



***A Meeting of Trust Board and AGM to be held at 2.00pm on
Thursday, 4 August 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:		
	<u>Suspension of Standing Orders</u>		14:05
	<u>ANNUAL GENERAL MEETING</u>		
	i. Presentation of Annual Report 2015/16	TB/1 04/08/2016	
	ii. Presentation of Annual Accounts 2015/16	TB/2 04/08/2016	
	iii. Question and Answer Session		
	<u>FINISH</u>		
	<u>Re-instate Standing Orders</u>		15:00
3.0	<u>Minutes of the previous meeting of the Trust Board held 2 June 2016</u> (for approval and signature)	TB/3 04/8/2016	15:00
4.0	<u>Matters Arising:</u> Action Log from 2 June 2016	TB/4 04/8/2016	15:05
5.0	<u>Chairman's Business</u>		
	5.1 Chairman's Update		15:20
6.0	<u>Chief Executive's Business</u>		
	6.1 Chief Executive's Update		15.25

7.0 Performance Report as at 30 June 2016

7.1	Highlight Reports by each Director: Operations, Finance, Human Resources, Medical	TB/5	04/8/2016	15.30
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8.0 Items for Approval

9.0 Items for Information

10.0 Items for Noting

10.1	Assurance Committee Minutes – 20 May 2016	TB/6	04/08/2016	16:30
	Assurance Committee Report (Dr Livingstone)			
10.2	Call Taking Process	TB/7	04/08/2016	16:35
10.3	PAM Plan (verbal update)			16:45
10.4	Audit Committee Minutes - 20 May 2016	TB/8	04/08/2016	16:50
	Audit Committee Minutes – 16 June 2016	TB/9	04/08/2016	16:55

11.0	<u>Application of Trust Seal</u>			17:00
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12.0	<u>Forum for Questions</u>			17:05
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13.0	<u>Any Other Business</u>			17:10
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14.0	<u>Summary & Forward Agenda</u>			17:20
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Total Approx Time:	3 hrs
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**Next meeting of Trust Board will be held on Thursday, 6 October 2016 at 2.00 pm
(Northern Division) – Venue to be confirmed**

Standing Orders

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

Admission of Public and the Press

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

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

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

3.18 Observers at Board meetings

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

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

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

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

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

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



Northern Ireland Ambulance Service
Health and Social Care Trust



TRUST BOARD

***Meeting and AGM to be held on Thursday, 4 August 2016 at 2.00 pm NIAS
HQ, Site 30, Knockbracken Healthcare Park, Saintfield Road,
Belfast, BT8 8SG***

TB/1 & TB/2

04/08/16

PRESENTATION OF ANNUAL REPORT 2015/16

REFER TO IPAD

TB/03 04/08/16



***Minutes of a Trust Board Meeting
held Thursday, 2 June 2016 at 2.00pm
in the Boardroom, NIAS HQ, Site 30, Saintfield Road, Knockbracken Healthcare
Park, Saintfield Road, Belfast, BT8 8SG***

Present:

Mr P Archer	Chairman
Ms R O'Hara	Chief Executive (Interim)
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 T Haslett	Non-Executive Director
Mr B McNeill	Director of Operations
Mrs M Lemon	Director of Human Resources & Corporate Services (Interim)

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
Mr W Abraham, 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.

3.0 Minutes of the Previous Meeting of the Trust Board held on 7 April 2016

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

Action: Approved

4.0 Matters Arising; Action Log

All actions completed and can be removed from the log.

Matters Arising

4.1 Assurance Committee Report (Dr Livingstone)

Due to Dr Livingstone's absence this item was deferred to the next Trust Board Meeting on 4 August 2016.

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 Royal Victoria Hospital Emergency Department

The Chairman highlighted to the Board that he found the visit to the Emergency Department at the Royal Victoria Hospital very interesting and informative. He stated that there was a high level of praise for Ambulance Staff at RVH which was a very busy hospital with a high volume of Ambulances going there. The Chairman suggested that the Board should visit the Emergency Departments at the Ulster, Antrim and Craigavon Hospitals in due course. These visits could replace Ambulance Station visits. No timeframe was put on this and it would fit around the divisional area in which future Trust Board meetings are to be held.

6.0 Chief Executive's Business

6.1 Chief Executive's Update

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

- The Chief Executive (Interim) and the Director of Human Resources and Corporate Services (Interim) attended the Human Rights Conference where the Cabinet Office have adopted NIAS' Communication Capacity Review Strategy to use as a model for their own. NIAS awaits a further outcome from the Cabinet Office. The Chief Executive (Interim) thanked the Director HR&CS and the Communications Manager for their hard work.
- Sat on the Selection Panel for the recruitment of the Director of HR&CS (Interim).
- Trust Board Workshop – Corporate Plan.
- SEMT Workshop – Financial Plan.
- Chief Executive Forum Meetings
- Chief Executive Restructuring Meeting - Change to Health and Social Care

- Board – No outcome as yet.
- Ongoing work with Directors on Objectives.
- Approval regarding first divert. Chief Executive paid tribute to Control Staff.

7.0 Performance Report as at 31 March 2016

7.1 Operations

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

- (1) An analysis of Performance against demand and the various contributing factors.
- (2) A brief synopsis of key Control & Communications elements of the service and their relevance to our performance.
- (3) Fleet and Estates.

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

- Error page 2 it should read - The above chart shows a 22% increase in Category A demand over the past 5 years and a corresponding 19% decrease in Category A performance.
- Category A Performance at the end of March was 55.7%.
- 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.
- Page 9 – 999 Call taking 92% of calls taken within 2 minutes. The Chairman requested that the Director of Operations provide more details on the Call Taking Process at the next Trust Board Meeting.

Action: Director of Operations

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

- Page 11 Enniskillen Station - Key Performance Indicator: To deliver Project milestones as planned. 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 for transferring the site from WHSCT to NIAS was reached on 3 May 2016. This is within the limits reserved within the Project Business Case. The project is on target. This will be signed off at the next Board Meeting.

Action: Director of Operations

Performance Report as at 30 April 2016

- The Director of Operations updated members on the following: Category A Performance at the end of March was 55.3%
- Page 13 – Ambulance Turnaround Times, Royal Victoria Hospital and Antrim Area Hospital remain very busy.
- Page 14 – Category A Performance: Averages and Outliers, the average response time has not changed (10m:46s) however, North Area has increased. South Eastern is under pressure and Belfast is on target.

Performance Report as at 31 March 2016

Director of Finance & 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 £52K as at the end of March 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 £7.658m (previously £7.526m. This has been allocated against Fleet replacement, Estate and IT and general Capital.
- Page 6 - Prompt Payment of Invoices. The Director highlighted that 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 Logistics System (FPL). However performance figures from October to date has met and exceeded the target set. NIAS has been working towards a regional target of 60% within 10 working days which it has achieved cumulatively for the year.
- The Director of Finance updated the Board on page 9 - Information Technology Systems. She advised that there was downtime on 4 and 21 March due to a telephony fault but that the situation was managed well.
- Page 11 The Director of Finance highlighted Information Governance End of Year position of 75% had been achieved and that this was an extensive piece of work for the Department and that a number of items remain a priority for the Trust during 2016/17.
- Page 11 - Freedom of Information activity - The Director of Finance indicated that 70.77% of requests had been processed within 20 working days in 2015/16. She also highlighted that from 01/04/15 – 29/03/16 76%

of requests under the Data Protection Act (DPA) were processed within 40 calendar days.

Performance Report as at 30 April 2016

The Director of Finance & ICT updated members on the following:

- Page 3 - Financial Performance. The Director of Finance indicated that the final accounts for 2015/16 were currently being finalised and audited and there was no forecast finance position for April 2016 (Month 1) at the time of this report.
- Page 4 – Prompt Payment of Invoices - The Director of Finance highlighted that 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 95% of invoices within 30 calendar days of receipt of a valid invoice, for the goods and services, whatever is the latter. A regional target to pay 60% of invoices within 10 working days (14 calendar days) has also been set.
- The Director of Finance updated the Board on page 5 - Information Technology Systems. She advised that there was downtime on 9 April due to a telephony fault but that the situation was managed well.

Performance Report as at 31 March 2016

Human Resources and Corporate Services (HR&CS) (Interim)

The Director of Human Resources and Corporate Services (HR&CS) updated members on the following:

- Page 1 - Job Evaluation. The Director HR&CS 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 3 – Sickness Absence. The Director HR&CS highlighted that NIAS met the sickness absence target for 2015/16, as agreed with the DHSSPSNI, which was to maintain or improve the previous year's performance. 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 in support of management of attendance in the Trust. 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 15 - Complaints. The Director informed the Board that significant work is underway to enable the Trust to ensure that all complaints are dealt with promptly and efficiently. The Director also highlighted that there were more compliments received than complaints.
- Page 17 - 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.

Performance Report as at 30 April 2016

- Page 3 – Sickness Absence. The Director HR&CS stated that the target this year is different. NIAS are required to meet a target of 5% improvement on 2015/16. In month 1 NIAS has achieved this.
- Nothing significant to report regarding Complaints/Compliments.
- Page 19 – Equality & Human Rights/Personal and Public Involvement/Patient Experience/Media and Communication. The Director HR&CS highlighted that this was changing the face of the service with proactive stories and significant activity with both regional and national work streams on communication roles.

Performance Report as at 31 March and 30 April 2016

Medical

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

- Page 4 - Regional Community Resuscitation Strategy - The Medical Director highlighted that NIAS continues to engage with a number of Public Access Defibrillation (PAD) schemes and initiatives and has indicated its support for the National 'Restart a Heart' day in October 2016.
- Page 7 - ePRF – The Medical Director highlighted that ongoing engagement with HSCB has resulted in the Trust being informed of the development of a business case by the HSCB for a regional Electronic Healthcare Record (EHCR) to replace as a minimum the current Patient Administration Systems (PAS) in hospitals which will require significant capital and revenue investment as part of the business case. Various options regarding the position of an ambulance ePRF are now being considered within that project. However this has effectively halted further progress to obtaining Commissioner support for the previously submitted Outline Business Case (OBC) for NIAS ePRF. While 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. The Medical Director stressed that it is essential that NIAS be included in the Electronic Healthcare Record (EHCR) either as an integral part, or as a separate ePRF that will integrate in due course with the EHCR when established. NIAS will continue to engage with HSCB and the eHealth & Care Strategy over the coming months.
- Page 7 – Annual Quality Report – The Medical Director stated that 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.
- Page 7 – Alternative Care Pathways -The Medical Director highlighted that an appropriate transport/referral policy and guidance approved by Trust Board in March 2015 has been circulated and implemented in July 2015.

He also highlighted that work on the development of a number of policies continues including information markers and frequent callers. Completion of these have been delayed due to competing pressures but it is anticipated these will now be circulated for consultation and comment within the Trust in Q2 2016/17.

- Risk Register Risk 197 (Vehicle Cleaning) – The Medical Director highlighted that this risk was reopened in April 16 due to the increasing number of Untoward Incident Reports (UIRs) and Emergency Ambulance Control reports of non-compliance due to vehicles not being stood down for cleaning as a result of operational pressures. The Medical Director and Director of Operations are to develop an Action Plan through IPC Group and SEMT to present to Assurance Committee in September 2016.

ACTION: Medical Director and Director of Operations.

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 and highlighted that RAG status had been incorporated throughout the document.

8.0 Items for Approval

8.1 Emergency Planning Annual Report April 2015 – March 2016

Approved by Mr McKinley seconded by Mr Haslett

8.2 Fraud Policy

Approved by Mr McKinley, seconded by Mr Haslett

8.3 Bribery Policy

Approved by Mr McKinley, seconded by Mr Haslett

9.0 Items for Information

9.1 Patient Stories – Belfast Area

It was noted by the Director HR&CS (Interim) that Patient Stories has a very positive outcome.

10.0 Items for Noting

10.1 Assurance Committee Minutes dated 10 March 2016

Noted.

11.0 Application of Trust Seal

The Trust Seal has not been used since the last meeting.

12.0 Forum for Questions

No questions were received.

13.0 Any other Business

None

14.0 Forward Agenda

No Items

Date, Time and Venue of Next Meeting

The next meeting of Trust Board will be held on Thursday, 4 August 2016 at 2.00pm at 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: _____

TB04 04/08/16



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
2 June 2016	1	7.1	Performance Report 31 March 2016	Director of Operations	More details on Call Taking process to be provided for next Trust Board Meeting
	2	7.1		Director of Operations	Enniskillen Station Project Business Case to be signed off at next Trust Board Meeting
	3	7.1	Performance Report	Medical Director/Director of Operations	Risk Register – Risk 197 Vehicle Cleaning: Action Plan to be developed and risk to presented to Assurance Committee in September

TB5 04/08/16

**PERFORMANCE REPORT AS
AT 30 JUNE 2016**

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT OPERATIONS DIRECTORATE

Reporting to 30 June 2016

PERFORMANCE ANALYSIS AND REPORT

Emergency and Non-Emergency Control Centres:

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.

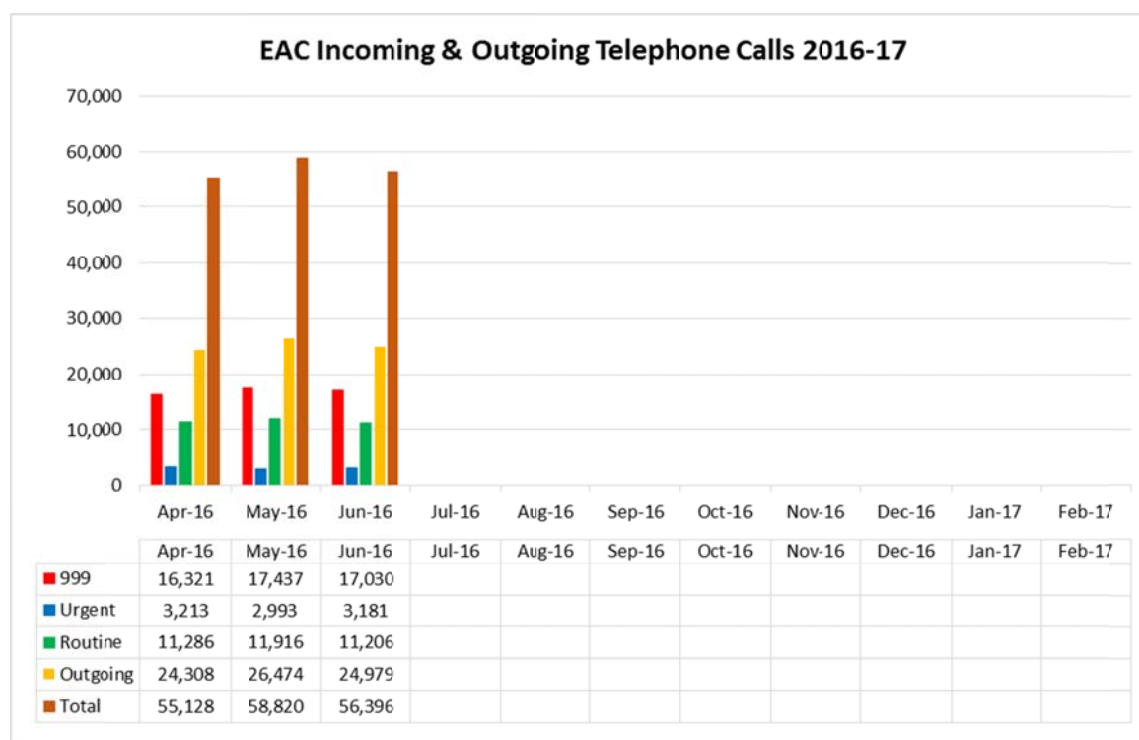


Table 1– Graph showing EAC Call Activity 2016-17

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 June 2016 NIAS achieved 89.33% call pick within 2 seconds.

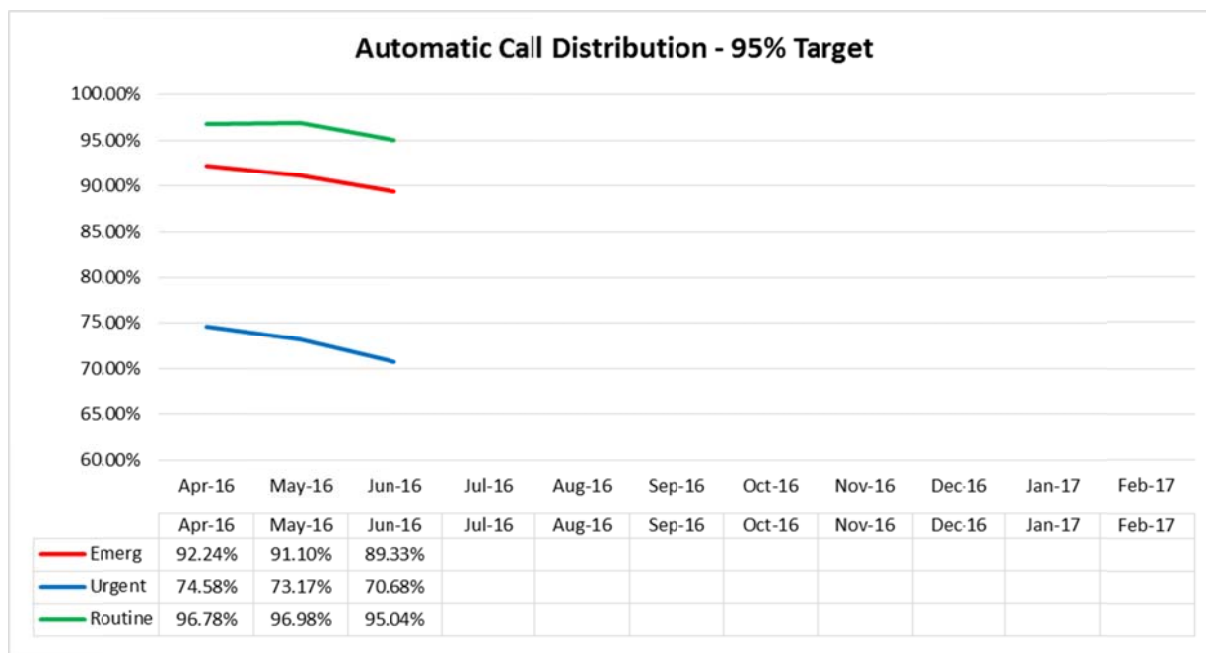


Table 2 - Graph showing performance against 2 second phone pick up KPI

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. EMDs have available to them a selection of advice information 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 a dedicated Call-taking Quality Improvement Team was introduced within the department. A key task of this team is to review 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.

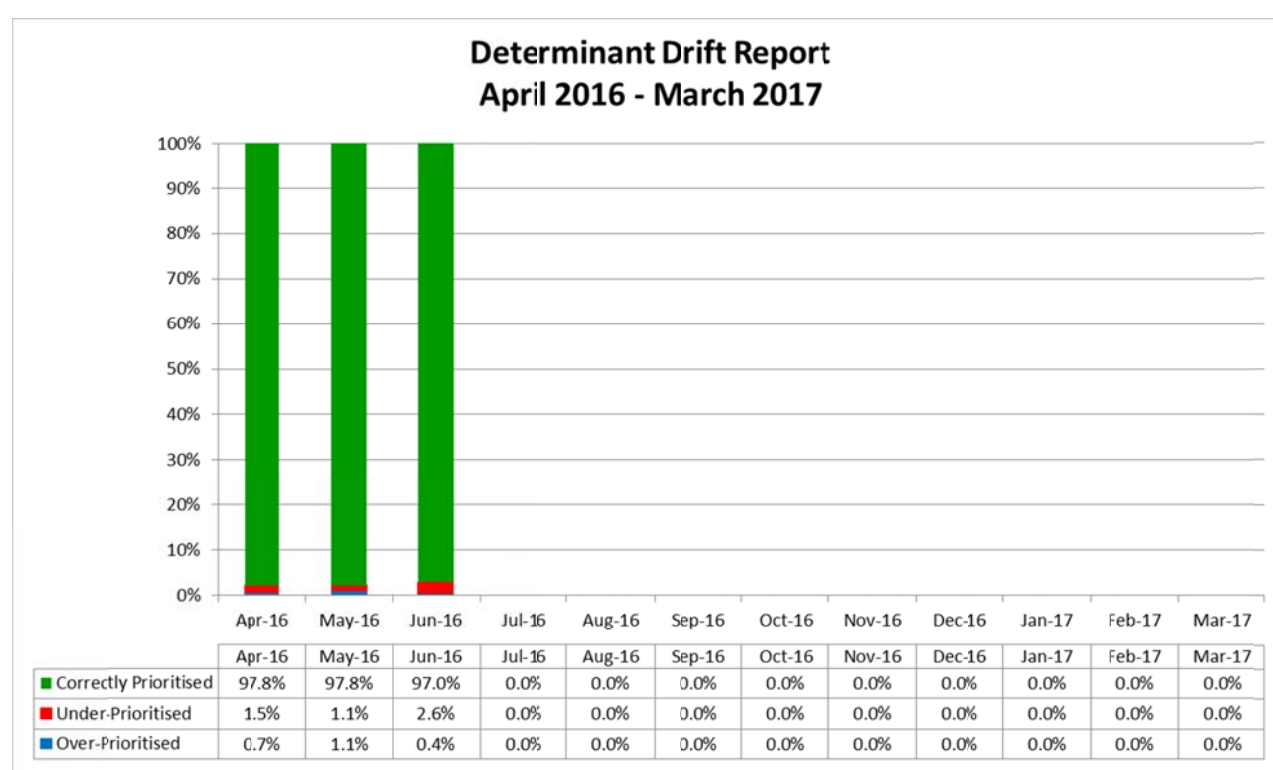


Table 3 – Graph showing 999 call prioritisation accuracy

EMD Award Scheme:

This is an awards scheme supported by the International Academies of Emergency Dispatch (IAED), recognising high quality service provided by the EMDs. For 999 calls during and to end of June 2016 the following awards have been attained;

Type	Level	June 2016	Total to Date
999 High Compliance	Bronze	2	22
	Silver	1	2
Exemplary Customer Service	Bronze	0	48
	Silver	3	38
	Gold	0	2
Baby Born		0	3
Cardiac Life Saver		0	2
Non-Cardiac Life Saver		0	1

PERFORMANCE ANALYSIS AND REPORT

Emergency and Non-emergency Services

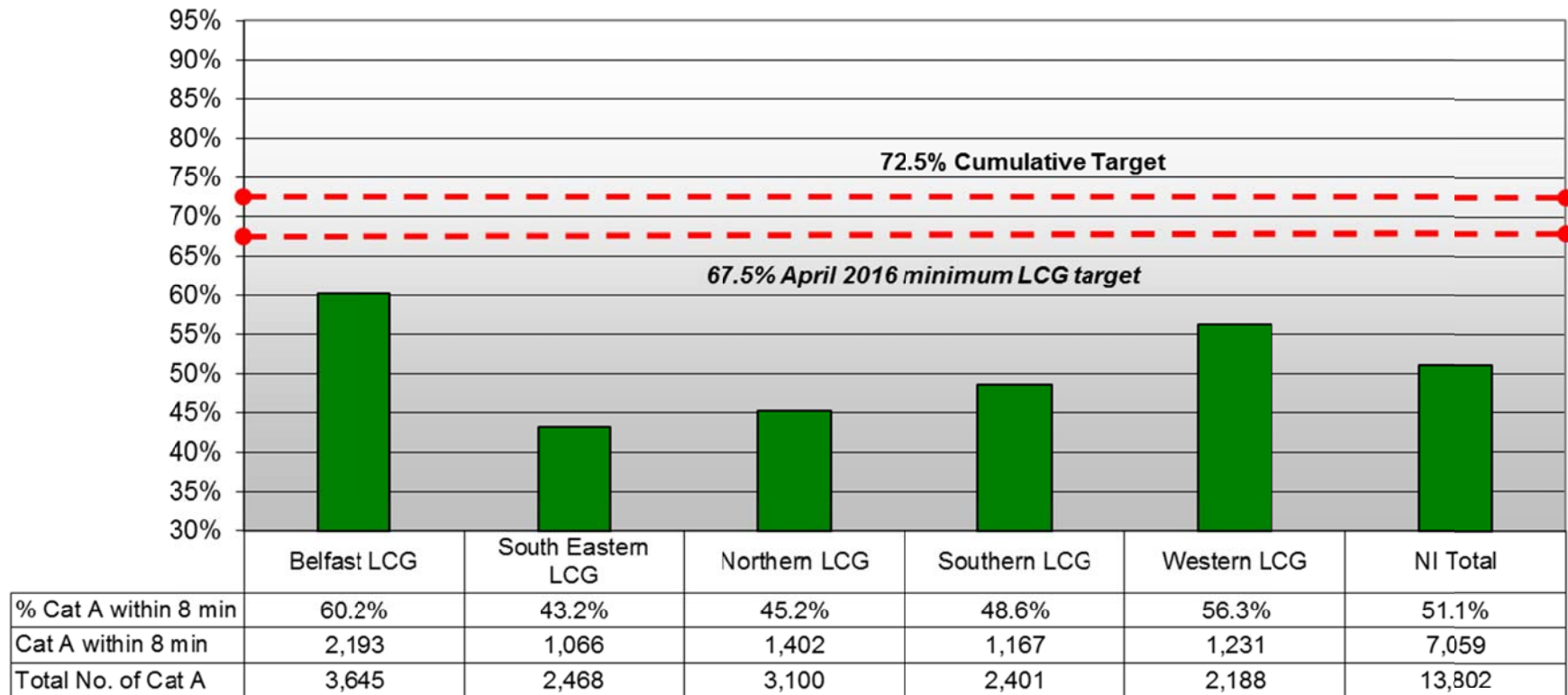
Key Performance Indicator: Resources are deployed in line with the Category/Code and measured through Key Performance Indicators

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

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

KEY PERFORMANCE INDICATORS (KPIs) for the Year 2016/17
DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives): <ol style="list-style-type: none"> 1. From April 2016, 72.5% of Category A (life threatening) calls responded to within 8 minutes, 67.5% in each LCG area
NIAS Board approved monitoring indicators: <ol style="list-style-type: none"> 1. 95% of Category B Response <21 mins 2. 95% Category C Non- Health Care Professional <60mins 3. Health Care Professional (formally GP Urgent) within agreed target of either 1, 2, 3, 4, hours 4. 95% of Cat A have a conveying resource <21 min.

**% Cat A Calls Responded to Within 8 Minutes
CUMULATIVE from April 2016 to end June 2016**



From April 2016, 72.5% of Category A (life threatening) calls are to be responded to within eight minutes, 67.5% in each LCG area.

June 2015

REGIONAL CATEGORY A PERFORMANCE: TOTAL NUMBER OF RESPONSES

NORTHERN IRELAND REGIONAL TOTAL

TOTAL NUMBER OF CATEGORY A RESPONSES

4362

AVERAGE RESPONSE TIME [MM:SS]

10:02

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

3163

854 responses below target

BELFAST HSCT

Total number of Cat A responses
1159

Number required to exceed LCG target (67.5%)
783

Number of category A responses at scene within 8 mins
740
63.8%

43 responses below target

Average response time [mm:ss]
08:37

SOUTH EASTERN HSCT

Total number of Cat A responses
819

Number required to exceed LCG target (67.5%)
553

Number of category A responses at scene within 8 mins
348
42.5%

205 responses below target

Average response time [mm:ss]
12:00

NORTHERN HSCT

Total number of Cat A responses
980

Number required to exceed LCG target (67.5%)
662

Number of category A responses at scene within 8 mins
467
47.7%

195 responses below target

Average response time [mm:ss]
10:06

SOUTHERN HSCT

Total number of Cat A responses
744

Number required to exceed LCG target (67.5%)
503

Number of category A responses at scene within 8 mins
350
47.0%

153 responses below target

Average response time [mm:ss]
10:57

WESTERN HSCT

Total number of Cat A responses
660

Number required to exceed LCG target (67.5%)
446

Number of category A responses at scene within 8 mins
404
61.2%

42 responses below target

Average response time [mm:ss]
08:59

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

<i>KPI - From April 2016, 72.5% of Cat A (potentially immediately life threatening) calls to be responded to within 8 minutes, 67.5% in each Local Commissioning Group area (LCG)</i>													
LCG	Apr 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 16	Feb 16	Mar 16	2016/17
Belfast	60.1%	57.7%	62.7%										
South Eastern	43.1%	41.2%	45.1%										
Northern	44.7%	45.9%	45.1%										
Southern	54.5%	43.9%	47.5%										
Western	55.3%	56.7%	56.9%										
Northern Ireland	52.0%	49.5%	51.9%										

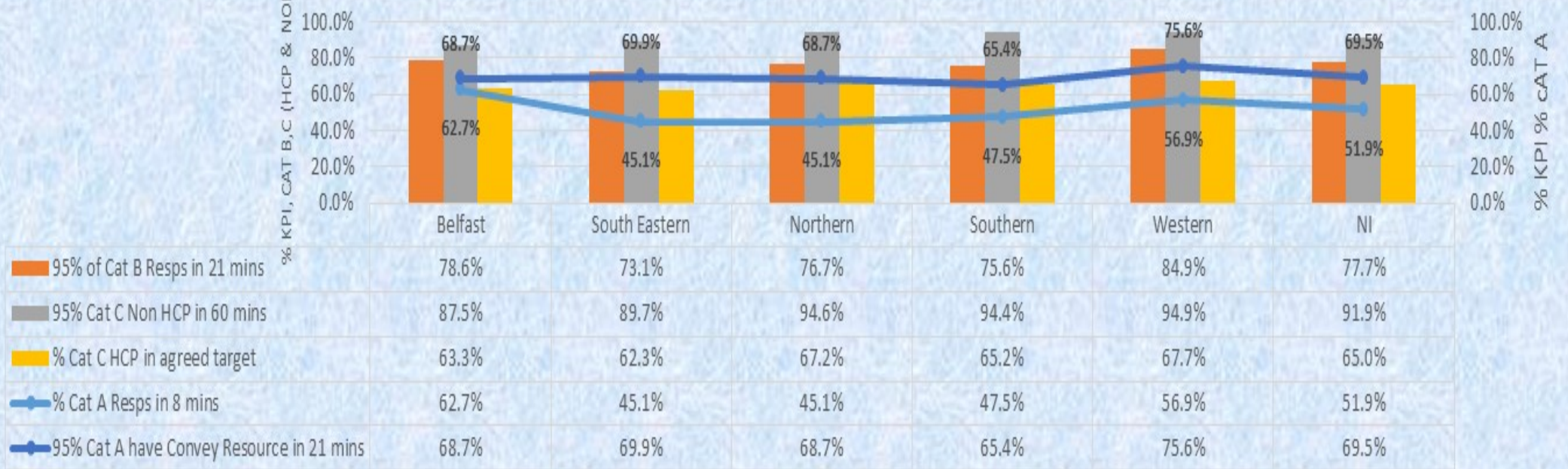
<i>KPI - 95% of Cat A have a conveying resource <21min</i>													
LCG	Apr 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 16	Feb 16	Mar 16	2016/17
Belfast	73.8%	74.5%	68.7%										
South Eastern	64.3%	73.9%	69.9%										
Northern	70.3%	64.1%	68.7%										
Southern	74.0%	68.6%	65.4%										
Western	72.9%	79.5%	75.6%										
Northern Ireland	64.5%	72.2%	69.5%										

<i>KPI - 95% of Category B Response <21 mins</i>													
LCG	Apr 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 16	Feb 16	Mar 16	2016/17
Belfast	78.9%	75.2%	78.6%										
South Eastern	72.0%	68.1%	73.1%										
Northern	77.2%	76.3%	76.7%										
Southern	77.5%	76.9%	75.6%										
Western	85.8%	83.1%	84.9%										
Northern Ireland	78.1%	75.8%	77.7%										

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%	83.8%	87.5%										
South Eastern	84.4%	83.9%	89.7%										
Northern	92.7%	91.8%	94.6%										
Southern	93.6%	91.5%	94.4%										
Western	98.4%	95.6%	94.9%										
Northern Ireland	90.6%	88.9%	91.9%										

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	50.6%	61.0%	63.3%										
South Eastern	53.7%	63.1%	62.3%										
Northern	63.7%	65.5%	67.2%										
Southern	57.2%	62.2%	65.2%										
Western	66.7%	67.8%	67.7%										
Northern Ireland	57.7%	63.6%	65.0%										

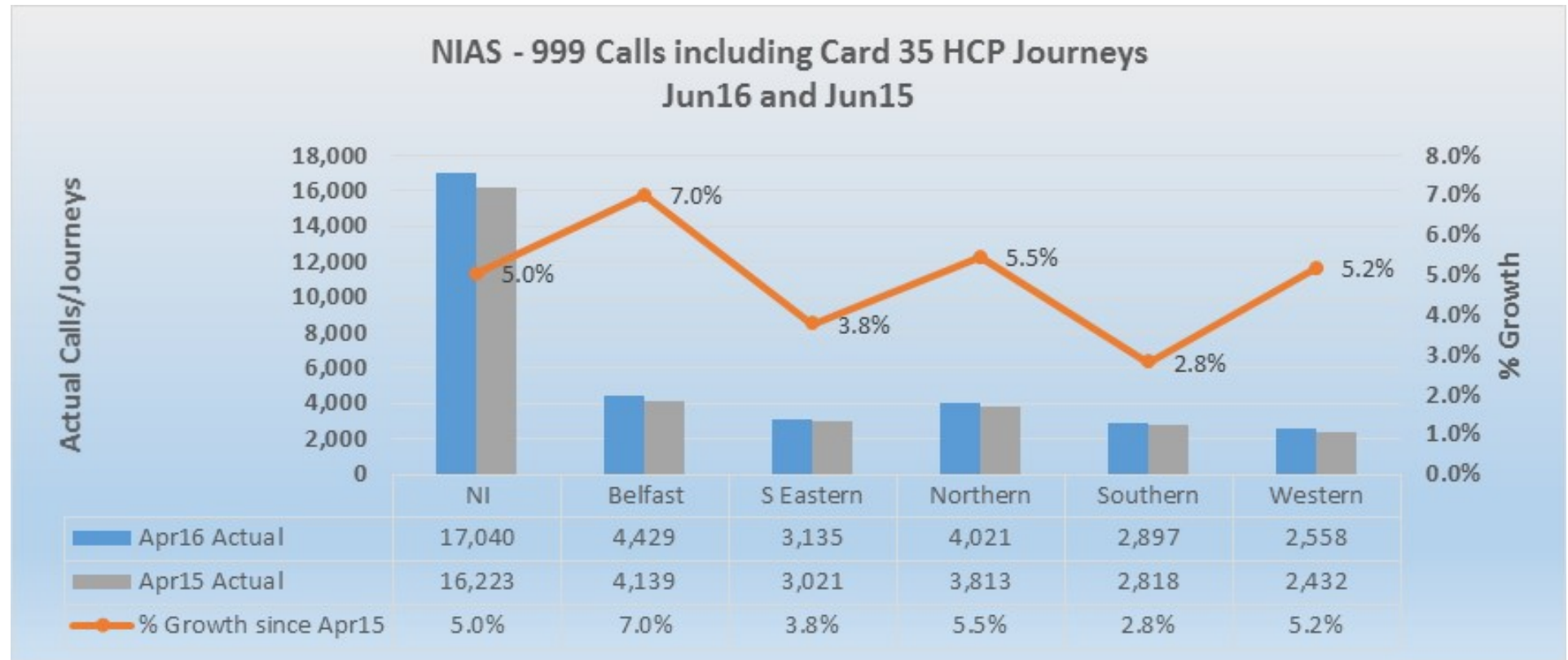
NIAS - KPI - REGIONAL AND LCG AREA JUNE 2016



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		Southern LCG		Western LCG		Northern Ireland	
	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16
Apr 16 (Actual)	4,486	4,146	2,961	2,898	3,960	3,748	2,823	2,719	2,589	2,382	16,819	15,893
% Change 15v16	+8.2%		+2.2%		+5.7%		+3.8%		+8.7%		+5.8%	
May 16 (Actual)	4648	4367	3064	2894	4137	3953	3004	2838	2701	2538	17554	16590
% Change 15v16	+6.4%		+5.9%		+4.7		+5.8		+6.4%		+5.8%	
June 16 (Actual)	4429	4139	3135	3021	4021	3813	2897	2818	2558	2432	17040	16223
% Change 15v16	+7.0%		+3.8%		+5.5%		+2.8%		+5.2%		+5.0%	
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												

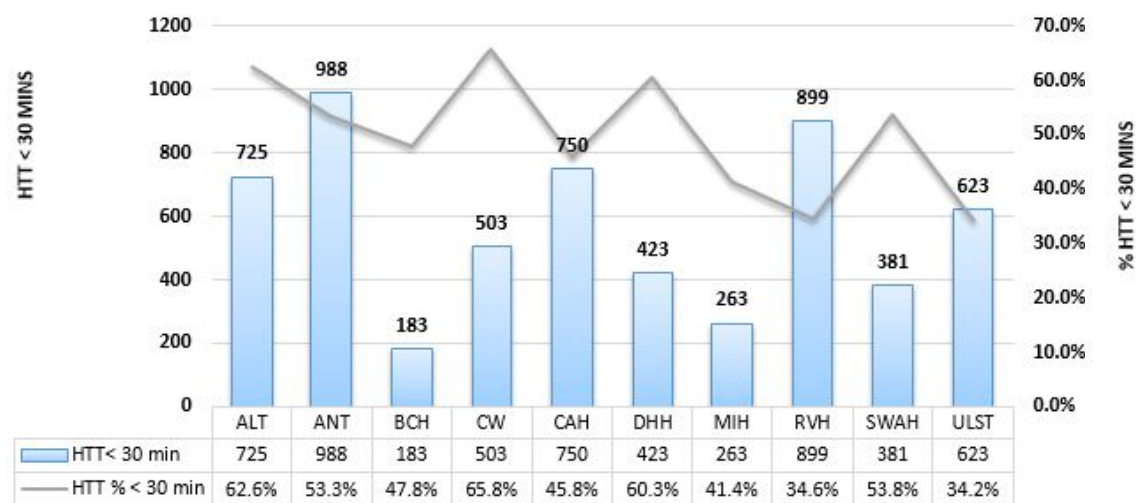
DEMAND COMPARISON BY APRIL 2016 v APRIL 2015 FOR 999 CALLS AND CARD 35 HCP ACTIVITY



Key Performance Indicator: (Commissioning Priority) NIAS will improve significantly the handover time for patients, with at least 70% of handovers being completed in less than 30 minutes from March 2017.

AMBULANCE TURNAROUND TIMES AT HOSPITAL < 30 MINS

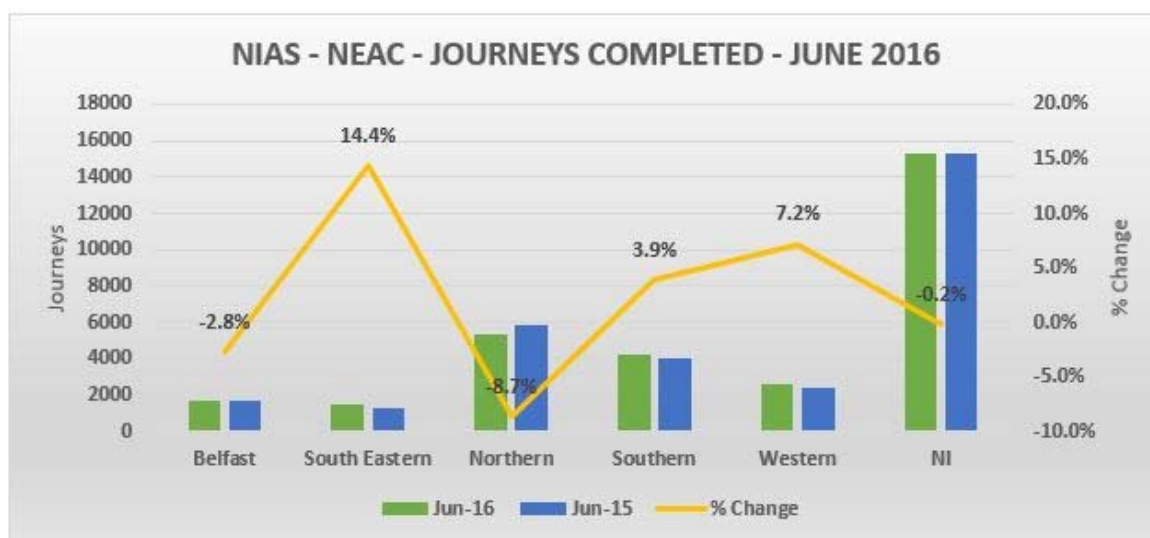
June 2016



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
May-16	828	459	1,072	880	186	239	514	255	814	841	432	298	195	396	939	1,809	442	307	674	1,172
Jun-16	725	434	988	867	183	200	503	262	750	886	423	278	263	373	899	1,699	381	327	623	1,196
Jul-16																				
Aug-16																				
Sep-16																				
Oct-16																				
Nov-16																				
Dec-16																				
Jan-17																				
Feb-17																				
Mar-17																				
Total 2016/17																				

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



	NEAC BOOKINGS AND JOURNEYS - JUNE 2016							
Bookings	LCG AREA	Belfast	South Eastern	Northern	Southern	Western	NI	
	Jun-16	2440	2162	6854	5339	3134	19929	
	Jun-15	2577	1926	7475	5255	3125	20358	
	% Change	-5.3%	12.3%	-8.3%	1.6%	0.3%	-2.1%	
Completed Journeys	LCG AREA	Belfast	South Eastern	Northern	Southern	Western	NI	
	Jun-16	1674	1466	5326	4210	2577	15253	
	Jun-15	1722	1282	5831	4052	2404	15291	
	% Change	-2.8%	14.4%	-8.7%	3.9%	7.2%	-0.2%	
Completed Journeys	Journey Type	Outpatient	Discharge	Transfer	Admission	Second Crew	Home Assessment	Total
	Jun-16	12816	1559	682	177	17	2	15253
	Jun-15	12775	1551	760	195	9	1	15291



CATEGORY A PERFORMANCE: AVERAGES AND OUTLIERS

Jun 16

REGIONAL CATEGORY A PERFORMANCE: TOTAL NUMBER OF RESPONSES

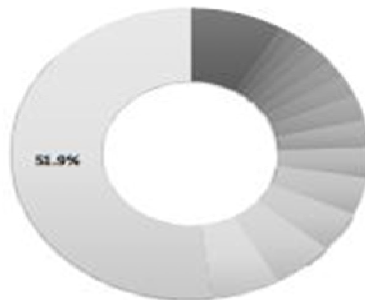
NORTHERN IRELAND REGIONAL TOTAL

TOTAL NUMBER OF CATEGORY A RESPONSES	Number of Category A responses required to exceed Regional target (87.5%)
4489	3255
AVERAGE RESPONSE TIME (MIN:SS)	926 responses below target
10:01	

BELFAST HSC	SOUTH EASTERN HSC	NORTHERN HSC	SOUTHERN HSC	WESTERN HSC
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
1157	858	998	787	689
Number required to exceed LCQ target (87.5%)	Number required to exceed LCQ target (87.5%)	Number required to exceed LCQ target (87.5%)	Number required to exceed LCQ target (87.5%)	Number required to exceed LCQ target (87.5%)
781	580	674	532	466
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
726 62.7%	387 45.1%	450 45.1%	374 47.5%	392 56.9%
55 responses below target	193 responses below target	224 responses below target	158 responses below target	74 responses below target
Average response time (min:ss)	Average response time (min:ss)	Average response time (min:ss)	Average response time (min:ss)	Average response time (min:ss)
07:52	11:10	10:54	11:07	09:43

REGIONAL CATEGORY A PERFORMANCE SUMMARY

Northern Ireland Ambulance Service
Health and Social Care Trust



Category A Performance	
Within 8 minutes	2329
Within 8 - 9 minutes	280
Within 9 - 10 minutes	290
Within 10 - 11 minutes	200
Within 11 - 12 minutes	187
Within 12 - 13 minutes	152
Within 13 - 14 minutes	130
Within 14 - 15 minutes	131
Within 15 - 16 minutes	103
Within 16 - 17 minutes	88
Within 17 - 18 minutes	82
Within 18 - 19 minutes	59
Within 19 - 20 minutes	60
Within 20 - 21 minutes	52
Over 21 minutes	380
Total	4489

%	Cumulative %
51.9%	51.9%
6.2%	58.1%
5.6%	63.7%
4.5%	68.1%
4.2%	72.3%
3.4%	75.7%
3.0%	78.7%
2.9%	81.6%
2.3%	83.9%
2.0%	85.9%
1.8%	87.7%
1.3%	89.0%
1.3%	90.4%
1.2%	91.5%
8.5%	100.0%



BELFAST HSC

Response Time	N	%	Total
< 8 min	726	62.7%	1157
8 - 9 min	66	5.7%	
9 - 10 min	72	6.2%	
10 - 11 min	57	4.9%	
11 - 12 min	49	4.2%	
12 - 13 min	28	2.4%	
13 - 14 min	22	1.9%	
14 - 15 min	26	2.3%	
15 - 16 min	17	1.5%	
16 - 17 min	8	0.7%	
17 - 18 min	11	1.0%	
18 - 19 min	3	0.3%	
19 - 20 min	7	0.6%	
20 - 21 min	3	0.3%	
21 + min	29	2.5%	
Total	1157	100.0%	



SOUTH EASTERN HSC

Response Time	N	%	Total
< 8 min	387	45.1%	858
8 - 9 min	54	6.3%	
9 - 10 min	47	5.5%	
10 - 11 min	44	5.1%	
11 - 12 min	41	4.8%	
12 - 13 min	31	3.6%	
13 - 14 min	36	4.2%	
14 - 15 min	26	3.0%	
15 - 16 min	17	2.0%	
16 - 17 min	25	2.9%	
17 - 18 min	22	2.6%	
18 - 19 min	17	2.0%	
19 - 20 min	8	0.9%	
20 - 21 min	12	1.4%	
21 + min	68	10.3%	
Total	858	100.0%	



NORTHERN HSC

Response Time	N	%	Total
< 8 min	450	45.1%	998
8 - 9 min	63	6.3%	
9 - 10 min	55	5.5%	
10 - 11 min	42	4.2%	
11 - 12 min	40	4.0%	
12 - 13 min	43	4.3%	
13 - 14 min	40	4.0%	
14 - 15 min	34	3.4%	
15 - 16 min	34	3.4%	
16 - 17 min	28	2.8%	
17 - 18 min	24	2.4%	
18 - 19 min	13	1.3%	
19 - 20 min	20	2.0%	
20 - 21 min	17	1.7%	
21 + min	98	9.8%	
Total	998	100.0%	



SOUTHERN HSC

Response Time	N	%	Total
< 8 min	374	47.5%	787
8 - 9 min	34	4.3%	
9 - 10 min	36	4.6%	
10 - 11 min	41	5.2%	
11 - 12 min	36	4.6%	
12 - 13 min	27	3.4%	
13 - 14 min	22	2.8%	
14 - 15 min	27	3.4%	
15 - 16 min	19	2.4%	
16 - 17 min	17	2.2%	
17 - 18 min	9	1.1%	
18 - 19 min	14	1.8%	
19 - 20 min	16	2.0%	
20 - 21 min	11	1.4%	
21 + min	100	12.7%	
Total	787	100.0%	



WESTERN HSC

Response Time	N	%	Total
< 8 min	392	56.9%	689
8 - 9 min	33	4.8%	
9 - 10 min	41	6.0%	
10 - 11 min	18	2.6%	
11 - 12 min	21	3.0%	
12 - 13 min	22	3.2%	
13 - 14 min	13	1.9%	
14 - 15 min	16	2.3%	
15 - 16 min	19	2.8%	
16 - 17 min	10	1.5%	
17 - 18 min	10	1.5%	
18 - 19 min	12	1.7%	
19 - 20 min	10	1.5%	
20 - 21 min	9	1.3%	
21 + min	59	8.6%	
Total	689	100.0%	

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

BELFAST HSC	SOUTH EASTERN HSC	NORTHERN HSC	SOUTHERN HSC	WESTERN HSC
Response Time	Response Time	Response Time	Response Time	Response Time
15 - 30 mins	15 - 30 mins	15 - 30 mins	15 - 30 mins	15 - 30 mins
64	150	109	161	115
30 - 45 mins	24	27	23	17
45 - 60 mins	3	2	4	2
Over 60 mins	4	3	3	1

Produced by NIS Information Department
Knockdracken Healthcare Park, Sandyford Road, Belfast, BT6 8GG
Tel: 028 9040 0710 - Fax: 028 9040 0600 - Email: nsi@nissouth.nhs.uk

Date Created:

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Performance Summary:

Challenges that have impacted on the ability to achieve the target include the following:

- Levels of cover to deal with demand over the whole 24/7 period with significant pressures 2000hrs – 0800 hrs. And weekends, particular over the summer months.
- Experiencing longer on scene times due to implementation of more complex care pathways for patients.
- Continued loss of available response hours due to requests for Diverts, increase in number of multiple responses to incidents e.g. RTC, increase in travel time particularly urban and city areas due to congestion.
- Impact of Major incidents and special events on service delivery.
- Delayed Ambulance turnaround times continue to be a challenge for NIAS. Congestion at Emergency Department (ED), impact on ambulance crews being able to hand patients over in a timely manner to ED and hospital staff for care and treatment as well as delaying the time available to make the ambulance ready for the next call. The performance indicator agreed with Commissioners is that ambulances should turnaround at ED within 30 minutes. In 2015/16 50.2% of all ambulance arrivals at hospitals resulted in ambulance turnaround time greater than the standard 30 minutes. This is an improvement from the previous year; however it is the equivalent of losing 6.2 ambulances each day. NIAS has been working closely with hospital staff to facilitate timely patient flows across the Emergency Departments so as to improve NIAS availability for response to incoming ambulance calls.

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 vehicles

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	87.1	87.9									
Non-Emergency Ambulances	68.9	70.8	76.4	80.2									
Rapid Response Vehicles	69.0	69.0	69.0	69.0									
Support Vehicles	38.8	40.8	41.7	41.7									

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.

Land Transfer with Western Trust has been approved. The replacement Project Schedule conflicts with South West College schedule and NIAS must now vacate the site at the end of the licence, earlier than previously agreed. The SWC cannot accommodate NIAS on site any longer and therefore alternative decant must be sought in the area and appropriate business case completed.

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

FINANCE DIRECTORATE

Director of Finance and ICT
June 2016 (Month 3)

FINANCIAL PERFORMANCE

Financial Breakeven

The Trust is currently reporting a small deficit of £3k for the three months ending 30 June 2016 (Month 3), subject to key risks and assumptions. In particular, Accident & Emergency staff are currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS.

Financial position at the end of June 2016 (Month 3)

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		8,366	12,604									
Other Expenditure		1,861	2,831									
Expenditure Total		10,227	15,435	0	0	0	0	0	0	0	0	0
Income		82	124									
Net Expenditure		10,145	15,311	0	0	0	0	0	0	0	0	0
Net Resource Outturn		10,145	15,311	0	0	0	0	0	0	0	0	0
Revenue Resource Limit (RRL)		10,145	15,308									
Surplus/(Deficit) against RRL		0	(3)	0	0	0	0	0	0	0	0	0

NIAS Financial Position at the end of June 2016 (Month 3)

(£ 000s)	FYB	YTD		
		Budget	Actual	Variance
Chief Executive's Office				
Payroll	166	42	39	2
Non-Payroll	43	11	11	0
Chief Executive's Office Total	209	53	50	3
Director of Finance				
Payroll	1,394	348	330	19
Non-Payroll	659	176	173	3
Director of Finance Total	2,053	524	502	22
Director of HR				
Payroll	3,651	875	858	16
Non-Payroll	704	178	176	3
Director of HR Total	4,355	1,053	1,034	19
Dir of Ops (incl Divisions & RCC)				
Payroll	44,792	11,298	11,230	68
Non-Payroll	8,459	2,217	2,333	(115)
Dir of Ops (incl Divisions & RCC) Total	53,251	13,515	13,562	(47)
Medical Director				
Payroll	803	218	219	(0)
Non-Payroll	181	68	68	0
Medical Director Total	983	287	287	0
NIAS Total Payroll	50,806	12,781	12,675	105
NIAS Total Non-Payroll	10,046	2,652	2,760	(109)
NIAS Total	60,852	15,432	15,435	(3)

Figures last updated: 25/07/2016 11:50

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

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

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

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

Capital Spend

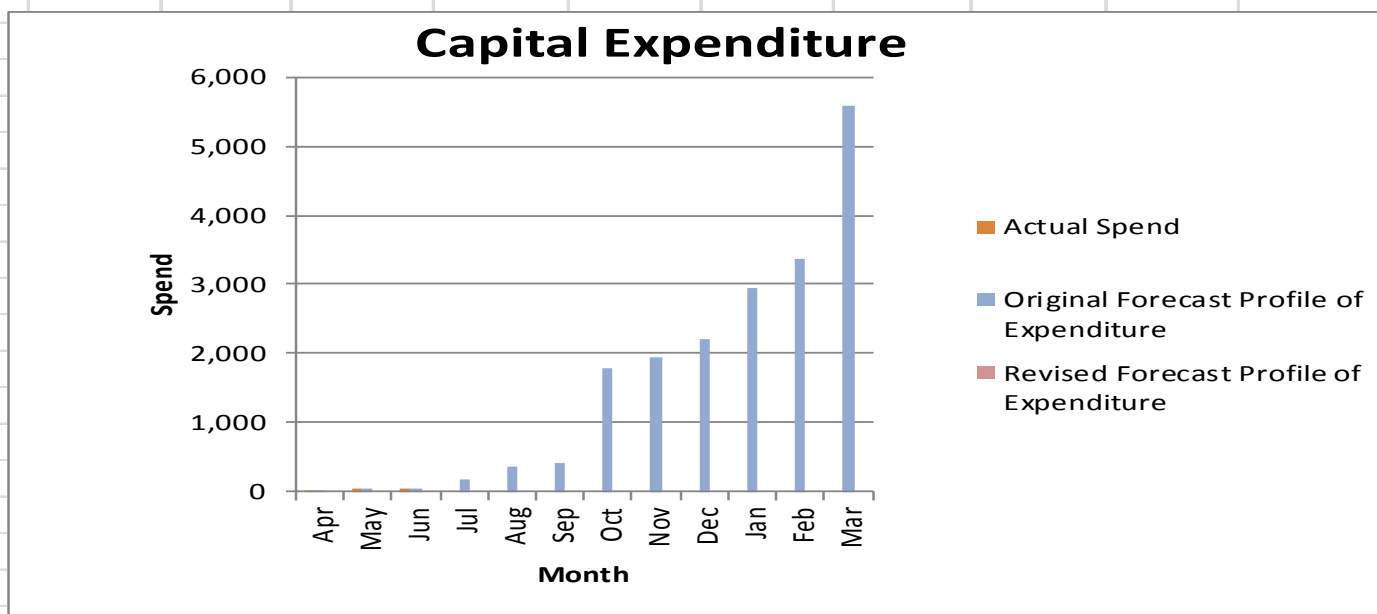
The Trust has received a revised Capital Resource Limit (CRL) allocation of £5.6m (previously £6.1m). This includes adjustments to the initial CRL allocation that was beyond the requirement for currently approved schemes and also specific increases for the purchase of land and building costs for the new ambulance station at Enniskillen. The Trust has also received a specific allocation of £0.25m to support investment in the IT infrastructure. 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.

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			35									
Actual Disposals			35									

Cumulative Capital Spend (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet	0	0	0									
Estate	14	29	34									
Medical Equipment	0	0	0									
IT Equipment	0	7	10									
General Capital	0	0	0									
Actual Spend	14	36	44	0	0	0	0	0	0	0	0	0
Original Forecast Profile of Expenditure	14	36	44	167	365	421	1,795	1,943	2,212	2,941	3,359	5,595
Revised Forecast Profile of Expenditure												



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	1,537	1,352										4,714
Total bills paid within 30 calendar days of receipt of undisputed invoice	1,736	1,453	1,296										4,485
% bills paid on time	95.1%	94.5%	95.9%										95.1%
Total bills paid within 10 working days (14 calendar days)	1,247	1,076	1,041										3,364
% bills paid on time	68.3%	70.0%	77.0%										71.4%

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.

12 May 2016 – Priority1 Telephony fault

At 16:40pm 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 linked to a hardware component on the NIAS telephony switch. Total downtime 40 minutes.

16 May 2016 – Priority1 Telephony fault

At 15:45pm 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 linked to a hardware component on the NIAS telephony switch. A project to replace the NIAS telephony switch infrastructure was due to commence on 18th May. Total downtime 1 Hour 30 minutes.

Information Technology Systems - Developments

Any system developments are reported in this section.

A project to replace the NIAS Telephony platform at HQ, Altnagelvin and the short term contingency site is nearing completion and will provide NIAS with a telephony architecture capable of using the latest VOIP technology. All telephone switches have now been replaced as part of this project.

ICT Help Desk Performance

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

	May			June		
Target to Respond to 95%	No of Calls	Within time	Actual	No of Calls	Within time	Actual
Immediate	30	29	97%	5	5	100%
Urgent	44	44	100%	33	33	100%
High	44	44	100%	4	4	100%
Medium	385	379	98%	349	346	99%
Low	714	714	100%	616	616	100%
Total	1217			1007		

ICT Planned Maintenance May 2016 – system upgrades Critical Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	<p>These are business critical systems which manage front line resources and need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.</p>
C3 A&E	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 May 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. 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	0.15	No	
Virtual Server	218	2 Hours	0	No	
BlackBerry	216	4 Hours	0.5	No	
Promis	216	4 Hours	1	No	

ICT Planned Maintenance June 2016 – system upgrades Critical Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	These are business critical systems which manage front line resources and need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.
C3 A&E	716	4 Hours	0	No	
C3 PCS	716	4 Hours	0	No	
Pro-QA	716	4 Hours	0	No	
ICCS A&E	716	4 Hours	0	No	
ICCS PCS	716	4 Hours	0	No	
DTR	716	4 Hours	0	No	
Voice Recorder	716	4 Hours	1	No	
Mobile Data	716	4 Hours	0	No	

ICT Planned Maintenance June 2016 – system upgrades Corporate Systems

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

Information Governance – Developments: 01/04/2016 TO 30/06/2016

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.***
- ***Noted increase in Freedom of Information, PSNI and Solicitor requests during reporting period.***
- ***Reviewing Quikview and SPSS to support business intelligence and enhanced analytics***
- ***Supporting Regional Ambulance Training Centre with Quality Improvement Templates and data analysis etc. These continue to be developed and amended. Includes Falls, Hypoglycaemia, Acute Coronary Syndrome, Cardiac Arrest (refer to Medical Directorate section of report for reporting)***
- ***TYC monitoring aspects reviewed. Data presentation will be amended during 2016/17 For TMP Board and TMP Team***
- ***Patient Care Service datasets being analysed to support ongoing contract review***
- ***Ad hoc datasets to internal/external stakeholders included (examples only, not an exhaustive list) – First Responders, Lurgan Firestation – deployment points, Turnarounds Times Royal Victoria Hospital, Cardiac datasets, alleged Frequent Caller datasets (x 8), Mater Maternity Transfers, Voluntary/Private activity***

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

Information Governance

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

REPORT FOR FREEDOM FOR INFORMATION PROCESSING FOR THE PERIOD OF 01/04/2016 to 30/06/2016

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)
Number of Requests Received	15	9	8										32	26
Number of Questions Received	50	35	15										100	116
Completed Requests processed within 20 days or less	14	5	6										25	20
Completed Requests exceeding 20 days	1	1	0										2	5
REQUESTS Still Being Processed	0	0	2										2	
REQUESTS Still being processed (outside 20)	0	1	0										1	
Stood Down	0	2	0										2	
Number of Records Fully Disclosed	45	23	8										76	
Vexatious Requests	0	0	0										0	
Number of Records for which records not held	5	1	1										7	
Requests where exemptions wholly/partially applied	0	1	1										2	
Questions stood down	0	2	0										2	
QUESTIONS Still Being Processed	0	0	5										5	
QUESTIONS Still Being Processed (outside 20)	0	8	0										8	
Referrals for Independent Review	0	0	0										0	
Appeals to the Information Commissioner	0	0	0										0	

01/04/2016 to 30/06/2016: 78%of requests processed within 20 working days

From 2015/16: 9 requests remain outstanding and are being prioritised. All outside the 20 day processing period

Requestor Type														
Member of Public	6	2	0										8	
Local Government	0	0	0										0	
Staff Member	5	4	4										13	
Media	3	1	2										6	
Student	0	0	0										0	
Commercial Company	0	0	0										0	
Solicitor	0	0	0										0	
WhatDoTheyKnow.com	1	2	2										5	
NHS	0	0	0										0	
Trade Union	0	0	0										0	

Data may be subject to amendments

DATA PROTECTION ACT 1998 – SECTION 7: SUBJECT ACCESS MONITORING

REPORT FOR DPA PROCESSING (SUBJECT ACCESS) FOR THE PERIOD OF 01/04/2016 to 30/06/2016

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 – Jun 16
Number of Requests Received	4	6	1										11
Completed Requests processed within 40 days or less	4	5	1										9
Completed Requests exceeding 40 days	0	0	0										0
Requests still being processed in line with 40 days	0	0	0										1
Identity Not Confirmed and therefore could not be further processed	0	1	0										1
Patient	1	5	1										7
NIAS Staff Member	3	1	0										4
External Agency	0	0	0										0
Relative of Patient	0	0	0										0

- **From 01/04/2016 to 30/06/2016: 90% of Subject Access Requests processed within 40 calendar days**
(this is based on this requests that were fully processed ie identity and fee received)
- The Trust has been reported to the Information Commissioner Officer on x 2 occasions during April to June 2016 for delays with subject access requests received in 2015/16. This are currently being prioritised.

POLICE SERVICE OF NORTHERN IRELAND REQUESTS – Police Acts, Common Law for the Period of 01/04/2016 to 30/06/2016

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 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	Apr 16 – Jun 16	Apr 15 - Jun 15
Number of Requests Received (based on receipt of correspondence date)	24	37	35										96	72

SOLICITOR ENQUIRIES for the Period of 01/04/2016 to 30/06/2016

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 – Jun 16	Apr 15 - Jun 15
Number of Requests Received (based on receipt of correspondence date)	51	43	66										160	110

DEPARTMENT OF HEALTH AND SOCIAL SERVICES – REQUEST FOR INFORMATION for Period of 01/04/2016 to 30/06/2016

DHSSPS/AQ's/CORs/TOF's/INV's	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr 16 – Jun 16
Assembly Questions (Oral)	0	0	0										0
Assembly Questions (Written)	0	1	12										13
CORs Received	1	0	1										2
TOFs Received	1	0	0										1
INVs Received	0	0	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	15678	+2,476
May 2016	16215	13357	n/a	389	13746	15524	+1,778
June 2016	15732	12842	n/a	381	13223	8463	-4,760
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	47632	39058	n/a	1113	40171	39665	-506

* 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

04/08/2016

(As at 30 June 2016)

Section 1: Human Resources & Corporate Services

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

WORKFORCE INFORMATION

JUNE 2016	TRUST TOTAL	CX/ BOARD	FINANCE/ ICT	HRCS	MEDICAL	OPERATIONS
FUNDED WTE	1287.32	7.00	30.63	68.15	8.00	1173.54
SUBSTANTIVE-IN- POST (WTE) PERM/(TEMP)	1136.99 (42.72)	1.00 (6.00)	25.10 (1.00)	63.64 (3.00)	7.00 (2.00)	1040.25 (30.72)
STAFF-IN- POST/HEADCOUNT	1227	7	27	68 (79*)	9	1116 (1127*)
VACANCY LEVELS (WTE)	-107.61	0.00	-4.53	-1.51	1.00	-102.57

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 shows an indicative, verified position as at 6 July 2016.

NB: *The above figures do not include Sessional GP's, nor 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 **107.61** WTE posts @ 6 July 2016. This compares to an overall vacancy level of 213.70 WTE posts @ 30 June 2014.

RECRUITMENT ACTIVITY

Since the commencement of the NIAS Workforce Stabilisation Programme in June 2014, a significant volume of recruitment activity has taken place, particularly to front-line emergency and non-emergency posts. This has resulted in a reduction in frontline vacancies from 18% to 8.7%.

87.19 WTE frontline posts currently remain vacant with plans in place to recruit to 17 Paramedic vacancies by August 2016 bringing Paramedic posts to full establishment with an additional 21 Bank Paramedics available from November 2016.

Plans are also in place to recruit Trainee EMTs. It is expected that approximately 24 Trainee EMTs will be operational by March 2017 with a further 24 operational by August 2017 with an additional <6> Bank EMTs available from October 2016.

8 ACAs are due to commence training in July 2016 and will be operational in August 2016. Plans are also being developed to train and additional 2 Cohorts (of 24) of Trainee ACAs from the newly created waiting list developed from a recent recruitment exercise.

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)

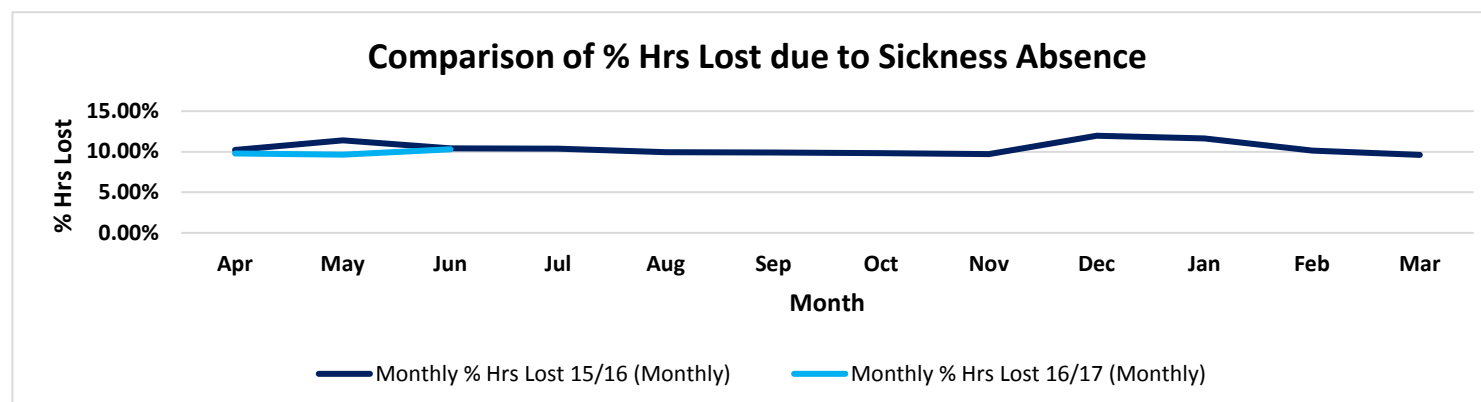
CORPORATE ABSENCE REPORT (AS AT 30 JUNE 2016)

NIAS met its sickness absence target for 2015/16, as agreed with the DHSSPSNI, which was “to improve or maintain sick absence rates on 2014/15 levels”. NIAS’s cumulative absence at 31 March 2016 was 10.43% compared with 31 March 2015 cumulative figure of 10.55%.

NIAS’s sickness absence target for 2016/17 is to “**improve sick absence rates by 5% on 2015/16 levels**”. This provides for a target of **9.91%**. NIAS’s cumulative absence at **30 June 2016** was **9.79%**. This report provides summary information of the Trust’s sickness absence for the period 1 April 2016 to 30 June 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 cumulative monthly % hrs lost (16/17)	9.78	9.53	9.79									
NIAS absenteeism monthly % hrs lost (16/17)	9.78%	9.64	10.30									
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%	1.76	1.73									
Monthly % hrs lost (L/T)	7.23%	7.87	8.58									
Av. days lost per Empee per Mth	1.97	2.07	2.21									
NIAS ABSENTEEISM CUMULATIVE % HRS LOST	(2015/16) 10.43%						(2016/17 @ 30 Jun 2016) 9.79%					



FLU VACCINE UPTAKE:
13.47%
 133 OPS STAFF
 34 CONTROL / ADMIN STAFF
 REGIONAL UPDATE 2014/15
 = APPROX 25%
 WORK IS CURRENTLY
 ONGOING TO IMPROVE
 UPDATE OF FLU VACCINE IN
 2016/17

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 June 2016 against the previous period's absence. The table also shows the average days lost by Directorate.

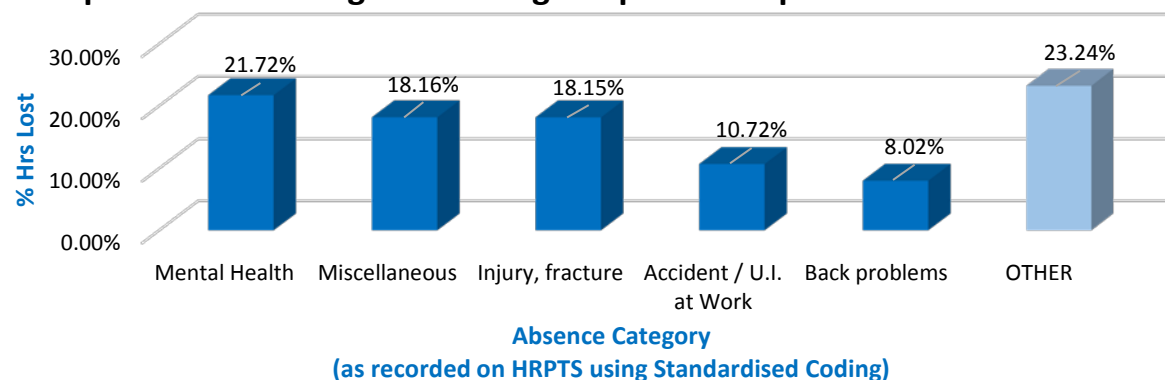
NIAS % Directorate Absence by Short/Long Term Cumulative Absence for the period 1 April 2016 to 30 June 2016 (showing comparative data for previous year)

Directorate (WTE)	Total Scheduled Hrs (1 Apr 16 – 30 Jun 16)	Long Term		Short Term		Total % Absence Hrs (1 Apr 16 – 30 Jun 16)	Total % Absence Hrs (1 Apr 15 – 30 Jun 15)	Av Days Lost per Employee during Reporting Period
		Absence Hrs	% LT Hrs	Absence Hrs	% ST Hrs			
Chief Executive	487.50	0.00	0.00%	0.00	0.00%	0.00%	0.00%	0.00
Finance & ICT	12,671.25	487.50	3.85%	120.00	0.95%	4.79%	0.36%	1.04
HR & CS	42,780.80	1,095.00	2.56%	367.50	0.86%	3.42%	6.52%	0.80
Medical	4,610.00	0.00	0.00%	8.00	0.17%	0.17%	0.00%	0.04
Operations	516,555.57	44,118.15	8.54%	10,300.36	1.99%	10.53%	11.40%	2.21
Grand Total	577,105.12	45,700.65	7.92%	10,795.86	1.87%	9.79%	10.67%	2.08

REASONS FOR ABSENCE: 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 = includes Anxiety, Depression, Grief / Bereavement, Stress and Work Related Stress; **Miscellaneous** = includes Chronic Fatigue, General Debility, Hospital Investigations, Post Surgical Debility, and Post Viral Fatigue; **Injury, fracture** = includes All fractures, Sprains, Strains and Skeletal injuries; **Accident / Untoward Incident at Work** = includes Industrial Injury, RTC, Work-Related Accident, and Untoward Incidents; **Back Problems** = includes Back Ache/Pain, Disc problems, Lumbago, Sciatica, Scoliosis, Spinal Stenosis, Spondylitis, Spondylosis.

Top 5 Absence Categories during the period 1 April 2016 to 30 June 2016



"OTHER" INCLUDES THE FOLLOWING

ABSENCE CATEGORIES:

Gastrointestinal	6.48%
Asthma, Chest, Resp.	4.32%
Other musculoskeletal	2.36%
Heart/cardiac/circulatory	1.90%
ENT	1.86%
Pregnancy related	1.14%

"OTHER" CATEGORIES WITH LESS THAN 1% ABSENCES INCLUDES:

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

Section 1: Human Resources & Corporate Services - June

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

Disciplinary Cases:

Position as at June 2016	TRUST TOTAL	Patient Care	Wilful Damage	Criminal Conduct	Fraud	Failure to comply with Trust Policy / Procedure
Total Ongoing Cases	9	4	0	1	1	3
HCPC Referrals	1	0	0	1	0	0
Suspensions	1	0	0	1	0	0
New Cases	0	0	0	0	0	0

Grievance Cases:

Position as at June 2016	TRUST TOTAL	Transfer	Application of T&C	Recruitment	Job Evaluation	Equal Opps	Trust Processes	Promotion	Pay
Total Ongoing Cases	25	1	18*	1	1	1	3	0	0
Informal Stage	6	0	5	0	0	0	1	0	0
Formal Stage 1	19	1	13	1	1	1	2	0	0
Formal Stage 2 (Appeal)	0	0	0	0	0	0	0	0	0
New Cases	3	0	3	0	0	0	0	0	0

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

Working Well Together / Harassment Cases:

Position as at June 2016	TRUST TOTAL
Total Ongoing Cases	3
Informal Resolution / withdrawn	0
Inv Ongoing	2
Formal Stage 1	1
Formal Stage 2 (Appeal)	0
New Cases	0

Commentary (Employee Relations/Industrial Relations):

The Trust is currently engaging with Trade Unions on mechanisms by which partnership working can be improved.

Case File Closures:

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

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

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

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 remains ongoing regionally to explore alternatives to provide for full ESS deployment.

During the reporting period, HR staff delivered a series of MSS Refresher sessions to support managers to use the MSS function for a number of HRPTS processes.

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.

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

Total (to date)

49

Total complaints received to date

HANDLING TIMES OF COMPLAINTS

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2015-16	
Complaints Received	8	24	17										49		160	100%
Total A&E & PCS Activity	28788	29104	29077										86969			
% Complaints/Activity	0.03%	0.08%	0.06%										0.06%			
Acknowledged within 2 working days	8	24	17										49	100%	160	100%
Acknowledged after 2 working days	0	0	0										0	0%	0	0%
Response within 20 working days	3	3	3										9	18%	43	27%
Response after 20 working days	3	4	2										9	18%	66	41%
Complaints Investigations ongoing	2	17	12										31	63%	51	32%

*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	14	11										30	61%	80	50%
Patient Care Service	1	3	2										6	12%	17	11%
Control & Communications	2	7	4										13	27%	63	39%
Other	0	0	0										0	0%	0	0%
Voluntary Car Service	0	0	0										0	0%	0	0%
TOTAL	8	24	17	0	0	0	0	0	0	0	0	0	49	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	8	11										23	46.9%	65	41%
Ambulance Late/No Arrival	4	16	6										26	53.1%	78	49%
Quality of Treatment & Care	0	0	0										0	0.0%	11	7%
Suitability of Equip/Vehicle	0	0	0										0	0.0%	3	2%
Other	0	0	0										0	0.0%	3	2%
Patient Property	0	0	0										0	0.0%	0	0%
TOTAL	8	24	17	0	0	0	0	0	0	0	0	0	49		160	

COMPLIMENTS RECEIVED

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2016-17	2015-16	
RECEIVED	11	26	15										52	174	

SERVICE AREA OF COMPLIMENTS RECEIVED

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2016-17	%	2015-16	
Accident & Emergency	11	23	10										44	84.6%	163	94%
Control	0	0	0										0	0.0%	4	2%
Patient Care Service	0	2	1										3	5.8%	0	0%
Voluntary Car Service	0	0	0										0	0.0%	0	0%
Other	0	1	4										5	9.6%	7	4%
TOTAL	11	26	15	0	0	0	0	0	0	0	0	0	52		174	

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

Ref	Description	Outcome	Action taken (Investigation)
Comp/1013	Complaint regarding the attitude of RRV who attended lady in her home where she found her to be very nasty.	Complaint partially upheld. Investigation showed that Paramedic did make inappropriate comments however the painful stimulus applied was in line with training.	Letter of apology and explanation issued. Paramedic to receive counselling to highlight that care should be used in communicating with patients.
Comp/1058	Complaint regarding the delay of an emergency ambulance which took over 40 mins to arrive.	Complaint upheld. All available resources were committed to other emergency calls.	Letter of apology and explanation issued. NIAS should review its lone worker policy and review shift patterns to stagger finish times.
Comp/1076	Complaint regarding the non arrival of ambulance transport to hospital.	Complaint upheld. Date was incorrectly entered on system.	Letter of apology and explanation issued. No further action identified.
Comp/1070	Complaint regarding the delay of ambulance. Complainant feels that the call was urgent and categorised incorrectly.	Complaint not upheld. Call categorised correctly given information provided.	Letter of explanation issued. No further action identified.
Comp/1071	Complaint regarding the lack of care given by ambulance staff to the patient where they made no attempt to dress him or help the family to do so.	Complaint upheld. Crew did not act appropriately.	Letter of explanation and apology issued. Staff to be referred to the Clinical Support Officer for reflective practice and learning.
Comp/1086	Complaint regarding the delay of an ambulance which took over 45 minutes to arrive.	Complaint upheld. All available resources were committed to other emergency calls.	Letter of apology and explanation issued. No further action identified.
Comp/1041	Delay of an emergency ambulance where it took over 19 minutes to arrive and why the calltaker argued with complainant regarding the postcode.	Complaint upheld. All available resources were committed to other emergency calls. There was no evidence that the calltaker was argumentative with caller but was slimily clarifying the postcode provided.	Letter of apology and explanation issued. No further action identified.
Comp/1098	Complainant unhappy that this is the 2nd occasion her transport has been cancelled.	Complaint withdrawn.	

Ref	Description	Outcome	Action taken (Investigation)
Comp/1087	Complaint regarding the delay of an ambulance where it took over 2 hours and the lady had suffered a brain aneurysm.	Complaint upheld. All available resources were committed to other emergency calls.	Letter of apology and explanation issued. No further action identified.
Comp/1032	Patient's sister is unhappy that her elderly sister was left waiting in the lobby of the hospital for over two hours in the cold and the non-emergency ambulance did not arrive.	Complaint upheld. Investigation found that there was a miscommunication between crew and control.	Letter of apology and explanation issued. Staff to be reminded to speak directly with control to discuss any issues to avoid miscommunication.
Comp/1072	Complaint regarding ambulance times and also the attitude and actions of crew.	Complaint withdrawn. Await further instruction from the complainant as he has not decided if he wishes to pursue a formal complaint. I have temporarily closed the complaints file.	No further action

Section 1: Human Resources & Corporate Services

HRCS KPI: Supporting Trust Priorities

Litigation Claims 2016/17

	C/O	A	M	J	J	A	S	O	N	D	J	F	M	Total
Employers Liability	36													
Claims Received		0	0	2										2
Claims Settled		2	1	1										4
Cases Ongoing														34
Public Liability	4													
Claims Received		0	0	0										1
Claims Settled		0	0	0										0
Cases Ongoing														5
Clinical Negligence	11													
Claims Received		0	0	0										0
Claims Settled		0	0	0										0
Cases Ongoing														11

Categories Of Claims Received 2016/17

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

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

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

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.

Lessons Learned: 4 Employee Liability cases settled:

1. Employee slipped on steps at hospital. No lessons identified.
2. Staff member assaulted by a patient. No lessons identified.
3. Staff member assaulted while transferring patient. No lessons identified.
4. Staff member fell in back of ambulance whilst vehicle was going round sharp bend. No lessons identified.

CONCERNS RAISED UNDER PUBLIC INTEREST DISCLOSURE (NI) 1998 (WHISTLE BLOWING)

April 2016	May 2016	June 2016	TOTAL 2016/17
1	-	-	1

Section 2: Education, Learning & Development

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

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

The 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 RATC training team will support the Operations Directorate during 2016/17 by delivering an ambitious programme of core ambulance training programmes to new recruits in order to fill frontline vacancies. The ELD plan reflects the Trust-wide changes in service delivery and has a specific focus on supporting the implementation of TYC-led initiatives in order to embed these into standard practice and through the provision of a revised post-qualification training, development and assessment programme that maintains and updates the skills and knowledge of frontline emergency and non-emergency staff.

ELD Highlight report:

- Delivery of the RATC 2016/17 core clinical training programmes for EMTs and ACAs continues as planned to meet the Trust's frontline operational workforce needs. As part of the Trust's EMT and ACA recruitment programmes, Operations have, to date, been provided with an additional 43 fully operational EMTs with another 22 on practice placement, and 86 qualified ACAs. A further cohort of ACAs will commence training this quarter;
- This will be a particularly challenging year for the RATC as the team work through a period of transition from delivering traditional models of ambulance education to developing and delivering a number of regulated programmes. These programmes will provide ACA recruits with a Level 2 Award in Ambulance Driving and EMT recruits with a Level 3 Certificate in Emergency Response Driving and a Level 4 Associate Ambulance Practitioner Diploma;
- Training Officers and Clinical Support Officers will undertake a Level 3 Certificate in Assessing Vocational Achievement (CAVA) and Training Officers will undertake a Level 4 Award in Internal Quality Assurance during 2016/17 in order to support the transition to regulated ambulance programmes;
- Training Officers and Clinical Support Officers will undertake a Physical Assessment & Clinical Reasoning (PACR) module delivered in partnership by SWASFT and University of West England. This development opportunity will enhance the training team in the development of future initiatives to continue to support new models of care;
- The appointment of an Appropriate Care Pathway Guidelines (ACPG) Core Working Group will identify opportunities to support the Trust's paramedics to enhance their confidence and competence in using the ACPGs whilst continuing to deliver safe and effective patient care within their scope of practice;

- A new 2016/17 Post Proficiency programme for emergency and non-emergency operational staff is being developed for commencement in September. This will be complemented with a refreshed workbook;
- 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 and measure the quality of patient care;
- The withdrawal of IHCD Ambulance Modules, resulting in the demise of the Trust's Paramedic-in-Training programme, remains on the HRCS local risk register. NIAS continues to engage with the DoH (NI) and Commissioners regarding the future provision of paramedic training in NI.

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 <ul style="list-style-type: none"> Section 75 implementation requirements are set out in the Trust's Equality Scheme and delivery is monitored by the Trust's Equality and PPI Steering Group. The Trust works to mainstream section 75 considerations into policy development through engagement and screening processes. NIAS contributes to the HSC regional Equality and Human Rights agenda through participation in the DHSSPS Equality and Human Rights Steering Group. 	Key Work Streams underway include <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Human Rights consideration to Trust policy is incorporated within Equality and Human Rights Screening documentation. The Trust has been engaging with the Northern Ireland Human Rights Commission in respect of Trust policy plans and 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 <ul style="list-style-type: none"> 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

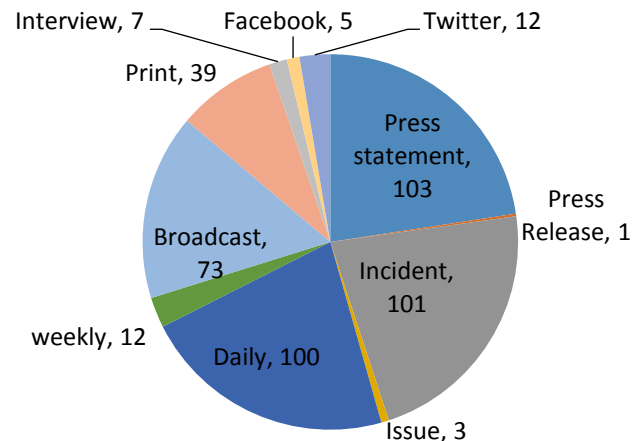
NIAS Responses to Consultations May & June 2016

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link to Consultation
31/5/2016	DHSSPSNI – Draft Diabetes Strategic Framework and Implementation Plan	<p>NIAS welcomed the active stance adopted and was keen to play a full part in improving the HSC systems through the reform and transformation process. NIAS supported proposals to remove complexity from the systems outlined, but had concerns that appropriate measures and systems were established for the commissioning of regional services such as our own. We supported and welcomed the maintenance of regional commissioning of ambulance services under revised arrangements rather than dispersion of ambulance commissioning to five localities.</p> <p>The simplified and shorter line of accountability between providers and the Department may result in a better alignment of management of performance, quality, safety, financial outturn and capital.</p> <p>NIAS welcomed the opportunity to take on responsibility for planning those aspects of HSC services it delivered. Integrating planning and delivery had the potential to strengthen operational independence and streamline the existing system.</p>	www.dhsspsni.gov.uk/consultations

31/5/2016	DoH – Consolidation of the Misuse of Drugs Regulations (NI)	<p>The Trust was supportive of Proposal B which was to include paramedics in the list of healthcare professionals under Regulation 14 to ensure requisition activity by these professionals can be captured and monitored. In relation to Proposal H, which provided authority to the Ambulance Service to possess and supply controlled drugs, while being supportive, it is our understanding that NIAS already has authority to obtain, possess and supply specified controlled drugs.</p> <p>The Trust was also anxious that this proposal would not require us to change current procedures which were jointly agreed, extremely robust and effective. We would also welcome clarity as to how these changes link with the Prescription Only Medication (POMs) legislation.</p>	https://www.health-ni.gov.uk/consultations
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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



Media Activity May & June 2016

Key Themes in press coverage

- During May and June 2016, NIAS issued 103 Press Statements in response to enquiries from the media.
- 1 proactive release was issued.
- 7 media interviews were conducted during the period.
- The number of media outlets reached in this period, including by Press Release, totalled 112.
- Press statements tend to be issued in response to particular incidents which, in this period, included a fatal stabbing incident, various RTC's and delays in responding to particular incidents.
- 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	80
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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

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. The Trust's Media and Communications Manager continues to participate in the National Ambulance Communications Group (sub-group of AACE group) and its work streams.
- The Trust's Equality and Patient Experience and Communication functions support delivery of the Transformation and Modernisation agenda through leadership of a programme of Engagement and Communications. This included systems of communication and engagement with staff, service users, the public and other key stakeholders to inform development of the work streams within this framework.

Section 4: Transformation and Modernisation – Transforming Your Care

HRCS KPI: Modernisation and Reform

- NIAS Transformation and Modernisation Programme Board 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. With the agreement of continued funding for TYC for 16/17 there are 3 key deliverables and 4 enabler workstreams:
 - Development of 3 new Appropriate Care Pathways (ACPs)
 - Delivery of an increased Hear and Treat rate through implementation of a Paramedic Clinical Support Desk
 - Delivery of an embedding and mainstreaming plan to ensure the new pathways and initiatives are appropriately embedded within core business by March 2017.
 - The enabler workstreams include ICT Enabling, Information and Analytics, Engagement and Comms and an Education plan which relates to the ACPs.
- Transformation and Modernisation projects include:
 - Development and implementation of a Quality Improvement programme
 - Development and implementation of an Employee Engagement plan
- 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. 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

Telephone reviews are being carried out with some patients to gain feedback on their experiences of the new pathways and surveys are still being received from a range of services which NIAS is referring to. These have been very positive and further detail will be provided in future reports. Engagement with patients is being built in to development of new pathways for this year.

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.

- A range of local and regional meetings have been held in relation to the development/extension of the 3 new pathways for 16/17.
- A pilot of an extension to the Diabetic pathway is being planned.

Quality Improvement

The Quality Improvement project has been developed to measure the quality of care being delivered to our patients and is central to the effective embedding of the ACPs. This involves the region-wide network of CSOs reviewing Patient Report Forms on Station and providing frontline staff with timely feedback to raise standards of care and support the implementation of new service improvement initiatives and includes the use of relevant Appropriate Care Pathways where available. A multidisciplinary QI Working Group meets to review processes, identify trends and review the success of QI methodology applied. Feedback confirms the project is providing opportunities for one-to-one discussion about the pathways and data demonstrates that measurements are improving.

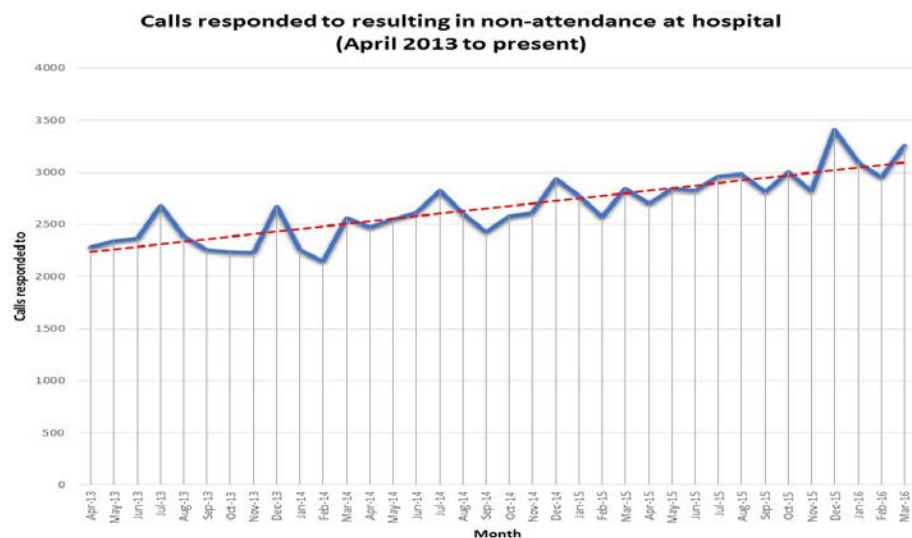
Education, Learning and Development

The appointment of an ACP Guidelines Core Working Group will identify opportunities to support the Trust's paramedics to enhance their confidence and competence in using the ACPGs whilst continuing to deliver safe and effective patient care within their scope of practice.

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.

NIAS continues to monitor non-conveyance numbers and rates. The average number of patients not conveyed to hospital has grown from an average of 2369 in 13/14 to 3192 a month in the first quarter of 16/17. The proportion of patients not attending hospital following ambulance response has grown from 17.3% (2013/14) to 20.5% in 15/16 and now 21.9% in the first quarter of 16/17. In comparison with the 'pre-TYC' baseline of Q1 13/14, an additional 2584 patients were not conveyed to hospital.



In addition to the reduction in conveyances, a range of patients were conveyed to 'alternative destinations' following paramedic referral. These include:

BCH Direct (Frail/Elderly Unit in Belfast City Hospital)	
Paramedic Referrals	156
Cath Labs in the Royal Hospital and Altnagelvin Hospital	123 (Altnagelvin data not finalised)
Type 3 Hospitals and Minor Injury Units	70
Antrim Area Medical Assessment Unit (Paramedic Referrals only)	46
Alcohol Recovery Centre (launched in Belfast mid December 2015)	14
	409

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

MEDICAL DIRECTORATE

Medical Director
19/07/2016
(May-June 2016)

Medical Directorate Performance Report for Trust Board (May-June 2016)

Emergency Planning & Business Continuity	
	<p>Please refer to attached Emergency Planning Report for May-June 2016.</p> <p>The Trust's Emergency Planning Team continue to participate in a full programme of major incident planning and multi-agency exercises to test such plans. Operational pressures are making it increasingly difficult to supply personnel and vehicles for such exercises, thus preventing the Trust from participating fully in these exercises.</p> <p>The Trust has taken delivery of a new mobile command & control vehicle which is currently being commissioned with relevant radio equipment etc. It is anticipated that the vehicle will become fully operational by end July 2016.</p> <p>The Trust has been commissioned to deliver Hospital Major Incident Medical Management and Support (HMIMMS) and Medical Management and Support (MIMMS) training to the wider HSC by the Health & Social Care Board and Department of Health respectively.</p> <p>The Trust's Emergency Planning Team are currently involved with other agencies in developing summer contingency plans for parades and similar large public events during the summer months.</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</p>

	<p>2016/17 and will include a review of current escalation plans and the outcome of debriefs in relation to recent industrial action.</p> <p>Due to the absence of key personnel, a review of on call arrangements to support emergency planning incident response and business continuity has not yet been completed, with recommendations not now anticipated until end Q2 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>	<p>Please refer to the Corporate Risk Register to end June 2016.</p> <p>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 have been planned.</p> <p>The Trust's Risk Management Strategy and Risk Management Policy are currently being reviewed. Following consideration by SEMT, it is anticipated that these will be submitted to Trust Board by end Q2 2016/17.</p>
<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 but completion was delayed due to the retirement of the Risk Manager. This review has now recommenced and it is anticipated that this will be completed in Q2 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 took place in June 2016 for Trust Governance Leads to consider this. The outcome of this is awaited.</p>

	<p>The first meeting of the Trust's Learning Outcomes Review Panel has been postponed from July 2016 due to competing pressures, following an initial meeting in April 2016 to consider terms of reference. The panel has been established to enhance and support individual and organisational learning from events such as untoward incidents, disciplinary investigations, claims, compliments, Serious Adverse Incidents (SAIs) etc. as well as feedback at organisational, local and individual levels.</p>
<i>Outcomes from Reports, Alerts, etc.</i>	<p>Regular reports on complaints, compliments, adverse incidents including SAIs involving NIAS, Coroner's reports, medication and device alerts continue to be provided to the Assurance Committee as standing agenda items. NIAS also continues to review relevant NICE guidelines and regional learning and quality letters and reports. New JRCALC Clinical Guidelines published in March 2016 including the new Resuscitation Guidelines have been received and have been distributed to operational staff. Alternative formats such as an app for use by staff to access the guidelines are currently being explored.</p>
Clinical Care	
<i>Regional Community Resuscitation Strategy</i>	<p>The most recent meeting of the Regional Community Resuscitation Strategy Implementation Group chaired by the NIAS Medical Director took place in June 2016. 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>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</p>

	<p>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 with full funding from 2017/18 on a recurrent basis. However formal confirmation of the funding is still awaited from the Commissioner. Following confirmation of funding the recruitment of CRDOs may be prevented by current issues affecting job evaluation. An action plan has been put in place by the Acting Director of HR to facilitate re-engagement of Trade Unions in the job evaluation process in Q2.</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 taken place in June 2016. NIAS has also facilitated the activation of two further Community First Responder Groups and engagement with a further two groups is continuing.</p> <p>It has been agreed that a joint meeting of the Implementation Group and its Sub-Groups led by NIAS will take place in August 2016 with representatives from a range of other organisations and providers to support and facilitate the UK Resuscitation Council “Restart a Heart Day” in October 2016. It is hoped that several thousand people will participate in CPR training regionally on that day.</p>
<i>Patient Report Form (PRF)</i>	Following the introduction of a revised PRF in 2015/16, the policy for PRF completion has been reviewed and updated, and was submitted for approval to Trust Board in June 2016.
<i>Electronic Patient Report Form (ePRF)</i>	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

	<p>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.</p> <p>Despite this the Trust continues to engage with HSCB in the development of a regional Electronic HealthCare Record (EHCR) which will replace, as a minimum, the current Patient Administration Systems (PAS) in hospitals. This will require significant capital and revenue investment and as part of the business case development, various options including the position of an ambulance ePRF 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.</p> <p>Engagement with HSCB is still ongoing to scope if the ePRF should remain as a stand-alone initiative linking with the EHCR or should become an integral part of the EHCR development. Following the postponement of a number of meetings, NIAS met with the eHealth Strategy Team in June 2016 to progress this. As an outcome of the meeting, it has been agreed that a revised Outline Business Case be resubmitted to the Commissioner to obtain indicative support for revenue funding to allow the project to proceed to consider procurement options and more detailed costings, at which stage a further review would take place in advance of formal commitment to funding.</p> <p>The Trust will participate in a regional workshop in July 2016 regarding implementation options for the regional EHCR including an ambulance ePRF.</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>	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

	<p>November 2016. An initial meeting to commence this has taken place in June 2016 with an initial draft of the Report anticipated in September 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 by end 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 a three-month pilot of an enhanced NIAS GP CSD has been completed and is currently being evaluated.</p> <p>A quality improvement programme to monitor and review compliance with the appropriate care pathways introduced last year has commenced with the initial reports for a number of pathways being available to end May 2016. It is anticipated that further reports for Q1 2016/17 will be available by August 2016. These will be presented to the Trust's Assurance Committee. These reports 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. It is anticipated that the partnership agreement with a charitable partner will be presented to Trust Board in August 2016 and the outline business case submitted by end July 2016. The response to an investment proposal for pre-project costs for a Project Manager and operational and clinical leads has</p>

	been submitted. If funding support is received, the recruitment to these posts and others may be prevented, or at least significantly delayed, by current issues affecting job evaluation.
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>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 30 June 2016, 291 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</p>

	<p>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 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> <p>The Trust was represented at the PHA's PPI Conference – Involving You, Improving Care: Our Involvement Story on 22 June 2016. This was a shared event for staff, service users and carers to improve thinking on PPI, examine the</p>

impact of involvement and the contribution it can make to improving health services, and highlight examples of best practice.

EMERGENCY PLANNING REPORT

May-June 2016

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

Potential Major Incident

On 22 May 2016 at 14.03 NIAS received a 999 call for a potential major incident for seven cyclists who had crashed in the same incident. Three A&E crews, one Rapid Response Vehicle, two Officers, two Doctors, the Emergency Equipment Vehicle & the Mobile Control Vehicle were tasked to the scene. Two hospitals were alerted to the potential major incident. Two patients were transferred to hospital. The incident was stood down by the first arriving crew at 14.16.

On 24 May 2016 at 11.21 NIAS received a 999 call for a road traffic accident involving a school bus. Initial reports stated 24 pupils were on board the bus. Four A&E crews, two Intermediate Care Service crews, three Officers and one HART call sign were tasked to the scene. A further three Officers made themselves available but were not despatched to scene. Two hospitals were alerted to receive casualties however only seven patients required transport to hospital. The incident was stood down at 11.33 by the first arriving crew.

On 29 May 2016 at 18.49 NIAS received a 999 call for a road traffic accident in Carrickfergus. The caller stated six cars were involved and the first crew on scene requested that the call be escalated to a potential major incident. Their initial report estimated that there were eight patients and requested eight A&E crews. Eight A&E crews, two Intermediate Care Service crews, three Rapid Response Vehicles, four Officers and a Doctor were tasked to the scene. The Emergency Equipment Vehicle and Mobile Control Vehicle were made available but not despatched. A further three Officers made themselves available but were either stood down or not tasked. The Royal Victoria Hospital and Antrim Area Hospital were put on alert to receive patients, however due to the location and the patient's injuries it was decided to transport all patients to the Royal Victoria Hospital. The call was not escalated to a declared major incident as enough resources to deal with the call were available. Eight patients were transported to the Royal Victoria Hospital and the incident was stood down at 20.40.

However it was noted that the Royal Victoria Hospital declared a major incident to enable them to deal with this incident.

On 7 June 2016 at 13.09 NIAS received a 999 call for a road traffic collision on the A1. Four A&E crews, one Rapid Response Vehicle and one Officer were tasked to the scene. The Mobile Control Vehicle and the Emergency Equipment Vehicle were mobilised from Belfast but stood down whilst en route. The initial report stated there were possibly eight patients. Two hospitals were alerted to receive casualties, however only one patient required transport to hospital. The incident was stood down at 13.20.

MAJOR INCIDENTS

There were no declared major incidents during this period.

Airport Alerts

On 4 June 2016 at 14.32 NIAS were alerted to the Belfast International Airport for a plane making an emergency landing. One Rapid Response Vehicle, five Officers, the Mobile Control Vehicle and the Emergency Equipment Vehicle were tasked to the scene. The plane landed safely and the incident was stood down at 14.40. Of concern it was noted that due to other operational pressures no A&E crews were available to be immediately dispatched to this incident.

Of Note

A new mobile telephony contract is in place.

On 8 June 2016 NIAS hosted the National Ambulance Resilience Unit (NARU) Response and Recovery sub-group.

HAZMAT / Hazardous Area Response Team (HART) deployments

52 = Deployments with Breathing Apparatus skills/ HAZMAT deployments

3 = Restricted space

0 = MTFA

5 = Incident at height

0 = Rope Tech

5 = HAZMAT

2 = Mountain Rescue



William Newton
EMERGENCY PLANNING OFFICER



Improving Quality of Patient Assessment

QI Compliance Tool

This is a guide to advise on key elements of patient assessment for the following clinical presentations.

Please use in conjunction with the NIAS Appropriate Referral / Transport Guideline and JRCALC Guidelines.

Falls

Criteria for falls audit:

- Over 65
- History of fall
- Patient did not travel to hospital

Two timed sets of observations

BM recorded

FAST recorded

Recorded assessment of the cause of the fall

Recent history of falls documented

12 Lead ECG recorded and interpreted

Recorded assessment of mobility

Patient referred to falls team

Patient left in care of a responsible person

Specific worsening care advice given

Hypoglycaemia

Inclusion Criteria:

- Patients with a presenting complaint of hypoglycaemia
- AND / OR hypoglycaemia box completed
- AND / OR patient has been administered hypostop
- AND / OR patient has been administered glucagon
- AND / OR patient has been administered IV glucose

Two timed sets of basic observations

Pre-treatment BM

Post treatment BM

Appropriate treatment administered relevant to patient age and GCS

Carbohydrates administered post treatment

Patient referred to diabetic specialist nurse

Patient left in care of responsible person

Specific worsening care advice given

ACS

Inclusion Criteria:

- Patients with a presenting complaint of chest pain of a suspected cardiac origin. That is chest pain which is:
 - Central chest pain
 - Crushing or constricting in nature
 - Persists for >15 minutes
 - Presents / radiates to the shoulders / upper abdomen / neck / jaws / arms
- AND / OR patients who have been administered aspirin
- AND / OR patients who have been administered GTN

Two timed sets of basic observations

Pre AND post treatment pain scores recorded

Aspirin administered as per JRCALC guidance

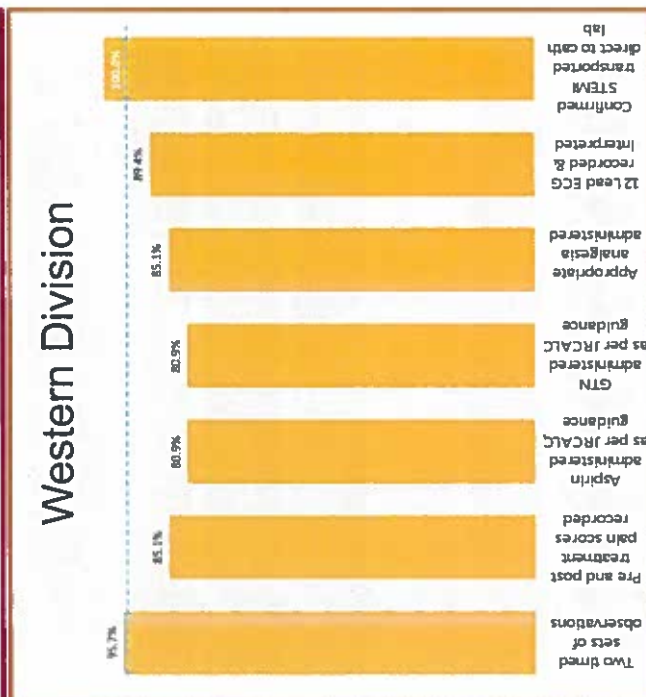
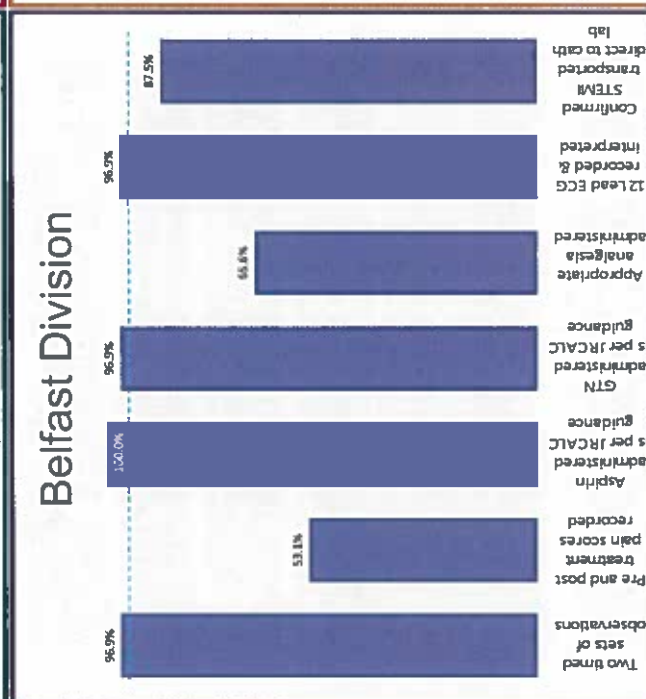
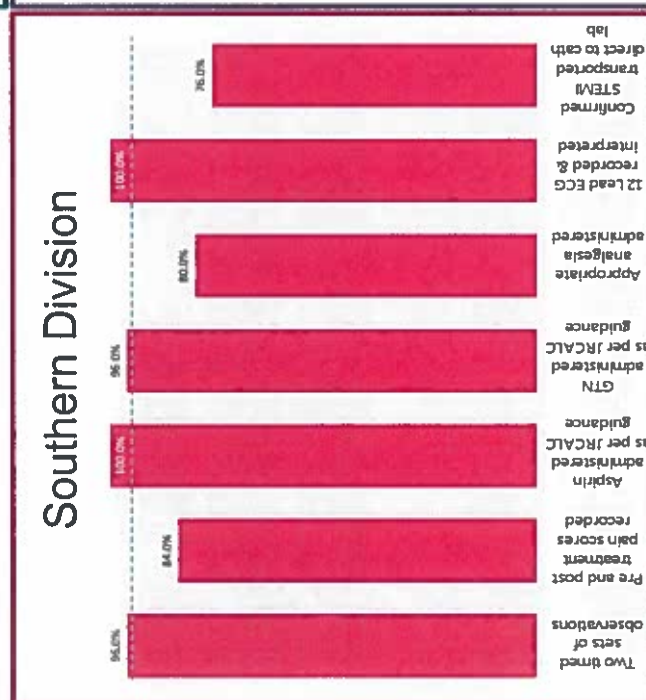
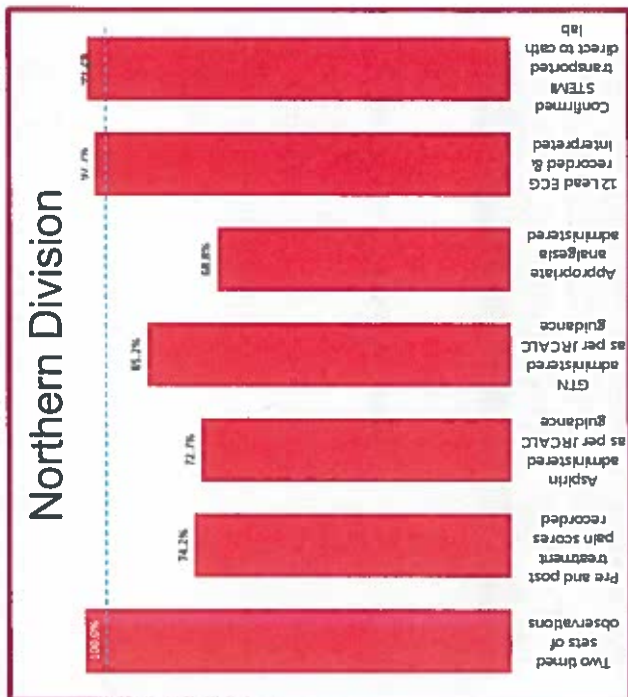
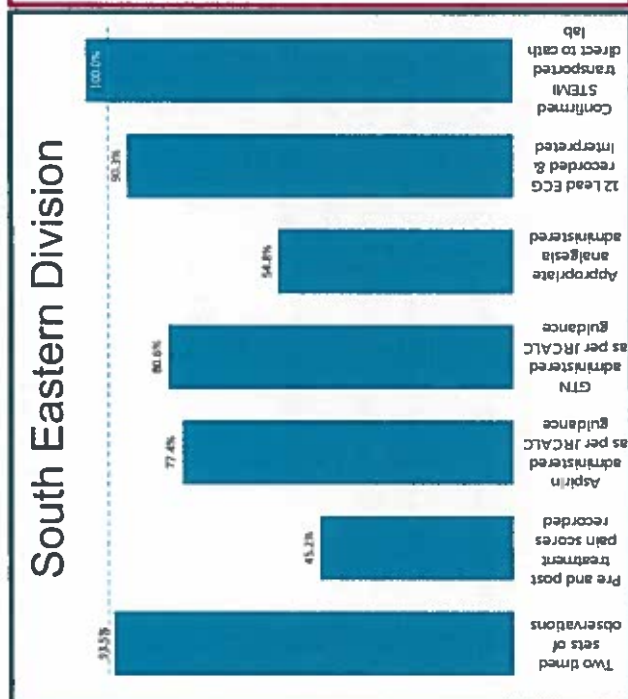
GTN administered as per JRCALC guidance

Appropriate analgesia administered e.g. Entonox / morphine

12 Lead ECG recorded and interpreted

Patients with a confirmed STEMI transported direct to cath lab

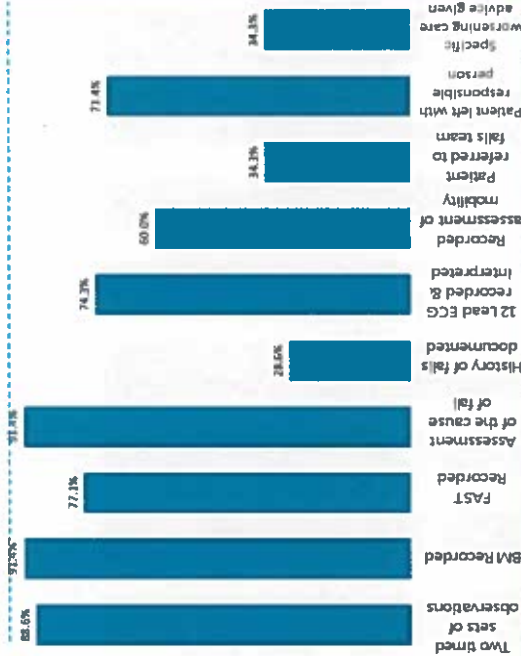
Acute Cardiac Syndrome Quality Improvement Compliance by Division (May 2016)



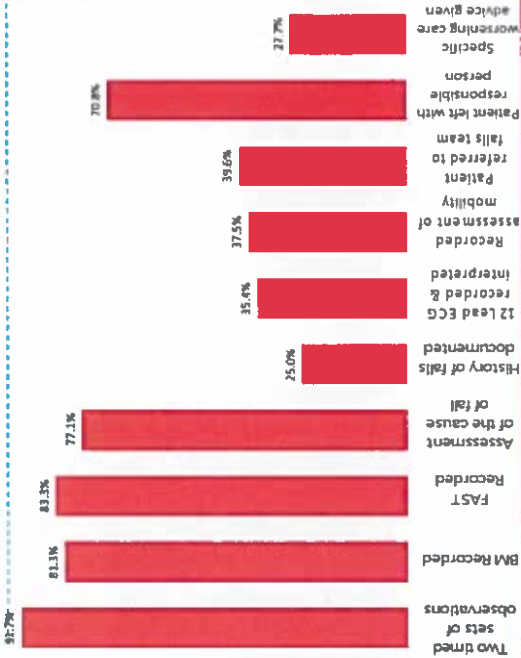


Falls Quality Improvement by Division (May 2016)

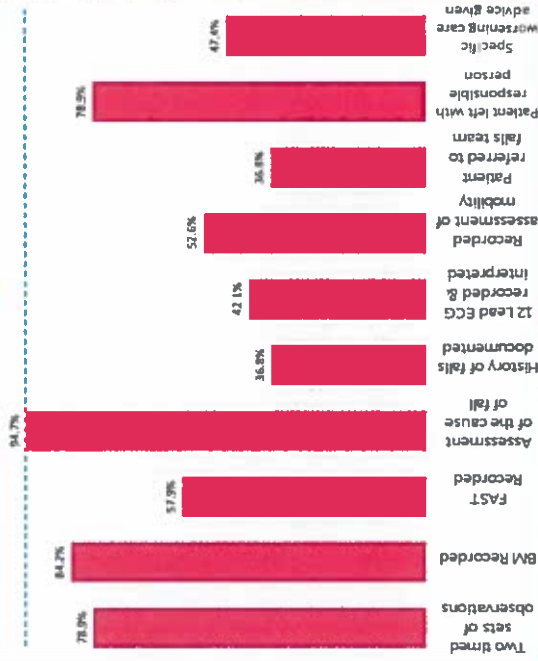
South Eastern Division



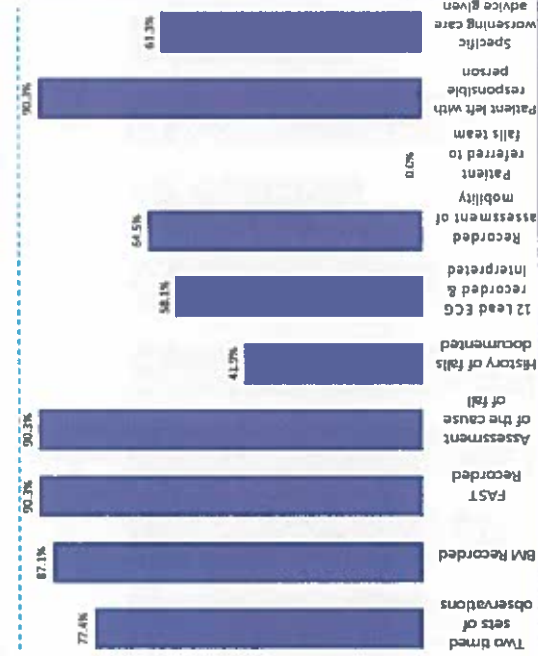
Northern Division



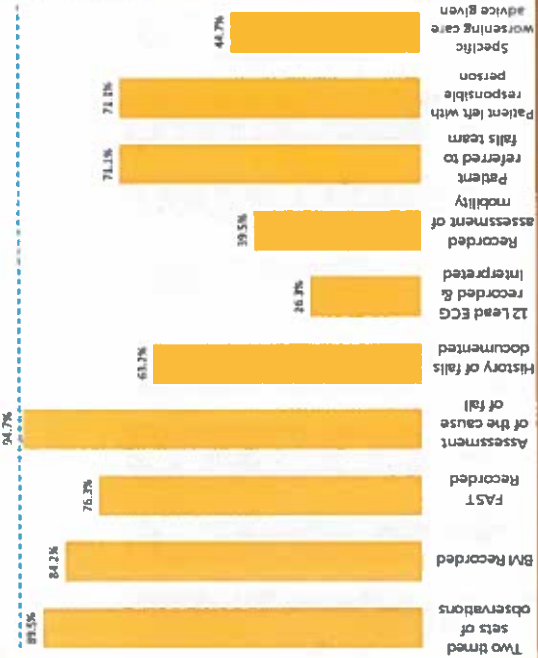
Southern Division



Belfast Division

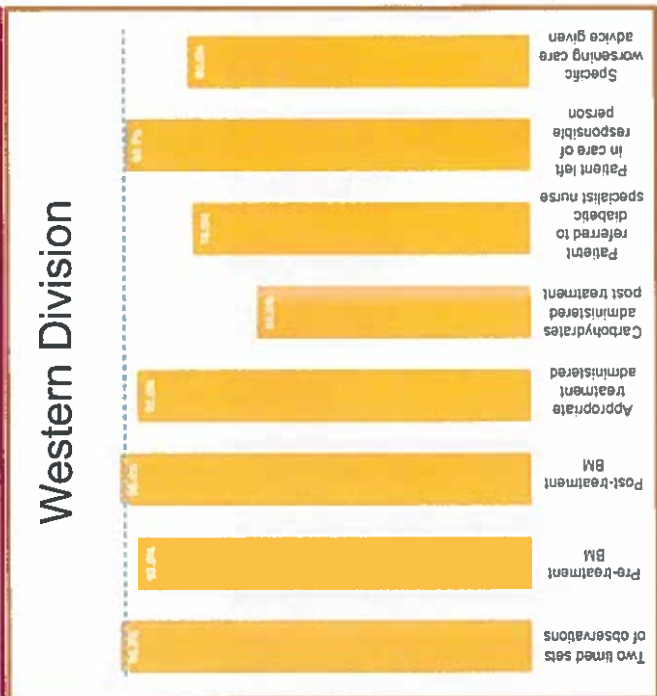
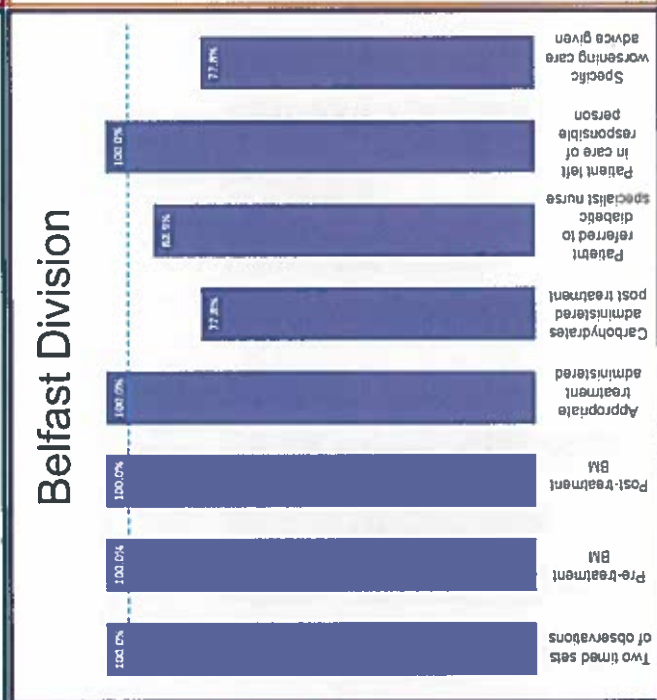
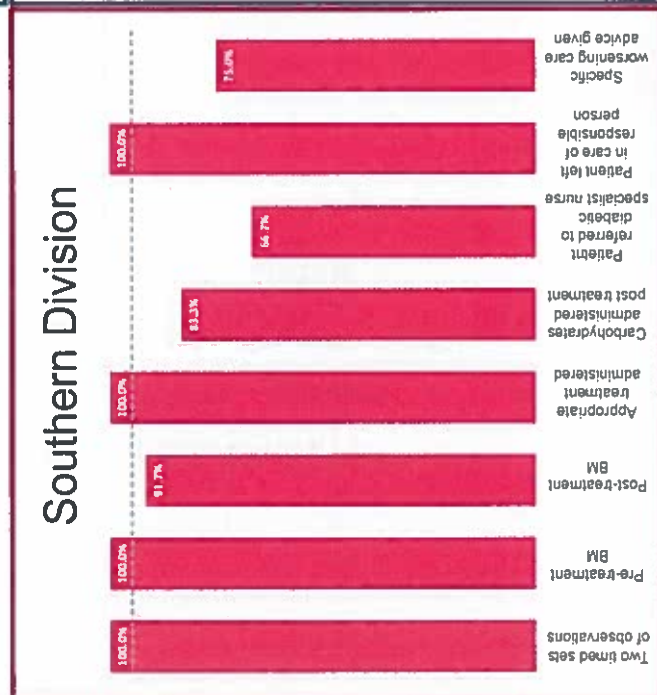
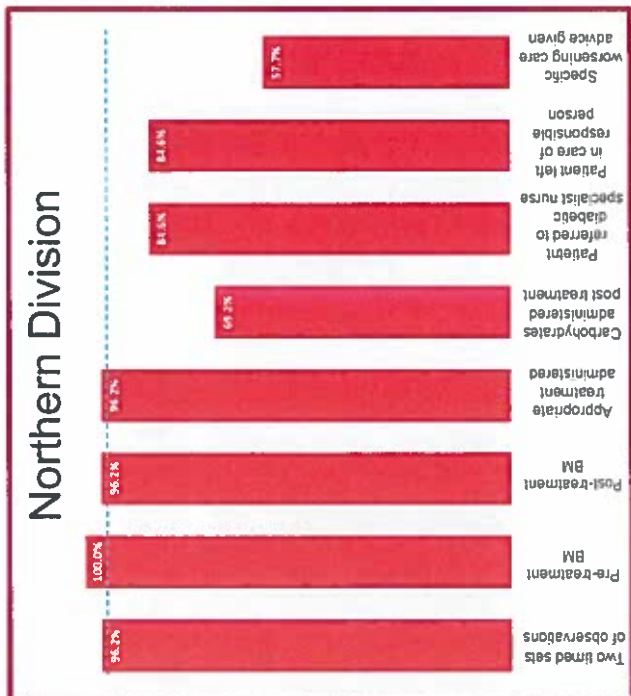
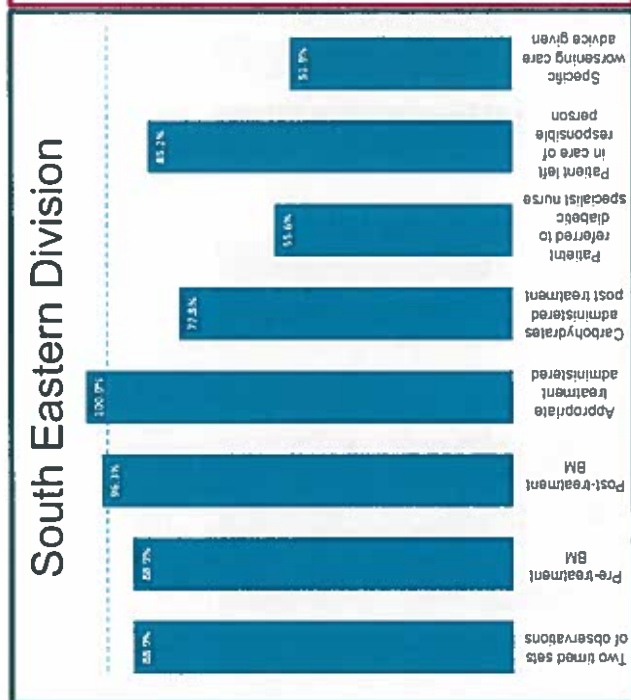


Western Division





Hypoglycaemia Quality Improvement Compliance by Division (May 2016)





ACS Audit - NI Comparative

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Two timed sets of basic observations	95%	99.2%	94.8%	96.9%									
Pre AND post treatment pain scores recorded	95%	72.4%	68.2%	72.4%									
Aspirin administered as per JRCALC guidance	95%	94.0%	83.4%	89.5%									
GTN administered as per JRCALC guidance	95%	89.2%	89.5%	96.9%									
Appropriate analgesia administered e.g. Entonox / morphine	95%	63.0%	78.2%	78.2%									
12 lead ECG recorded and interpreted	95%	95.4%	95.8%	96.9%									
Patients with a confirmed STEMI transported direct to cath lab	95%	97.7%	94.8%	96.9%									
Total PRFs audited		131	191	64									

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

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Audit based on Date of PRF - Audit Date: 30/Jun/16

Standard	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
ALTNAGELVIN	7	6	0									
ANTRIM	1	12	0									
ARDOYNE	0	6	6									
ARMAGH	7	2	0									
BALLYCASTLE	7	6	0									
BALLYGAWLEY	0	0	0									
BALLYMENA	10	6	0									
BALLYMONEY	8	6	0									
BALLYNAHINCH	0	0	0									
BANBRIDGE	0	6	0									
BANGOR	0	7	6									
BROADWAY	0	6	2									
CARRICKFERGUS	0	23	6									
CASTLEDERG	0	3	1									
COLERAINE	6	6	0									
COOKSTOWN	6	5	4									
CRAIGAVON	0	6	0									
DERRIAGHY	0	6	0									
DOWNPATRICK	0	7	1									
DUNGANNON	7	5	1									
ENNISKILLEN	4	11	8									
KILKEEL	7	0	0									
LARNE	0	7	6									
LMNAVADY	7	6	0									
LISBURN	0	6	0									
MAGHERAFELT	24	7	6									
NEWCASTLE	0	1	0									
NEWRY	0	5	0									
NEWTOWARDS	0	7	6									
OMAGH	7	0	0									
PURDYSBURN	9	0	2									
STRABANE	5	1	0									
THE BRIDGE	8	9	3									
WHITEABBEY	1	7	6									
Total PRF's audited	131	191	64									

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Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Two timed sets of basic observations	95%	100.0%	95.2%	92.3%									
Pre AND post treatment pain scores recorded	95%	83.3%	44.4%	88.9%									
Aspirin administered as per JRCALC guidance	95%	94.1%	100.0%	88.9%									
GTN administered as per JRCALC guidance	95%	94.1%	95.2%	100.0%									
Appropriate analgesia administered e.g. Entonox / morphine	95%	76.2%	55.6%	55.6%									
12 lead ECG recorded and interpreted	95%	94.1%	100.0%	100.0%									
Patients with a confirmed STEMI transported direct to cath lab	95%	100.0%	88.9%	88.9%									
Total PRF's audited		17	21	13									

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ACS Audit - South Eastern Comparative

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Two timed sets of basic observations	95%	No Data	91.2%	100.0%									
Pre AND post treatment pain scores recorded	95%	No Data	46.2%	0.0%									
Aspirin administered as per JRCALC guidance	95%	No Data	46.2%	100.0%									
GTN administered as per JRCALC guidance	95%	No Data	46.2%	100.0%									
Appropriate analgesia administered e.g. Entonox / morphine	95%	No Data	46.2%	100.0%									
12 lead ECG recorded and interpreted	95%	No Data	46.2%	100.0%									
Patients with a confirmed STEMI transported direct to cath lab	95%	No Data	100.0%	100.0%									
Total PRF's audited		0	34	13									

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ACS Audit - Northern Comparative

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Two timed sets of basic observations	95%	100.0%	100.0%	96.4%									
Pre AND post treatment pain scores recorded	95%	98.4%	95.2%	96.4%									
Aspirin administered as per JRCALC guidance	95%	98.4%	96.4%	96.4%									
GTN administered as per JRCALC guidance	95%	98.4%	90.6%	96.4%									
Appropriate analgesia administered e.g. Entonox / morphine	95%	98.4%	95.2%	96.4%									
12 lead ECG recorded and interpreted	95%	98.4%	97.6%	97.9%									
Patients with a confirmed STEMI transported direct to cath lab	95%	98.4%	100.0%	100.0%									
Total PRF's audited		63	85	28									

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ACS Audit - Southern Comparative

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Two timed sets of basic observations	95%	100.0%	85.7%	100.0%	100.0%								
Pre AND post treatment pain scores recorded	95%	93.8%	93.8%	93.8%	93.8%								
Aspirin administered as per JRCALC guidance	95%	95.2%	100.0%	100.0%	100.0%								
GTN administered as per JRCALC guidance	95%	89.7%	95.8%	100.0%	100.0%								
Appropriate analgesia administered e.g. Entonox / morphine	95%	89.7%	93.8%	100.0%	100.0%								
12 lead ECG recorded and interpreted	95%	100.0%	100.0%	100.0%	100.0%								
Patients with a confirmed STEMI transported direct to cath lab	95%	90.5%	93.8%	100.0%	100.0%								
Total PRF's audited		21	24	1									

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ACS Audit - Western Comparative

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Two timed sets of basic observations	95%	96.7%	92.6%	100.0%									
Pre AND post treatment pain scores recorded	95%	96.7%	96.7%	96.7%									
Aspirin administered as per JRCALC guidance	95%	96.7%	96.7%	96.7%									
GTN administered as per JRCALC guidance	95%	96.7%	96.7%	96.7%									
Appropriate analgesia administered e.g. Entonox / morphine	95%	96.7%	96.7%	96.7%									
12 lead ECG recorded and interpreted	95%	96.7%	92.6%	100.0%									
Patients with a confirmed STEMI transported direct to cath lab	95%	100.0%	100.0%	100.0%									
Total PRF's audited		30	27	9									

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Northern Ireland Ambulance Service
Health and Social Care Trust

ACS Audit May

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Belfast	South Eastern	Northern	Southern	Western	NI Total
Two timed sets of basic observations	95%	95.2%	91.2%	100.0%	88.8%	92.6%	94.8%
Pre AND post treatment pain scores recorded	95%	97.8%	88.1%	95.8%	76.8%	78.3%	86.8%
Aspirin administered as per JRCALC guidance	95%	100.0%	76.5%	98.7%	100.0%	98.9%	97.8%
GTN administered as per JRCALC guidance	95%	95.2%	88.8%	90.6%	95.8%	98.2%	96.7%
Appropriate analgesia administered e.g. Entonox / morphine	95%	97.8%	82.5%	88.8%	85.8%	85.2%	88.8%
12 lead ECG recorded and interpreted	95%	100.0%	98.2%	97.6%	100.0%	92.6%	95.8%
Patients with a confirmed STEMI transported direct to cath lab	95%	98.2%	100.0%	100.0%	76.8%	100.0%	94.8%

Produced by NIAS Information Department
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Northern Ireland Ambulance Service
Health and Social Care Trust

ACS Audit June

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Belfast	South Eastern	Northern	Southern	Western	NI Total
Two timed sets of basic observations	95%	92.3%	100.0%	96.4%	100.0%	100.0%	96.9%
Pre AND post treatment pain scores recorded	95%	83.3%	96.4%	83.1%	83.3%	83.3%	84.4%
Aspirin administered as per JRCALC guidance	95%	84.6%	100.0%	95.7%	100.0%	88.9%	89.5%
GTN administered as per JRCALC guidance	95%	100.0%	100.0%	95.4%	100.0%	88.9%	96.9%
Appropriate analgesia administered e.g. Entonox / morphine	95%	83.3%	100.0%	83.1%	100.0%	88.9%	88.1%
12 lead ECG recorded and interpreted	95%	100.0%	100.0%	92.9%	100.0%	100.0%	96.9%
Patients with a confirmed STEMI transported direct to cath lab	95%	84.6%	100.0%	100.0%	100.0%	100.0%	96.9%

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Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic observations	20	1	0	0	21	95.0%	95.2%
Pre AND post treatment pain scores recorded	9	11	1	0	21	95.0%	47.6%
Aspirin administered as per JRCALC guidance	16	0	5	0	21	95.0%	100.0%
GTN administered as per JRCALC guidance	17	1	3	0	21	95.0%	95.2%
Appropriate analgesia administered e.g. Entonox / morphine	5	9	7	0	21	95.0%	57.1%
12 lead ECG recorded and interpreted	21	0	0	0	21	95.0%	100.0%
Patients with a confirmed STEMI transported direct to cath lab	3	5	13	0	21	95.0%	76.2%

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Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic observations	11	1	1	0	13	95.0%	92.3%
Pre AND post treatment pain scores recorded	5	5	3	0	13	95.0%	61.5%
Aspirin administered as per JRCALC guidance	8	2	3	0	13	95.0%	84.6%
GTN administered as per JRCALC guidance	9	0	4	0	13	95.0%	100.0%
Appropriate analgesia administered e.g. Entonox / morphine	4	6	3	0	13	95.0%	53.8%
12 lead ECG recorded and interpreted	13	0	0	0	13	95.0%	100.0%
Patients with a confirmed STEMI transported direct to cath lab	2	2	9	0	13	95.0%	84.6%

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Northern Ireland Ambulance Service
Health and Social Care Trust



ACS Audit South Eastern Division May

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic observations	31	3	0	0	34	95.0%	91.2%
Pre AND post treatment pain scores recorded	13	19	2	0	34	95.0%	40.1%
Aspirin administered as per JRCALC guidance	22	8	4	0	34	95.0%	76.5%
GTN administered as per JRCALC guidance	22	6	6	0	34	95.0%	85.4%
Appropriate analgesia administered e.g. Entonox / morphine	10	16	8	0	34	95.0%	52.9%
12 lead ECG recorded and interpreted	29	4	1	0	34	95.0%	85.2%
Patients with a confirmed STEMI transported direct to cath lab	2	0	32	0	34	95.0%	100.0%

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Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic observations	13	0	0	0	13	95.0%	100.0%
Pre AND post treatment pain scores recorded	10	3	0	0	13	95.0%	76.9%
Aspirin administered as per JRCALC guidance	12	0	1	0	13	95.0%	100.0%
GTN administered as per JRCALC guidance	11	0	2	0	13	95.0%	100.0%
Appropriate analgesia administered e.g. Entonox / morphine	5	0	8	0	13	95.0%	100.0%
12 lead ECG recorded and interpreted	13	0	0	0	13	95.0%	100.0%
Patients with a confirmed STEMI transported direct to cath lab	3	0	10	0	13	95.0%	100.0%

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Percentage figures are rounded.



Northern Ireland Ambulance Service
Health and Social Care Trust



ACS Audit Northern Division May

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic observations	85	0	0	0	85	95.0%	100.0%
Pre AND post treatment pain scores recorded	58	21	6	0	85	95.0%	75.3%
Aspirin administered as per JRCALC guidance	61	13	11	0	85	95.0%	84.7%
GTN administered as per JRCALC guidance	52	8	25	0	85	95.0%	90.6%
Appropriate analgesia administered e.g. Entonox / morphine	30	18	37	0	85	95.0%	76.8%
12 lead ECG recorded and interpreted	82	2	1	0	85	95.0%	97.6%
Patients with a confirmed STEMI transported direct to cath lab	9	0	76	0	85	95.0%	100.0%

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Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic observations	27	1	0	0	28	95.0%	96.4%
Pre AND post treatment pain scores recorded	20	5	3	0	28	95.0%	82.1%
Aspirin administered as per JRCALC guidance	21	4	3	0	28	95.0%	85.7%
GTN administered as per JRCALC guidance	17	1	10	0	28	95.0%	96.4%
Appropriate analgesia administered e.g. Entonox / morphine	11	5	12	0	28	95.0%	82.1%
12 lead ECG recorded and interpreted	26	2	0	0	28	95.0%	92.9%
Patients with a confirmed STEMI transported direct to cath lab	3	0	25	0	28	95.0%	100.0%

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Northern Ireland Ambulance Service
Health and Social Care Trust



ACS Audit Southern Division May

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic observations	20	4	0	0	24	95.0%	83.3%
Pre AND post treatment pain scores recorded	16	7	1	0	24	95.0%	70.8%
Aspirin administered as per JRCALC guidance	20	0	4	0	24	95.0%	100.0%
GTN administered as per JRCALC guidance	17	1	6	0	24	95.0%	95.8%
Appropriate analgesia administered e.g. Entonox / morphine	9	6	9	0	24	95.0%	75.0%
12 lead ECG recorded and interpreted	24	0	0	0	24	95.0%	100.0%
Patients with a confirmed STEMI transported direct to cath lab	1	5	18	0	24	95.0%	79.2%

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Northern Ireland Ambulance Service
Health and Social Care Trust



ACS Audit Southern Division June

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic observations	1	0	0	0	1	95.0%	100.0%
Pre AND post treatment pain scores recorded	0	1	0	0	1	95.0%	0.0%
Aspirin administered as per JRCALC guidance	0	0	1	0	1	95.0%	100.0%
GTN administered as per JRCALC guidance	1	0	0	0	1	95.0%	100.0%
Appropriate analgesia administered e.g. Entonox / morphine	0	0	1	0	1	95.0%	100.0%
12 lead ECG recorded and interpreted	1	0	0	0	1	95.0%	100.0%
Patients with a confirmed STEMI transported direct to cath lab	0	0	1	0	1	95.0%	100.0%

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Northern Ireland Ambulance Service
Health and Social Care Trust



ACS Audit Western Division May

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic observations	25	2	0	0	27	95.0%	92.6%
Pre AND post treatment pain scores recorded	13	7	7	0	27	95.0%	74.1%
Aspirin administered as per JRCALC guidance	19	3	5	0	27	95.0%	88.9%
GTN administered as per JRCALC guidance	9	4	14	0	27	95.0%	85.2%
Appropriate analgesia administered e.g. Entonox / morphine	6	4	17	0	27	95.0%	85.2%
12 lead ECG recorded and interpreted	25	2	0	0	27	95.0%	92.6%
Patients with a confirmed STEMI transported direct to cath lab	3	0	24	0	27	95.0%	100.0%

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Northern Ireland Ambulance Service
Health and Social Care Trust



ACS Audit Western Division June

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic observations	9	0	0	0	9	95.0%	100.0%
Pre AND post treatment pain scores recorded	7	1	1	0	9	95.0%	88.9%
Aspirin administered as per JRCALC guidance	7	1	1	0	9	95.0%	88.9%
GTN administered as per JRCALC guidance	6	1	2	0	9	95.0%	88.9%
Appropriate analgesia administered e.g. Entonox / morphine	2	3	4	0	9	95.0%	66.7%
12 lead ECG recorded and interpreted	9	0	0	0	9	95.0%	100.0%
Patients with a confirmed STEMI transported direct to cath lab	0	0	9	0	9	95.0%	100.0%

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Falls Audit - NI Compative

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Two timed sets of basic observations	95%	95.1%	90.1%	98.1%									
BM recorded	95%	85.5%	88.5%	91.5%									
FAST recorded	95%	71.2%	88.2%	74.2%									
Assessment to the cause of fall documented	95%	85.7%	88.2%	91.8%									
History of falls recorded	95%	84.2%	81.2%	74.2%									
12 lead ECG recorded and interpreted	95%	84.2%	88.2%	81.2%									
Assessment of mobility recorded	95%	81.2%	88.2%	81.2%									
Patient referred to falls team	95%	81.2%	88.2%	88.2%									
Patient left in care of responsible person	95%	71.2%	74.2%	81.2%									
Appropriate worsening care advice given	95%	74.2%	81.2%	88.2%									
Total PRF's audited		72	143	73									

Total PRF's audited

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Audit based on Date of PRF - Audit Date: 30/Jun/16

Standard	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
ALTRIM	7	7	7									
ANTRIM	0	1	0									
ARDYNE	0	7	6									
ARMAGH	6	5	0									
BALLYCASTLE	3	5	0									
BALLYGAWLEY	0	0	0									
BALLYMENA	4	3	0									
BALLYMONEY	2	1	2									
BALLYNAHINCH	0	0	0									
BANBRIDGE	0	3	0									
BANGOR	0	7	7									
BROADWAY	0	5	4									
CARRICKFERGUS	0	5	5									
CASTLEDERG	0	1	2									
COLERAINE	7	7	0									
COOKSTOWN	2	0	0									
CRAIGAVON	0	4	0									
DERRIAGHY	0	7	0									
DOWNPATRICK	0	6	3									
DUNGANNON	6	7	0									
ENNISKILLEN	3	9	4									
KILKEEL	2	1	0									
LARNE	0	5	8									
LIMAVADY	1	7	0									
LISBURN	0	7	0									
MAGHERAFELT	6	4	2									
NEWCASTLE	0	1	1									
NEWRY	0	1	0									
NEWTOWNARDS	0	7	7									
OMAGH	9	4	3									
PURDYSBURN	5	4	3									
STRABANE	4	0	2									
THE BRIDGE	5	8	6									
WHITEABBEY	0	4	1									
Total PRF's audited	72	143	73									

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Date Declared

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Northern Ireland Ambulance Service
Health and Social Care Trust



Falls Audit - Belfast Compative

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Two timed sets of basic observations	95%	98.8%	98.8%	98.8%									
BM recorded	95%	90.0%	97.5%	97.5%									
FAST recorded	95%	98.8%	97.5%	98.2%									
Assessment to the cause of fall documented	95%	100.0%	98.8%	98.8%									
History of falls recorded	95%	97.5%	98.8%	98.2%									
12 lead ECG recorded and interpreted	95%	97.5%	97.5%	98.8%									
Assessment of mobility recorded	95%	90.0%	98.8%	98.8%									
Patient referred to falls team	95%												
Patient left in care of responsible person	95%	97.5%	91.3%	93.8%									
Appropriate worsening care advice given	95%	98.8%	98.8%	98.8%									
Total PRF's audited		10	24	19									

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Falls Audit - South Eastern Compative

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Two timed sets of basic observations	95%	No Data	94.4%	94.4%									
BM recorded	95%	No Data	91.4%	94.4%									
FAST recorded	95%	No Data	97.3%	94.4%									
Assessment to the cause of fall documented	95%	No Data	91.4%	94.4%									
History of falls recorded	95%	No Data	94.4%	94.4%									
12 lead ECG recorded and interpreted	95%	No Data	94.4%	94.4%									
Assessment of mobility recorded	95%	No Data	94.4%	94.4%									
Patient referred to falls team	95%	No Data	94.4%	94.4%									
Patient left in care of responsible person	95%	No Data	94.4%	94.4%									
Appropriate worsening care advice given	95%	No Data	94.4%	94.4%									
Total PRF's audited		0	35	18									

Total PRF's audited

18

0

35

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Falls Audit - Northern Compative

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Two timed sets of basic observations	95%	91.7%	94.1%	100.0%									
BM recorded	95%	91.5%	91.5%	100.0%									
FAST recorded	95%	96.3%	96.3%	96.3%									
Assessment to the cause of fall documented	95%	75.0%	93.3%	94.4%									
History of falls recorded	95%	77.3%	93.3%	96.3%									
12 lead ECG recorded and interpreted	95%	96.3%	96.3%	96.3%									
Assessment of mobility recorded	95%	91.5%	93.3%	96.3%									
Patient referred to falls team	95%	96.3%	96.3%	96.3%									
Patient left in care of responsible person	95%	96.3%	96.3%	97.8%									
Appropriate worsening care advice given	95%	93.3%	93.3%	96.3%									
Total PRF's audited		24	34	18									

Total PRF's audited

18

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Falls Audit - Southern Compative

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Two timed sets of basic observations	95%	91.4%	95.2%	No data									
BM recorded	95%	98.4%	90.5%	No data									
FAST recorded	95%	94.4%	90.5%	No data									
Assessment to the cause of fall documented	95%	92.3%	90.5%	No data									
History of falls recorded	95%	90.2%	94.4%	No data									
12 lead ECG recorded and interpreted	95%	93.3%	94.4%	No data									
Assessment of mobility recorded	95%	93.4%	95.4%	No data									
Patient referred to falls team	95%	96.4%	95.4%	No data									
Patient left in care of responsible person	95%	96.4%	96.4%	No data									
Appropriate worsening care advice given	95%	94.4%	94.4%	No data									
Total PRF's audited		14	21	0									

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Falls Audit - Western Compative

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Two timed sets of basic observations	95%	91.7%	92.6%	94.4%									
BIM recorded	95%	94.4%	93.3%	93.3%									
FAST recorded	95%	74.4%	71.8%	84.4%									
Assessment to the cause of fall documented	95%	93.3%	96.2%	98.9%									
History of falls recorded	95%	94.4%	94.4%	94.4%									
12 lead ECG recorded and interpreted	95%	93.3%	93.3%	93.3%									
Assessment of mobility recorded	95%	94.4%	94.4%	94.4%									
Patient referred to falls team	95%	94.4%	94.4%	94.4%									
Patient left in care of responsible person	95%	94.4%	92.3%	94.1%									
Appropriate worsening care advice given	95%	94.4%	94.4%	94.4%									
Total PRF's audited		24	27	17									

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Falls Audit May

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Belfast	South Eastern	Northern	Southern	Western	NI Total
Two timed sets of basic observations	95%	94.2%	94.4%	94.1%	95.2%	92.6%	90.1%
BM recorded	95%	91.2%	91.4%	89.5%	90.5%	88.0%	84.8%
FAST recorded	95%	81.5%	79.7%	88.8%	88.7%	81.8%	80.0%
Assessment to the cause of fall documented	95%	86.4%	91.4%	82.0%	90.5%	96.2%	86.3%
History of falls recorded	95%	79.4%	82.4%	25.4%	11.5%	48.4%	11.3%
12 lead ECG recorded and interpreted	95%	81.4%	48.0%	46.0%	14.5%	12.8%	28.1%
Assessment of mobility recorded	95%	86.4%	91.4%	82.8%	90.5%	96.2%	86.3%
Patient referred to falls team	95%	87.4%	88.4%	24.8%	32.5%	48.0%	33.2%
Patient left in care of responsible person	95%	83.4%	48.0%	46.2%	14.5%	12.8%	28.1%
Appropriate worsening care advice given	95%	88.5%	85.5%	25.4%	52.0%	40.2%	38.2%

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Northern Ireland Ambulance Service
Health and Social Care Trust



Falls Audit June

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Belfast	South Eastern	Northern	Southern	Western	NI Total
Two timed sets of basic observations	95%	74.7%	88.9%	100.0%		84.4%	86.1%
BM recorded	95%	87.8%	94.4%	100.0%		89.7%	91.5%
FAST recorded	95%	53.3%	22.2%	33.3%		86.7%	29.4%
Assessment to the cause of fall documented	95%	87.5%	94.4%	94.4%		85.5%	91.8%
History of falls recorded	95%	66.7%	33.3%	50.0%		33.3%	33.3%
12 lead ECG recorded and interpreted	95%	33.3%	87.5%	66.6%		20.0%	52.0%
Assessment of mobility recorded	95%	66.7%	86.7%	66.7%		94.4%	61.6%
Patient referred to falls team	95%		93.3%	66.6%		30.0%	36.2%
Patient left in care of responsible person	95%	93.8%	80.0%	77.8%		94.1%	85.6%
Appropriate worsening care advice given	95%	50.0%	86.7%	11.1%		21.2%	49.3%

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Northern Ireland Ambulance Service
Health and Social Care Trust



Falls Audit Belfast Division May

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic observations	19	5	0	0	24	95.0%	79.2%
BM recorded	21	3	0	0	24	95.0%	87.5%
FAST recorded	21	3	0	0	24	95.0%	87.5%
Assessment to the cause of fall documented	19	3	0	0	22	95.0%	86.4%
History of falls recorded	7	13	0	0	20	95.0%	35.0%
12 lead ECG recorded and interpreted	3	11	0	0	14	95.0%	21.4%
Assessment of mobility recorded	14	9	0	0	23	95.0%	56.5%
Patient referred to falls team	0	0	0	0	0	95.0%	Not done
Patient left in care of responsible person	21	2	0	0	23	95.0%	91.3%
Appropriate worsening care advice given	13	9	0	0	22	95.0%	59.1%

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Northern Ireland Ambulance Service
Health and Social Care Trust



Falls Audit Belfast Division June

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic observations	14	5	0	0	19	95.0%	74.7%
BM recorded	15	3	0	0	18	95.0%	83.3%
FAST recorded	14	5	0	0	19	95.0%	73.7%
Assessment to the cause of fall documented	17	2	0	0	19	95.0%	89.5%
History of falls recorded	7	8	0	0	15	95.0%	46.7%
12 lead ECG recorded and interpreted	3	9	0	0	12	95.0%	25.0%
Assessment of mobility recorded	13	6	0	0	19	95.0%	68.4%
Patient referred to falls team	0	0	0	0	0	95.0%	
Patient left in care of responsible person	15	1	0	0	16	95.0%	93.8%
Appropriate worsening care advice given	12	5	0	0	17	95.0%	70.6%

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Falls Audit South Eastern Division May

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic observations	31	4	0	0	35	95.0%	88.6%
BM recorded	32	3	0	0	35	95.0%	91.4%
FAST recorded	27	8	0	0	35	95.0%	77.1%
Assessment to the cause of fall documented	32	3	0	0	35	95.0%	91.4%
History of falls recorded	10	25	0	0	35	95.0%	28.6%
12 lead ECG recorded and interpreted	6	9	0	0	15	95.0%	40.0%
Assessment of mobility recorded	21	14	0	0	35	95.0%	60.0%
Patient referred to falls team	9	23	0	0	32	95.0%	28.1%
Patient left in care of responsible person	25	10	0	0	35	95.0%	71.4%
Appropriate worsening care advice given	12	23	0	0	35	95.0%	34.3%

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Tel: 028 9040 0710 - Fax: 028 9040 0908 - Email: statistics@nias.hscni.net

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Percentage figures are rounded.



Northern Ireland Ambulance Service
Health and Social Care Trust



Falls Audit South Eastern Division June

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic observations	16	2	0	0	18	95.0%	88.9%
BM recorded	17	1	0	0	18	95.0%	94.4%
FAST recorded	13	5	0	0	18	95.0%	72.2%
Assessment to the cause of fall documented	17	1	0	0	18	95.0%	94.4%
History of falls recorded	2	16	0	0	18	95.0%	11.1%
12 lead ECG recorded and interpreted	7	1	0	0	8	95.0%	87.5%
Assessment of mobility recorded	12	6	0	0	18	95.0%	66.7%
Patient referred to falls team	7	10	0	0	17	95.0%	41.2%
Patient left in care of responsible person	12	5	0	0	17	95.0%	70.6%
Appropriate worsening care advice given	12	6	0	0	18	95.0%	66.7%

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Northern Ireland Ambulance Service
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Falls Audit Northern Division May

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic observations	32	2	0	0	34	95.0%	94.1%
BM recorded	26	8	0	0	34	95.0%	76.5%
FAST recorded	31	4	0	0	35	95.0%	88.6%
Assessment to the cause of fall documented	29	6	0	0	35	95.0%	82.9%
History of falls recorded	7	27	0	0	34	95.0%	20.6%
12 lead ECG recorded and interpreted	15	17	0	0	32	95.0%	46.9%
Assessment of mobility recorded	8	23	0	0	31	95.0%	25.8%
Patient referred to falls team	9	19	0	0	28	95.0%	32.1%
Patient left in care of responsible person	21	14	0	0	35	95.0%	60.0%
Appropriate worsening care advice given	7	20	0	0	27	95.0%	25.9%

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Northern Ireland Ambulance Service
Health and Social Care Trust



Falls Audit Northern Division June

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic observations	18	0	0	0	18	95.0%	100.0%
BM recorded	18	0	0	0	18	95.0%	100.0%
FAST recorded	15	3	0	0	18	95.0%	83.3%
Assessment to the cause of fall documented	17	1	0	0	18	95.0%	94.4%
History of falls recorded	9	9	0	0	18	95.0%	50.0%
12 lead ECG recorded and interpreted	11	5	0	0	16	95.0%	68.8%
Assessment of mobility recorded	12	6	0	0	18	95.0%	66.7%
Patient referred to falls team	7	4	0	0	11	95.0%	63.6%
Patient left in care of responsible person	14	4	0	0	18	95.0%	77.8%
Appropriate worsening care advice given	6	10	0	0	16	95.0%	37.5%

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Falls Audit Southern Division May

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic observations	20	1	0	0	21	95.0%	95.2%
BM recorded	19	2	0	0	21	95.0%	90.5%
FAST recorded	14	7	0	0	21	95.0%	66.7%
Assessment to the cause of fall documented	19	2	0	0	21	95.0%	90.5%
History of falls recorded	7	14	0	0	21	95.0%	33.3%
12 lead ECG recorded and interpreted	3	18	0	0	21	95.0%	14.3%
Assessment of mobility recorded	11	9	0	0	20	95.0%	55.0%
Patient referred to falls team	7	10	0	0	17	95.0%	41.2%
Patient left in care of responsible person	16	5	0	0	21	95.0%	76.2%
Appropriate worsening care advice given	11	9	0	0	20	95.0%	55.0%

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Northern Ireland Ambulance Service
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Falls Audit Southern Division June

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic observations	0	0	0	0	0	95.0%	
BM recorded	0	0	0	0	0	95.0%	
FAST recorded	0	0	0	0	0	95.0%	
Assessment to the cause of fall documented	0	0	0	0	0	95.0%	
History of falls recorded	0	0	0	0	0	95.0%	
12 lead ECG recorded and interpreted	0	0	0	0	0	95.0%	
Assessment of mobility recorded	0	0	0	0	0	95.0%	
Patient referred to falls team	0	0	0	0	0	95.0%	
Patient left in care of responsible person	0	0	0	0	0	95.0%	
Appropriate worsening care advice given	0	0	0	0	0	95.0%	

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Northern Ireland Ambulance Service
Health and Social Care Trust



Falls Audit Western Division May

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic observations	25	2	0	0	27	95.0%	92.6%
BM recorded	20	5	0	0	25	95.0%	88.0%
FAST recorded	21	6	0	0	27	95.0%	77.8%
Assessment to the cause of fall documented	25	1	0	0	26	95.0%	96.2%
History of falls recorded	12	13	0	0	25	95.0%	48.0%
12 lead ECG recorded and interpreted	3	21	0	0	24	95.0%	12.5%
Assessment of mobility recorded	15	12	0	0	27	95.0%	55.6%
Patient referred to falls team	1	11	0	0	12	95.0%	8.4%
Patient left in care of responsible person	24	2	0	0	26	95.0%	92.3%
Appropriate worsening care advice given	11	16	0	0	27	95.0%	40.7%

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Northern Ireland Ambulance Service
Health and Social Care Trust



Falls Audit Western Division June

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic observations	14	3	0	0	17	95.0%	82.4%
BM recorded	15	2	0	0	17	95.0%	88.2%
FAST recorded	12	6	0	0	18	95.0%	66.7%
Assessment to the cause of fall documented	16	2	0	0	18	95.0%	88.9%
History of falls recorded	6	11	0	0	17	95.0%	35.3%
12 lead ECG recorded and interpreted	5	9	0	0	14	95.0%	35.7%
Assessment of mobility recorded	8	10	0	0	18	95.0%	44.4%
Patient referred to falls team	0	8	0	0	8	95.0%	0.0%
Patient left in care of responsible person	16	1	0	0	17	95.0%	94.1%
Appropriate worsening care advice given	4	14	0	0	18	95.0%	22.2%

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HYPOGLYCAEMIA Audit - NI

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Two timed sets of basic obs (pulse; respiratory rate; SpO ₂ ; blood pressure and GCS)	95%	95.6%	90.2%	92.3%									
Pre-treatment BM recorded	95%	97.8%	95.1%	100.0%									
Post-treatment BM recorded	95%	95.6%	97.6%	96.2%									
Appropriate treatment administered relevant to patient age and GCS. Treatment options to consider hypostop; IM glucagon; IV glucose	95%	95.6%	97.6%	92.3%									
Carbohydrates administered post treatment	95%	75.0%	75.0%	75.0%									
Patient referred to diabetic appropriate care pathway	95%	77.8%	84.8%	92.3%									
Patient left in care of responsible person	95%	88.9%	88.9%	92.3%									
Appropriate worsening care advice given	95%	88.9%	88.9%	88.9%									
Total PRF's audited		45	82	26									

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HYPOGLYCAEMIA Audit - NI

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
ALTNAGELVIN	7	7	5									
ANTRIM	0	2	0									
ARDYNE	0	6	3									
ARMAGH	3	0	0									
BALLYCASTLE	3	2	0									
BALLYGAWLEY	0	0	0									
BALLYMENA	4	4	0									
BALLYMONEY	2	0	2									
BALLYMURCH	0	0	0									
BANBRIDGE	0	2	0									
BANGOR	0	7	2									
BROADWAY	0	1	2									
CARRICKFERGUS	0	0	1									
CASTLEDERG	0	1	0									
COLEMAN	3	1	0									
COOKSTOWN	1	1	1									
CRAIGAVON	0	5	0									
DERRIAGHY	0	1	0									
DOWPATRICK	0	6	0									
DUNGANNON	4	3	0									
ENISKILLEN	1	5	3									
KILKEEL	0	0	0									
LARNE	0	2	2									
LIMAVADY	2	0	1									
LISBURN	0	5	0									
MAGHERAFELT	4	0	1									
NEWCASTLE	0	1	0									
NEWRY	0	3	0									
NEWTOWNARDS	0	7	0									
OMAGH	6	0	0									
PURDYSBURN	0	3	2									
STRABANE	1	2	0									
THE BRIDGE	0	5	0									
WHITEABBEY	0	0	1									
Total PRF's audited	45	62	28									

Produced by MAS Information Department

Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SQ.

Tel: 028 9640 0710 - Fax: 028 9640 0906 - Email: statistics@nias.hscni.net

Date: 30/06/2016

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HYPOGLYCAEMIA Audit - Belfast

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Two timed sets of basic obs (pulse; respiratory rate; SpO2; blood pressure and GCS)	95%	No Data	93.3%	95.4%									
Pre-treatment BM recorded	95%	No Data	100.0%	100.0%									
Post-treatment BM recorded	95%	No Data	100.0%	96.7%									
Appropriate treatment administered relevant to patient age and GCS. Treatment options to consider hypostop; IM glucagon; IV glucose	95%	No Data	100.0%	100.0%									
Carbohydrates administered post treatment	95%	No Data	86.7%	75.0%									
Patient referred to diabetic appropriate care pathway	95%	No Data	66.7%	75.0%									
Patient left in care of responsible person	95%	No Data	100.0%	96.7%									
Appropriate worsening care advice given	95%	No Data	86.7%	96.7%									
Total PRF's audited		0	15	7									

Produced by NIAS Information Department
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HYPOGLYCAEMIA Audit - South Eastern Comparative

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Two timed sets of basic obs (pulse; respiratory rate; SpO2; blood pressure and GCS)	95%	No Data	88.9%	100.0%									
Pre-treatment BM recorded	95%	No Data	88.9%	100.0%									
Post-treatment BM recorded	95%	No Data	96.3%	100.0%									
Appropriate treatment administered relevant to patient age and GCS. Treatment options to consider hypostop; IM glucagon; IV glucose	95%	No Data	100.0%	100.0%									
Carbohydrates administered post treatment	95%	No Data	77.8%	50.0%									
Patient referred to diabetic appropriate care pathway	95%	No Data	77.8%	100.0%									
Patient left in care of responsible person	95%	No Data	88.9%	100.0%									
Appropriate worsening care advice given	95%	No Data	88.9%	100.0%									
Total PRF's audited		0	27	2									

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HYPOGLYCAEMIA Audit - Northern Comparative

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Two timed sets of basic obs (pulse; respiratory rate; SpO2; blood pressure and GCS)	95%	95.2%	100.0%	100.0%									
Pre-treatment BM recorded	95%	100.0%	100.0%	100.0%									
Post-treatment BM recorded	95%	95.2%	100.0%	100.0%									
Appropriate treatment administered relevant to patient age and GCS. Treatment options to consider hypostop, IM glucagon; IV glucose	95%	95.2%	100.0%	100.0%									
Carbohydrates administered post treatment	95%	86.3%	86.3%	86.3%									
Patient referred to diabetic appropriate care pathway	95%	95.0%	95.0%	100.0%									
Patient left in care of responsible person	95%	85.7%	91.7%	100.0%									
Appropriate worsening care advice given	95%	86.3%	86.3%	86.3%									
Total PRF's audited		21	12	8									

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HYPOGLYCAEMIA Audit - Southern Comparative

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Two timed sets of basic obs (pulse; respiratory rate; SpO2; blood pressure and GCS)	95%	100.0%	92.3%	No Data									
Pre-treatment BM recorded	95%	100.0%	100.0%	No Data									
Post-treatment BM recorded	95%	100.0%	92.3%	No Data									
Appropriate treatment administered relevant to patient age and GCS. Treatment options to consider hypostop; IM glucagon; IV glucose	95%	100.0%	100.0%	No Data									
Carbohydrates administered post treatment	95%	85.7%	85.7%	No Data									
Patient referred to diabetic appropriate care pathway	95%	85.7%	85.7%	No Data									
Patient left in care of responsible person	95%	100.0%	76.9%	No Data									
Appropriate worsening care advice given	95%	85.7%	85.7%	No Data									
Total PRF's audited		7	13	0									

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HYPOGLYCAEMIA Audit - Western Comparative

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Two timed sets of basic obs (pulse; respiratory rate; SpO ₂ ; blood pressure and GCS)	95%	94.1%	94.1%	100.0%									
Pre-treatment BM recorded	95%	94.1%	93.3%	100.0%									
Post-treatment BM recorded	95%	94.1%	100.0%	100.0%									
Appropriate treatment administered relevant to patient age and GCS. Treatment options to consider hypostop; IM glucagon; IV glucose	95%	94.1%	95.2%	77.8%									
Carbohydrates administered post treatment	95%	78.2%	88.9%	77.8%									
Patient referred to diabetic appropriate care pathway	95%	85.4%	85.2%	100.0%									
Patient left in care of responsible person	95%	85.4%	88.9%	88.9%									
Appropriate worsening care advice given	95%	78.2%	88.9%	88.9%									
Total PRF's audited		17	15	9									

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HYPOGLYCAEMIA Audit May

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Belfast	South Eastern	Northern	Southern	Western	NI Total
Two timed sets of basic obs (pulse; respiratory rate; SpO2; blood pressure and GCS)	95%	93.3%	88.3%	100.0%	92.3%	88.3%	90.2%
Pre-treatment BM recorded	95%	100.0%	88.3%	100.0%	100.0%	93.3%	95.1%
Post-treatment BM recorded	95%	100.0%	96.3%	100.0%	92.3%	100.0%	97.6%
Appropriate treatment administered relevant to patient age and GCS. Treatment options to consider hypostop; IM glucagon; IV glucose	95%	100.0%	100.0%	100.0%	100.0%	88.3%	97.6%
Carbohydrates administered post treatment	95%	88.3%	88.3%	88.3%	88.3%	88.3%	88.3%
Patient referred to diabetic appropriate care pathway	95%	88.3%	88.3%	88.3%	88.3%	88.3%	88.3%
Patient left in care of responsible person	95%	100.0%	88.3%	91.7%	88.3%	88.3%	88.3%
Appropriate worsening care advice given	95%	88.3%	88.3%	88.3%	88.3%	88.3%	88.3%

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HYPOGLYCAEMIA Audit June

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Target	Belfast	South Eastern	Northern	Southern	Western	NI Total
Two timed sets of basic obs (pulse; respiratory rate; SpO2; blood pressure and GCS)	95%	100.0%	100.0%	100.0%	No Data	100.0%	92.3%
Pre-treatment BM recorded	95%	100.0%	100.0%	100.0%	No Data	100.0%	100.0%
Post-treatment BM recorded	95%	86.7%	100.0%	100.0%	No Data	100.0%	96.2%
Appropriate treatment administered relevant to patient age and GCS. Treatment options to consider hypostop; IM glucagon; IV glucose	95%	100.0%	100.0%	100.0%	No Data	100.0%	92.3%
Carbohydrates administered post treatment	95%	86.7%	86.7%	86.7%	No Data	86.7%	86.7%
Patient referred to diabetic appropriate care pathway	95%	86.7%	100.0%	100.0%	No Data	100.0%	92.3%
Patient left in care of responsible person	95%	86.7%	100.0%	100.0%	No Data	86.7%	92.3%
Appropriate worsening care advice given	95%	86.7%	100.0%	86.7%	No Data	86.7%	86.7%

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HYPOGLYCAEMIA Audit Belfast

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic obs (pulse; respiratory rate; SpO ₂ ; blood pressure and GCS)	14	1	0	0	15	95.0%	93.3%
Pre-treatment BM recorded	15	0	0	0	15	95.0%	100.0%
Post-treatment BM recorded	14	0	1	0	15	95.0%	100.0%
Appropriate treatment administered relevant to patient age and GCS. Treatment options to consider hypostop; IM glucagon; IV glucose	11	0	4	0	15	95.0%	100.0%
Carbohydrates administered post treatment	10	2	3	0	15	95.0%	66.7%
Patient referred to diabetic appropriate care pathway	4	5	6	0	15	95.0%	26.7%
Patient left in care of responsible person	10	0	5	0	15	95.0%	100.0%
Appropriate worsening care advice given	5	5	5	0	15	95.0%	33.3%

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Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic obs (pulse; respiratory rate; SpO2; blood pressure and GCS)	5	2	0	0	7	95.0%	71.4%
Pre-treatment BM recorded	7	0	0	0	7	95.0%	100.0%
Post-treatment BM recorded	6	1	0	0	7	95.0%	85.7%
Appropriate treatment administered relevant to patient age and GCS. Treatment options to consider hypostop; IM glucagon; IV glucose	6	0	1	0	7	95.0%	100.0%
Carbohydrates administered post treatment	3	2	2	0	7	95.0%	71.4%
Patient referred to diabetic appropriate care pathway	0	2	5	0	7	95.0%	71.4%
Patient left in care of responsible person	4	1	2	0	7	95.0%	85.7%
Appropriate worsening care advice given	4	1	2	0	7	95.0%	85.7%

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

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Northern Ireland Ambulance Service
Health and Social Care Trust



HYPOGLYCAEMIA Audit

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic obs (pulse; respiratory rate; SpO ₂ ; blood pressure and GCS)	24	3	0	0	27	95.0%	88.9%
Pre-treatment BM recorded	22	3	2	0	27	95.0%	88.9%
Post-treatment BM recorded	26	1	0	0	27	95.0%	96.3%
Appropriate treatment administered relevant to patient age and GCS. Treatment options to consider hypostopi; IM glucagon; IV glucose	23	0	4	0	27	95.0%	100.0%
Carbohydrates administered post treatment	8	6	13	0	27	95.0%	29.6%
Patient referred to diabetic appropriate care pathway	2	12	13	0	27	95.0%	7.4%
Patient left in care of responsible person	13	4	10	0	27	95.0%	48.1%
Appropriate worsening care advice given	4	13	10	0	27	95.0%	14.8%

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Northern Ireland Ambulance Service
Health and Social Care Trust



HYPOGLYCAEMIA Audit

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic obs (pulse; respiratory rate; SpO ₂ ; blood pressure and GCS)	2	0	0	0	2	95.0%	100.0%
Pre-treatment BM recorded	2	0	0	0	2	95.0%	100.0%
Post-treatment BM recorded	2	0	0	0	2	95.0%	100.0%
Appropriate treatment administered relevant to patient age and GCS. Treatment options to consider hypostop; IM glucagon; IV glucose	2	0	0	0	2	95.0%	100.0%
Carbohydrates administered post treatment	1	1	0	0	2	95.0%	50.0%
Patient referred to diabetic appropriate care pathway	0	0	2	0	2	95.0%	0.0%
Patient left in care of responsible person	0	0	2	0	2	95.0%	0.0%
Appropriate worsening care advice given	0	0	2	0	2	95.0%	0.0%

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Northern Ireland Ambulance Service
Health and Social Care Trust



HYPOGLYCAEMIA Audit

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic obs (pulse; respiratory rate; SpO2; blood pressure and GCS)	10	0	2	0	12	95.0%	100.0%
Pre-treatment BM recorded	10	0	2	0	12	95.0%	100.0%
Post-treatment BM recorded	11	0	1	0	12	95.0%	100.0%
Appropriate treatment administered relevant to patient age and GCS. Treatment options to consider hypostop; IM glucagon; IV glucose	9	0	3	0	12	95.0%	100.0%
Carbohydrates administered post treatment	7	3	2	0	12	95.0%	58.3%
Patient referred to diabetic appropriate care pathway	3	3	6	0	12	95.0%	25.0%
Patient left in care of responsible person	8	1	3	0	12	95.0%	91.7%
Appropriate worsening care advice given	1	8	3	0	12	95.0%	8.3%

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Northern Ireland Ambulance Service
Health and Social Care Trust



HYPOGLYCAEMIA Audit

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic obs (pulse; respiratory rate; SpO ₂ ; blood pressure and GCS)	8	0	0	0	8	95.0%	100.0%
Pre-treatment BM recorded	8	0	0	0	8	95.0%	100.0%
Post-treatment BM recorded	8	0	0	0	8	95.0%	100.0%
Appropriate treatment administered relevant to patient age and GCS. Treatment options to consider hypostop; IM glucagon; IV glucose	7	0	1	0	8	95.0%	100.0%
Carbohydrates administered post treatment	3	2	3	0	8	95.0%	37.5%
Patient referred to diabetic appropriate care pathway	0	0	8	0	8	95.0%	0.0%
Patient left in care of responsible person	2	0	6	0	8	95.0%	25.0%
Appropriate worsening care advice given	1	1	6	0	8	95.0%	12.5%

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HYPOGLYCAEMIA Audit

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic obs (pulse; respiratory rate; SpO2; blood pressure and GCS)	11	1	1	0	13	95.0%	92.3%
Pre-treatment BM recorded	13	0	0	0	13	95.0%	100.0%
Post-treatment BM recorded	12	1	0	0	13	95.0%	92.3%
Appropriate treatment administered relevant to patient age and GCS. Treatment options to consider hypostop; IM glucagon; IV glucose	8	0	5	0	13	95.0%	100.0%
Carbohydrates administered post treatment	9	2	2	0	13	95.0%	84.6%
Patient referred to diabetic appropriate care pathway	1	4	8	0	13	95.0%	69.2%
Patient left in care of responsible person	6	3	4	0	13	95.0%	46.2%
Appropriate worsening care advice given	2	7	4	0	13	95.0%	15.4%

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Northern Ireland Ambulance Service
Health and Social Care Trust



HYPOGLYCAEMIA Audit

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic obs (pulse; respiratory rate; SpO ₂ ; blood pressure and GCS)	0	0	0	0	0	95.0%	95.0%
Pre-treatment BM recorded	0	0	0	0	0	95.0%	95.0%
Post-treatment BM recorded	0	0	0	0	0	95.0%	95.0%
Appropriate treatment administered relevant to patient age and GCS. Treatment options to consider hypostop; IM glucagon; IV glucose	0	0	0	0	0	95.0%	95.0%
Carbohydrates administered post treatment	0	0	0	0	0	95.0%	95.0%
Patient referred to diabetic appropriate care pathway	0	0	0	0	0	95.0%	95.0%
Patient left in care of responsible person	0	0	0	0	0	95.0%	95.0%
Appropriate worsening care advice given	0	0	0	0	0	95.0%	95.0%

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HYPOGLYCAEMIA Audit

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic obs (pulse; respiratory rate; SpO2; blood pressure and GCS)	12	3	0	0	15	95.0%	80.0%
Pre-treatment BM recorded	14	1	0	0	15	95.0%	93.3%
Post-treatment BM recorded	15	0	0	0	15	95.0%	100.0%
Appropriate treatment administered relevant to patient age and GCS. Treatment options to consider hypostop; IM glucagon; IV glucose	12	2	1	0	15	95.0%	86.7%
Carbohydrates administered post treatment	3	9	3	0	15	95.0%	20.0%
Patient referred to diabetic appropriate care pathway	6	5	4	0	15	95.0%	40.0%
Patient left in care of responsible person	6	6	3	0	15	95.0%	40.0%
Appropriate worsening care advice given	7	5	3	0	15	95.0%	46.7%

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Northern Ireland Ambulance Service
Health and Social Care Trust



HYPOGLYCAEMIA Audit

Audit based on Date of PRF - Report Date: 30/Jun/16

Standard	Yes	No	Exemption	Data Error	Total	% Target	% Achieved
Two timed sets of basic obs (pulse; respiratory rate; SpO2; blood pressure and GCS)	9	0	0	0	9	95.0%	100.0%
Pre-treatment BM recorded	8	0	1	0	9	95.0%	100.0%
Post-treatment BM recorded	8	0	1	0	9	95.0%	100.0%
Appropriate treatment administered relevant to patient age and GCS. Treatment options to consider hypostop; IM glucagon; IV glucose	4	2	3	0	9	95.0%	44.4%
Carbohydrates administered post treatment	2	2	5	0	9	95.0%	22.2%
Patient referred to diabetic appropriate care pathway	3	0	6	0	9	95.0%	33.3%
Patient left in care of responsible person	3	1	5	0	9	95.0%	33.3%
Appropriate worsening care advice given	4	1	4	0	9	95.0%	44.4%

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TB06 04/08/16



***Minutes of a Meeting of the Assurance Committee Friday 20 May 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
	Ms R O'Hara	Interim Chief Executive
	Mr B McNeill	Director of Operations
	Mr P Nicholson	Assistant Director of Finance & ICT (deputising for Director of Finance & ICT)
	Ms M Lemon	Temporary Director of HR & Corporate Services
	Dr N Ruddell	Assistant Medical Director
	Mrs K Keating	Risk Manager
	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 10 March 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 2 June 2016.

4.0 Matters Arising

4.1 Francis Report Action Plan Progress Report

The Committee noted that the Trust Chairman will write to the Department of Health to invite them to provide a progress update to Trust Board.

All other matters arising are covered within the Agenda.

5.0 Chairman's Business

The Chairman advised that he had recently attended an informative meeting of the Chairs' Forum with the Comptroller General at which Board effectiveness self-assessment tools were discussed.

6.0 Standing Items

6.1 Assurance Framework as at 30 April 2016

The Committee noted that this document remains a work in progress and will be amended to reflect the Trust's new corporate plan and strategic objectives.

6.2 Local Risk Register Review as at 30 April 2016

The local HR & Corporate Services Risk Register was presented and discussed. These risks will continue to be refined at a planned workshop with the Risk Manager.

6.3 Controls Assurance Standards

The Committee commended the Trust on achieving substantive compliance with all Controls Assurance Standards. This will also be highlighted to Trust Board.

6.4 Serious Adverse Incidents as at 30 April 2016

The Committee noted one new serious adverse incident:

NIAS UIR 45862 re: carbon monoxide poisoning incident

Two members of staff had attended hospital for assessment having developed symptoms following exposure to carbon monoxide while treating a patient. It was noted that staff were unharmed and returned to work within shift. The Trust's Medical Equipment Group had previously discussed the possibility of carbon monoxide alarms for staff, but the cost at that time was prohibitive. It was agreed that the Medical Equipment Group will now revisit this as a matter of urgency, and will consider attaching an alarm to defibs or response bags rather than personal issue to mitigate cost.

The Committee agreed that wording should be amended in UIR 19371 and in future reports from "prevent a recurrence" to "reduce the risk of a recurrence".

6.5 Clinical Incidents as at 30 April 2016

Noted. No specific issues to be raised.

6.6 Untoward Incidents as at 30 April 2016

Noted and discussed, with clarification provided on a number of points.

A review of the incident reporting procedures is underway. Following this, it is likely that this report will focus more on category and severity of incidents rather than numbers, to make the information more meaningful and identify emerging trends.

A request was made for additional narrative to support the tables/graphs.

The Committee also noted the summary of requests for investigation / information from other organisations which have been included in this report for the first time.

6.7 Coroner's Reports & Letters

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

6.8 Medical Device Alerts

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

6.9 PHA Safety & Quality Reminder of Best Practice Guidelines

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

6.10 Pharmacy & Medicines Management Update

There were no inspection reports received during this reporting period. The Committee noted that ongoing issues are still monitored in conjunction with Pharmacy and the Department of Health, and any issues with the potential loss or mismanagement of controlled drugs are dealt with individually. The Trust continues to operate a robust tracking system for controlled drugs and it was noted that there has been no evidence to date of any intentional mismanagement of drugs.

6.11 Reports from Groups and Committees

Dr Ruddell gave a presentation to the Group on the remit and work of the Emergency Preparedness & Business Continuity Group. The Committee thanked Dr Ruddell for a very interesting presentation.

6.11.1 Health & Safety Committee – Minutes of Meeting 15 December 2015

Noted.

6.11.2 Health & Safety Committee – Management Summary for Meeting 31 March 2016

Noted.

6.11.3 Fire Compliance Group

No meeting since 26 January 2016. Next meeting May 2016.

6.11.4 Medical Equipment Group – Notes of Meeting 16 February 2016

Noted.

6.11.5 Infection Prevention & Control Group – Notes of Meeting 22 March 2016

Noted.

6.11.6 Emergency Preparedness & Business Continuity Group – Notes of Meeting 18 February 2016

Noted.

6.11.7 Information Governance Steering Group

No meeting since 29 January 2016. Next meeting May 2016.

7.0 Any Other Business

No other business to be discussed.

The next meeting is scheduled to take place on **Thursday 8 September 2016 at 11am.**

Signed: 
(Dr/Livingstone, Chairman)

Date: 23 June 2016

TB07 04/08/16

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

4 August 2016

Title:	Timeline for receipt of 999 calls by Emergency Ambulance Control.
Purpose:	The purpose of this paper is to following discussion at the 2 nd June Trust Board, describe the call taking process and associated time line operating within the Emergency Control Centre.
Content:	Description of call take time line.
Recommendation:	For noting
Previous Forum:	2 June 2016 Trust Board
Prepared by:	Brian McNeill, Director of Operations
Presented by:	Brian McNeill, Director of Operations

Emergency call taking process and related timeline for receipt of 999 calls by Emergency Ambulance Control.

Although there are a large number of times recorded within C3 Nexus Command & Control system, the main “Time stamps” for performance and their relationship to the call-taking process are as follows:

Telephone call arrives at the NIAS telephony switch.

T0 – Call Connect

Using Automatic Call Distribution (ACD) as soon as an EMD is available the call will be presented to them automatically and a call generated within the C3 Command and Control system.

KPI: Answer 95% of 999 calls within 2 seconds.

T1 – Call Pickup

Initially the EMD will obtain the telephone number of the caller (in case call is disconnected) and the location of the emergency.

T2 – Address Verification

Once the location is confirmed the EMD will then say “Okay, Tell me exactly what happened.” This is to gather an overview of the situation and patient condition.

T3 – “What’s the Problem” established

At this point the MPDS triage process begins through ProQa software as follows;

Case Entry: This is the “primary survey” gathering basic information about the situation / patient such as age, gender, whether caller is with patient or not, status of consciousness and status of breathing. The EMD will then determine the “Chief Complaint Protocol” from one of 32 possible options e.g. Breathing Problems, Traumatic Injuries etc

T4 – “Chief Complaint” established: Clock start for 8 minute response time

Once a Chief Complaint Protocol has been selected, a series of questions specific to that Protocol are asked. e.g. When it happened, what part of the body is injured, degree of bleeding, level of consciousness. Based on the answers to these questions at least one Despatch Code will be offered to the EMD to select. The Despatch Code is then automatically matched against a lookup table to set the Category of the Call i.e. Cat A, Cat B or Cat C.

T5 – “Despatch Code” established

Once the Despatch Code has been sent from ProQa back to the C3 system, the EMD will then provide Post Dispatch instructions based on the MPDS Protocol used and the patient’s condition. These may include instructions such as to not move a trauma patient, scene safety instructions such as staying clear of traffic, avoiding machinery etc. The EMD will then assess whether they should remain on the line with the caller or not.

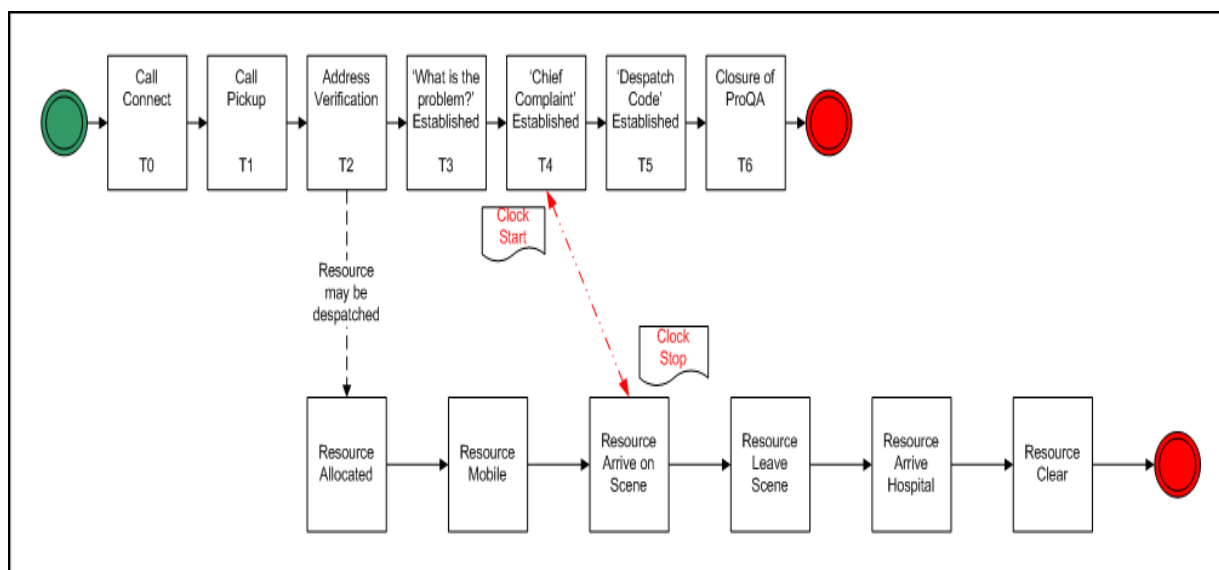
1. If not, they will provide instructions to the caller to prepare for the arrival of ambulance resources such as unlocking the door, having someone meet the

ambulance crew and information the caller to call back if the patient deteriorates.

2. If the EMD decides to remain on the line, they will instruct the caller to monitor the patient and provide any further advice as necessary.
3. In some circumstances, following initial Post Dispatch Instructions, EMDs may be required to provide Pre-Arrival Instructions. These relate to management of cardiac / respiratory arrest, choking and childbirth situations.

Once any of the above are complete, the MPDS process is complete and ProQa will be closed.

T6 – Closure of ProQA



Notes on Time Stamps;

- Ambulances can be allocated (and therefore despatched) as soon as location is known (T2 – Address Verification), which is encouraged in order to maximise the length of time remaining for response.
- There are occasions when due to the nature of the call / caller that the address, problem, chief complaint or despatch code may take a considerable time to determine. This is not unusual and will in the vast majority of cases be beyond the control of the call taker. E.g. caller may be unclear / unable / unwilling to give details.

TB08 04/08/16



**Minutes of a meeting of the Audit Committee held on Friday 20 May 2016 at 2pm
in the Board Room, Ambulance Headquarters,
Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG**

PRESENT:	Mr N McKinley	Non Executive Director (Chair)
	Dr J Livingstone	Non Executive Director
	Mr William Abraham	Non Executive Director
IN ATTENDANCE:	Mr Paul Archer	NIAS Chairman
	Ms Roisin O'Hara	Chief Executive (Interim)
	Mrs S McCue	Director of Finance & ICT
	Mr P Nicholson	Assistant Director of Finance
	Mr A Phillips	Financial Accounts Manager
	Ms Amanda McMaw	ASM External Audit
	Mr David Charles	BSO Internal Audit
	Miss Annette Mimmagh	NIAS Management Accounts Manager
	Mrs Jillian Murray	Minute Taker

Welcome and Introduction to the Meeting

Mr McKinley welcomed everyone to the meeting. All members introduced themselves for the benefit of new members and attendees.

1.0 Apologies

Apologies were received from Mr Richard Ross, NIAO. It was noted that an invitation and papers for the meeting had been provided to DHSSPS, but no apology or reply had been received.

2.0 Declaration of Potential Conflict of Interest & Confirmation of Quorum

Mr McKinley declared his interest in British Red Cross. The meeting was confirmed as quorate.

3.0 Minutes of Previous Meeting of the Audit Committee held on 18 January 2016 (for noting)

The minutes of the previous meeting were noted by the committee. These had previously been agreed and had been presented to Trust Board on 7 April 2016.

4.0 Matters Arising

Mrs McCue informed that group that Bryan Snoddy (Assistant Director of Operations – Estate & Fleet) was available to join the meeting to provide an update in relation to fleet and estate issues.

Mr Snoddy joined the meeting and Mr McKinley thanked him for his attendance. Mr Snoddy outlined that there had been a number of internal audit findings and recommendations in relation to fleet and estate over the last few years, particularly in respect of contracts, management and administration. He outlined the protracted process of procurement and challenge in respect of vehicle maintenance and recovery since 2012 and advised that final contracts for vehicle maintenance had been awarded in 2015 and for vehicle recovery in 2016.

Mr Snoddy also outlined the software solution that was being implemented that would seek to address the issues identified in relation to invoice authorisation and burden of data entry into the Fleet Management system. He also outlined the arrangements in respect of fuel cards.

In relation to estate, Mr Snoddy outlined the historic arrangements with host HSC organisations for work in NIAS facilities. NIAS continued to rely heavily on host Trusts for the delivery of estate services and access to contracts and contractors. However, as the estate developed, for example the new Ballymena Ambulance Station and Divisional Headquarters, sites covered and services available had become a growing significant issue. Therefore, NIAS are currently developing a Facilities Management contract for the new Ballymena Station which would be suitable for expansion to include other sites. The timeframe for completion of this contract is approximately 6-9 months.

Mrs McCue noted that there has been a lot of activity in this area recently. She explained that Mr Snoddy provide regular updates on this work to the Procurement Working Group but she thought that it was very useful for Audit Committee to be made aware developments in this area. Mr McKinley thanked Mr Snoddy for his input and Mr Snoddy left the meeting.

5.0 Chairman's Business

5.1 Audit Committee Annual Report & Self-Assessment Checklist

Mr McKinley stated that the Audit Committee Self-Assessment Checklist has now been completed thanks to collaboration from Mrs McCue and the Non-Executive Directors. He explained that he will be sharing a summary and note with the committee in the next few days before submitting the checklist return to the Department.

Arising from the self-assessment checklist, Mr McKinley highlighted that the Audit Committee Annual Report is now in its third year. He explained his plans to complete and circulate a draft document and welcomed feedback from internal and external audit before consideration by Audit Committee at the next meeting.

6.0 Internal Audit

6.1 Progress Report

Mr Charles introduced this paper highlighting that it includes a summary of findings from the following:

1. Financial Review
2. Review of Management of Marked Cars 2015/16
3. Board Effectiveness
4. Verification of Compliance with Controls Assurance Standards
5. Stocktaking Report

In respect of these final reports presented to Audit Committee today, Mr Charles advised as follows:

1. Financial Review

The financial review audit covered:

- Payments to Staff
- Non-Pay Expenditure
- Bank & Cash
- Charitable Trust Funds

Satisfactory assurance provided in relation to financial process tested during this audit with NIAS, with the exception of payments to staff. Limited assurance provided in respect of payments to staff in relation to HRPTS processes. Five Priority 1, five Priority 2 and two Priority 3 weaknesses were identified. All recommendations have been accepted by NIAS management.

Mr Charles noted that the limited assurance provided for payroll is consistent with audit findings across all HSC organisations. Doctor Livingstone asked the question – “if payroll is a Trust wide issue, does this not point to an underlying systemic problem?” He suggested that there should be a collaborative approach to this problem and focus should be placed on developing this systemically rather than locally. Mrs McCue agreed that the issue needs to be progressed regionally and this is reflected in the management comments section of the report.

2. Review of Management of Marked Cars 2015/16

Limited assurance provided in relation to the management and oversight of NIAS marked cars. There has not been sufficient progress in terms of implementation of the 2014/15 audit recommendations to improve the level of assurance. Mr Charles noted that although limited assurance remains at present, there is progress being made. Mr Archer questioned what progress has been made to date and expressed his concern that this issue has been discussed at Trust Board level. Mr Charles explained that work is ongoing to develop a Business Transport Policy & Procedure which will set out the arrangements for management, control and oversight of marked cars. The Trust is also reviewing the appropriateness of marked cars currently allocated to staff. Mr Charles noted that the overall position should improve upon approval of the policy and procedure and completion of the current review.

At the time of the report, of the seven recommendations examined:

- One was fully implemented
- Five were partially implemented
- One was not yet implemented

3. Board Effectiveness 2015/16

Satisfactory assurance provided in relation to Board Effectiveness. One Priority 1 weakness was identified in relation to Francis Report Action Plan. Four priority two weaknesses were also identified in relation to Board minutes, NIAS Board Survey, Board Self-Assessment Checklist and Remuneration Committee terms of Reference. No priority three weaknesses were identified.

4. Verification of Compliance with Controls Assurance Standards 2015/16

NIAS has met the DHSSPS requirement for substantive compliance with all five standards that were subject to review by Internal Audit (Governance, Financial Management, Risk Management, Information Management and Medicines Management)

5. Stocktaking

Satisfactory assurance provided in relation to stocktaking processes within NIAS.

6.2 Follow Up Report On Outstanding Internal Audit Recommendations 2015/16

Mr Charles provided a summary of year end follow up report on outstanding Internal Audit recommendations 2015/16. At the time of the review 114 (63%) of 181 recommendations examined were fully implemented, a further 57 (31%) were partially implemented and 10 (6%) were not yet implemented. Mr Charles noted that some of the ‘partially implemented’ and ‘not yet implemented’ recommendations are regional considerations that are beyond the direct control of NIAS.

There followed a discussion on the progress that had been made during the year and also the age and sometimes protracted periods of time and processes involved to implement some recommendations. Mrs McCue highlighted that some recommendations had been progressed

since this report was written, however recognised the need for a commitment and a clear focus across the Trust and HSC to progress recommendations to full implementation.

6.3 Shared Services Report – March 2016

Mr Charles provided an update on BSO Internal Audit Shared Service Audits as part of the Internal Audit Plan. Satisfactory assurance was provided in relation to Income Shared Services, Payments Shared Services and the Benefits Realisation Process. Limited assurance remains in the area of Payroll Shared Services. Payroll Priority 1 findings were identified in relation to management of overpayments, authorisation of manual payments, processing of manual payments, maternity payments, variance monitoring, pensions and system access controls.

Mr McKinley asked the question “what are the mitigations of this payroll issue from NIAS point of view?” Mrs McCue explained that Shared Service Payroll issues directly affects NIAS and takes up a significant amount of time. As a result NIAS have had to limit the risk by retaining payroll expertise in the interim period to cross-check payments and identify and help resolve issues both locally and regionally. In the past, Audit Committee has recognised and supported this position. Mrs McCue asked the view of the Audit Committee to continue this arrangement in the current financial year. This position was supported by the committee. Ms O’Hara suggested that NIAS needs to be sure that the level of expertise retained is correct in terms of business as usual.

6.4 Head of Internal Audit Annual Report – Year Ended 31 March 2016

Mr Charles provided a summary of the annual report for the year ended 31 March 2016. The overall opinion was that there is a satisfactory system of internal control designed to meet the organisation’s objectives. However, limited assurance was provided in a number of areas:

Finance Audits

Financial Review – Satisfactory Assurance (non-pay expenditure, bank and cash, charitable trust funds) and Limited Assurance (payments to staff)

Budgetary Control - Satisfactory Assurance

Year-End Stocktake - Satisfactory Assurance

Corporate Risk Audits

Efficiency Savings and Service Reform - Satisfactory Assurance

Fleet Management – Limited Assurance

Performance Management & Reporting - Satisfactory Assurance

Review of Management of Marked Cars – Limited Assurance

Governance Audits

Risk Management - Satisfactory Assurance

Board Effectiveness- Satisfactory Assurance

6.5 Internal Audit Strategy Incorporating Proposed Internal Audit Plan 2014/15 – 2016/17

Mr Charles provided a summary of the Internal Audit Annual Plan. He explained that NIAS will have a total of 135 audit days, broken down as follows:

- Finance Audits – 54 days
- Corporate Risk Audits – 28 days
- Governance Audits – 25 days
- Other Audit Time – 28 days

Mr McKinley asked Mr Charles how the performance of Internal Audit was benchmarked. Mr Charles explained that Internal Audit participate in the CIPFA Internal Audit Benchmarking exercise and are subject to internal and external peer review. The results of these are brought to a number of forums, including Audit Committees.

Mr McKinley thanked Mr Charles for the reports and for highlighting key issues to the committee. At this point Dr Livingstone gave his apologies and left the meeting.

7.0 External Audit

7.1 Submission Letter and Draft, Unaudited, Uncertified, Exchequer and Consolidated Charitable Trust Fund Annual Report & Accounts for the Year Ended 31 March 2016 (Including Performance Report, Accountability Report and Accounts)

Paper AC/07/20/05/16 was introduced by Mrs McCue. She emphasised that the document is in draft format at present and is unaudited and uncertified. Further work on this document is still needed. Mrs McCue outlined the process for changes, and further review by Audit Committee and consideration by Trust Board ahead of laying the documents with the Northern Ireland Assembly and presentation at the Trust Annual General Meeting in August. Mrs McCue explained that the guidance and format for this annual report has changed this year which had created a number of challenges. Mrs McCue thanked those involved in the production and collation of the document to date. Mr Archer agreed and extended his thanks to Ms O'Hara and the Executive Team.

Mrs McCue provided an overview of the document and invited comments. Mr McKinley added his thanks to those involved and added that a 'plain English' theme should be maintained throughout this report and in all future versions. He also highlighted a number of comments and suggestions, particularly in relation to specific learning outcomes that he would wish to see included within the document. With regards to the Governance Statement, Mr McKinley suggested that NIAS should try to explain the time taken to progress some audit recommendations, acknowledging the work and interdependencies involved. He also suggested that the work carried out during the year, for example Trust Board Workshops, should be reflected in the document. Mr McKinley agreed to provide some narrative to address these points.

Mrs McCue then asked Ms McMaw to provide an update regarding the audit of the Financial Statements. Ms McMaw provided an update on the status of the audit and advised that she will formally report back to Audit Committee at the next meeting on 16 June 2016.

The Losses and Special Payments for the year were considered and some detail on cases provided to the committee.

7.2 Submission Letter and Draft, Unaudited, Uncertified, Charitable Trust Fund Accounts and Trustee's Annual Report for the Year Ended 31 March 2016

Mrs McCue referred the group to paper AC/08/20/05/16. She highlighted sections of the document and asked the committee for any comments. Mr McKinley referred to the internal audit table on page 9 and queried whether or not the limited assurance in relation to payments to staff was relevant to the Charitable Trust Funds. After some discussion, it was agreed that this was not relevant and should be updated. Mr McKinley asked about future expenditure plans. Mr Phillips outlined the arrangements in place for applications to the fund and the engagement required with management and staff in locations and areas. Mr Abraham added that it would be positive for Audit Committee to receive feedback and hear of money being applied to the benefit of patients and staff.

There was a further discussion on the content and format of the accounts and the requirement to implement the Statement of Recommended Practice (SoRP) for Accounting and Reporting by Charities. This would entail some further changes to the accounts that would be brought back to Audit Committee in due course.

8.0 For Approval

8.1 Fraud Policy (and Fraud Response Plan)

The Fraud Policy was presented for approval by Audit Committee and subsequent recommendation to Trust Board for approval and then circulation to staff. The Fraud Response Plan was provided to Audit Committee for information, but does not require the approval of Trust Board and, due to the nature of the information contained within it, was not a document that would be routinely published or circulated.

Mr Abraham commended the Trust for the content and format of the policy and the response plan. Following discussion, the policy was approved by Audit Committee and recommended to Trust Board for approval at the next meeting of 2 June 2016.

8.2 Bribery Policy

Following discussion, the policy was approved by Audit Committee and recommended to Trust Board for approval at the next meeting of 2 June 2016.

9.0 For Noting

9.1 Single Tender Actions (STA's) 2015/16

Mrs McCue provided a summary of paper AC/11/20/05/16. Mr Archer enquired as to the RAG ratings applied to the STA's. Mr Nicholson explained that BSO provide advice and a classification for each STA based on a extant guidance which may include, though not exclusively, considerations such as the value of the award or previous awards. Mr Nicholson also noted that this summary of NIAS STA's is published on the NIAS website and all HSC STA's over a certain value are published on the BSO website.

9.2 Losses and Special Payments

The Audit Committee considered all Losses and Special Payments earlier in meeting as part of the annual report.

9.3 PWG Notes from meeting held on 31 March 2016

Noted by the committee.

10.0 Closed Meeting

At this point, Ms O'Hara, Mrs McCue, Mr Nicholson, Mr Phillips, Mrs Murray & Miss Mimmagh left the meeting to allow the Audit Committee members to meet independently with the Internal and External Auditors.

After a period of time, they were invited back into the meeting. Mr McKinley confirmed that there were no actions required as a result of the closed meeting and expressed his thanks to the NIAS team for their work over the year. Mrs McCue reiterated this and thanked her staff for their support during a very challenging year.

Mr Nicholson confirmed that all agreed changes to Annual Report, Governance Statement and Annual Accounts will be actioned along with any further changes required, for example as a result of the audit or review by DHSSPS. The revised document will be presented at the next Audit Committee meeting on the morning of Thursday 16 June 2016, before being presented to Trust Board for consideration and approval that afternoon.

11.0 Any Other Business

11.1 Fraud Update

Mr Nicholson provided an update in relation to fraud matters.

11.2 Business Services Transformation Programme (BSTP)

Mrs McCue provided a summary of paper AC/14/20/05/16 in relation to BSO Provisional Assurance for 2015/16. Mrs McCue looked to Mr Charles for comment. Mr Charles explained that this was the position as at the date on the letter (4 April 2016). He noted that a number of assurances have been updated since then and a full annual assurance letter will be issued by BSO in due course.

12.0 Date, Time and Venue of Next Meetings

The next meeting of the Audit Committee is scheduled for Thursday 16 June 2016 at 10am in the Boardroom, NIAS Headquarters.

Further meetings are planned for:

Thursday 8 September 2016

Thursday 8 December 2016

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

Signed



(Chairman)

Date

16/6/16

TB09 04/08/16



**Minutes of a meeting of the Audit Committee held on Thursday 16 June 2016 at 10.00am
in the Board Room, Ambulance Headquarters,
Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG**

PRESENT:	Mr W Abraham	Non Executive Director (Chair)
	Dr J Livingstone	Non Executive Director
IN ATTENDANCE:	Mrs S McCue	Director of Finance & ICT
	Mr P Nicholson	Assistant Director of Finance
	Mr A Phillips	Financial Accounts Manager
	Mrs C McKeown	BSO Internal Audit
	Mr R Ross	NIAO
	Ms A McMaw	ASM, External Audit
	Mrs J Murray	Senior Secretary

Welcome and Introduction to the Meeting

Mr Abraham welcomed everyone and thanked all members for their attendance. Introductions were completed for the benefit of members and attendees.

1.0 Apologies

Apologies from Mr Norman McKinley were noted.

2.0 Declaration of Potential Conflict of Interest & Confirmation of Quorum

No conflicts of interest declared and the meeting was confirmed as quorate.

3.0 Minutes of Previous Meeting of the Audit Committee held on 20 May 2016 (for approval)

The minutes of the previous meeting were agreed by the committee.

4.0 Matters Arising

Mr Abraham paid thanks to Norman McKinley for an exemplary work as Chair of Audit Committee during his term. He noted that it was beneficial to have the overlapping period in which the outgoing and incoming Chair both sat as members of the Audit Committee, as he was able to gain valuable wisdom and experience from Mr McKinley. These comments were endorsed by Mr Livingstone.

5.0 Chairman's Business

There were no items of Chairman's Business not covered in the Agenda.

6.0 For Noting

6.1 External Audit Draft Report to Those Charged With Governance 2015/16

Mr Ross gave a brief overview of paper AC02/16/06/16. Further detail was provided by Ms McMaw. She reported as follows:

- NIAO anticipate recommending to the C&AG that he certifies the 2015/16 financial statements with an unqualified audit opinion, without modification. No report on the account is required.
- In reaching this opinion NIAO have made the following key audit judgements:
 - Agenda for Change – as the final outcome of this process remains uncertain for 3 groups of staff (RRV Paramedics, Paramedics & EMT's), this is considered a significant audit risk in the audit strategy.

- In the course of the audit two misstatements were identified in relation to the indexation on non-current assets. While these misstatements were not significant, management have adjusted the financial statements for this issue.
- Section 3 of the report details one uncorrected misstatement relating to general accruals. Management have not corrected this misstatement as they do not consider it to be material in the context of the financial statements as a whole.
- Priority 1 rating issued in relation to procurement and contract management issues. NIAO recommends that the Trust should continue to implement all recommendations made by Internal Audit with respect to procurement and contract management control weaknesses.
- Priority 2 rating issued in relation to long term liability loan carried by the Trust. NIAO recommend that the Trust corresponds with the Department to regularise the position in respect of this loan.
- Priority 3 rating issued in relation to plant, property and equipment. NIAO recommends that the Trust corrects the opening cost of transport equipment and assets held for sale on the Assets Management System. They also recommend that the Trust separates the balances relating to plant and machinery, furniture and fittings, transport equipment and IT equipment on the general ledger.
- Priority 3 rating issued in relation to prompt payment targets not achieved. NIAO recommends that the Trust should ensure that it seeks to comply as far as possible with all Departmental targets and limits and to minimise the risk of fixed penalty and interest charges arising on overdue debts.
- Priority 3 rating issued in relation to title deeds for Ardoyne Ambulance Station that cannot be located. NIAO recommends that the Trust seeks to locate the deeds for this station.
- Section 2B: Charitable Trust Funds – NIAO have no finding to report.
- Section 3: Misstatements – one misstatement found during the course of the audit that has not been corrected as management do not consider it to be material in the context of the financial statements as a whole.
- Annex E: NIAO have reviewed management's implementation of Priority 1 recommendations made in prior year report to those charged with governance. NIAO have summarised the response and provided evaluation, based on the audit work undertaken.

Mr Abraham thanked Ms McMaw for her report and asked the committee for any comments. Mr Nicholson noted that the report is currently in draft form and NIAS management comments would be added in due course.

Dr Livingstone referred to the Priority 2 rating issued in relation to the long term liability loan carried by the Trust. He questioned NIAS's options in relation to this. Mr Phillips explained that the issue had been raised with the Department, but that a full resolution had not been agreed. Mrs McCue noted that this issue does need resolved in terms of NIAS accounts, but that it was not expected to impact on NIAS financial performance and that any resolution would only involve accounting entries or a circular flow of funds.

Mr Abraham referred to prompt payment targets on page 11 of the report. He noted that although the Trust did not meet the full year cumulative target to pay 95% of its bills within the 30 day target, the target was met in 5 of the last 6 months of 2015/16. This showed a significant and sustained improvement in performance.

Mr Abraham also referred to the title deeds for Ardoyne Ambulance Station mentioned on page 12 of the report. He praised External Audit for their diligence and the level of detailed fieldwork in this area. Mr Phillips advised that he was working to resolve this issue.

Mr Abraham referred to the use of voluntary and private ambulance services during the year. He asked for an explanation for this level of use? Mr Nicholson advised that the level of usage in 2016/17 was unprecedented and was due to a range of factors affecting operational cover and

performance. Mrs McCue outlined some of the exceptional circumstances during the year and explained that as vacancies were filled, reliance on voluntary and private ambulance services should reduce.

Mr Abraham thanked Ms McMaw and her team for their good work throughout the audit process. Mrs McCue reminded those present that this was a new audit team and thanked everyone present and others involved. Ms McMaw thanked the NIAS team for all of their support throughout the audit period.

7.0 For Approval

7.1 Draft, Audited, Uncertified, Exchequer and Consolidated Charitable Trust Fund Accounts 2015/16 (Including Performance Report, Accountability Report and Annual Accounts)

Mrs McCue explained these accounts have been through the full audit process since the draft, unaudited accounts considered by Audit Committee on 20 May 2016. A significant amount of work has been carried out and numerous amendments made and typographical errors corrected. Mrs McCue referred the committee to the Governance Statement on page 50. In line with the final accounts timetable, this draft statement had been submitted to the Department and comments have been received and considered. Mr Nicholson explained that feedback on the draft statement was received and considered from many different sources and incorporated as appropriate. It was agreed that given the significance to NIAS of the Helicopter Emergency Medical Service (HEMS), the Electronic Patient Report Form (EPRF) and the Community Resuscitation Strategy that these should be included in Governance Statement.

7.2 Draft, Audited, Uncertified, Charitable Trust Fund Accounts and Trustee's Annual Report 2015/16

Mr Phillips reported that a few minor amendments had been made from the draft, unaudited version of the accounts previously considered by Audit Committee and changes to the Governance Statement where agreed and relevant to Charitable Trust Funds are also reflected in this document.

7.3 Closed Meeting

At this point, Mrs McCue, Mr Nicholson, Mr Phillips and Mrs Murray were requested to leave the meeting to allow Audit Committee members to meet independently with the Internal and External Auditors.

After a period of time, they were invited back to the meeting. Mr Abraham advised that there were no actions required as a result of the closed meeting and extended the thanks of the Audit Committee to all involved for the work done during the year.

7.4 Audit Committee Annual Report 2015/16

Mr Abraham explained that this report was produced by Mr McKinley before his term as Chair of Audit Committee came to an end. He provided a summary of the report and referred the group to the Audit Committee Self-Assessment Checklist Recommendation of pages 3-6 of the report. He described this as a useful summary and view on the effectiveness of the committee.

7.5 Resolution to Trust Board

Subject to the satisfactory completion of outstanding audit matters, the Audit Committee agreed a resolution to Trust Board for the approval and signature as appropriate of :

Public and Consolidated Charitable Trust Funds Accounts for 2015/16 including:

- Annual report

- Performance Report
- Accountability Report
- Annual Accounts
- Letter of Representation

Charitable Trust Funds 2015/16 including:

- Annual Accounts
- Governance Statement
- Trustee's Annual Report
- Letter of Representation

Mr Nicholson advised that the documents and resolution had previously been reviewed and signed by Dr McManus, Medical Director. The documents were then signed by William Abraham, Sharon McCue and Dr Livingstone.

8.0 Any Other Business

Mr Ross paid thanks to NIAS on behalf of NIAO & ASM for their hard work and support throughout the year. Mr Abraham paid compliment to all parties involved in the audit process on behalf of the Non-Executive team. Mrs McCue reiterated this and again thanked everyone for their contributions over the course of the 2015/16 year.

Mr Abraham noted that the Audit Committee meeting scheduled for 8th September 2016 is to be rescheduled. An alternative date will be circulated to all member in due course.

9.0 Date, Time and Venue of Next Meetings

- New date for September 2016 meeting TBC
- Thursday 8 December 2016, 2pm, NIAS Boardroom

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

Signed



(Chairman)

Date

27 July 2016

