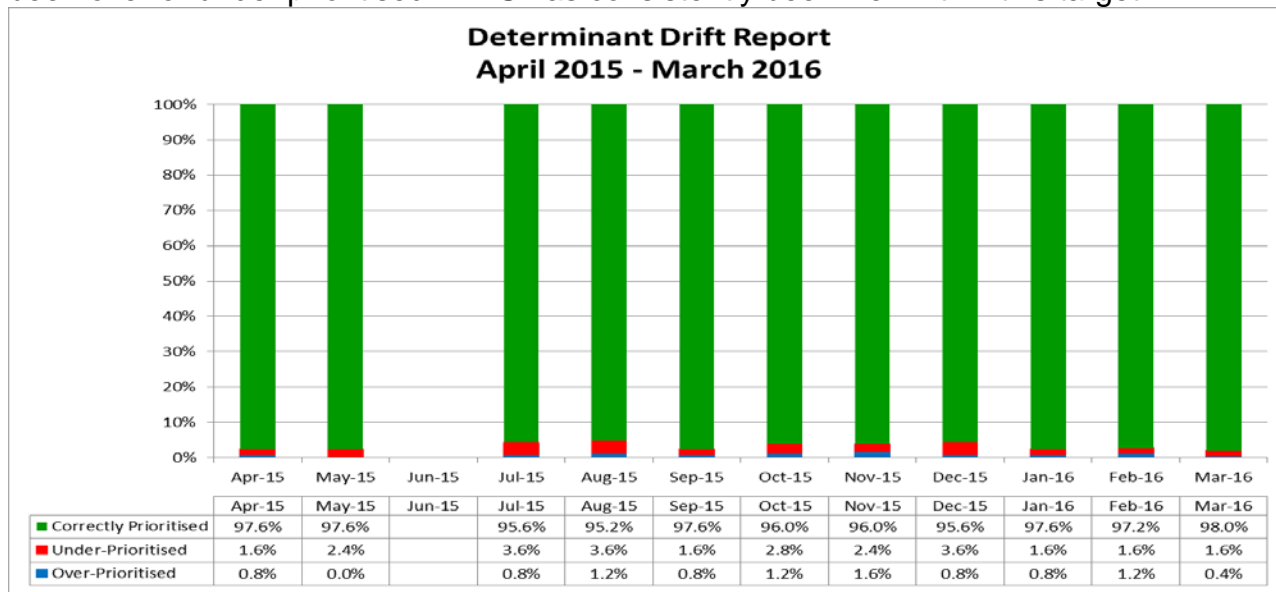


Table 2 - Graph showing performance against 2 second phone pick up KPI

Key Performance indicator: No more than 5% of calls audited should be either “under” or “over” prioritised. 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.



EMD Award Scheme:

For 999 calls during and to end of March 2016 the following awards have been attained.

Type	Level	March 2016	Total to Date
999 High Compliance	Bronze	3	12
Exemplary Customer Service	Bronze Silver	3 3	45 25
Baby Born			2
Cardiac Life Saver			1

SECTION 3: FLEET AND ESTATES

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.

During 2015/16 the annual fleet replacement cycle continued, a total of 23 A&E vehicles, 22 PCS and 13 cars were purchased for conversion within the year.

In addition specialist vehicles were also purchased. A replacement Mobile Command and Control and an additional specialist ambulance to enhance the paediatric/neonatal service were purchased. This represents an investment of £3.5m in fleet for 2015/16.

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

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

% Fleet Profile 2015/16 (less than 5 years old)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Emergency Ambulances	78.4	78.4	78.4	87.1	89.7	95.7	96.6	96.6	96.6	96.6	96.6	91.4
Non-Emergency Ambulances	94.3	94.3	87.7	86.8	83.0	83.0	83.0	83.0	83.0	84.9	85.8	68.9
Rapid Response Vehicles	73.8	73.8	73.8	76.2	83.3	85.7	85.7	88.1	88.1	85.7	85.7	69.0
Support Vehicles	36.7	36.7	36.7	40.0	40.8	40.8	44.9	44.9	42.9	44.9	44.9	38.8

Estate Section:

Objective 1: Commission and build a divisional headquarters in Ballymena.

Key Performance Indicator: To deliver Project milestones as per plan.

The Ambulance Station and Divisional Headquarters in Ballymena completed in spring 2016.

Project plan achieved.

Objective 2: Commission and build a replacement Ambulance station in Enniskillen.

Key Performance Indicator: To deliver Project milestones as per plan

Planning permission was granted for the replacement Enniskillen Station on the site of the former Erne Hospital. NIAS have decanted from their old premises which have been demolished and are in new modular accommodation adjacent to the development site. This will enable the replacement station to be completed with no disruption to ambulance services during construction.

A valuation agreement of £180k as the price for transferring the site from WHSCT to NIAS was reached on May 3rd this is within the limits reserved within the Project Business Case.

Project on target.

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

FINANCE DIRECTORATE

Director of Finance and ICT
March 2016 (Month 12)

FINANCIAL PERFORMANCE

Financial Breakeven

The Trust is currently reporting a draft surplus of £52k for the year ending 31 March 2016, subject to key risks and assumptions. In particular, Accident & Emergency staff are currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS. This draft position, and all risks and assumptions contained within it, are subject to the completion of final accounts and audit.

Financial position at the end of March 2016 (Month 12)

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		8,090	12,193	16,318	20,554	24,718	28,880	33,058	37,217	41,340	45,456	51,222
Other Expenditure		1,651	2,593	3,467	4,347	5,282	6,200	7,091	8,094	9,026	10,022	12,716
Expenditure Total		9,741	14,786	19,785	24,901	30,000	35,080	40,149	45,311	50,366	55,478	63,938
Income		73	110	182	224	262	299	338	367	420	452	495
Net Expenditure		9,668	14,676	19,603	24,677	29,738	34,781	39,811	44,944	49,946	55,026	63,443
Net Resource Outturn		9,668	14,676	19,603	24,677	29,738	34,781	39,811	44,944	49,946	55,026	63,443
Revenue Resource Limit (RRL)		9,668	14,685	19,620	24,677	29,737	34,784	39,817	44,952	49,986	55,103	63,495
Surplus/(Deficit) against RRL		0	9	17	0	(1)	3	6	8	40	77	52

NIAS Financial Position at the end of March 2016 (Month 12)

(£ 000s)	FYB	YTD		
		Budget	Actual	Variance
Chief Executive's Office				
Payroll	163	163	162	1
Non-Payroll	46	46	45	1
Chief Executive's Office Total	209	209	207	2
Director of Finance				
Payroll	1,350	1,350	1,316	34
Non-Payroll	1,623	1,623	1,619	4
Director of Finance Total	2,973	2,973	2,935	38
Director of HR				
Payroll	3,512	3,512	3,427	86
Non-Payroll	960	960	950	10
Director of HR Total	4,472	4,472	4,377	95
Dir of Ops (incl Divisions & RCC)				
Payroll	44,362	44,362	43,916	446
Non-Payroll	8,945	8,945	9,490	(545)
Dir of Ops (incl Divisions & RCC) Total	53,307	53,307	53,405	(98)
Medical Director				
Payroll	803	803	783	20
Non-Payroll	190	190	196	(6)
Medical Director Total	993	993	980	13
NIAS Total Payroll	50,191	50,191	49,604	587
NIAS Total Non-Payroll	11,764	11,764	12,300	(536)
NIAS Total (Surplus/(Deficit))	61,955	61,955	61,904	52

Figures last updated: 16/05/2016 16:50

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

The Trust has also implemented an ambitious programme of action to provide additional cover linked to Demography funding from HSCB and also performance improvement plans and initiatives linked to Winter Pressures funding. There are a range of other issues affecting financial performance, for example late finishes can create additional financial pressures. Conversely, a continued and sustained reduction in the cost of fuel has resulted in expenditure below even the cost reductions included as part of the 2015/16 savings plans.

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

This draft position, and all risks and assumptions contained within it, are subject to the completion of final accounts and audit.

NIAS Savings Proposals Summary - The Trust has delivered a savings requirement of £1.2m in 2015/16 through a range of recurrent and non recurrent measures.

Ref #	Scheme	Detail Per TDP	Current Year Effect (£k)	OVERALL STATUS	Screening	Engagement	Monitoring of Impact	Monitoring of Finance	Update March 2016
1	Non-Emergency Patient Transportation	NIAS spends c. £10Million p.a. on the direct cost of non-emergency services. This proposed saving of £200,000 represents 2%. NIAS does not propose to reduce the number of patients transported by PCS rather to increase the number of patients transported per journey, where appropriate, thereby increasing the efficiency and productivity of the PCS service.	200	Started - on track	Complete	Started - on track	Started - on track	Started - on track	On Track Recurrently
3	Administration/ Management Costs	Reduction in expenditure derived from further scrutiny and streamlining/re-provisioning of support services.	100	At risk of delay	At risk of delay	At risk of delay	At risk of delay	Started - on track	AT RISK - VES engagement will commence 8 October 2015. Savings requirement allocated to Directorates to achieve non recurrently against management and administration (non front line) budget lines. Monthly monitoring returns provided to DHSSPS. Some VES savings will be realised in 2016/17 and will be incorporated into the 2016/17 financial planning process.
4	Non Pay Expenditure	Reduction in expenditure derived from further scrutiny and streamlining/re-provisioning of non-pay expenditure.	100	Started - on track	Complete	Not Required	Not Required	Started - on track	On Track Recurrently
5	Reduction in expenditure associated with training and development	NIAS spends in the order of £2 Million p.a. on training. This proposed saving of £300,000 represents 15%. A review of training focused on mandatory training requirements has identified opportunities for more cost-effective provision without impacting on delivery of mandatory clinical training.	300	Started - on track	Complete	Started - on track	Started - on track	Started - on track	On Track Recurrently
6	Fuel Savings	Specific saving associated with reduced price of fuel.	100	Started - on track	Complete	Not Required	Not Required	Started - on track	On Track Recurrently
7	Constraining expenditure on minor schemes for estates	Continued restraint to be exercised on estate repair, maintenance and refurbishment.	200	Started - on track	Complete	Started - on track	Started - on track	Started - on track	On Track Non Recurrently
8	Constraining expenditure on replacement/introduction of non-critical medical equipment	Continued restraint to be exercised on replacement/introduction of non-critical medical equipment.	200	Started - on track	Complete	Started - on track	Started - on track	Started - on track	On Track Non Recurrently

Capital Spend

The Trust has received a Capital Resource Limit (CRL) of £7.658m (previously £7.526m). This has been allocated against Fleet Replacement, Estate, IT and General Capital. This revised allocation takes into account revised expenditure forecasts and estimated slippage for both Ballymena and Enniskillen Ambulance Stations and an additional specialist ambulance to enhance the paediatric/neonatal service.

Cumulative capital spend at the end of March 2016 (Month 12) is shown in the table overleaf. This position is subject to the completion of final accounts and audit.

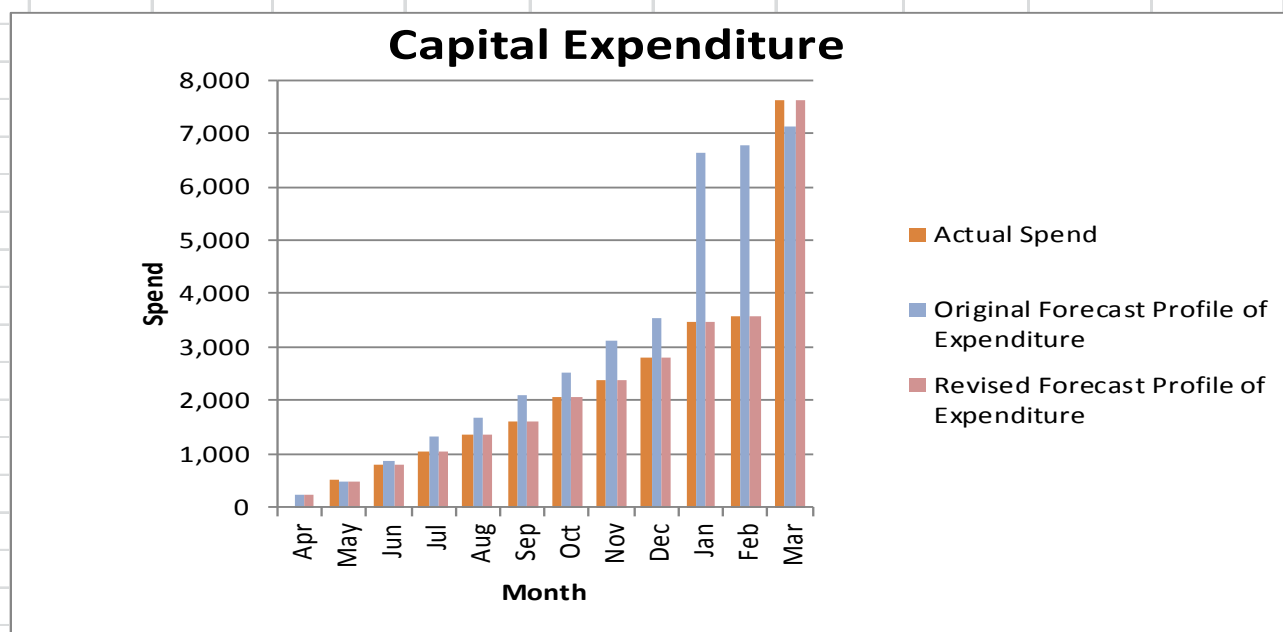
Asset Disposals

The profile of planned asset disposals is linked to the forecast capital spend profile.

Asset Disposals (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Proposed Disposals		10	22	27	39	39	40	117	120	152	197	220
Actual Disposals		10	22	27	39	39	40	117	120	152	197	220

Cumulative Capital Spend

Cumulative Capital Spend (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet		0	114	114	114	114	114	114	114	114	114	3,474
Estate		490	670	924	1,244	1,479	1,934	2,269	2,686	3,231	3,338	3,599
Medical Equipment		0	0	0	0	0	0	0	0	0	0	0
IT Equipment		0	0	0	0	0	0	0	0	96	96	382
General Capital		12	0	0	16	16	16	16	16	21	43	163
Actual Spend		502	784	1,038	1,374	1,609	2,064	2,399	2,816	3,462	3,591	7,618
Original Forecast Profile of Expenditure	242	490	869	1,323	1,674	2,085	2,526	3,137	3,538	6,624	6,779	7,116
Revised Forecast Profile of Expenditure	242	490	784	1,038	1,374	1,609	2,064	2,399	2,816	3,462	3,591	7,618



Prompt Payment of Invoices

The target of 95% of invoices paid within 30 days was missed in 2014/15 largely due to the days of processing lost during preparation for and implementation of the new Finance, Procurement and Logistic (FPL) system. All payment processing functions transferred to Accounts Payable Shared Service Centre in mid December 2014.

Performance by number of invoices paid for each of these measures is shown below. Performance figures have been updated at March 2016 (Month 12). In month performance from October 2015 to date has met and exceeded the targets set.

A range of plans are in place to improve and maintain performance in this area, however the cumulative target of 95% of invoices within 30 calendar days in 2015/16 could not be met. As aged invoices are cleared and paid, performance between months can vary significantly. The Trust has established a target of 50% (2014/15 40%) of invoices paid within 10 days and will be working towards the regional target of 60%. This 60% target has been achieved cumulatively for the year. This position is subject to the completion of final accounts and audit.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Total bills paid	1,433	1,164	1,900	839	1,560	1,806	1,329	1,266	1,424	1,536	1,350	1,634	17,241
Total bills paid within 30 calendar days of receipt of undisputed invoice	1,161	867	1,484	779	1,227	1,519	1,273	1,208	1,387	1,458	1,298	1,587	15,248
% bills paid on time	81.0%	74.5%	78.1%	92.8%	78.7%	84.1%	95.8%	95.4%	97.4%	94.9%	96.1%	97.1%	88.4%
Total bills paid within 10 working days (14 calendar days)	733	646	974	506	884	1,043	995	878	1,066	1,059	983	1,235	11,002
% bills paid on time	51.2%	55.5%	51.3%	60.3%	56.7%	57.8%	74.9%	69.4%	74.9%	68.9%	72.8%	75.6%	63.8%

Business Services Organisation (BSO) Key Performance Indicators (KPI's)

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

Key Performance Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Average Processing Time Per Requisition Days (Target 5 Days)	4.81	4.24	3.17	3.66	3.17	4.02	3.42	3.55	4.34	4.28	5.71	3.97
Percentage of Products Supplied on First Request % (Target 95%)	99.60%	99.04%	99.35%	98.96%	99.66%	98.52%	99.17%	99.17%	98.86%	98.60%	98.98%	97.17%
Number of Lines Issued (Stock and Non Stock Line)	1,224	1,014	972	1,068	864	887	1,366	1,096	1,094	1,094	1,169	1,733
Value of Spend £k (Stock and Non Stock)	135	158	135	571	1,414	315	266	2,246	327	439	790	925

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.

4 March 2016 – Priority1 Telephony fault – Telephony Failure HQ

At 16:05pm all telephony to NIAS HQ failed. This effected the Ambulance control function including 999 emergency calls. Contingencies were invoked immediately with 999 emergency calls routed to Scottish Ambulance Service and then passed to NIAS staff on mobile phones. All emergency calls were dealt with during the telephony failure. The fault was identified as a failed hardware component on the NIAS telephony switch. Total downtime while the fault was diagnosed and a fix applied was 1 hour 28 minutes.

21 March 2016 – Priority1 Telephony fault – Telephony Failure NEAC

At 08:45am telephony failed at NEAC Altnagelvin. Contingency was invoked with all incoming calls diverted to mobiles. Attempts to diagnose the fault remotely were attempted by the supplier but failed and an engineer was dispatched to site. On arrival at site a hardware fault was identified which required a new part to be deliver from Belfast. Total downtime for telephony was 14 hours. All incoming calls to the NEAC were dealt with appropriately through the contingency measures.

Information Technology Systems - Developments

Any system developments are reported in this section.

Work is complete on a project to upgrade the Network infrastructure between NIAS HQ and the remote Ambulance stations and outposts across Northern Ireland.

The overall aim of the project is to provide a robust NIAS network provision fit for purpose to meet the current and future requirement that can sustain the demands placed upon it by both the needs of managers at remote sites and operational users.

A project to replace the NIAS Telephony platform at HQ, Altnagelvin and the short term contingency site is under way which will provide NIAS with a telephony architecture capable of using the latest VOIP technology.

ICT Help Desk Performance

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

	March 2016		
Target to Respond to 95%	No of Calls	Within time	Actual
Immediate	11	11	100%
Urgent	44	44	100%
High	10	10	100%
Medium	422	414	98%
Low	636	636	100%
Total	1123		

ICT Planned Maintenance March 2016 – system upgrades Critical Systems

There was no planned maintenance to Critical Systems during this period.

ICT Planned Maintenance March 2016 – system upgrades Corporate Systems

There was no planned maintenance to Corporate Systems during this period.

Information Governance – Developments: 01/03/2016 to 31/03/2016 and 2015/16 End of Year Position

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

- ***Control Assurance – Information Management: 75% Substantive Achieved. Files of evidence were produced along with completed Information Management Criterion document which was over 160 pages long. This was an extensive piece of work for the Department. A number of items remain a priority for the Trust during 2016/17.***
- ***Work is underway to destroy records currently off-site in line with Retention and Disposal Schedule. A change in protocol for staff is also being developed to support destruction of records and off-site management of records.***
- ***Analysis of historical clinical datasets held in Command and Control systems for support for service development of frequent callers, other pathways under the remit of Transforming your Care. Review of weekly reports and monthly report currently being undertaken with work already underway. Supporting Regional Ambulance Training Centre with Quality Improvement Templates and data analysis etc***
- ***Ad hoc datasets to internal/external stakeholders included (examples only, not an exhaustive list) – cardiac/defibrillation activity to support Business Case development, maps to support Trauma/HELMs continuing work, On-call management cycle etc***

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

Information Governance

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

REPORT FOR FREEDOM FOR INFORMATION PROCESSING FOR THE PERIOD OF 01/03/2016 to 31/03/2016 AND 2015-16

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

2015-16 Data

Freedom of information	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total (2015-16)	Total (2014-15)	%age completed within 20 working days
Number of Requests Received	4	11	11	8	6	15	19	9	6	13	14	14	130	163	2015/16 70.77%
Number of Questions Received	20	32	64	48	31	43	52	14	33	39	33	69	478	555	2014/15 76.69%
Completed Requests processed within 20 days or less	4	8	8	7	4	11	15	5	5	11	8	6	92	125	
Completed Requests exceeding 20 days	0	3	2	1	1	4	1	4	1	1	1	4	23	37	
REQUESTS Still Being Processed	0	0	0	0	0	0	0	0	0	0	0	0	0		
REQUESTS Still being processed (outside 20)	0	0	1	0	1	0	2	0	0	1	2	4	11		
Stood Down	0	0	0	0	0	0	1	0	0	0	2	0	3		
Number of Records Fully Disclosed	20	25	53	43	27	43	27	14	33	33	21	41	380		
Vexatious Requests	0	0	0	0	0	0	0	0	0	0	0	0	0		
Number of Records for which records not held	0	0	0	4	0	0	0	0	0	2	0	0	6		
Requests where exemptions wholly/partially applied	0	7	3	1	0	0	1	0	0	0	0	0	12		
Questions stood down	0	0	0	0	0	0	9	0	0	0	9	0	18		
QUESTIONS Still Being Processed	0	0	0	0	0	0	0	0	0	0	0	0	0		
QUESTIONS Still Being Processed (outside 20)	0	0	8	0	4	0	15	0	0	4	3	28	62		
Referrals for Independent Review	1	1	0	0	0	0	0	0	0	0	0	0	2		
Appeals to the Information Commissioner	0	0	0	0	2	0	0	0	0	0	0	0	2		

2015/16: 70.77% OF REQUESTS COMPLETED WITHIN 20 WORKING DAYS

<u>Requestor Type</u>														
Member of Public	3	2	4	5	2	3	7	2	5	4	7	7	51	
Local Government	0	1	1	0	0	1	0	0	0	0	0	0	3	
Staff Member	1	5	2	1	1	8	4	1	0	4	4	2	33	
Media	0	1	0	2	1	1	2	5	0	4	3	2	21	
Student	0	0	0	0	0	0	4	1	1	1	0	0	7	
Commercial Company	0	0	2	0	1	0	0	0	0	0	0	0	3	
Solicitor	0	0	0	0	0	0	0	0	0	0	0	0	0	
WhatDoTheyKnow.com	0	2	2	0	1	1	1	0	0	0	0	3	10	
NHS	0	0	0	0	0	0	0	0	0	0	0	0	0	
Trade Union	0	0	0	0	0	0	1	0	0	0	0	0	1	

DATA PROTECTION ACT 1998 – SECTION 7: SUBJECT ACCESS MONITORING**REPORT FOR DPA PROCESSING (SUBJECT ACCESS) FOR THE PERIOD OF 01/03/2016 to 31/03/2016 AND 2015-16**

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

Data Protection Act 1998 – Section 7, Subject Access	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total 2015/16
Number of Requests Received	2	4	2	1	3	1	1	2	2	2	2	3	25
Completed Requests processed within 40 days or less	2	2	1	0	1	1	1	1	2	1	1	3	16
Completed Requests exceeding 40 days	0	1	0	1	-	0	0	1	0	1	1	0	5
Identity Not Confirmed and therefore could not be further processed	0	1	1	0	2	0	0	0	0	0	0	0	4
Patient	0	1	1	0	2	0	0	1	1	1	0	1	8
NIAS Staff Member	2	2	1	1	1	0	1	1	1	1	1	2	14
External Agency	0	1	0	0	0	1	0	0	0	0	1	0	3
Relative of Patient	0	0	0	0	0	0	0	0	0	0	0	0	0

- **From 01/04/2015 to 29/03/2016: 76% of Subject Access Requests processed within 40 calendar days**
(this is based on this requests that were fully processed ie identity and fee received)
- A number of requests remain outstanding which are of a complex nature
- Releases of information under DPA during 2015/16 have included patient report forms, staff disciplinary files, complaint files etc

POLICE SERVICE OF NORTHERN IRELAND REQUESTS – Police Acts, Common Law for the Period of 01/03/2016 to 31/03/2016 AND 2015-16

Purpose:

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

<i>Requests will relates and include the release of call incident logs, 999 call, staff names and shift patterns, Patient Report Form, staff witness statements in line with legislative requirements to assist with PSNI investigations for example, investigation of fatal road traffic collisions, murder enquiries, alleged assaults etc</i>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total 2015/16	Total 2014/15
Number of Requests Received (based on receipt of correspondence date)	25	19	28	20	44	27	31	35	35	39	35	38	376	383

SOLICITOR ENQUIRIES for the Period of 01/03/2016 to 31/03/2016 AND 2015-16

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

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

<i>Requests relate to the release of call incident details, call incident log and Patient Report Form when appropriate consent/fee has been received</i>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total 2015/16	Total 2014/15
Number of Requests Received (based on receipt of correspondence date)	42	37	31	48	44	65	66	63	29	37	48	46	556	568

DEPARTMENT OF HEALTH AND SOCIAL SERVICES – REQUEST FOR INFORMATION for Period of 01/03/2016 to 31/03/2016 AND 2015-16

DHSSPS/AQ's/CORs/TOF's/INV's	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total 2015/16
Assembly Questions (Oral)	0	0	0	0	0	0	0	0	0	0	0	0	0
Assembly Questions (Written)	3	9	4	7	4	5	4	8	4	6	12	3	69
CORs Received	2	0	2	2	4	2	1	1	0	0	2	1	17
TOFs Received	0	0	0	0	0	0	0	0	0	0	0	0	0
INVs Received	0	0	0	0	0	1	0	0	0	0	1	0	2



15/16 - PRF v PATIENT NUMBERS COMPARISON

Summary		Patient Journeys				Completed PRFs (Formic)	Difference
Month	Emergency Calls responded to (KA34)	Emergency	Urgent	Routine	Total		
April 2015	14699	12323	n/a	353	12676	15163	+2,487
May 2015	15151	12610	n/a	357	12967	15751	+2,784
June 2015	15031	12537	n/a	360	12897	15891	+2,994
July 2015	15052	12297	n/a	399	12696	15678	+2,982
August 2015	15491	12770	n/a	420	13190	16259	+3,069
September 2015	15220	12731	n/a	357	13088	15969	+2,881
October 2015	16096	13343	n/a	457	13800	16242	+2,442
November 2015	15683	13167	n/a	463	13630	15639	+2,009
December 2015	16805	13744	n/a	446	14190	17529	+3,339
January 2016	16666	13842	n/a	413	14255	16960	+2,705
February 2016	15608	12997	n/a	364	13361	15907	+2,546
March 2016	16800	13884	n/a	407	14291	16745	+2,454
Total	188302	156245	n/a	4796	161041	193733	+32,692

* Note: due to a change in protocol urgents calls were reclassified as Category C emergencies in June 2014

Please note figures for 2015/2016 are provisional and will rise as data processing is ongoing.

The above table highlights PRFs vs patient journeys. Activity to collate, correct and scan PRFs continues to rise, resulting in an increase of over 32,000 PRFs this year (17%).

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

HUMAN RESOURCE AND CORPORATE SERVICES DIRECTORATE

Director of Human Resources and Corporate Services

2016 / 06 / 02

(As at 31 March 2016)

Section 1: Human Resources & Corporate Services**HRCS KPI: Shaping & Developing Future Workforce (Workforce Information, Recruitment, Job Evaluation)****WORKFORCE INFORMATION**

APRIL 2016	TRUST TOTAL	CX/ BOARD	FINANCE/ ICT	HRCS	MEDICAL	OPERATIONS
FUNDED WTE	1287.54	7.00	30.63	68.15	8.00	1173.76
SUBSTANTIVE-IN- POST (WTE) PERM/(TEMP)	1168.08 (36.28)	1.00 (6.00)	25.10 (1.00)	64.94 (3.00)	7.00 (2.00)	1070.33 (24.28)
STAFF-IN- POST/HEADCOUNT	1233	7	28	72 (79*)	10	1117 (1131*)
VACANCY LEVELS (WTE)	-83.18	0.00	-4.53	-0.21	1.00	-79.15

The Trust's Corporate Workforce Information Report is produced retrospectively on a quarterly basis by the HR Department. Information is reported via the HRPTS system and reconciled between the HR, Finance and Operations Departments for validation purposes. The latest Corporate Workforce Information Report details information at 31 December 2015, for the purposes of this report, the table above shows an indicative, unverified position as at 4 April 2016. These figures may require amendment for next Trust Board, once the validation process has been completed.

NB: *Figures do not include Sessional GP's who constitute 0.14 WTE nor does it include individuals who support ELD clinical programmes, as required. These individuals have been included in Headcount figures (in brackets) in the respective Directorates.*

On the basis of the information above, the Trust has an overall vacancy level of **83.13** WTE posts @ 4 April 2016. This compares to an overall vacancy level of 213.70 WTE posts @ 30 June 2014. The reduction in vacancy levels is attributable to the commencement of a workforce stabilisation programme in June 2014 which included the undertaking of a rigorous recruitment campaign to recruit to front-line operational posts.

RECRUITMENT ACTIVITY

From June 2014 to date approximately 213 appointments have been made to the following operational posts: -

- 23 Paramedics
- 84 Ambulance Care Attendants (ACAs)
- 90 Emergency Medical Technicians (EMTs)
- 16 Emergency Medical Dispatchers (EMDs)

An estimated further ACA 17 appointments, taken from a current waiting list, is expected for July 2016.

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 indicating 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. This report remains outstanding from RQA. All relevant 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 process.

Section 1: Human Resources & Corporate Services

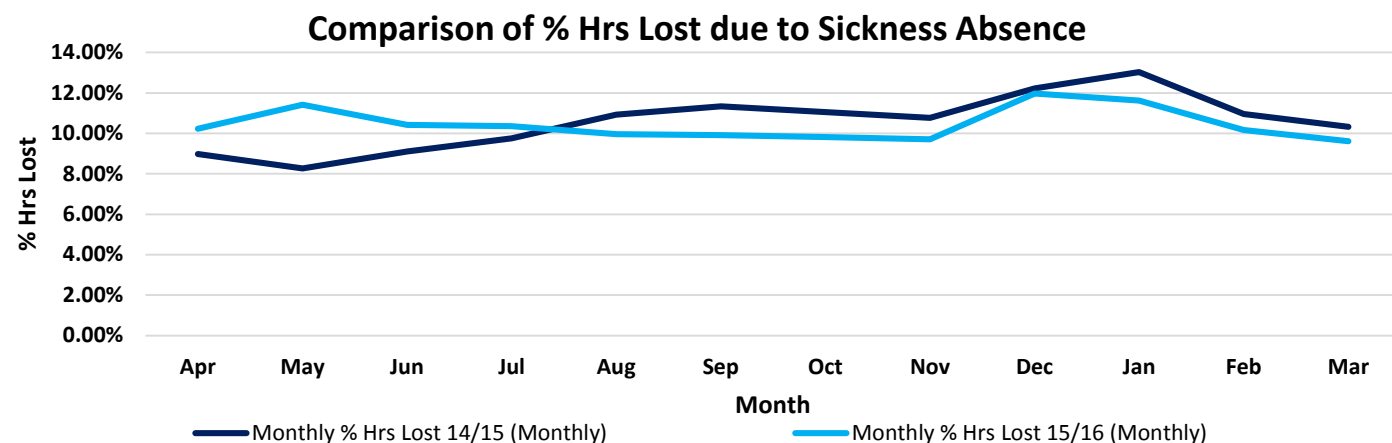
HRCS KPI: Supporting Staff To Achieve High Quality Performance (Attendance Management)

CORPORATE ABSENCE REPORT (AS AT 31 MARCH 2016)

NIAS met its sickness absence target for 2015/16, as agreed with the DHSSPSNI, is “**to improve or maintain sick absence rates on 2014/15 levels**”. NIAS cumulative absence at 31 March 2016 was 10.43% compared with 31 March 2015 cumulative figure of 10.55%. This report provides summary information of the Trust's sickness absence for the period 1 April 2015 to 31 March 2016. The information reported is from HRPTS and is in % hours lost (in line with HSC regional reporting).

- NB:
- (1) Prior to the introduction of HRPTS, the legacy system (HRMS) reported the sickness absence rate in % days lost. Consequently, NIAS's % absence rates have been recalculated for the previous reporting year (Apr 2014 – Mar 2015) for comparison purposes. % figures shown below are therefore based on the newly applied calculation.
 - (2) Whilst the majority of staff are shift workers (approx. 88%), the HRPTS calculation automatically divides working hours over a standard 5-day week (Monday – Friday, based on a 7.5 hr day).
 - (3) The figures exclude Bank Staff and the Non-Executive Team.

ATTENDANCE MANAGEMENT	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
DHSSPSNI Absence Target set	"IMPROVE OR MAINTAIN SICK ABSENCE RATES ON 2014/15 LEVELS"											
NIAS absenteeism monthly % hrs lost (15/16)	10.22%	11.42%	10.41%	10.36%	9.96%	9.91%	9.81%	9.70%	11.97%	11.62%	10.16	9.61
NIAS absenteeism monthly % hrs lost (14/15)	8.98%	8.27%	9.11%	9.76%	10.93%	11.33%	11.05%	10.76%	12.22%	13.03%	10.96%	10.32%
Monthly % hrs lost (S/T)	2.49%	2.47%	2.00%	1.85%	1.61%	2.05%	1.97%	3.14%	3.68%	2.84	3.07	2.32
Monthly % hrs lost (L/T)	7.73%	8.95%	8.41%	8.51%	8.35%	7.86%	7.84%	6.56%	8.29%	8.78	7.09	7.29
Av. days lost per Empee per Mth	2.21	2.30	2.27	2.34	2.06	2.12	2.10	1.99	2.69	2.39	2.08	2.15
NIAS ABSENTEEISM CUMULATIVE % HRS LOST	(2014/15) 10.55%						(2015/16 @ 31 Mar 2016) 10.43%					



FLU VACCINE UPTAKE:
13.47%
 133 OPS STAFF
 34 CONTROL / ADMIN STAFF
 REGIONAL UPDATE 2014/15
 = APPROX 25%

Section 1: Human Resources & Corporate Services

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

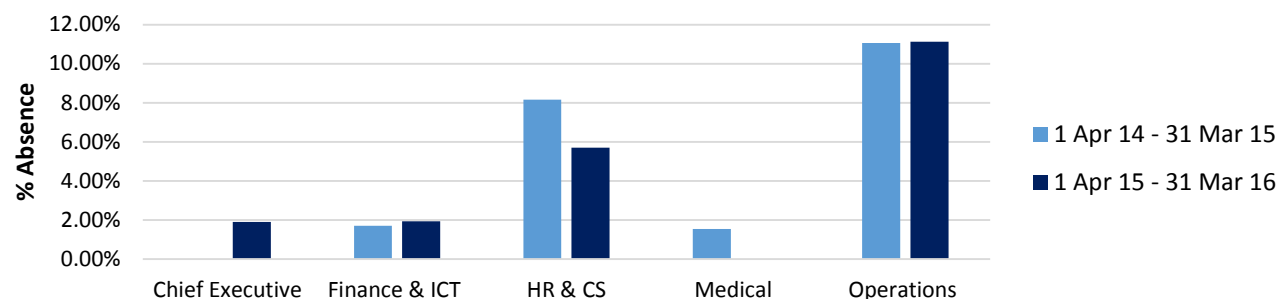
CUMULATIVE DIRECTORATE ABSENCE

The following table shows each Directorate's % absence, in terms of long term and short term absence, for the period 1 April 2015 to 31 March 2016 against the previous period's absence. The table also shows the average days lost by Directorate.

**NIAS % Directorate Absence by Short/Long Term Cumulative Absence for the period
1 April 2015 to 31 March 2016 (showing comparative data for previous year)**

Directorate (WTE)	Total Scheduled Hrs (1 Apr 15 – 31 Mar 16)	Long Term		Short Term		Total % Absence Hrs (1 Apr 15 – 31 Mar 16)	Total % Absence Hrs (1 Apr 14 – 31 Mar 15)	Av Days Lost per Employee during Reporting Period
		Absence Hrs	% LT Hrs	Absence Hrs	% ST Hrs			
Chief Executive	1,965.00	0.00	0.00%	37.50	1.91%	1.91%	0.00%	0.42
Finance & ICT	59,953.50	802.50	1.34%	242.25	0.45%	1.94%	1.71%	0.41
HR & CS	172,543.34	7,545.00	4.67%	2,295.72	1.33%	5.70%	8.16%	1.20
Medical	18,187.00	0.00	0.00%	0.00	0.00%	0.00%	1.55%	0.00
Operations	2,059,058.63	179,601.64	8.78%	49,429.20	2.40%	11.12%	11.06%	2.33
Grand Total	2,305,707.47	187,949.14	8.22%	52,004.67	2.26%	10.43%	10.55%	2.18

Cumulative % Absence by Directorate for period 1 April 2015 to 31 March 2016 (showing comparative data for previous year)
DHSSPSNI Target: To Improve or Maintain Sickness Absence Rates on 2014/15 Levels



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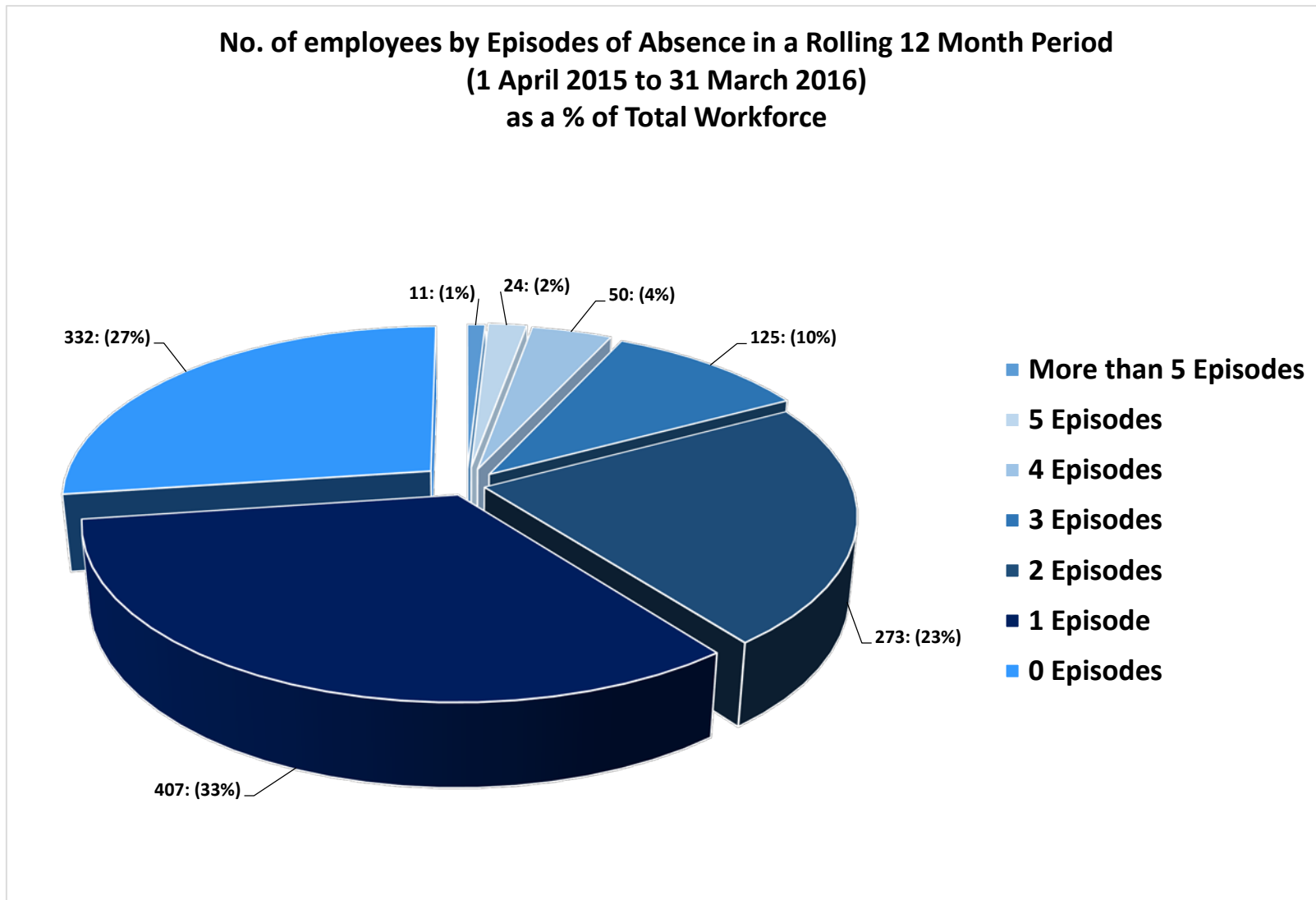
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EPISODES OF ABSENCE

Absence continues to be managed in line with the Trust's Health and Wellbeing Attendance Management Action Plan and HR staff continue to provide professional advice and support to managers in managing attendance. The NIAS Attendance Management Procedure provides for the management of an individual's sickness absence levels in line with the number of episodes of absence they have ("trigger points").

The chart below shows the number of staff, by episodes, who were absent in a rolling 12 month period (1 April 2015 – 31 March 2016).



Section 1: Human Resources & Corporate Services

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

REASONS FOR ABSENCE

There are approximately 350 sickness reasons available within HRPTS for recording purposes. Each reason is grouped into one of 26 Categories. The chart below shows the top 5 Categories of Absence during the reporting period with all other Categories grouped as "Other" for the purposes of this report.

Mental Health related illnesses = includes Anxiety, Depression, Grief / Bereavement, Stress and Work Related Stress

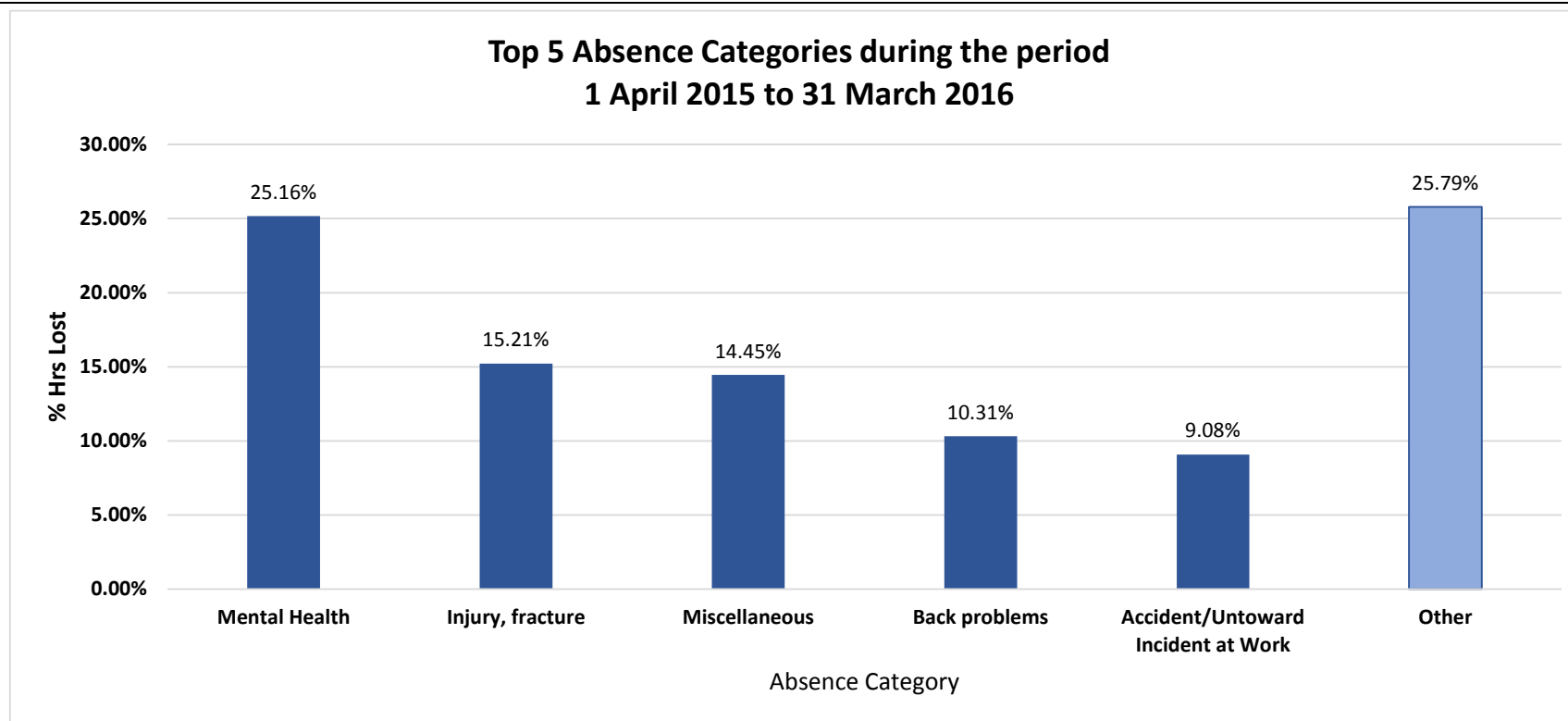
Injury, fracture related illnesses = includes All fractures, Sprains, Strains and Skeletal injuries

Miscellaneous related illnesses = includes Chronic Fatigue, General Debility, Hospital Investigations, Post Surgical Debility, and Post Viral Fatigue

Back Problems related illnesses = includes Back Ache/Pain, Disc problems, Lumbago, Sciatica, Scoliosis, Spinal Stenosis, Spondylitis, Spondylosis

Accident / Untoward Incident at Work related illnesses = includes Industrial Injury, RTC, Work-Related Accident, and Untoward Incidents

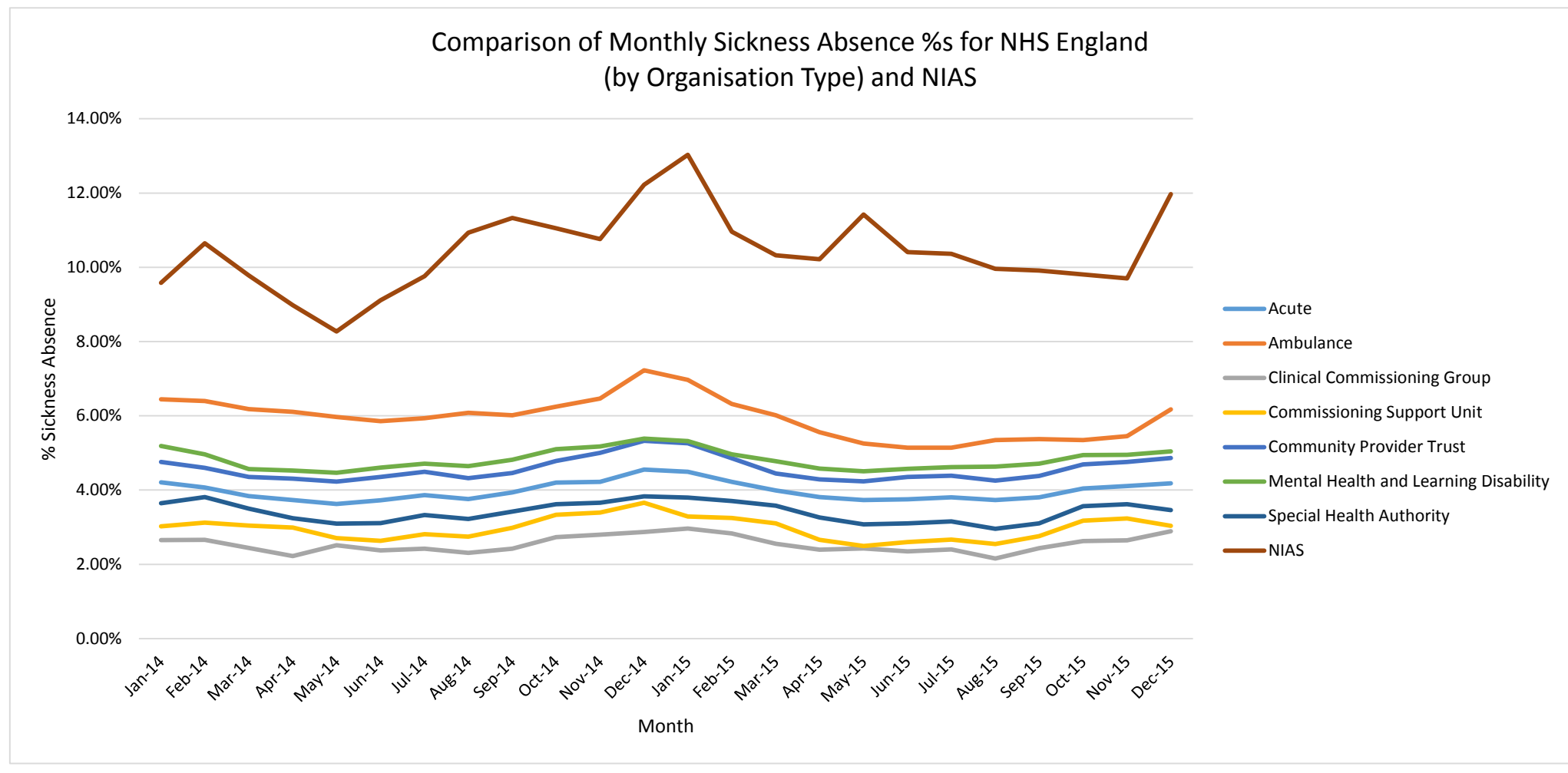
Other = includes all other Categories of absence for example Cancer, Cardiac, ENT, Pregnancy related, 'Flu etc



Section 1: Human Resources & Corporate Services

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

The HR Department conducts benchmarking exercises in respect of its absence information. At present, regional HSC information has not been published for the current financial year however NHS England Sickness Absence Rates are available, and have been used to compare the Trust's % absence figures, as depicted below for the period January 2014 – December 2015.



Section 1: Human Resources & Corporate Services

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

Disciplinary Cases:

Position as at Mar 2016	TRUST TOTAL	Patient Care	Wilful Damage	Criminal Conduct	Fraud	Failure to comply with Trust Policy / Procedure
Total Ongoing Cases	11	4	0	1	0	6
HCPD Referrals	2	0	0	1	0	1
Suspensions	2	0	0	1	0	1
New Cases	1	1	0	0	0	0

Grievance Cases:

Position as at Mar 2016	TRUST TOTAL	Transfer	Application of T&C	Recruitment	Job Evaluation	Equal Opps	Employee Relations Processes	Promotion	Pay
Total Ongoing Cases	22	2	14	2	0	1	2	0	1
Informal Stage	5	0	2	0	0	1	1	0	1
Formal Stage 1	15	0	12	2	0	0	1	0	0
Formal Stage 2 (Appeal)	2	2	0	0	0	0	0	1	0
New Cases	0	0	0	0	0	0	0	0	0

Working Well Together / Harassment Cases:

Position as at Mar 2016	TRUST TOTAL
Total Ongoing Cases	2
Informal Resolution / withdrawn	0
Inv Ongoing	1
Formal Stage 1	1
Formal Stage 2 (Appeal)	0
New Cases	0

Commentary (Employee Relations/Industrial Relations):

NIAS continues to face significant industrial relations issues and challenges. From the day of industrial action which took place on 13 March 2015 and the overtime ban which took place in May 2015 (all relating to regional/national concerns in areas such as pensions and pay), more recently Trade Union Side notified Management Side at NIAS Joint Consultative Negotiating Committee (JCNC) on 21 July 2015 that they were withdrawing from all job evaluation processes. This remains the Trade Unions position. Trade Unions have advised, on an ongoing basis, that they are unable to provide Management with a timeframe for re-engagement. Job evaluations are required in order to recruit to new posts or complete assessments of staff who consider their role to have changed and wish to have a new evaluation undertaken. The cessation of this work therefore impacts on the Trust's ability to create and recruit to new roles and replacement posts; hinders service development/delivery and leads to a delay (with potential associated financial implications of back pay) in progress around evaluation of existing roles. Given this and given the timeframe now associated with this, Trade Union withdrawal from all job evaluation processes is now considered to represent a corporate risk to the Trust.

Case File Closures:

Position as at Dec 2015	April	May	June	July	August	September	October	November	December	January	February	March
Grievance	11	4	1	3	1	0	1	1	0	1	2	4
Disciplinary	2	0	0	0	1	0	0	0	1	2	3	2
Harassment	0	0	0	0	0	0	0	1	0	0	0	0
Total	13	4	1	3	2	0	1	2	1	3	5	6

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

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

BSTP UPDATE*HRPTS:*

The HRPTS system was implemented within NIAS on 18 February 2014 in line with the NIAS HRPTS Deployment Plan. The Deployment Plan recognised that deployment of HRPTS within NIAS would be significantly limited due to IT infrastructure issues and that it would only be possible to deploy Employee Self Service (ESS) to 18.9% of NIAS workforce. Currently 14% of NIAS employees are able to access ESS. 82% of NIAS Managers have access to MSS. Deployment of HRPTS within NIAS remains significantly hindered due to IT Infrastructure limitations particularly at station level where a substantial majority of NIAS employees are based. Work is currently ongoing regionally to explore alternatives to provide for full ESS deployment. Work remains ongoing to reinforce ESS/MSS usage within the Trust.

BENEFITS REALISATION:

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

SHARED SERVICES

NIAS continues to engage with BSO Shared Services in planning the transition of the NIAS Recruitment & Selection (R&S) function. NIAS have recently been notified by the Business Services Organisation (BSO) that transition of the R&S function from the remaining HSC Trusts will not take place until Autumn 2016. NIAS is one of two remaining HSC Trust's due to transition their R&S function.

In February 2015 the Trust saw the move of the NIAS Payroll function to the BSO Shared Services organisation. Fortnightly meetings continue to take place between BSO Payroll SS, Human Resources & NIAS Payroll to address transitional process issues.

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

HANDLING TIMES OF COMPLAINTS																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2014-15	
Complaints Received	16	18	7	8	7	23	9	18	7	14	24	9	160		229	100%
Total A&E & PCS Activity	28127	27962	28820	28795	28339	29209	29725	28961	30160	30313	29115	34447	353973			
% Complaints/Activity	0.06%	0.06%	0.02%	0.03%	0.02%	0.08%	0.03%	0.06%	0.02%	0.05%	0.08%	0.03%	0.05%			
Acknowledged within 2 working days	16	18	7	8	7	23	9	18	7	14	24	9	160	100%	229	99%
Acknowledged after 2 working days	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0	1%
Response within 20 working days	0	2	0	0	2	10	5	8	3	5	6	2	43	27%	29	13%
Response after 20 working days	12	13	6	4	4	7	3	3	2	2	8	2	66	41%	64	28%
Complaints Investigations ongoing	4	3	1	4	1	6	1	7	2	7	10	5	51	32%	136	59%
Cases referred to NI Ombudsman (cases ongoing)	1(3)	0(4)	1(5)	0(5)	0(5)	0(5)	0(5)	0(5)	0(5)	0(5)	0(5)	0(5)	5		2	

SERVICE AREA OF COMPLAINTS																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2014-15	
Accident & Emergency	8	5	4	7	4	5	5	10	4	10	12	6	80	50%	89	39%
Patient Care Service	0	4	1	1	2	2	0	0	3	2	2	0	17	11%	27	12%
Control & Communications	8	9	2	0	1	16	4	8	0	2	10	3	63	39%	103	45%
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	8	3%
Voluntary Car Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	2	1%
TOTAL	16	18	7	8	7	23	9	18	7	14	24	9	160	100%	229	100%

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

NATURE OF COMPLAINTS RECEIVED																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2015-16	%	2014-15	
Staff Attitude	6	4	3	5	4	8	5	5	3	9	7	6	65	40.6%	85	37%
Ambulance Late/No Arrival	8	11	4	2	3	15	4	9	3	3	13	3	78	48.8%	103	45%
Quality of Treatment & Care	2	3	0	0	0	0	0	1	1	1	3	0	11	6.9%	18	8%
Suitability of Equip/Vehicle	0	0	0	0	0	0	0	3	0	0	0	0	3	1.9%	1	0%
Other	0	0	0	1	0	0	0	0	0	1	1	0	3	1.9%	21	9%
Patient Property	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	1	0%
TOTAL	16	18	7	8	7	23	9	18	7	14	24	9	160		229	

COMPLIMENTS RECEIVED																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2015-16	2014-15		
RECEIVED	28	1	9	7	11	13	11	19	26	9	25	15	174	186		
SERVICE AREA OF COMPLIMENTS RECEIVED																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2015-16	%	2014-15	
Accident & Emergency	27	1	9	6	11	13	10	17	26	9	20	14	163	93.7%	176	95%
Control	1	0	0	1	0	0	0	0	0	1	1	0	4	2.3%	2	0%
Patient Care Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	4	2%
Voluntary Car Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	1	0%
Other	0	0	0	0	0	0	1	2	0	0	3	1	7	4.0%	3	2%
TOTAL	28	1	9	7	11	13	11	19	26	10	24	15	174		186	

Section 1: Human Resources & Corporate Services**HRCS KPI: Supporting Trust Priorities****CLOSED COMPLAINTS FEBRUARY 2015 – MARCH 2016**

Ref	Description	Outcome	Action taken (Investigation)
Comp/1035	Complaint regarding the ambulance being cold during transportation.	Complaint withdrawn patient not transported by NIAS	Complaint withdrawn
comp/1025	Complaint regarding treatment of patient. Relative felt that they did not want to take the patient to hospital and stated that the patient did not need to go. The relative insisted that the patient be taken to hospital and was subsequently admitted.	Complaint not upheld. No evidence found that crew did not act appropriately.	Letter of apology and explanation issued. No further action identified.
Comp/1016	Complaint regarding the delay of an ambulance where it took over 4 hours to arrive.	Complaint upheld. All available resources were dealing with calls of higher clinical priority.	Letter of explanation and apology issued. No further action identified.
Comp/996	Complaint regarding the crew's attitude towards a cancer patient were they made her walk to the door before putting her in a chair, even though she was in terrible pain.	Complaint not upheld. Crew found to have acted appropriately.	Letter of explanation issued. No further action identified.
Comp/1043	Complaint regarding an emergency ambulance leaving its flashing blue lights on while attending a neighbour's house which the complainant found distressing.	Complaint withdrawn	No further action identified.
Comp/1036	Complaint regarding ambulance crew blocking drive to complainant's house for approx. 45 mins while on a call to a house further up the street.	Complaint not upheld. Crew parked where they believed to be the safest which did not impact on access or egress to the street.	Letter explanation and apology issued. No further action identified.
Comp/1029	Complaint regarding attitude of crew when they arrived at the patient's home as he was smoking, crew allegedly commented you're not that sick.	Complaint not upheld. Complainant admitted to having drink taken when this incident occurred and has apologised to crew members.	Letter issued. No further action identified.
Comp/1048	Complainant unhappy with the behaviour of the PCS driver. He banged the ambulance door a number of times which resulted in her having a pain in her jaw as she suffers from tinnitus.	Complaint not upheld. Crew need to ensure that the door is secure before moving.	Letter of explanation issued. No further action identified.

Ref	Description	Outcome	Action taken (Investigation)
Comp/995	Complaint regarding the delay of an ambulance and attitude of crew	Complaint upheld. Investigation found that there was a fault in the system.	Letter of apology and explanation issued. Further investigation is required to determine the root cause of this delay.
Comp/1034	Complaint regarding the misuse of an ambulance where it is alleged that a member of staff is using it to pick up a child from school.	Complaint not upheld. Staff member given permission to deal with family matter during lunch break rather than give time off which would have left the area short of emergency cover.	Letter of explanation issued. No further action identified.
Comp/1020	Incident regarding attitude of staff towards patients relative. Complainant does state that crew's behaviour towards the patient was exemplary.	Complaint partially upheld. Investigation found that there was an issue in relation to communication between relative and Paramedic.	Letter of explanation and apology issued. Paramedic to be reminded to communicate clearly with family members.
Comp/1005	Complaint regarding the delay of an emergency ambulance for a 2 year old boy who was fitting.	Complaint upheld. Call was not managed appropriately.	Letter of apology and explanation issued. Control staff to be reminded to send the closest available resource to 999 calls at all times.
Comp/1031	Complaint regarding management of mother and transfer to hospital.	Partially upheld. Paramedic conducted a thorough assessment of patient and her wish not to go to hospital. However using a dinning chair to transfer the patient was not acceptable.	Letter of apology and explanation issued. Paramedic to be reminded of his responsibilities with regard to moving and handling of patient and in particular safe working practices and risk assessments.
Comp/1011	Complaint regarding the delay of an ambulance where an elderly gentleman was left on the roadside for an hour.	Complaint upheld. All available resources were dealing with calls of a higher clinical priority.	Letter of apology and explanation issued. No further action identified.
Comp/1050	Complaint regarding the cancellation of ambulance transport on short notice and the fact that it was the hospital that notified the patient and not ambulance control.	Complaint upheld. There was an issue with the ambulance which was not able to carry the same number and type of patients.	Letter of apology and explanation issued. Consideration to be given for patient to travel by voluntary car driver if any problems arise in the future.
Comp/1039	Complaint regarding the delay of a non-emergency ambulance where it took nearly 8 hours to arrive.	Complaint upheld. Available resources were dealing with calls of a higher clinical priority.	Letter of apology and explanation issued. No further action identified.
Comp/1046	Complaint regarding the delay of an ambulance where it took over 2 1/2 hours to arrive for an elderly gentleman who had broken his hip.	Complaint upheld. Control was dealing with calls of a higher clinical priority.	Letter of apology and explanation issued. No further action identified.
Comp/1057	Complaint regarding the paramedic discussing patient's (deceased) personal information after attending her home.	Complaint closed, no consent form completed by complainant.	No further action.

Ref	Description	Outcome	Action taken (Investigation)
Comp/1061	Complaint regarding the driving of crew not on blue lights or sirens.	Complaint not upheld. No ambulance in area at the time of the incident and maybe a vehicle from a voluntary organisation.	Letter of explanation issued. No further action identified.
Comp/1013	Complaint regarding the attitude of RRV who attended lady in her home where she found her to be very nasty.	Complaint closed, contact cannot be established with complainant.	No further action
Comp/1001	Complaint regarding the treatment provided where a patient was walked to the ambulance and subsequently died from a broken neck.	Complaint partially upheld. Crew did assess patient correctly however they did not have a full understanding of his underlying condition.	Letter of apology and explanation issued. Paramedics to be referred to training for reflective practice.
Comp/1066	Complainant unhappy that her mother who has cancer and in pain has to be ready from 8am for ambulance transport to turn up late.	Complaint upheld. Transport was late due to volume of work.	Letter of apology and explanation issued. No further action identified.

Section 1: Human Resources & Corporate Services

HRCS KPI: Supporting Trust Priorities

Claims 2015/16

	C/O	A	M	J	J	A	S	O	N	D	J	F	M	Total
Employers Liability	29													
Claims Received		1	2	0	1	0	1	0	3	2	2	0	0	12
Claims Settled		1	0	0	0	0	0	2	2	0	3	1	0	9
Cases Ongoing														32
Public Liability	2													
Claims Received		0	0	0	0	0	2	0	0	0	0	0	0	2
Claims Settled		0	0	0	0	0	0	0	0	0	0	0	0	0
Cases Ongoing														4
Clinical Negligence	8													
Claims Received		0	0	1	0	0	2	0	0	1	0	0	0	4
Claims Settled		0	0	0	0	0	0	0	0	0	0	0	0	0
Cases Ongoing														12

Lessons Learned:

1 Employee Liability case settled:

- The main learning point is that there should be a regular system of inspection and maintenance of NIAS property
- Staff should ensure that all incidents are reported immediately.
- The Trust should also be clear as to what its responsibilities and obligations are in relation to stations which are being leased. This will help to ensure what its duties are in relation to the upkeep of these areas.

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 2015/16

Categories	Slips & Trips	Quality of Treatment	Needle Stick Injury	Equip / Vehicle Faults	RTA's	Other
Employee Liability			1	5	4	2
Public Liability	2					
Clinical Negligence		4				

Section 1: Human Resources & Corporate Services HRCS KPI: Supporting Trust Priorities												
Concerns raised under Public Interest Disclosure (NI) 1998 (WHISTLE BLOWING)												
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2015-16
0	0	0	0	0	0	0	0	0	0	0	0	0

Development and delivery of the Education, Learning and Development Plan:

The 2015/16 ELD plan has been delivered as planned with some roll over into 2016/17, and work is in progress to finalise the plan for 2016-17. The ELD plan reflects the Trust-wide changes in service delivery and has a specific focus on clinical priorities, particularly the provision of accredited training to support external and internal recruitment of emergency and non-emergency staff; a revised post-qualification assessment, training and development programme that maintains and updates clinical skills as well as introduces new topics to support the implementation of TYC-led initiatives and embed these into standard practice.

ELD Highlight report:

- Delivery of the RATC 2015/16 core clinical training programmes for EMTs and ACAs continued to be delivered to plan and the 2016/17 training timeline is being finalised to ensure effective delivery to meet the Trust's frontline operational workforce needs. To date, Operations have been provided with an additional 43 fully operational EMTs plus another 22 on practice placement, and 86 qualified ACA;
- Plans are in place to develop a Level 4 Diploma for Associate Practitioners to replace the IHCD EMT qualification and also to implement changes required to support this. This includes delivering a Level 3 Certificate in Assessing Vocational Achievement to all Training Officers and CSOs during 2016/17;
- The 2015/16 Post Proficiency programme for emergency and non-emergency operational staff commenced in September and continues to be rolled out. This programme is complemented with a refreshed workbook that includes mandatory and statutory training;
- The development of a new quality improvement project continues and is being undertaken in all Divisions. This will enable the implementation of a revised audit system with observation of practice to reinforce and evaluate the delivery of new clinical pathways into paramedic practice;
- The introduction of new regulated ambulance driving courses is planned for 2016/17. These courses will provide EMTs with a Level 3 Certificate in Emergency Response Driving and ACAs with a Level 2 Award in Ambulance Driving;
- The withdrawal of IHCD Modules, resulting in the demise of the Trust's Paramedic-in-Training programme, remains on the HRCS local risk register. An options appraisal identifying alternative programmes of delivery for paramedic training has been reviewed by SEMT. NIAS continues to engage with the DHSSPS and Commissioners regarding the future delivery of paramedic training in NI.

Knowledge and Skills Framework (KSF) Personal Development & Contribution Reviews (PDCR) 2015/16

Each Directorate has responsibility for ensuring staff within their remit have the opportunity to undertake an annual individual KSF PDCR and to monitor compliance. This provides staff and managers with the opportunity to reflect on and appraise how each individual has personally contributed to the Trust's Strategic Aims and Values. The RATC takes responsibility for collating monitoring returns in order to report compliance statistics on a bi-annual basis, as at 30th September and 31st March in any given year. Monitoring returns received for the full year April 2015 – March 2016 demonstrate that compliance has proved to be very challenging due to service delivery pressures.

Directorate	Percentage Compliance
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	April 2015 – March 2016
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Finance & ICT	0%
HR & CS	58%
Medical	100%
Operations	1%

***Year end data (to 31/03/16) will be collated during April 2016.**

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

Section 75

- Section 75 implementation requirements are set out in the Trust's Equality Scheme and delivery is monitored by the Trusts Equality and PPI Steering Group.
- The Trust works to mainstream section 75 considerations into policy development through engagement and screening processes.
- NIAS contributes to the HSC regional Equality and Human Rights agenda through participation in the DHSSPS Equality and Human Rights Steering Group.

Key Work Streams underway include

- Re-establishment of Trust Equality Forum to ensure engagement with Trade Union representatives and staff in relation to equality issues.
- Planning for participation in PRIDE events alongside other HSC organisations.
- Monitoring of access to telephone interpreting services provided to those who contact the 999 system and do not have English as a first language.
- 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.

Human Rights

- Human Rights consideration to Trust policy is incorporated within Equality and Human Rights Screening documentation.
- The Trust has been engaging with the Northern Ireland Human Rights Commission in respect of particular Trust policy plans and potential human rights considerations of these.
- Work is underway to develop an Equality and Human Rights toolkit for policy leads to mainstream statutory obligations into the policy development, consultation and implementation processes.

Supporting Trust policy

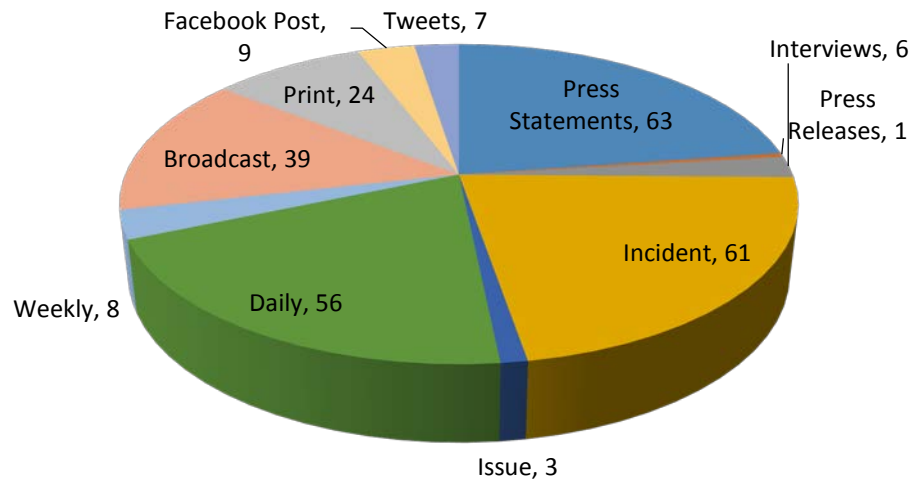
- The Equality, PPI and Patient Experience team support the Trust in respect of statutory obligations associated with strategic policy development. This includes Equality and Human Rights and PPI and Patient Experience considerations.
- Key in this regard has been the mainstreaming of statutory requirements within the Trust's Transformation and Modernisation agenda. This has involved engagement with Section 75 representative groups impacted by proposals, including AGENI, Diabetes UK and Epilepsy Action.

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

<u>NIAS Responses to Consultations March 2016</u>
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Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link to Consultation
None			

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



Key Themes in press coverage

- Throughout March 2016, NIAS issued 1 proactive press release and 63 Press Statements in response to enquiries from the media.
- 3 media interviews were conducted during the period.
- The number of media outlets reached in this period totalled 64 (each response equates to 1 outlet reached)
- Press statements tend to be issued in response to particular incidents which in this case included, RTC's, Assaults, Response times, Involvement in Casement Park Project
- Press releases normally address corporate issues and in this period related to: Assault on Staff, Introduction of Clinical Support Desk, Appropriate Care Pathways
- The Trust continues to engage with the public through social media which includes the Trust Facebook and Twitter platforms.

Community Education

Number of Community Education Visits	44
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- The Trust has continued to attend schools and community groups.
- Key messages have included the impact of hoax calls, inappropriate use of the service and violence against staff.
- A public awareness campaign in respect of the changing face of the service linked to Transforming Your Care and the Trust's modernisation agenda was launched this month with operational staff attending a number of shopping centres in various towns.

General Media and Communication Work Streams

- The Trust website has been redeveloped which provides a more modern and accessible format for users. This will also enable greater ownership to maintain currency within directorate areas.
- 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. Having completed a term as chair of the National Ambulance Communications Group (sub-group of AACE) the Trust's Media and Communications Manager handed over the role of chair, however continues to participate in the 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 includes 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

- NIAS Transformation and Modernisation Programme Board meet monthly and is chaired by the Director of HR&CS. In relation to TYC the Programme structure has identified key deliverables and related process through the Project Initiation Document.
- Programme Management includes consideration of related risks and progress on priority action plans. The Programme engages with key stakeholders, including Commissioners and Users on an ongoing basis. There are a range of projects including the following:
 - Implementation of a range of Appropriate Care Pathways which offer alternatives for patients other than ED
 - Pilot of a Clinical Support Desk in Ambulance Control
 - Implementation of a NIAS Directory of Services

Performance against key deliverables for NIAS Trust and the benefits realisation to the wider HSC is reported at each Programme Board and Trust Board.

Engagement

A series of community engagement events were held to raise awareness of changes in service delivery, encourage feedback through the *10,000 Voices* patient experience survey, and raise awareness of the resuscitation strategy. Engagement events were held in Rushmore Shopping Centre, Craigavon on 18 March, The Quays Shopping Centre Newry on 23 March, Kennedy Centre Belfast on 25 March, Bloomfield Shopping Centre, Bangor on 31 March, and Erneside Shopping Centre, Enniskillen on 31 March.

Clinical Support Desk Highlight Report:

- The contingency plan of enhancing the current GP model for 3 months from 1st of December, 2015 to enable and extend “Hear & Refer” and “Hear & Treat” pathways continues to operate. The number of calls eligible to be passed to the GPs has been increased and a range of other tasks added.

Appropriate Care Pathways Highlight Report:

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

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

- **Cardiac:** criteria has been changed to allow a further type of cardiac arrest (posterior STEMI) to be taken to either the Royal or Altnagelvin Cath lab as appropriate.
- **Community Nursing:** early review of the new community nursing referral pathway has provided learning. Feedback from patients has been positive
- A range of local and regional meetings have been held in relation to the development of the 3 new pathways for 16/17.

Education

Members of the Clinical Training team have commenced a training programme delivered by South West Ambulance Service and University of West England in Patient Assessment and Clinical Reasoning. This will reinforce skills and knowledge which will support the Clinical training team as they train and support operational staff in delivery of the new pathways.

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

The objective set by HSCB for the NIAS Transforming Your Care Programme was for a reduction of conveyances to the ED - of appropriate patients through implementation of 10 appropriate care pathways - by 10% by March 2016 which was calculated as 5672 patients.

At end of March this target was met since in comparison with 13/14 an additional 7245 patients were safely left at home and 1402 were safely conveyed to an alternative destination following paramedic referral.

The average number of patients not conveyed to hospital has grown from an average of 2351 to 2973 a month. The number of patients conveyed to hospital continues to average around 11,500 per month despite growth in emergency calls received and ambulance responses made. The proportion of patients not attending hospital following ambulance response has grown from 17.3% (2013/14) to 20.5% in 15/16.



In addition to the reduction in conveyances, in 15/16 patients were conveyed to 'alternative destinations' following paramedic referral. These include:

BCH Direct (Frail/Elderly Unit in Belfast City Hospital)	503
Paramedic Referrals	
Cath Labs in the Royal Hospital and Altnagelvin Hospital	439 *(Altnagelvin data still outstanding)
Type 3 Hospitals and Minor Injury Units	324
Antrim Area Medical Assessment Unit (Paramedic Referrals only)	119
Alcohol Recovery Centre (launched in Belfast mid December 2015)	17
	1402

Data analysis of the other Care Pathways is ongoing and will improve once a Trustwide MDT update is complete.

Updated for end of year
31/03/16

[illegible]

		Review Effectiveness	NR & AV	31/10/2014				Initial evaluation has been carried out by CSIL and an action plan is being drafted as part of the 'mainstreaming' and 'QI' action plans for 16/17							
		Evaluate Benefits	NR & AV	31/10/2014	31/03/2016			Initial evaluation has been carried out by CSIL and an action plan is being drafted as part of the 'mainstreaming' and 'QI' action plans for 16/17							
Alternative Care Pathways	Minor Injuries	Develop NIAS ACP Protocol	CMcK & NR	30/09/2014											
		Issue NIAS ACP Protocol	CMcK & NR	22/10/2014						N/A					
		Go Live with NIAS ACP Protocol	CMcK & NR	01/10/2014						N/A					
		Review Effectiveness	CMcK & NR	31/12/2014	31/03/2016			Initial evaluation has been carried out by CSIL and an action plan is being drafted as part of the 'mainstreaming' and 'QI' action plans for 16/17		N/A					
		Evaluate Benefits	CMcK & NR	31/01/2015	31/03/2016			Initial evaluation has been carried out by CSIL and an action plan is being drafted as part of the 'mainstreaming' and 'QI' action plans for 16/17		N/A					
Alternative Care Pathways	Falls	Develop NIAS ACP Protocol	NR & Ops	TBC/2013											
		Issue NIAS ACP Protocol	NR & Ops	TBC/2013											
		Go Live with NIAS ACP Protocol	CMcK&NR	31/12/2014			Lack of availability of appropriate services in Trusts is hindering ability to roll-out this pathway. Pathway went live in SET and NHST on 1st June 15	Continue to highlight to Commissioners. Belfast ICP have submitted an IPT for staffing for a Falls Team. Pathways went live in northern sector of Western Trust on 1st of March.							
		Review Effectiveness	CMcK&NR	31/03/2015	28/02/2016			Initial evaluation has been carried out by CSIL and an action plan is being drafted as part of the 'mainstreaming' and 'QI' action plans for 16/17							
		Evaluate Benefits	CMcK&NR	31/03/2015	28/02/2016			Initial evaluation has been carried out by CSIL and an action plan is being drafted as part of the 'mainstreaming' and 'QI' action plans for 16/17							
Alternative Care Pathways	Frail/Elderly	Develop NIAS ACP Protocol	NR & Ops	31/09/14			Lack of availability of appropriate services in Trusts is hindering ability to roll-out this pathway	Met with Western ICP on 21st Oct to discuss the development of a frail / elderly unit. On SET and NHST teams re ACAH services. SET went live 1st of April, 2016. In North, the Acute Assessment Unit is being accessed for patients with a range of issues relating to frailty.							
		Issue NIAS ACP Protocol	NR & Ops	31/09/14											
		Go Live with NIAS ACP Protocol	CMcK&NR	31/12/2014			Lack of availability of appropriate services in Trusts is hindering ability to roll-out this pathway,	Continue to highlight to Commissioners; access to Antrim AAU gives access for some Frail/Elderly issues							
		Review Effectiveness	CMcK&NR	28/02/2015	31/03/2016			Initial evaluation has been carried out by CSIL and an action plan is being drafted as part of the 'mainstreaming' and 'QI' action plans for 16/17							
		Evaluate Benefits	CMcK&NR	31/03/2015	31/03/2016			Initial evaluation has been carried out by CSIL and an action plan is being drafted as part of the 'mainstreaming' and 'QI' action plans for 16/17							
Alternative Care Pathways	Seizures	Develop NIAS ACP Protocol	CMcK & NR	31/01/2015			Waiting on Adastra in order to implement as a 'Treat and Leave'	Developed as 'Treat and leave' with no onward notification as per Medical Director							
		Issue NIAS ACP Protocol	CMcK & NR	15/08/2015	05/10/2015			Pathway now approved and implemented from 9th November							
		Go Live with NIAS ACP Protocol	CMcK & NR	01/09/2015	9th Nov 15		If liaison with GPs/action from GPs is required, this will take significant resource. Discussed with Medical Director once input received from Neurologists on protocol.	Guidance given from Medical Director implement as a 'Treat and leave' rather than 'Treat, leave and notify' with Medical Director on 5/10/15. Went 'live' on 9th November							

		Review Effectiveness	CMcK & NR	01/10/2015	31/03/2016			Initial evaluation has been carried out by CSIL and an action plan is being drafted as part of the 'mainstreaming' and 'QI' action plans for 16/17						
		Evaluate Benefits	CMcK & NR	01/10/2015	31/03/2016			Initial evaluation has been carried out by CSIL and an action plan is being drafted as part of the 'mainstreaming' and 'QI' action plans for 16/17						
Alternative Care Pathways	District Nursing	Develop NIAS ACP Protocol	CMcK & NR	15/01/2015										
		Issue NIAS ACP Protocol	CMcK & NR	01/02/2015	01/12/2015		Waiting on availability of CSD to signpost staff appropriately; delay to CSD recruitment due to job matching.	Contingency plan in place to enable go-live of DOS, separate from CSD, from 1st Dec 2015. Engagement with Trusts and negotiations re; winter pressures mean 'go-live' now February 2016						
		Go Live with NIAS ACP Protocol	CMcK & NR	01/09/2015	18/01/2016		There are 130+ phone numbers for Community Nursing throughout NI.	New pathway 'went live' on 22nd February 2016 now all Trusts are ready. Phone numbers have been loaded into the DOS and operational staff will phone control for details						
		Review Effectiveness	CMcK & NR	01/10/2015	31/03/2016			Initial evaluation has been carried out by CSIL and an action plan is being drafted as part of the 'mainstreaming' and 'QI' action plans for 16/17						
		Evaluate Benefits	CMcK & NR	01/10/2015	31/03/2016			Initial evaluation has been carried out by CSIL and an action plan is being drafted as part of the 'mainstreaming' and 'QI' action plans for 16/17						
Alternative Care Pathways	Palliative Care	Develop NIAS ACP Protocol	CMcK & NR	15/12/2014										
		Issue NIAS ACP Protocol	CMcK & NR	15/01/2015										
		Go Live with NIAS ACP Protocol	CMcK & NR	15/01/2015			OOH referral pathway now live since 20/04/15 in all areas except south sector of Western Trust. Formal in-hours pathway needed	Medical Director escalated lack of service in South sector of West to Western Commissioner; in hours pathway is now provided via District and Community Nursing since 22nd Feb 2016						
		Review Effectiveness	CMcK & NR	30/06/2015				Initial evaluation has been carried out by CSIL and an action plan is being drafted as part of the 'mainstreaming' and 'QI' action plans for 16/17						
		Evaluate Benefits	CMcK & NR	30/06/2015	31/03/2016			Initial evaluation has been carried out by CSIL and an action plan is being drafted as part of the 'mainstreaming' and 'QI' action plans for 16/17						
Alternative Care Pathways	Respiratory (COPD)	Develop NIAS ACP Protocol	CMcK & NR	30/06/2015			Variety of Trust services available	A range of meetings held across HSC. NIAS COPD pathway agreed by Medical Director.						
		Issue NIAS ACP Protocol	CMcK & NR	01/12/2015			Training will support full usage of new protocols	PP training will support 'go live' Pathway now approved and dissemination process in place. NHST planning 'go-live' Meeting planned with SET. Escalation underway regarding Southern pathways.						
		Go Live with NIAS ACP Protocol	CMcK & NR	01/01/2016	9th Nov for Belfast and West									
		Review Effectiveness	CMcK & NR	01/01/2016	31/03/2016			Initial evaluation has been carried out by CSIL and an action plan is being drafted as part of the 'mainstreaming' and 'QI' action plans for 16/17						
		Evaluate Benefits	CMcK & NR	01/01/2016	31/03/2016			Initial evaluation has been carried out by CSIL and an action plan is being drafted as part of the 'mainstreaming' and 'QI' action plans for 16/17						

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NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

MEDICAL DIRECTORATE

Medical Director
19/05/2016
(March 2016)

Medical Directorate Performance Report for Trust Board (March 2016)

Emergency Planning & Business Continuity	
	<p>Please refer to attached Emergency Planning Report for March 2016.</p> <p>As part of the ongoing two-yearly cycle of regular review, the updated Trust's Major Incident Plan was approved by Trust Board on 1 October 2015. A number of amendments as requested by Trust Board have been made. Reprinting and distribution of the Plan was delayed due to procurement considerations complicated by the sensitivity of the document. Originally it had been expected that printing would have been completed by end December 2015 but due to procurement and confidentiality issues, printing was only completed in March 2016.</p> <p>Directorate business continuity leads participated in training delivered by the Home Office Emergency Planning College in September 2015. A facilitated workshop with Directors and Trust Directorate business continuity leads to undertake a business impact analysis scheduled to take place on 25 November 2015 was postponed at short notice due to a change in personnel in the Department of Finance & Personnel (DFP) who deliver the training. This has now taken place on 2 February 2016 with a presentation to Trust Directors on 26 January 2016. This will inform the development of new and review of existing business continuity plans during 2016/17 and will include a review of current escalation plans and the outcome of debriefs in relation to recent industrial action.</p> <p>A review of on call arrangements to support emergency planning incident response and business continuity is being undertaken and recommendations are now anticipated in Q1 2016/17. Implementation of any recommendations will now take place during 2016/17 and will be linked to the review of marked cars which is currently also being undertaken.</p>

Risk Management	
<i>Corporate Risk Register</i>	Please refer to the Corporate Risk Register to end March 2016.
<i>Incident Reporting Procedures</i>	<p>A review of the incident reporting procedure to enhance the reporting of patient-related incidents has commenced. However due to the retirement of the Risk Manager in December 2015, completion of this has been delayed. Following the appointment of an interim Risk Manager in January 2016, due to other pressures, it is anticipated that this will not now be completed until Q1 2016/17. The outcome of the Departmental review of regional serious adverse incident reporting procedures in which NIAS participated was anticipated in Q3 2015/16 but is still awaited. This will also be incorporated into the revised NIAS incident reporting procedure when available.</p> <p>Work has yet to commence on a joint Human Resources & Corporate Services and Medical Directorate programme to introduce systems and processes to further enhance and support individual and organisational learning from events such as untoward incidents, disciplinary investigations, claims, compliments, Serious Adverse Incidents (SAIs) etc. This will include the establishment of a scrutiny committee and facilitate feedback at organisational, local and individual levels. The formation of a Learning Outcomes Review Panel has been considered by the Trust's Transformation & Modernisation Programme Board in January 2016 and an initial meeting to consider Terms of Reference etc. is now scheduled for April 2016.</p>
<i>Outcomes from Reports, Alerts, etc.</i>	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. NIAS continues to review relevant NICE guidelines and has contributed to responses to a number of draft guidelines that were issued for consultation. Publication of a number of relevant guidelines including assessment and management of fractures, major trauma and spinal injury were published in February 2016. These have been reviewed for incorporation into future training, clinical protocols and guidelines. New

	<p>resuscitation guidelines were published by the European Resuscitation Council in October 2015 and have been evaluated in relation to any change in practice and training implications, although these are not significant. NIAS also participated in a review of revised draft JRCALC National Clinical Guidelines which were published during March 2016.</p>
Clinical Care	
<i>Regional Community Resuscitation Strategy</i>	<p>The Regional Community Resuscitation Strategy Implementation Group chaired by the NIAS Medical Director continues to meet. Progress reports from various sub-groups, including CPR training, automatic external defibrillators / public access defibrillation, communication and data and information sub-groups, were received and considered. Meetings involving the Medical Director have taken place with Red Cross, St John Ambulance, Order of Malta and a range of other first aid training providers to engage them in the implementation process. There have also been meetings with the DHSSPS and a large commercial organisation who are proposing to place AEDs for public access on all of their premises. NIAS is engaging with them and providing support and advice regarding this initiative. The CPR and PAD Sub-Groups have now been amalgamated and representation from DCAL and the Department of Education on the Implementation Group has been agreed.</p> <p>An electronic form for the “registration” of defibrillators has been developed and placed on the NIAS website for use by members of the public. Work is ongoing to enhance the mapping of defibrillator locations in Emergency Ambulance Control with agreement in June 2015 to participate in the development of a national Automatic External Defibrillator (AED) register and out of hospital cardiac arrest outcome study.</p> <p>NIAS has facilitated the activation of two further Community First Responder Groups and is liaising with a number of other groups, local Councils, sporting organisations and Government Departments regarding the establishment of public access defibrillator schemes. A further Community First Responder Group</p>

	<p>is currently being developed in the South West and engagement with them has commenced. NIAS continues to engage with a number of PAD schemes and initiatives and has indicated its support for the national 'Restart a Heart' day in October 2016.</p> <p>Otherwise the progress of implementation continues to be slow as confirmation of recurrent funding for Community Resuscitation Development Officers (CRDOs) from the Health & Social Care Board (HSCB) / Public Health Agency (PHA) was not received for 2015/16. Existing funding to support current training initiatives ended September 2015. Prior to this a number of other Trusts' CRDOs had already been redeployed to their normal roles. Current initiatives, particularly within Northern Trust area, beyond September 2015 have now been significantly curtailed until a decision regarding recurrent funding is made. The decision by HSCB/PHA regarding recurrent funding which was anticipated in September 2015 was deferred until March 2016, with support only being provided to existing initiatives in the interim. This has resulted in effectively only one part-time CRDO remaining in post to support one of the initiatives in the Northern Trust area. Correspondence has been received in March 2016 from HSCB indicating that no funding will be available for this initiative in 2016/17. It has also been confirmed by the other Trusts that all previous initiatives supported by them will cease by at the latest June 2016. Further implementation of the Strategy will potentially be significantly curtailed if funding is not agreed. This has been highlighted to the DHSSPSNI by the Medical Director and has been brought to the attention of the Minister, Permanent Secretary and CMO for resolution. This is now being taken forward by DHSSPSNI in the form of an alternative funding bid to DFP as the appointment of CRDOs is part of a Ministerial strategy. The Medical Director continues to engage with the Department of Health in order to attempt to progress.</p>
<i>Patient Report Form (PRF)</i>	A revised Patient Report Form (PRF) to reflect new clinical guidelines, referral pathways and regional physiological early warning scores was successfully introduced on 1 August 2015. A user's guide detailing the procedure for the

	<p>completion of the new report form was circulated. A small number of minor revisions have been identified and proposed by staff and have now been incorporated. Feedback from staff regarding the report form has been very positive and was presented to the Assurance Committee in January 2016.</p> <p>An associated revised policy for PRF completion is still being drafted and submission for approval has been delayed to Q1 2016/17.</p>
Electronic Patient Report Form (ePRF)	<p>The Outline Business Case was submitted to DHSSPS in November 2014 following a number of minor amendments requested by them. The Department have accepted that the Business Case is now ready for submission to the Department of Finance.</p> <p>Further progress of the business case is dependent on a letter of support from the Commissioners. In discussion with the Board and the Department, it was agreed that a letter of conditional support from Commissioners would allow the project to proceed to procurement. This will present an opportunity to obtain an accurate picture of overall costs, with any financial commitment subject to review and approval of the Full Business Case. This will ensure the project remains on target and avoid unnecessary delays.</p> <p>A decision regarding support for revenue funding was anticipated by end July 2015 in order to comply with proposed timescales and deadlines if support is agreed. However further correspondence from the Commissioner indicated that a decision was unlikely before end September 2015 but unfortunately no decision has been made as of end February 2016 despite a number of contacts with HSCB. This significant delay has now impacted on project deadlines and milestones.</p> <p>Ongoing engagement with HSCB has resulted in the Trust being informed of the development of a business case by HSCB for a regional Electronic Healthcare Record (EHCR) to replace as a minimum the current Patient Administration</p>

	<p>Systems (PAS) in hospitals. This will require significant capital and revenue investment and as part of the business case development, various options including the position of an ambulance ePRF are being considered within that project. This has effectively halted further progress to obtaining Commissioner support for the previously submitted OBC for the NIAS ePRF. Engagement with HSCB is still ongoing to scope if the ePRF should remain as a stand-alone initiative linking with the EHCR or should become an integral part of the EHCR development. While this engagement continues, it is disappointing to report that an ambulance ePRF was not included in the documentation as part of the recent launch of the eHealth & Care Strategy.</p>
<i>Annual Quality Report</i>	<p>The Trust 2014/15 Annual Quality Report was completed during October 2015, reviewed by DHSSPS and published in November 2015. The report was presented to Trust Board in December 2015.</p> <p>Work has commenced on a joint Finance and Medical Directorate programme to publish and communicate clinical performance information at levels of organisation, division, team and individual. In the meantime, an infographic has been developed for circulation to staff regarding elements of NIAS clinical performance and other data. Following completion of the work to compile the Annual Report, work will commence on developing the 2015/16 Annual Quality Report for publication in November 2016.</p>
<i>Alternative Care Pathways</i>	<p>An appropriate transport / referral policy and guideline approved by Trust Board in March 2015 has been circulated and implemented in July 2015.</p> <p>Work on the development of a number of policies continues including information markers and frequent callers. Completion of these has been delayed but it is anticipated these will now be circulated for consultation and comment within the Trust in Q1 2016/17.</p>

	<p>A Falls Referral pathway was introduced on 1 June 2015 in the Northern, Southern and South Eastern Trust areas and a Belfast Acute Care at Home pathway was also introduced and a Chronic Obstructive Pulmonary Disease (COPD) referral pathway commenced in the Belfast and Western Trust areas. The Minor Injuries Unit pathway was extended to include the Downe Hospital, and direct referral to an Acute Medical Assessment Unit in Antrim Area Hospital commenced. During the previous reporting period, a pilot for patients with a fractured neck of femur in the Southern Trust area commenced and is ongoing. A regional Treat & Leave protocol for epilepsy was also introduced regionally. The Southern Trust Acute Care at Home referral pathway was extended and a palliative care referral pathway was implemented regionally with the exception of the Southern sector of the Western Trust. The diabetes hypoglycaemia pathway was finally introduced regionally by end March 2016. Further engagement in relation to diabetes is ongoing following the publication of the Regional Diabetes Strategy. A regional referral pathway to district nursing services commenced in February 2016 with the pathway being extended to 24 hours in the Belfast and South Eastern Trust areas. A number of direct referrals have now been made by NIAS to the Alcohol Recovery Centres in Belfast.</p> <p>A Directory of Services has been introduced in Ambulance Control containing details of all alternative care pathway information for use by Ambulance personnel. Decision support software for the pilot of a Clinical Support Desk (CSD) within Ambulance Control which had been procured was found to be unsuitable for use by paramedics and was therefore refunded. Other secondary triage tools in use by a number of other Ambulance Services have been assessed and the Manchester Triage Tool is felt to be the most suitable for use in NIAS. The establishment of the CSD in Emergency Ambulance Control (EAC) continues to be delayed by this and also pending the outcome of the Job Evaluation and Job Specification process. Work is continuing in preparing Ambulance Control systems and operational protocols for the CSD and the three month pilot of an enhanced NIAS GP CSD, which commenced on 1 December 2015, is currently being evaluated but initial assessment shows an increased</p>
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	number of calls being secondarily triaged by the GPs in the Emergency Control Room. The final outcome will be reviewed by the Trust's Transformation and Modernisation Programme Board.
Personal Public Involvement / Patient Client Experience	
<u>Patient and Client Experience Standards (PCES)</u>	<p>Equality, PPI and Patient Experience staff continue to support the Trust's Medical Director in the delivery of the Personal and Public Involvement and Patient Client Experience agendas. This includes implementation of statutory and departmental priorities in respect of a methodology for the measurement of and learning from patient experience and systems of service user engagement and involvement. The Trust has worked to mainstream PPI and Patient Experience elements within policy development in the Trust. The Trust continues to be represented in regional work streams around the Minister's standards: Respect; Attitude; Behaviour; Communication; and Privacy and Dignity.</p> <p>Observations of practice continued during 2015-16, providing further evidence of positive patient experience as well as identifying areas for improvement. The information gathered from observation of practice was used to compliment that obtained through the use of other patient experience tools and methodologies. The outcome of observations helped managers and staff to identify gaps and put in place arrangements to improve practice and deliver more person-centred care.</p> <p>The Trust has engaged with PHA to review the March 2016 Action Plan and agree priorities for 2016-17 for Patient Experience. The Trust has also reviewed systems for undertaking this methodology in order to mainstream the standards within core clinical practice. This includes reviewing systems of observations of clinical practice to include monitoring of the standards going forward. The Trust will hold a workshop and develop plans to mainstream Observations of Practice for patient client experience standards as part of core business with clinical observation and in a forthcoming pilot on the Quality Improvement work programme. A key focus in respect of this work is improved practice informed by learning outcomes.</p>

	<p>Patient stories have continued to be gathered through the 10,000 Voices project and are in process of being reviewed. 10,000 Voices has now been extended to include staff and how they are able to deliver patient experience. As at 31 March 2016, 277 patients and 4 members of staff had completed survey questionnaires. The majority of patient stories received so far have been positive. The Trust will continue to collect patient stories and work with the PHA and service users on the evaluation of the stories in order to ensure learning from 10,000 Voices leads to improved services. A further workshop with the PHA and service users will be held during 2016 to review the themes emerging from patient stories collected.</p>
<p><u>Personal and Public Involvement (PPI)</u></p>	<p>The Trust's Personal and Public Involvement (PPI) Strategy outlines its commitment to involving key stakeholders such as service users, carers and their representatives in the development of services. The Trust continued to participate in regional PPI work with other HSC organisations to ensure a collaborative approach across HSC. This included contribution to the development of PPI Standards for HSC and related training and awareness programmes for staff.</p> <p>PPI involvement with service users as part of the Transformation and Modernisation work streams has continued during the reporting period. A key priority was engagement around Transforming Your Care (TYC) and related Alternative Care Pathways. Service user workshops were held in Belfast and Derry during June 2015. Focus Groups with service users arranged in collaboration with Epilepsy Action and Age NI were held during February 2016. A series of visits to shopping centres took place in March 2016 to promote awareness of Alternative Care pathways to the public. These provided an opportunity to outline the Trust's progress to date and future plans in respect of this agenda and to obtain feedback from those with experience of ambulance services. This feedback will be used to inform further development of TYC work streams. Those who participated were largely supportive of the Trust's direction</p>

	of travel and provided constructive ideas for progressing the work and engaging further with the public around it. This will help inform a public awareness campaign for TYC specifically and NIAS's services generally.
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EMERGENCY PLANNING REPORT
Report for March 2016

KPI No		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2	No of Potential Major Incidents	1	1		2	5	1	1	3		3		
	No of Declared Major Incidents	1		1					1				
	No of Airport alerts												
	Belfast International Airport			2		1	1		1				1
	Belfast City Airport							1					1
	City of Derry Airport												
	St Angelo Airport												
	Newtownards Airfield	1											
	Other airfields												
	Business Continuity	2	2	3	4	4		2		1			4
	Hazardous Material Incidents (HART calls)		22	25	43	49	48	27	38	42	33	35	40
	HART pre-planned deployments		3	2	2	3	1						
4	Training sessions	2	3	1			3	1	4		1	2	3
	Emergency Planning	2	1	2	2	2	2	2	1		2	1	4
	HART	6	4	9			6	4	6	3	7	8	9
	Business Continuity		1	1								1	
5	Exercises												
	Live	2	1	4	1		3	2	1				
	Tabletop	1	1	1				1	2	1	2		1
	Observer		1	0					1				
6	Updates or amendments to MIP										1		
	Events												
	HART Calls/ deployments												
	GOLD operational								1	1			1

Potential Major Incident

There were no potential major Incidents this period.

Major Incidents

There were no declared major incidents during this period.

Airport Alerts

- On 24 March 2016 at 1445hrs NIAS received an airport alert to the Belfast International Airport (BIA) for a plane landing with reports of an engine fire. Six Emergency Ambulances, five Patient Care Service/Intermediate Care Service ambulances, four Rapid Response Vehicles, one Doctor, eleven Officers, two Hazardous Area Response Teams, the Emergency Equipment Vehicle and the Mobile Control Vehicle were tasked to the scene. The plane landed safely and all resources were stood down.

The review of the incident identified a number of issues including a problem with the auto-paging system which has now been rectified, and the use of an incorrect telephone number for the Ulster Hospital. This has also since been addressed.

- On 27 March 2016 at 1419hrs NIAS received an airport alert to the George Best Belfast City Airport (BCA) for an aircraft making an emergency landing with 48 persons on board. An estimated time of arrival of eight minutes was given. Three Emergency Ambulances, two Patient Care Service/Intermediate Care Service ambulances, one Rapid Response Vehicle, one Doctor, four Officers, the Emergency Equipment Vehicle and the Mobile Control Vehicle were tasked to the scene. One Officer was tasked to the Royal Victoria Hospital to act as Hospital Ambulance Liaison Officer. The plane landed safely and the officer at the airport stood the incident down.

The review of the incident highlighted the use of the incorrect telephone number for the Ulster Hospital to place them on standby, but this has now been rectified as above.

Business Continuity

On 3 March 2016 at 1605hrs the telephone system in the Emergency Ambulance Control Centre failed. The contingency plans were enacted immediately with the calls being diverted to Scotland and they in turn passed the calls to NIAS on mobile phones. The radio, MIS and C3 remained operational throughout the telephone failure. An Incident Control team was formed and the first meeting took place at 1640hrs. As the first priority was to get the full system working and then investigate what had caused the problem, each Control desk had to be shut down and brought back online individually. There was a potential for call delays and for lost calls but this was thought to be unlikely. The full system was operational at 1707hrs. NIAS Emergency Ambulance Control resumed normal working at 1718hrs. No call delays or lost calls were recorded during this period.

An internal review of the incident identified a number of issues including the need to upgrade the mobile phones used as a contingency in EAC, as well as updating the EAC contingency plans. BT have been requested to furnish the Trust with a report into the failure and address any issues identified.

HAZMAT / Hazardous Area Response Team (HART) deployments

33 = Deployments with Breathing Apparatus skills/ HAZMAT deployments

1 = Restricted space

2 = Marauding Terrorist Firearms Attack (MFTA)

2 = Incident at height

1 = Rope Tech

1 = HAZMAT

All chemical suits serviced this month.

Overview of Emergency Preparedness & Business Continuity Activity – April 2015-March 2016

During the year the Trust's Major Incident Plan was reviewed, revised and updated as part of a regular cycle of ongoing review. The revised Major Incident Plan was approved by Trust Board, reprinted and reissued both in hard copy and electronic format. The Trust's Major Incident Plan is compliant with the requirements of "Handling Major Incidents: an Operational Doctrine," the Northern Ireland Civil Contingencies Framework, "Emergency Preparedness for Health and Social Care Organisations" and other guidance.

During the year NIAS responded to seventeen potential major incidents and three declared major incidents, as well as nine airport alerts.

A major incident was declared when a vehicle struck a large crowd of people at speed. Eight Emergency Ambulances, three Rapid Response Vehicles, one Intermediate Care Ambulance, two Hazardous Area Response Vehicles, four Officers, one Doctor, the Emergency Equipment Vehicle and the Mobile Control Vehicle were tasked to the scene. A receiving hospital was designated and a Hospital Ambulance Liaison Officer deployed. Six seriously injured patients were transported to hospital and the incident stood down one hour and ten minutes later.

Twenty-two Business Continuity Incidents were reported and successfully managed. These included the need to evacuate ambulance stations due to civil disturbance, flooding, power failures, vehicle and other infrastructure issues.

One such incident of note occurred when the telephone system in the Emergency Ambulance Control Centre failed. The contingency plans were enacted immediately with the calls being diverted to Scotland and they in turn passed the calls to NIAS on mobile phones. The radio system, MIS and C3 remained operational throughout the telephone failure. An Incident Control team was established and briefed by the IT Manager. The fault was established and the system restored to normal functionality in a planned manner over the subsequent two hours. During the incident, due to the contingencies in place, no calls were lost or ambulance responses delayed. As part of the subsequent debrief a number of issues were identified addressed and incorporated into future contingency planning.

NIAS participated in 26 emergency preparedness exercises and 106 training sessions.

The Hazardous Area Response Team (HART) responded to over 400 calls including 33 deployments involving Breathing Apparatus skills or Hazardous Materials (HAZMAT), one restricted space, two firearms Incidents, two incidents at height, and one rope rescue.

This activity is summarised in the following table:

KPI No		Total
2	No of Potential Major Incidents	17
	No of Declared Major Incidents	3
	No of Airport alerts	9
	Business Continuity	22
	Hazardous Material Incidents (HART calls)	402
	HART pre-planned deployments	11
4	Training sessions	20
	Emergency Planning	21
	HART	62
	Business Continuity	3
5	Exercises	
	Live	14
	Tabletop	10
	Observer	2
6	Updates or amendments to MIP	1
	Events	
	HART Calls/ deployments	
	GOLD operational	3



Billy Newton
Emergency Planning Officer

Clinical Audit Report



B6(ii) Percentage of patients with a suspect stroke or unresolved ischemic attack who receive an appropriate care bundle

CRITERIA FOR INCLUSION: FAST TEST PERFORMED AND OUTCOME RECORDED ON PRF

At least one positive result required i.e. Facial Weakness = 'Yes' OR Arm Weakness = 'Yes' OR Speech Impairment = 'Yes'

PERIOD OF MONITORING: 01 Jan 2015 TO 31 March 2016

	Totals			i2	i3	i4	i5	i6	i7
	Total PRFs per month	Suspected Stroke		Airway Managed / Observed	Blood Glucose Observed	Blood Pressure Observed	Glasgow Coma Scale Completed / Observed	Pre Alert Message Sent to hospital	Direct Transfer to hospital
Jan 15	16652	453	N	433	333	420	449		395
			%	95.6%	73.5%	92.7%	99.1%	0.0%	87.2%
Feb-15	15887	445	N	431	353	417	440		383
			%	96.9%	79.3%	93.7%	98.9%	0.0%	86.1%
Mar-15	16422	442	N	426	335	413	436		381
			%	96.4%	75.8%	93.4%	98.6%	0.0%	86.2%
Apr-15	15163	420	N	405	325	391	414		380
			%	96.4%	77.4%	93.1%	98.6%	0.0%	90.5%
May-15	15751	465	N	454	362	447	451		392
			%	97.6%	77.8%	96.1%	97.0%	0.0%	84.3%
Jun-15	15891	369	N	358	284	351	366		314
			%	97.0%	77.0%	95.1%	99.2%	0.0%	85.1%
Jul-15	15678	387	N	369	318	363	374		336
			%	95.3%	82.2%	93.8%	96.6%	0.0%	86.8%
Aug-15	16259	386	N	378	339	373	375	103	272
			%	97.9%	87.8%	96.6%	97.2%	26.7%	70.5%
Sep-15	15969	350	N	343	291	331	340	95	236
			%	98.0%	83.1%	94.6%	97.1%	27.1%	67.4%
Oct-15	16242	394	N	378	330	377	381	116	290
			%	95.9%	83.8%	95.7%	96.7%	29.4%	73.6%
Nov-15	15639	340	N	334	287	319	323	99	247
			%	98.2%	84.4%	93.8%	95.0%	29.1%	72.6%
Dec-15	17529	305	N	292	229	285	294	60	216
			%	95.7%	75.1%	93.4%	96.4%	19.7%	70.8%
Jan-16	16960	287	N	282	252	277	279	88	211
			%	98.3%	87.8%	96.5%	97.2%	30.7%	73.5%
Feb-16	15887	318	N	308	275	305	309	81	239
			%	96.9%	86.5%	95.9%	97.2%	25.5%	75.2%
Mar-16	16697	318	N	311	270	307	310	94	241
			%	97.8%	84.9%	96.5%	97.5%	29.6%	75.8%
Total	242626	5679	N	5502.0	4583.0	5376.0	5541.0	736.0	4533.0
			%	96.9%	80.7%	94.7%	97.6%	27.3%	79.8%

*Incidents where the patient has refused treatment have been removed from this audit.

* Pre Alert message not currently auditable until new PRF format which became operation on the 01/08/15.

NOTE: PRF PROCESSING AND DATA CLEANING IS CONTINUOUSLY ONGOING. THE FIGURES REPORTED ABOVE ARE THEREFORE SUBJECT TO FURTHER REVISION AND MAY BE ADJUSTED IN FUTURE UPDATES OF THIS REPORT

CLINICAL PERFORMANCE INDICATORS: STROKE/TIA MANAGEMENT INDICATOR SET

- i2 Airway assessed as 'CLEAR' on PRF or managed appropriately
- i3 Blood glucose recorded on PRF
- i4 Blood pressure recorded
- i5 Local stroke team contacted
- i6 Glasgow Coma Scale section of PRF completed

ID	220
Title	Trade Unions 'Notice to Employer' of an official ballot for Industrial Action.
Description	There is a risk to all aspects of service delivery, including the risk to safe delivery of patient care. Ballot for Industrial Action (i) in the form of Strike Action; or (ii) in the form of action short of a strike
Risk level (initial)	HIGH
Risk level (Target)	MEDIUM
Risk level (current)	HIGH
Lead Director	DIRHR
Initial Action Taken to Control/Mitigate Risk	<ol style="list-style-type: none"> 1. Management guidance for response to IA and contingency Plan for IA implemented 2. IA Management Team and related Silver Cell established to ensure the Trust has a formal structure in place which enables effective demand management and co ordination. 3. Regional HSC Protocol and MOU agreed with Unison, Unite and GMB Trade Unions to protect the provision of emergency services and clinically critical care to patients during the periods of IA. Commitment also given to support the delivery of contingencies where employers are demonstrably unable to make alternative arrangements. 4. IAMT will engage with TU's before and during IA 5. Escalation to NIAS BC Plans as appropriate. 6. Consultations mechanism established for IR issues. Continued engagement with Trade Unions throughout these. 7. A series of debriefs have been conducted following the IA and recommendations and action plans have been developed. 8. Chair and Chief Executive to engage with DHSSPS at Permanent Secretary level to address issues of dispute that are out with NIAS Trust influence. This meeting took place 22/01/15. 9. Formal debrief completed by Asst Dir Ops on the 3/11/15
Opened	11/08/2011
Review Date	23/02/2016
Action Plan to Address /Mitigate Risk	<ol style="list-style-type: none"> 3. Recommendation and action plans will be used to inform a planned workshop to conduct Business Continuity Impact Analysis. 4. Ongoing engagement with Trade Unions continuing through a variety of groups and forums. 5. Recommendations from debriefs following IA will be incorporated into Business Continuity processes 6. HR elements of action plan to be discussed 15.03.16.

ID	246
Title	Linking Funding to Demand
Description	<p>There is a risk to the Trust that increasing demand for ambulance response and transportation will outstrip capacity and compromise delivery of safe, high quality care due to the absence of a means of linking planned / approved budget to demand.</p> <p>Overall demand for ambulance has increased by 3% in 2014-15, with an increase of 14% for Category A calls. The increase in Category A calls has resulted in a sharp deterioration in % of Cat A calls responded to within 8 mins despite only moderate fall in absolute number of calls responded to within 8 mins.</p>
Risk level (initial)	MEDIUM
Risk level (Target)	LOW
Risk level (current)	HIGH
Lead Director	DIROPS
Initial Action Taken to Control/Mitigate Risk	<ol style="list-style-type: none"> 1.NIAS uses internationally accredited Clinical Prioritisation System (AMPDS) to differentiate calls on basis of urgency and assign resources to the most urgent calls as a priority. 2.NIAS uses Computer Assisted Dispatch (CAD) and Tactical Deployment Plan to align available resources with anticipated demand to deploy resources to location where they are most likely to be required to respond promptly to most urgent calls. 3.NIAS financial planning prioritises provision of front-line resources. 4.NIAS has established Resource Management Centre (RMC) to align available resources with priority locations and times. 5.NIAS has identified priority locations and times for shift cover. 6.Financial resource and activity/performance are issues discussed with HSCB at PMSI meetings. 7.Financial resource and activity/performance are issues discussed at Trust Board. 8.NIAS has processes in place to secure additional funds linked to service change which could potentially be extended to deal with demand growth (subject to securing Commissioner support). 9 Introduce measures to manage demand which reduces demand for ambulance attendance and transportation. 9.1.NIAS Modernisation programme established 10.Introduce measures to manage demand which result in an alternative outcome which is more appropriate for the patient and better for NIAS/HSC. 10.1.NIAS Modernisation programme established
Opened	30/04/2013
Review Date	23/02/2016
Action Plan to Address/Mitigate Risk	<ol style="list-style-type: none"> 1.Secure Commissioner support to engage in Demand/Capacity review as first step to linking demand to supply. 1.1.Dir Operations has engaged with Lead Ambulance Commissioner and secured support to progress 2.Establish metrics to show correlation/relationship between planned resource - demand - performance support bid for additional resources. 2.HSCB proposal to link planned budget to demand analysis to HSCB. E124 advance of completing demand/capacity review NIAS has sought to secure share of Demography funding in recognition of demand/activity growth (attempt to establish principle of funding growth) IPTG scheduled for submission to Trust Board on th August 2015. provide Call Prioritisation and Dispatch procedures to protect capacity to respond to & transport highest priority patients. provide Categorisation of HCPC calls to address 14% growth in-year and ensure call prioritisation is appropriate. Clinical Decision Support desk in Ambulance Control to provide additional means of managing calls. 9. This risk to be closed following Trust Board in th August 2015. It was agreed that this risk would be closed following Trust Board on the th July and replaced by a new risk 'Safe Care for the Public'. As this has not yet been developed and the decision regarding the Investment Proposal is still awaited. It is recommended that this risk remains at present. 10 D OPS to develop a new risk in relation to 'Safe care to the Public' 11. Reviewed by SEMT on 3/11/15 and a decision taken to retain in current form until alterative risk is developed.

ID	273
Title	Financial Stability - Achieving Financial Balance 2015/16
Description	There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance.
Risk level (initial)	HIGH
Risk level (Target)	LOW
Risk level (current)	MEDIUM
Lead Director	FINDIR
Initial Action Taken to Control/Mitigate Risk	<p>The Trust has returned a break-even financial position for the last ten years and has a sound understanding of cost / income with controls in place to manage spend. There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely:</p> <ol style="list-style-type: none"> 1. Increases to Savings Target given significant emerging pressures across NI public sector such as welfare reforms. The Trust has been advised at this date (July 2015) of a savings requirement of £1.2m in 2015/16. 2. Overspending against core budget. 3. Cost Pressures and Service changes (including Transforming Your Care) not fully recognised and funded by Commissioners. Income levels for prior year developments, new service developments and other unavoidable pressures have been highlighted to HSCB /DHSSPS colleagues and the Trust is assuming that these costs will be met in full. 4. 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. <p>Given the challenging financial position for the public sector in Northern Ireland NIAS will continue to actively engage with Commissioners and DHSSPS to track emerging financial pressures and their impact on NIAS. Any changes in these assumptions will result in further contingency measures which are likely to impact directly on the delivery of front line services.</p> <p>Controls are in place to mitigate each of these factors above as follows:</p> <ol style="list-style-type: none"> A. Applying internal budgetary control processes led by Director of Finance reporting monthly to Chief Executive as Accounting Officer. This will continue to be underpinned by detailed budget reports produced by finance to support budget holders. Directors are held accountable to Chief Executive. Financial position is a standing item on SEMT agenda for DOF to provide update and test assumptions. B. Submission and engagement with DHSSPS/HSCB re any emerging financial implications for HSC in the context of NI public sector budgets to be reflected in NIAS Trust Delivery Plan. Ongoing monitoring, review and engagement with stakeholders. C. Ongoing monitoring, review and engagement with stakeholders will continue throughout to highlight emerging cost pressures and service changes. D. Ongoing monitoring, review and engagement with stakeholders will continue throughout recognising that there remain uncertainties in particular in respect of the outcome of Agenda for Change (both in terms of timing and magnitude). E. Development of savings plan by NIAS for 2015/16 in conjunction with Trust Board. Engagement with staff and patient representatives and fulfillment of any statutory consultation requirements. <p>i) Ongoing application of controls A to E above.</p> <p>The Trust Delivery Plan was approved by DHSSPS/HSCB in July 2015 Savings plans were finalised, approved and implemented in July 2015. The Trust continues with the monthly completion and submission of Trust Monitoring Returns and Financial Stability Programme Board (FSPB) Savings Returns The Trust continues with the budgetary reporting cycle to Budget Holders, SEMT and Trust Board.</p>
Opened	30/06/2015
Review Date	23/02/2016
Action Plan to Address/Mitigate Risk	<p>The income and savings requirements identified as part of the planning process have materialised largely in line with planning assumptions.</p> <p>The Trust is forecasting a breakeven position, within tolerance, at 31 March 2016 subject to a number of assumptions, for example Agenda for Change, and also a reduced allocation in respect of Voluntary Early Severance. The Trust is also implementing an ambitious programme of activity and expenditure aimed at improving response time in March 2016.</p> <p>In addition to the above, the forecast breakeven position at 31 March 2016 is subject to:</p> <ul style="list-style-type: none"> Completion of Draft Final Accounts (April/May 2016) Completion of External Audit (May/June 2016) Completion and Approval of Final Accounts by Trust Board and sign off by Accountable Officer (June 2016)

TB/3A/02/06/16

**PERFORMANCE REPORT AS
AT 30 APRIL 2016**

NORTHERN IRELAND AMBULANCE SERVICE

**TRUST BOARD REPORT
OPERATIONS DIRECTORATE**

**Director of Operations
20/05/2016**

(Up to April 2016)

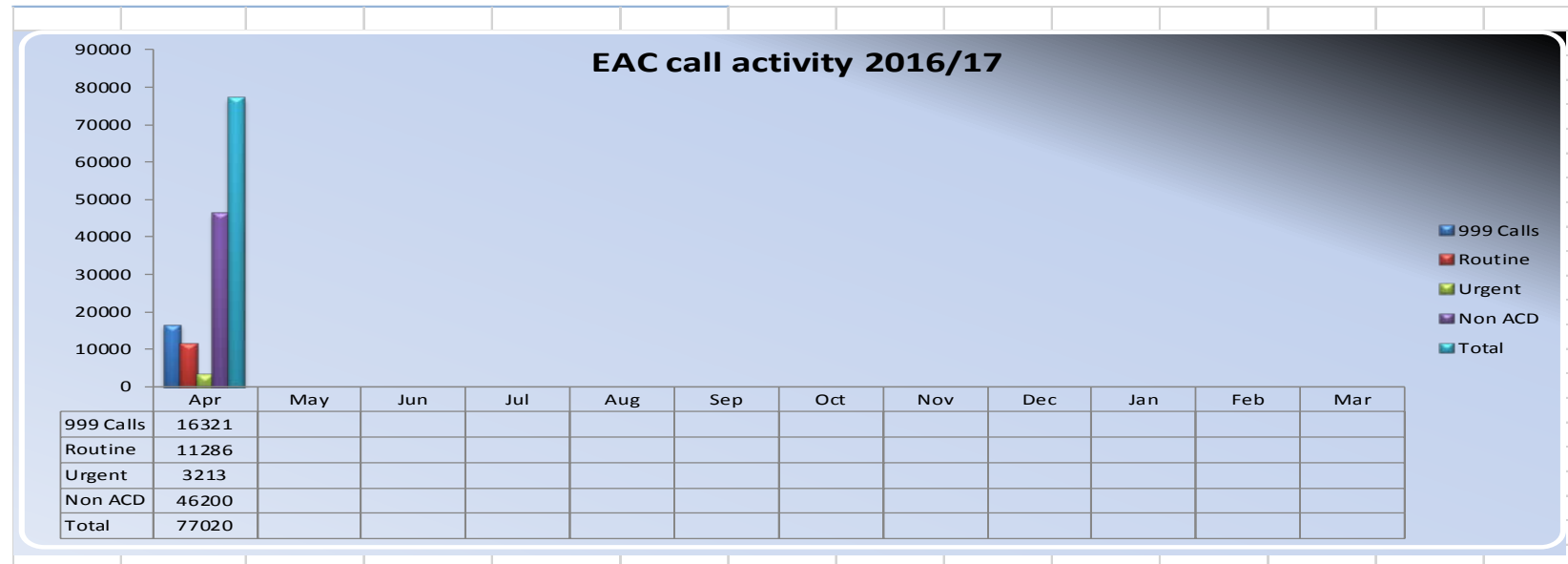
PERFORMANCE ANALYSIS AND REPORT

Emergency and Non-emergency Control Centres:

The objectives and performance against these for this area of business are as follows:

Objective 1: Receive emergency, Health Care Professional and routine calls:

Telephone calls are received via Automatic Call Distribution (ACD) which is a call handling system. We receive three types of telephone call; 999 calls; Healthcare Professionals (HCP) calls and Routine calls. When a telephone call arrives at our telephone switch the system delivers it automatically to the first available and suitable call-taker and the whole process occurs within 2 seconds.



Key Performance Indicator: Answer 95% of 999 calls within 2 seconds.

In April 2016 NIAS achieved 92.24% call pick within 2 minutes.

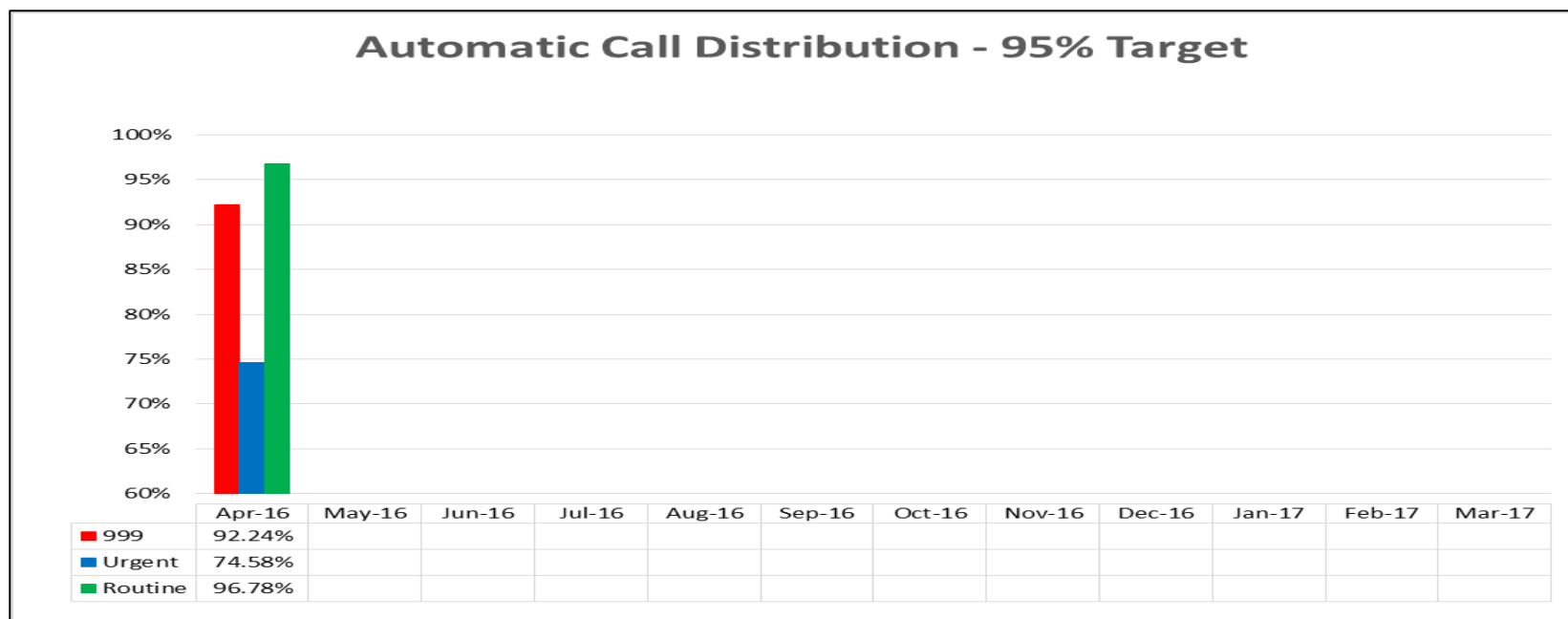
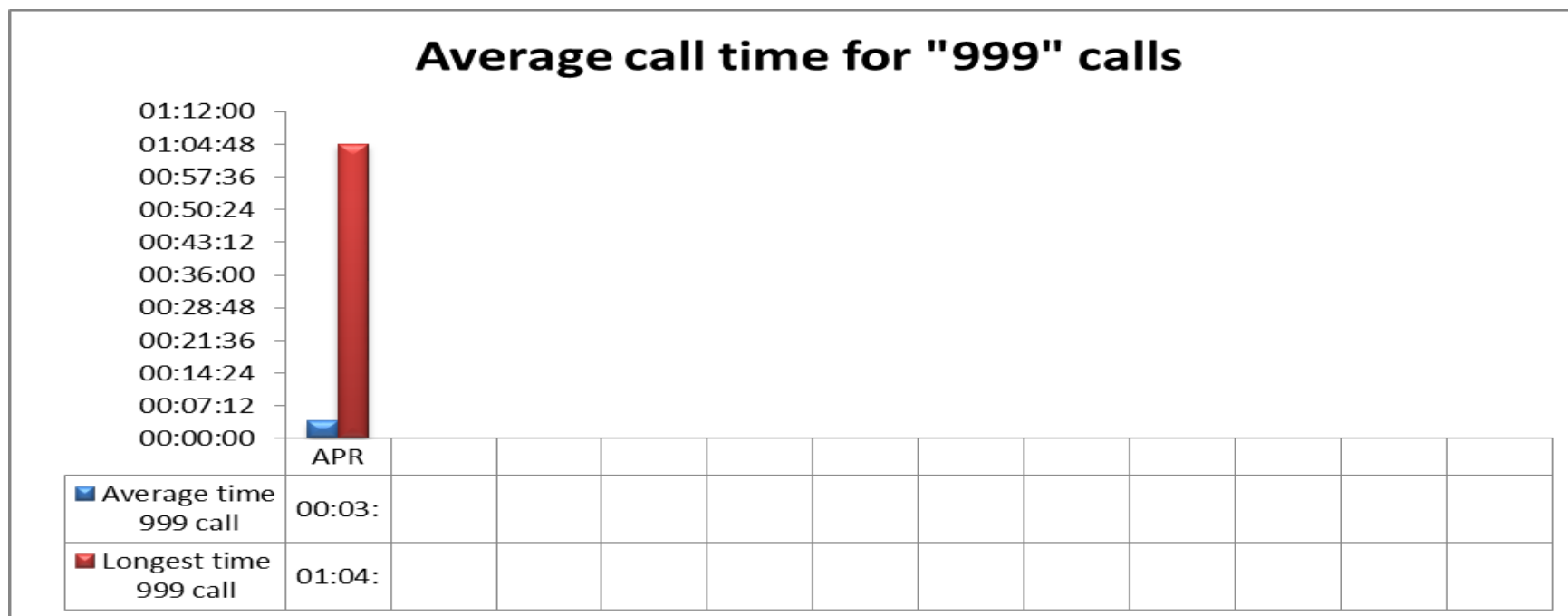


Table 2 - Graph showing performance against 2 second phone pick up KPI

Objective 2: Provide on-line advice to callers as appropriate. Record information, prioritise work-load and plan Ambulance dispatch.

Emergency Medical Dispatchers (EMDs) who take the 999 calls are required to remain on the line for certain health critical situations. The purpose of them remaining on the line is to provide support and advice to callers until one of our operational Ambulance resources is in attendance at the scene. Our EMDs have available to them a selection of advice on subjects ranging from detecting ineffective breathing to delivering Cardio Pulmonary Resuscitation (CPR), managing a choking patient to supporting callers in the process of childbirth.

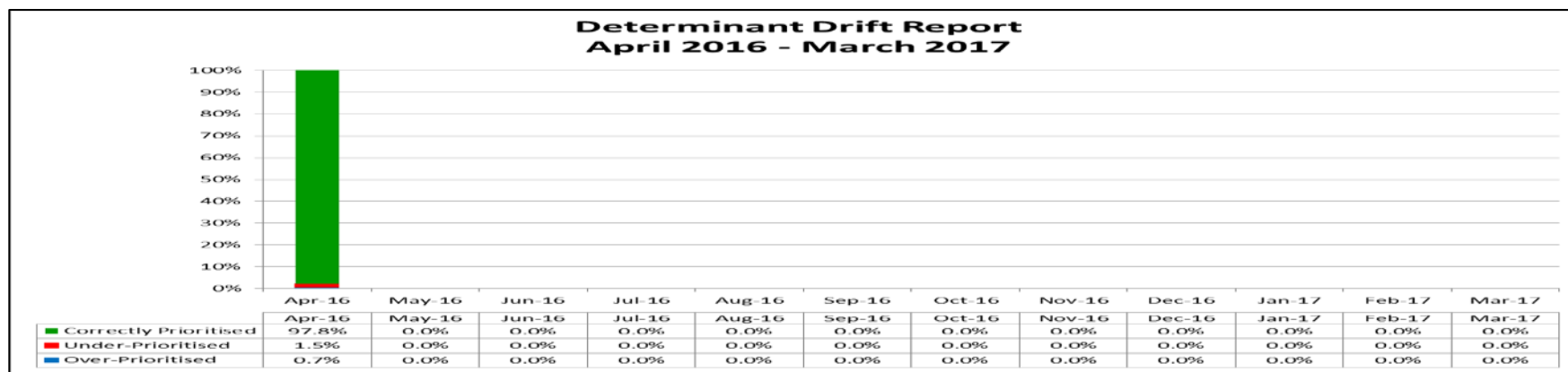
The average telephone call time is around 4 minutes and the longest times can be in the region of an hour. In some instances the EMD stays on the line to provide assistance and advice until an ambulance arrives.



All 999 calls are processed through a Medical Priority Dispatch System (MPDS), which is an internationally accredited system, by the International Academies of Emergency Dispatch (IAED). This system enables the EMD to take the caller through a set of questions. These questions allow the EMDs to quickly evaluate the patient status and scene conditions and then categorise the call by chief complaint / incident type and set a determinant level i.e. identify the severity of the patients' condition in terms of minor through to Immediately Life Threatening. The protocols enable a trained and certified EMD to assist the caller in immediately helping the patient. MPDS also includes treatment sequence protocols covering cardiac arrest, choking, and childbirth. The MPDS codes allow emergency medical systems to determine the appropriate response mode (i.e. routine or "lights and sirens") and resources to be assigned.

During the 2015 / 16 year we embedded a dedicated Call-taking Quality Improvement Team within the department. NIAS is committed to reviewing a percentage of 999 calls in line with annual call volume. For 2016-17 this equates to approximately 2.72% of 999 calls or approximately 62 calls per week. Calls are measured across seven areas including customer service and final coding to ensure the highest standards of patient care are provided.

Key Performance indicator: No more than 5% of calls audited should be either “under” or “over” prioritised. 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.



EMD Award Scheme:

For 999 calls during and to end of April 2016 the following awards have been attained:

Type	Level	March 2016	Total to Date
999 High Compliance	Bronze	3	15
Exemplary Customer Service	Bronze	1	46
	Silver	10	35
Baby Born		1	3
Cardiac Life Saver		1	2
Non-Cardiac Life Saver		1	1

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

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

KEY PERFORMANCE INDICATORS (KPIs) for the Year 2016/17

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

95% of Category B Response <21 mins

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

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

Performance Against Each KPI by Local Commissioning Group – April 2016

<i>KPI - From April 2016, 72.5% of Cat A (potentially immediately life threatening) calls to be responded to within 8 minutes, 67.5% in each Local Commissioning Group area (LCG)</i>													
LCG (67.5%)	Apr 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 16	Feb 16	Mar 16	2016/17
Belfast	60.1%												
South Eastern	43.1%												
Northern	44.7%												
Southern	54.5%												
Western	54.5%												
Northern Ireland (72.5%)	55.3%												

KPI - 95% of Cat A have a conveying resource <21min													
LCG	Apr 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 16	Feb 16	Mar 16	2016/17
Belfast	73.8%												
South Eastern	64.3%												
Northern	70.3%												
Southern	74.0%												
Western	72.9%												
Northern Ireland	64.5%												

KPI - 95% of Category B Response <21 mins													
LCG	Apr 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 16	Feb 16	Mar 16	2016/17
Belfast	78.9%												
South Eastern	72.0%												
Northern	77.2%												
Southern	77.5%												
Western	85.8%												
Northern Ireland	78.1%												

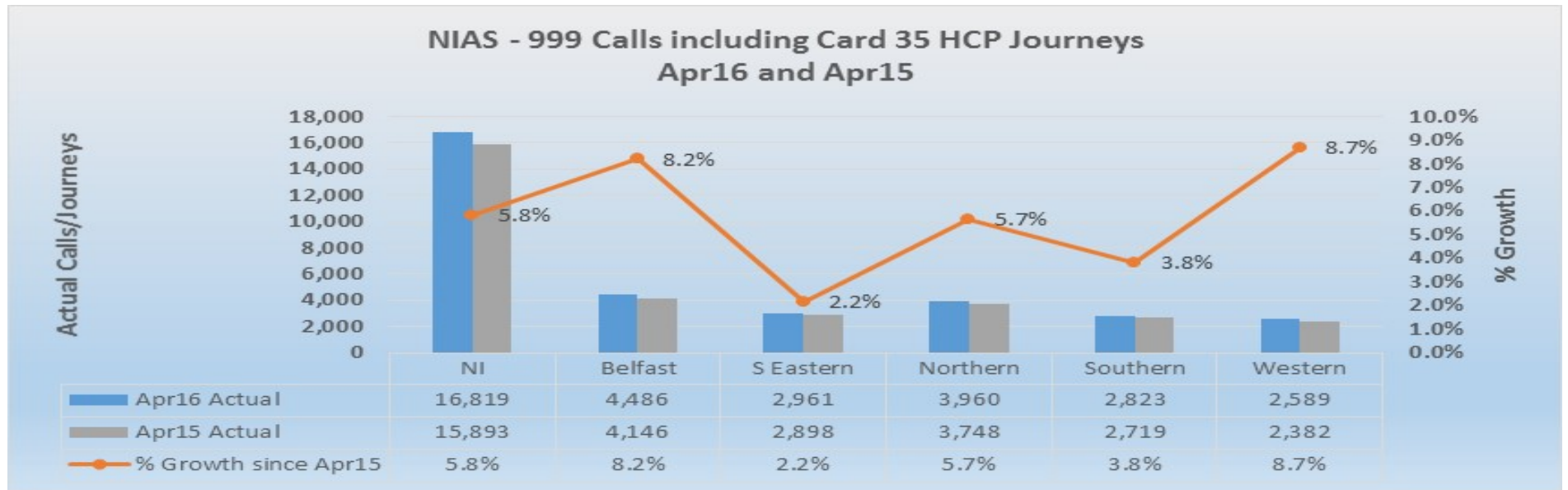
KPI - 95% Category C Non- Health Care Professional <60mins													
LCG	Apr 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 16	Feb 16	Mar 16	2016/17
Belfast	86.4%												
South Eastern	84.4%												
Northern	92.7%												
Southern	93.6%												
Western	98.4%												
Northern Ireland	90.6%												

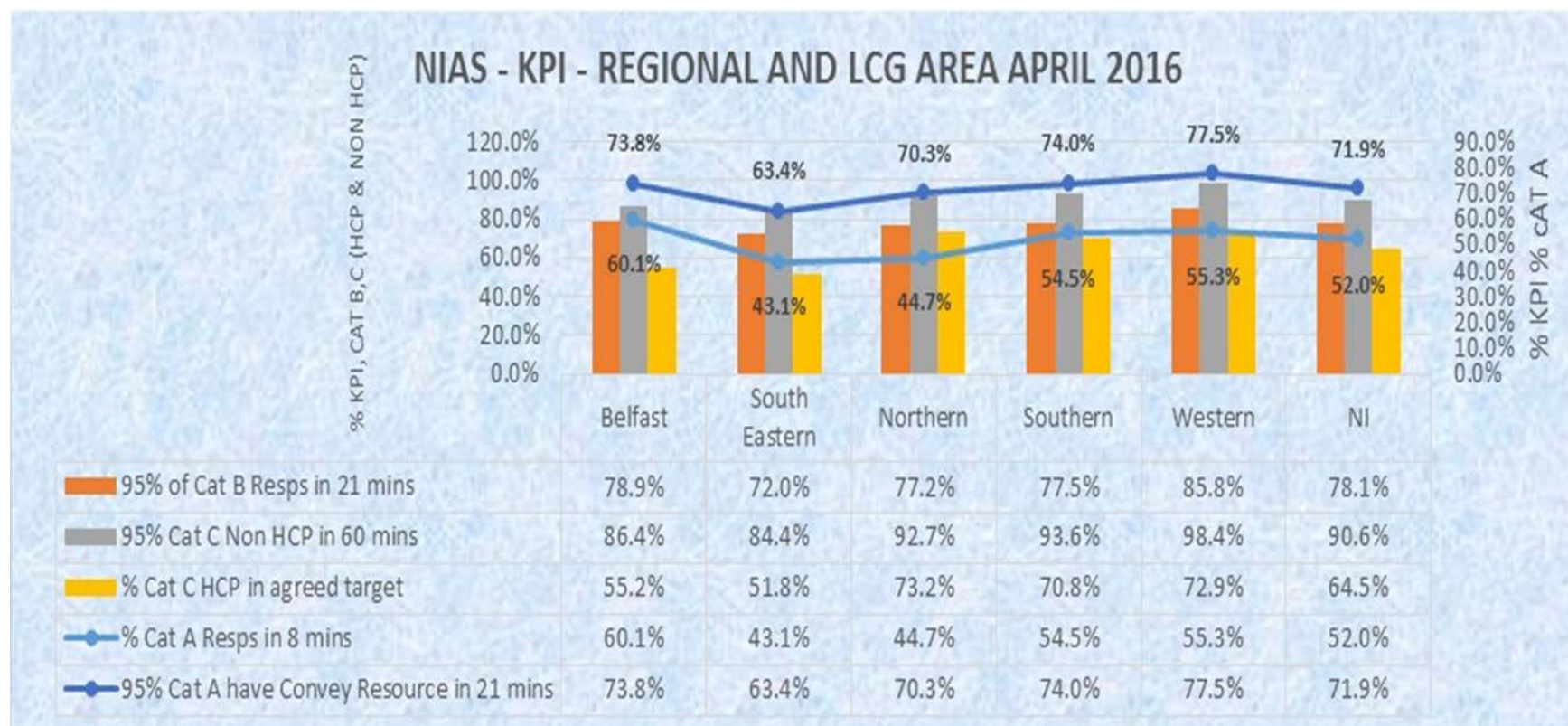
KPI - Category Health Care Professional (formally GP Urgent) within agreed target of either 1, 2, 3, 4, hours (measured against first response at scene)													
LCG	Apr 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 16	Feb 16	Mar 16	2016/17
Belfast	55.2%												
South Eastern	51.8%												
Northern	73.2%												
Southern	70.8%												
Western	72.9%												
Northern Ireland	64.5%												

DEMAND COMPARISON BY MONTH FOR 2016/17 v 2015/16 FOR 999 CALLS AND CARD 35 HCP ACTIVITY

MONTH	Belfast LCG		South Eastern LCG		Northern LCG		Western LCG		Southern LCG		Northern Ireland	
	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16
Apr 16 (Actual)	4,486	4,146	2,961	2,898	3,960	3,748	2,589	2,382	2,823	2,719	16,819	15,893
% Change 15v16	+8.2%		+2.2%		+5.7%		+8.7%		+3.8%		+5.8%	
May 16 (Actual)												
% Change 15v16												
June 16 (Actual)												
% Change 15v16												
July 16 (Actual)												
% Change 15v16												
Aug 16 (Actual)												
% Change 15v16												
Sept 16 (Actual)												
% Change 15v16												
Oct 16 (Actual)												
% Change 15v16												
Nov 16 (Actual)												
% Change 15v16												
Dec 16 (Actual)												
% Change 15v16												
Jan 17 (Actual)												
% Change 15v16												
Feb 17 (Actual)												
% Change 15v16												
Mar17 (Actual)												
% Change 15v16												

DEMAND COMPARISON BY APRIL 2016 v APRIL 2015 FOR 999 CALLS AND CARD 35 HCP ACTIVITY



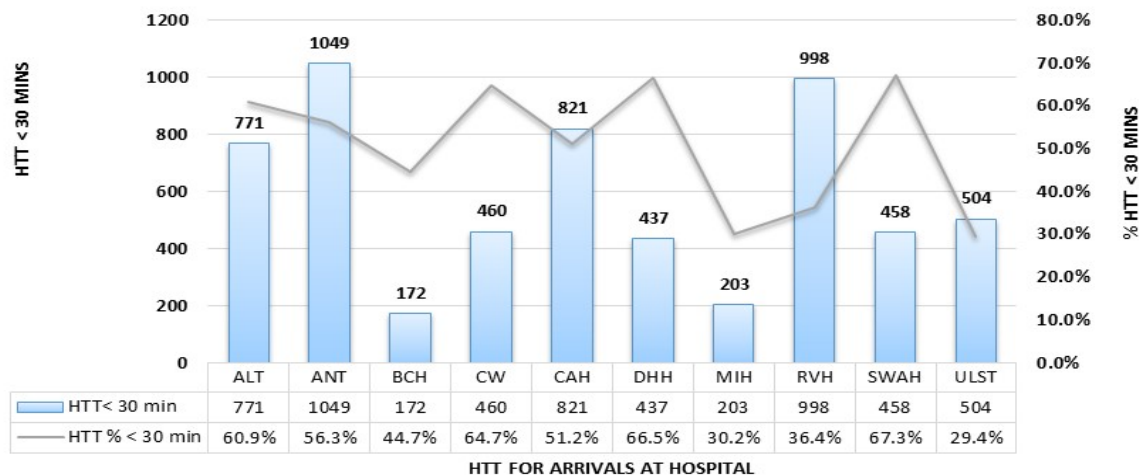


The charts above provide details of the operational performance against the Commissioners' targets and NIAS response standards. In working to achieve said targets and standards NIAS will focus on:

- Continuing the Workforce stabilization Program which includes recruitment of Ambulance Care Attendants for the Non-emergency Service provision as well as Paramedic Supervisors, Paramedics and Emergency Medical Technicians for the Emergency tier.
- Reducing Absenteeism and improving attendance levels across all workgroups.
- Development and implementation of the Operational performance Improvement plan 2016-1, including identifying funding to complete a Demand Capacity review.

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

AMBULANCE TURNAROUND TIMES AT HOSPITAL < 30 MINS
April 2016



HTT FOR ARRIVALS AT HOSPITAL

MONTH	ALTNAGELVIN		ANTRIM		BELFAST CITY		CAUSEWAY		CRAIGAVON		DAISYHILL		MATER		ROYAL		SOUTH WEST		ULSTER	
	<30 Mins	>30mins	<30 Mins	>30mins	<30 Mins	>30mins	<30 Mins	>30mins	<30 Mins	>30mins	<30 Mins	>30mins	<30 Mins	>30mins	<30 Mins	>30mins	<30 Mins	>30mins	<30 Mins	>30mins
Apr-16	771	495	1,049	814	172	213	460	251	821	781	437	220	203	469	998	1,741	458	223	504	1,210
Mar-16																				
May-16																				
Jun-16																				
Jul-16																				
Aug-16																				
Sep-16																				
Oct-16																				
Nov-16																				
Dec-16																				
Jan-17																				
Feb-17																				
Mar-17																				
Total 2016/17																				



CATEGORY A PERFORMANCE: AVERAGES AND OUTLIERS

Apr 16

REGIONAL CATEGORY A PERFORMANCE: TOTAL NUMBER OF RESPONSES

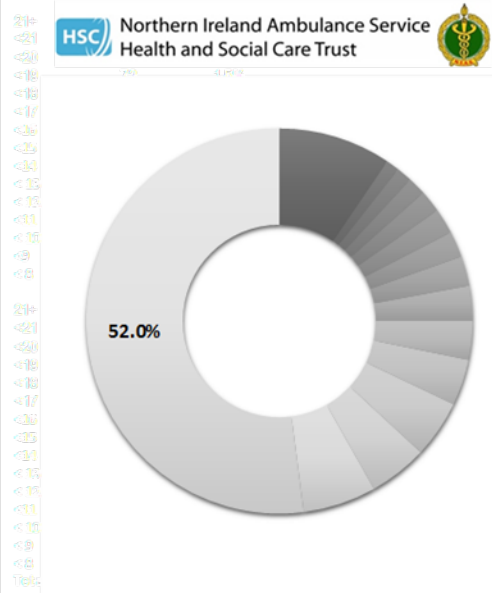
NORTHERN IRELAND REGIONAL TOTAL

TOTAL NUMBER OF CATEGORY A RESPONSES
4724
AVERAGE RESPONSE TIME [MM:SS]
10:46

Number of Category A responses required to exceed Regional target (72.5%)
3425
968 responses below target

BELFAST HSCT	SOUTH EASTERN HSCT	NORTHERN HSCT	SOUTHERN HSCT	WESTERN HSCT
Total number of Cat A responses	Total number of Cat A responses	Total number of Cat A responses	Total number of Cat A responses	Total number of Cat A responses
1272	788	1080	797	787
Number required to exceed LCG target (67.5%)	Number required to exceed LCG target (67.5%)	Number required to exceed LCG target (67.5%)	Number required to exceed LCG target (67.5%)	Number required to exceed LCG target (67.5%)
859	532	730	538	532
Number of category A responses at scene within 8 mins	Number of category A responses at scene within 8 mins	Number of category A responses at scene within 8 mins	Number of category A responses at scene within 8 mins	Number of category A responses at scene within 8 mins
765 60.1%	340 43.1%	483 44.7%	434 54.5%	435 55.3%
94 responses below target	192 responses below target	247 responses below target	104 responses below target	97 responses below target
Average response time [mm:ss]	Average response time [mm:ss]	Average response time [mm:ss]	Average response time [mm:ss]	Average response time [mm:ss]
08:51	11:55	13:11	09:54	10:14

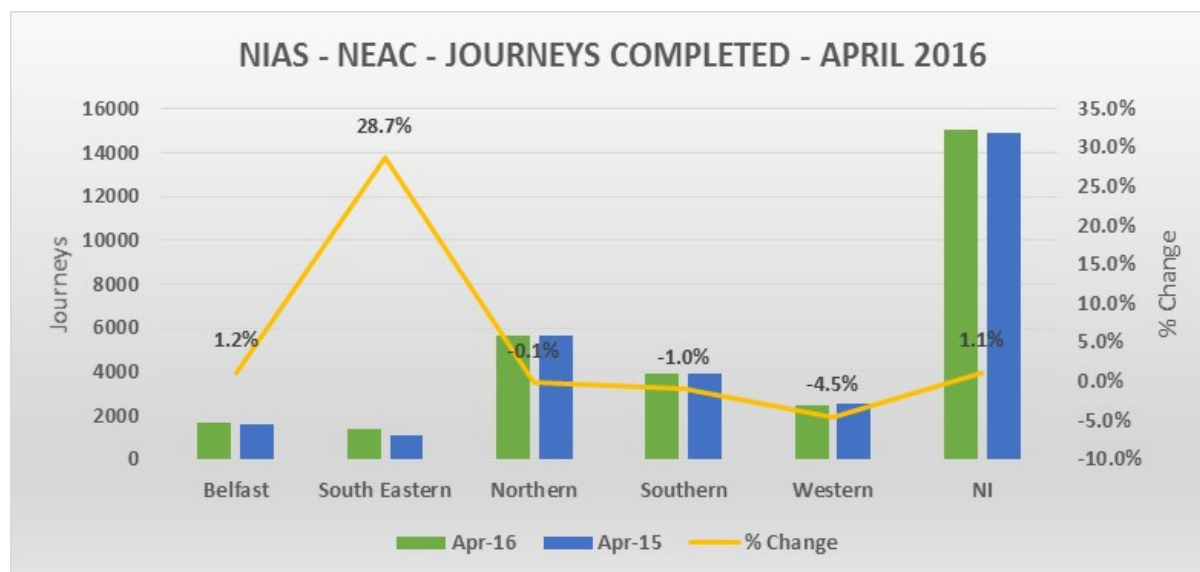
REGIONAL CATEGORY A PERFORMANCE SUMMARY



Category A Performance		%	Cumulative %
Within 8 minutes	2457	52.0%	52.0%
Within 8 - 9 minutes	290	6.1%	58.1%
Within 9 - 10 minutes	232	4.9%	63.1%
Within 10 - 11 minutes	228	4.8%	67.9%
Within 11 - 12 minutes	183	3.9%	71.8%
Within 12 - 13 minutes	153	3.2%	75.0%
Within 13 - 14 minutes	139	2.9%	77.9%
Within 14 - 15 minutes	118	2.5%	80.4%
Within 15 - 16 minutes	103	2.2%	82.6%
Within 16 - 17 minutes	101	2.1%	84.8%
Within 17 - 18 minutes	88	1.9%	86.6%
Within 18 - 19 minutes	72	1.5%	88.1%
Within 19 - 20 minutes	62	1.3%	89.5%
Within 20 - 21 minutes	52	1.1%	90.6%
Over 21 minutes	446	9.4%	100.0%
Total	4724		

BELFAST HSCT				SOUTH EASTERN HSCT				NORTHERN HSCT				SOUTHERN HSCT				WESTERN HSCT			
Response Time	N	%	Total	Response Time	N	%	Total	Response Time	N	%	Total	Response Time	N	%	Total	Response Time	N	%	Total
< 8 m	765	60.1%	60.1%	< 8 m	340	43.1%	43.1%	< 8 m	483	44.7%	44.7%	< 8 m	434	54.5%	54.5%	< 8 m	435	55.3%	55.3%
8 - 9 m	115	9.0%	69.2%	8 - 9 m	47	6.0%	49.1%	8 - 9 m	56	5.2%	49.9%	8 - 9 m	33	4.1%	58.6%	8 - 9 m	39	5.0%	60.2%
9 - 10 m	84	6.6%	75.8%	9 - 10 m	32	4.1%	53.2%	9 - 10 m	40	3.7%	53.6%	9 - 10 m	41	5.1%	63.7%	9 - 10 m	35	4.4%	64.7%
10 - 11 m	69	5.4%	81.2%	10 - 11 m	42	5.3%	58.5%	10 - 11 m	48	4.4%	58.1%	10 - 11 m	37	4.6%	68.4%	10 - 11 m	32	4.1%	68.7%
11 - 12 m	47	3.7%	84.9%	11 - 12 m	38	4.8%	63.3%	11 - 12 m	48	4.4%	62.5%	11 - 12 m	28	3.5%	71.9%	11 - 12 m	22	2.8%	71.5%
12 - 13 m	33	2.6%	87.5%	12 - 13 m	35	4.4%	67.8%	12 - 13 m	40	3.7%	66.2%	12 - 13 m	24	3.0%	74.9%	12 - 13 m	21	2.7%	74.2%
13 - 14 m	35	2.8%	90.3%	13 - 14 m	25	3.2%	70.9%	13 - 14 m	35	3.2%	69.4%	13 - 14 m	23	2.9%	77.8%	13 - 14 m	21	2.7%	76.9%
14 - 15 m	23	1.8%	92.1%	14 - 15 m	15	1.9%	72.8%	14 - 15 m	42	3.9%	73.3%	14 - 15 m	23	2.9%	80.7%	14 - 15 m	15	1.9%	78.8%
15 - 16 m	20	1.6%	93.6%	15 - 16 m	31	3.9%	76.8%	15 - 16 m	32	3.0%	76.3%	15 - 16 m	7	0.9%	81.6%	15 - 16 m	13	1.7%	80.4%
16 - 17 m	9	0.7%	94.3%	16 - 17 m	22	2.8%	79.6%	16 - 17 m	32	3.0%	79.3%	16 - 17 m	20	2.5%	84.1%	16 - 17 m	18	2.3%	82.7%
17 - 18 m	12	0.9%	95.3%	17 - 18 m	13	1.6%	81.2%	17 - 18 m	25	2.3%	81.6%	17 - 18 m	20	2.5%	86.6%	17 - 18 m	18	2.3%	85.0%
18 - 19 m	9	0.7%	96.0%	18 - 19 m	19	2.4%	83.6%	18 - 19 m	16	1.5%	83.1%	18 - 19 m	15	1.9%	88.5%	18 - 19 m	13	1.7%	86.7%
19 - 20 m	5	0.4%	96.4%	19 - 20 m	13	1.6%	85.3%	19 - 20 m	22	2.0%	85.1%	19 - 20 m	14	1.8%	90.2%	19 - 20 m	8	1.0%	87.7%
20 - 21 m	2	0.2%	96.5%	20 - 21 m	13	1.6%	86.9%	20 - 21 m	18	1.7%	86.8%	20 - 21 m	7	0.9%	91.1%	20 - 21 m	12	1.5%	89.2%
21 + m	44	3.5%	100.0%	21 + m	103	13.1%	100.0%	21 + m	143	13.2%	100.0%	21 + m	71	8.9%	100.0%	21 + m	85	10.8%	100.0%
Total	1272			Total	788			Total	1080			Total	797			Total	787		

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



	NEAC BOOKINGS AND JOURNEYS - APRIL 2016							
Bookings	LCG AREA	Belfast	South Eastern	Northern	Southern	Western	NI	
	Apr-16	2386	2065	6844	4728	2972	18995	
	Apr-15	2522	1798	6997	5136	3491	19944	
	% Change	-5.4%	14.8%	-2.2%	-7.9%	-14.9%	-4.8%	
Completed Journeys	LCG AREA	Belfast	South Eastern	Northern	Southern	Western	NI	
	Apr-16	1658	1407	5646	3909	2443	15063	
	Apr-15	1639	1093	5653	3949	2559	14893	
	% Change	1.2%	28.7%	-0.1%	-1.0%	-4.5%	1.1%	
Completed Journeys	Journey Type	Outpatient	Discharge	Transfer	Admission	Second Crew	Home Assessment	Total
	Apr-16	12762	1542	586	164	8	1	15063
	Apr-15	12414	1603	681	189	6	0	14893

Fleet and Estate Department:

Fleet Section:

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

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

- Commissioning of 2015/16 PCS continues into 2016/17.
- A&E Chassis have been purchased for conversion in year by the end of Q2
- PCS Vans have been purchased for conversion in year by end of Q3
- Cars will be purchased for conversion by end of Q4
- The specialist vehicles in 2016/17 will be replacement of 2 Hart 4x4 vehicle

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

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

Fleet Profile 2016/17 (% less than 5 yrs old)	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 2017	Feb 2017	Mar 2017
Emergency Ambulances	91.4	91.4											
Non-Emergency Ambulances	68.9	70.8											
Rapid Response Vehicles	69.0	69.0											
Support Vehicles	38.8	40.8											

High compliance was achieved in our Fleet replacement programme with commissioner support. The variation in non-emergency Fleet will be addressed as 2015/16 Non-Emergency Ambulances are fully commissioned into service.

Estate Section:

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

Key Performance Indicator: To deliver Project milestones as per plan

Planning permission was granted for the replacement Enniskillen Station on the site of the former Erne Hospital. NIAS have decanted from their old premises which have been demolished and are in new modular accommodation adjacent to the development site. This will enable the replacement station to be completed with no disruption to ambulance services during construction. Land Transfer is ongoing with Western Trust. Project Schedule conflicts with South West College schedule, regular meetings are planned to mitigate any delays.

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

FINANCE DIRECTORATE

Director of Finance and ICT
April 2016 (Month 1)

FINANCIAL PERFORMANCE

Financial Breakeven

The final accounts for 2015/16 are currently being finalised and audited. There is no forecast finance position for April 2016 (Month 1) at the time of this report. The Trust continues to engage with the Health and Social Care Board (HSCB) in terms of the financial planning assumptions for 2016/17. Current indications for 2016/17 are that NIAS will receive no additional revenue in respect of demography or winter pressures and that cash releasing savings of the order of £1.1m will be required. The Trust will continue to engage with the HSCB to deliver planned hours of cover, respond to increases in demand and maintain performance levels, all within available resources.

Capital Spend

The Trust has received an initial Capital Resource Limit (CRL) allocation of £6.1m. This is beyond the requirement for currently approved schemes and a formal request to reduce this amount by £0.76m has been submitted. The Trust continues to engage with the DHSSPS to outline prioritised bids, for example replacement cardiac defibrillators/monitors, should additional resources become available. Any such allocations will be subject to appropriate business cases, approvals, procurement and completion in 2016/17.

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.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Total bills paid	1,825												1,825
Total bills paid within 30 calendar days of receipt of undisputed invoice	1,736												1,736
% bills paid on time	95.1%												95.1%
Total bills paid within 10 working days (14 calendar days)	1,247												1,247
% bills paid on time	68.3%												68.3%

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.

9 April 2016 – Priority1 Telephony fault – Telephony Failure NEAC

At 17:00am telephony failed at NEAC Altnagelvin. Contingency was invoked with all incoming calls diverted to mobiles. The fault was identified as a lightning strike at the BT exchange and could not be fixed overnight due to lack of light. Fault fixed next morning and normal service resumed at 12:45pm on 10th April. All incoming calls to the NEAC were dealt with appropriately through the contingency measures.

Information Technology Systems - Developments

Any system developments are reported in this section.

Work is ongoing on a project to replace the NIAS Telephony platform at HQ, Altnagelvin and the short term contingency site is under way which will provide NIAS with a telephony architecture capable of using the latest VOIP technology.

ICT Help Desk Performance

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

	April		
Target to Respond to 95%	No of Calls	Within time	Actual
Immediate	7	6	86%
Urgent	39	38	97%
High	12	12	100%
Medium	402	397	99%
Low	734	734	100%
Total	1194		482%

ICT Planned Maintenance April 2016 – system upgrades Critical Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	These are business critical systems which manage front line resources and need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.
C3 A&E	716	4 Hours	6	No	
C3 PCS	716	4 Hours	0	No	
Pro-QA	716	4 Hours	0	No	
ICCS A&E	716	4 Hours	0	No	
ICCS PCS	716	4 Hours	0	No	
DTR	716	4 Hours	0	No	
Voice Recorder	716	4 Hours	0.5	No	
Mobile Data	716	4 Hours	0	No	

ICT Planned Maintenance April 2016 – system upgrades Corporate Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	<p>These are business support systems which need to be available on a 24/7 365 basis.</p> <p>It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.</p>
E-mail	216	4 Hours	0	No	
File Server	216	4 Hours	0.10	No	
Virtual Server	218	2 Hours	0	No	
BlackBerry	216	4 Hours	1	No	
Promis	216	4 Hours	0	No	

Information Governance – Developments: 01/04/2016 TO 30/04/2016

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

- ***Control Assurance – Information Management: 75% Substantive Achieved. Action Plan for outstanding items being developed. This work continues to be a priority of the Trust***
- ***Data to support 2015/16 performance monitoring of KPIs re: Cat A, Conveyance Times etc and Clinical Datasets completed. This was to support the Annual Report for 2015/16 and the end of year monitoring required for stakeholders. All proactive reports updated to a yearly strategic position***
- ***Development of new template to support Trust Board monitoring re: Operations section of Report.***
- ***TYC monitoring aspects reviewed. Data presentation will be amended during 2016/17***
- ***Supporting Regional Ambulance Training Centre with Quality Improvement Templates and data analysis etc. This continues to be developed and amended***
- ***Ad hoc datasets to internal/external stakeholders included (examples only, not an exhaustive list) – divert monitoring, Cat A Longest response times per month, ED Attendance Monitoring 14/15 v 15/16, Average on Scene/Transport Times 2015/16, Annual comparative demand report, Cross Divisional Activity 2015/16, Voluntary/Private Ambulance monitoring***

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

REPORT FOR FREEDOM FOR INFORMATION PROCESSING FOR THE PERIOD OF 01/04/2016 to 30/04/2016

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

Freedom of information	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total (2016-17)	Total (2015-16)	%age completed within 20 working days	
Number of Requests Received	15												15	130	2016/17	93.33%
Number of Questions Received	50												50	478	2015/16	70.77%
Completed Requests processed within 20 days or less	14												14	92		
Completed Requests exceeding 20 days	1												1	23		
REQUESTS Still Being Processed	0												0			
REQUESTS Still being processed (outside 20)	0												0			
Stood Down	0												0			
Number of Records Fully Disclosed	45												45			
Vexatious Requests	0												0			
Number of Records for which records not held	5												5			
Requests where exemptions wholly/partially applied	0												0			
Questions stood down	0												0			
QUESTIONS Still Being Processed	0												0			
QUESTIONS Still Being Processed (outside 20)	0												0			
Referrals for Independent Review	0												0			
Appeals to the Information Commissioner	0												0			

01/04/2016 to 30/04/2016: 93.3% of requests processed within 20 working days

2015/16: 12 requests remain outstanding and are being prioritised. All outside the 20 day processing period

Requestor Type														
Member of Public	6												6	
Local Government	0												0	
Staff Member	5												5	
Media	3												3	
Student	0												0	
Commercial Company	0												0	
Solicitor	0												0	
WhatDoTheyKnow.com	1												1	
NHS	0												0	
Trade Union	0												0	

DATA PROTECTION ACT 1998 – SECTION 7: SUBJECT ACCESS MONITORING

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

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

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

- **From 01/04/2015 to 30/04/2016: 75% of Subject Access Requests processed within 40 calendar days**
(this is based on this requests that were fully processed ie identity and fee received)

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

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

<i>Requests will relate and include the release of call incident logs, 999 call, staff names and shift patterns, Patient Report Form, staff witness statements in line with legislative requirements to assist with PSNI investigations for example, investigation of fatal road traffic collisions, murder enquiries, alleged assaults etc</i>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 16	Apr 15
Number of Requests Received (based on receipt of correspondence date)	24												24	25

SOLICITOR ENQUIRIES for the Period of 01/04/2016 to 30/04/2016**REQUESTS FOR INFORMATION WHICH FALL UNDER THE REMIT OF THE DATA PROTECTION ACT 1998 AND/OR ACCESS TO HEALTH RECORDS (NI) ORDER 1993****REQUESTS FOR INFORMATION WHICH FALL UNDER THE REMIT OF THE DATA PROTECTION ACT 1998 AND/OR ACCESS TO HEALTH RECORDS (NI) ORDER 1993**

<i>Requests relate to the release of call incident details, call incident log and Patient Report Form when appropriate consent/fee has been received</i>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 16	Apr 15
Number of Requests Received (based on receipt of correspondence date)	50												50	42

DEPARTMENT OF HEALTH AND SOCIAL SERVICES – REQUEST FOR INFORMATION for Period of 01/04/2016 to 30/04/2016

DHSSPS/AQ's/CORs/TOF's/INV's	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr 16
Assembly Questions (Oral)	0												0
Assembly Questions (Written)	0												0
CORs Received	1												1
TOFs Received	1												1
INVs Received	0												0



16/17 - PRF v PATIENT NUMBERS COMPARISON

Summary		Patient Journeys				Completed PRFs (Formic)	Difference
Month	Emergency Calls responded to (KA34)	Emergency	Urgent	Routine	Total		
April 2016	15685	12859	n/a	343	13202	12985	-217
May 2016			n/a		0		+0
June 2016			n/a		0		+0
July 2016			n/a		0		+0
August 2016			n/a		0		+0
September 2016			n/a		0		+0
October 2016			n/a		0		+0
November 2016			n/a		0		+0
December 2016			n/a		0		+0
January 2017			n/a		0		+0
February 2017			n/a		0		+0
March 2017			n/a		0		+0
Total	15685	12859	n/a	343	13202	12985	-217

* Note: due to a change in protocol urgents calls were reclassified as Category C emergencies in June 2014

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

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

HUMAN RESOURCE AND CORPORATE SERVICES DIRECTORATE

Director of Human Resources and Corporate Services

2016 / 06 / 02

(As at 30 April 2016)

Section 1: Human Resources & Corporate Services

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

WORKFORCE INFORMATION

APRIL 2016	TRUST TOTAL	CX/ BOARD	FINANCE/ ICT	HRCS	MEDICAL	OPERATIONS
FUNDED WTE	1287.54	7.00	30.63	68.15	8.00	1173.76
SUBSTANTIVE-IN-POST (WTE) PERM/(TEMP)	1168.08 (36.28)	1.00 (6.00)	25.10 (1.00)	64.94 (3.00)	7.00 (2.00)	1070.33 (24.28)
STAFF-IN-POST/HEADCOUNT	1233	7	28	72 (79*)	10	1117 (1131*)
VACANCY LEVELS (WTE)	-83.18	0.00	-4.53	-0.21	1.00	-79.15

The Trust's Corporate Workforce Information Report is produced retrospectively on a quarterly basis by the HR Department. Information is reported via the HRPTS system and reconciled between the HR, Finance and Operations Departments for validation purposes. The latest Corporate Workforce Information Report details information at 31 December 2015, for the purposes of this report, the table above shows an indicative, unverified position as at 4 April 2016. These figures may require amendment for next Trust Board, once the validation process has been completed.

NB: *Figures do not include Sessional GP's who constitute 0.14 WTE nor does it include individuals who support ELD clinical programmes, as required. These individuals have been included in Headcount figures (in brackets) in the respective Directorates.*

On the basis of the information above, the Trust has an overall vacancy level of **83.13** WTE posts @ 4 April 2016. This compares to an overall vacancy level of 213.70 WTE posts @ 30 June 2014. The reduction in vacancy levels is attributable to the commencement of a workforce stabilisation programme in June 2014 which included the undertaking of a rigorous recruitment campaign to recruit to front-line operational posts.

RECRUITMENT ACTIVITY

From June 2014 to date approximately 213 appointments have been made to the following operational posts: -

- 23 Paramedics
- 84 Ambulance Care Attendants (ACAs)
- 90 Emergency Medical Technicians (EMTs)
- 16 Emergency Medical Dispatchers (EMDs)

An estimated further ACA 17 appointments, taken from a current waiting list, is expected for July 2016. A further Trainee EMT recruitment has been discussed for a course commencing in Winter 2016.

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 indicating 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. This report remains outstanding from RQA. All relevant 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 process.

Section 1: Human Resources & Corporate Services

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

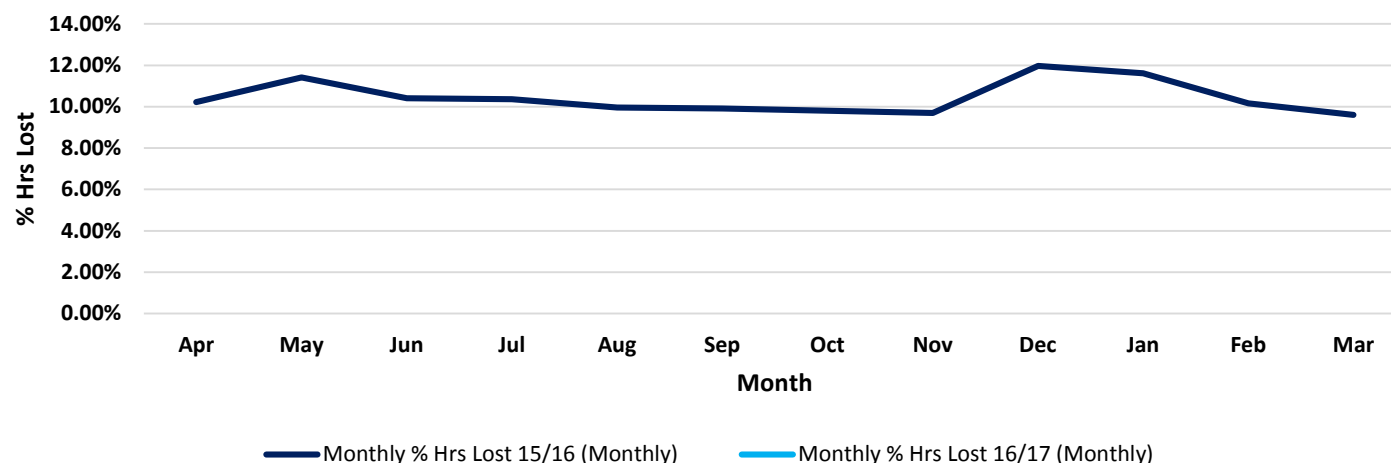
CORPORATE ABSENCE REPORT (AS AT 30 APRIL 2016)

NIAS met its sickness absence target for 2015/16, as agreed with the DHSSPSNI, is “to improve or maintain sick absence rates on 2014/15 levels”. NIAS cumulative absence at 31 March 2016 was 10.43% compared with 31 March 2015 cumulative figure of 10.55%. This report provides summary information of the Trust's sickness absence for the period 1 April 2015 to 31 March 2016. The information reported is from HRPTS and is in % hours lost (in line with HSC regional reporting).

- NB: (1) Whilst the majority of staff are shift workers (approx. 88%), the HRPTS calculation automatically divides working hours over a standard 5-day week (Monday – Friday, based on a 7.5 hr day).
- (2) The figures exclude Bank Staff and the Non-Executive Team.

ATTENDANCE MANAGEMENT	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
DHSSPSNI Absence Target set	"IMPROVE SICK ABSENCE RATES BY 5% ON 2015/16 LEVELS": NIAS TARGET = 9.91%											
NIAS absenteeism monthly % hrs lost (16/17)	9.78%											
NIAS absenteeism monthly % hrs lost (15/16)	10.22%	11.42%	10.41%	10.36%	9.96%	9.91%	9.81%	9.70%	11.97%	11.62%	10.16%	9.61%
Monthly % hrs lost (S/T)	2.55%											
Monthly % hrs lost (L/T)	7.23%											
Av. days lost per Empee per Mth	1.97											
NIAS ABSENTEEISM CUMULATIVE % HRS LOST	(2015/16) 10.43%						(2016/17 @ 30 Apr 2016) 9.78%					

Comparison of % Hrs Lost due to Sickness Absence



FLU VACCINE UPTAKE:

13.47%

133 OPS STAFF

34 CONTROL / ADMIN STAFF

REGIONAL UPDATE 2014/15

= APPROX 25%

Section 1: Human Resources & Corporate Services

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

CUMULATIVE DIRECTORATE ABSENCE

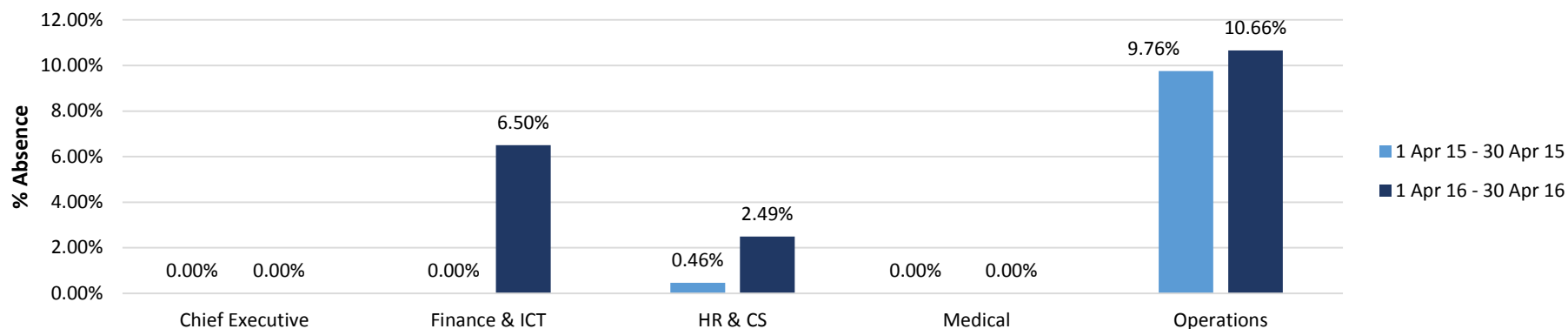
The following table shows each Directorate's % absence, in terms of long term and short term absence, for the period 1 April 2016 to 30 April 2016 against the previous period's absence. The table also shows the average days lost by Directorate.

**NIAS % Directorate Absence by Short/Long Term Cumulative Absence for the period
1 April 2016 to 30 April 2016 (showing comparative data for previous year)**

Directorate (WTE)	Total Scheduled Hrs (1 Apr 16 – 30 Apr 16)	Long Term		Short Term		Total % Absence Hrs (1 Apr 16 – 30 Apr 16)	Total % Absence Hrs (1 Apr 15 – 30 Apr 15)	Av Days Lost per Employee during Reporting Period
		Absence Hrs	% LT Hrs	Absence Hrs	% ST Hrs			
Chief Executive	157.50	0.00	0.00%	0.00	0.00%	0.00%	0.00%	0.00
Finance & ICT	4,268.25	157.50	3.69%	120.00	2.81%	6.50%	0.00%	1.32
HR & CS	15,381.22	232.50	1.51%	150.00	0.98%	2.49%	0.46%	0.50
Medical	1,596.00	0.00	0.00%	0.00	0.00%	0.00%	0.00%	0.00
Operations	162,986.61	12,938.40	7.94%	4,430.95	2.72%	10.66%	9.76%	2.15
Grand Total	184,389.58	13,328.40	7.23%	4,700.95	2.55%	9.78%	10.22%	1.97

Cumulative % Absence by Directorate for period 1 April 2016 to 30 April 2016 (showing comparative data for previous year)

DHSSPSNI Target: To Improve Sickness Absence Rates by 5% on 2015/16 Levels



G

R

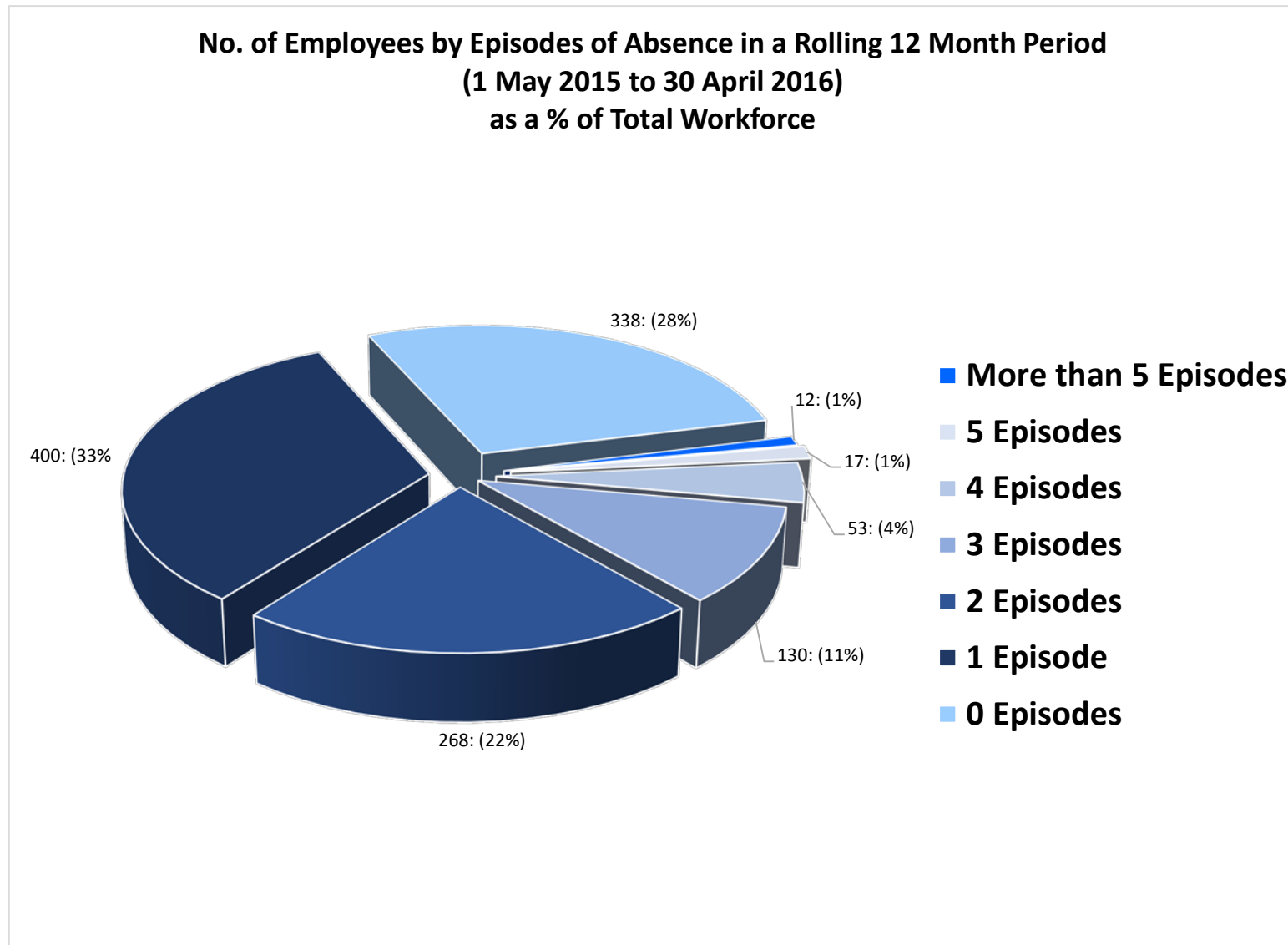
R

G

R

EPISODES OF ABSENCE

Absence continues to be managed in line with the Trust's Health and Wellbeing Attendance Management Action Plan. HR staff continue to provide professional advice and support to managers in managing attendance. The NIAS Attendance Management Procedure provides for the management of an individual's sickness absence levels in line with the number of episodes of absence they have ("trigger points"). The chart below shows the number of staff, by episodes, who were absent in a rolling 12 month period (1 May 2015 – 30 April 2016).



Section 1: Human Resources & Corporate Services

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

REASONS FOR ABSENCE

There are approximately 350 sickness reasons available within HRPTS for recording purposes. Each reason is grouped into one of 26 Categories. The chart below shows the top 5 Categories of Absence during the reporting period with all other Categories grouped as "Other" for the purposes of this report.

Mental Health related illnesses = includes Anxiety, Depression, Grief / Bereavement, Stress and Work Related Stress

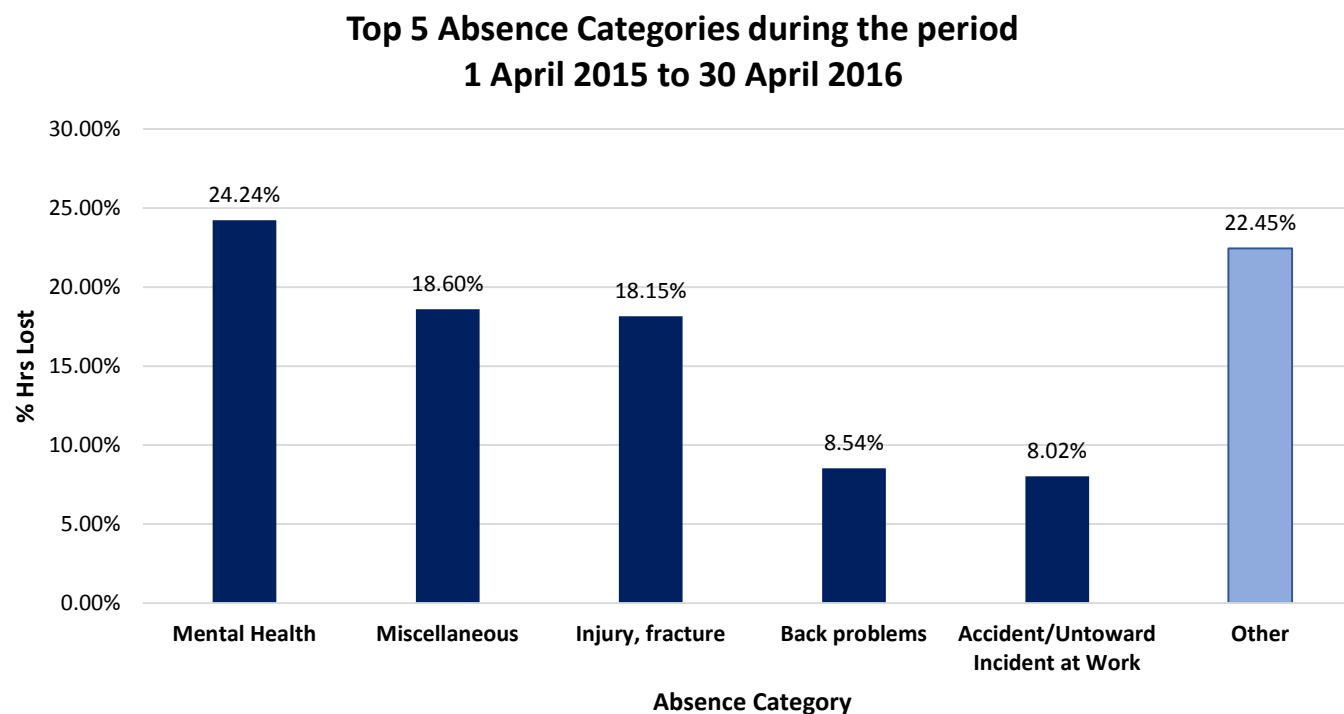
Injury, fracture related illnesses = includes All fractures, Sprains, Strains and Skeletal injuries

Miscellaneous related illnesses = includes Chronic Fatigue, General Debility, Hospital Investigations, Post Surgical Debility, and Post Viral Fatigue

Back Problems related illnesses = includes Back Ache/Pain, Disc problems, Lumbago, Sciatica, Scoliosis, Spinal Stenosis, Spondylitis, Spondylosis

Accident / Untoward Incident at Work related illnesses = includes Industrial Injury, RTC, Work-Related Accident, and Untoward Incidents

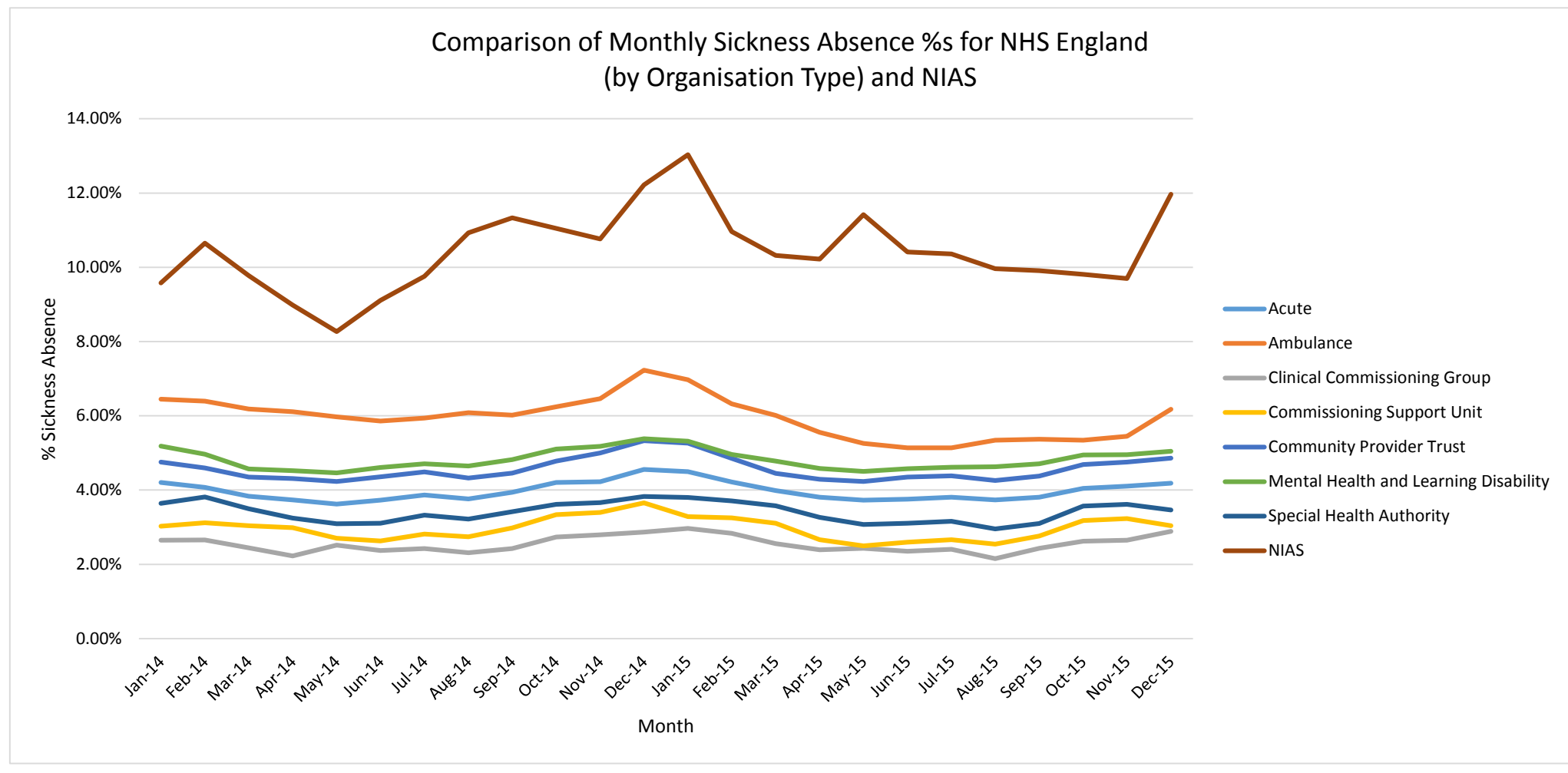
Other = includes all other Categories of absence for example Cancer, Cardiac, ENT, Pregnancy related, 'Flu etc



Section 1: Human Resources & Corporate Services

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

The HR Department conducts benchmarking exercises in respect of its absence information. At present, regional HSC information has not been published for the current financial year however NHS England Sickness Absence Rates are available, and have been used to compare the Trust's % absence figures, as depicted below for the period January 2014 – December 2015.



Section 1: Human Resources & Corporate Services

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

Disciplinary Cases:

Position as at Apr 2016	TRUST TOTAL	Patient Care	Wilful Damage	Criminal Conduct	Fraud	Failure to comply with Trust Policy / Procedure
Total Ongoing Cases	9	4	0	1	0	4
HPCP Referrals	2	0	0	1	0	0
Suspensions	2	0	0	1	0	0
New Cases	0	0	0	0	0	0

Grievance Cases:

Position as at Apr 2016	TRUST TOTAL	Transfer	Application of T&C	Recruitment	Job Evaluation	Equal Opps	Employee Relations Processes	Promotion	Pay
Total Ongoing Cases	21	2	13	2	1	1	2	0	0
Informal Stage	5	1	2	0	0	1	1	0	0
Formal Stage 1	15	0	11	2	1	0	1	0	0
Formal Stage 2 (Appeal)	1	1	0	0	0	0	0	0	0
New Cases	2	1	0	0	1	0	0	0	0

Working Well Together / Harassment Cases:

Position as at Apr 2016	TRUST TOTAL
Total Ongoing Cases	2
Informal Resolution / withdrawn	0
Inv Ongoing	1
Formal Stage 1	1
Formal Stage 2 (Appeal)	0
New Cases	0

Commentary (Employee Relations/Industrial Relations):

NIAS continues to face significant industrial relations issues and challenges. From the day of industrial action which took place on 13 March 2015 and the overtime ban which took place in May 2015 (all relating to regional/national concerns in areas such as pensions and pay), more recently Trade Union Side notified Management Side at NIAS Joint Consultative Negotiating Committee (JCNC) on 21 July 2015 that they were withdrawing from all job evaluation processes. This remains the Trade Unions position. Trade Unions have advised, on an ongoing basis, that they are unable to provide Management with a timeframe for re-engagement. Job evaluations are required in order to recruit to new posts or complete assessments of staff who consider their role to have changed and wish to have a new evaluation undertaken. The cessation of this work therefore impacts on the Trust's ability to create and recruit to new roles and replacement posts; hinders service development/delivery and leads to a delay (with potential associated financial implications of back pay) in progress around evaluation of existing roles. Given this and given the timeframe now associated with this, Trade Union withdrawal from all job evaluation processes is now considered to represent a corporate risk to the Trust.

Case File Closures:

Position as at Apr 2016	April	May	June	July	August	September	October	November	December	January	February	March
Grievance	1											
Disciplinary	2											
Harassment	0											
Total	3											

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

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

BSTP UPDATE*HRPTS:*

The HRPTS system was implemented within NIAS on 18 February 2014 in line with the NIAS HRPTS Deployment Plan. The Deployment Plan recognised that deployment of HRPTS within NIAS would be significantly limited due to IT infrastructure issues and that it would only be possible to deploy Employee Self Service (ESS) to 18.9% of NIAS workforce. Currently 14% of NIAS employees are able to access ESS. 82% of NIAS Managers have access to MSS. Deployment of HRPTS within NIAS remains significantly hindered due to IT Infrastructure limitations particularly at station level where a substantial majority of NIAS employees are based. Work is currently ongoing regionally to explore alternatives to provide for full ESS deployment. Work remains ongoing to reinforce ESS/MSS usage within the Trust.

BENEFITS REALISATION:

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

SHARED SERVICES

NIAS continues to engage with BSO Shared Services in planning the transition of the NIAS Recruitment & Selection (R&S) function. NIAS have recently been notified by the Business Services Organisation (BSO) that transition of the R&S function from the remaining HSC Trusts will not take place until Autumn 2016. NIAS is one of two remaining HSC Trust's due to transition their R&S function.

In February 2015 the Trust saw the move of the NIAS Payroll function to the BSO Shared Services organisation. Fortnightly meetings continue to take place between BSO Payroll SS, Human Resources & NIAS Payroll to address transitional process issues.

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

HANDLING TIMES OF COMPLAINTS															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2015-16
Complaints Received	8												8		160 100%
Total A&E & PCS Activity	28788												28788		
% Complaints/Activity	0.03%												0.03%		
Acknowledged within 2 working days	8												8	100%	160 100%
Acknowledged after 2 working days	0												0	0%	0 0%
Response within 20 working days													0	0%	43 27%
Response after 20 working days													0	0%	66 41%
Complaints Investigations ongoing													0	0%	51 32%
Cases referred to NI Ombudsman (cases ongoing)	0(4)														5

***Response figures only available one month in arrears**

SERVICE AREA OF COMPLAINTS															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2015-16
Accident & Emergency	5												5	63%	80 50%
Patient Care Service	1												1	13%	17 11%
Control & Communications	2												2	25%	63 39%
Other	0												0	0%	0 0%
Voluntary Car Service	0												0	0%	0 0%
TOTAL	8	0	0	0	0	0	0	0	0	0	0	0	8	100%	160 100%

Section 1: Human Resources & Corporate Services
HRCS KPI: Supporting Trust Priorities
NATURE OF COMPLAINTS RECEIVED

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2016-17	%	2015-16	
Staff Attitude	4												4	50.0%	65	41%
Ambulance Late/No Arrival	4												4	50.0%	78	49%
Quality of Treatment & Care	0												0	0.0%	11	7%
Suitability of Equip/Vehicle	0												0	0.0%	3	2%
Other	0												0	0.0%	3	2%
Patient Property	0												0	0.0%	0	0%
TOTAL	8	0	0	0	0	0	0	0	0	0	0	0	8		160	

COMPLIMENTS RECEIVED
COMPLIMENTS RECEIVED

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2016-17	2015-16	
RECEIVED	10												10	174	

SERVICE AREA OF COMPLIMENTS RECEIVED

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2016-17	%	2015-16	
Accident & Emergency	10												10	100.0%	163	94%
Control	0												0	0.0%	4	2%
Patient Care Service	0												0	0.0%	0	0%
Voluntary Car Service	0												0	0.0%	0	0%
Other	0												0	0.0%	7	4%
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	10		174	

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

Ref	Description	Outcome	Action taken (Investigation)
Comp/1055	Complaint regarding the attitude of a crew member towards a homeless patient allegedly making the comment "she's acting the maggot".	Complaint not upheld. Staff found to have acted appropriately. Investigation was unable to establish the exact tone of the conversation and therefore unable to substantiate allegation regarding the comment made.	Letter of apology and explanation issued. The Paramedic will be reminded of his responsibility to act professionally at all times.
Comp/1038	Complaint regarding delay of emergency ambulance where it took nearly two hours to arrive.	Complaint upheld. Control was experiencing a high demand for ambulances on this night.	Letter of apology and explanation issued. No further action identified.
Comp/1054	Delay of ambulance where patient had dislocated her knee at a church hall and had to wait three hours on a cold floor.	Complaint upheld. Available resources were dealing with calls of a higher clinical priority.	Letter of explanation and apology issued. No further action identified.
Comp/1077	Complaint regarding the delay of an ambulance and the apparent lack of assessment by the crew who seemed dismissive of the patient's injury.	Complaint partially upheld. Ambulance was diverted to a call of a higher clinical priority. Crew state that they did take the patient's injury seriously but were being light hearted in an attempt to relax the patient.	Letter of explanation and apology issued. No further action identified.
Comp/1037	Road traffic incident where crew were allegedly aggressive towards complainant.	Complaint not upheld. No evidence found to uphold allegation.	Letter issued. No further action identified.
Comp/1026	Complaint regarding the attitude of the male crew member who was very rude to the patient.	Complaint not upheld. No evidence found to support allegation. Paramedic is required to take medical history including any medications being taken.	Letter of apology and explanation issued. No further action required.
Comp/1056	Complaint regarding attitude of crew where they allegedly commented "we don't rush for anyone if she dies she dies".	Complaint not upheld. Investigation could find no evidence to substantiate allegation.	Letter of apology and explanation issued. No further action identified.
Comp/1033	Complaint regarding the quality of treatment provided where a patient had fallen 12 feet. The crew allegedly suggested that the patient would be best going in his son's car to hospital.	Complaint upheld. Crew did not detect the underlying spinal fracture.	Letter of apology and explanation issued. Crew to be referred to Training Dept to review how they managed this call.

Comp/1053	Complaint regarding the treatment provided to 87 year old lady who had fallen at home. The lady had complained of neck and shoulder pain and the paramedic said it was muscular. The lady was subsequently diagnosed with a broken neck.	Complaint upheld. Crew failed to recognise the underlying fracture.	Letter of explanation and apology issued. Crew to be referred to training dept for review of this incident.
Comp/1063	Complaint regarding the manner in which the patient was treated by Paramedic where he tried to get her on her feet in an abrupt manner and bruised her arm. He also made reference to her condition being her state of mind and not real.	Complaint not upheld. No evidence found to support allegation.	Letter of explanation and apology issued. No further action identified.
Comp/1068	Complainant unhappy at the general attitude of female attendant and does not believe she treated her appropriately.	Complaint not upheld. No evidence found to support allegation.	Letter of apology and explanation issued. No further action identified.
Comp/1079	Complaint regarding the non-provision of non-emergency transport.	Complaint upheld. Unable to provide transport for due to staff shortages.	Non-Emergency Control to do everything possible to ensure that the patient gets to the next appointment.

Section 1: Human Resources & Corporate Services

HRCS KPI: Supporting Trust Priorities

Claims 2016/17

	C/O	A	M	J	J	A	S	O	N	D	J	F	M	Total
Employers Liability	32													
Claims Received	0													32
Claims Settled	2													2
Cases Ongoing														30
Public Liability	4													
Claims Received	0													4
Claims Settled	0													0
Cases Ongoing														4
Clinical Negligence	12													
Claims Received	0													12
Claims Settled	0													0
Cases Ongoing														12

Lessons Learned:

2 Employee Liability case settled.

- No learning identified.

Commentary:

The Trust aims to ensure that all claims:

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

Categories of Claims Received 2016/17

Categories	Slips & Trips	Quality of Treatment	Needle Stick Injury	Equip / Vehicle Faults	RTA's	Other
Public Liability						
Clinical Negligence						

Section 1: Human Resources & Corporate Services

HRCS KPI: Supporting Trust Priorities

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

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

Section 2: Education, Learning & Development

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

Development and delivery of the Education, Learning and Development Plan:

The 2015/16 ELD plan has been delivered as planned with some roll over into 2016/17, and work is in progress to finalise the plan for 2016-17. The ELD plan reflects the Trust-wide changes in service delivery and has a specific focus on clinical priorities, particularly the provision of accredited training to support external and internal recruitment of emergency and non-emergency staff; a revised post-qualification assessment, training and development programme that maintains and updates clinical skills as well as introduces new topics to support the implementation of TYC-led initiatives and embed these into standard practice.

ELD Highlight report:

- Delivery of the RATC 2015/16 core clinical training programmes for EMTs and ACAs continued to be delivered to plan and the 2016/17 training timeline is being finalised to ensure effective delivery to meet the Trust's frontline operational workforce needs. To date, Operations have been provided with an additional 43 fully operational EMTs plus another 22 on practice placement, and 86 qualified ACA;
- Plans are in place to develop a Level 4 Diploma for Associate Practitioners to replace the IHCD EMT qualification and also to implement changes required to support this. This includes delivering a Level 3 Certificate in Assessing Vocational Achievement to all Training Officers and CSOs during 2016/17;
- The 2015/16 Post Proficiency programme for emergency and non-emergency operational staff commenced in September and continues to be rolled out. This programme is complemented with a refreshed workbook that includes mandatory and statutory training;
- The development of a new quality improvement project continues and is being undertaken in all Divisions. This will enable the implementation of a revised audit system with observation of practice to reinforce and evaluate the delivery of new clinical pathways into paramedic practice;
- The introduction of new regulated ambulance driving courses is planned for 2016/17. These courses will provide EMTs with a Level 3 Certificate in Emergency Response Driving and ACAs with a Level 2 Award in Ambulance Driving;
- The withdrawal of IHCD Modules, resulting in the demise of the Trust's Paramedic-in-Training programme, remains on the HRCS local risk register. An options appraisal identifying alternative programmes of delivery for paramedic training has been reviewed by SEMT. NIAS continues to engage with the DHSSPS and Commissioners regarding the future delivery of paramedic training in NI.

Yearend data (to 31/03/16) will be collated during April 2016.

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

Section 75

- Section 75 implementation requirements are set out in the Trust's Equality Scheme and delivery is monitored by the Trusts Equality and PPI Steering Group.
- The Trust works to mainstream section 75 considerations into policy development through engagement and screening processes.
- NIAS contributes to the HSC regional Equality and Human Rights agenda through participation in the DHSSPS Equality and Human Rights Steering Group.

Key Work Streams underway include

- Re-establishment of Trust Equality Forum to ensure engagement with Trade Union representatives and staff in relation to equality issues.
- Planning for participation in PRIDE events alongside other HSC organisations.
- Monitoring of access to telephone interpreting services provided to those who contact the 999 system and do not have English as a first language.
- 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.

Human Rights

- Human Rights consideration to Trust policy is incorporated within Equality and Human Rights Screening documentation.
- The Trust has been engaging with the Northern Ireland Human Rights Commission in respect of particular Trust policy plans and potential human rights considerations of these.
- Work is underway to develop an Equality and Human Rights toolkit for policy leads to mainstream statutory obligations into the policy development, consultation and implementation processes.

Supporting Trust policy

- The Equality, PPI and Patient Experience team support the Trust in respect of statutory obligations associated with strategic policy development. This includes Equality and Human Rights and PPI and Patient Experience considerations.
- Key in this regard has been the mainstreaming of statutory requirements within the Trust's Transformation and Modernisation agenda. This has involved engagement with Section 75 representative groups impacted by proposals, including AGENI, Diabetes UK and Epilepsy Action.

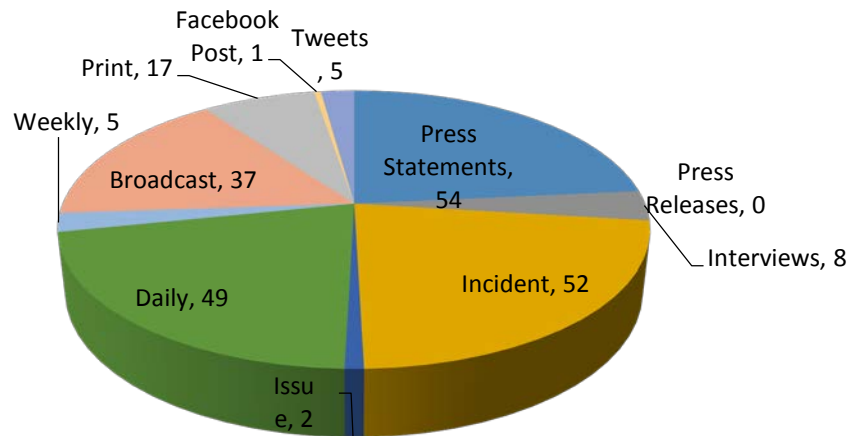
Section 3:	Equality & Human Rights/Personal and Public Involvement/ Patient Experience/Media and Communication
HRCS KPI:	Supporting Trust Priorities; Transformation and Modernisation; Equality and Human Rights; Partnership & Employee Engagement

NIAS Responses to Consultations April 2016

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link to Consultation
29/4/2016	RQIA – Revised Inspection Standards for Regulated Services	Surveymonkey questionnaire response stating that the Trust would require more detail on how inspections would be carried out and leadership measured against objective criteria before being able to agree to the introduction of inspections assessed and reported on governance, leadership and management.	www.rqia.org.uk/publications/consultation_documents.cfm

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



Key Themes in press coverage

- Throughout April 2016, NIAS issued 54 Press Statements in response to enquiries from the media.
- 8 media interviews were conducted during the period.
- The number of media outlets reached in this period totalled 54 (each response equates to 1 outlet reached)
- Press statements tend to be issued in response to particular incidents which in this case included a Carbon Monoxide incident involving members of staff: fatal road traffic collision on the motorway and the rescue of a group of young school children on a Duke of Edinburgh outing.
- The Trust continues to engage with the public through social media which included the trust Facebook and Twitter platforms.

Community Education

Number of Community Education Visits	32
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- The Trust has continued to attend schools and community groups.
- Key messages have included the impact of hoax calls, inappropriate 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 which was launched in a number of high profile shopping centres last month

General Media and Communication Work Streams

- The Trust website has been redeveloped which provides a more modern and accessible format for users. This will also enable greater ownership to maintain currency within directorate areas.
- 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. Having completed a term as chair of the National Ambulance Communications Group (sub-group of AACE) the Trust's Media and Communications Manager handed over the role of chair, however continues to participate in the 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 includes systems of communication and engagement with staff, service users, the public and other key stakeholders to inform development of the work streams within this framework.

Section 4: Transformation and Modernisation – Transforming Your Care

HRCS KPI: Modernisation and Reform

- NIAS Transformation and Modernisation Programme Board meet monthly and is chaired by the Director of HR&CS. In relation to TYC the Programme structure has identified key deliverables and related process through the Project Initiation Document.
- Programme Management includes consideration of related risks and progress on priority action plans. The Programme engages with key stakeholders, including Commissioners and Users on an ongoing basis. There are a range of projects including the following:
 - Implementation of a range of Appropriate Care Pathways which offer alternatives for patients other than ED
 - Pilot of a Clinical Support Desk in Ambulance Control
 - Implementation of a NIAS Directory of Services

Performance against key deliverables for NIAS Trust and the benefits realisation to the wider HSC is reported at each Programme Board and Trust Board.

Engagement

A series of community engagement events were held to raise awareness of changes in service delivery, encourage feedback through the *10,000 Voices* patient experience survey, and raise awareness of the resuscitation strategy. Engagement events were held in Rushmore Shopping Centre, Craigavon on 18 March, The Quays Shopping Centre Newry on 23 March, Kennedy Centre Belfast on 25 March, Bloomfield Shopping Centre, Bangor on 31 March, and Erneside Shopping Centre, Enniskillen on 31 March.

Clinical Support Desk Highlight Report:

- The contingency plan of enhancing the current GP model for 3 months from 1st of December, 2015 to enable and extend “Hear & Refer” and “Hear & Treat” pathways continues to operate. The number of calls eligible to be passed to the GPs has been increased and a range of other tasks added.

Appropriate Care Pathways Highlight Report:

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

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

- **Cardiac:** criteria has been changed to allow a further type of cardiac arrest (posterior STEMI) to be taken to either the Royal or Altnagelvin Cath lab as appropriate.
- **Community Nursing:** early review of the new community nursing referral pathway has provided learning. Feedback from patients has been positive
- A range of local and regional meetings have been held in relation to the development of the 3 new pathways for 16/17.

Education

Members of the Clinical Training team have commenced a training programme delivered by South West Ambulance Service and University of West England in Patient Assessment and Clinical Reasoning. This will reinforce skills and knowledge which will support the Clinical training team as they train and support operational staff in delivery of the new pathways.

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

MEDICAL DIRECTORATE

Medical Director
19/05/2016
(April 2016)

Medical Directorate Performance Report for Trust Board (April 2016)

Emergency Planning & Business Continuity	
	<p>Please refer to attached Emergency Planning Report for April 2016.</p> <p>As part of the ongoing two-yearly cycle of regular review, the updated Trust's Major Incident Plan was approved by Trust Board on 1 October 2015. A number of amendments as requested by Trust Board have been made. Reprinting and distribution of the Plan was significantly delayed due to procurement considerations complicated by the sensitivity of the document. These have now been resolved, the reprint completed and the plan has now been distributed in both hard copy and electronic format for ease of access by Officers during an incident.</p> <p>Following training undertaken by Directorate business continuity leads during 2015/16, a Business Impact Analysis questionnaire has now been developed for use within the Trust and has been distributed to Directorate leads for completion with support from the Emergency Planning Team. This will inform the development of new and review of existing business continuity plans during 2016/17 and will include a review of current escalation plans and the outcome of debriefs in relation to recent industrial action.</p> <p>A review of on call arrangements to support emergency planning incident response and business continuity is being completed and recommendations are anticipated by end Q1 2016/17. This will be linked with the review of marked cars which is currently also being undertaken.</p>
Risk Management	
<i>Corporate Risk Register</i>	Please refer to the Corporate Risk Register to end April 2016.

	A series of review meetings have taken place between Directorate leads and the Risk Manager to update local risk registers. These continue to be presented in turn to the Assurance Committee. Further Directorate risk register workshops facilitated by the Risk Manager are being planned.
<i>Incident Reporting Procedures</i>	<p>A review of the incident reporting procedure to enhance the reporting of patient-related incidents commenced in 2015/16. It is anticipated that this will be completed in Q1 2016/17. The outcome of the Departmental review of regional serious adverse incident reporting procedures in which NIAS participated was anticipated in Q3 2015/16 but is still awaited. This will also be incorporated into the revised NIAS incident reporting procedure when available. A meeting has been scheduled in June 2016 for Trust Governance Leads to consider this.</p> <p>The first meeting of the Trust's Learning Outcomes Review Panel is scheduled for July 2016, following an initial meeting in April 2016 to consider terms of reference. The panel was 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.</p>
<i>Outcomes from Reports, Alerts, etc.</i>	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. NIAS also continues to review relevant NICE guidelines and regional learning and quality letters and reports. New JRCALC Clinical Guidelines published in March 2016 including the new Resuscitation Guidelines have been received and are being distributed to operational staff.
Clinical Care	
<i>Regional Community Resuscitation Strategy</i>	The next meeting of the Regional Community Resuscitation Strategy Implementation Group chaired by the NIAS Medical Director is scheduled for June 2016. The CPR and PAD Sub-Groups have now been amalgamated and

	<p>representation from DCAL and the Department of Education on the Implementation Group has been agreed.</p> <p>The progress of implementation continues to be constrained as confirmation of recurrent funding for Community Resuscitation Development Officers (CRDOs) from the Health & Social Care Board (HSCB) / Public Health Agency (PHA) was not received for 2016. As existing funding to support current training initiatives ended in 2015/16, these initiatives will cease. Correspondence was received in March 2016 from HSCB indicating that no funding will be available for this initiative in 2016/17. It has also been confirmed by the other Trusts that all previous initiatives supported by them will cease by at the latest June 2016. This was highlighted to the DHSSPSNI by the Medical Director and has been brought to the attention of the Minister, Permanent Secretary and CMO for resolution. The DHSSPSNI have indicated that part-year funding will be made available during 2016/17 but formal confirmation of this is awaited. Confirmation that the funding will be non-recurrent is currently being sought. Following confirmation of funding the recruitment of CRDOs may be prevented by current issues affecting job evaluation.</p> <p>Despite this, NIAS has continued to engage with a number of organisations and community groups regarding the placement of public access defibrillators. This includes a number of sporting organisations as well as Government Departments. Meetings with Belfast City Council and Mid-Ulster Council have been arranged to progress this in June 2016. NIAS has also facilitated the activation of two further Community First Responder Groups and engagement with a further two groups is continuing.</p>
<i>Patient Report Form (PRF)</i>	<p>Following the introduction of a revised PRF in 2015/16, the policy for PRF completion has been reviewed and updated, and will be submitted for approval to Trust Board in June 2016.</p>

<i>Electronic Patient Report Form (ePRF)</i>	<p>The progress of the Outline Business Case (OBC) for the introduction of an electronic Patient Report Form (ePRF) continues to be delayed due to the lack of support for revenue funding by the Commissioner. Confirmation that this was not felt to be a priority for the Commissioner was received in March 2016. This has now resulted in a significant delay on project deadlines and milestones. Despite this the Trust continues to engage with HSCB in the development of a regional Electronic HealthCare Record (EHCR) which will replace, as minimum, the current Patient Administration Systems (PAS) in hospitals. This will require significant capital and revenue investment and as part of the business case development, various options including the position of an ambulance ePRF are being considered within that project. This has effectively halted further progress to obtaining Commissioner support for the previously submitted OBC for the NIAS ePRF. Engagement with HSCB is still ongoing to scope if the ePRF should remain as a stand-alone initiative linking with the EHCR or should become an integral part of the EHCR development. A number of meetings had been arranged with the eHealth Strategy Team to progress this but all have been postponed by them. A further meeting is scheduled for June 2016.</p> <p>Failure to progress an ePRF will seriously constrain the Trust's ability to provide timely clinical information to further improve and maintain effective, high quality clinical care and support referral pathways and other initiatives.</p>
<i>Annual Quality Report</i>	<p>Following completion of the work to compile the Trust's Annual Report, work will commence on developing the 2015/16 Annual Quality Report for publication in November 2016. An initial meeting to commence this is scheduled for June 2016.</p>
<i>Alternative Care Pathways</i>	<p>Work is continuing on the development of a number of policies including information markers and frequent callers. These will be circulated for consultation and comment within the Trust in Q1 2016/17.</p>

	<p>The establishment of the CSD in Emergency Ambulance Control (EAC) continues to be delayed pending the outcome of the Job Evaluation and Job Specification process. However work is continuing in preparing Ambulance Control systems and operational protocols for the CSD and the three month pilot of an enhanced NIAS GP CSD.</p> <p>A quality improvement programme to monitor and review compliance with the appropriate care pathways introduced last year has commenced and the initial reports will be available at the end of Q1 2016/17. The templates will facilitate monitoring and feedback at an organisational, divisional and local level.</p>
<i>Helicopter Emergency Medical Service (HEMS)</i>	<p>In March 2016 the Health Minister made a public announcement regarding the establishment of a HEMS service in Northern Ireland and that the HSCB would commission NIAS to deliver the service. Following the announcement NIAS has met on a number of occasions with the Department of Health and HSCB as well as a potential charitable partner to clarify the funding and delivery model. The Trust has submitted a strategic outline business case and work is continuing on the development of a partnership agreement, service specification and outline business case. An investment proposal is currently being developed for pre-project costs for a Project Manager and operational and clinical leads. If funding support is received, the recruitment to these posts and others may be prevented by current issues affecting job evaluation.</p>
Personal Public Involvement / Patient Client Experience	
<u>Patient and Client Experience Standards (PCES)</u>	<p>Equality, PPI and Patient Experience staff continue to support the Trust's Medical Director in the delivery of the Personal and Public Involvement and Patient Client Experience agendas. This includes implementation of statutory and departmental priorities in respect of a methodology for the measurement of and learning from patient experience and systems of service user engagement and involvement. The Trust has worked to mainstream PPI and Patient Experience elements within policy development in the Trust. The Trust continues</p>

to be represented in regional work streams around the Minister's standards: Respect; Attitude; Behaviour; Communication; and Privacy and Dignity.

Observations of practice continued during 2015-16, providing further evidence of positive patient experience as well as identifying areas for improvement. The information gathered from observation of practice was used to compliment that obtained through the use of other patient experience tools and methodologies. The outcome of observations helped managers and staff to identify gaps and put in place arrangements to improve practice and deliver more person-centred care.

The Trust has engaged with PHA to review the March 2016 Action Plan and agree priorities for 2016-17 for Patient Experience. The Trust has also reviewed systems for undertaking this methodology in order to mainstream the standards within core clinical practice. This includes reviewing systems of observations of clinical practice to include monitoring of the standards going forward. The Trust will hold a workshop and develop plans to mainstream Observations of Practice for patient client experience standards as part of core business with clinical observation and in a forthcoming pilot on the Quality Improvement work programme. A key focus in respect of this work is improved practice informed by learning outcomes.

Patient stories have continued to be gathered through the 10,000 Voices project and are in process of being reviewed. 10,000 Voices has now been extended to include staff and how they are able to deliver patient experience. As at 31 March 2016, 277 patients and 4 members of staff had completed survey questionnaires. The majority of patient stories received so far have been positive. The Trust will continue to collect patient stories and work with the PHA and service users on the evaluation of the stories in order to ensure learning from 10,000 Voices leads to improved services. A further workshop with the PHA and service users will be held during 2016 to review the themes emerging from patient stories collected.

<p><u>Personal and Public Involvement (PPI)</u></p>	<p>The Trust's Personal and Public Involvement (PPI) Strategy outlines its commitment to involving key stakeholders such as service users, carers and their representatives in the development of services. The Trust continued to participate in regional PPI work with other HSC organisations to ensure a collaborative approach across HSC. This included contribution to the development of PPI Standards for HSC and related training and awareness programmes for staff.</p> <p>PPI involvement with service users as part of the Transformation and Modernisation work streams has continued during the reporting period. A key priority was engagement around Transforming Your Care (TYC) and related Alternative Care Pathways. Service user workshops were held in Belfast and Derry during June 2015. Focus Groups with service users arranged in collaboration with Epilepsy Action and Age NI were held during February 2016. A series of visits to shopping centres took place in March 2016 to promote awareness of Alternative Care pathways to the public. These provided an opportunity to outline the Trust's progress to date and future plans in respect of this agenda and to obtain feedback from those with experience of ambulance services. This feedback will be used to inform further development of TYC work streams. Those who participated were largely supportive of the Trust's direction of travel and provided constructive ideas for progressing the work and engaging further with the public around it. This will help inform a public awareness campaign for TYC specifically and NIAS's services generally.</p>
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EMERGENCY PLANNING REPORT

Report for April 2016

KPI No		Apr
2	No of Potential Major Incidents	
	No of Declared Major Incidents	
	No of Airport alerts	
	Belfast International Airport	
	Belfast City Airport	1
	City of Derry Airport	
	St Angelo Airport	
	Newtownards Airfield	
	Other airfields	
	Business Continuity	4
	Hazardous Material Incidents (HART calls)	40
	HART pre-planned deployments	2
4	Training sessions	3
	Emergency Planning	3
	HART	8
	Business Continuity	
5	Exercises	
	Live	1
	Tabletop	
	Observer	
6	Updates or amendments to MIP	
	Events	
	HART Calls/ deployments	
	GOLD operational	1

Potential Major Incident

There were no potential major incidents during this period.

Major Incidents

There were no declared major incidents during this period.

Airport Alerts

On 14 April 2016 at 2134hrs an aircraft due into George Best Belfast City Airport (BCA) called for an airport alert. Air Traffic Control contacted NIAS but were delayed in getting through due to volume of calls NIAS were dealing with.

The pilot diverted to the Belfast International Airport (BIA) which then required NIAS to respond to both Airports simultaneously. Three A&E ambulances, one Patient Care Services ambulance, four Rapid Response Vehicles, four Officers, the Emergency Equipment Vehicle and the Mobile Control Vehicle were tasked to the Belfast City Airport. The plane landed safely at the Belfast International Airport.

A number of issues were identified in the review of these alerts which were unusual in that they were almost simultaneous alerts for the same aircraft. The initial alert from BCA was made before the pilot diverted to BIA, who in turn did not indicate that this was for an aircraft that had taken off from BCA. A number of significant internal communication issues within Ambulance Control were also highlighted and are currently being addressed. These included responding officers using the RRV channel when the RRV desk was not manned, the airport alert not being highlighted to the Duty Control Manager by the call-taker, and responding officers not being allocated to the call.

Of Note

Two of the business continuity incidents were for “planned” upgrades to C3.

HAZMAT / Hazardous Area Response Team (HART) deployments

33 = Deployments with Breathing Apparatus skills/ HAZMAT deployments

1 = Restricted space

2 = MTFA

2 = Incident at height

1 = Rope Tech

1 = HAZMAT



William Newton
EMERGENCY PLANNING OFFICER

ID	284
Title	Job Evaluation
Description	<p>Due to the breakdown of the job evaluation engagement process there is a risk to service development and delivery, including the implementation of key initiatives and projects, as the Trust is currently unable to create and recruit to new roles. This also leads to delays in progress around evaluation of existing roles, with the potential associated financial implications of back pay.</p> <p>Agenda for Change Job Evaluation requires a partnership approach between managers and trade unions. NIAS Trade Union representatives are currently not participating in Job Evaluation processes within the Trust. The Trust has endeavoured to engage the support of trade union representatives from outside the Trust in order to further JE processes but without success. Job evaluations are required in order to recruit to new posts or complete assessments of staff who consider their role has changed and wish to have a new evaluation undertaken.</p>
Risk level (initial)	HIGH
Risk level (Target)	LOW
Risk level (current)	HIGH
Lead Director	DIRHR
Initial Action Taken to Control/Mitigate Risk	<p>Use of agency staff.</p> <p>Maintaining use of existing JDPS to recruit to vacancies (potential for skill set to be out of date).</p> <p>Ongoing engagement to seek resolution.</p> <p>Existing Partnerships continue to operate.</p> <p>Business outside JE processes continues to be progressed.</p> <p>Referred to Regional JE Lead.</p>
Opened	29/04/2016
Review Date	17/05/2016
Action Plan to Address /Mitigate Risk	<p>Action plan in development to include engagement with trade unions on specific issue of progressing outstanding and future job evaluation processes. To be completed May 2016</p>

ID	285
Title	Electronic Patient Records (ePRF)
Description	<p>If the funding to enable the Trust to progress with the movement to electronic patient records (ePRFs) is not forthcoming, there is a risk to meeting the strategic objectives of the Trust (TYC) and the delivery of safer, higher quality patient care.</p> <p>This is due to the risks around a lack of timely clinical performance information, the ability to deliver benefits of TYC and appropriate care pathways and the continued implementation of "treat and leave", "treat and refer" protocols without an enabling ICT infrastructure.</p> <p>There are increasing risks around information governance, security and the potential for data breaches; current paper systems are not sustainable.</p> <p>NIAS is currently reduced in its capacity to participate/integrate with plans for the regional electronic health care record and the sharing of patient information in pre hospital encounters especially for patients not conveyed.</p> <p>The Trust may not achieve productivity gains through ambulance response times, reduced conveyance to ED increases risk to patient safety, quality of service delivery, and service improvement.</p>
Risk level (initial)	HIGH
Risk level (Target)	LOW
Risk level (current)	HIGH
Lead Director	MEDDIR
Initial Action Taken to Control/Mitigate Risk	<p>An outline business case was submitted to ICT Strategic Board at HSCB and to DHSSPS in Nov 2014. In July 15 DHSSPs agreed that the OBC should be forwarded to DFP supply with conditional commissioner support. This would allow project to go to procurement to get an accurate picture of the quantum and timing of costs to be reviewed pending approval of FBC. This however was not supported by Commissioners; NIAS is unable to proceed in the absence of this support.</p> <p>A regional business case for mobile working has been put forward however NIAS is excluded on the basis of proceeding with ePRF. NIAS however is unable to progress.</p>
Opened	16/05/2016
Review Date	17/05/2016
Action Plan to Address/Mitigate Risk	<p>Meetings took place with regards to the ehealth strategy HSCB Q4 2015/16. Several meetings were arranged but postponed by HSCB. Further meetings to be arranged Q1 2016/17. Project involves the Medical Director, Assistant Medical Director, Director of Finance and IT Manager.</p> <p>NIAS continues to be represented in regional group discussions to press for NIAS to introduce ePRF to integrate with proposed HCRs; the system is an integral part of EHCRs.</p>

ID	286
Title	Safe Care To the Public (Funding / Demand)
Description	There is a risk to the Trust in the provision of safe care to the public. Increasing demand for ambulance response and transportation continues to outstrip capacity and compromise the delivery of safe, high quality care due to the absence of a means of linking planned / approved budget to demand. Cat A performance at April 2016 was 55.3%, since April 2015, demand has increased by 14%.
Risk level (initial)	MEDIUM
Risk level (Target)	LOW
Risk level (current)	HIGH
Lead Director	DIROPS
Initial Action Taken to Control/Mitigate Risk	<p>NIAS uses internationally accredited Clinical Prioritisation System (AMPDS) to differentiate calls on basis of urgency and assign resources to the most urgent calls as a priority.</p> <p>NIAS uses Computer Assisted Dispatch (CAD) and Tactical Deployment Plan to align available resources with anticipated demand to deploy resources to location where they are most likely to be required to respond promptly to most urgent calls.</p> <p>NIAS financial planning prioritises provision of front-line resources.</p> <p>Performance Improvement Plan 2015/16 developed and being implemented. Demographic funding for poorest performing LCG agreed with HSCB.</p> <p>Financial resource and activity/performance are issues discussed at Trust Board and with HSCB.</p> <p>NIAS Modernisation programme established, this introduces measures to manage demand which result in an alternative outcome which is more appropriate for the patient and better for NIAS/HSC.</p>
Opened	16/05/2016
Review Date	17/05/2016
Action Plan to Address /Mitigate Risk	<p>NIAS has secured Commissioner support to engage in Demand/Capacity review as first step to linking demand to supply; funding however has not been agreed.</p> <p>Outcomes of the review recommendations would need to be fully supported in order to mitigate against the risk.</p>

ID	4
Title	Business Continuity Planning
Description	There is a risk to the Trust from the failure to review, update and test the internal business continuity plans.
Risk level (initial)	MEDIUM
Risk level (Target)	MEDIUM
Risk level (current)	HIGH
Lead Director	MEDDIR
Initial Action Taken to Control/ Mitigate Risk	<p>Amended plans were presented to the SEMT for comment in Q4 2010 and a number of local BCPs were implemented successfully due to civil disturbances and adverse weather in 2010.</p> <p>An AEPO was appointed in 2012 to develop Business Continuity Strategy, Policy and Action Plans and review existing plans. AEPO attended national training in advance of roll out of training 2011/12. AEPO developed a schedule of exercises for BCP 12/13 & 13/14. Policy & Strategy developed July 2011.</p> <p>Four 'critical' activities were identified in 2011, Call Taking, Information Processing, Ambulance Despatch and Clinical Care. Existing plans reviewed to ensure that the areas which directly influence these 'critical' activities have been tested, activated and reviewed or debriefed: including: REMDC, Operational Divisions, and specific ICT Infrastructures. 2010/11 EAC evacuation plan amended and retested based on learning outcomes for evacuation exercise in September 2010. Learning identified from this will be incorporated into future plans and exercises. All other areas will be captured during the next phase of the programme which is under the control of the Emergency Planning Officer. Business Continuity Strategy and Policy reviewed and updated October 13 and submitted to Assurance Committee December 13 and Trust Board January 14. Overarching Business Continuity Plan being developed Nov 13, delayed to 2014/15, submitted to Assurance Committee Sep/Oct 2014.</p> <p>EP/BCP planning was added to induction for all new staff (May 2015). Directorate BC leads identified Q1 2014/15. Training programme for directorate BC leads identified and agreed with RATC and delivery planned in 2013/14.</p> <p>Risk de-escalated from Corporate Risk Register local Medical Directorate risk register following Trust Board Workshop July 2014. An Emergency Preparedness and Business Continuity Planning Group was established June 2012 to oversee the process. Business Continuity incidents and plan activations are reviewed as standing agenda items. Internal Audit recommendation in relation to BCP are regularly reviewed and actions agreed. Terms of Reference and Schedule of Meetings submitted to the Assurance Committee on a quarterly basis.</p> <p>Training for Directorate functional leads in BPC completed in November 2015. Business Impact Analysis Training carried out February 2016.</p>
Opened	30/12/2010
Review Date	17/05/2016
Action Plan to Address /Mitigate Risk	<p>BCP Strategy, Policy and overarching plan to be reviewed by AEPO by September 2016.</p> <p>Business Impact Analysis Questionnaire to be reviewed for appropriateness to NIAS by EPO and AEPO. Workshop to be carried out by September 2016.</p> <p>Directorates to complete Business Impact Analysis Questionnaire; directorate functional leads will be supported by the Emergency Planning Unit (EPO & AEPO) by December 2016.</p> <p>The Business Impact Analysis Questionnaire will inform the development, review and exercising of plans moving forward - 2016/2017.</p>

ID	197
Title	Vehicle Cleaning
Description	<p>There is a risk to the Trust from the lack of a robust system for cleaning to ensure compliance with Infection Prevention and Control Policy and Procedures. Increased operational pressures have led to an inability to regularly stand vehicles down for cleaning.</p> <p>Risk reopened April 2016 due to increasing number of UIRs and EAC reports of non-compliance.</p>
Risk level (initial)	LOW
Risk level (Target)	LOW
Risk level (current)	HIGH
Lead Director	MEDDIR
Initial Action Taken to Control/Mitigate Risk	<p>Vehicle Cleaning Sub group of the IPC Group established with individual representatives from across the Trust to review current reporting procedure during Q1 2011/12. Workshop for newly appointed Station Officers completed Q1 2011/12</p> <p>Vehicle cleaning is considered as a 'standing item' on the Trust's IPC Group. Activity is reported to the Trusts Assurance Committee.</p> <p>In June 2013 a vehicle cleaning schedule introduced, vehicle cleaning products were reviewed, streamlined and are now consistent across the Trust. A web based reporting system was developed with EAC recording on a database. Audits of station cleanliness ongoing. Risk closed June 2013.</p>
Opened	05/02/2010
Review Date	17/05/2016
Action Plan to Address /Mitigate Risk	<p>Vehicle cleaning will continue to be reviewed through the IPC Group and performance reported to Trust Board.</p> <p>Risk to be considered by SEMT, Medical Director and Director of Operations 17th May 2016. To be considered by Trust Board June 2016.</p> <p>Medical Director and Director of Operations to develop action plan through IPC Group and SEMT to present to Assurance Committee September 16.</p> <p>Also refer to risk 286, pressure to be considered in capacity review.</p>

ID	283
Title	Resource Issues Within Human Resources Department
Description	<p>If Human Resources does not have adequate resources to support the Trusts key priorities, there will be delays in the delivery organisational objectives. There is also a risk to the timely delivery of departmental objectives and an inability to meet statutory requirements. There is the potential to lead to further delays in meeting statutory requirements.</p> <p>Ongoing organisational pressures resulting in significantly increased workload for HR staff (relating to Workforce Stabilisation Programme which commenced in June 2014); new/additional unfunded HR workstreams (relating to Job Evaluation and mainstreaming of residual BSTP workstreams) and lack of stability within the HR Department over the last number of years (due to secondments to BSTP project and long term sickness absence of key members of staff).</p>
Risk level (initial)	HIGH
Risk level (Target)	LOW
Risk level (current)	HIGH
Lead Director	DIRHR
Initial Action Taken to Control/ Mitigate Risk	<p>(1) Ongoing prioritisation of statutory duties;</p> <p>(2) Operation of Escalation Procedures together with robust performance management arrangements;</p> <p>(3) Employment of temporary agency staff for short fixed term periods, with budgetary constraints;</p> <p>(4) Prioritisation of engagement in regional and local workstreams;</p> <p>(5) Support mechanisms for HR staff including line management support, Carecall 24 hour confidential counselling service and Occupational Health;</p> <p>(6) Work on HR role clarity and development of managers toolkit for HR processes has commenced</p>
Opened	29/04/2016
Review Date	17/05/2016
Action Plan to Address /Mitigate Risk	<p>(1) Completion of Article 55 review to comply with statutory requirements - (ADHR Qtr 2 16/17);</p> <p>(2) Continued prioritisation of statutory duties - (ADHR Ongoing 16/17);</p> <p>(3) Completion and implementation of work on HR role clarity including development of engagement programme to clarify expectations of Managers / Staff / Trade Unions (ADHR Qtr 4);</p> <p>(4) Development of management toolkits and management training programme to support the delivery of workstreams associated with HR Clarity (ADHR Qtr 4)</p> <p>(5) Review of HR Structures including review of resource requirements to support delivery of departmental and organisational objectives (ADHR Qtr 3)</p>

ID	273
Title	Financial Stability - Achieving Financial Balance 2015/16
Description	There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance.
Risk level (initial)	HIGH
Risk level (Target)	LOW
Risk level (current)	MEDIUM
Lead Director	FINDIR
Initial Action Taken to Control/Mitigate Risk	<p>The Trust has returned a break-even financial position for the last ten years and has a sound understanding of cost / income with controls in place to manage spend. There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely:</p> <ol style="list-style-type: none"> 1. Increases to Savings Target given significant emerging pressures across NI public sector such as welfare reforms. The Trust has been advised at this date (July 2015) of a savings requirement of £1.2m in 2015/16. 2. Overspending against core budget. 3. Cost Pressures and Service changes (including Transforming Your Care) not fully recognised and funded by Commissioners. Income levels for prior year developments, new service developments and other unavoidable pressures have been highlighted to HSCB /DHSSPS colleagues and the Trust is assuming that these costs will be met in full. 4. 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. <p>Given the challenging financial position for the public sector in Northern Ireland NIAS will continue to actively engage with Commissioners and DHSSPS to track emerging financial pressures and their impact on NIAS. Any changes in these assumptions will result in further contingency measures which are likely to impact directly on the delivery of front line services.</p> <p>Controls are in place to mitigate each of these factors above as follows:</p> <ol style="list-style-type: none"> A. Applying internal budgetary control processes led by Director of Finance reporting monthly to Chief Executive as Accounting Officer. This will continue to be underpinned by detailed budget reports produced by finance to support budget holders. Directors are held accountable to Chief Executive. Financial position is a standing item on SEMT agenda for DOF to provide update and test assumptions. B. Submission and engagement with DHSSPS/HSCB re any emerging financial implications for HSC in the context of NI public sector budgets to be reflected in NIAS Trust Delivery Plan. Ongoing monitoring, review and engagement with stakeholders. C. Ongoing monitoring, review and engagement with stakeholders will continue throughout to highlight emerging cost pressures and service changes. D. Ongoing monitoring, review and engagement with stakeholders will continue throughout recognising that there remain uncertainties in particular in respect of the outcome of Agenda for Change (both in terms of timing and magnitude). E. Development of savings plan by NIAS for 2015/16 in conjunction with Trust Board. Engagement with staff and patient representatives and fulfilment of any statutory consultation requirements. <p>i) Ongoing application of controls A to E above.</p> <p>The Trust Delivery Plan was approved by DHSSPS/HSCB in July 2015. Savings plans were finalised, approved and implemented in July 2015. The Trust continues with the monthly completion and submission of Trust Monitoring Returns and Financial Stability Programme Board (FSPB) Savings Returns. The Trust continues with the budgetary reporting cycle to Budget Holders, SEMT and Trust Board.</p>
Opened	30/06/2015
Review Date	17/05/2016
Action Plan to Address/Mitigate Risk	<p>The income and savings requirements identified as part of the planning process have materialised largely in line with planning assumptions.</p> <p>The Trust is forecasting a breakeven position, within tolerance, at 31 March 2016 subject to a number of assumptions, for example Agenda for Change, and also a reduced allocation in respect of Voluntary Early Severance. The Trust is also implementing an ambitious programme of activity and expenditure aimed at improving response time in March 2016.</p> <p>In addition to the above, the forecast breakeven position at 31 March 2016 is subject to:</p> <ul style="list-style-type: none"> Completion of Draft Final Accounts (April/May 2016) Completion of External Audit (May/June 2016) Completion and Approval of Final Accounts by Trust Board and sign off by Accountable Officer (June 2016). <p>Agreed at SEMT 17th May 2016 to close on approval of final accounts and Finance Director to open new risk for 16/17.</p>

ID	246
Title	Linking Funding to Demand
Description	<p>There is a risk to the Trust that increasing demand for ambulance response and transportation will outstrip capacity and compromise delivery of safe, high quality care due to the absence of a means of linking planned / approved budget to demand.</p> <p>Overall demand for ambulance has increased by 3% in 2014-15, with an increase of 14% for Category A calls. The increase in Category A calls has resulted in a sharp deterioration in % of Cat A calls responded to within 8 mins despite only moderate fall in absolute number of calls responded to within 8 mins.</p>
Risk level (initial)	MEDIUM
Risk level (Target)	LOW
Risk level (current)	HIGH
Lead Director	DIROPS
Initial Action Taken to Control/Mitigate Risk	<p>1.NIAS uses internationally accredited Clinical Prioritisation System (AMPDS) to differentiate calls on basis of urgency and assign resources to the most urgent calls as a priority.</p> <p>2.NIAS uses Computer Assisted Dispatch (CAD) and Tactical Deployment Plan to align available resources with anticipated demand to deploy resources to location where they are most likely to be required to respond promptly to most urgent calls.</p> <p>3.NIAS financial planning prioritises provision of front-line resources.</p> <p>4.NIAS has established Resource Management Centre (RMC) to align available resources with priority locations and times.</p> <p>5.NIAS has identified priority locations and times for shift cover.</p> <p>6.Financial resource and activity/performance are issues discussed with HSCB at PMSI meetings.</p> <p>7.Financial resource and activity/performance are issues discussed at Trust Board.</p> <p>8.NIAS has processes in place to secure additional funds linked to service change which could potentially be extended to deal with demand growth (subject to securing Commissioner support).</p> <p>9 Introduce measures to manage demand which reduces demand for ambulance attendance and transportation.</p> <p>9.1.NIAS Modernisation programme established</p> <p>10.Introduce measures to manage demand which result in an alternative outcome which is more appropriate for the patient and better for NIAS/HSC.</p> <p>10.1.NIAS Modernisation programme established</p>
Opened	30/04/2013
Review Date	17/05/2016
Action Plan to Address/Mitigate Risk	<p>1.Secure Commissioner support to engage in Demand/Capacity review as first step to linking demand to supply.</p> <p>1.1.Dir Operations has engaged with Lead Ambulance Commissioner and secured support to progress</p> <p>2.Establish metrics to show correlation/relationship between planned resource - demand - performance support bid for additional resources.</p> <p>2.HSCB proposal to link planned budget to demand analysis to HSCB.</p> <p>E124 advance of completing demand/capacity review NIAS has sought to secure share of Demography funding in recognition of demand/activity growth (attempt to establish principle of funding growth) IPTG scheduled for submission to Trust Board on th August 2015.</p> <p>provide Call Prioritisation and Dispatch procedures to protect capacity to respond to & transport highest priority patients.</p> <p>provide Categorisation of HCPC calls to address 14% growth in-year and ensure call prioritisation is appropriate.</p> <p>Clinical Decision Support desk in Ambulance Control to provide additional means of managing calls.</p> <p>9. This risk to be closed following Trust Board in th August 2015. It was agreed that this risk would be closed following Trust Board on the th July and replaced by a new risk 'Safe Care for the Public'. As this has not yet been developed and the decision regarding the Investment Proposal is still awaited. It is recommended that this risk remains at present.</p> <p>10 D OPS to develop a new risk in relation to 'Safe care to the Public'</p> <p>11. Reviewed by SEMT on 3/11/15 and a decision taken to retain in current form until alternative risk is developed.</p> <p>12. Successful in demographic funding. Funding received for acute service changes April 2015 (BCH closure and Downe/LVH restricted hours).</p> <p>Reviewed SEMT 17th May 2016. It was agreed to close and open new risk (286).</p>

ID	220
Title	Trade Unions 'Notice to Employer' of an official ballot for Industrial Action.
Description	There is a risk to all aspects of service delivery, including the risk to safe delivery of patient care. Ballot for Industrial Action (i) in the form of Strike Action; or (ii) in the form of action short of a strike
Risk level (initial)	HIGH
Risk level (Target)	MEDIUM
Risk level (current)	MEDIUM
Lead Director	DIROPS
Initial Action Taken to Control/ Mitigate Risk	<ol style="list-style-type: none"> 1. Management guidance for response to IA and contingency Plan for IA implemented 2. IA Management Team and related Silver Cell established to ensure the Trust has a formal structure in place which enables effective demand management and co ordination. 3. Regional HSC Protocol and MOU agreed with Unison, Unite and GMB Trade Unions to protect the provision of emergency services and clinically critical care to patients during the periods of IA. Commitment also given to support the delivery of contingencies where employers are demonstrably unable to make alternative arrangements. 4. IAMT will engage with TU's before and during IA 5. Escalation to NIAS BC Plans as appropriate. 6. Consultations mechanism established for IR issues. Continued engagement with Trade Unions throughout these. 7. A series of debriefs have been conducted following the IA and recommendations and action plans have been developed. 8. Chair and Chief Executive to engage with DHSSPS at Permanent Secretary level to address issues of dispute that are out with NIAS Trust influence. This meeting took place 22/01/15. 9. Formal debrief completed by Asst Dir Ops on the 3/11/15 10. HR elements of action plan discussed 15.03.16.
Opened	11/08/2011
Review Date	17/05/2016
Action Plan to Address /Mitigate Risk	<ol style="list-style-type: none"> 3. Recommendation and action plans will be used to inform a planned workshop to conduct Business Continuity Impact Analysis. 4. Ongoing engagement with Trade Unions continuing through a variety of groups and forums. 5. Recommendations from debriefs following IA will be incorporated into Business Continuity processes. <p>At SEMT 17th May 2016, it was agreed that this risk should be de-escalated to Operations Local Risk Register and reviewed, the HR related risks be closed, and the business continuity aspects transferred to Business Continuity Planning Risk - Number 4. No notice has been given at this time; in the event of notice, risk can be escalated.</p>

TB/4 02/06/16

**TRUST DELIVERY PLAN REPORT ON
COMMISSIONING PRIORITIES 2015-16**

Commissioning Plan Direction	Commissioner Proposal	NIAS Response	Current Position	RAG
Commissioner will put in place plans to ensure meeting Ministerial emergency ambulance response targets by March 2016.	Commissioner, in collaboration with NIAS, will review demand for an emergency ambulance response against available commissioned capacity and in light of alternative care pathways.	Submit Proposal for Demand/Supply Analysis to HSCB in Q2.	Outline Proposal submitted by Director of Operations in Q1 2015-16. HSCB have indicated support to progress however funding has been identified. Relevant planning and procurement options have been reviewed to progress but this is not possible within timeframes. NIAS will seek to progress in 2016-17.	
Commissioner will support NIAS to continue to put in place alternative care pathways which avoid unnecessary hospital attendances.	Commissioner will seek to evaluate alternative care pathways with a view to maintaining where successful. The introduction of related, NIAS-managed Directory of Services with support from the 5 HSC Trusts will be essential in taking forward the pathways.	Provide Information to enable evaluation of Alternative Care Pathways (ACPs) in line with HSCB requirements. Introduce NIAS Directory of Services by Q3. Embed ACPs as Business as Usual.	Information is being provided in line with HSCB requirements. ACPs are progressing in line with plans. Key goals have been achieved and targets for ED avoidance exceeded in 15/16 with an additional 7245 patients safely left at home. We project that we will continue to bring fewer patients to ED this year than in 2013-14 despite an increase in demand and ambulance activity.	
Commissioner will mainstream Hospital Ambulance Liaison Officers (HALOs) at the major acute hospitals to support patient flow and ambulance turnaround.	Commissioner will seek a proposal from NIAS to maintain HALOs at major acute hospitals	Review utilisation of HALOs to inform proposal. Submit proposal for HALOs by Q2.	HALO Investment Proposal was submitted to HSCB in Q2. Funding secured and recruitment undertaken to embed in normal business.	
Commissioner, in partnership with NIAS, will, by	Commissioner will work with NIAS to take forward	Work with HSCB in development of consultation document	NIAS has input to development of proposal and awaits further	

November 2015, complete a public consultation on the future provision of non-urgent patient transport services. This will include the proposed introduction of eligibility criteria for non-emergency transport which seeks to prioritise mobility need in the face of limited capacity.	recommendations following the review and public consultation of non-urgent patient transport services, including the implementation of eligibility criteria.	and in engagement process. NIAS will seek to ensure through this process that resource constraints are managed to prioritise provision of non-emergency ambulance transport based on clinical need.	direction. At this stage we have no indication that HSCB will progress to consultation in-year.	
Healthcare Associated Infections (HCAIs).	Trusts, supported by PHA will develop and deliver improvement plans to reduce infection rates. This will be monitored via PHA surveillance programmes for HCAIs.	NIAS will continue to monitor HAIs in the ambulance operating environment and report on an exception basis.	Reporting continues through NIAS Assurance committee. No significant issues to report.	
Flu immunisation	Trusts and Primary Care to increase uptake of flu immunisation among healthcare workers.	NIAS will review 2014-15 activity and measures taken in order to maximise effectiveness of staff vaccination programme in 2105-16.	NIAS continues to promote and prioritise flu vaccination for NIAS personnel. Measures have been identified which have the potential to increase rates of vaccination in future years.	
Hazardous Area Response Team	HART in NI is a well-established specialist response team in NIAS that provides essential paramedic level care to casualties within the hazardous area of a CBRN: HAZMAT incident. PHA works closely with HART in training for and responding to CBRN: HAZMAT incidents and as such will continue to work with HSCB colleagues to ensure that the	NIAS will use resources assigned to HART to maintain and develop capability in this area.	HART functionality remains as planned. HART activity is monitored through Medical Directorate. No issues to report.	

	present capability of this vital service is maintained.			
<p>The continued roll out of a range of measures to identify earlier and better meet patients' needs in community settings and to avoid the need for patients to attend hospital.</p> <p>These measures include:</p>				
The establishment of Acute Care at Home models and other rapid response arrangements.		NIAS will support these developments through the Alternative Care Pathways programme already established.	<p>ACPs are progressing in line with plans.</p> <p>NIAS supports both hospital-based and community models.</p>	
The establishment of a range of alternative care pathways, linked to the NI Ambulance Service, to provide alternatives for both patients and staff to hospital attendance.		NIAS will continue to develop and progress Alternative Care Pathways in line with the proposals previously endorsed and funded by HSCB through the Transforming Your Care Programme.	ACPs are progressing in line with plans.	
The establishment on a pilot basis of an alcohol recovery centre in Belfast.		NIAS will support these developments through the Alternative Care Pathways programme already established.	This initiative was established by BHSC pre-Christmas and is continuing to operate.	
<p>The reform of palliative care services, facilitating people to die in their place of choice – typically their own home - rather than a hospital bed. During 2015/16 this will include:</p> <p>The implementation of advance care planning arrangements across Northern Ireland to allow the needs and wishes of palliative care patients to be identified and planned for.</p>		NIAS will support these developments through the Alternative Care Pathways programme already established.	ACPs are progressing in line with plans.	

TB/5 02/06/16

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

2 June 2016

Title:	Emergency Planning Annual Report, April 2015-March 2016
Purpose:	For approval
Content:	Activity Report
Recommendation:	For approval
Previous Forum:	SEMT
Prepared by:	Emergency Planning Officer
Presented by:	Medical Director

TRUST NAME:	Northern Ireland Ambulance Service
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Emergency Preparedness & Response

Annual Report to PHA/HSCB

From:	April 2015	To:	March 2016
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Report Completed by:	W Newton
Position in Trust:	Emergency Planning Officer

1. Introduction

This report reflects the activity of the Northern Ireland Ambulance Service for the period April 2015 to March 2016. The Northern Ireland Ambulance Service responded to three declared major incidents and seventeen potential major incidents. This is a small decrease in the number of incidents responded to in 2014/2015. In addition, there were nine airport alerts this year. This was an increase on the number of airport alerts received last year.

Training remained a high priority during the year. This included taking part in twenty five exercises to test the Major Incident Plan and also included specific training for areas such as, chemical personal protective suits and decontamination equipment.

The Hazardous Area Response Team (HART) in Northern Ireland have continued to embed into the service and were deployed to 406 incidents with four pre-planned Hazardous Area Response Team deployments for special events.

The Emergency Planning function is a responsibility within the Medical Directorate.

The lines of responsibility are:

Chief Executive
Medical Director
Emergency Planning Officer
Three Assistant Emergency Planning Officers
One Emergency Planning Support Officer
Two administrative support staff

The Trust has an Emergency Planning & Business Continuity Group who meet to review Emergency Planning issues or incidents and where necessary report to the Assurance Committee with recommendations. They will also review the Major Incident Plan when it is due. The Emergency Planning & Business Continuity Group is made up of a number of representatives from Emergency Planning (chair), Operations, Finance, Human Resources & Training and Emergency Ambulance Control departments.

The Emergency Planning Officer provides a monthly report to the Medical Director which includes all monthly emergency planning activity.

The Medical Director compiles a report for Trust Board bi-monthly.

Emergency Planning & Business Continuity is a standing item on the agenda for the Assurance Committee who meet quarterly and report directly to Trust Board.

2. Notification of Incidents to Trust

The number of incidents alerted to the Trust shows a small increase on the same period last year.

Table 1 identifies the incidents that were alerted in the time period April 2015 to March 2016 via the 999 system or by direct line with Airports, Police Service of Northern Ireland (PSNI) or the Northern Ireland Fire and Rescue Service (NIFRS).

Table 1

Date	Time	Incident	Level of Response Activated/Outcome
4 April 2015	20.53	Road traffic Collision involving three cars - Augher	Activated = Declared Major Incident Six patients taken to South West Acute Hospital Incident was stood down at 22.55
7 April 2015	11.23	Airport alert at the Aero-Heli Newtownards airfield	Activated = Airport Alert 1 person died at scene 1 patient taken to hospital
27 April 2015	22:56	Explosion in or near Crawford square, Londonderry	Activated = Potential Major Incident Procedures worked well and the incident was stood down at 23:14
4 May 2015	08:16	Fire in a sheltered accommodation	Activated = Potential major incident, NIAS received reports of a fire in Hendersons Court Sheltered Dwelling. The incident was stood down prior to any NIAS resources arriving at 08:28
6 June 2015	14:04	20 persons reported in Lough / River Foyle	Activated = Declared Major Incident

			<p>Reports were received for 20+ persons in the river approx. 2 miles from Craigavon Bridge</p> <p>A total of 26 persons were rescued from the water 21 discharged at scene and 5 taken to hospital.</p>
6 June 2015	15:30	Airport Alert at the Belfast International Airport	<p>Activated = Airport Alert</p> <p>The plane landed safely. There were no patients and the incident was stood down at 15:52</p>
11 June 2015	13:02	Airport Alert at the Belfast International Airport	<p>Activated = Airport Alert</p> <p>The plane landed safely. There were no patients and the incident was stood down at 13:34</p>
6 July 2015	16:50	Mountain rescue call for 6 children on the Mourne Mountains	<p>Activated = Potential Major Incident</p> <p>Six children were rescued from the mountains 1 was transferred to hospital with Hypothermia</p> <p>The incident was stood down at 19:32</p>
19 July 2015	16:50	Alert for a down aircraft in Carlingford Lough	<p>Activated = Potential Major Incident</p> <p>Report of a plane downed. Ask to stand by to assist the National Ambulance Service</p> <p>The incident was stood down after 3 mins</p>
8 August 2015	22:23	Chemical incident Londonderry	<p>Call upgraded to a Potential Major Incident</p> <p>Two persons had been mixing chemicals in a factory. Unknown number so potential patients.</p>

			<p>One person transported to hospital.</p> <p>The incident was stood down at 23:13</p>
16 August 2015	13:02	Road Traffic Collision-Ballymena	<p>Activated = Potential Major Incident</p> <p>RTC between a car and a bus with 30 persons on board. One person transported to hospital the remainder discharged at scene</p>
18 August 2015	16:45	White powder call to the Mallusk Post Office Sorting Office	<p>Activated = Potential major Incident</p> <p>The call was downgraded to a HAZMAT call. No patients required transport to hospital</p> <p>Incident stood down at 18:52</p>
21 August 2015	12:57	Road Traffic Collision-M1 Blacks Road Junction	<p>Activated = Potential Major Incident</p> <p>Reports of five adults and four children involved</p> <p>The incident was stood down at 13:20</p>
26 August 2015	07:44	Road Traffic Collision-Belfast	<p>Activated = Potential Major Incident</p> <p>Reports of eleven adults and a number of children involved</p> <p>The incident was stood down at 07:5</p>
22 August 2015	13:07	Airport Alert at Belfast International Airport (BIAL)- Aldergrove	<p>Activated = Airport Alert</p> <p>Plane landed with one reports of smoke in the forward Gally, no patients required treatment.</p>

			The incident was stood down at 13:55
6 September 2015	00:32	Airport Alert at Belfast International Airport (BIAL)- Aldergrove	<p>Activated = Airport Alert</p> <p>Report of a helicopter with engine failure. The helicopter landed safely.</p> <p>The incident was stood down at 00:33</p>
10 September 2015	02:07	Reports of two explosions in Ahoghill	<p>Activated = Potential Major Incident</p> <p>The scene was declared clear of casualties.</p> <p>The incident was stood down at 02:25</p>
5 October 2015	21:28	Report of explosion in Londonderry	<p>Activated = Potential Major Incident</p> <p>This was a false alarm caused by a firework being set off in a confined area</p> <p>The incident was stood down by the first crew to arrive</p>
27 October 2015	19:57	Airport alert at the George Best Belfast City Airport & Belfast International Airport	<p>Activated = Airport Alert</p> <p>Report of an aircraft making an emergency landing with one engine failure, the aircraft was diverted to the Belfast International Airport</p> <p>The incident was stood down at 20:57 when the plane landed safely at the Belfast International Airport</p>
12 November 2015	15:43	Airport Alert at Belfast International Airport (BIAL)- Aldergrove	Activated = Airport Alert

			<p>Report of a plane with engine fuel starvation. The plane landed safely.</p> <p>The incident was stood down after 5 minutes, prior to arrival of any NIAS vehicles</p>
27 November 2015	13:34	Road Traffic Collision-Dungannon	<p>Activated = Potential Major Incident</p> <p>Initial report of a car and a lorry involved, one person transported to hospital</p> <p>The incident was stood down at 14:16</p>
28 November 2015	15:34	Road Traffic Collision-Dungiven	<p>Activated = Potential Major Incident</p> <p>There had been an accident involving a minibus and three cars. Six patients were transported to hospital</p> <p>The incident was stood down at 16:08</p>
29 November 2015	21:37	Road Traffic Collision-Bessbrook	<p>Activated = potential Major Incident</p> <p>Six patients were transport to hospital</p> <p>The incident was stood down at 22:37 no officers had arrived on scene before the stand down</p>
30 November 2015	20:29	Road Traffic Collision-Belfast	<p>Activated = Declared Major incident</p> <p>Report of a car ploughing into a crowd on the Appollo Road. Six patients were transported to hospital</p>

			The incident was stood down at 21:42
20 January 2015	18:40	Road Traffic Collision- Warrenpoint	<p>Activated = potential Major Incident</p> <p>Initial report suggested the accident involved a lorry and a bus with 20 persons on board. The incident was stood down by the first Rapid Response Paramedic to arrive on scene at 18:54.</p>
25 January 2016	10:05	Gas leak in factory = Ballymoney	<p>Activated = Potential Major Incident</p> <p>Report of a gas leak in Ballyrashane Creamy. Two patients transported to hospital .</p> <p>The incident was stood down at 10:56</p>
30 January 2016	09:50	Fire in a private Nursing Home = Enniskillen	<p>Activated =Potential Major Incident</p> <p>Ten patients where moved within the building to a place of safety, no patient required transport to hospital</p> <p>The incident was stood down at 10:56</p>
24 March 2016	14:45	Airport Alert at Belfast International Airport (BIAL)- Aldergrove	<p>Activated = Airport Alert</p> <p>Report of a plane with engine fire. The plane landed safely.</p> <p>The incident was stood down after 5 minutes, prior to arrival of any NIAS vehicles</p>
27 March 2016	14:19	Airport alert at the George Best Belfast City Airport	<p>Activated = Airport Alert</p> <p>Report of an aircraft making an emergency landing with 48</p>

			<p>persons on board. The plane landed safely</p> <p>The incident was stood down by the NIAS officer in charge at the airport</p>
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The Trust is represented on all the Emergency Planning groups for the airports and as such participates in regular reviews of recent incidents at the airfields. Any issues that have been identified have been minor and any issues raised by the Trust are always acted upon by the airport management.

The Trust alerts the other Health & Social Care Trusts when incidents as listed above are happening in their area.

3. Incidents responded to by Trust

The Police Service of Northern Ireland GOLD Command room was opened for civil disturbance during the year. The Trust supported this with the senior officer on call being present.

4. Emergency Preparedness Training

Annual Training Summary:

Session	Total Staff	Details
Emergency Planning	44	<p>Major Incident Medical Management and Support (MIMMS) refresher course</p> <p>Hospital Major Incident Medical Management Support (HMIMMS) course</p> <p>Emergency Planning awareness for foundation year doctors</p> <p>Train the trainer sessions for the Joint Emergency Services Interoperability Programme</p>

HART- Hazardous Areas Response Team	All HART staff attended some area of the training	Safe Working At Height (SWAH) workshops Introduction of Inter-Operability Response (IOR) training Breathing Apparatus(BA) refresher training Rope Technician Refresher Course Mountain rescue assessments Mountain rescue training (NWMRT) Mountain rescue training Tullymore Port-a-count with PSNI Swift Water Rescue Training Course Public Order training Multi-Unit Technical Training (MUTT)
Business Continuity	2	Business continuity training was held with all Business Continuity Planning leads

Individual Specialised Training

22 June 2015, One Officer attended an Emergency Support centre training (multi-agency)

29 June 2015 one officer attended a Rivers Agency stakeholder event

22 September 2015 three officers attended a Scientific & Technical Advice Cell training (STAC) course held by PHA.

23 September 2015 two officer attended a STAC course held by the PHA

29 September 2015 one officer attended the Rescue, Emergency, Air, Cardiac & Heart (REACH) Conference

29 September 2015 four officers attended an equipment demo form DTSL

18 November 2015 twelve officers attended refresher training for Chemical, Biological, Radiological and Nuclear (CBRN) bronze and silver commanders

20 January 2016 one officer attended a “walkthrough” for Health and Social Care response to a mass casualty incident

28 January 2016 four officers attended a Joint Emergency Services Interoperability Programme (JESIP) train the trainer course

19 February 2016 five officers attended a “capability Day” hosted by the Northern Ireland Prison Service

15 March 2016 two officers attended a Marauding Terrorist Firearms Attack (MTFA) workshop

Tail lift training was made available throughout the year for all “on call officers”

Group Trust Staff Training

20 April 2015, Emergency Medical Dispatcher (EMD) training day at Lissue.

14 May 2015 & 8 June 2015 Emergency planning training for Emergency medical technicians course (one day Major Incident Medical Management Support (MIMMS) course)

22 May 2015 an Emergency Planning Officer gave a presentation on Emergency Planning and Business continuity for staff on a Corporate Induction day

18 June 2015 Emergency Planning presentation for Ambulance Care Award course

20 July 2015 Emergency Planning presentation for Ambulance Care Award course

12 & 25 August 2015, EMD training day at Lissue.

1 & 2 October 2015 Emergency planning training for Emergency medical technicians course (one day MIMMS course)

28 October 2015 Emergency planning presentation for Ambulance Care Award course

21 & 22 January 2015 Emergency Planning training for Emergency medical technicians course (one day MIMMS course)

2 February 2016 Business Continuity Leads attended a workshop on completing a Business Impact Analysis

Training provided to outside Agencies

15 April 2015 Emergency Planning presented a presentation for the Foundation Year Doctor Programme

22 April 2015 CBRN / Initial Operational Response (IOR) training for Sotuh Eastern Health and Socail Care Trust doctors

30 April 2015 Command training for City of Derry Airport

1 May 2015	Emergency Planning presented a presentation for the Foundation Year Doctor Programme
13 May 2015	Emergency Planning presented a presentation for the Foundation Year Doctor Programme
27 May 2015	Emergency Planning presented a presentation for the Foundation Year Doctor Programme
11 June 2015	CBRN training for SEHSCT
24 & 25 June 2015	Generic instructor course for HMIMMS course
4 August 2015	Belfast Health and Social Care Trust (BHSCT) trauma team training
24 & 25 September 2015	Twenty four students successfully completed a Hospital Major Incident Medical Management Support course held in the Royal Victoria Hospital Clinical training centre
23 October 2015	BHSCT = CBRN / HAZMAT Powered Respirator Protective Suit (PRPS) training day held in Lissue
4 November 2015	NIAS presentation for Ministry of Defence Level 2 course
6 November 2015	IOR training for South West acute Hospitals
16 November 2015	Transforming Your Care (TYC) information day for Voluntary and Private Ambulance Services
17 November 2015	Emergency planning presentation to PSNI Officer
26 & 27 November 2015	Twenty two students successfully completed a Hospital Major Incident Medical Management Support course held in the Dunsilly Hotel, Antrim.
25 & 26 February 2016	Twenty four students successfully completed a Hospital Major Incident Medical Management Support course held in the Dunsilly Hotel, Antrim.
10 & 11 March 2016	Twenty for students successfully completed a Major Incident Medical Management & Support (MIMMS)

18 March 2016 Emergency Planning presented a presentation for the Foundation Year Doctor Programme

25 March 2016 Emergency Planning presented a presentation for the Foundation Year Doctor Programme

5. Exercises

Trust staff participated in 25 exercises throughout the year this was a combination of live” and “table-top” and officers “observed” on four exercises. (Some examples are listed below)

14 April 2015 Castle Court Exercise- an exercise to confirm interagency response in a Hazardous environment.

14 April 2015 Exercise elastic – a table top exercise to test interagency working in preparation for the NW200

29 April 2015 Exercise OCCAE – a test of the On Call Officers Communications and Availability.

12 May 2015 Exercise Tall-ships – a table top exercise to test multi-agency working in preparation for the Tall ships visit

22 May 2015 Special Operational Response exercise – Joint Emergency services exercise to validate multi-agency working in a terrorist hazardous environment.

9 June 2015 Exercise 2B = a table top exercise to test procedures in the new RVH emergency department prior to the opening

9 June 2015 Exercise Grand Fondo = a table top exercise to validate plans for the Grand Fondo cycle race

9 June 2015 IOR exercise = joint emergency services exercise to validate multi-agency working in a terrorist hazardous environment.

30 June 2015 Exercise Strong Tower = a command post exercise for all the ambulance services in the UK

22 July 2015 Exercise OCCAE – a test of the On Call Officers Communications and Availability.

3 September 2015 Exercise DLOG 11– a NIAS internal communications exercise

11 September 2105 Exercise EXIT = joint exercise with NIFRS to ensure procedures are in place to rescue patients and staff from an ambulance involved in a road traffic accident

- 19 September 2015 Exercise BERM = a live multi-agency exercise to ensure co-operation in rescue of patients from a mountain bike environment
- 30 September 2015 Exercise Appleby Magna = a multi-agency exercise to validate CBRN plans
- 13 October 2015 Exercise HRH = an airfield exercise to validate airfield emergency plans
- 15 October 2015 City Of Derry Airport (CODA) exercise = a multi-agency exercise to test airport emergency orders
- 21 October 2015 Exercise OCCAE – a test of the On Call Officers Communications and Availability.
- 3 November 2015 COMAH exercise = table top exercise to validate emergency procedures for COMAH site (Kilroot)
- 8 November 2015 Hospital Evacuation Exercise = a live exercise to validate evacuation plans
- 19 November 2015 Exercise “recovery” = two officers attended as observers on the exercise held in Bundoran.
- 22 November 2015 Exercise “Blue Taranis” = a table top exercise to confirm the interagency working requirements for a multi-agency rescue.
- 9 December 2015 Pipe line exercise = to test the multi-agency response to an incident involving the underground gas pipe lines
- 22 December 2015 Exercise “HYDRA” = a command post exercise for the emergency services
- 16 January 2016 Bushmills exercise= a table top exercise to validate plans for the Bushmills distillery
- 20 January 2016 Health Silver Command exercise = a health multi-agency command post exercise
- 14 March 2016 Banbridge Campus Table Top exercise = a council lead multi-agency exercise to validate council plans
- 16 March 2016 Special Operational Response exercise – joint emergency services exercise to validate multi-agency working in a terrorist hazardous environment.

6. Controls Assurance Standards

The Trust achieved substantive completion with the Emergency Planning Controls Assurance Standard with a self-assessment of 91% in compliance with the requirements of DHSSPSNI.

7. Business Continuity Management Progress

NIAS introduced Business Continuity training and a programme of work for the year the existing plans require to be reviewed against the Business Continuity Policy and the Business Continuity Strategy during the next phase of the programme which will run throughout the next financial year.

8. Emergency Preparedness & Response Audit

NIAS Major Incident Plan was reviewed and reprinted in 2015/16.

9. Areas of additional risk in relation to emergency preparedness

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

10. Action plan for the next 12 months to manage identified risks and areas of concern raised during responses to actual incidents.

The Emergency Planning Department will carry out a review of emergency preparedness within the service.

DRAFT

TB/6 02/06/16

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

2 June 2016

Title:	NIAS Fraud Policy
Purpose:	The purpose of this document is to set out the Trust's position on fraud and thereby set the context for the ongoing efforts to reduce fraud to the lowest possible level.
Content:	Trust Fraud Policy (For Approval)
Recommendation:	For Approval
Previous Forum:	SEMT & Audit Committee
Prepared by:	Mrs McCue, Director of Finance & ICT
Presented by:	Mrs McCue, Director of Finance & ICT



FRAUD POLICY

Title:	Fraud Policy		
Author(s):	Mr Paul Nicholson, Assistant Director of Finance		
Ownership:	Finance and IT Directorate		
Date of SEMT Approval:	April 2016	Date of Trust Board Approval:	May 2016
Operational Date:	May 2016	Review Date:	May 2019
Version No:	TW/2/Fin (v5) 2016	Supercedes:	All previous versions
Key Words:	Fraud Policy		
Other Relevant Policies/Documents:	Fraud Response Plan Whistleblowing Policy Standing Orders, Standing Financial Instructions and Scheme of Delegation. NIAS HSC Trust Management Statement. Code of Conduct for HPSS Managers Standards of Business Conduct for HPSS Staff Bribery Policy		
Version:	TW/2/Fin (05) 2016		
(01) 1995-2008 (reviewed and updated regularly – previously entitled “Fraud Strategy and Fraud Response Plan	Evidence Base: Relevant legislation and literature used – Theft Act (Northern Ireland) 1969 The Theft (Northern Ireland) Order 1978		
(02) September 2008	Relevant legislation and literature used - The Fraud Act 2006 (introduced on 15 January 2007). This document should be read in conjunction with the Trust’s Fraud Response Plan. Published September 2008		
(03) November 2009	Reviewed and updated to reflect HSS(F) 07/2009, in particular the inclusion of Public Concern at Work details as a route to report concerns or get advice. Published April 2010.		
(04) December 2011	Contact numbers updated		
(05) March 2016	Reviewed annually and no material updates required. Updated formally for review by Audit Committee in May 2016 and consideration by Trust Board in June 2016. Main changes to contact numbers and transfer of responsibilities from DHSSPS to BSO CFPS.		

	(This policy is based on the Financial Governance Model Documents issues under HSS(F) 13/2007 and as such does not completely follow the format prescribed in the Trust's Policy on Development, Approval and Review of Trust Policies Version 1.0 approved in September 2014).
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Circulation List:

This Policy was circulated to the following groups for consultation.

- Trade Unions
- Executive Directors and Senior Managers

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

- All Trust Staff

Trust Internet Site/Intranet Site

1.0 INTRODUCTION

- 1.1 One of the fundamental objectives of the Trust is to ensure the proper use of the public funds with which it has been entrusted. In pursuit of this objective, the Trust promotes an anti-fraud culture which requires all staff to act with honesty and integrity at all times and to take appropriate steps to safeguard resources.
- 1.2 The majority of people who work in the Trust and throughout the HSC are honest and professional and they rightly consider fraud to be wholly unacceptable. Nevertheless, fraud is an ever-present threat and must be a concern for members of staff and all stakeholders. Fraud may occur internally or externally and may be perpetrated by staff, external consultants, suppliers, contractors or development partners, individually or in collusion with others.
- 1.3 The purpose of this document is to set out the Trust's position on fraud and thereby set the context for the ongoing efforts to reduce fraud to the lowest possible level.

2.0 DEFINITION

- 2.1 The Fraud Act 2006 was introduced on 15 January 2007. Under the Act fraud is now a specific offence in law. The Fraud Act 2006 supplements the Theft Act (Northern Ireland) 1969 and the Theft (Northern Ireland) Order 1978. Fraud is used to describe acts such as deception, bribery, forgery, extortion, corruption, theft, conspiracy, embezzlement, misappropriation, false representation, concealment of material facts and collusion.
- 2.2 For practical purposes, fraud may be considered to be the use of deception with the intention of obtaining an advantage, avoiding an obligation or causing

loss to another party. The criminal act is the attempt to deceive and attempted fraud is therefore treated as seriously as accomplished fraud.

- 2.3 Computer fraud is where information technology equipment has been used to manipulate programs or data dishonestly or where an IT system was a material factor in the perpetration of a fraud.

3.0 TRUST POSITION ON FRAUD

- 3.1 The Trust Board is absolutely committed to maintaining an anti-fraud culture in the organisation so that all staff who work in the Trust are aware of the risk of fraud, of what constitutes a fraud and the procedures for reporting it. The Trust adopts a zero-tolerance approach to fraud and will not accept any level of fraud within the organisation. It is also Trust policy that there will be a thorough investigation of all allegations or suspicions of fraud and robust action will be taken where fraud is proven in line with the Trust's Fraud Response Plan.
- 3.2 The Trust Board wishes to encourage anyone having reasonable suspicions of fraud to report them. It is the policy of this Trust, which will be rigorously enforced, that no employee will suffer in any way as a result of reporting reasonably held suspicions of fraud. For these purposes "reasonably held suspicions" shall mean any suspicions other than those that are raised maliciously. Further guidance on the protection afforded to staff is contained in the Trust's policy on Whistle Blowing.
- 3.3 The Trust Board will, however, take a serious view of allegations against staff that are malicious in nature and anyone making such an allegation may be subject to disciplinary action.
- 3.4 After proper investigation of any allegation or suspicion of fraud, in line with the Trust's Fraud Response Plan, the Trust will consider the most appropriate action or actions to take. Where fraud involving a Trust employee is proven, the Trust will instigate disciplinary action against the employee which may result in dismissal.
- 3.5 Where a fraud is proven, whether involving an employee or an external party, the Trust will, in conjunction with the Business Services Organisation (BSO) Counter Fraud and Probity Services (CFPS) Team, report the matter to the PSNI with a view to pursuing a criminal prosecution. The Trust will also seek to recover all losses resulting from the fraud, if necessary through civil court proceedings.
- 3.6 The Trust has adopted the DHPSS Counter Fraud Strategy as the basis for its anti-fraud activities. The key elements of this Strategy are as follows:
- The creation of an anti-fraud culture;
 - Maximum deterrence of fraud;
 - Successful prevention of fraud;
 - Prompt detection of fraud;
 - Professional investigation of suspected and detected fraud;

- Effective sanctions, including appropriate legal action against anyone found guilty of committing fraud;
- Effective methods for seeking recovery of money defrauded or imposition of other legal remedies.

4.0 FRAUD PREVENTION AND DETECTION

- 4.1 The Trust wholeheartedly supports the role of the BSO CFPS Team and will ensure that appropriate fraud prevention and detection measures are implemented in accordance with the CFPS guidance.
- 4.2 The Trust has implemented a range of policies and procedures that are designed to ensure probity, business integrity and minimise the likelihood and impact of incidents of fraud arising. The Trust has appointed a Fraud Liaison Officer (FLO) who takes the lead role for the Trust on all matters relating to fraud.
- 4.3 The Trust has also put in place a robust Internal Audit service that is actively involved in the review of the adequacy and effectiveness of control systems thereby further deterring the commissioning of fraud.

5.0 AVENUES FOR REPORTING

- 5.1 The Trust has a number of avenues by which staff can raise suspicions of fraud. These are detailed below and in the Trust's Fraud Response Plan and Whistle Blowing Policy. Concerns should be raised initially with the appropriate line manager. However, staff can raise their concerns directly with their Director, the Director of Finance or the Head of Internal Audit if they so wish. Staff should also be aware that DHSSPS has in place a fraud reporting hotline that can be used to highlight concerns in confidence and anonymously if preferred. Alternatively, the Trust has a Policy & Procedure relating to Public Interest Disclosures ('Whistleblowing') which complements the Trusts Fraud Policy and Fraud Response Plan. Within this policy, the Trust has appointed a Delegated Person as the initial point of contact for complaints under the formal procedure. The Designated Person will usually be a Non Executive Director of the Trust. If the complaint is of a financial nature (for example concerns regarding the improper use of public funds) then the Designated Person will have direct access to the chair of the Trust's Audit Committee. All information will be treated in the strictest confidence. The relevant contact details are as follows:

Director of Finance	028 9040 0751
Head of Internal Audit	0300 5550115
DHSSPS Fraud Hotline	0800 0963396
Designated Person (Whistleblowing)	028 9040 0713

- 5.2 If staff are unsure whether or how to raise a concern or want confidential advice at any stage, they may contact their union. They may also contact the independent charity Public Concern at Work on 020 7404 6609 or by email at helpline@pcaw.co.uk. Their legal team can talk staff through their options and

help them to raise a concern about malpractice at work. For more information, visit the website at www.pcaw.co.uk.

6.0 CONCLUSION

- 6.1 Whilst the individual circumstances surrounding each fraud will vary, the Trust takes all cases very seriously and adopts a zero-tolerance approach. All reported suspicions will be fully investigated and robust action will be taken where fraud can be proven.

7.0 EQUALITY STATEMENT

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

- 7.2 The outcome of the screening exercise for this policy is:

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

8.0 SIGNATORIES

_____	Date: _____
Lead Author	

_____	Date: _____
Lead Director	

Review of Policy

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

Date of Issue: June 2016
Date for Review: May 2019

TB/7 02/06/16

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

2 June 2016

Title:	NIAS Bribery Policy
Purpose:	The purpose of this document is to set out the Trust's position on bribery and thereby set the context for the ensuring that all Trust activities are carried out in an honest and ethical environment. The Trust is committed to maintaining an anti-bribery culture and will adopt a zero-tolerance approach to bribery and corruption where it is discovered.
Content:	Trust Bribery Policy (For Approval)
Recommendation:	For Approval
Previous Forum:	SEMT & Audit Committee
Prepared by:	Mrs Sharon McCue, Director of Finance & ICT
Presented by:	Mrs McCue, Director of Finance & ICT



BRIBERY POLICY

Title:	Bribery Policy		
Author(s):	Mr Paul Nicholson, Assistant Director of Finance		
Ownership:	Finance and IT Directorate		
Date of SEMT Approval:	May 2016	Date of Trust Board Approval:	June 2016
Operational Date:	June 2016	Review Date:	June 2019
Version No:	1	Supercedes:	N/A
Key Words:	Bribery Policy		
Other Relevant Policies/Documents:	Fraud Response Plan Whistleblowing Policy Standing Orders, Standing Financial Instructions and Scheme of Delegation. NIAS HSC Trust Management Statement. Code of Conduct for HPSS Managers Standards of Business Conduct for HPSS Staff Fraud Policy Bribery Response Plan		
Version Control for Drafts:			
(01) April 2016	Evidence Base: Relevant legislation and literature used – The Bribery Act 2010 (This policy is based on the Financial Governance Model Documents issues under HSS(F) 13/2007 and as such does not completely follow the format prescribed in the Trust’s Policy on Development, Approval and Review of Trust Policies Version 1.0 approved in September 2014).		

Circulation List:

This Policy was circulated to the following groups for consultation.

- Trade Unions
- Executive Directors and Senior Managers

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

- All Trust Staff

Trust Internet Site/Intranet Site

1.0 INTRODUCTION

- 1.1 The Bribery Act 2010 (“the Act”) came into effect on 1 July 2011 and introduced a new, clearer regime for tackling bribery. The Act imposes extensive obligations on individuals and all commercial organisations based in or operating in the UK, including those in the healthcare sector. To comply with the Act, organisations must have ‘adequate procedures’ in place to prevent bribery from occurring within their organization
- 1.2 The purpose of this document is to set out the Trust’s position on bribery and thereby set the context for the ensuring that all Trust activities are carried out in an honest and ethical environment. The Trust is committed to maintaining an anti-bribery culture and will adopt a zero-tolerance approach to bribery and corruption where it is discovered.

2.0 DEFINITIONS AND OFFENCES

2.1 Definition of Bribery

- 2.1.1 A bribe is an inducement or reward by means of a financial or other advantage that is offered, promised or provided to a person in order to gain any commercial, contractual, regulatory or personal advantage through the improper performance of a relevant function or activity as a result of the bribe.
- 2.1.2 **“Financial or other advantage”** means payments, gifts, hospitality or anything else that could be reasonably perceived as an “advantage” as understood by its normal, everyday meaning.
- 2.1.3 **“Improper performance”** means performance in breach of an expectation that a person will act in good faith, impartially or in accordance with a position of trust.
- 2.1.4 **“A relevant function or activity”** means any function of a public nature, connected with a business, performed in the course of a person’s employment

or performed by or on behalf of an incorporated or unincorporated body of persons.

2.2 Definition of “Kickbacks” or Facilitation Payments

2.2.1 Facilitation payments are characterised as small, unofficial payments made to secure or expedite a routine action by an official or agency.

2.3 Offences under the Bribery Act 2010

2.3.1 The act lists the following offences for activities in the public or private sector:

- i) **General Offence (active bribery)** – the offering, promising or giving of a bribe. It does not matter whether the person giving the bribe is the same person who will perform the function or activity concerned.
- ii) **General Offence (passive bribery)** – the requesting, agreeing to receive or accept a bribe. It does not matter whether the recipient of the bribe receives it directly or through a third party, or whether it is for the recipient's benefit or not.
- iii) **Bribing of foreign public officials** – where a person directly or through a third party offers, promises or gives any financial or other advantage to a Foreign Public Official in an attempt to influence them in their capacity as such and to obtain or retain business, or an advantage in the conduct of business.
- iv) **Corporate liability for failing to prevent bribery** – applies to a commercial organisation where it fails to prevent bribery by those performing services on its behalf.

2.3.2 The corporate offence applies to corporate bodies either incorporated in or carrying out business or part of a business in the UK, including healthcare bodies. An organisation will have a defence if it can show that it had 'adequate procedures' in place to prevent any 'associated persons' from committing an

act of bribery, i.e. employees, agents or other third parties acting on the organisation's behalf, including any contractors or suppliers. This defence will not apply where it has been proven that a senior officer of the organisation consented to the offence. In those circumstances, both the organisation and the senior officer will be guilty of an offence.

- 2.3.3 Bribery and corruption are punishable for individuals by up to ten years imprisonment and an unlimited fine. If the Trust is found to have been party to an act of bribery then it could also face an unlimited fine and suffer significant damage to its reputation.

3.0 TRUST POSITION ON BRIBERY

- 3.1 It is the policy of the Trust to conduct all of its business in an honest and ethical manner. The Trust is committed to acting with integrity in all of its business dealings and relationships and to implementing effective systems to prevent bribery.
- 3.2 The Trust will endeavour to uphold all laws, including those relevant to countering bribery and corruption, in every aspect of its dealings with public and private sector organisations and in the delivery of treatment and care to service users.
- 3.3 “Kickbacks” or facilitation payments are not commonly paid in the UK but Trust officers, staff and agents must be aware that these payments are strictly prohibited. The Trust does not make and will not accept facilitation payments or ‘kickbacks’ of any kind.
- 3.4 When asked to make a payment on the Trust's behalf, Trust personnel should always be mindful of the purpose of the payment and whether the amount requested is proportionate to the goods and services provided. Trust personnel must always obtain an invoice or receipt which details the reason for and full amount of the payment. Any suspicions, concerns or queries regarding a payment, should be raised in accordance with paragraph 24 below.

- 3.5 Kickbacks are typically made in return for a business favour or advantage. All Trust personnel must avoid any activity that might lead to a suggestion that a facilitation payment or kickback will be made or accepted by the Trust.
- 3.6 The Ministry of Justice (MoJ) in England has developed six principles for organisations to follow to support the development of a culture which seeks to prevent bribery and corruption. The Trust wholeheartedly endorses these principles which are:
- i) *Proportionate Procedures* – procedures to prevent bribery by persons associated with it are proportionate to the bribery risks it faces.
 - ii) *Top-Level Commitment* – the Board of Directors are committed to preventing bribery and foster a culture in which bribery is never acceptable.
 - iii) *Risk Assessment* – the organisation should assess the nature and extent of its exposure to potential internal and external risks of bribery; the assessment should be periodic, informed and documented.
 - iv) *Due Diligence* – the organisation should apply due diligence procedures which are proportionate and risk-based in respect of all persons who perform services on behalf of the organisation to mitigate identified bribery risks.
 - v) *Communication (Training)* – anti-bribery policies and procedures should be embedded and understood throughout the organisation through internal and external communication, including training.
 - vi) *Monitoring and Review* – the organisation should monitor and review procedures designed to prevent bribery and should make improvements where necessary.
- 3.7 The Trust is committed to ensuring that it has adequate policies and procedures in place which are enforced to support these six principles. The Trust affirms its commitment to maintaining an anti-bribery culture and will adopt a zero-tolerance approach to bribery and corruption where it is discovered. It is also Trust policy that there will be a thorough investigation of all allegations or suspicions of bribery and robust action will be taken where bribery is proven in line with the Trust's Bribery Response Plan.

- 3.8 The Trust Board wishes to encourage anyone having reasonable suspicions of bribery to report them. It is the policy of this Trust, which will be rigorously enforced, that no employee will suffer in any way as a result of reporting reasonably held suspicions of bribery. For these purposes “reasonably held suspicions” shall mean any suspicions other than those that are raised maliciously. Further guidance on the protection afforded to staff is contained in the Trust’s policy on Whistle Blowing.
- 3.9 However, the Trust Board will take a serious view of allegations against staff that are malicious in nature and anyone making such an allegation may be subject to disciplinary action.
- 3.10 After proper investigation of any allegation or suspicion of bribery, in line with the Trust’s Bribery Response Plan, the Trust will consider the most appropriate action or actions to take. Where an act of bribery involving a Trust employee is proven, the Trust will instigate disciplinary action against the employee which could result in dismissal.
- 3.11 Where an act of bribery is proven, whether involving an employee or an external party, the Director of Finance will ensure that the matter is reported to the Business Services Organisation (BSO) Counter Fraud & Probity Services (CFPS) Team who will liaise with PSNI with a view to pursuing a criminal prosecution. The Trust will also seek to recover all losses resulting from the act, if necessary through civil court proceedings.

4.0 MITIGATION OF BRIBERY RISKS

- 4.1 The Trust has implemented a range of policies and procedures that are designed to ensure probity, business integrity and mitigate the risk of bribery. The Trust has an appointed Fraud Liaison Officer who takes the lead role for the Trust in all matters pertaining to bribery prevention, detection and investigation.

- 4.2 The Trust has also put in place a robust Internal Audit service that is actively involved in the review of the adequacy and effectiveness of control systems thereby further deterring the commissioning of an act of bribery.

5.0 AVENUES FOR REPORTING

- 5.1 The Trust has available a number of avenues by which staff can raise suspicions of bribery. These are detailed in the Trust's Bribery Response Plan and Whistle Blowing Policy. Concerns should be raised initially with the appropriate line manager. However, staff can raise their concerns directly with their Director, the Director of Finance or the Head of Internal Audit if they so wish. Staff should also be aware that they can avail of the DHSSPS fraud reporting hotline to highlight concerns in confidence and anonymously if preferred. The telephone number for the Hotline is **08000 963396**. Staff can also report suspicions directly to the PSNI at Strandtown by telephoning 02890 650222.
- 5.2 The Trust has a number of avenues by which staff can raise suspicions of fraud. These are detailed below and also in the Trust's Bribery Response Plan, Fraud Policy, Fraud Response Plan and Whistle Blowing Policy. Concerns should be raised initially with the appropriate line manager. However, staff can raise their concerns directly with their Director, the Director of Finance or the Head of Internal Audit if they so wish. Staff should also be aware that DHSSPS has in place a fraud reporting hotline that can be used to highlight concerns in confidence and anonymously if preferred. Alternatively, the Trust has a Policy & Procedure relating to Public Interest Disclosures ('Whistleblowing') which complements the Trusts Fraud Policy and Fraud Response Plan. Within this policy, the Trust has appointed a Delegated Person as the initial point of contact for complaints under the formal procedure. The Designated Person will usually be a Non Executive Director of the Trust. If the complaint is of a financial nature (for example concerns regarding the improper use of public funds) then the Designated Person will have direct access to the chair of the Trust's Audit Committee. All information will be treated in the strictest confidence. The relevant contact details are as follows:

Director of Finance	028 9040 0751
Head of Internal Audit	0300 5550115
DHSSPS Fraud Hotline	0800 0963396
Designated Person (Whistleblowing)	028 9040 0713

- 5.3 If staff are unsure whether or how to raise a concern or want confidential advice at any stage, they may contact their union. They may also contact the independent charity Public Concern at Work on 020 7404 6609 or by email at helpline@pcaw.co.uk. Their legal team can talk staff through their options and help them to raise a concern about malpractice at work. For more information, visit the website at www.pcaw.co.uk.

6.0 **CONCLUSION**

- 6.1 Whilst the individual circumstances surrounding each instance of bribery will vary, the Trust takes all cases very seriously and adopts a zero-tolerance approach. All reported suspicions will be fully investigated and robust action will be taken where the case can be proven.

7.0 **EQUALITY STATEMENT**

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

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

8.0 **SIGNATORIES**

Date: _____

Lead Author

Lead Director

Date: _____

Review of Policy

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

Date of Issue: June 2016

Date for Review: June 2019

TB/8 02/06/16



TRUST BOARD MEETING

2 June 2016

Title:	10,000 Voices – Patient Stories (Belfast Area)
Purpose:	To hear the voices of those accessing the Trust's services, to learn from their experiences and improve services as a result.
Content:	Stories provided by patients accessing ambulance services within the Belfast Trust area since 1 January 2016.
Recommendation:	For information
Previous Forum:	Equality and PPI Steering Group
Prepared by:	Mrs Michelle Lemon, Director of Human Resources and Corporate Services
Presented by:	Dr David McManus, Medical Director



Belfast Area 10,000 Voices Patient Experience Survey

10,000 Voices is a regional project commissioned by the Public Health Agency to engage with and gather stories from patients, clients and staff so that improvements can be made to the delivery of care. The aim of the initiative is to enable patients and staff to contribute to improve care and redesign services.

A total of 289 patient stories related to the Ambulance Service have been collected regionally since the 10,000 Voices project began. A report of patient stories collected up to 31 December 2015 was provided for the last Trust Board meeting. The attached table contains the patient stories collected in the Belfast Area since 1 January 2016. The stories are presented as written by the patients' in their own words.

There were relatively few stories collected in the Belfast area during the period, most of which indicate a positive or strongly positive experience. The story described as "strongly negative" appears to refer to the experience of suffering an injury rather than the care provided, and the story itself indicates a positive patient experience.

NIAS will continue to collect patient stories and work with the PHA and service users on the evaluation of the stories in order to ensure learning from 10,000 Voices leads to improved services. A further workshop with the PHA and service users will be held during 2016 to review the themes emerging from patient stories collected.



Date	Trust area	Which response did you receive	Rating	Story	Story Title
07/04/16	Belfast	Emergency Ambulance	not sure	n/a	n/a
07/04/16	Belfast	Emergency Ambulance	strongly positive	So grateful for expert medical caring professionals didn't matter what time day or night they were there. So important that time was given in understanding and attention true caring people a vocation. Relief administers to ease pain checks carried out then safe trip to hospital stayed with me until hosp staff took over ! Not necessary to explain further !	A caring Profession.
06/04/16	Belfast	Emergency Ambulance	strongly positive	I have to say the staff of within in the Ambulance where amazing and very caring I've been in and out of the hospital with my father who has quite a lot of medical problems and never had any complaints with any of the staff. They do an amazing job and I'm sure it's not plain sailing most of the time for them. In A/E Royal when busy left in waiting area & spoke to in front of other people.	Amazing & Caring Service
06/04/16	Belfast	Emergency Ambulance	positive	I have used the ambulance service a few times and each time they looked after me very well I have bad lung problems and on each occasions I have taking panic attacks could not breath they calmed me down at my home and stayed with me until family member came. I did not have to go to hospital. I probely wasted time and ambulance at the time but at the time I though I was going to die. Maybe if the person on phone was able to calm me down I may not have need the ambulance But was grateful for them at the time.	Time will Tell?
05/04/16	Belfast	Rapid Response Vehicle	strongly negative	The help we received was unbelievable the ambulance staff were able to calm us down from panic over our daughters injury. They were so professional so caring and so understanding They deserve far more respect and funding that they receive.	Panic Saturday

TB/9 02/06/16



***Minutes of a Meeting of the Assurance Committee Thursday 10 March 2016 11.00am,
Board Room, NIAS Headquarters, Site 30, Knockbracken Healthcare Park,
Saintfield Road, Belfast, BT8 8SG***

PRESENT	Dr J Livingstone	Non-Executive Director (Chair)
	Mr T Haslett	Non-Executive Director
IN ATTENDANCE	Dr D McManus	Medical Director
	Mr L McIvor	Chief Executive
	Mr J Wright	Assistant Director of Operations (deputising for Director of Operations)
	Mrs S McCue	Director of Finance & ICT
	Ms L Gardner	Employee Relations Manager (deputising for Director of HR & Corporate Services)
	Mrs J McSwiggan	Note-taker

1.0 Apologies

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

2.0 Procedure

2.1 Declaration of Potential Conflicts of Interest

No potential conflicts of interest were declared.

2.2 Quorum

The Committee was confirmed as quorate.

2.3 Confidentiality of Information

The Chair reminded those present that some information, such as that relating to specific patients, requires confidentiality, and that meetings should otherwise be open and transparent.

3.0 Minutes of the Assurance Committee Meeting held on 18 January 2016

The Minutes were presented for noting by the Assurance Committee. The Minutes had been previously circulated, agreed and signed by the Committee Chair and will be presented to Trust Board on 7 April 2016.

4.0 Matters Arising

There were no matters arising not otherwise covered in the Agenda.

5.0 Chairman's Business

5.1 Schedule of Meetings for 2016

It was agreed that the meeting scheduled for Thursday 8 December 2016 be rescheduled to January 2017, in conjunction with the Audit Committee if possible. Otherwise the schedule remains as previously circulated.

5.2 Assurance Committee Report to Trust Board

It was agreed that a report from the Assurance Committee should be added as a standing item to the Agenda for Trust Board, in order to provide assurance to Trust Board, and reporting any issues arising by exception. The Chair of Assurance Committee will provide a verbal report to Trust Board on 7 April advising of the Committee's decision, followed by a written report at subsequent Trust Board meetings.

6.0 Standing Items

6.1 Assurance Framework as at 31 January 2016

The Committee noted that the risk section of the framework has been updated. Trust Directors have been asked to identify three key concerns which will form the basis of a corporate risk workshop for Directors, followed by a series of further workshops at Directorate level following the same process within each functional area. These workshops will allow the Trust to refresh and repopulate its Corporate Risk Register in a standard format. The key issues will then be included in the risk section of the Assurance Framework, with the focus on action plans to address these risks within the four main strategic themes moving forward. The Committee welcomed the opportunities presented by the workshops.

6.2 Local Risk Register Review as at 31 January 2016

The local Operations Risk Registers were presented to the Committee:

- ***Estate & Fleet***

The Assurance Committee Chair will provide a brief verbal update to Trust Board on the progress of the estate strategy and associated business cases. This will also be presented through Audit Committee, with external assurance provided by Internal Audit findings, and will be referenced within the Director of Operations' Performance Report to Trust Board.

- ***Command & Control***

Noted.

- ***Performance***

Noted.

It was noted that a number of these are assurances rather than risks, and it is gaps in assurance that indicate a potential for risk to the Trust.

6.3 Controls Assurance Standards

The Chairman took this opportunity to welcome Katrina Keating to the Trust as interim Risk Manager.

The Committee noted the Internal Audit visits scheduled for March – Medicines Management on 2 March, Finance on 14 March, Governance on 15 March, Risk Management on 21 March. Internal Audit reports will be provided to the Committee upon receipt.

With regards agenda items 6.4, 6.4.1 and 6.5, the Committee agreed that these should be reordered on the Agenda to reflect the Trust's priorities as follows:

6.5 Serious Adverse Incidents as at 31 January 2016

The Committee noted the more succinct format of the report. Clarification on a number of incidents was provided.

6.4.1 Clinical Incidents as at 31 January 2016

The Committee noted that its feedback from the January meeting had been incorporated into this report.

The Committee asked that the report reflect whether patients had come to significant or serious harm as a result of an incident.

6.4 Untoward Incidents as at 31 January 2016

The Committee asked that the tables be accompanied by a narrative in future to provide clarity.

Clarification on types of incidents of aggression was provided.

It was noted that claims made as a result of incidents were reported anonymously to Audit Committee.

The Committee discussed the challenges of reporting on working time lost as a result of incidents.

6.6 Coroner's Reports & Letters

There were no relevant Coroner's Reports or Letters within this reporting period.

6.7 Medical Device Alerts

There were no relevant Medical Device Alerts within this reporting period.

6.8 PHA Safety & Quality Reminder of Best Practice Guidelines

There were no relevant Safety & Quality Reminders of Best Practice Guidelines within this reporting period.

6.9 Pharmacy & Medicines Management Update

The Committee noted the Trust's compliance with the requirements of the Misuse of Drugs Legislation for the year ending 31 December 2015.

The programme of unannounced inspections continues and reports remain satisfactory with no significant issues being identified.

6.10 Reports from Groups and Committees

Dr McManus gave a presentation to the Group on the remit and work of the Infection Prevention & Control Group. The Committee thanked Dr McManus for a very useful presentation.

6.10.1 Health & Safety Committee – Management Summary of Meeting 16 December 2015

Noted.

6.10.2 Fire Compliance Group – Draft Notes of Meeting 15 September 2015

These were considered at the last Assurance Committee Meeting.

6.10.3 Fire Compliance Group – Meeting 26 January 2016

This meeting was non-quorate.

6.10.4 Medical Equipment Group – Notes of Meeting 17 December 2015

Noted.

6.10.5 Infection Prevention & Control Group – Notes of Meeting 12 January 2016

Noted.

6.10.6 Information Governance Steering Group – Notes of Meeting 29 January 2016

Noted.

7.0 Francis Report Action Plan Progress Report

It was noted that progress against the action plan had been reviewed this month, with actions noted as implemented, not implemented or not applicable, with the vast majority of actions directly applicable to NIAS having been implemented. It was agreed that completed actions be removed from the progress report before this is presented again to the Committee in a further six months, with the focus to remain on outstanding items, and with any significant issues being escalated to Trust Board by exception.

It was noted that DHSSPSNI action is awaited in order to progress a number of these outstanding issues. It was suggested that the Trust Chairman write to DHSSPSNI to assure them of the Trust's efforts to implement the action plan, but also to highlight these outstanding Departmental actions. It was also suggested that DHSSPSNI be invited to attend an Assurance Committee meeting to provide a progress update, and to allow the Committee to put questions to the Department.

8.0 RQIA IPC Inspection Governance Progress Report

This was presented to the Committee as part of a six-monthly cycle of progress against recommendations. It was agreed that completed actions be removed from the progress

report before this is presented again to the Committee in September 2016, with the focus to remain on outstanding items.

9.0 Serious Adverse Incident Regional Learning Report, April-September 2015

It was noted that without an accompanying narrative, some tabular data within the report appeared to show a poor performance with regards the Trust's engagement with families and the sharing of reports. The reasons for this false impression were explained to the Committee, for example in relation to the low numbers of SAIs that were solely the responsibility of NIAS, and conversely that the majority of SAIs in which NIAS was involved were in fact the responsibility of other Trusts. The Chair will bring this to the attention of Trust Board in order to clarify.

10.0 Any Other Business

No other business to be discussed.

The next meeting is scheduled to take place on **Friday 20 May 2016 at 11am.**

Signed: 
(Dr/Livingstone, Chairman)

Date: 18 April 2016