Northern Ireland Ambulance Service Health and Social Care Trust

*A Meeting of Trust Board to be held at 2.00pm on
Thursday, 1 October 2015 in
The Royal Hotel (Palace Suite), 64-72 Old Coagh Road,
Cookstown, BT80 8NG*

A G E N D A

		Paper Enclosed	Timing Guide
Welcome, Introduction and Format of Meeting			
1.0	**Apologies**		14:00
2.0	**Procedure:** Declaration of potential Conflict of Interest: Quorum:		
3.0	**Minutes of the previous meeting of the Trust Board held 6 August 2015** (for approval and signature)	TB/1 01/10/15	14:05
4.0	**Matters Arising: Action Log from 6 August 2015**	TB/2 01/10/15	14:10
5.0	**Chairman's Business**		
	5.1 Chairman's Update		14:15
	5.2 Visit to Cookstown Ambulance Station		14.20
6.0	**Chief Executive's Business**		
	6.1 Chief Executive's Update		14.25
7.0	**Performance Report as at 31 August 2015**		
	7.1 Highlight Reports by each Director: Operations, Finance, Human Resources, Medical	TB3/ 01/10/15	14.30
	7.2 Chief Executive Report – Trust Delivery Plan Report on Commissioning Priorities 2015-16	TB4/ 01/10/15	15.15
8.0	***Items for Approval***		
	8.1 Whistleblowing Policy	TB/5 1/10/15	15.25
	8.2 Information Governance Policy	TB/6 1/10/15	15:35
	8.3 Freedom of Information Act 2000 & Environmental Regulations Act 2000 Policy	TB/7 1/10/15	15:45

9.0		***Items for Information***		
	9.1	Proposed Trust Board, Committee and Workshop Dates for 2016	TB/8 01/10/15	15.55
	9.2	HSCB Approval of Trust Delivery Plan 2015-16	TB/9 01/10/15	16.05
	9.3	Lifeline Consultation	TB/10 01/10/15	16:15
	9.3	Complaints Workshop		16.25
10.0		***Items for Noting***		
	10.1	Equality Commission NI Annual Progress Report	TB/11 01/10/15	16:40
11.0		***Forum for Questions***		16:50
12.0		***Any Other Business***		16.55
13.0		***Summary & Forward Agenda***		17:00
			Total Approx Time:	**3 hrs**

Next meeting of Trust Board will be held on Thursday, 3 December 2015 in the Eastern 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

Trust Board Meeting to be held on Thursday, 1 October 2015 at 2.00 pm in The Royal Hotel (Palace Suite), 64-72 Old Coagh Road, Cookstown, BT80 8NG

TB/1 01/10/15

![Northern Ireland Ambulance Service Health and Social Care Trust logo] **Northern Ireland Ambulance Service Health and Social Care Trust**

Minutes of a Trust Board Meeting and Annual General Meeting (AGM) held on Thursday, 6 August 2015 at 2.00pm, in the Boardroom, NIAS Headquarters, Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG

Present:

Mr P Archer	Chairman
Mr L McIvor	Chief Executive
Mr N McKinley	Non-Executive Director (Part)
Mr T Haslett	Non-Executive Director
Mr A Cardwell	Non-Executive Director
Mrs S McCue	Director of Finance & ICT
Dr N Ruddell	Assistant Medical Director
Mrs M Lemon	Acting Director of Human Resources & Corporate Services
Mr J Wright	Acting Director of Operations

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

Ms R O'Hara, Director of Human Resources & Corporate Services
Mr B McNeill, Director of Operations
Mr W Abraham, Non-Executive Director
Dr J Livingstone, Non-Executive Director
Dr D McManus, Medical Director

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

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

Suspension of Standing Orders

The Chairman suspended Standing Orders to allow the Annual General Meeting (AGM) to take place.

3.0   ANNUAL GENERAL MEETING

i.   **Presentation of Financial Statement 2014/15**

The Finance Director provided a presentation on the financial
performance for the past year through an analysis of the annual
accounts 2014/15.

ii.   **Presentation of Annual Report 2014/15**

The Chief Executive presented the Annual Report outlining the activity
for the past year and the challenges for the year ahead.

iii.   **Question & Answer Session**

A member of the public asked why there was an increase in complaints
- was it because the Trust is open and honest? The Chief Executive
responded that that was one contributing factor, however service
providers have a high expectation and if this not fulfilled they ask why.
The Trust treats all complaints seriously and learning is shared
regionally with other Trusts. There are 300,000 patient's journeys per
annum so in comparison the amount of complaints is relatively small.

ANNUAL GENERAL MEETING CONCLUDED

Reinstate Standing Orders

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

4.0   Minutes of the Previous Meeting of the Trust Board held on 4 June 2015.

The Members accepted the minutes as a true reflection of discussions held on
the proposal of Mr N McKinley, seconded by Mr L McIvor.

Action: Approved

5.0   Matters Arising
        Action Log

All actions completed and can be removed from the log.
No Matters arising

6.0   Chairman's Business

6.1   Chairman's Update

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

7.0   Chief Executive's Business

7.1   Chief Executive's Update

- 19 June 2015 – The Chief Executive met with Mr Paul Maskey MLA re Services within West Belfast. The Chief Executive noted that this was robust but positive engagement.
- 23 June 2015 – The Chief Executive attended the First Strategic Leadership Group Meeting. Members included Chief Executive from the Health Social Care Board (HSCB), Public Health Agency (PHA), Business Service Organisation (BSO), HSCB & PHA Senior Management, Local Commissioning Group (LCG) Chairs and Department of Health Social Service and Public Safety (DHSSPS) representatives. The Chief Executive noted that the aim of this meeting was to set up a plan to deliver the HSC objectives over the next 12 months. He commented that he was pleased to be part of this group.
- 23 July 2015 – The Chief Executive hosted a meeting with Mr Martin Dunne, Director National Ambulance Service, Republic of Ireland. Engagement took place in relation to challenges facing both services, the Control buddy system and the Donaldson Review.

8.0   Performance Report as at 30 June 2015

8.1   Operations

In the absence of the Director of Operations the Chief Executive updated members on the report. The following issues/comments were raised:

As at the 30th June 2015

- Category A Performance (Page 1) - it was highlighted that Cat A calls was at 52.1% for calls within 8 minutes and that the Belfast region had achieved its target with the West following suit. Cat A performance for July was at 55% a 2% improvement on the previous month. Chief Executive referred to Performance Improvement Plan which is being tested with operational managers, to identify steps to address issues resulting in underperformance.
- It was reported that Fleet Management contract has been awarded except for the West. The West tender closed beginning of May.
- Estate Capital Programme – the following was reported:
  - Ballymena – roofing on garage and station 90% complete however there was a delay in the programme due to weather and holidays. The programme has now been extended to January 2016.
  - Enniskillen – NIAS site investigations have commenced. Some

asbestos contamination discovered awaiting full report. This programme will not be concluded if Ballymena runs over.

- Ards/Bangor – request to be allowed to progress to submission of Business Case to the Department is ongoing.

- Recruitment Programme – next cohort of initial EMT training finishes in October 2015, in time for the pre-Christmas period.

Mr McKinley left the meeting.

Finance and ICT

As at the 30 June 2015:

- The Board were directed to page 2 which relates to Financial Performance. The Director of Finance & ICT indicated that the financial position at the end of June 2015 was a small surplus of £9k and the Trust is currently forecasting a breakeven position at year end (31 March 2016), subject to a number of key risks and assumptions. Accident & Emergency staff are currently being paid without prejudice, at Band 4 and Band 5 on account, subject to the outcome of the matching process. The Trust continues with the assumption that the HSC Board will fund any additional costs of Agenda for Change for NIAS which result at the conclusion of the matching process.

- The Board were directed to page 3 which relates to Capital Spend. The Director of Finance & ICT indicated that the Trust had received a Capital Resource Limit (CRL) of £7.236m for 2015/16. This has been allocated against Fleet Replacement, Estate, IT and General Capital. The Trust has made a formal request for a further £0.7m to complete the planned fleet replacement programme for 2015/16.

- The Board were directed to page 78 which relates to prompt payment of invoices. The Director of Finance highlighted to the Board that the target of 95% of invoices paid within 30 days was not achieved in 2014/15. This was largely due to the days of processing lost during preparation for and implementation of the new Finance, Procurement and Logistic (FPL) System. However for 2015/16 plans have been developed to identify trends and most frequent breaches of targets with actions to improve performance during the rest of the year. The established 10 working day target is currently at 47.7% so the target of 40% has been achieved.

- The Director of Finance updated the Board on page 7 which relates to Information Technology Systems – System Availability.

- The Board were directed to page 9 and the Director of Finance highlighted that the Information Team have developed reports to support information performance management which include daily, weekly and monthly analysis.

- The Board were directed to page 10 which relates to Freedom of Information. The Director of Finance indicated that 76.9% of request had been processed within 20 working days from 01/04/15 – 30/06/15. This includes an additional 45 questions received

against the same monitoring period of 2014/15. The Director also highlighted that from 01/04/15 to 30/0615 80% of requests were processed within 40 calendar days and that there were around 25 requests per month from the PSNI.

Human Resources and Corporate Services

In the absence of the Director of HR&CS the Acting Director of HR&CS (Mrs M Lemon) updated members on the report. The following issues/comments were raised:

As at the 30th June 2015:

- The Board were directed to page 2 which relates to the Workforce Plan and the Acting Director of HR&CS highlighted that there are 40 extra people and 2 more cohorts this year which indicated a stronger position on vacancy level.
- The Board were directed to page 3 which relates to Attendance Management. The Acting Director of HR&CS highlighted that absence remained a challenge for the Trust and advised the top five reasons for absence are musculoskeletal, mental health, general debility, surgical and accident related. She commented that the HSC Leadership Centre has been commissioned to complete a review looking at trends and help the HR Team develop a plan to address this issue.
- The Acting Director of HR&CS updated the Board on BSTP stating that there was nothing new to report in this area, the last quarter has been quiet.
- The Board were directed to page 10 which relates to Complaints. The Acting Director of HR&CS highlighted to the Board that we aim to acknowledge complaints within 3 days and respond within 20 days. The Complaints Department is a small team and is currently running on a single post holder due to absence. A meeting will be arranged with the Complaints Manager and Chief Executive on her return to review how complaints are managed.
- The Board was directed to page 7 with relates to Education, Learning & Development. The Acting Director of HR&CS informed members that the Trust has received formal notification of withdrawal of IHCD Modules by 31 March 2016. This means that the Trust's current 2 year Paramedic-in-Training (PIT) Programme becomes defunct. However the Trust has planned for this. The associated risks have been considered and appropriate controls have been put in place within the Local Risk Register. She highlighted should the Trust require recruiting Paramedics after 31 March 2016 an alternative programme of delivery would be required and that the DHSSPS and Commissioners have been engaged in this development. The Acting Director of HR&CS also highlighted to members that the RATC is rolling out an ambitious core clinical programme during 2015/16 to train up to 72 ACA and up to 72 EMT learners.

- The Board was directed to page 9 with relates to Equality and Human Rights. The Acting Director of HR&CS gave members a brief update and highlighted the Donaldson Review, stating that a total of 121 members of staff responded to the survey and that the results of the NIAS survey were included in a collaborative regional HSC Trusts' response to the consultation.

Medical

In the absence of the Medical Director Dr Ruddell updated members on the report. The following issues/comments were raised:

As at the 30th June 2015:

- The Board was directed to page 4 of the report. Dr Ruddell highlighted the new Patient Report Form (PRF) commenting that a revised PRF to reflect new clinical guidelines, referral pathways and regional early warning scores has been finalised and was introduced on 1 August 2015. The procedure for PRF completion has been agreed and circulated. Dr Ruddell also advised members that an associated revised policy for the completion of the PRF is currently being drafted and that information regarding the new PRF was provided to staff by Clinical Support Officers prior to its introduction.
- Dr Ruddell updated the Board on the progress of the introduction of the Electronic Patient Report Form (ePRF) commenting that further engagement has taken place with the Commissioner. The Outline Business Case has been updated in response to comments from both the DHSSPS and HSCB. Confirmation of Commissioner support for revenue funding is still awaited. Once this is obtained the OBC will be submitted. NIAS continues to receive support from the e-Health Strategic Programme Board and DHSSPS in relation to this Business Case.
- Dr Ruddell updated the Board on Alternative Care Pathways and the direct admission of patients to Cardiac Cath Labs in the Royal Victoria and Altnagelvin Hospitals.
- The Corporate Risk Register was presented and discussed. It was agreed that the Financial Stability risk should be closed. The Risk Register will be discussed at the next Trust Board Workshop on the 3rd September 2015.

ACTION: Financial Stability risk should be removed from the Corporate Risk Register.

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

The Chief Executive updated the Board on the above and commented on summary targets.

9.0   Items for Approval

9.1   **Draft Annual Business Plan and Trust Delivery Plan (TDP) 2015-16**

Subject to a few typographical changes the document will be issued to the HSCB for consideration on 7 August 2015. The document was approved by Mr T Haslett, seconded by the Chairman.

Approved

ACTION: Draft Annual Business Plan and Trust Delivery Plan (TDP) 2015-16 to by send to the HSCB for consideration.

9.2   **Assurance Committee Terms of Reference**

There was some discussion on Note 2.6 of the Assurance Committee Terms of Reference which states: "One member of the Committee should have a clinical background". The Chairman commented that he had highlighted this to the Public Appointments Unit but the Department took the decision not to make this a requirement as it would narrow the field for applicants. The document was approved by Mr T Haslett, seconded by the Chairman.

Approved

10.0   Items for Information

No Items

11.0   Items for Noting

11.1   **Minutes of Assurance Committee held 18 May 2015**

Noted

11.2   **Minutes of Audit Committee held 18 May 2015**

Noted

11.3   **Emergency Preparedness & Response Annual Report**

Noted

11.4   **Patient Experience Annual Report 2014/15**

Noted

12.0   Application of Trust Seal

It was noted that on the 12th June 2015 the Trust Seal was used for a wayleave (access) Agreement between NIAS and NIE at the new Ballymena station site.

13.0   Forum for Questions

No questions were received.

14.0   Any other Business

The Chief Executive highlighted the tragic death of Dr John Hinds, a Consultant Anaesthetist in Craigavon Area Hospital and one of the BASICS doctors who responded in support of NIAS crews at serious incidents. He remarked that this tragic event would re-energise the debate for an Air Ambulance and outlined NIAS position in relation to Air Ambulance provision. He stated that NI was the only region in the UK without dedicated air ambulance, acknowledging the access to helicopters from our Memorandum of Understanding with Coastguard which had secured them in recent incidents, and that we could use such a resource as effectively as anywhere else. NIAS will be happy to engage with cross border services, the Department and Commissioners in the development of Helicopter Emergency Medical Services (HEMS) to improve the provision of care within Northern Ireland as appropriate. Funding issues were noted and the need to preserve and continue to develop traditional land ambulance services alongside development of HEMS was highlighted.

It was noted that there was a slight problem in uploading the Annual Report onto the internet, however John McPoland will seek to resolve and publish the Report tomorrow, 7 August 2015.

15.0   Forward Agenda

No Items

Date, Time and Venue of Next Meeting

The next meeting of Trust Board will be held on Thursday, 1 October 2015 at 2.00pm in Northern Division (venue to be confirmed).

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

Signed: _____
        Chairman

Date: _____

TB/2 01/10/15

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
6 August 2015	1	8.1	Performance Report	Medical Director	Risk 273 relating to Financial Stability to be closed and removed from Corporate Risk Register.
	2	9.1	Draft Annual Business Plan and Trust Delivery Plan 2015-16	Chief Executive	Subject to few typographical amendments, Plan to be sent to the HSCB for consideration

PERFORMANCE REPORT AS

AT 31 AUGUST 2015

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

OPERATIONS DIRECTORATE

Director of Operations
01/10/2015

The Operations Directorate report is comprised three sections.

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

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

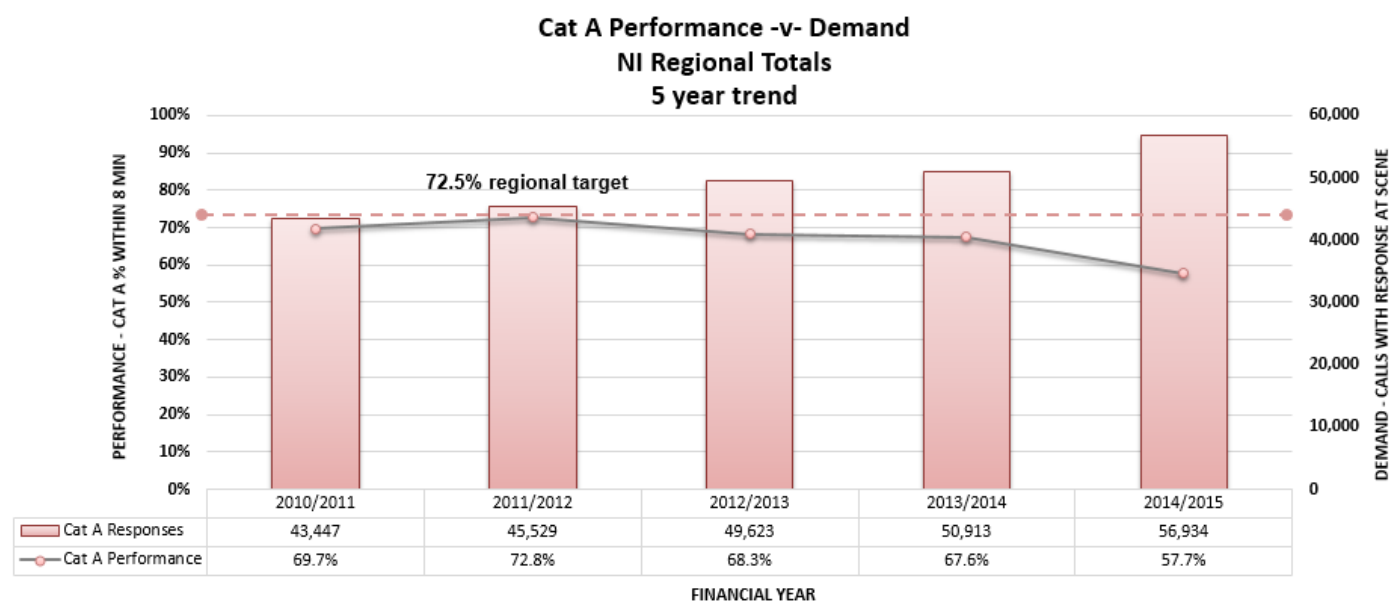Section 3 is the Fleet and Estates report.

The report highlights pressures and resulting performance and includes information on proposals to address the current position which are found on Page 6.

Performance

1. CATEGORY A PERFORMANCE

(i) Trends over the last five years

Five Year Performance - Category A Regional Position Across Northern Ireland

Cat A Performance -v- Demand
NI Regional Totals
5 year trend

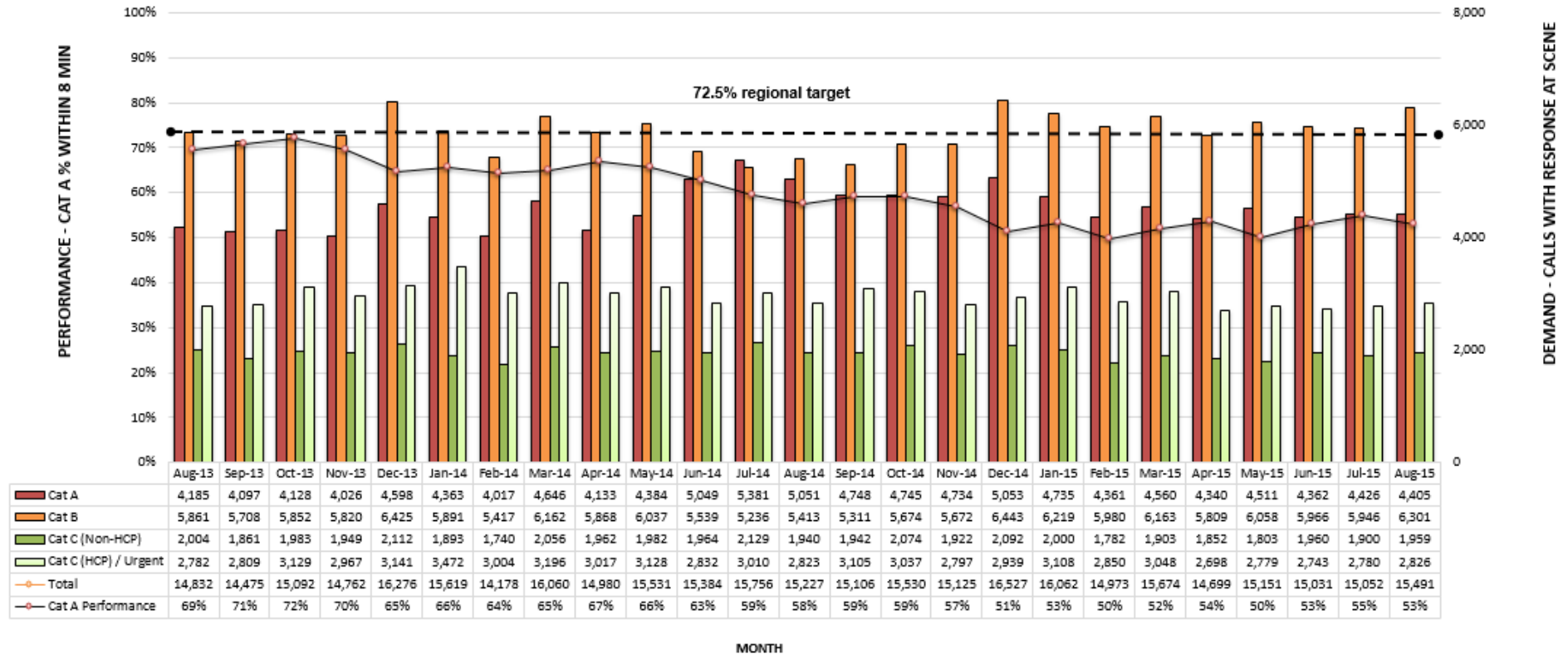| FINANCIAL YEAR	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015
Cat A Responses	43,447	45,529	49,623	50,913	56,934
Cat A Performance	69.7%	72.8%	68.3%	67.6%	57.7%

72.5% regional target

- The chart above shows a 31% increase in Category A demand over the past 5 years and a corresponding 12% decrease in Category A performance. The chart clearly indicates a hike in Cat. A demand in 2014/15 some of which was created by the changes to our management of Drs Urgent Calls which are now called Healthcare Professional (HCP) calls. This issue remains relevant but to a much lesser degree and we continue to pressure the downward trend in HCP Cat. A calls.

Monthly Category A Performance -v- Demand 2015-16
NI
Emergency Responses by Category

	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Cat A	4,185	4,097	4,128	4,026	4,598	4,363	4,017	4,646	4,133	4,384	5,049	5,381	5,051	4,748	4,745	4,734	5,053	4,735	4,361	4,560	4,340	4,511	4,362	4,426	4,405
Cat B	5,861	5,708	5,852	5,820	6,425	5,891	5,417	6,162	5,868	6,037	5,539	5,236	5,413	5,311	5,674	5,672	6,443	6,219	5,980	6,163	5,809	6,058	5,966	5,946	6,301
Cat C (Non-HCP)	2,004	1,861	1,983	1,949	2,112	1,893	1,740	2,056	1,962	1,982	1,964	2,129	1,940	1,942	2,074	1,922	2,092	2,000	1,782	1,903	1,852	1,803	1,960	1,900	1,959
Cat C (HCP) / Urgent	2,782	2,809	3,129	2,967	3,141	3,472	3,004	3,196	3,017	3,128	2,832	3,010	2,823	3,105	3,037	2,797	2,939	3,108	2,850	3,048	2,698	2,779	2,743	2,780	2,826
Total	14,832	14,475	15,092	14,762	16,276	15,619	14,178	16,060	14,980	15,531	15,384	15,756	15,227	15,106	15,530	15,125	16,527	16,062	14,973	15,674	14,699	15,151	15,031	15,052	15,491
Cat A Performance	69%	71%	72%	70%	65%	66%	64%	65%	67%	66%	63%	59%	58%	59%	59%	57%	51%	53%	50%	52%	54%	50%	53%	55%	53%

MONTH

- The changes to HCP calls occurred in June 2014 and this appeared to trigger a sharp increase in the number of Cat. A Red calls and a subsequent decline in Cat. A performance. We adjusted the HCP system in December 2014 and reversed the trend in HCP Cat A calls and this appears to have stabilised the Cat. A performance albeit at a lower standard than previously.

- There was an increase of 16.4% in the number of Cat. B calls in August 2015 compared to the same time last year. This equates to an additional 29 Cat B calls each day of August. This increase in Amber B calls remains a significant pressure on conveyance and thus a pressure on our Cat. A performance.

(iii).   Cumulative Cat A performance

April - August Cumulative Category A Performance (Regional Totals)
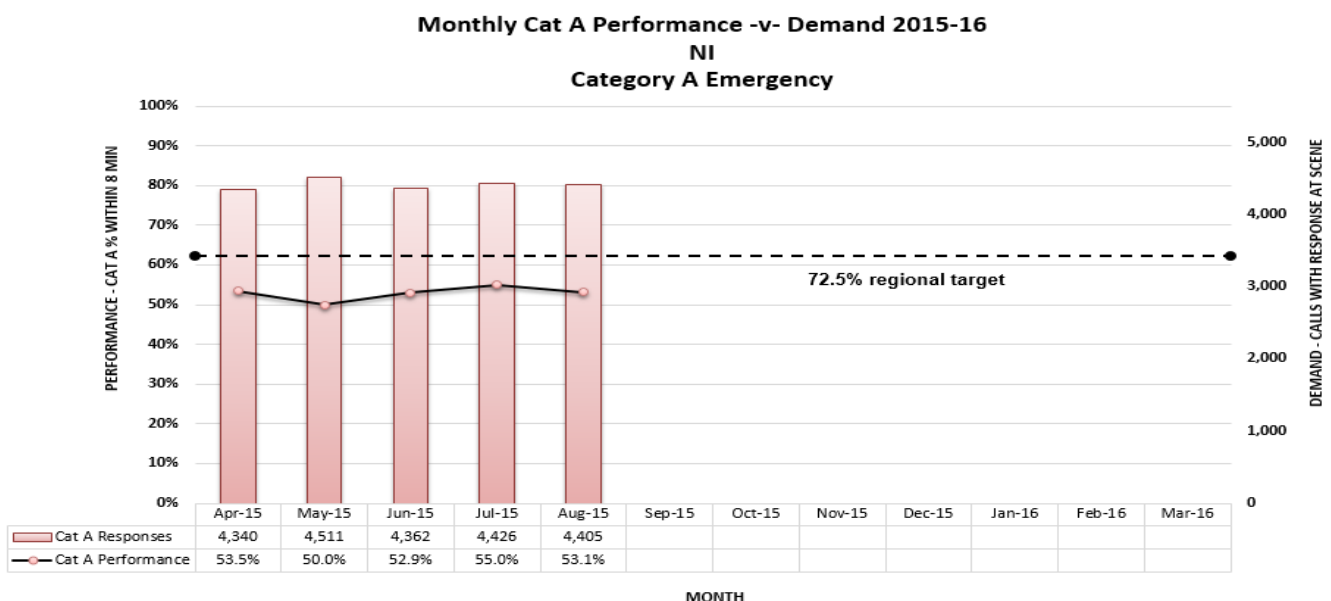**Comparison August 2015**
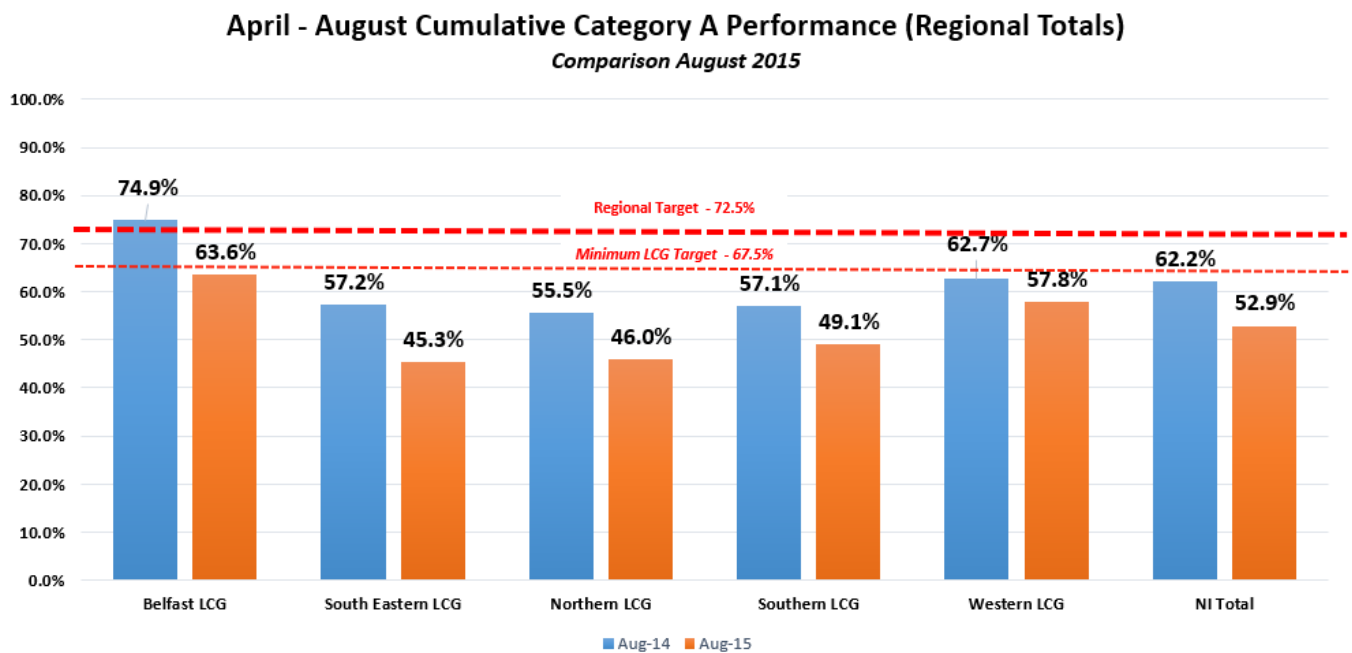
By March 2016, 72.5% of Category A (life threatening) calls responded to within eight minutes, 67.5% in each LCG area.

*** Please note the Ambulance Response Times for 2015/20156 are provisional"**

- From the chart above, NIAS has not met the Cat. A target either regionally or at LCG level. Trends are similar to the same time last year and are similar across every Area.

- Cumulatively Cat. A demand has dropped by 9.3% with the number of Cat A calls responded to within 8 mins dropping significantly (21.9%) compared to the same time frame last year. This equates to 21 in-standard calls less per day than last year. This decrease in demand can be attributed partially to the adjustments in management of HCP calls mentioned previously.

(iv).   Monthly Cat A performance

Monthly Cat A Performance -v- Demand 2015-16
NI
Category A Emergency

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Cat A Responses	4,340	4,511	4,362	4,426	4,405							
Cat A Performance	53.5%	50.0%	52.9%	55.0%	53.1%							

MONTH

- There has been a 4.5% reduction in Cat A performance for the month of August 2015 compared to August 2014.

- There has been an overall reduction in activity across NIAS compared to August 2014.

- However, there is increasing regional emergency activity with a 1.7% increase compared to Aug last year (approx. 8 extra emergency calls each day of the month). This follows the trend in the cumulative figures for Emergency activity which has increased by 10.8% compared to the same timeframe as last year (Apr-Aug).

- There has been a very small increase in the urgent activity (HCP calls with a response) of 0.1% (3 responses) compared to August last year. Cumulative Cat C HCP responses are down by 6% compared to the same timeframe last year (Apr-Aug).

- There has been a 3.8% reduction in non-urgent activity (PCS and VCS) in August 2015 compared to last year. This follows the cumulative trend where activity has decreased by 6.4% compared to the same timeframe next year.

(v). <u>Category A performance individual monthly Regional and LCG positions</u>

HSCB 2015/16 Target – "NIAS should ensure an average of 72.5% of Category A (life-threatening) calls are responded to within 8 minutes (and not less than 67.5% in any LCG area)"

Category A Performance - Summary of Monthy Position 2015/16
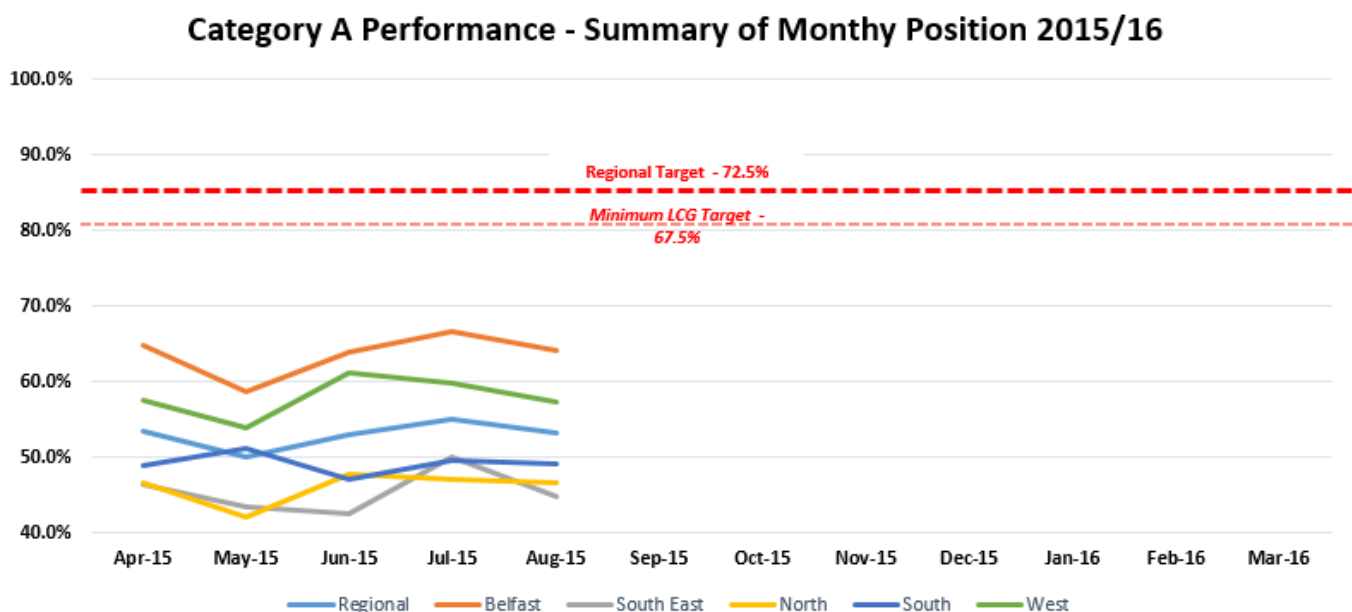
- This graph appears to indicate that our performance is relatively steady at current levels and we would be aiming for an upward pressure on performance through our Performance Improvement Plan

(vi).   Monthly Regional and LCG Category A conveying response (Cumulative)

NIAS 2014/15 Target – "NIAS should ensure an average of 95% of Category A (life-threatening) calls have a conveying resource at scene within 21 minutes"
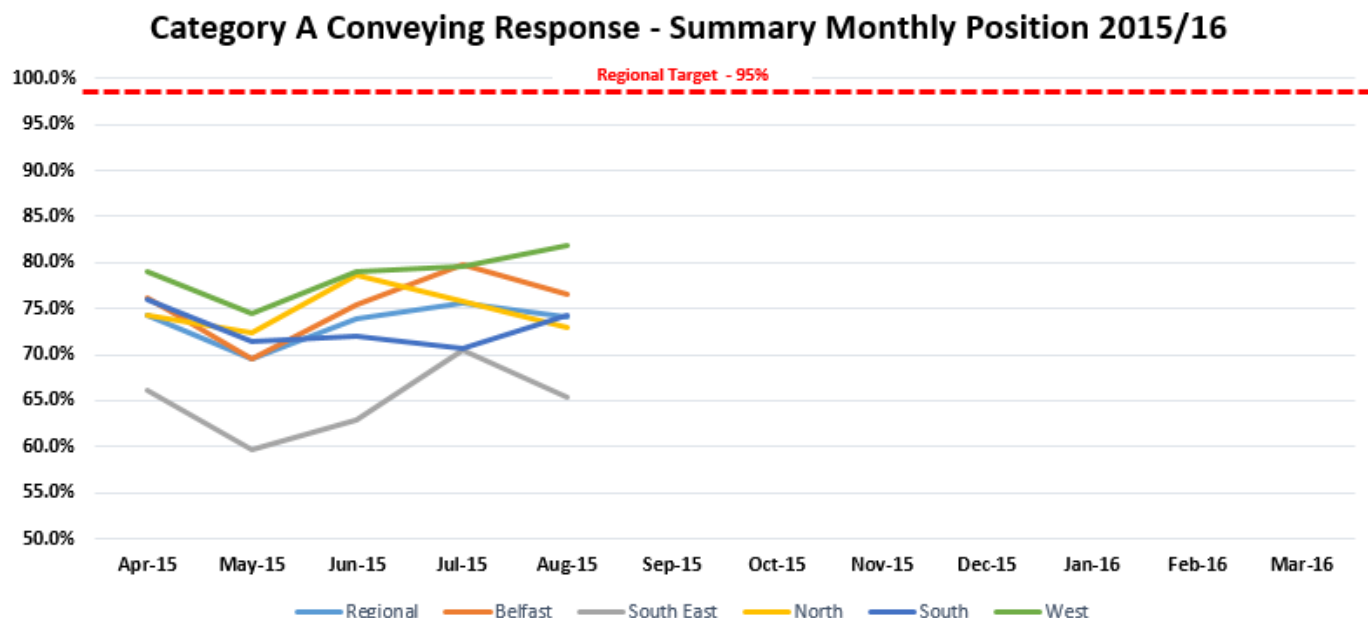

- From the chart above NIAS conveying standard is not being achieved in any of the LCG. However there has been an improvement in the rate of conveying within 21 mins for Cat. A calls in Western LCG area.

- The low performance in conveying for Cat. A calls is affected by the availability of ambulances. This availability is reduced due to a number of factors e.g. the increase in Cat. B call numbers and emergency activity generally; lengthy ambulance turnaround at hospitals; staffing levels. Increased patient transfers with longer journey times especially out of divisional area may also play a part.

2. PLANNED v ACTUAL COVER

% of Planned Cover Achieved (A&E shifts) -v- Performance past 24 months
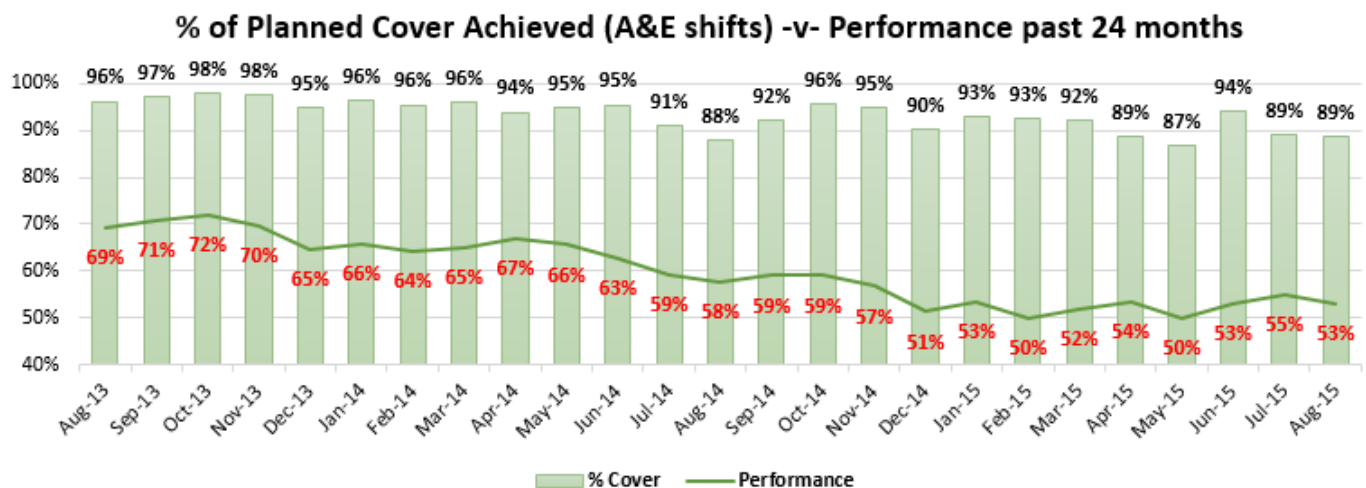
- The chart above shows compliance in planned production hours compared to the actual production hours produced. The above figures include core hours and any additional extra hours required (to support non-recurrently funded services and additional ad hoc pressures at local level such as bank holidays, public events, etc.)

- As can be seen from the chart, the trend in cover approximates the trend in Cat. A performance. The reduced cover levels are exacerbated by higher levels of annual leave during the summer months.

- The chart below shows how delivery of planned production hours closely correlates to improved Cat. A response and performance against the target.

Performance vs A&E Cover - Past 24 months
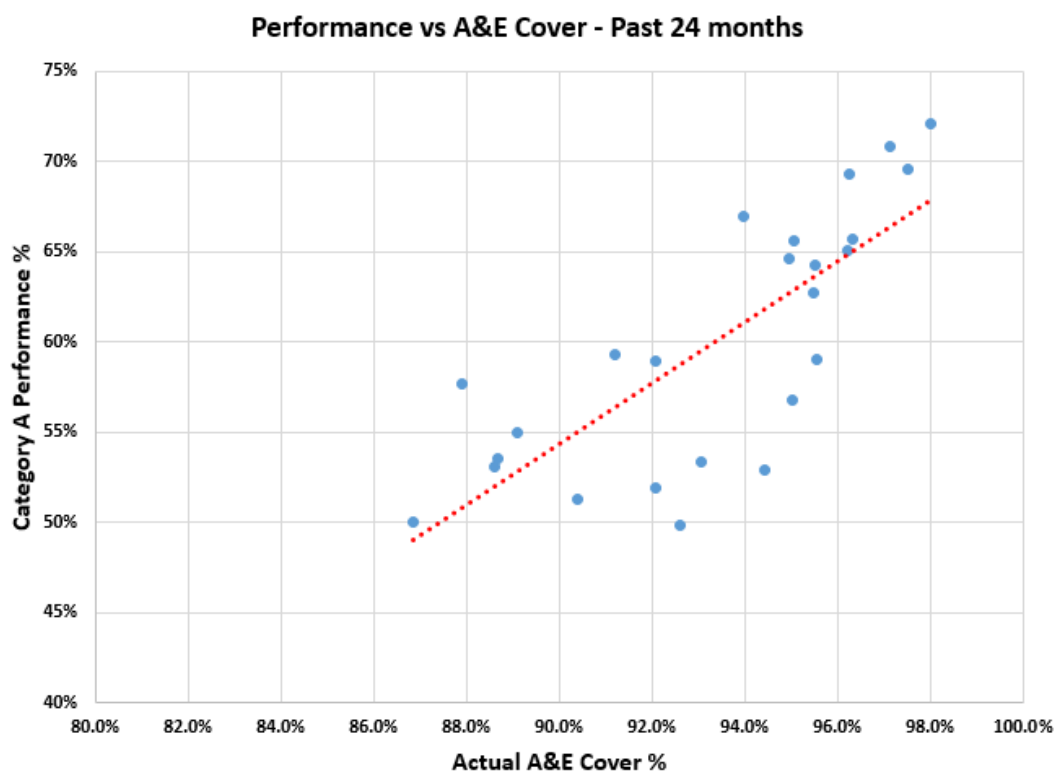
3. NON CONVEYING RESOURCE CONTRIBUTION TO CATEGORY A PERFORMANCE

AUGUST 2015

- As can be seen from the chart below the greatest contributors to Cat. A Performance after an ambulance are the Rapid Response Vehicles (RRV).

- The figures include response from specialised RRV Paramedics and other NIAS Paramedics officers attending the scene.

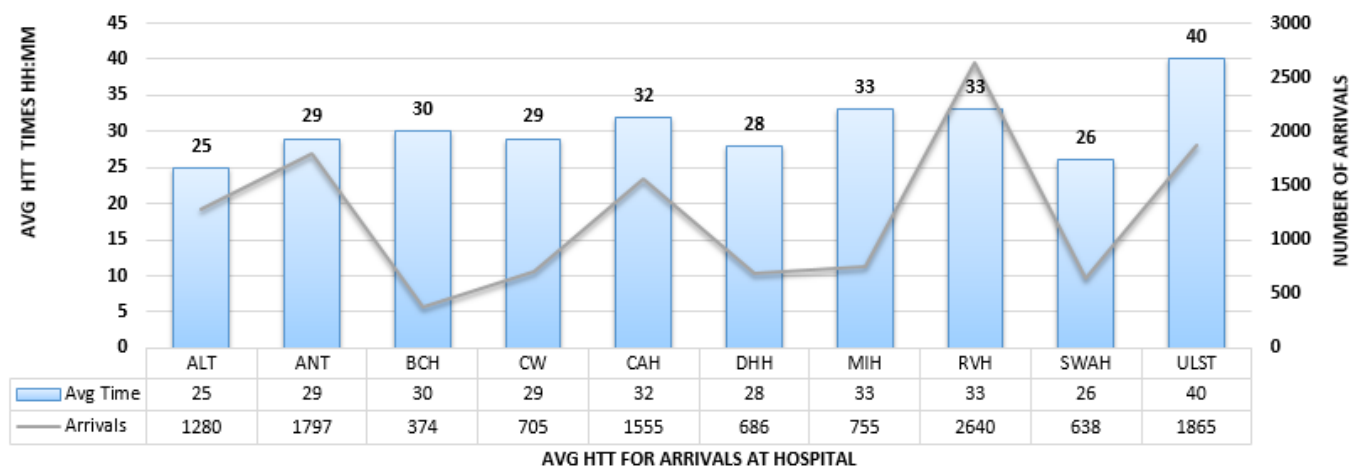Non-Conveying Resource - Contribution to Category A Performance
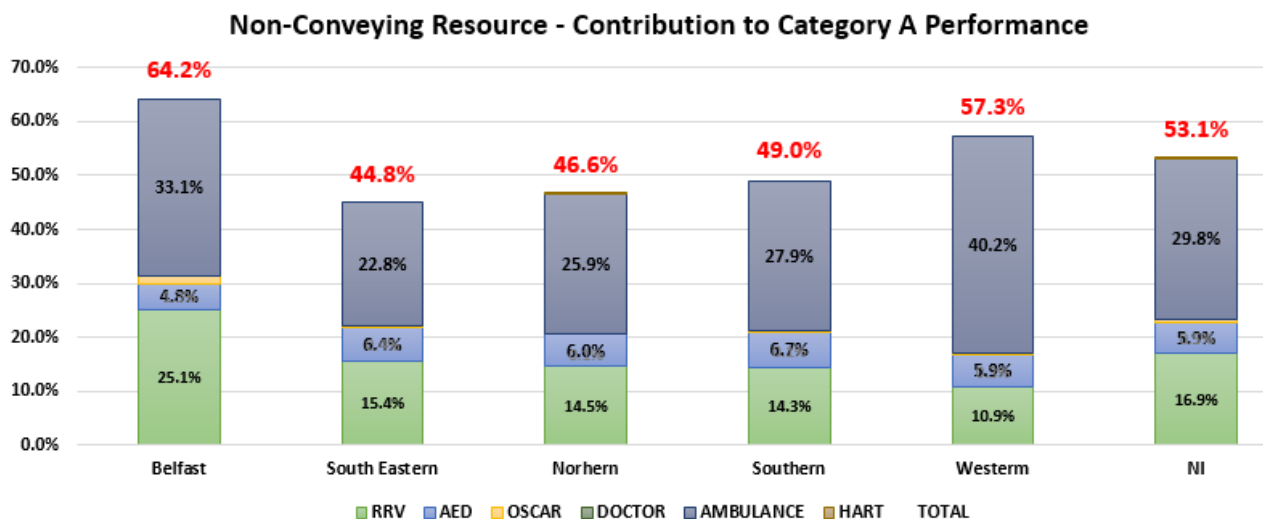
(i). Rapid response vehicle contribution to category a performance

NIAS - RRV CAT A CONTRIBUTION - AT SCENE IN 8 MINS APRIL - AUGUST 2015
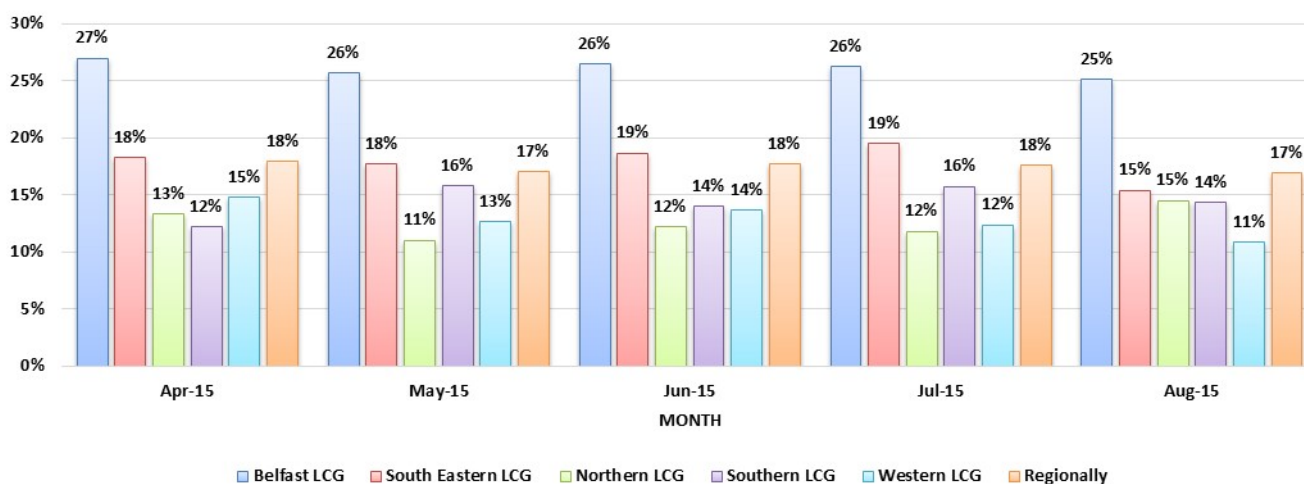
- The above chart shows how effective RRVs are in urban environments such as the Belfast LCG area. More rural LCG areas, such as Northern and Southern LCG, benefit from this type of ambulance responses in their larger town areas.

- In addition the above chart shows that the ratio of contribution across the divisions is fairly stable across the different months of the year.
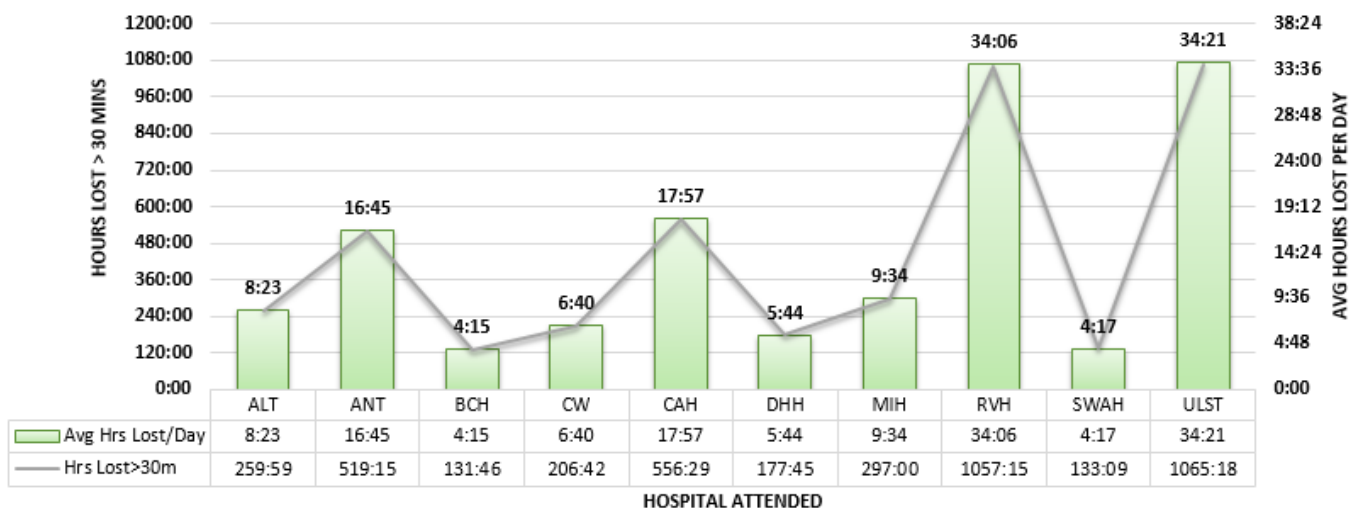
4.   AMBULANCE TURNAROUND TIMES

AVERAGE AMBULANCE TURNAROUND TIMES (HH:HH) AND TOTAL ARRIVALS AT HOSPITAL
August 2015

	ALT	ANT	BCH	CW	CAH	DHH	MIH	RVH	SWAH	ULST
Avg Time	25	29	30	29	32	28	33	33	26	40
Arrivals	1280	1797	374	705	1555	686	755	2640	638	1865

AVG HTT FOR ARRIVALS AT HOSPITAL

- The above table shows the average ambulance turnaround time at the respective hospitals. The agreed national standard and the NIAS Indicator of performance consider ambulance turnaround times of 30 minutes or less as in standard.

- As can be seen from these charts the number of ambulance arrivals at the hospitals clearly affects the overall length of ambulance turnaround time especially at very busy Emergency Departments such as the RVH and UHD

HOURS LOST >30 MINS AT HOSPITAL AND AVERAGE HOURS LOST PER DAY
August 2015

	ALT	ANT	BCH	CW	CAH	DHH	MIH	RVH	SWAH	ULST
Avg Hrs Lost/Day	8:23	16:45	4:15	6:40	17:57	5:44	9:34	34:06	4:17	34:21
Hrs Lost>30m	259:59	519:15	131:46	206:42	556:29	177:45	297:00	1057:15	133:09	1065:18

HOSPITAL ATTENDED

- 48.2% of all ambulance turnaround times in August 2015 were in standard (i.e. completed within 30 mins) compared to 54.8% in August 2014.

- There was little variance in the proportion of lengthy ambulance turnaround times (greater than 1 hour) across the main EDs regionally in August 2015 (4.4%) when compared to the same time last year (4.3%).

9

- The total loss of production hours due to Turnaround Times for NIAS has increased slightly by 5.1% compared to same time last year, with an additional 221 hrs lost during August 2015 compared to same time last year.

- This loss of NIAS ambulance production hours equates to 6.1 ambulances lost each day of August compared to 5.8 ambulances lost in August 2014. Of the 6.1 ambulances 1.4 were lost at the RVH ED and 1.4 at the Ulster ED.

5. <u>ACTIONS FOR IMPROVEMENT</u>

- Performance Improvement Plan for 2015/6 completed and shared with Commissioners. The PIP has been developed with a prioritised list of actions specifically to address improving Cat. A performance.

- The Plan distributes actions across four key Objectives:

  o Increasing Response Capacity
  o Improving Tactical Deployment of Resources;
  o Improving Timeliness of response in key elements of the Call timeline;
  o Addressing Staff Issues.

- Recruitment programme to stabilize workforce is ongoing:

  <u>EMT Training</u>:
  o Cohort 1 fully qualified 30/11/15   (20)
  o Cohort 2 on placement from 2/11/15   (24)
  o Cohort 3 on placement from 15/2/16   (24)
  o Cohort 4 scheduled to start May 2016 and placement August 2016   (24)

  <u>ACA Training</u>
  o Two cohorts already qualified and operational   (41)
  o Cohort 3 qualified 09/11/15   (24)
  o Cohort 4 qualified 09/05/16   (24)

  o Cohort 4 of ACAs and EMTs originally planned for April 2016 but given increase in funded establishment due to recurrent funding from Commissioners (under the Demographic Funding proposal) NIAS is currently working on bringing them forward and proceeding with additional recruitment and training of EMTs and ACAs for a possible Cohort 5 to take place in April/May 2016.

  o There are currently 12x qualified Paramedics working as EMTs who it is hoped will be successful in gaining permanent Paramedic posts following an imminent recruitment drive to support the Demographic funding proposals.

  o NIAS has offered Bank Hour Contracts to x3 paramedics and is expecting to be able to offer x6 Qualified EMTs a similar Bank contract.

- Continue monitoring the effective patient handover at the new RVH ED especially with the expected increase in levels of activity due to winter pressures. Adopt and adapting improved practices such as that currently operating in the new RVH ED.

- Gain recurrent financial support from Commissioners for HALO roles. IPT developed and shared for initial comments by Commissioners, which appear positive. Reviewing HALO model and modernising to maximise contribution to local operational needs

- Continued engagement at senior management level and local level on key issues affecting ambulance turnaround times including late finishes, rest periods and casual leave. Management side currently considering a number of Trade Union counter-proposals.

- Identify recurrent need for support from Voluntary and Private Ambulance Services at times of pressure (e.g. weekends and Monday afternoons) in full compliance with procurement process following contract tender. This will support the release of emergency ambulances to respond to Cat. A calls thereby improving response times.

- Revision of the Operational Business Continuity Plan alongside Regional Escalation Ambulance Plans and Major Incident Plans to facilitate effective and proactive management of resources, distribution and responsiveness.

- Pilot revised RRV operating times and align to shift change-over times to reduce late finishes and improve Cat. A response.

- Consider immediate actions to support implementation of Demographic Funding Proposal including:

  - Allocation of Vehicle Cleaning to external contractors thereby freeing up NIAS staff for operational duties
  - Secure Community First Responder Manager to maximise and support local communities especially in more rural areas
  - Progress with additional recruitments and training plans
  - Progress with additional VAS/PAS support during weekdays

<u>**Control & Communications**</u>

Ambulance operational performance against Cat. A and other targets relies on availability of resources and efficiency of systems.

Command & Control systems play a signifianct part in creating and maintaining the effiiciency of the operating and deployment processes. To ensure that this occurs as effectively and consistently as possible the Control function requires skilled professionals and excellent technology.

Staffing

NIAS two control facilites – EAC and NEAC have a workforce of 118 (88 EAC + 30 NEAC) WTE

In EAC where emergency calls are managed the key roles are Call Take and Ambulance Deployment. We have a WTE workforce of 46 Call Takers who are called Emergency Medical Dispatchers and they are trained in application of the Advanced Medcial Priority Dispatch System (AMPDS).

Accredited Centre of Excellence (ACE):   The IAED recognition of an agency as an accredited centre of excellence. A 20 point assessment to meet, and maintain, the highest standards in emergency dispatch. Many of the points are administrative in nature e.g. an undertaking to ensure all staff remain certified and complete continuous development training, documented local policies and procedures signed off by Medical Director etc. Specific to quality assurance is the audit of 999 phone calls and continuous feedback to EMDs measured against agreed Academy standards.

Q Process: NIAS is committed to reviewing a percentage of calls as per Academy guidelines in line with annual call volume. This equates to 2.71% of all 999s or approximately 60 calls per week (not including Special Case Review, complaints etc.). Calls are scored across 7 areas including customer service and final coding. Each call is reviewed in line with Academy standards and deviations are identified in 4 categories:

1. **CRITICAL** – The most serious errors that can impact response and patient care. These deviations are mostly errors in applying a correct code (response) to the needs of the patient or a failure to correctly provide life-support instructions for the treatment of the patient. Any CRITICAL errors are immediately fed back to the EMD and guidance is provided to encourage learning and improvement.
2. **MAJOR** – These deviations are mostly the result of issues around address and telephone number verification or necessary information not being obtained from the caller. MAJOR deviations are less likely to directly impact patient care but still receive urgent feedback to the EMD.
3. **MODERATE** – Less to do with response/patient care, the majority of MODERATE deviations relate to errors in following the scripted advice/questions and recording information incorrectly within ProQA. Feedback is less urgent than those above but guidance is provided routinely in individual reports.
4. **MINOR** – Basic compliance errors. Customer service deviations relating to communication, providing reassurance, displaying compassion etc... MINOR deviations do not impact on patient care or response times but are tracked and trended to monitor agency and individual performance.
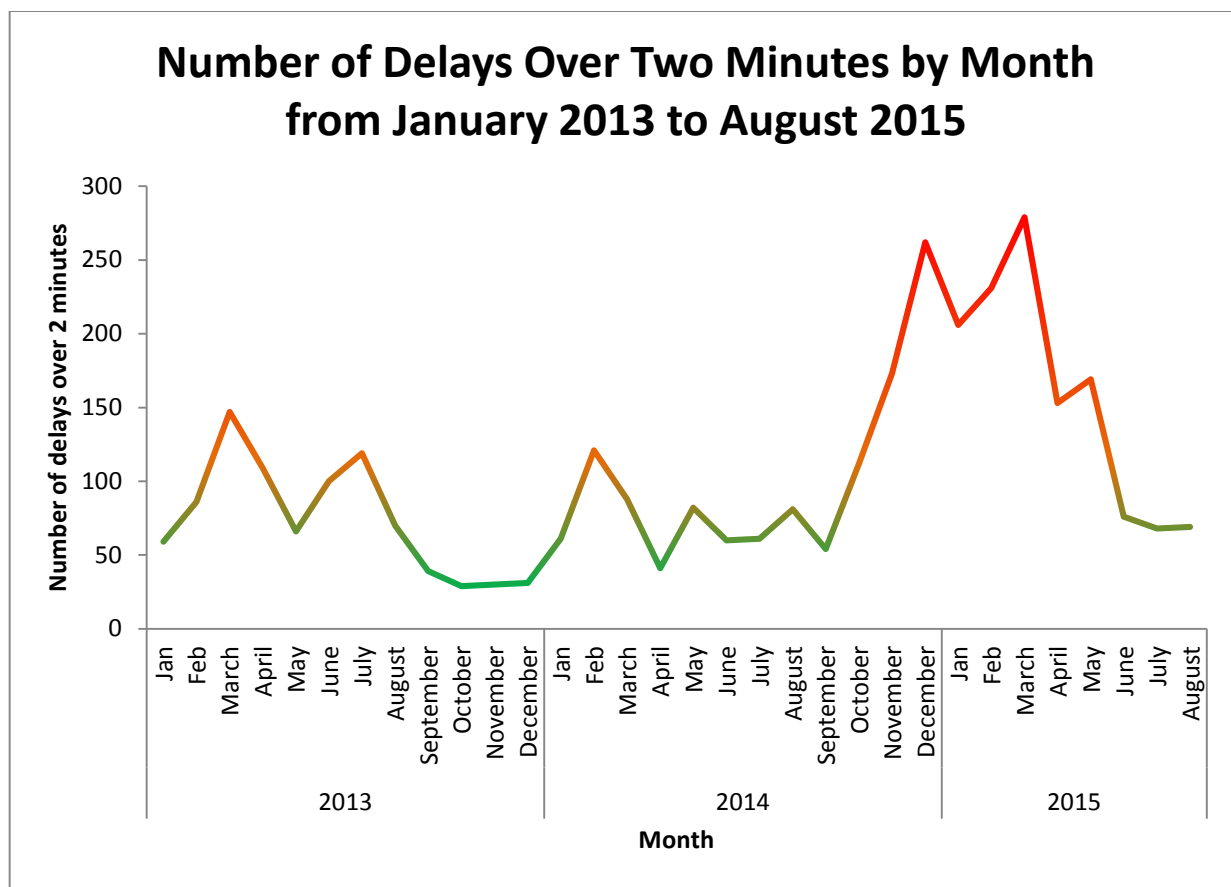
Progress: Consistent Q in progress since September '14 with full audit volume covered since April '15. Overall trend sees a reduction in the deviations within the CRITICAL and MAJOR

categories as they filter through to the less severe MODERATE and MINOR. This minimises RISK and WASTE in terms of response and increases the quality of standardised patient care. Currently meeting Academy standards in 4 of the 7 areas of protocol compliance – Chief Complaint, Key Questions, Final Coding and Customer Service. With increasing audit volume and continuous feedback we can now use the data to begin to directly focus training/CDE on the areas causing the most problematic and target specific compliance issues.

Total Accreditation Acceptance							
1% calls audited							
	Target	% Achieved					
	% less than	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Mar-15
Critical	3.00%	7.55%	5.94%	4.34%	5.02%	3.35%	2.30%
Major	3.00%	4.83%	3.27%	2.37%	2.86%	1.96%	2.13%
Moderate	3.00%	8.89%	7.08%	8.55%	7.17%	4.51%	2.51%
Minor	3.00%	5.14%	4.41%	4.41%	4.93%	3.94%	4.22%
~2.7% calls audited							
	Target	% Achieved					
	% less than	Apr-15	May-15	Jun-15 with IAED	Jul-15	part Aug-15	
Critical	3.00%	4.62%	3.19%		3.95%	3.07%	
Major	3.00%	2.98%	1.46%		2.30%	1.89%	
Moderate	3.00%	3.90%	5.12%		5.30%	3.84%	
Minor	3.00%	4.84%	4.36%		4.08%	3.31%	

The information above illustrates that our call-takers are constantly striving to improve performance. Regular and reliable delivery of Quality Assurance is critical to reaching ACE standards. Last year we recruited to a new Quality Improvement Unit and this is beginning to show dividends.

We have recently completed two EMD training courses to increase our pool of skilled personnel and this is reflected in the number of 999 call delays we experience as shown below:

Number of Delays Over Two Minutes by Month from January 2013 to August 2015

Y-axis: Number of delays over 2 minutes (0 to 300)

X-axis: Month

2013: Jan, Feb, March, April, May, June, July, August, September, October, November, December

2014: Jan, Feb, March, April, May, June, July, August, September, October, November, December

2015: Jan, Feb, March, April, May, June, July, August

We have recently established a 999 call queue announcement on the advice of our telephone operator and this is in line with other UK emergency services. It enables callers who are content to do so to remain on hold rather than be passed between incoming lines. After a period of time callers are transferred to Scotland our Buddy service if we cannot answer them either due to demand or technology failure. We provide the same service to Scotland.

Technology

Central to the Control and Communications function is the ability to take and prioritize "999" calls accurately, efficiently and effectively. Last year NIAS installed Automated Call Distribution which is a computer system that handles the incoming and outgoing calls and allows for fair and timely distribution of incoming calls. The system facilitates interpretation and analysis of our call-taking performance and what follows is a brief summary of some initial findings:

ACD gives the Management team access to reports on efficiency, productivity and performance on timeframes ranging from daily, monthly to quarterly.

Managers can proactively adjust settings to meet particular demands and to deal in real time with any adverse situations that would exceed normal call volumes (e.g. Scotland telephone exchange failure)
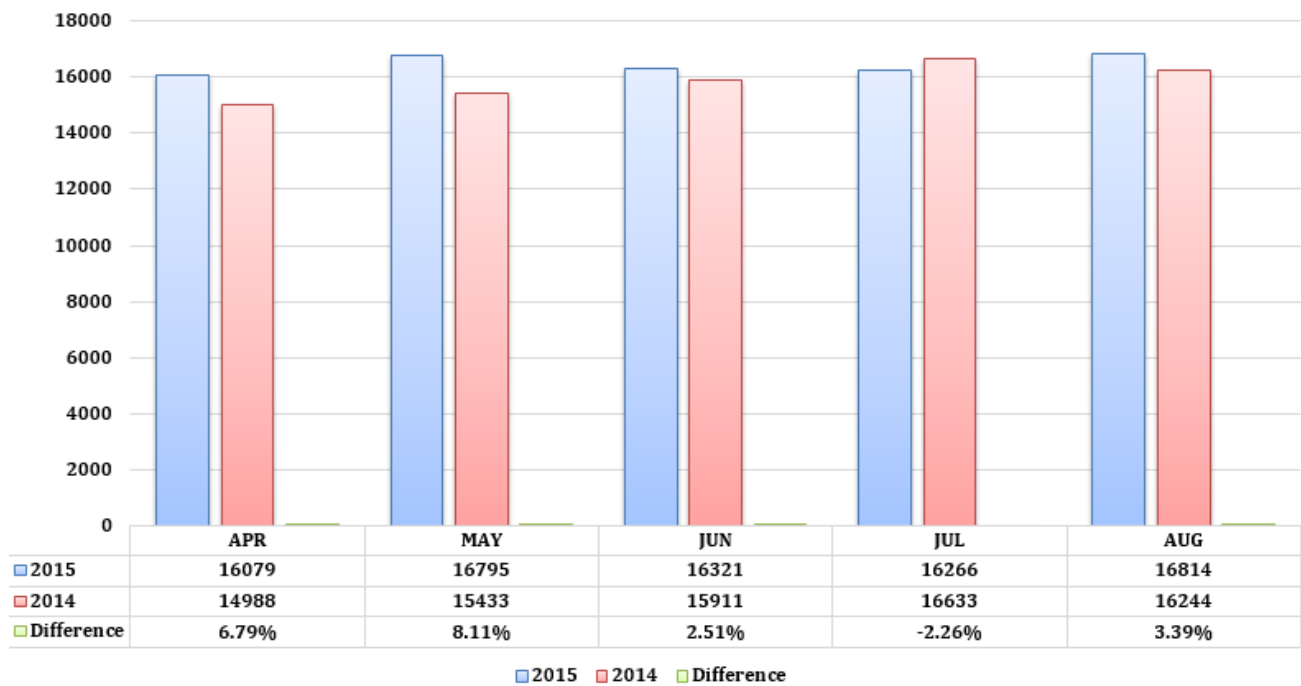
Overall Call Numbers

The tables below shows the overall number of calls received by the ACD system and the total number of outgoing calls.

EAC incoming and outgoing calls per month 2015/16

	Apr	May	Jun	Jul	Aug
999 Calls	16079	16795	16321	16266	16814
Routine	11016	11794	11286	11583	11102
Urgent	3335	2984	3213	3192	3333
Outgoing	25852	26096	25981	27178	26634
Total	56282	57669	56801	58219	57883

■ 999 Calls ■ Routine ■ Urgent ■ Outgoing ■ Total

EAC incoming and outgoing calls per month 2014/15

	Apr	May	Jun	Jul	Aug
999 Calls	14988	15433	15911	16633	16244
Routine	12054	12259	11683	12205	12785
Urgent	3590	3624	3375	3480	3150
Outgoing	25478	26645	26235	25934	27176
Total	56110	57961	57204	58252	59355

■ 999 Calls ■ Routine ■ Urgent ■ Outgoing ■ Total

It is worth noting that for many emergency incidents NIAS receives multiple incoming telephone calls. Equally for every incident we are dealing with, there can be multiple outgoing calls made by control room staff in the management of that incident.

The table below shows the differences between the two years and identifies that there has been a steady growth on telephone activity month on month barring August 2015.

999 calls - 2014/15 and 2015/16 comparison

	APR	MAY	JUN	JUL	AUG
☐ 2015	16079	16795	16321	16266	16814
☐ 2014	14988	15433	15911	16633	16244
☐ Difference	6.79%	8.11%	2.51%	-2.26%	3.39%

☐ 2015 ☐ 2014 ☐ Difference

999 Call Answer Times

We aim to answer our telephone calls as quickly as possible and the delay between the call hitting our telephone switch and being picked up is 2 seconds. This requires a call-taker to be available. Call delays occur when there is no call-taker free when the call comes in.

Automatic Call Distribution -95% Target

	Apr	May	Jun	Jul	Aug
◆ % Emer	90.23	88.82	91.04	92.50	91.22
■ % Rout	95.75	91.73	96.04	97.48	94.83
▲ % Urg	75.98	69.38	77.60	79.38	74.60

◆ % Emer ■ % Rout ▲ % Urg
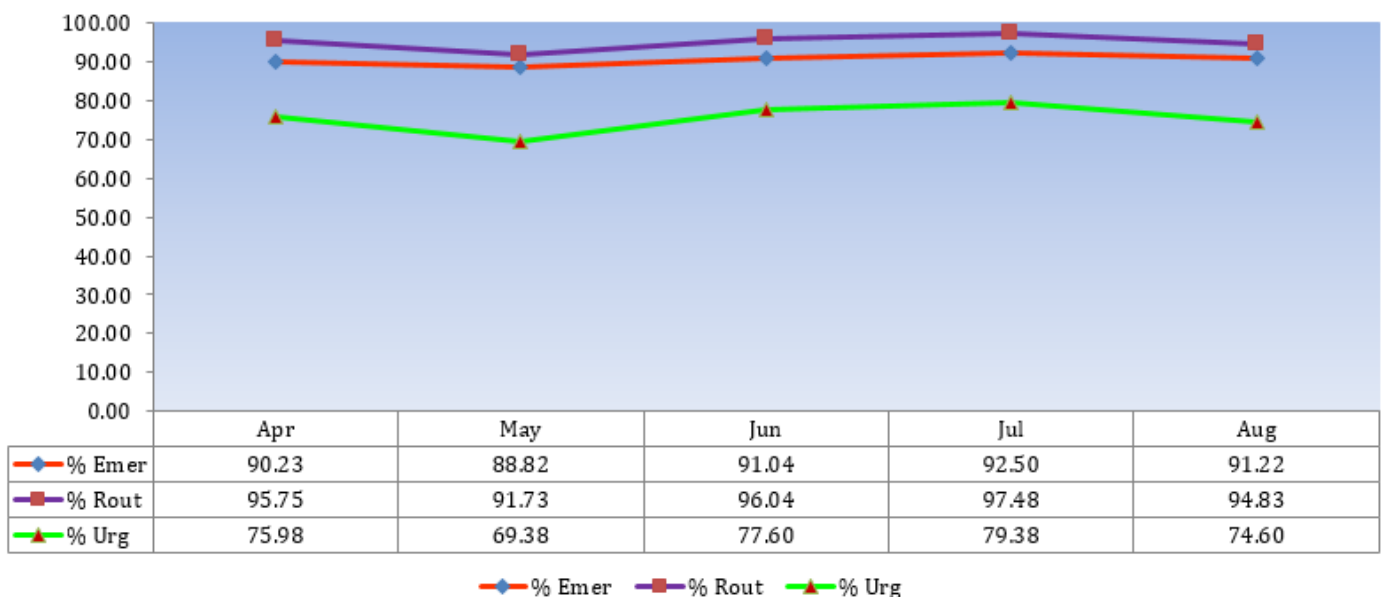
- Call answering shows a higher achieved target for Routine calls due to all skill sets being able to handle them.

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

16

Summary of Call Times

	APR	MAY	JUN	JUL	AUG
☐ Average time 999 call	00:03:30	00:03:45	00:03:47	00:03:47	00:03:51
☐ Longest time 999 call	00:47:44	00:57:24	01:04:48	01:02:14	00:53:14
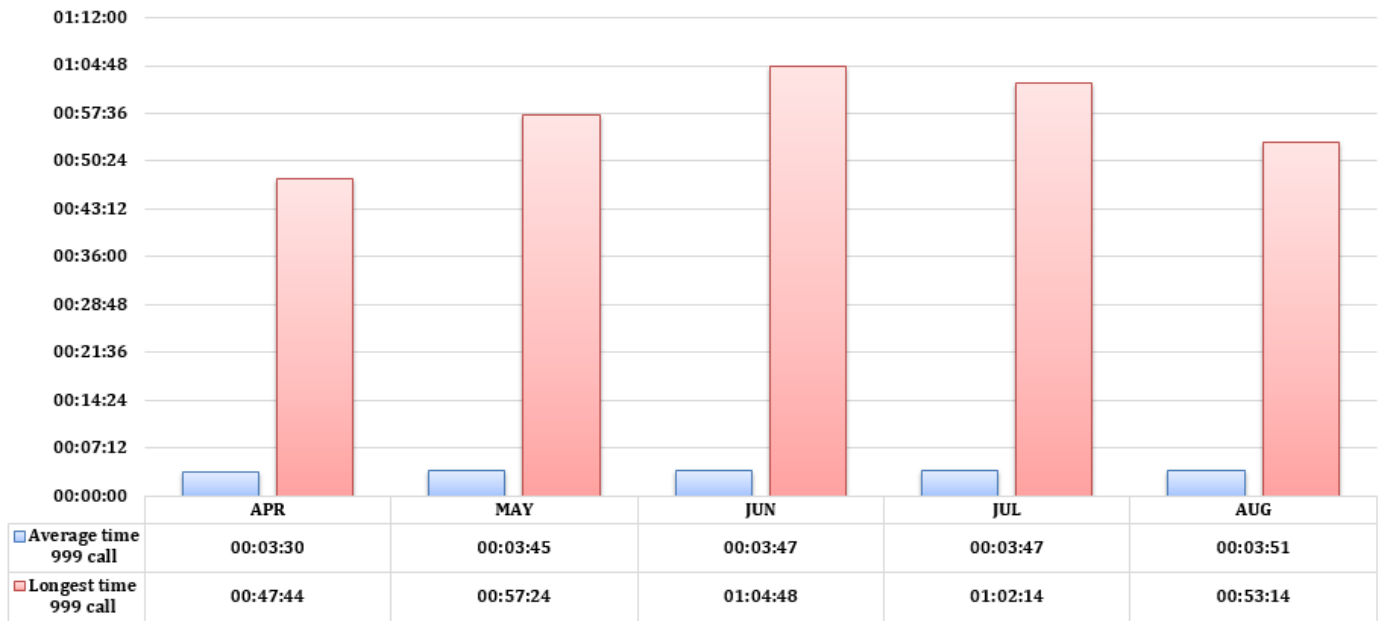
- EMDs are required by the IAED to remain on the line for certain health critical situations. They remain on the line until one of our operational resources is in attendance at the scene Longest times are a function of demand and resource availability. High volumes of incidents and reduced levels of cover can impact on availability of call takers.

FLEET AND ESTATES

SECURING THE INFRASTRUCTURE

OBJECTIVES
- NIAS is committed to investing in the fleet and estate necessary to deliver safe, high quality ambulance services
- To achieve a fleet profile of vehicles that is less than 5 years old.

CONTROLS ASSURANCE PROGRESS REPORT
Controls Assurance standards are continually reviewed in NIAS and in Operations the following are maintained:
i. Buildings and Land
ii. Environmental Management
iii. Fire Safety
iv. Fleet and Transport
v. Security
vi. Waste Management

CONTROLS ASSURANCE PROGRESS:

	RAG	Rating (75% in all criteria)	Comment
Buildings & Land	80.0%	Substantive	Agreed with Audit
Environmental Mgt	79.5%	Substantive	Self Assessed
Fire Safety	89.7%	Substantive	Self Assessed
Fleet & Transport	83.8%	Substantive	Self Assessed
Security	83.3%	Substantive	Self Assessed.
Waste Management	84.0%	Substantive	Self Assessed
PERFORMANCE COMMENTARY: All achieved greater than 75% in all criteria. Buildings and land achieved substantive after further evidence provided to audit.			

FLEET PROFILE 2015/16:

% Fleet Profile (less than 5 years old)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Emergency Ambulances	78.4	78.4	78.4	87.1	89.7							
Non-Emergency Ambulances	94.3	94.3	87.7	86.8	83.0							
Rapid Response Vehicles	73.8	73.8	73.8	76.2	83.3							
Support Vehicles	36.7	36.7	36.7	40.0	40.8							
PERFORMANCE COMMENTARY: Additional Vehicles retained not in Establishment: 8, over 5 years old. **2014/15** Commissioning is ongoing. A&E: 13 vehicles operational out of 22.												

PCS: going through quality inspections.
RRV, cars: 6 operational out of 11
Specialist Vehicle: control. Awaiting quality inspection

FLEET IMPROVEMENT PROPOSALS FOR 2015/2016:
Commissioning is ongoing and vehicles will be rolled out as this is completed.
Introduction of new carry chair with clip-on tracks to aid descent of stairs will be rolled out with new vehicles.

Fleet Maintenance contract has been awarded for all areas except West.
West tender site visits on going prior to award
Fleet recovery contract issued quarterly pending completion of tender.
Fleet Bodywork contract awarded.

2015/16
Purchase of chassis for A&E and PCS conversion in 2015/16 completed
A&E and PCS conversion awarded.
PaLS will not allow award for 3 year period, must be quoted annually.
Insufficient funds to purchase chassis' for 2016/17 conversion.

ESTATE CAPITAL PROGRAMME

BALLYMENA:
Design team reviewed contractor delay report and agreed completion date of February 2016.
Furniture and equipment specification and procurement initiated by NIAS team.

ENNISKILLEN:
Contamination survey is complete and identified sporadic deposits of small amounts of asbestos in a few areas.
Quantities are manageable but there may be a cost implication for removal.
Archaeological survey licence has been applied for.

CRAIGAVON:
Meeting arranged with Southern HSCT to discuss Ambulance site 12 March 2015.
General agreement reached to progress replacement station as part of overall business case.

ARDS/BANGOR:
Request to be allowed to progress to business case to be submitted to the department - ongoing.

BELFAST:
Strategic Outline Case to be submitted to request Feasibility funding.
Minor Works Consultancy Framework tender evaluation ongoing.

OTHER

Uniform – National contract due to complete in July 2015. Meeting in July has been postponed
Estates – NIAS participating in Regional Minor Works Design Consultancy tender, NIAS Building Survey tender and NIAS Facilities Management tender
Fire – fire audit visits scheduled over summer months, North and Belfast divisions to be completed
Energy – NIAS participating in Regional CAG re energy contracts for 2016
  – E -car charging points installed at HQ and Ballymacarret Ambulance Station, not yet initiated

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

FINANCE DIRECTORATE

Director of Finance and ICT

2015 / 09 / 21

NIAS Savings Proposals Summary 2015/16

08-Sep-15

The Trust is working to deliver a savings requirement of £1.2m in 2015/16 which is on track for delivery. The Trust assumes that no further efficiency savings are required in 2015/16.

Ref #	Scheme	Detail Per TDP	Current Year Effect (£k)	OVERALL STATUS	Screening	Engagement	Monitoring of Impact	Monitoring of Finance	Update 08 September 2015
1	Non-Emergency Patient Transportation	NIAS spends c. £10Million p.a. on the direct cost of non-emergency services. This proposed saving of £200,000 represents 2%. NIAS does not propose to reduce the number of patients transported by PCS rather to increase the number of patients transported per journey, where appropriate, thereby increasing the efficiency and productivity of the PCS service.	200	Started - on track	Complete	Started - on track	Started - on track	Started - on track	On Track Recurrently
3	Administration/Management Costs	Reduction in expenditure derived from further scrutiny and streamlining/re-provisioning of support services.	100	At risk of delay	At risk of delay	At risk of delay	At risk of delay	Started - on track	AT RISK - VES engagement will commence 8 October 2015. Savings requirement allocated to Directorates to achieve non recurrently against management and administration (non front line) budget lines.
4	Non Pay Expenditure	Reduction in expenditure derived from further scrutiny and streamlining/re-provisioning of non-pay expenditure.	100	Started - on track	Started - on track	Not Required	Not Required	Started - on track	On Track Recurrently
5	Reduction in expenditure associated with training and development	NIAS spends in the order of £2 Million p.a. on training. This proposed saving of £300,000 represents 15%. A review of training focused on mandatory training requirements has identified opportunities for more cost-effective provision without impacting on delivery of mandatory clinical training.	300	Started - on track	Started - on track	Started - on track	Started - on track	Started - on track	On Track Recurrently
6	Fuel Savings	Specific saving associated with reduced price of fuel.	100	Started - on track	Started - on track	Not Required	Not Required	Started - on track	On Track Recurrently
7	Constraining expenditure on minor schemes for estates	Continued restraint to be exercised on estate repair, maintenance and refurbishment.	200	Started - on track	Started - on track	Started - on track	Started - on track	Started - on track	On Track Non Recurrently
8	Constraining expenditure on replacement/introduction of non-critical medical equipment	Continued restraint to be exercised on replacement/introduction of non-critical medical equipment.	200	Started - on track	Started - on track	Started - on track	Started - on track	Started - on track	On Track Non Recurrently

FINANCIAL PERFORMANCE

Financial Breakeven

The Trust is currently forecasting a breakeven position at year end, subject to key risks and assumptions in particular in respect of the required level of savings and the level of investment to support delivery and developments. In addition, 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.

The position at the end of August 2015 (Month 5) is a breakeven position.

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		8,090	12,193	16,318	20,554							
Other Expenditure		1,651	2,593	3,467	4,347							
Expenditure Total		9,741	14,786	19,785	24,901							
Income		73	110	182	224							
Net Expenditure		9,668	14,676	19,603	24,677							
Net Resource Outturn		9,668	14,676	19,603	24,677							
Revenue Resource Limit (RRL)		9,668	14,685	19,620	24,677							
Surplus/(Deficit) against RRL		0	9	17	0							

Capital Spend

The Trust has received a Capital Resource Limit (CRL) of £7.481m (previously £7.236m). This has been allocated against Fleet Replacement, Estate, IT and General Capital. The Trust has made a formal request for a further £0.7m to complete the planned fleet replacement programme for 2015/16, however it is unlikely that any additional funds will be made available in year. The Trust is reviewing all capital schemes with a view to reprofiling expenditure to meet this shortfall.

Cumulative capital spend at the end of August 2015 (Month 5) is shown in the table overleaf.

Asset Disposals

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

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

Cumulative Capital Spend (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet		0	114	114	114							
Estate		490	670	924	1,244							
Medical Equipment		0	0	0	0							
IT Equipment		0	0	0	0							
General Capital		12	0	0	16							
Actual Spend		502	784	1,038	1,374							
Original Forecast Profile of Expenditure	242	490	869	1,323	1,674	2,085	2,526	3,137	3,538	6,624	6,779	7,116
Revised Forecast Profile of Expenditure	242	490	784	1,038	1,374	1,731	2,103	2,567	3,123	6,186	6,477	7,481

Capital Expenditure

Legend:
- Actual Spend
- Original Forecast Profile of Expenditure
- Revised Forecast Profile of Expenditure

X-axis: Month
Y-axis: Spend

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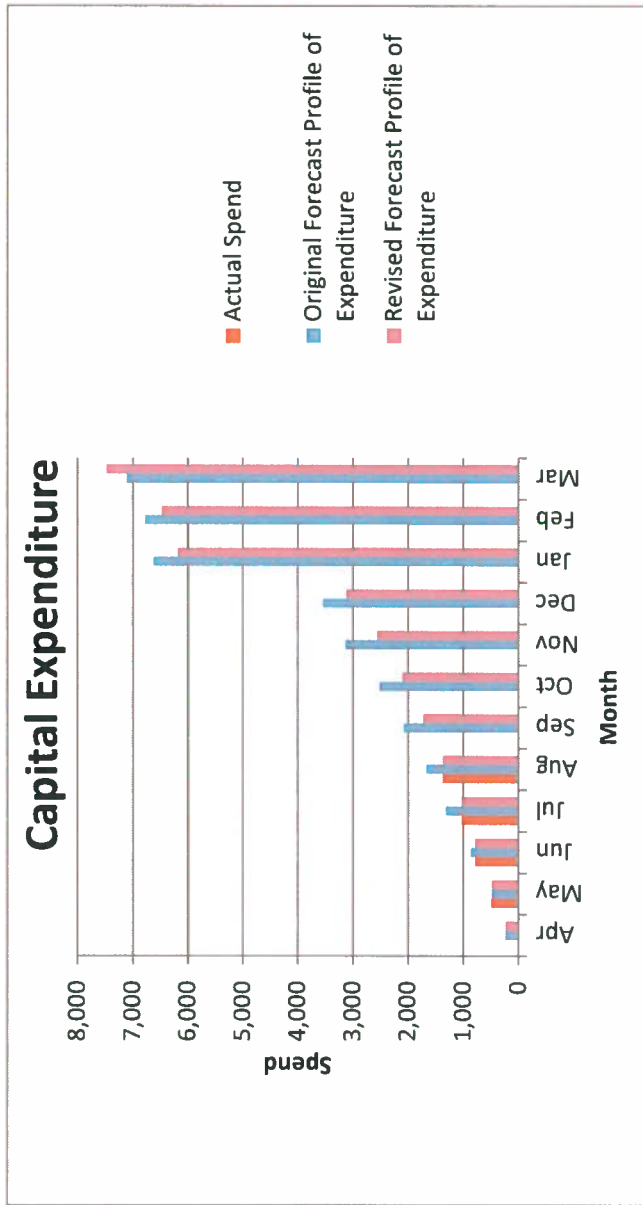
Prompt Payment of Invoices

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

Performance by number of invoices paid for each of these measures is shown below. Performance figures have been updated at August 2015 (Month 5). A range of plans are in place to improve performance in this area over the rest of the year, however the cumulative target of 95% of invoices within 30 calendar days can no longer be met. As aged invoices are cleared and paid, performance between months can vary significantly. The Trust has established a target of 50% (2014/15 40%) of invoices paid within 10 days and will be working towards the regional target of 60%.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Total bills paid	1,433	1,164	1,900	839	1,560								6,896
Total bills paid within 30 calendar days of receipt of undisputed invoice	1,161	867	1,484	779	1,227								5,518
% bills paid on time	81.0%	74.5%	78.1%	92.8%	78.7%								80.0%
Total bills paid within 10 working days (14 calendar days)	686	553	908	479	845								3,471
% bills paid on time	47.9%	47.5%	47.8%	57.1%	54.2%								50.3%

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

The Business Services Organisation provides a range of services to The Trust, including Procurement and Logistics Services (PaLS), Legal Services, Technology Services and Internal Audit. New reporting arrangements for the Service Level Agreements have identified Key Performance Indicators (KPIs) in respect of Purchasing and Supply. Figures for August 2015 were not available in time for this report. Performance against these KPI's to the end of July 2015 is as follows:

Key Performance Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Average Processing Time Per Requisition Days (Target 5 Days)	4.81	4.24	3.17	3.66								
Percentage of Products Supplied on First Request % (Target 95%)	99.60%	99.04%	99.35%	98.96%								
Number of Lines Issued (Stock and Non Stock Line)	1,224	1,014	972	1,068								
Value of Spend £k (Stock and Non Stock)	135	158	135	571								

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.

21 July 2015 – Virtual Environment Fault

NIAS implemented Microsoft Server 2012 to facilitate the implementation of the new antivirus software. This implementation caused the virtual environment to crash due to compatibility issues with a network component. This fault was identified by providers and a hardware fix applied with a downtime of 5 hours. This fault impacted on corporate file and print systems and did not impact on Emergency or non-emergency command and control systems.

14 August 2015 – 999 Telephony Fault

The root cause of the loss of the NIAS Telephony Switch including the 999 service is attributable to data corruption on an on-board Compact Flash storage device (FMD – Fixed Media Device). This device is in constant use by the processor. The event logs indicate that an inability to correctly access this FMD caused the active processor to correctly attempt to hand over control to the secondary, off-line processor and re-boot i.e. high availability. This handover did not successfully complete and the PABX was in an abnormal state which rendered it inoperable. BT arrived on site and power cycled all hardware removing the state of no response and clearing the fault.

The business impact to NIAS was very significant. Full telephony services, including 999 emergency, call inbound and outbound telephony handling, and internal telephony at headquarters was lost.

NIAS invoked a contingency plan to continue to support local emergency calls during the period of the service outage. This contingency plan (including transfer of some calls to Scottish Ambulance Service under a "buddy arrangement") worked successfully for the duration of the incident and no 999 emergency calls were dropped.

Service was impacted at 13:56 hrs and was restored following a reboot of the Telephony Switch at 16:00 hrs, and normal business operations resumed at 17:15 hrs, following a period of testing and verification of the telephony integration with the Northgate Integrated Communications Control system (ICCS).

17 August 2015 - Virtual Environment Fault

The Rollout of the anti-virus software to the NIAS estate caused a re-occurrence of the fault which had initially presented on 21 July 2015. This had caused the full virtual system to shutdown. The operation of virtual servers was interrupted. The fault was identified by NIAS ICT and escalated to providers with a fix applied after a downtime of 5 hours. This fault impacted on corporate file and print systems and did not impact on Emergency or non-emergency command and control systems.

23 August 2015 – Digital Trunk Radio A&E (DTR)

There was a failure the DTR network resulting in users not being able to use the radio system. The fault was identified as a core system fault and was managed by providers PSNI with a down time of 11 hours. During this time NIAS users were able to use the contingency desk radios with minimum disruption to service.

ICT Help Desk Performance

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

Target to Respond to 95%	July			Aug		
	No of Calls	Within time	Actual	No of Calls	Within time	Actual
Immediate	12	12	100%	17	17	100%
Urgent	31	31	100%	38	38	100%
High	21	21	100%	9	9	100%
Medium	346	340	98%	297	288	97%
Low	615	615	100%	623	623	100%
Total	1025			984		

ICT Planned Maintenance July 2015 – system upgrades Critical Systems

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

ICT Planned Maintenance July 2015 – system upgrades Corporate Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	
E-mail	216	4 Hours	0	No	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.
File Server	216	4 Hours	0	No	
Virtual Server	218	2 Hours	0	No	
BlackBerry	216	4 Hours	0	No	
Promis	216	4 Hours	0.10	No	

ICT Planned Maintenance Aug 2015 – system upgrades Critical Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	
C3 A&E	740	4 Hours	0	No	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 PCS	740	4 Hours	0	No	
Pro-QA	740	4 Hours	0	No	
ICCS A&E	740	4 Hours	0	No	
ICCS PCS	740	4 Hours	4.5	YES	
DTR	740	4 Hours	0	No	
Voice Recorder	740	4 Hours	1	No	
Mobile Data	740	4 Hours	0	No	

ICT Planned Maintenance Aug 2015 – system upgrades Corporate Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	
E-mail	196	4 Hours	0	No	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.
File Server	196	4 Hours	0.20	No	
Virtual Server	198	2 Hours	0	No	
BlackBerry	196	4 Hours	0	No	
Promis	196	4 Hours	0	No	

Information Governance – Developments: 01/07/2015 to 31/08/2015

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

- *Development of daily and weekly report to support Emergency Department attendances to the new Royal Victoria Hospital and associated ambulance turnaround, patient handover comparison with previous year*

- *Stoke Modelling datasets and mapping structures provided to HSCB colleagues for service improvement aspects*

- *Facilitated publication and roll out of new Patient Report Form. Developments in this area continue and currently being evaluated with operational staff.*

- *Facilitated Paramedic clinical profiles for Core I Professional Development (CPD) for Health Care Professional Council Annual Audits*

- *Supported the Communications Manager with a wide range of information to support media requests*

- *Provided mapping structures during July 2015 for Parades within the Belfast Division to support Command and Control and local area management with the operation of an effective service during any potential civil disorder*

- *Analysis of historical clinical datasets held in Command and Control systems for support for service development of frequent callers, Antrim Area Medical Acute Assessment Centre under the remit of Transforming your Care. Review of weekly reports and monthly report currently being undertaken with work already way*

- *Development of Performance Indicators within the Emergency Ambulance Control. The Information Department is developing information reports to facilitate monitoring within this area*

- *Review of STEMI datasets undertaken along with presentation and formatting of information.*

- *Patient flows from Republic of Ireland accessed to support Divisional areas*

- *Ongoing work on policy and procedures to support Information Governance across the Trust including Information Markers, Patient Report Form Policy. In addition a wide range of IG policies and procedures are planned for review and amendment in 2015/16.*

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 Operations 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 01/07/2015 to 30/08/2015

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	Apr 15 – Aug 15	Apr – Aug 15
Number of Requests Received	4	11	11	8	6								40	51
Number of Questions Received	20	32	64	48	31								195	187
Completed Requests processed within 20 days or less	4	8	8	7	3								30	36
Completed Requests exceeding 20 days	0	3	2	1									6	14
Requests still being processed in line with 20 days*	0	0	0	0	0								0	
Questions still being processed in line with 20 days*	0	0	0	0	0								0	
Requests still being processed **exceeding** 20 days	0	0	1	0	3								4	
Question still being processed **exceeding** 20 days	0	0	8	0	25								33	
Number of Questions/Answers Fully Disclosed	20	25	53	43	6								147	
Vexatious Requests	0	0	0	0	0								0	
Number of Questions/Answers which records not held	0	0	0	4	0								4	
Questions where exemptions wholly/partially applied	0	7	3	1	0								11	
Referrals for Independent Review	1	1	0	0	0								2	
Appeals to the Information Commissioner	0	0	0	0	0								0	

- From 01/04/2015 to 31/08/2015 - 75% of requests have been processed within 20 working days
- For the same period of monitoring, there was an additional 8 questions received than in 2014/15, with requests in total being down by 11

DATA PROTECTION ACT 1998 – SECTION 7: SUBJECT ACCESS MONITORING

REPORT FOR DPA PROCESSING (SUBJECT ACCESS) FOR THE PERIOD OF 01/04/2015 to 31/08/2015

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 15 – Aug 15
Number of Requests Received	2	4	2	1	3								12
Completed Requests processed within 40 days or less	2	2	1	0	1								6
Completed Requests exceeding 40 days	0	1	0	1	-								2
Identity Not Confirmed and therefore could not be further processed	0	1	1	0	2								4
Patient	0	1	1	0	2								4
NIAS Staff Member	2	2	1	1	1								7
External Agency	0	1	0	0	0								1
Relative of Patient	0	0	0	0	0								0

- **From 01/04/2015 to 31/08/2015: 75% of Subject Access Requests processed within 40 calendar days**
  (this is based on this requests that were fully processed ie identity and fee received)

POLICE SERVICE OF NORTHERN IRELAND REQUESTS – Police Acts, Common Law for the Period of 01/07/2015 to 31/08/2015

Purpose:

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

Requests will relates and include the release of call incident logs, 999 call, staff names and shift patterns, Patient Report Form, staff witness statements in line with legislative requirements to assist with PSNI investigations for example, investigation of fatal road traffic collisions, murder enquiries, alleged assaults etc	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 15 – Aug 15	Apr 14 – Aug 14
Number of Requests Received (based on receipt of correspondence date)	25	18	28	20	44								135	153

SOLICITOR ENQUIRIES for the Period of 01/07/2015 to 31/08/2015

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 15 – Aug 15	Apr 14 – Aug 14
Number of Requests Received (based on receipt of correspondence date)	42	35	30	46	42								195	213

DEPARTMENT OF HEALTH AND SOCIAL SERVICES – REQUEST FOR INFORMATION for Period of 01/04/2015 to 31/08/2015

DHSSPS/AQ's/CORs/TOF's/INV's	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April 15 – Aug 15
Assembly Questions (Oral)	0	0	0	0	0								0
Assembly Questions (Written)	3	9	4	7	4								26
CORs Received	2	0	2	2	4								10
TOFs Received	0	0	0	0	0								0
INVs Received	0	0	0	0	0								0

15/16 – PRF v PATIENT NUMBERS COMPARISON

Summary

Month	Emergency Calls responded to (KA34)	Patient Journeys				Completed PRFs (Formic)	Difference
		Emergency	Urgent	Routine	Total		
April 2015	15893	12323	n/a	353	12676	15142	+2,466
May 2015	16589	12610	n/a	357	12967	15472	+2,505
June 2015	16223	12537	n/a	360	12897	15423	+2,526
July 2015	16178	12297	n/a	399	12696	15010	+2,314
August 2015	16178	12770	n/a	420	13190	8847	-4,343
September 2015							
October 2015							
November 2015							
December 2015							
January 2016							
February 2016							
March 2016							
Total	81061	62537		1889	64426	69894	

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

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

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

HUMAN RESOURCE AND CORPRATE SERVICES DIRECTORATE

Director of Human Resources and Corporate Services

1/10/2015

Section 1: Human Resources & Corporate Services

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

Workforce Information

June 2015 Position	Trust Total	CX/Board	Finance & ICT	HRCS	Medical	Operations
Funded WTE	1273.54	7.00	30.63	68.15	8.00	1159.76
Substantive-in-Post WTE Perm (Temp)	1120.60 (43.80)	7.00	25.63 (2.00)	62.91 (3.00)	8.00 (1.00)	1017.06 (37.80)
Staff-in-Post Headcount	1190	7	29	75 (*84**)	9	1078 (*1092**)
Vacancy Levels	-109.14	0.00	-3.00	-2.24	1.00	-104.90

Commentary:

The Trust's Workforce Information Report is produced on a quarterly basis by the HR Department. Information is extracted from the HRPTS system and reconciled between the HR, Finance and Operations Departments for validation purposes. NIAS funded establishment on 30 June 2015 was a total of 1273.54 WTE. At this date NIAS total Substantive in Post (permanent & temporary contracts) was 1164.40 WTE including 43.80 WTE made up of 90 part-time staff (Headcount). The total Staff in Post (Headcount) figure was 1190. In addition, there are currently 24 seconded staff i.e staff working temporarily in posts other than their substantive posts.

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

Job Evaluation for Paramedics, RRV Paramedics and EMTs

Job Evaluations for Paramedics, RRV Paramedics and EMTs remain ongoing. Trust Board is aware that the Regional Quality Assurance (RQA) team, who are considering the NIAS jobs under the NHS Job Evaluation Scheme, have submitted questions to both management and staff side representatives for each of the three Job Evaluation Questionnaires. RQA team have requested a set of agreed answers to these questions, signed off by both management and staff side for each individual job. The RRV Paramedic response has already been agreed by the post holder representative and management representative and sent back to the RQA team. For the Paramedic and EMT posts, separate responses from the post holder representative and management representative have been forwarded and accepted by the RQA team. The Trust awaits the outcome from the RQA team and continues to request progress updates on a monthly basis.

Recruitment Activity

Further to report to Trust Board in August 2015, a further 23 Ambulance Care Attendance offers have been made to commence on 2 October 2015 and a further 24 Trainee Emergency Medical Technician offers have been made to commence in November 2015. In addition, permanent offers were made to 40 qualified Ambulance Care Attendants.

Section 1: Human Resources & Corporate Services
HRCS KPI: Supporting Staff To Achieve High Quality Performance (Attendance Management)

Total Number of Days Lost Due to Sickness Absence in NIAS

	A	M	J	J	A	S	O	N	D	J	F	M
Days lost 15/16	2616	2797	2729	2924	2559							
Emp/ees ½ pay	14	17	16	18	19							
Emp/ees no pay	8	7	11	11	10							
Days lost 14/15	2400	2191	2299	2731	2725	2943	3019	2560	3374	3388	2595	2828

Total Number of Days Lost Due to Sickness Absence in NIAS

— No. of days lost 15/16
— No. of days lost 14/15
— No. of days lost 13/14
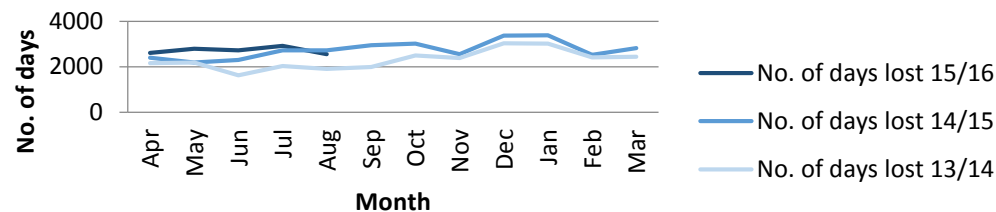
Commentary:

The % absence calculation within HRPTS has now been fixed and future Trust Board reports will include % sickness figures. NIAS HR staff have participated in a regional absence reporting workshop to share good practice and develop an agreed suite of regional absence reports and will be reviewing internal absence reports as a consequence of this.

The HR Dept continues to manage attendance in line with its Health and Wellbeing Attendance Management Action Plan. HR continue to provide professional advice and support to managers to managing attendance. A robust performance management system is in place to support the management of attendance. SLA meetings continue between HR and Occupational Health as do meetings with Care Call to address prevalent issues related to staff absence e.g. Stress Management.

Days lost by Directorate (as at 31 August 2015)

Days Lost by Directorate

- Finance & ICT (0%)
- HR & Corp Services (5%)
- Medical (0%)
- Operations (95%)
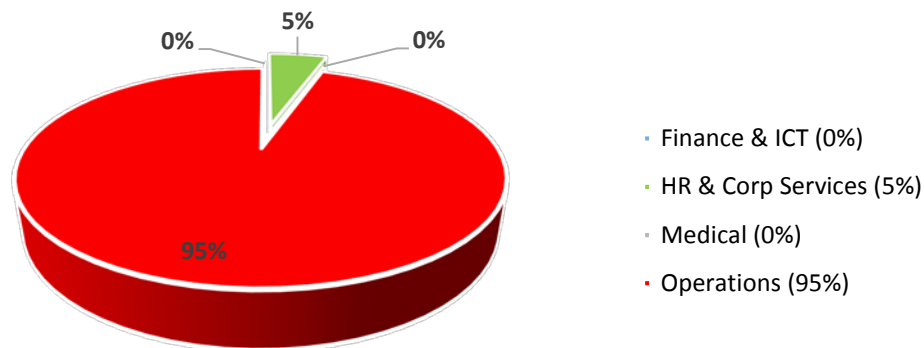
(Top 5)Reasons for Absence (Aug 2015)

SURGICAL (days lost 147)
GENERAL DEBILITY (days lost 173)
ACCIDENT RELATED (days lost 199)
MUSCULOSKELETAL (days lost 586)
MENTAL HEALTH (days lost 844)
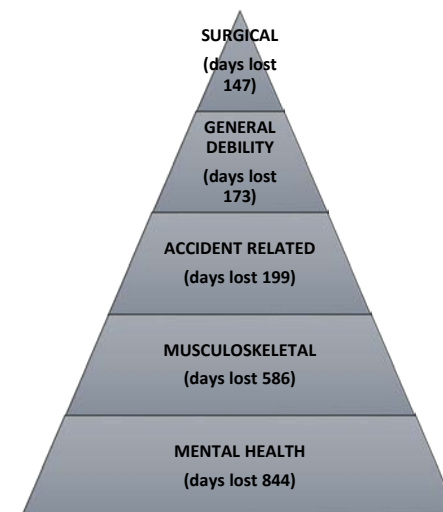
No. of Episodes of Absence (1-Sep-14 – 31-Aug-15)
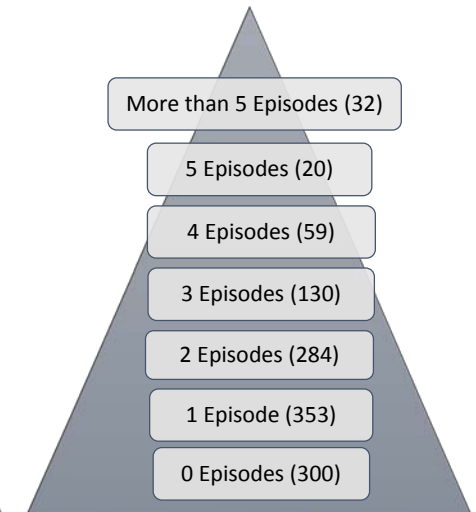
More than 5 Episodes (32)
5 Episodes (20)
4 Episodes (59)
3 Episodes (130)
2 Episodes (284)
1 Episode (353)
0 Episodes (300)

Section 1: Human Resources & Corporate Services

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

Disciplinary Cases:

Position as at Aug 2015	TRUST TOTAL	Patient Care	Willful Damage	Criminal Conduct	Fraud	Failure to comply with Trust Policy / Procedure
New Cases	**3**	**2**	**0**	**0**	**0**	**1**
HCPC Referrals	**0**	0	0	0	0	0
Suspensions	**3**	0	0	3	0	0
Total Active Cases	**14**	**5**	**0**	**3**	**2**	**4**

Grievance Cases:

Position as at Aug 2015	TRUST TOTAL	Transfer	Application of T&C	Recruitment	Job Evaluation	Equal Opps	Employee Relations Processes	Promotion	Pay
New Cases	**1**	**0**	**0**	**0**	**1**	**0**	**0**	**1**	**0**
Informal Stage	3	0	0	1	1	1	1	1	0
Formal Stage 1	20	2	12	1	1	0	1	2	0
Formal Stage 2 (Appeal)	2	0	0	0		0	1	1	0
Total Active Cases	**25**	**2**	**12**	**2**	**2**	**1**	**3**	**4**	**0**

Working Well Together / Harassment Cases:

Position as at June 2015	TRUST TOTAL
New Cases	**0**
Informal Resolution / withdrawn	0
Inv Ongoing	3
Formal Stage 1	0
Formal Stage 2 (Appeal)	0
Total Active Cases	**3**

Commentary (Employee Relations/Industrial Relations):

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

Case File Closures:

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

HRPTS Deployment Within NIAS:

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

% of Staff with ESS access

Legend:
- ChEx
- EAC/NEAC
- Finance & ICT
- HRCS
- Medical
- Operations
- RMC
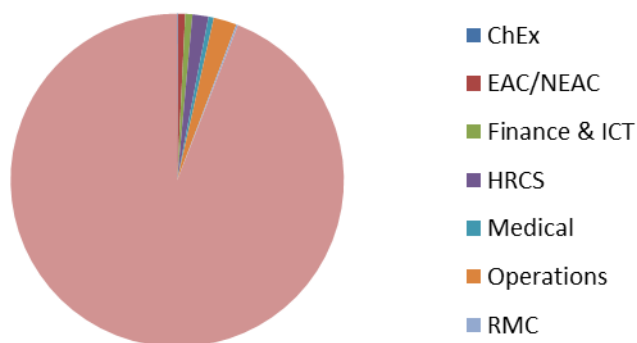
BSTP UPDATE

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, as at June 2015, are able to access ESS with 82% of NIAS Managers having access to MSS. We continue to work to deploy ESS/MSS in line with NIAS HRPTS Deployment Plan and the regionally agreed Implementation Framework. Deployment within NIAS however remains significantly hampered due to ongoing IT Infrastructure limitations particularly at station level where a substantial majority of NIAS employees are based. Work is currently ongoing to explore alternatives to provide for full deployment. Work is planned to reinforce ESS/MSS usage within the Trust.

BENEFITS REALISATION:

Regional meetings continue to take place in relation to BSTP Benefits Realisation. During the months May–September 2015 weekly regional workshops are scheduled to take place to review HRPTS Process mapping to ensure continual improvement and best practice processes are being followed. This will make sure both processes and system capability are optimised by managing evolving service requirements and needs including: system, users and managers.

SHARED SERVICES

The Recruitment & Selection (R&S) function of the HR Department is scheduled to move to BSO Shared Services in September 2015. This has been slightly delayed, however, it is anticipated that the transition will be completed by January 2016.

The transition to Shared Services will impact directly on staff within the HR Department. Work is currently underway to support staff through this transitional period. In February 2015 the Trust saw the move of the NIAS Payroll function to the BSO Shared Services organisation. Fortnightly meetings continue to take place between BSO Payroll SS, Human Resources & NIAS Payroll to address transitional process issues.

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

Development and delivery of the 2015/16 element of the agreed Education, Learning and Development Plan:

Delivery of the 2015/16 element of the ELD plan is on target. The ELD Plan reflects the Trust-wide changes in service delivery and has a specific focus on clinical priorities, particularly the provision of accredited training to support external and internal recruitment of emergency and non-emergency staff; a revised post-qualification assessment, training and development programme that maintains and updates clinical skills as well as introduces new topics to support the implementation of TYC-led initiatives and embed these into standard practice.

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

Each Directorate has responsibility for ensuring staff within their remit have the opportunity to undertake an annual individual KSF PDCR and to monitor compliance. This provides staff and managers with the opportunity to reflect on and appraise how each individual has personally contributed to the Trust's Strategic Aims and Values. Overall Trust compliance will be reported on by the KSF management side lead on a 6 monthly basis i.e at 30/09/2015 and 31/03/16.

	A	M	J	J	A	S	O	N	D	J	F	M
Operations Directorate	N/A	N/A	N/A	N/A	N/A							
Medical Directorate	N/A	N/A	N/A	N/A	N/A							
Finance &ICT Directorate	N/A	N/A	N/A	N/A	N/A							
HR & CS Directorate	N/A	N/A	N/A	N/A	N/A							

ELD Highlight report:

- The withdrawal of IHCD Modules remains on the HRCS local risk register. An options appraisal identifying alternative programmes of delivery for paramedic training has been submitted for review by SEMT. DHSSPS and Commissioners have been engaged in this development with further meetings planned.

- Delivery of the RATC 2015/16 core clinical training programme for 4 EMT cohorts and 4 ACA cohorts continues to be delivered to plan. To date in 2015 this has provided Operations with an additional 20 EMTs (currently on practice placement) and 41 fully operational, newly qualified ACAs.

- A new CPD programme for emergency and non-emergency operational staff has been developed for 2015/16 and delivery of this programme will commence in September 2015. This programme is complemented with a refreshed work book that includes mandatory and statutory training.

- A new quality improvement project that will implement a revised audit system with observation of practice to reinforce and evaluate the delivery of new clinical pathways into paramedic practice is progressing well. The pilot is due to commence mid-September 2015 and the project team leading this work has been established.

| 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 July/August 2015			
Date of Response	**Consultation Title & Summary**	**Summary of NIAS Response**	**Link to Consultation**
10/08/2015	DOE – Consultation on a Proposal for the Mandatory Wearing of Helmets on Motor Tricycles	The requirement to wear helmets should apply to people with disabilities except in circumstances where the person's disability precludes the wearing of a protective helmet. There may also have to be an exception on religious grounds in, for instance, the case of Sikhs who wear the turban as part of their religious observance.	http://www.doeni.gov.uk/motoring-consultation-proposal-to-mandate-wearing-of-helmets-on-motor-tricycles-2015.pdf
17/08/2015	SBNI – Consultation on the SBNI Information Sharing Agreement	Content with Information Sharing Agreement.	http://www.safeguardingni.org/sites/default/files/sites/default/files/imce/Final%20SBNI%20%20ISA%20Version%202%200.pdf

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

Equality Scheme implementation

- In line with the Trust's Equality Scheme policy screening for potential impact on 9 Section 75 categories is undertaken for policies across directorate areas. Screening outcomes are published in quarterly reports. Recent policy screening work within this reporting period has included a focus on Information Governance, placement of Information Flags and service developments linked to the Trust's Transformation Modernisation Project.

- The Trust has a statutory duty outlined within its Equality Scheme to submit an annual progress report to the Equality Commission for Northern Ireland for the previous fiscal year by 31 August. The trust's annual progress report on its Equality Scheme was submitted to the ECNI on 28 August 2015 and is provided for Trust Board for noting.

Key Work Streams

- The Trust continues to participate in work streams led by the DHSSPS Equality and Human Rights steering Group. This includes a collaborative approach across HSC to statutory requirements. Current regional discussions include forthcoming age discrimination legislation in respect of access to goods facilities and services and e-learning for HSC Staff in respect of access to Goods Facilities and Services.

- 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 off and learning from patient experience and systems of service user engagement and involvement. The Trust has worked to mainstream equality and PPI/Patient experience elements within policy development in the Trust.

Human Rights

- Human Rights consideration to Trust policy is incorporated within Equality and Human Rights Screening documentation.

- The Trust has been engaging with the Northern Ireland Human Rights Commission in respect of particular Trust policy plans and potential human rights considerations of these.

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

Supporting Trust policy

- The Equality, PPI and Patient Experience team support the Trust in respect of statutory obligations associated with strategic policy development. This includes Equality and Human Rights and PPI and Patient Experience considerations.

- Recent work has included work to support policy development in respect of Information Markers, budget plans, shift planning and Transformation and Modernisation initiatives. Outcomes of the team's involvement have included service user engagement in policy development and feedback, patient experience questionnaires designed for Alternative Care Pathways and the development of an equality and human rights framework within which to plan the Trust's policy for the placement of Information Markers.

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 Media Activity July - August 2015

Legend:
- Press Release
- Press Statement
- Interview
- Broadcast media
- Print media
- Daily
- Weekly
- Issue
- Incidents
- Outlets reached
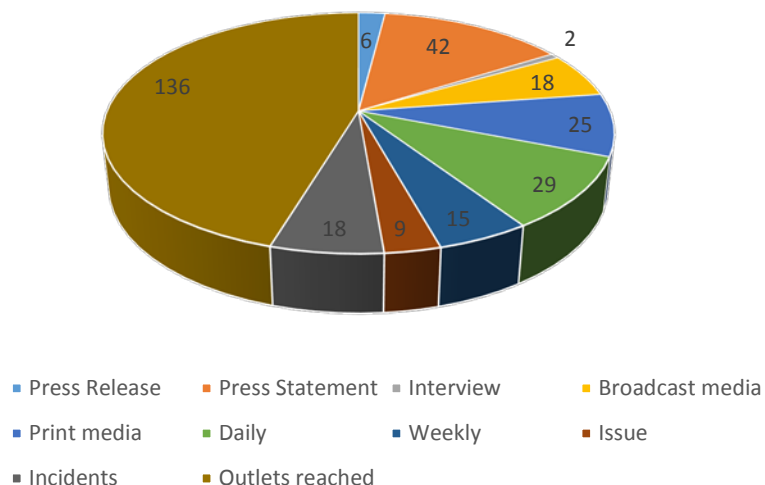
Key Themes in press coverage

- Throughout July and August, NIAS issued 6 proactive press releases and 42 Press Statements in response to enquiries from the media.
- 2 media interviews were conducted during the period.
- The number of media outlets reached in this period totalled 136 (each response equates to 1 outlet reached)
- Press statements tend to be issued in response to particular incidents which in this case included RTC's, collapse in public place, shootings.
- Press releases normally address corporate issues and in this period related to:
  - Telephone failure in Control
  - Ambulances involved in RTC's
- Other Corporate issues which were addressed reactively, in response to media, included ambulance provision in the South Down area and separately in the Fermanagh area.

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	23

- 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 develop a 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. Having completed a term as chair of the National Ambulance Communications Group (sub-group of AACE) the Trust's Media and Communications Manager handed over the role of chair, however continues to participate in the group and its work streams.

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. The 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.
- The projects include:
  - o Implementation of a range of Appropriate Care Pathways
  - o Pilot of a Clinical Support Desk in Ambulance Control
  - o Implementation of a NIAS Directory of Services
- Performance against key deliverables for NIAS Trust and the benefits realisation to the wider HSC is reported at each Programme Board and Trust Board.
- User and Staff Engagement and Communication are a critical element of effective delivery of TYC priorities. This is led through the Equality and Patient Experience function working with the TYC team and is reported on accordingly.
- Priority TYC Education, Learning and Development, (ELD) elements are address through the Trust ELD plan, and agreed through Clinical Stakeholders, SEMT and presented at Assurance Committee.

The evaluation of the new Alternative care pathways has been mainstreamed into the CSO 15/16 workplan. CSOs will carry out the clinical audits to support the evaluation.

Engagement

- A presentation was made to Downe, Newry and Mourne Council by the Chief Exec and Transformation Programme Manager regarding the programme.
- A workshop was led by the HSC Safety Forum to shape the development of a Quality Improvement Programme. A range of staff from Operations, Training, the Medical Directorate, Information

Appropriate Care Pathways Highlight Report:

- **Diabetes Treat, Leave and Refer/Minor Injury Units/Palliative Care/Cardiac/Frail Elderly services:**

These pathways continue to be used for referral in the Trusts/areas in which they are available.

- **Medical Assessment Unit:** From 1st of August, paramedics can refer/convey appropriate patients to the Acute Assessment Unit at Antrim Area Hospital. There have been over 15 referrals to date. This means patients do not experience a secondary transfer and offers benefits for staff in terms of rapid turnaround times.
- **Falls**: The 'Treat and Leave and Refer' pathway for patients who have suffered a non-traumatic Fall was relaunched in Southern Trust and went 'live' in Northern and South-Eastern areas on 1st of June, 2015. There have been over 150 referrals to date. Some very encouraging patient stories have been shared with HSCB.
- **Respiratory:** a pilot is being planned in BHSCT and WHSCT for patients with COPD who would benefit from referral straight to a Respiratory Specialist rather than conveyance to ED.
- **Mental Health:** plans for a pilot are underway for patients with mental health issues who do not require medical treatment.
- A range of local and regional meetings have been held in relation to progressing these and other pathways.

Clinical Support Desk Highlight Report:

- Contingency plans are being developed regarding previous plans for pilot of a new model of Clinical Support desk to enable and extend "Hear & Refer" and "Hear & Treat" pathways.

Directory of Services Highlight Report:

The implementation plan for the NIAS Directory of Services is in place and a 'go-live' date will be agreed with suppliers soon.

| Governance and TYC all attended and plans are underway to begin a pilot based on learning from the workshop. | |

Complaints / Compliments Report

July 2015 Position	Trust Total	A&E	PCS	Control & Comms	Other	VCS
Number of Complaints	41	20	7	17	0	0
Complaints Responded to within 20 Days (%)	0	0	0	0	0	0
Compliments Received	41	39	1	1	0	0

Main Issues Raised Through Complaints

The main issues raised are delay/non arrival of ambulance and staff attitude.

The Trust actively encourages feedback from our service users including complaints, compliments or enquiries. Such feedback helps identify areas where high quality care is being provided and, where this is not the case, use these as an opportunity for learning and improving services.

We aim to respond to complaints within 20 working days, where possible, and strive to ensure that there is a full, fair and objective investigation of the issues and concerns raised and that an effective response / outcome is provided. We will continue to do our utmost to resolve complaints however this may not be possible in all cases.

Compliments and suggestions/comments made by service users are acknowledged and shared with relevant staff / teams. The main areas in which compliments received related to the service provided by Accident and Emergency staff.

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT
MEDICAL DIRECTORATE

Medical Director
1/10/2015

Medical Directorate Performance Report for Trust Board (July-August 2015)

Emergency Planning & Business Continuity	
	Please refer to attached Emergency Planning Report for July-August 2015. The Trust's Major Incident Plan has been reviewed and updated as part of an ongoing two-yearly cycle of regular review. This will be submitted for approval to Trust Board at their meeting on 1 October 2015. The Major Incident Plan will be distributed in both hard copy and electronic format for ease of access by Officers during an incident. Access to elements of the Plan are restricted due to the sensitive and detailed information contained meaning that the Plan will be distributed in different versions as appropriate. A facilitated workshop with Directors and Trust Directorate business continuity leads to undertake a business impact analysis is still being planned but is anticipated in November/December 2015. This will inform the development of new and review of existing business continuity plans during 2015/16. This will include a review of current escalation plans and the outcome of debriefs in relation to recent industrial action. During 2015/16 a review of on call arrangements to support emergency planning incident response and business continuity will be undertaken and recommendations brought forward by Q4.
Risk Management	
Corporate Risk Register	Please refer to the Corporate Risk Register to end August 2015.
Incident Reporting Procedures	The incident reporting procedure is currently being reviewed to enhance the reporting of patient-related incidents. This review is taking place in parallel with Departmental review of regional serious adverse incident reporting procedure,

| | the outcome of which is anticipated in Q3 2015/16. NIAS is participating in the regional review.

A joint Human Resources & Corporate Services and Medical Directorate programme is to be developed in year to introduce systems and processes to further enhance and support individual and organisational learning from events such as untoward incidents, disciplinary investigations, claims, compliments, Serious Adverse Incidents (SAIs) etc. This will include the establishment of a scrutiny committee. |
|---|---|
| *Outcomes from Reports, Alerts, etc.* | Regular reports on complaints, compliments, adverse incidents including SAIs involving NIAS, Coroner's reports, medication and device alerts continue to be provided to the Assurance Committee. National Institute for Health and Care Excellence (NICE) guideline for medicines optimisation with potential relevance to NIAS has been received and is currently being reviewed for implementation if appropriate. A number of other NICE guidelines relevant to NIAS have been published in draft form for consultation. These include, for example, guidelines on the management of spinal trauma. These are currently being reviewed to enable NIAS to respond. |
| **Clinical Care** | |
| *Regional Community Resuscitation Strategy* | The Regional Community Resuscitation Strategy Implementation Group chaired by the NIAS Medical Director met in June 2015 and again in September 2015. Progress reports from various sub-groups, including CPR training, automatic external defibrillators / public access defibrillation, communication and data and information sub-groups, were received and considered. Meetings involving the Medical Director have taken place with Red Cross, St John Ambulance, Order of Malta and a range of other first aid training providers to engage them in the implementation process. There have also been meetings with the DHSSPS and a large commercial organisation who are proposing to place AEDs for public access on all of their premises. NIAS is engaging with them and providing |

	support and advice regarding this initiative. An electronic form for the "registration" of defibrillators has been developed and placed on the NIAS website for use by members of the public. Work is ongoing to enhance the mapping of defibrillator locations in Emergency Ambulance Control with agreement in June 2015 to participate in the development of a national Automatic External Defibrillator (AED) register and out of hospital cardiac arrest outcome study. Otherwise the progress of implementation continues to be slow as confirmation of recurrent funding for Community Resuscitation Development Officers (CRDOs) from the Health & Social Care Board (HSCB) / Public Health Agency (PHA) is still awaited. Existing funding to support current training initiatives ended September 2015. Prior to this a number of Trust CRDOs redeployed to normal roles. Current initiatives, particularly within Northern Trust area, beyond September 2015 have now been significantly curtailed until a decision regarding recurrent funding is made. The decision by HSCB/PHA regarding recurrent funding was anticipated in September 2015. Further implementation of the Strategy will potentially be significantly curtailed if funding is not agreed.
Patient Report Form (PRF)	A revised Patient Report Form (PRF) to reflect new clinical guidelines, referral pathways and regional physiological early warning scores was introduced on 1 August 2015. A user's guide detailing the procedure for the completion of the new report form was circulated. A small number of minor revisions have been identified and proposed by staff and these will be made in the next print run. Otherwise feedback from staff regarding the report form has been very positive. An associated revised policy for PRF completion is currently being drafted.
Electronic Patient Report Form (ePRF)	The Outline Business Case was submitted to DHSSPS following a number of minor amendments requested by them. The Department have accepted that the Business Case is now ready for submission to the Department of Finance.

	Further progress of the business case is dependent on a letter of support from the Commissioners. In discussion with the Board and the Department, it has been agreed that a letter of conditional support from Commissioners will allow the project to proceed to procurement. This will present an opportunity to obtain an accurate picture of overall costs, with any financial commitment subject to review and approval of the Full Business Case. This will ensure the project remains on target and avoid unnecessary delays. A decision regarding support for revenue funding was anticipated by end July 2015 in order to comply with proposed timescales and deadlines if support is agreed. However further correspondence from the Commissioner would indicate that a decision is unlikely before end September.
Annual Quality Report	Meetings with DHSSPS in relation to the 2014/15 Annual Quality Report as part of Quality 2020 have taken place. The Trust 2014/15 Annual Quality Report is due for completion during September 2015 for review by DHSSPS and Trust Board prior to publication in November 2015. During 2015/16 a joint Finance and Medical Directorate programme will be established to publish and communicate clinical performance information at levels of organisation, division, team and individual. In the meantime, an infographic has been developed for circulation to staff regarding elements of NIAS clinical performance and other data.
Alternative Care Pathways	An appropriate transport / referral policy and guideline approved by Trust Board in March 2015 has been circulated and implemented in July 2015. A number of policies are in the final stages of development and will be circulated for consultation and comment within the Trust. These include information markers and frequent callers. During the previous reporting period the Southern Trust Acute Care at Home

	referral pathway was extended and a palliative care referral pathway was implemented regionally with the exception of the Southern sector of the Western Trust. A Falls Referral pathway was introduced on 1 June 2015 in the Northern, Southern and South Eastern Trust areas. This brings the number of appropriate care pathways established to six. Software has been procured to develop and introduce a Directory of Services. Decision support software for the pilot of a Clinical Support Desk (CSD) within Ambulance Control which had been procured was found to be unsuitable for use by paramedics and was therefore refunded. Other secondary triage tools such as the Manchester Triage Tool in use by a number of other Ambulance Services is currently being assessed. The establishment of the CSD in Emergency Ambulance Control (EAC) has been delayed by this and also pending the outcome of the Job Evaluation and Job Specification process. Work is continuing in preparing Ambulance Control systems and operational protocols for the CSD.

Personal Public Involvement / Patient Client Experience	
Patient and Client Experience Standards (PCES)	The Trust continues to be represented in regional work streams around the Minister's standards: Respect; Attitude; Behaviour; Communication; and Privacy and Dignity. The Trust has 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. A report detailing this work for the period 2014-15 was provided to the PHA in July 2015.
Personal and Public Involvement (PPI)	The Trust's Personal and Public Involvement (PPI) Strategy outlines its commitment to involving key stakeholders such as service users, carers and their representatives in the development of services. Within this framework, 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. 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.

EMERGENCY PLANNING REPORT for July and August 2015

KPI No		April	May	June	July	August
2	**No of Potential Major Incidents**	1	1		2	5
	No of Declared Major Incidents	1		1		
	No of Airport alerts					
	Belfast International Airport			2		1
	Belfast City Airport					
	City of Derry Airport					
	St Angelo Airport					
	Newtownards Airfield	1				
	Other airfields					
	Business Continuity	2	2	3	4	4
	Hazardous Material Incidents (HART calls)		22	25	43	49
	HART pre-planned deployments		3	2	2	3
4	**Training sessions**	2	3	1		
	Emergency Planning	2	1	2	2	2
	HART	6	4	9		
	Business Continuity		1	1		
5	**Exercises**					
	Live	2	1	4	1	
	Tabletop	1	1	1		
	Observer		1	0		
6	**Updates or amendments to MIP**					

Potential Major Incident

On 6 July 2015 at 1650hrs NIAS received a call to the Mourne Mountains for a group of young people on their Duke of Edinburgh award expedition. The initial report was that two members of the group were suffering from hypothermia and were unconscious. Three A&E crews, three Patient Care Services crews, two Rapid Response Vehicles, two Doctors and HART 1 (J McArthur) were tasked to the scene. HART paramedics were dispatched onto the mountain as part of the Mourne Mountain rescue team. Delta 1 (Dr McManus) and HART 1 were taken onto the mountain by the PSNI mountain rescue team. In total six casualties were taken off the mountain to the Rendez-Vous Point (RVP) and one patient was taken to Daisyhill Hospital. The incident was stood down at 1932hrs.

On 19 July NIAS were asked for assistance from the Irish National Ambulance Service (NAS) for a reported downed aircraft in the Carlingford Lough area. The incident was stood down after just three minutes.

On 8 August 2015 at 2223hrs NIAS received a call following a report of a male person who was unwell having mixed a number of chemicals. A potential major incident was declared due to uncertainty regarding the number of other people in the building. Four A&E crews, one Intermediate Care Service crew, one Rapid Response Vehicle and a BASICS doctor were tasked to the scene. Two hospitals were alerted to the potential major incident at 2248hrs. One patient was taken to hospital and the incident was stood down at 2313hrs.

On 16 August 2015 at 1302hrs NIAS received a call for road traffic collision between a bus and a car near Ballymena. Four A&E crews, one Patient Care Services crew and five on call Officers were tasked to the scene. One person was taken to Antrim Area Hospital and the thirty persons on the coach remained on board until a second coach arrived. The incident has highlighted an issue in that the officer at the scene attempted to set up a rest centre for the passengers on the coach but was unable to do so as the previously agreed multi-agency local procedures were no longer valid due to the new council boundaries.

Issues arising: Ballymena Council are to be contacted to introduce new procedures for rest centres.

On 18 August 2015 at 1645hrs NIAS received a call from PSNI to the Royal Mail sorting office in Mallusk for a suspicious package believed to contain a chemical. One Rapid Response Vehicle, HART 2 (S Graham) and one Officer were tasked to the scene. The incident was stood down from a potential major incident to be dealt with as a HAZMAT call. Two people were assessed and discharged at scene. The incident was closed at 1852hrs.

On 21 August 2015 at 1257hrs NIAS received a 999 call to the M1 motorway for a three vehicle road traffic collision with one car on its roof. Initial reports stated that there were five adults and four children involved. Five 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 made available but not deployed. The incident was stood down at 1320hrs.

On 26 August 2015 at 0744hrs NIAS received a call to North Down for a road traffic collision involving five cars with a query of eleven patients. Five A&E crews, three Intermediate Care Service crews, three Officers and the Mobile Control Vehicle and the Emergency Equipment Vehicle were tasked to the scene. Two patients were taken to the Ulster Hospital and the incident was stood down from a potential major incident 0759hrs.

Major Incidents
There were no declared major incidents this period.

Airport Alerts
On 22 August 2015 at 1307hrs NIAS received an airport alert to the Belfast International Airport for an aircraft landing with smoke in the forward galley with 214 passengers on board. Four A&E crews, two Intermediate Care Service crews, three Rapid Response Vehicles, five Officers, one Doctor and the Mobile Control Vehicle and the Emergency Equipment Vehicle were tasked to the scene. The aircraft landed safely and no patients were assessed or treated at scene. The incident was officially stood down at 1355hrs.

HAZMAT / Hazardous Area Response Team (HART) deployments
82 = Deployments with Breathing Apparatus skills / HAZMAT deployments
3 = Restricted space
3= Incident at height
4 = Inaccessible area (mountain rescue)

_____
William Newton, Emergency Planning Officer

B5 Percentage of Cardiac Arrest Patients who suffered an Out of Hospital Cardiac Arrest who have a Return of spontaneous Circulation (ROSC) on Arrival at Hospital

Data provided is based on review of Patient Review Forms for period of 01/05/2014 to 30/04/2015

INDICATOR 1
(see explanation below)

INDICATOR 2
(see explanation below)

Month	Cardiac Arrests	Resus attempts	ROSC at Hospital	Cardiac Arrests	Resus attempts	ROSC at any time	ROSC at Hospital	No of at hospital ROSCs that had initial VT/VT + Bystander Witnessed
May 2014	95	61	9	95	61	18	9	4
Jun 2014	102	71	11	102	71	23	11	7
Jul 2014	111	84	14	111	84	23	14	7
Aug 2014	95	69	5	95	69	13	5	2
Sep 2014	113	84	14	113	84	25	14	6
Oct 2014	108	81	9	108	81	26	9	6
Nov 2014	119	84	14	119	84	24	14	5
Dec 2014	129	88	11	129	88	24	11	4
Jan 2015	164	103	17	164	103	30	17	5
Feb 2015	124	84	11	124	84	27	11	8
Mar 2015	111	77	12	111	77	19	12	7
Apr 2015	127	92	12	127	92	24	12	7
Totals	1398	978	139	1398	978	276	139	68
%		69.96%	14.21%		69.96%	28.22%	14.21%	48.92%

11

Outcome Sought: **To reduce the proportion of patients who die as a result of an out of hospital cardiac arrest**

Description: Outcome from cardiac arrest, measured by return of spontaneous circulation (ROSC) at time of arrival of the patient to Hospital.

Outcome for cardiac arrest, measured by return of spontaneous circulation (ROSC) at time of arrival of the patient to hospital. Recording of ROSC at hospitals indicates the outcome of the pre-hospital response and intervention. All patients that suffer a potentially reversible cardiac arrest whether they are transported to an Emergency Department or resuscitation was terminated at scene

KPI1. ROSC at Arrival at Hospital (Overall)

Calculation: Number of patient with a recorded ROSC on arrival at hospital / All patients who had a resus commenced (CPR/ALS etc.)

KP2. ROSC at Arrival at Hospital (Utstein comparator group)

Calculation: Number of patient with a recorded ROSC on arrival at hospital / All patients who had a resus commenced (CPR/ALS etc.) where the patient a recorded shockable rhythm (VF or VT) where the arrest was witnessed also by a bystander

Produced by Finance and ICT Directorate, Information Department, Clinical Audit

Percentage of 'at hospital' ROSCs that had initial VT/VT+ (bystander witnessed)

Ambulance Trust	%
Great Western Ambulance Service NHS Trust	0
East Midlands Ambulance Service NHS Trust	24
North West Ambulance Service NHS Trust	38.9
Yorkshire Ambulance Service NHS Trust	41.9
South Western Ambulance Service NHS Foundation Trust	42.2
West Midlands Ambulance Service NHS Trust	45
Northern Ireland Ambulance Service HSC Trust	48.9
East of England Ambulance Service NHS Trust	56.5
London Ambulance Service NHS Trust	58.3
South East Coast Ambulance Service NHS Foundation Trust	61.8
South Central Ambulance Service NHS Trust	65.9
North East Ambulance Service NHS Trust	83.3
Isle of Wight NHS PCT	100

* NIAS total - n=68

Isle of Wight NHS PCT — 100
North East Ambulance Service NHS Trust — 83.3
South Central Ambulance Service NHS Trust — 65.9
South East Coast Ambulance Service NHS Foundation Trust — 61.8
London Ambulance Service NHS Trust — 58.3
East of England Ambulance Service NHS Trust — 56.5
Northern Ireland Ambulance Service HSC Trust — 48.9
West Midlands Ambulance Service NHS Trust — 45
South Western Ambulance Service NHS Foundation Trust — 42.2
Yorkshire Ambulance Service NHS Trust — 41.9
North West Ambulance Service NHS Trust — 38.9
East Midlands Ambulance Service NHS Trust — 24
Great Western Ambulance Service NHS Trust — 0

PERCENTAGE (%)

13

Complete Cardiac Arrest Data per Postcode between April 2014 - March 2015

Legend

H Hospitals with a Cath Lab

Cardiac Arrest Data
- ● DNAR
- ● DOA
- ● Resus Attempted

Altnagelvin Hospital

Royal Victoria Hospital

BT39
BT36
BT40
BT19
BT14
BT15
BT3
BT18
BT29
BT13
BT4
BT17
BT9
BT5
BT16
BT28
BT8
BT23
BT27
BT24
Royal Victoria Hospital

BT56
BT57
BT54
BT52
BT53
BT49
BT51
BT44
BT47
BT43
BT42
BT40
BT82
BT46
BT45
BT41
BT39
BT23
BT81
BT80
BT80
BT28
BT79
BT78
BT70
BT70
BT27
BT23
BT93
BT67
BT26
BT93
BT77
BT69
BT24
BT94
BT75
BT76
BT61
BT65
BT68
BT30
BT74
BT92
BT60
BT31
BT92
BT35
BT34
BT33

N

0   10   20   40 Miles

Data where a ROSC occurs at Anytime, per Postcode between April 2014 - March 2015

Legend

H Hospitals with a Cath Lab

ROSC

● ROSC at Anytime

Altnagelvin Hospital

Royal Victoria Hospital

N

0   10   20   40 Miles

ID	Principal Aim,Objective.Value	Risk Type	Title	Description
220	To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessable, timely and effective	CORP	Trade Unions 'Notice to Employer' of an official ballot for Industrial Action.	There is a risk to all aspects of service delivery, including the risk to safe delivery of patient care.☐ Ballot for Industrial Action (i) in the form of Strike Action; or (ii) in the form of action short of a strike

ID	Principal Aim,Objective.Value	Risk Type	Title	Description
273	To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessable, timely and effective	CORP	Financial Stability - Achieving Financial Balance 2015/16	There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance.

ID	Principal Aim,Objective.Value	Risk Type	Title	Description
246	To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessable, timely and effective	CORP	Linking Funding to Demand	There is a risk to the Trust that increasing demand for ambulance response and transportation will outstrip capacity and compromise delivery of safe, high quality care due to the absence of a means of linking planned / approved budget to demand.□ Overall demand for ambulance has increased by 3% in 2014-15, with an increase of 14% for Category A calls. The increase in Category A calls has resulted in a sharp deterioration in % of Cat A calls responded to within 8 mins despite only moderate fall in absolute number of calls responded to within 8 mins.□

Risk level (initial)	Risk level (Target)	Risk level (current)	Lead Director	Initial Action Taken to Control/ Mitigate Risk	Opened	Review Date
HIGH	MEDIUM	HIGH	DIRHR	1. Management guidance for response to IA and contingency Plan for IA implemented ☐ 2.IA Management Team and related Silver Cell established to ensure the Trust has a formal structure in place which enables effective demand management and co ordination.☐ 3. Regional HSC Protocol and MOU agreed with Unison, Unite and GMB Trade Unions to protect the provision of emergency services and clinically critical care to patients during the periods of IA. Commitment also given to support the delivery of contingencies where employers are demonstrably unable to make alternative arrangements.☐ 4. IAMT will engage with TU's before and during IA☐ 5. Escalation to NIAS BC Plans as appropriate.☐ 6.Consultations mechanism established for IR issues. Continued engagement with Trade Unions throughout these. ☐ 7. A series of debriefs have been conducted following the IA and recommendations and action plans have been developed.	11/08/2011	01/09/2015

Risk level (initial)	Risk level (Target)	Risk level (current)	Lead Director	Initial Action Taken to Control/ Mitigate Risk	Opened	Review Date
MEDIUM	MEDIUM	MEDIUM	FINDIR	The Trust has returned a break-even financial position for the last ten years and has a sound understanding of cost / income with controls in place to manage spend. There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely: 1. Increases to Savings Target given significant emerging pressures across NI public sector such as welfare reforms. The Trust has been advised at this date (July 2015) of a savings requirement of £1.2m in 2015/16. 2. Overspending against core budget. 3. Cost Pressures and Service changes (including Transforming Your Care) not fully recognised and funded by Commissioners. Income levels for prior year developments, new service developments and other unavoidable pressures have been highlighted to HSCB /DHSSPS colleagues and the Trust is assuming that these costs will be met in full. 4. Accident & Emergency staff are currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS. Given the challenging financial position for the public sector in Northern Ireland NIAS will continue to actively engage with Commissioners and DHSSPS to track emerging financial pressures and	30/06/2015	01/09/2015

Risk level (initial)	Risk level (Target)	Risk level (current)	Lead Director	Initial Action Taken to Control/ Mitigate Risk	Opened	Review Date
MEDIUM	LOW	HIGH	DIROPS	1.NIAS uses internationally accredited Clinical Prioritisation System (AMPDS) to differentiate calls on basis of urgency and assign resources to the most urgent calls as a priority.☐ 2.NIAS uses Computer Assisted Dispatch (CAD) and Tactical Deployment Plan to align available resources with anticipated demand to deploy resources to location where they are most likely to be required to respond promptly to most urgent calls.☐ 3.NIAS financial planning prioritises provision of front-line resources.☐ 4.NIAS has established Resource Management Centre (RMC) to align available resources with priority locations and times.☐ 5.NIAS has identified priority locations and times for shift cover.☐ 6.Financial resource and activity/performance are issues discussed with HSCB at PMSI meetings. ☐ 7.Financial resource and activity/performance are issues discussed at Trust Board. ☐ 8.NIAS has processes in place to secure additional funds linked to service change which could potentially be extended to deal with demand growth (subject to securing Commissioner support).☐ 9 Introduce measures to manage demand which reduces demand for ambulance attendance and transportation.☐ 9.1.NIAS Modernisation programme established☐ 10.Introduce measures to manage demand which result in an alternative outcome which is more appropriate for the patient and better for	30/04/2013	01/09/2015

Action Plan to Address /Mitigate Risk
1. Chair and Chief Executive to engage with DHSSPS at Permanent Secretary level to address issues of dispute that are out with NIAS Trust influence.☐ ☐ 3. Recommendation and action plans will be used to inform a planned workshop to conduct Business Continuity Impact Analysis.☐ 4. Ongoing engagement with Trade Unions continuing through a variety of groups and forums. ☐ 5.Recommendations from debriefs following IA will be incorporated into Business Continuity processes☐

Action Plan to Address /Mitigate Risk
i) Ongoing application of controls A to E above.

CONTROL ADDITIONAL ACTIONS REQUIRED   WHO   WHEN

A   Monthly Budget Reporting   Assistant Director of Finance   Monthly

B   Approval of TDP   DHSSPS/HSCB   Jul-15

C   Monthly Trust Monitoring Returns   Assistant Director of Finance   Monthly

D   Monthly Trust Monitoring Returns   Assistant Director of Finance   Monthly

E   Savings Plans Finalised   Trust Board   Jul-15

           Savings Plans Implemented   SEMT   Jul-15

Action Plan to Address /Mitigate Risk

1.Secure Commissioner support to engage in Demand/Capacity review as first step to linking demand to supply.□

1.1.Dir Operations has engaged with Lead Ambulance Commissioner and secured support to progress □

2.Establish metrics to show correlation/relationship between planned resource - demand - performance support bid for additional resources.□

2.HSCB proposal to link planned budget to demand analysis to HSCB. □

E124 advance of completing demand/capacity review NIAS has sought to secure share of Demography funding in recognition of demand/activity growth (attempt to establish principle of funding growth) IPTG scheduled for submission to Trust Board on th August 2015.□

provide Call Prioritisation and Dispatch procedures to protect capacity to respond to & transport highest priority patients.□

provide Categorisation of HCPC calls to address 14% growth in-year and ensure call prioritisation is appropriate.□

didn't Clinical Decision Support desk in Ambulance Control to provide additional means of managing calls.□

9. This risk to be closed following Trust Board in th August 2015. It was agreed that this risk would be closed following Trust Board on the th July and replaced by a new risk 'Safe Care for the Public'. As this has not yet been developed and the decision regarding the Investment Proposal is still awaited. It is recommended that this risk remains at present. □

10 D OPS to develop a new risk in relation to 'Safe care to the Public'□

ID	220
Principal Aim,Objective.Value	To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessable, timely and effective
Risk Type	CORP
Title	Trade Unions 'Notice to Employer' of an official ballot for Industrial Action.
Description	There is a risk to all aspects of service delivery, including the risk to safe delivery of patient care.☐ Ballot for Industrial Action (i) in the form of Strike Action; or (ii) in the form of action short of a strike
Risk level (initial)	**HIGH**
Risk level (Target)	**MEDIUM**
Risk level (current)	**HIGH**
Lead Director	**DIRHR**
Initial Action Taken to Control/ Mitigate Risk	1. Management guidance for response to IA and contingency Plan for IA implemented ☐ 2.IA Management Team and related Silver Cell established to ensure the Trust has a formal structure in place which enables effective demand management and co ordination.☐ 3. Regional HSC Protocol and MOU agreed with Unison, Unite and GMB Trade Unions to protect the provision of emergency services and clinically critical care to patients during the periods of IA. Commitment also given to support the delivery of contingencies where employers are demonstrably unable to make alternative arrangements.☐ 4. IAMT will engage with TU's before and during IA☐ 5. Escalation to NIAS BC Plans as appropriate.☐ 6.Consultations mechanism established for IR issues. Continued engagement with Trade Unions throughout these. ☐ 7. A series of debriefs have been conducted following the IA and recommendations and action plans have been developed.
Opened	11/08/2011
Review Date	01/09/2015
Action Plan to Address /Mitigate Risk	1. Chair and Chief Executive to engage with DHSSPS at Permanent Secretary level to address issues of dispute that are out with NIAS Trust influence.☐ ☐ 3. Recommendation and action plans will be used to inform a planned workshop to conduct Business Continuity Impact Analysis.☐ 4. Ongoing engagement with Trade Unions continuing through a variety of groups and forums. ☐ 5.Recommendations from debriefs following IA will be incorporated into Business Continuity processes☐

ID	273
Principal Aim,Objective.Value	To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessable, timely and effective
Risk Type	CORP
Title	Financial Stability - Achieving Financial Balance 2015/16
Description	There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance.
Risk level (initial)	**HIGH**
Risk level (Target)	**LOW**
Risk level (current)	**MEDIUM**
Lead Director	**FINDIR**
Initial Action Taken to Control/ Mitigate Risk	The Trust has returned a break-even financial position for the last ten years and has a sound understanding of cost / income with controls in place to manage spend. There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely: 1. Increases to Savings Target given significant emerging pressures across NI public sector such as welfare reforms. The Trust has been advised at this date (July 2015) of a savings requirement of £1.2m in 2015/16. 2. Overspending against core budget. 3. Cost Pressures and Service changes (including Transforming Your Care) not fully recognised and funded by Commissioners. Income levels for prior year developments, new service developments and other unavoidable pressures have been highlighted to HSCB /DHSSPS colleagues and the Trust is assuming that these costs will be met in full. 4. Accident & Emergency staff are currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS. Given the challenging financial position for the public sector in Northern Ireland NIAS will continue to actively engage with Commissioners and DHSSPS to track emerging financial pressures and their impact on NIAS. Any changes in these assumptions will result in further contingency measures which are likely to impact directly on the delivery of front line services. Controls are in place to mitigate each of these factors above as follows: A. Applying internal budgetary control processes led by Director of Finance reporting monthly to Chief Executive as Accounting Officer. This will continue to be underpinned by detailed budget reports produced by finance to support budget holders. Directors are held accountable to Chief Executive. Financial position is a standing item on SEMT agenda for DOF to provide update and test assumptions. B. Submission and engagement with DHSSPS/HSCB re any emerging financial implications for HSC in the context of NI public sector budgets to be reflected in NIAS Trust Delivery Plan. Ongoing monitoring, review and engagement with stakeholders. C. Ongoing monitoring, review and engagement with stakeholders will continue throughout to highlight emerging cost pressures and service changes. D. Ongoing monitoring, review and engagement with stakeholders will continue throughout recognising that there remain uncertainties in particular in respect of the outcome of Agenda for Change (both in terms of timing and magnitude). E. Development of savings plan by NIAS for 2015/16 in conjunction with Trust Board. Engagement with staff and patient representatives and fulfillment of any statutory consultation requirements.
Opened	30/06/2015
Review Date	01/09/2015
Action Plan to Address /Mitigate Risk	i) Ongoing application of controls A to E above. CONTROL ADDITIONAL ACTIONS REQUIRED WHO WHEN A Monthly Budget Reporting Assistant Director of Finance Monthly B Approval of TDP DHSSPS/HSCB Jul-15 C Monthly Trust Monitoring Returns Assistant Director of Finance Monthly D Monthly Trust Monitoring Returns Assistant Director of Finance Monthly E Savings Plans Finalised Trust Board Jul-15 Savings Plans Implemented SEMT Jul-15

ID	246
Principal Aim,Objective.Value	To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessable, timely and effective
Risk Type	CORP
Title	Linking Funding to Demand
Description	There is a risk to the Trust that increasing demand for ambulance response and transportation will outstrip capacity and compromise delivery of safe, high quality care due to the absence of a means of linking planned / approved budget to demand.⬜ Overall demand for ambulance has increased by 3% in 2014-15, with an increase of 14% for Category A calls. The increase in Category A calls has resulted in a sharp deterioration in % of Cat A calls responded to within 8 mins despite only moderate fall in absolute number of calls responded to within 8 mins.⬜
Risk level (initial)	**MEDIUM**
Risk level (Target)	**LOW**
Risk level (current)	**HIGH**
Lead Director	**DIROPS**
Initial Action Taken to Control/ Mitigate Risk	1.NIAS uses internationally accredited Clinical Prioritisation System (AMPDS) to differentiate calls on basis of urgency and assign resources to the most urgent calls as a priority.⬜ 2.NIAS uses Computer Assisted Dispatch (CAD) and Tactical Deployment Plan to align available resources with anticipated demand to deploy resources to location where they are most likely to be required to respond promptly to most urgent calls.⬜ 3.NIAS financial planning prioritises provision of front-line resources.⬜ 4.NIAS has established Resource Management Centre (RMC) to align available resources with priority locations and times.⬜ 5.NIAS has identified priority locations and times for shift cover.⬜ 6.Financial resource and activity/performance are issues discussed with HSCB at PMSI meetings. ⬜ 7.Financial resource and activity/performance are issues discussed at Trust Board. ⬜ 8.NIAS has processes in place to secure additional funds linked to service change which could potentially be extended to deal with demand growth (subject to securing Commissioner support).⬜ 9 Introduce measures to manage demand which reduces demand for ambulance attendance and transportation.⬜ 9.1.NIAS Modernisation programme established⬜ 10.Introduce measures to manage demand which result in an alternative outcome which is more appropriate for the patient and better for NIAS/HSC.⬜ 10.1.NIAS Modernisation programme established
Opened	30/04/2013
Review Date	01/09/2015
Action Plan to Address /Mitigate Risk	1.Secure Commissioner support to engage in Demand/Capacity review as first step to linking demand to supply.⬜ 1.1.Dir Operations has engaged with Lead Ambulance Commissioner and secured support to progress ⬜ 2.Establish metrics to show correlation/relationship between planned resource - demand - performance support bid for additional resources.⬜ 3.HSCB proposal to link planned budget to demand analysis to HSCB. ⬜ E124 advance of completing demand/capacity review NIAS has sought to secure share of Demography funding in recognition of demand/activity growth (attempt to establish principle of funding growth) IPTG scheduled for submission to Trust Board on th August 2015.⬜ provide Call Prioritisation and Dispatch procedures to protect capacity to respond to & transport highest priority patients.⬜ provide Categorisation of HCPC calls to address 14% growth in-year and ensure call prioritisation is appropriate.⬜ didn't Clinical Decision Support desk in Ambulance Control to provide additional means of managing calls.⬜ 9. This risk to be closed following Trust Board in th August 2015. It was agreed that this risk would be closed following Trust Board on the th July and replaced by a new risk 'Safe Care for the Public'. As this has not yet been developed and the decision regarding the Investment Proposal is still awaited. It is recommended that this risk remains at present. ⬜ 10 D OPS to develop a new risk in relation to 'Safe care to the Public'⬜

TB/4 01/10/15

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

6 August 2015

Title:	Trust Delivery Plan Report on Commissioning Priorities 2015-16
Purpose:	Update Trust Board
Content:	Report highlighting Commissioning Plan Direction, Commissioner Proposals, NIAS response and Current Position.
Recommendation:	Noting
Previous Forum:	Trust Board meeting on 6 August 2015
Prepared by:	Chief Executive
Presented by:	**Chief Executive**

TRUST DELIVERY PLAN REPORT ON

COMMISSIONING PRIORITIES 2015-16

Commissioning Plan Direction	Commissioner Proposal	NIAS Response	Current Position
Commissioner will put in place plans to ensure meeting Ministerial emergency ambulance response targets by March 2016.	Commissioner, in collaboration with NIAS, will review demand for an emergency ambulance response against available commissioned capacity and in light of alternative care pathways.	Submit Proposal for Demand/Supply Analysis to HSCB in Q2.	Outline Proposal submitted by Director of Operations in Q1 2015-16. Currently under consideration by HSCB. NIAS await further instruction.
Commissioner will support NIAS to continue to put in place alternative care pathways which avoid unnecessary hospital attendances.	Commissioner will seek to evaluate alternative care pathways with a view to maintaining where successful. The introduction of related, NIAS-managed Directory of Services with support from the 5 HSC Trusts will be essential in taking forward the pathways.	Provide Information to enable evaluation of Alternative Care Pathways (ACPs) in line with HSCB requirements. Introduce NIAS Directory of Services by Q3. Embed ACPs as Business as Usual.	Information is being provided in line with HSCB requirements. Directory of Services (DoS) technology platform has been procured. Recruitment is underway for staff to populate DoS and deliver Clinical Decision Support function. ACPs are progressing in line with plans.
Commissioner will mainstream Hospital Ambulance Liaison Officers (HALOs) at the major acute hospitals to support patient flow and ambulance turnaround.	Commissioner will seek a proposal from NIAS to maintain HALOs at major acute hospitals	Review utilisation of HALOs to inform proposal. Submit proposal for HALOs by Q2.	HALO Investment Proposal was submitted to HSCB in Q2.
Commissioner, in partnership with NIAS, will, by November 2015, complete a public consultation on the future provision of non-urgent patient transport services.	Commissioner will work with NIAS to take forward recommendations following the review and public consultation of non-urgent patient transport services,	Work with HSCB in development of consultation document and in engagement process. NIAS will seek to ensure through this process that resource constraints are managed to prioritise	NIAS has input to development of proposal and awaits further direction.

This will include the proposed introduction of eligibility criteria for non-emergency transport which seeks to prioritise mobility need in the face of limited capacity.	including the implementation of eligibility criteria.	provision of non-emergency ambulance transport based on clinical need.	
Healthcare Associated Infections (HCAIs).	Trusts, supported by PHA will develop and deliver improvement plans to reduce infection rates. This will be monitored via PHA surveillance programmes for HCAIs.	NIAS will continue to monitor HAIs in the ambulance operating environment and report on an exception basis.	Reporting continues through NIAS Assurance committee.
Flu immunisation	Trusts and Primary Care to increase uptake of flu immunisation among healthcare workers.	NIAS will review 2014-15 activity and measures taken in order to maximise effectiveness of staff vaccination programme in 2105-16.	No action to report at this stage.
Hazardous Area Response Team	HART in NI is a well-established specialist response team in NIAS that provides essential paramedic level care to casualties within the hazardous area of a CBRN: HAZMAT incident. PHA works closely with HART in training for and responding to CBRN: HAZMAT incidents and as such will continue to work with HSCB colleagues to ensure that the present capability of this vital service is maintained.	NIAS will use resources assigned to HART to maintain and develop capability in this area.	HART functionality remains as planned. No issues to report.

The continued roll out of a range of measures to identify earlier and better meet patients' needs in community settings and to avoid the need for patients to attend hospital.

These measures include:

The establishment of Acute Care at Home models and other rapid response arrangements.		NIAS will support these developments through the Alternative Care Pathways programme already established.	ACPs are progressing in line with plans.
The establishment of a range of alternative care pathways, linked to the NI Ambulance Service, to provide alternatives for both patients and staff to hospital attendance.		NIAS will continue to develop and progress Alternative Care Pathways in line with the proposals previously endorsed and funded by HSCB through the Transforming Your Care Programme.	ACPs are progressing in line with plans.
The establishment on a pilot basis of an alcohol recovery centre in Belfast.		NIAS will support these developments through the Alternative Care Pathways programme already established.	This development remains at the planning stage.
The reform of palliative care services, facilitating people to die in their place of choice – typically their own home - rather than a hospital bed. During 2015/16 this will include: The implementation of advance care planning arrangements across Northern Ireland to allow the needs and wishes of palliative care patients to be identified and planned for.		NIAS will support these developments through the Alternative Care Pathways programme already established.	ACPs are progressing in line with plans.

TB/5 01/10/15

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

1 October 2015

Title:	Whistle Blowing Policy
Purpose:	To provide staff with internal/external avenues for raising areas of concern without fear of reprisal.
Content:	Amendment to current Policy (Change of Designated Person)
Recommendation:	For approval
Previous Forum:	SEMT
Prepared by:	Mrs Mary Crawford, Complaints/Administration Manger(T)
Presented by:	Ms Roisin O'Hara, Director of Human Resources and Corporate Services

Title:	Whistle Blowing Policy		
Author(s)	Reviewed by Mary Crawford		
Ownership:	Director of HR & Corporate Services		
Date of SEMT Approval:	15/09/2015	Date of Trust Board Approval:	
Operational Date:		Review Date:	1/10/2017
Version No:	Version 2.0	Supercedes:	Previous Policy
Key words:	Whistle Blowing Policy		
Other Relevant Policies:			

Contents

1. INTRODUCTION

All of us at one time or another may have concerns about what is happening at work. However, when it is about unlawful conduct, a possible fraud or a danger to the public or the environment, or other serious malpractice, it can be difficult to know what to do. You may be worried about raising such a concern and may think it best to keep it to yourself, perhaps feeling it is none of your business or that it is only a suspicion. You may feel that raising the matter would be disloyal to colleagues, managers or to the Northern Ireland Ambulance Service (NIAS)*.* You may decide to say something but find that you have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

1.2   The purpose of these arrangements is to reassure you that it is safe and acceptable to speak up. They also enable you to raise your concern about such malpractice at an early stage and in the right way. Rather than wait for proof, we would prefer you to raise the matter when it is still a concern.

If something is troubling you of which you think we should know about or look into, please let us know. If, however, you wish to make a complaint about your employment or how you have been treated, please use the Trust's Grievance Procedure.

We have implemented these whistle blowing arrangements for you to raise any concern where the interests of others or the organisation itself are at risk.

If your concern is about possible fraud, you may also wish to refer to our Fraud Policy Statement and Fraud Response Plan which can be found at http://www.niamb.co.uk/docs/published_info.html or by contacting the Finance Department at Trust Headquarters on 028 90400999.

If in doubt, raise it!

2. OUR ASSURANCES TO YOU

Your safety

We are committed to making whistle blowing work. If you raise a genuine concern under these arrangements, you will not be at risk of losing your job or suffering any form of retribution as a result. Provided you are acting in good faith, it does not matter if you are mistaken. Of course, this assurance does not extend to someone who maliciously raises a matter they know to be untrue.

Confidentiality

We will not tolerate the harassment or victimisation of anyone who raises a genuine concern and with these assurances, we hope you will raise your concern openly. However, we recognise that there may be circumstances when you would prefer to speak to someone in confidence first. If this is the case, please say so at the outset. If you ask us not to disclose your identity, we will not do so without your consent unless required by

law. You should understand that there may be times when we are unable to resolve a concern without revealing your identity, for example where your personal evidence is essential. In such cases, we will discuss with you whether and how the matter can best proceed.

Anonymity

Remember that if you do not tell us who you are, it will be much more difficult for us to look into the matter, to protect your position, or to give you feedback. Accordingly, while we will consider anonymous reports, these arrangements are not well suited to deal with concerns raised anonymously.

If you are unsure about raising a concern you can get independent advice from Public Concern at Work (see contact details under Independent Advice).

3. HOW TO RAISE A CONCERN INTERNALLY

Please remember that you do not need to have firm evidence of malpractice before raising a concern. However we do ask that you explain as fully as you can the information or circumstances that gave rise to your concern.

Step One

If you have a concern about malpractice, we hope you will feel able to raise it first with your line manager or with their immediate manager. This can be done orally or in writing. *The Line manager will inform the Trust's Designated Person of the details of the malpractice.*

Step Two

If, for whatever reason, you feel that raising it with your immediate line manager is not appropriate or it has not worked, please raise the matter with the Head of Department/Division or with one of the following:

Director	Name	Tel Number	Email Address
Director of HR & Corporate Services	Ms R O'Hara	028 90400740	Roisin.ohara@nias.hscni.net
Director of Finance & ICT	Mrs S McCue	028 90400750	Sharon.mccue@nias.hscni.net
Director of Operations	Mr B McNeill	028 90400720	Brian.mcneill@nias.hscni.net
Medical Director	Dr D McManus	028 90400738	David.mcmanus@nias.hscni.net

If you want to raise the matter in confidence, please say so at the outset so that appropriate arrangements can be made.

Step Three

If these channels have been followed or you believe there is an ongoing risk or you feel the matter is so serious that you cannot discuss it with any of the above the Trust has

appointed a Designated Person as a direct point of contact for anyone wishing to raise a direct concern.

The Designated Person will have direct access to the Trust's Chairman and Chief Executive. It is recognised that in some situations, an employee may have initially discussed the matter with his / her Manager. It is therefore important that this fact is brought to the attention of the Designated Person. Details of the Designated Person are:

Name: Mr William Abraham
Designation: Non-Executive Director
Tel No: 028 90400713 (**Confidentially** via Chairman's Office)
Email: nias.wb@gmail.com

Ultimately the matter can be referred to the Minister for Health Social Services and Public Safety (Please see Appendix 1: correspondence dated 22 March 2012 from the Minister for Health Social Services and Public Safety).

If you want to raise the matter in confidence, please say so at the outset so that appropriate arrangements can be made.

4. HOW WE WILL HANDLE THE MATTER

Once you have told us of your concern, we will look into it to assess initially what action should be taken. This may involve an informal review, an internal inquiry or a more formal investigation. Where it is decided that a formal investigation is necessary the overall responsibility for the investigation will lie with a nominated 'investigation officer'. In any event, we will tell you who is dealing with the matter, how you can contact him or her, and whether your further assistance may be needed. If you request, we will write to you summarising your concern and setting out how we propose to handle it.

When you raise the concern you may be asked how you think the matter might best be resolved. If you do have any personal interest in the matter, we do ask that you tell us at the outset. If your concern falls more properly within the Grievance Procedure we will tell you.

We will give you as much feedback as we properly can, and if requested, we will confirm it in writing. However, we may not be able to tell you the precise action we take where this would infringe a duty of confidence owed by us to someone else.

5. INDEPENDENT ADVICE

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

6. EXTERNAL DISCLOSURES

While we hope we have given you the reassurance you need to raise your concern internally with us, we recognise that there may be circumstances where you can properly

report a concern to an outside body. In fact, we would rather you raise a matter with the appropriate regulator - such as the Northern Ireland Audit Office or the Health and Safety Executive of Northern Ireland - than not at all. Public Concern at Work (or your Trade Union) will be able to advise you on such an option and on the circumstances in which you may be able to contact an outside body safely.

7. CONTACTS

To make a disclosure to the Comptroller and Auditor General write to:
The Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
Belfast
BT7 1EU

Alternatively, in respect of disclosure email: whistleblowing@niauditoffice.gov.uk or telephone: **028 90251023.**

8. CONCLUSION

While we cannot guarantee that we will respond to all matters in the way that you might wish, we will strive to handle the matter fairly and properly. By using these whistle blowing arrangements you will help us to achieve this.

Please note, this document has been developed to meet best practice and comply with the Public Interest Disclosure (NI) Order 1998 (PIDO) which provides employment protection for whistle blowing

9. EQUALITY IMPACT ASSESSMENT

This policy has been screened in line with the Trust's responsibilities under Section 75 of the Northern Ireland Act 1998. It has been determined that an Equality Impact Assessment is not required.

10. REVIEW OF POLICY

This policy will be will be monitored on an ongoing basis and formally reviewed every three years, or at times considered necessary as a result of operational changes, legislative changes or risk assessments that have occurred.

_____   _____
Paul Archer   **Liam McIvor**
CHAIRMAN   **CHIEF EXECUTIVE**

Date: _____   Date: _____

Appendix 1

For Action:

Chief Executives of HSC Bodies[1];
Chief Fire Officer

For information:

Director of Human Resources of each body

Our Ref: SUB/325/2012

22 March 2012

Dear Colleague

Please bring the content of this letter to the attention of all your employees, and make available with it your whistleblowing policy.

MESSAGE FROM EDWIN POOTS

YOUR RIGHT TO WHISTLE BLOW

1. I am committed to the highest possible standards of conduct, openness, honesty and accountability in our Services. In line with that commitment I expect staff to act on any genuine concerns they might have about any aspect of an organisation's work or colleagues, in the knowledge that such action has support from the highest level. I want every member of staff to be very confident that managers at all levels will respond positively to expressions of concern, and that, should it be necessary, you will be protected from victimisation if you make a genuine concern known under the whistleblowing arrangements.

You have the right to be heard by management if you have concerns about any ethical or safety issue, and a responsibility to speak up

2. The first kind of action that is appropriate is to speak up within your team or to the appropriate manager. The principles of clinical and social care governance empower all staff to speak up if they see or become aware of practice which is unsafe or which creates unacceptable risks to patients or clients.

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[1] The Health and Social Care Board, HSC Trusts, the Public Health Agency, the Business Services Organisation, the Northern Ireland Blood Transfusion Service Agency, the Northern Ireland Guardian ad Litem Agency, the Northern Ireland Practice & Education Council for Nursing, Midwifery & Health Visiting (NIPEC), the Northern Ireland Social Care Council (NISCC), the Patient & Client Council, the Northern Ireland Regulation and Quality Improvement Authority and the Northern Ireland Medical and Dental Training Agency (NIMDTA)

Working for a Healthier People

INVESTORS IN PEOPLE

It is the responsibility of any member of staff who is challenged on that basis to give proper consideration to the points being made by any colleague.

Similar principles should apply in all the other aspects of our services away from the clinical or social care front line. Managers and leaders at all levels are responsible for creating and sustaining an atmosphere of mutual support, mutual learning, and conduct based on the priority of the quality and safety of services and the health, well-being and dignity of the patients, clients, family members and carers whom we all serve. By far the most important concern for me, and for all who lead and manage HSC organisations, all DHSSPS' Arms Length Bodies and the Department itself, is to ensure that we provide the best possible services to patients, clients, and the wider public, and I am sure you share that commitment.

If speaking up is a problem, whistleblowing is both your right and your duty
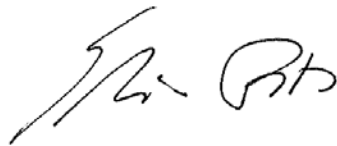
3. If you have any concern that speaking up in good faith in the way I have described would lead to a problem, there are statutory procedures that protect you if you chose to blow the whistle and draw attention to something that is a cause for concern. All HSC staff have a moral duty to pass on any concerns to someone who can deal with it. I should therefore personally encourage you to speak up where you have genuine concerns about issues such as patient safety or possible malpractice in your workplace and reassure you that genuine concerns will be resolved quickly and effectively.

4. There is a common misconception that whistle blowing is solely fraud related. In effect whistle blowing can be wide ranging covering issues around health and safety e.g. unsafe products or working conditions.

5. Whistle blowing refers to "making a disclosure in the public interest" and it means that concerns relating to unlawful conduct, financial malpractice, dangers to the public or the environment, or actions otherwise contrary to the public interest can be reported in the workplace following the correct procedures and protecting employment rights. There should be an established whistle blowing policy and procedure within your organisation which should be followed for reporting your concerns.

6. I fully recognise that the decision to report a concern can be a difficult one to make. However, if what you are saying is true, you should have nothing to fear because you will be doing your duty to your employer and those for whom you provide a service.

7. I will not tolerate any harassment or victimisation (including informal pressures) and will take appropriate action to protect you when you raise a concern in good faith. If you report concerns reasonably and in good faith you are also formally protected against victimisation under The Public Interest Disclosure (Northern Ireland) Order 1998 (revised 2004).

8. Your organisation's whistleblowing policy sets out how to go about expressing a concern both internally and, should it be necessary, outside line management. Each organisation's policy should make it clear that ultimately, you have the right to direct your concern to me.

Working for a Healthier People

Confidentiality of personal information about patients, families and members of staff must be protected

9. If you need to make a disclosure in the public interest it is important to be mindful of the need to avoid a breach of the privacy and confidentiality of personal information. It is wrong to give details of the condition or treatment of any patient or client without their explicit consent. Also, personnel records are protected by Data Protection legislation, and there are procedures for investigation and accountability of all staff in the HSC, in ALBs or within DHSSPS as part of the NI Civil Service, which should not be prejudiced or undermined by public or any other inappropriate disclosures of information. There are independent watchdog organisations, including the Northern Ireland Audit Office and the Regulation and Quality Improvement Authority which have specific duties to investigate confidential disclosure while protecting the person making the disclosure. The Patient and Client Council exists to act in the interests of patients and clients and to help with complaints. Where the duty to protect personal information is broken, it is sometimes necessary to investigate, however, any such investigation process should create no difficulty and hold no fear for anyone acting to disclose legitimate concerns in the public interest, as described above.

Conclusion

10. Finally, I would like to encourage you to feel confident in raising concerns and to question and act upon genuine concerns that you may have in relation to your workplace. This is a vital element of good public service based on the values and principles that are at the heart of Health and Social Care and all the related organisations.

Edwin Poots MLA
Minister for Health Social Services and Public Safety

TB/6 01/10/15

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

1 October 2015

Title:	**INFORMATION GOVERNANCE POLICY**
Purpose:	The Northern Ireland Ambulance Service HSC Trust fully recognises and understands that having accurate, relevant and accessible information is vital to the efficient management of the organisation which values records and information as important corporate assets. The Trust is committed to applying the controls defined or referred to throughout this Policy (and associated Information Governance Strategy 2015-2018) to ensure compliance with legislation and good practice recommendations.
Content:	Guidance on roles and responsibilities across the Trust and legislative requirements and guiding principles
Recommendation:	For approval
Previous Forum:	Information Governance Steering Group Senior Executive Management Team – 15/09/15
Prepared by:	Alison Vitty, Corporate Manager
Presented by:	Sharon McCue, Director of Finance and ICT

1.0 **Title:**	**INFORMATION GOVERNANCE POLICY**		
2.0 **Author(s)**	Alison Vitty, Corporate Manager		
3.0 **Ownership:**	Finance and ICT Directorate		
4.0 **Date of SEMT Approval:**		5.0 **Date of Trust Board Approval:**	
6.0 **Operational Date:**		7.0 **Review Date:**	
Version No:	Version 0.2	**Supersedes:**	
8.0 **Key words:**	Information Governance		
9.0 **Other Relevant Policies:**	- Information Governance Strategy 2015-2018 - Information Risk Policy - Information Asset Register Process - Records Management Strategy - Records Management Policy - Freedom of Information and Environmental Information Regulations Policy 200		

Version Control for Drafts:			
Date	Version	Author	Comments
August 15	V0.1	AV	Initial draft.
September 15	V0.2	AV	Minor amendments made based on comments from Senior Information Risk Owner and Personal Data Guardian/Caldicott Guardian

In Draft – Intended for Future Publication (September 2015)

1.0 **<u>INTRODUCTION</u>**

1.1 Information governance is the framework of law and best practice that regulates the manner in which information (including information relating to and identifying individuals) is managed, i.e. obtained, handled, used and disclosed.

1.2 The Northern Ireland Ambulance Service HSC Trust fully recognises and understands that having accurate, relevant and accessible information is vital to the efficient management of the organisation which values records and information as important corporate assets. The Trust is committed to applying the controls defined or referred to throughout this Policy (and associated Information Governance Strategy 2015-2018) to ensure compliance with legislation and good practice recommendations.

Effective information management will bring many benefits to the Trust by facilitating and supporting more efficient working, aid better decision making and improve patient experience. Without information the Trust would not be able to

- Manage individual patients and staff
- Plan day to day activities
- Manage the budget
- Contract with commissioners
- Develop services
- Monitor performance
- Satisfy the bodies that audit us Department of Health and Social Services (DHSSPS), Regulation Quality and Improvement Authority (RQIA)

1.3 Information governance (IG) within the Trust will aid:

- **Confidentiality –** confining the access to data with specific authority to view it.
- **Integrity –** safeguarding the accuracy and completeness of information and ensuring the correct operation of all systems, assets, processes and networks.

- **Accessibility –** ensuring that information is available and delivered to the right person, at the time when it is needed.
- **Authenticity –** ensuring information and records are credible and authoritative.
- **Reliability –** ensuring information and records can be trusted as a full and accurate representation of activities or facts.

This will assist the Trust in achieving:

Openness

- The Trust recognises the need for an appropriate balance between openness and confidentiality in the management and use of information as determined by law, stature and best practice.
- Personally identifiable information will be protected and managed according to the principles of Caldicott and outlined in the Data Protection Act.
- Non confidential information on the Trust and services will be available to the public through a variety of means, in line with the Freedom of Information Act.
- Patients will have access to information relating to their own health care, options for treatment and their rights as patients. There will be clear procedures and arrangements for handling queries from patients and the public.
- The Trust will have clear procedures and arrangements for liaison with the press and broadcasting media.
- Integrity of information will be developed, monitored and maintained to ensure that it is appropriate for the purposes intended.

Legal compliance

- The Trust regards all identifiable personal information relating to patients as confidential, compliance with legal and regulatory framework will be achieved, monitored and maintained.

- The Trust regards all identifiable personal information relating to staff as confidential except where national policy on accountability and openness requires otherwise.

- The Trust will establish and maintain policies and procedures to ensure compliance with the Data Protection Act, Human Rights Act, the common law duty of confidentiality and the Freedom of Information Act.

- Awareness and understanding of all staff, with regard to responsibilities, will be routinely assessed and appropriate training and awareness provided.

- Risk assessment, in conjunction with overall priority planning of organisational activity will be undertaken to determine appropriate, effective and affordable information governance controls are in place.

Information Security

- The Trust will establish and maintain policies for the effective and secure management of its information assets and resources.

- Audits will be undertaken or commissioned to assess information and IT security arrangements.

- The Trust will provide Incident Reporting system to report, monitor and investigate all breaches of confidentiality and security.

Information Quality Assurance

- The Trust will establish and maintain policies for information quality assurance and the effective management of records.

- Audits will be undertaken or commissioned of the Trust's quality of data and records management arrangements.

- Management throughout the Trust will be expected to take ownership of, and seek to improve, the quality of data within their services.
- Wherever possible, information quality will be assured at the point of collection.
- The Trust will promote data quality through policies, procedures/user manuals and training.

1.3   The Information Governance Assurance Framework (IGAF/"Framework") is a framework of standards that bring together all statutory, mandatory and best practice requirements concerning information management. The standards are set out in the Information Management Controls Assurance Standard as a road map enabling the Trust to plan and implement standards of practice and to measure and report compliance on an annual basis.

1.4   The Trust performance is mandated by and reported to the Department of Health and Social Services and forms part of the Trust's assurance processes.

2.0   **GENERAL PRINCIPLES**

2.1   "Information Governance" is an umbrella term for a collection of distinct but overlapping disciplines. Information Governance is about the way in which the Trust handles its information, particularly personal data. The Trust relies on good quality information being available at the point of need in order to aid decision making and provide a high quality service.

Staff rely on the quality of data they use to make decisions and the way in which we use resources and run the organisation. It is important for staff to understand their own responsibility for recording information to a consistently high standard and for keeping it secure and confidential. Public confidence in our ability to handle data responsibly and efficiently is based on a good reputation for keeping data safe.

Information Governance has four fundamental aims:

✓ To support the provision of high quality care by promoting the effective and appropriate use of information;

✓ To encourage responsible staff to work closely together preventing duplication of effort and enabling more efficient use of resources.

✓ To develop support arrangements and provide staff with appropriate tools and support to enable them to discharge their responsibilities to consistently high standards.

✓ To enable the Trust to understand their own performance and manage and improve in a systematic and effective way.

2.2 Reference to information governance in this document shall also mean reference to the following but not exclusively limited to legislative, regulatory and Codes of Practices:

- Data Protection Act 1998
- Freedom of Information Act 2000
- Access to Health Records (NI) Order 1993
- The Environmental Information Regulations (NI) 1992
- Privacy and Electronic Communications Regulations 2003
- The Public Records Act 1958
- Disposal of Documents Order 1925
- The Re-Use of Public Section Information Regulations 2005
- Computer Misuse Act 1990
- The Common Law Duty of Confidentiality
- The Human Rights Act 1998
- Electronic Communications Act 2000
- The Regulation of Investigatory Powers Act 1995
- BS ISO/IEC 27001:2005; ISO/IEC 27001:2013.
- ISO/IED 27001.
- DHSSPSNI Code of Practice on Protecting the Confidentiality of Service User Information 2012.
- The Personal Data Guardian Manual 2012.
- Information security assurance
- Information quality assurance.
- Records Management
- The ICO's published guidance and codes of practice

Information Governance provides a consistent way for employees to deal with the many different information handling requirements.

2.3   This policy covers the use and management of information in all formats, including the collection, processing, storage, communication and disposal of information. This includes but is not limited to assets including:

- Corporate records
- Health and clinical Records
- Financial Records
- Staff Records
- Estates Records
- Supplies and Stock
- Incidents, Complaints and Claims

The assets above are contained on manual and electronic datasets including (but not limited to):

- Corporate records held in Trust Board papers, minutes, Committee papers etc
- Health and clinical records - patient/client/service user information held on Command and Control system, Patient Report Forms, Voice Call Logger, FORMIC etc
- Staff Records e.g personnel files, HR Payroll, Travel and Subsistence (HRPTS), equality returns, Global Rostering Software (GRS), DATIX, Regional Ambulance Training Centre (RATC) – training records etc
- Estates Records held on 3i Estates Manager
- Supplies and Stock held on finance and procurement systems and manual filing systems
- Incidents, Complaints and Claims e.g DATIX

This policy applies to all aspects of information handling including but not limited to:

- Information recording and processing systems whether paper, electronic, video or audio records (including radio transmissions);
- Transmitted across networks whether internally or externally
- Disclosures of information, whether person identifiable, sensitive, confidential or corporate;
- Printed out and/or filed in some form;
- Written on paper and/or filed in some form;
- Sent by fax;
- Stored on tapes and disks;
- Captured on CCTV or digital camera;
- Spoken in conversation e.g. telephone;
- Sent via email;
- Stored on databases or bespoke software systems

This policy applies to all information systems purchased and/or managed by the Trust as well as the activities of any individual accessing the Trust's information assets.

3.0 **Compliance**

The Information Governance Assurance is measured via an annual assessment process of compliance against the standards set out in the DHSSPSNI Controls Assurance Standard on Information Management and is assured by Corporate Services. The Trust is also subject to internal audits in relation to the area of Information Governance and Information Technology which supports the IG Framework implementation.

4.0 **Statement of Compliance**

The Trust will aim to comply with all standards as laid out in the Information Management Control Assurance Standard and will seek to maintain substantive compliance on a yearly basis.

5.0 **INFORMATION GOVERNANCE ROLES AND RESPONSIBLITIES**

5.1 **The Trust Board**

In his communications with Health and Social Care (HSC) Trust Chief Executives, the DHSSPS Health Minister and Permanent Secretary have made it clear that ultimate responsibility for information in the HSC rests with the Trust Board of the organisation, who should ensure that:

- Information governance is explicitly referenced within the Trust's Statement of Internal Control.

- A board-level Senior Information Risk Owner (SIRO) is required in the Trust and Senior Information Asset Owners should be designated from each Directorate area or other major information asset base.

- Appropriate information governance training is mandatory for all users of personal data and for all those in key roles.

- The IG Controls Assurance Assessment will continue with performance assessment on an annual basis. The results are made available to the public and reported in the Trust's Annual Report.

- Details of serious untoward incidents involving actual or potential loss of personal data or breach of confidentiality must be published in annual reports and reported to the DHSSPS and Information Commissioner as required.

- Refer to **Annex A** for Information Risk/Roles and Responsibilities with the Trust

5.2 **Chief Executive**

The Chief Executive as the Accountable Officer for the Trust has overall accountability and responsibility for IG in the Trust and is required to provide assurance through the Statement of Internal Control that all risks to the Trust, including those relating to information are effectively managed and mitigated. Serious Untoward Incidents involving data loss or confidentiality breaches must also be reported in the Annual Report.

5.3 **Senior Information Risk Owner (SIRO)**

The Director of Finance and ICT in the Trust is the Senior Information Risk Owner ("the SIRO"). The SIRO has overall responsibility for managing information risk across the Trust and is the owner of the Information Asset Register. The SIRO is a member of the Senior Management Team and the Trust Board and provides written advice to the Accounting Officer on the content of the Statement of Internal Control in regard to information risk. See **Annex B** for list of key responsibilities.

5.4 The SIRO is responsible to the Trust Board for ensuring that all Information risks are recorded and mitigated where applicable. The SIRO is responsible for ensuring that all record management issues (including electronic media) are managed in accordance with the Information Governance and Records Management Policies.

5.5 The SIRO owns the Trust's overall information risk assessment process, tests its outcome, and ensures that it is used. The SIRO is responsible for how the Trust implements Information Governance risk management in its own services and activities and those of its delivery partners, and how compliance will be monitored.

The SIRO will ensure that information asset risk reviews are completed bi-annually. Based on the information risk assessment the SIRO will evaluate what information risks there are to the Trust and its business partners through its delivery chain, and ensures that they are addressed, and that they inform investment decisions including the risk considerations of outsourcing and how they may be reflected on the corporate risk register.

5.6   The SIRO is supported by Information Asset Owners (the "IAOs") and the Information Governance Steering Group, although ownership of Information Risk and the information risk assessment process remain with the SIRO.

5.7   **The Caldicott Guardian**

The Trust is required to appoint a Caldicott Guardian to act as a focal point for patient confidentiality and information sharing issues and advising on options for lawful and ethical processing of information as required. The Chief Executive has appointed the Medical Director to this role.

5.7.1   **Personal Data Guardian (PDG)**

The Trust is required to appoint a Personal Data Guardian. The Chief Executive appointed the Medical Director to this role. The PDG ensures:

- Ensures that the Trust satisfies the highest practical standards for handling person identifiable information;
- Actively supports work to facilitate and enable information sharing, and advises on options for lawful and ethical processing of information as required;
- Has a strategic role, which involves representing and championing information governance requirements and issues at Board or management team level and, where appropriate, at a range of levels within the Trust's overall governance framework.

- The PDG is the conscience of the organisation in respect of personal and patient information and promotes a culture that respects and protects personal data. The PDG works closely with the SIRO and Information Asset Owners where appropriate, especially where information risk reviews are conducted for assets which comprise or contain patient/service user information.

5.8 **Information Asset Owner**

Information Asset Owners (IAOs) are directly accountable to the SIRO and must provide assurance that information risk is being managed effectively in respect of the information assets that they have responsibility for. IAOs will also lead and help foster within their respective business areas a culture that values, protects and uses information.

5.9 IAOs must be a member of staff who is senior enough to make decisions concerning the asset and how it operates. The IAOs have responsibility for the completion and maintenance of the Trust's Information Asset Register and for providing assurance to the SIRO that information risks within their respective Directorate have been identified, recorded and controls are in place to mitigate those risks.

5.10 Their role is also to understand and assess risks to the information assets they 'own' and to provide assurance to the SIRO on the security and use of those assets. They will ensure that all threats, vulnerabilities and impacts are properly assessed and included in local Information Asset Registers and where necessary the corporate risk register.

IAOs in conjunction with their Directors are responsible for ensuring:

- The IAO for the Directorate, when required, attends the Information Governance Steering Group;
- Appropriate Directorate structures are put in place to support the information governance agenda;
- Information governance issues are reported in accordance with the Trust's Risk Management Strategy and associated processes.

See **Annex C** for list of key responsibilities of IAO's

5.11 **Information Asset Assistants (IAAs)**

The IAOs are responsible for appointing Information Asset Administrators (IAAs). It is at the IAOs discretion how many IAAs are appointed to support them in their role. Information Asset Administrators are operational staff with day to day responsibility for managing risks to their information assets. They will support IAOs by ensuring that policies and procedures are followed, recognise actual or potential security incidents, consult their IAO on incident management, ensure that privacy impact assessments are completed and ensure that information asset registers are accurate and up to date.

See Annex D for list of key responsibilities.

5.12 **Directors and Senior Managers**

Directors are responsible for managing this policy and working with IAOs and Senior Managers and other staff within Directorate areas to ensure robust information management and security measures are in place and are being complied with. This includes ensuring that permanent, temporary or third party suppliers are aware of:

- The information governance and security policies and procedures in their area;
- Their personal responsibilities for information governance and security;
- The development of local procedures within Directorate areas to ensure compliance with information governance.
- How to access advice on information governance

5.13 **Caldicott Champion - Corporate Manager**
Data Protection Officer – Corporate Manager
Freedom of Information Practitioner – Corporate Manager

The Corporate Manager is accountable to the Director of Finance and ICT and responsible for ensuring the development and implementation of this strategy and for the delivery of IGAF agenda.

The Corporate Manager will take day to day responsibility for developing, monitoring and overseeing the implementation of the IGAF policies and procedures including data protection, freedom of information, records management and providing the mechanisms for supporting access to information compliance.

The Corporate Manager also acts a Caldicott Champion supporting the Caldicott Guardian in his role.

The Corporate Manager also has the day to day role of the Data Protection Officer and is the Freedom of Information Practitioner responsible for ensuring that the organisation complies with all aspects of the Freedom of Information 2000 including the Publication Scheme and the processing of all formal requests for information.

5.14 **All Staff**

All NIAS employees and anyone else working for the Trust e.g agency staff, voluntary services, contractors, suppliers etc who uses and has access to Trust information must understand their personal responsibilities for information governance and comply with the Law.

It is the responsibility of all staff to make themselves familiar with and comply with policies and procedures issued by the Trust, and aware that failure to comply may result in disciplinary action. All staff will work within the principles outlined in the Information Governance framework and undertake annual information governance training.

5.15 **Information Governance Steering Group (IGSG)**

The Information Governance Steering Group has responsibility for overseeing the implementation of this Strategy, the Information Governance Policy and relevant IG Deliverable Programmes of work, the annual Information Management Control Assurance Standards assessment. The IGSG also reviews and recommends all IG related policies and procedures.

The IGSG reports to Trust Board through the Assurance Committee.

6.0 **TRAINING AND AWARENESS**

6.1 Fundamental to the success of delivering the IG Framework is developing an IG culture within the Trust. Awareness and training will be provided to all Trust staff who utilise information in their day-to-day work to promote this culture.

6.2 All staff will receive basic information governance training appropriate to their role through either face to face training, workbooks or an eLearning package.

6.3 IG Training is incorporated into the Trust's Training programme as it is a mandatory requirement for all staff in the Trust to undertake corporate induction (which include Information Governance) at point of entry and IG training once every three years or more frequently if required.

IG training once every three years (or sooner) which is appropriate to their role. This includes staff on temporary contracts, secondment, agency staff, students and volunteers.

6.4 Different levels of training will be delivered:

- All staff to receive Information Governance awareness training as part of their corporate induction programme.

- Internal training for staff who handle personal information as a routine part of their job provided by the Corporate Manager and/or Information Asset Owners.
- Internal and external Training for those engaged in, or intends to take on IG specialist roles e.g. SIRO (Senior Information Risk Owner), Personal Data Guardian, Caldicott Guardian, Information Asset Owners and Information Asset Assistants. A training matrix will be developed to support this.
- This includes all staff on temporary contracts, secondment, agency staff, students and volunteers.

7.0 CODE OF CONFIDENTIALITY

7.1 All staff, whether permanent, temporary, seconded, agency, students or volunteers should be aware of their own individual responsibilities for the maintenance of confidentiality, data protection, information security management and information quality. Failure to maintain confidentiality, compliance with policies and procedures may lead to disciplinary action, up to and including dismissal.

7.2 The Trust will ensure that all stakeholders are adequately informed about confidentiality and the way their information is used and shared and their rights as data subjects. In particular this will cover how they may access their personal data and how they may exercise those rights when consent is required to use their data for non-healthcare purposes.

8.0 INFORMATION RISK

8.1 The Trust will establish clear lines of accountability for information risk management that lead directly to the Trust Board through the SIRO and the appointment of IAOs and IAAs.

8.2   The IAOs will be accountable through their director and the SIRO to the Accountable Officer, the Chief Executive for the management and mitigation of information risks and will provide assurance to that effect for the Annual Report and Statement of Internal Control.

8.3   The IAO will ensure that information risk assessments are performed at least twice each year on all information assets where they have been assigned 'ownership' of. They will ensure that any significant risks are included in a quarterly assessment to the SIRO.

8.4   Further information on the management of information risk, along with roles and responsibilities of individuals is available in the Information Risk Management Policy and Information Asset Register Process document.

An example of the Information Management Risk Assessment Template is contained at **Annex E**.

8.5   All appropriate risks will be entered onto the appropriate local risk register as documented in the Trust's **Risk Management Strategy and Policy**. Further to this any severe risks will be reported to Senior Executive Management Team (SEMT) or IGSG for consideration and possible inclusion on the Corporate Risk Register.

8.6   The SIRO by means of the IGSG or earlier escalation plans will be made aware of all information risk assessments and approve identified risk mitigation plans.

8.7   On an annual basis the Trust's IAOs will provide assurances to the SIRO on the security and use of assets they 'own'.

9.1   **Information Security Incident Management**

9.1   The SIRO must be informed immediately of all information security incidents involving the unauthorised disclosure of person identifiable data/information for consideration of any necessary actions.

9.2 A key function of the IGSG is to monitor and review untoward occurrences and incidents relating to IG and to ensure that effective remedial and preventative action is taken. Reports of such incidents will be distributed to the IGSG for consideration.

9.3 Information incident reporting will be in line with the Trust's overall incident reporting processes. Please refer to the Trust's Risk Management Policy.

10.0 SECURITY OF INFORMATION

10.1 The Trust will protect personal data held in its information systems. Through compliance with the *DHSSPSNI: Code of Practice* on Protecting the Confidentiality of Service User Information and awareness of *ISO/IEC 27002:2013.*

10.2 Please refer to **ICT Security Policy** and **Information Security Policy** for more detailed guidance on encryption and access to service user information.

11.0 Privacy Impact Assessments

11.1 The impact of any proposed changes to the processes and/or information assets need to be assessed in accordance with the Information Risk Management Policy, to ensure that the confidentiality, integrity and accessibility of personal information are maintained.

11.2 The SIRO should be consulted during the design phase of any new service, process or information asset so that he can decide if a privacy impact assessment is required for a particular project or plan.

11.3 Refer to the Trust's Privacy Impact Assessment process for further information.

12.0 INFORMATION ASSET REGISTER

12.1 All assets should be clearly identified and a register of all assets drawn up and maintained.

12.2 It will be the responsibility of each IAO to identify what information assets are held within their area of responsibility, and to ensure this is documented in their Directorate's Information Asset Register which will form part of a Trust wide Register owned by the SIRO.

12.3 The asset register should include all information necessary in order to recover from a disaster, including type of asset, format, location, backup information, license information, and a business value. The register should not duplicate other inventories unnecessarily but it should be ensured that the content is aligned. In addition, ownership should be agreed and documented for each of the assets.

12.4 Based on the importance of the asset, its business value and its security classification, levels of protection commensurate with the importance of the assets should be identified as should details of risk assessor, risk assessment frequency, risk assessment rating and date of last risk assessment.

12.5 All information and assets associated with information processing facilities should be owned by a designated part of the Trust, e.g. a Directorate/Service area. **Priority must be given to information assets that comprise or contain person identifiable data/information.**

12.6 The IAO is responsible for ensuring that information and assets associated with information processing facilities are appropriately identified and classified; including defining and periodically reviewing access restrictions, classifications, and business continuity arrangements taking into account applicable access control policies.

12.7 Routine tasks may be delegated, e.g. to a custodian looking after the asset on a daily basis e.g IAA but the responsibility remains with the IAO.

12.8   In complex information systems it may be useful to designate groups of assets, which act together to provide a particular function as 'services'. In this case the service owner is responsible for the delivery of the service, including the functioning of the assets, which provide it.

12.9   Refer to the Trust's Information Asset Register Procedure for further guidance.

13.0   FREEDOM OF INFORMATION (FOI)

13.1   The Trust will ensure compliance with the Freedom of Information Act 2000 and Environmental Regulations Act 2004 and ICO guidance. This is set out in the Trust's Freedom of Information and Environmental Regulations Act 2004 and associated FOI Procedures.

14.0   CONFIDENTIALITY OF PERSONAL DATA

The Trust, as the "legal person" and Data Controller for the purposes of the Data Protection Act 1998 will ensure that all personal data it holds is controlled and managed in accordance with the terms of the Data Protection Act 1998 principles, European Convention of Human Rights (Article 8) (Human Rights Act 1998) and common law. This is set out in the Trust's Data Protection Policy and Records Management Policy and Strategy.

15.0   RECORDS MANAGEMENT

15.1   The Trust is committed to a systematic and planned approach to the management of records from their creation to their ultimate disposal. The Trust will ensure that it controls the quality and quantity of the information that it generates, can maintain that information in an effective manner and can dispose of the information efficiently when it is no longer required. This is set out in the Trust's Records Management Policy and Records Management Business Rules. It is also set out in "Good Management, Good Records" – DHSSPS Guidance adopted by the Trust.

15.2 To ensure that the Trust maintains the highest standards in the quality of its records an annual audit of corporate records will be undertaken.

16.0 **<u>THIRD PARTY CONTRACTORS</u>**

16.1 In day to day business, third parties gain access to information assets, e.g. computers, telephones, paper records etc. The third parties could include temporary agency staff, consultants, IT support staff, domestic staff, catering staff and security guards. It is possible that as a result of access to information assets, third party staff may have significant access to personal/ sensitive personal data. This situation therefore clearly has information governance risk implications such as data being used inappropriately.

16.2 Suitable clauses must be included when negotiating and completing contracts with third parties who have access to or process personal information on behalf of the Trust. All contractors with access to Trust's information assets should be clearly identified and appropriate information governance clauses included in their contracts. The terms and conditions of a contract must ensure that failure to deliver any aspect of information governance assurances will be at the third parties risk.

16.3 Attention should also be paid to the possible use of sub-contractors by the third party to provide services in order to undertake the contract.

16.4 The SIRO and IAOs must take all reasonable steps to ensure that that contractors used by the Trust to whom personal information is disclosed comply with their contractual obligations to keep personal information secure and confidential.

16.5 The BSO Directorate of Legal Services is to also ensure that all Barristers appointed as Counsel on behalf of the Trust have signed a suitable written undertaking with regards to Information Governance and that this is retained on file*.*

16.6 **Risk Assessments**

Directorates and IAOs should ensure that a risk assessment has been carried out prior to any agreement being made with a third party to evaluate any potential threats to networks, systems and locations from third party operatives. This should take into consideration the likelihood and consequence using the information risk assessment.

The ways in which third parties gain access, will help determine how extensive the risk assessment needs to be. For example, a risk assessment for cleaning contractors will be different to that carried out for a contractor connecting to the network. Temporary access will also see different considerations to long-term access. An Information Risk Assessment template can be located at **Annex E.**

16.7 **Review of Contracts**

IAOs should ensure that all existing contracts are monitored and reviewed annually to ensure that IG controls are being adhered to and to resolve problems or unforeseen events.

A register of all third party contracts should be maintained.

17.0 **CONSENT TO SHARE INFORMATION**

17.1 It is generally accepted that consent to disclose or to use patient information can be implied where the purpose is directly concerned with the individuals care or with the quality assurance of that care.

17.2 The Trust will share information in accordance with DHSSPS & HSC protocol for sharing service user information for secondary purposes.

18.0 **INFORMATION SHARING AGREEMENTS**

18.1 Sharing information about an individual between partner agencies is vital to the provision of co-ordinated and seamless services within HSCNI family and support patient and staff provision. The need for shared information standards and robust information security to support the implementation of joint working arrangements is recognised.

18.2 Routine information sharing requires the use of Data Access Agreements and information sharing protocols in order to ensure that the 'rules' are clearly understood and that the requirements of law and guidance are being met. Information sharing protocols are not required where the sharing is for an ad hoc request for information. On those occasions it is merely essential to ensure that the normal rules for the handling and disclosing of personal data are adhered to.

19.0 **TRANSFERS OF PERSONAL INFORMATION OUTSIDE THE UK**

19.1 The Data Protection Act 1998 governs transfers of personal information and requires that personal information is not transferred to countries outside of the European Economic Area unless that country has an adequate level of protection for the information and for the rights of individuals. The European Economic Area (EEA) is made up of the EU member states plus the European Free Trade Association (EFTA) countries of Iceland, Liechtenstein and Norway.

19.2 All transfers of personal data outside the EEA must be for a lawful and justified purpose and the Personal Data Guardian must be informed of such transfers. A log shall be maintained of such transfers.

19.3 Personal Information should only be transferred outside the EEA if the individual's consent, which should be explicit, has been obtained or following a risk assessment and the Personal Data Guardian is satisfied that there is an adequate level of protection in place. In certain circumstances a contract containing standard EU approved clauses as providing adequate protection to transfer individuals' personal information may be necessary

20.0 <u>INFORMATION GOVERNANCE DELIVERABLE/IMPROVEMENT PLANS</u>

20.1 Actions to ensure compliance with this policy are detailed in the Trust's Information Governance Strategy. The Strategy includes an Improvement Plan identifying key areas of work necessary to ensure compliance with this Policy. Formal reporting arrangements are also outlined with expected timeframes. Compliance with the Information Governance Assurance Framework will also be assessed by the annual completion of the Information Management CAS. Formal reports will be provided to the SIRO for sign-off prior to submission.

20.2 These plans will be used to determine the course of IG activity during the period and contain the following clearly defined areas.

- SMART objectives and deliverables
- What resources are available to deliver the plan
- Identified IG risks and issues that may impact upon delivery of the improvement plan.
- Key elements of the strategy should be delegated to specific members of the IGMG to ensure ownership.
- To provide a clear approval process through IGSG, SEMT and to the Trust Board all actions must be recorded on the IGSG Agenda and Minutes with the improvement plan remaining a standing agenda item.
- The Plan will be refreshed as required within year in response to non-forecasted events.
- Careful consideration must be given as to whether the plan is likely to intersect with any other Trust plans or strategies and if so steps taken to ensure adequate communication occurs so that the plans complement and enhance each other.

21.0 **MONITORING/REVIEWED**

This policy will be reviewed/monitored every three years or earlier, if affected by major internal or external changes such as:

- Legislation;
- Changing methodologies;
- Change in roles.

22.0 **CONSULTATION PROCESS**

- Senior Information Risk Owner/Caldicott Guardian: August 2015
- Senior Executive Management Team: September 2015
- Senior Information Risk Owners: September 2015
- Senior Managers throughout the Trust: September 2015

23.0 **APPENDICES/ANNEXES**

Annex A: Information Roles and Responsibilities within the Trust
Annex B: Key Responsibilities of the Senior Information Risk Owner
Annex C: Key Responsibilities of the Information Asset Owners (IAOs)
Annex D: Key Responsibilities of the Information Asset Assistants (IAAs)
Annex E: Information Risk Assessment Form
Annex F: Information Governance Policy Framework

24.0 **EQUALITY STATEMENT**

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

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

Major Impact

Minor Impact

No Impact

Still Being Determined   X

25.0 **SIGNATORIES**

_____   **Date:** _____
Lead Author

_____   **Date:** _____
 Lead Director

Annex A - Information Risk Roles and Responsibilities with the Trust

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┌──────────────────────┐          ┌──────────────────────────┐
│    Accountable       │          │ Receive advice           │
│     Officer          │ ───────▶ │ Statement of Internal    │
│  (Chief Executive)   │          │ Control                  │
│    Trust Board       │          │ Receive SIRO Annual      │
└──────────────────────┘          │ Report                   │
            │                     │ Receive Regular reporting│
            ▼                     └──────────────────────────┘
┌──────────────────────┐          ┌──────────────────────────┐
│                      │          │ Own Risk Policy/Review   │
│                      │          │ Own Risk Assessment      │
│       SIRO           │          │ Process                  │
┌──────────┐          │          │ Information Risk Action   │
│Supported │ ◀─────▶  │ (Director of│        Plan           │
│by IGSG   │          │ Finance and │ Advise on Information  │
└──────────┘          │   ICT)    │ ───────▶ Risk Issues     │
│                      │          │ Receive risk reviews     │
│                      │          │ Provide regular advice/  │
│                      │          │ assurance                │
└──────────────────────┘          │ Undertake training.      │
     │      │      │              └──────────────────────────┘
     ▼      ▼      ▼
┌─────┐ ┌─────┐ ┌─────┐           ┌──────────────────────────┐
│     │ │     │ │     │           │ Authorise Information     │
│ IAO │ │ IAO │ │ IAO │ ───────▶  │ Asset Transfers          │
│     │ │     │ │     │           │ Provide/receive regular  │
└─────┘ └─────┘ └─────┘           │ advice                   │
   │       │       │              │ Create/maintain own IA   │
   ▼       ▼       ▼              │ register                 │
┌─────┐ ┌─────┐ ┌─────┐           │ Conduct biannual review  │
│     │ │     │ │     │           │ of owned assets          │
│ IAA │ │ IAA │ │ IAA │ ───────▶  │ Provide annual written   │
│     │ │     │ │     │           │ Risk Assessment to SIRO  │
└─────┘ └─────┘ └─────┘           │ Authorise requests for   │
                                  │ access                   │
                                  │ Undertake Training       │
                                  └──────────────────────────┘

                                  ┌──────────────────────────┐
                                  │ Support IAOs             │
                                  │ Compliance on DAAs       │
                                  │ Consult IAOs             │
                                  │ Recognise security       │
                                  │ incidents                │
                                  │ Advise local Managers    │
                                  │ and staff                │
                                  │ Disposal                 │
                                  │ Training                 │
                                  │ Ensure Asset register is │
                                  │ up to date and accurate  │
                                  │ Complete Privacy Impact  │
                                  │ Assessments              │
                                  └──────────────────────────┘
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Annex B - Key Responsibilities of the Senior Information Risk Owner (SIRO)

- To oversee the development of an Information Governance Strategy, Information Governance Policy and Information Risk Management Policy for implementing the policy within the existing Information Governance Framework.

- To take ownership of the risk assessment process for information risk, including review of the annual information risk assessment to support and inform the Statement of Internal Control.

- To review and agree an action plan in respect of identified information risks.

- To ensure that the Trust's approach to information risk is effective in terms of resource, commitment and execution and that this is communicated to all staff.

- To provide a focal point for the resolution and/or discussion of information risk issues.

- To ensure the Board is adequately briefed on information risk issues.

- To advise the Chief Executive and the Trust Board on information risk management strategies and provide periodic reports and briefings on IG improvements and progress.

Annex C - Key Responsibilities of the Information Asset Owners (IAO)

IAO Information Management Responsibilities

- To understand and address risks to the information assets they 'own' and provide assurance to the SIRO on the security and use of these assets (understands the Trust's plans to achieve and monitor the right IG culture, across the Trust and with its business partners and to take visible steps to support and participate in that plan (including completing own training).

- Know what information the asset holds, and understands the nature and justification of information flows to and from the asset (approves and minimises information transfers while achieving business purposes; approves arrangements so that information put onto portable or removable media like laptops is minimised and are effectively protected to IG standards.

- Know who has access and why to your information assets. Ensure their use is monitored and compliant with policy (checks that access provided is the minimum necessary to satisfy business objectives; receives records of checks on use and assures self that effective checking is conducted regularly).

- Ensure the confidentiality, integrity, and availability of all information that their system creates, receives, maintains, or transmits and protect against any reasonably anticipated threats or hazards to the security or integrity of such information.

- Conduct Privacy Impact Assessments as required for all new projects in line with the Trust's Privacy Impact Assessment Policy.

- IAOs shall submit the risk assessment results and associated mitigation plans to the SIRO for review. Mitigation plans shall include specific actions with expected completion dates, as well as an account of residual risks.

- Ensure the asset is fully used for the benefit of the Trust and its patients, including responding to requests for access from others (considers whether better use of the information is possible or where information is no longer required; receives, logs and controls requests from others for access; ensures decisions on access are taken in accordance with IG standards of good practice and the policy of the Trust).

- Approve and oversee the disposal mechanisms for information of the asset when no longer needed

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- In the context of records management and information quality, working with local management, IAOs will ensure that staff accessing and using an Asset are fully trained in record creation, use and maintenance, including having an understanding of:
    - What they are recording and how it should be recorded;
    - Why they are recording it;
    - The need to differentiate fact from opinion and how to represent information supporting the opinion;
    - How to validate information with individuals or against other records – to ensure that staff are recording the correct data;
    - How to identify and correct errors – so that staff know how to correct errors and how to report errors if they find them;
    - The use of information – so staff understand what the records are used for (and why timeliness, accuracy and completeness of recording is so important); and
    - How to update information and add information from other sources.

IAO Assurance & Reporting Responsibilities

- Ensure all Information Assets are recorded on the Information Asset Register and the register is reviewed every six months.
- Understand and address risks to the asset, and provide assurance to the SIRO by completing an Information Risk Assessment (makes the case where necessary for new investment or action to secure 'owned' assets)
- Ensure that information risk assessments are reviewed at least once every quarter for all information assets where they have been assigned 'ownership' and where:
    - New systems, applications, facilities etc. is introduced that may impact the assurance of Trust Information or Information Systems.
    - Before enhancements, upgrades, and conversions associated with critical systems or applications.
- Conduct spot checks and maintain records of checks on Information Assets to ensure that all staff utilising the asset are appropriately trained and following all published guidance and protocols.

Annex D - Key Responsibilities of the Information Asset Administrators (IAA)

- Information Asset Administrators (IAA) will provide support to their IAOs to ensure that policies and procedures are followed and to recognise potential or actual security incidents. They will consult their IAOs on incident management to ensure that information asset registers are accurate and maintained up to date.

- Ensuring compliance with data sharing agreements within the local area and that information handling procedures are fit for purpose and are properly applied.

- Under the direction of their IAO, they will ensure that personal information is not unlawfully exploited and they will, upon recognising new information handling requirements (e.g. a new type of information arises) that the relevant IAO is consulted over appropriate procedures. They will consult with the IAOs regarding any potential or actual security incidents.

- Reporting to the relevant IAO on current state of local information handling and ensure that local information handling constraints (e.g. limits on who can have access to the assets) are applied, referring any difficulties to the relevant IAO. They will act as first port of call for local managers and staff seeking advice on the handling of information.

- Under the direction of their IAO, they will ensure that information is securely destroyed when there is no further requirement for it.

Annex E - Information Risk Assessment Form

Information Asset	
Information Asset Owner	
Business Unit	
Date of Assessment	

What is the threat/hazard? *(Please describe the threat/hazard of something damaging the confidentiality, integrity or availability of information)*

Examples of information asset threats may include:

Technical risks**: loss of essential service, technical failures, unauthorised access (inadequate password management), Data loss /corruption (disc error reports, lack of patching schedule)* **Physical Risks:** *Physical damage to asset, Unrestricted access to office, Security of laptops/removable media, Access to printouts,* **Administrative Risks; Inappropriate use of equipment (lack of policies), lack of user training, inaccurate management information* **Service Provision Risks:** *Corruption /inaccuracy of patient record, Failure to update patient records*

What are the consequences? Who might be harmed and how

Examples of consequences may include:
Financial:** Negligent use / loss of patient data (inadequate security) – up to £500,000 issued by the Information Commissioner, Fine for copyright infringement, Additional cost of re-inputting data* **Reputation: Loss of reputation arising from a loss of patient data* **Staff***: Lowering of staff morale/reduced quality of service*

ASSESSMENT MATIX

Likelihood of Recurrence	Most likely consequences				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)	Medium	Medium	High	Extreme	Extreme
Likely (4)	Low	Medium	Medium	High	Extreme
Possible (3)	Low	Low	Medium	High	Extreme
Unlikely (2)	Low	Low	Medium	High	High
Rare (1)	Low	Low	Medium	High	High

	Low		Medium		High		Extreme

Consideration is:

What would be the potential severity (consequence of such an incident?

What is the likelihood an incident would occur given the key controls and assurances in place?

Threat/Hazard	Consequences/Who might be harmed and how.	Controls Currently in Place	Assessment					Additional Controls	Action by Whom	Action by When	Done
				in	mi	md	mj	ct			
			ac								
			c								
			p								
			u								
			r								

	in	mi	md	mj	ct
ac					
c					
p					
u					
r					

Is risk accepted?	
Is risk on risk register?	

If risk is not accepted, complete risk mitigation (action) plan:			
Action to reduce risk	Responsibility	Timescale	Revised risk score

Evaluating Information Risk / Risk rating for Information Risk Assessments

A simple approach to quantifying risk is to define qualitative measures of consequences and likelihood such as the exemplars given below. This allows construction of a risk matrix which can be used as the basis of identifying acceptable and unacceptable risk. In order to prioritise actions, it is necessary to evaluate the level of risk presented by each of the identified hazards. This is done using a simple rating system (1-5). First, for each of the hazards/risks decide how likely it is to happen (Likelihood) and how serious the consequences are most likely to be (Severity) from the following guide, taking into account the measures already in place.

RISK SCORE LEVEL	ACTION AND TIMESCALE
INSIGNIFICANT Slight damage to property or equipment, Slight delay in service provision, an element of financial loss, minor clinical incident – no immediate effect on patient safety or patient care, potential breach of confidentiality where less than 5 people affected or risk assessed as low, e.g. files were encrypted.	No action is required to deal with trivial risks, and no documentary records need to be kept.
MINOR Slight damage to property or equipment, Slight delay in service provision, an element of financial loss, minor clinical incident – no immediate effect on patient safety or patient care, Loss of availability to authorised users, Serious potential breach of confidentiality e.g. unencrypted clinical records lost. Up to 20 people affected	No further preventive action is necessary, but consideration should be given to more cost-effective solutions, or improvements that impose no additional cost burden. Monitoring is required to ensure that the controls are maintained.
MODERATE Significant but temporary damage to property or equipment, failure in environmental systems (e.g. air conditioning) leaves systems unavailable, Financial loss, Temporary delay to service provision, Claim and complaint potential, Unauthorised Access to systems, Network access by unauthorised users, Serious breach of confidentiality e.g. up to 100 people affected from inadequately protected PC(s), laptop(s) and remote device(s)	Efforts should be made to reduce the risk, but the costs of prevention should be carefully measured and limited. Risk reduction measures should normally be implemented within three to six months, depending on the number of people exposed to the hazard. *Stage 2 Assessment Required.* Where the significant risk is associated with extremely harmful consequences, further risk assessment *may* be necessary to establish more precisely the likelihood of harm as a basis for determining the need for improved control measures.

	Enter the Risk on to the Risk Register if the overall score is xxx and above.
MAJOR Negative clinical outcome, Significant (permanent or long term) damage to property or equipment, Major financial loss, Long term delays in service provision, Litigation, Complaint, Media coverage, Malicious software (e.g. viruses), Serious breach of confidentiality with either particular sensitivity or up to 1000 people affected	*Stage 2 Assessment Required.* Work should not be *started or continued* until the risk has been reduced. Considerable resources may have to be allocated to reduce the risk. Where the risk involves work in progress, the problem should normally be remedied within one to three months, depending on the number of people exposed to hazard. **Enter the Risk on to the Risk Register if the overall score is xx and above.**
CATASTROPHIC Major loss of public confidence, Permanent loss of service, equipment and property, Serious breach of confidentiality with potential for ID theft or over 1000 people affected.	*Stage 2 Assessment Required.* Work should not be *started or continued* until the risk level has been reduced. Whilst the control measures selected should be cost-effective, legally there is an absolute duty to reduce the risk. This means that if it is not possible to reduce the risk even with unlimited resources, then the work must not be started. **Enter the Risk on to the Risk Register if the overall score is 12 and above.**

Annex F – Information Governance Policy Framework

TB/7 01/10/15

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

1 October 2015

Title:	Freedom of Information Act 2000 and Environmental Regulations Act 2000 Policy
Purpose:	The Freedom of Information Act 2000 (FOIA) and the Environmental Information Regulations 2004 (EIR) give rights of public access to information held by public authorities. This legislation helps the Northern Ireland Ambulance Service (NIAS) HSC Trust to create a climate of openness and dialogue with all its stakeholders, which in turn will help to increase public confidence in the way that the Trust is operating. Robust FOI and EIR practices will not only enable the Trust to meet its obligations, but will aid us in understanding what the public is interested in, helping the Trust to shape service delivery.
Content:	Guidance on roles and responsibilities across the Trust and legislative requirements and guiding principles
Recommendation:	For Approval
Previous Forum:	Information Governance Steering Group
Senior Executive Management Team
Prepared by:	Alison Vitty, Corporate Manager
Presented by:	Sharon McCue, Director of Finance and ICT

1.0 **Title:**	Freedom of Information Act 2000 and Environmental Regulations Act 2000 Policy		
2.0 **Author(s)**	Alison Vitty, Corporate Manager		
3.0 **Ownership:**	Finance and ICT Directorate		
4.0 **Date of SEMT Approval:**		5.0 **Date of Trust Board Approval:**	
6.0 **Operational Date:**		7.0 **Review Date:**	
Version No:	Version 0.3.1	**Supersedes:**	Freedom of Information Act 2000 Policy v0.2
8.0 **Key words:**	Information Governance		
9.0 **Other Relevant Policies:**	Information Governance Strategy 2015-2018		
	Information Governance Policy		
	Information Risk Policy		
	Information Asset Register Process		
	Records Management Policy		

Version Control for Drafts:			
Date	**Version**	**Author**	**Comments**
January 2007	v0.1	AV	This policy has been superseded. All documentation with this issue date should now be destroyed.
June 2009	v0.2	AV	Policy amended in light of Publication Scheme requirement, change in reporting structure and additional information supplied regarding Exemption Types
August 2015	v0.3	AV	This policy has been superseded to fully incorporate Environmental Regulations Act 2004 information requirements and to take consideration of Section 102 of the Protection of Freedoms Act 2012 regarding new provisions relating to datasets under FOI
August 2015	v0.3.1	AV	Minor amendments made based on comments from Senior Information Risk Owner and Personal Data Guardian/Caldicott Guardian

1.0   Introduction

The Freedom of Information Act 2000 (FOIA) and the Environmental Information Regulations 2004 (EIR) give rights of public access to information held by public authorities. This legislation helps the Northern Ireland Ambulance Service (NIAS) HSC Trust to create a climate of openness and dialogue with all its stakeholders, which in turn will help to increase public confidence in the way that the Trust is operating. Robust FOI and EIR practices will not only enable the Trust to meet its obligations, but will aid us in understanding what the public is interested in, helping the Trust to shape service delivery. This policy underpins the key principles of the Information Governance Strategy, namely that Trust will embrace a culture that is open, accessible and accountable with an assumption to publish as much information as possible.

This policy covers both the FOIA 2000 and the EIR 2004. Requests for information under both, will be called 'information requests' unless a further distinction is necessary. This policy is a statement of what the Trust intends to do to ensure compliance with the legislation. It is not a statement of how compliance will be achieved; this will be a matter of operational procedures.

This policy applies to all information the Trust processes regardless of how it was created or received. It applies regardless of the way information is stored, or whether the information be in paper or electronic format. The legislation is fully retrospective ie it covers information which existed prior to the introduction of the legislation domains and covers all documents, data and materials held,

2.0   Scope

2.1   NIAS recognises the importance of the FOIA and EIR. Both legislative domains are intended to promote a culture of openness and accountability among public sector bodies and facilitate better public understanding of how public authorities carry out their duties, why they make the decisions they do and how they spend public money.

The legislative domains give members of the public the right to access almost all corporate information; including policies, procedures and documents relating to decision making held by the Trust. The Trust supports this culture of openness. The Trust will ensure it complies with the legislative domains by:

- Making as much information available as possible through the Trust Publication Scheme and Disclosure Log;
- Making the provision of information a priority and to endeavour to comply with the 20 working day deadline for responding to requests;

2.2 This Policy is intended to cover all manual and electronic records created in the course of the business of the Trust i.e. corporate records which are also recorded under the terms of the Public Records Acts. This includes all manual and electronic records including emails, recorded calls, CCTV etc.

2.3 The FOIA and EIR Policy will apply to all Trust employees and to Non-Executive Directors. It will also apply to agency workers, temporary workers, students and third party suppliers acting on behalf of NIAS.

2.4 The Policy will provide a framework within which the Trust will ensure compliance with requirements of the legislative domains.

2.5 The Policy will underpin any operational procedures and activities connected with the implementation of the legislative domains.

2.6 The Trust believes that individuals also have a right to privacy and confidentiality. This Policy does not overturn the common law duties of confidentiality or statutory provisions that prevent disclosure of personal identifiable information.

3.0 **What Constitutes an Information Request under FOI and EIR**

3.1 The Trust will comply with all requests for information in accordance with the appropriate legislation and will endeavour to assist the public in exercising their 'right to know' by ensuring that these are understood by its employees and internal procedures are in place to facilitate access.

3.2 The FOIA (2000) and the EIR (2004) allow anyone to request any information from the Trust regardless of their age, nationality, location, motive or history, subject to a limited number of exemptions and exceptions laid down by law.

3.3 This will include information that the Trust has produced internally as well as information that is maintained by the Trust about another organisation or received from another organisation following a mutual exchange of information, e.g. a contract or partnership agreement, minutes of a meeting etc

3.4 Under the FOIA (2000) requests need to;

- Be written (e-mail, letter or fax)
- Be legible
- Contain the name of the applicant
- Contain an address or e-mail address for the reply
- Describe the information that is sought.

Requests can apply to all information held. The FOIA and the EIR cover all information held by the Trust, no matter how it was obtained and not just information that the Trust has produced or uses for its own business purposes.

The Trust will be said to hold the information even if the ownership or copyright rests with another body, or is also held by another authority. Copying information for the purposes of releasing under the FOIA or the EIR does not breach copyright laws. There is no need to create new information to comply with a request.
.
The FOIA confers two statutory rights on applicants, a right:

- To be informed whether a public body holds certain information, if so;
- To have that information communicated to them.

Wherever possible, the information will be supplied in the format requested by the applicant.

All requests processed under the FOIA should be processed within 20 working days.

3.5 Requests under the EIR (2004) do not need to be made in writing; however a written record should be made of any verbal requests that are received. EIR covers information if it is environmentally related and in an accessible format ie any available information in written, visual, aural or database for on the state of water, air, soil, fauna, flora, land…natural sites…and on activities adversely affecting or likely so to affect these. This includes administrative measures and environmental management.

All requests processed under the EIR should be processed within 20 working days and up to 40 working days for complex requests.

3.6 Applicants will not be required to explain the purpose of their request, although in the course of clarifying requests and ascertaining exactly what information is being sought it may be necessary to seek further information from them. Information requests do not need to mention any legislation to qualify as an official request. Information requests can be received by any employee of the Trust.

3.7 An exemption will apply to an information request if;

- It is in line with legislative guidance (Refer to Appendix A for detailed list of Exemptions under FOI and Appendix B for Exception Rights under EIR)

- The information has already been pro-actively published by the Trust (i.e., the information is publicly available and therefore

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"readily accessible by other means"), in which case applicants should be referred to the source of the information.

Personal Data

3.8   Where information constitutes "personal data" within the meaning of the Data Protection Act, the Trust will have regard to Section 40 of the Act which makes detailed provision for cases in which a request relates to such information and the interplay between the Act and the DPA in such cases.

4.0   **Roles and Responsibilities**

4.1   **Responsibilities of all Staff and Non-Executive Directors**

4.1.1   Ultimate responsibility for the administration and compliance with FOIA and EIR rests with the Chief Executive of this Trust.

4.1.2   Responsibility for the management of FOIA and EIR requests has been delegated by the Chief Executive to the Finance and ICT Director.

4.1.3   The Trust's Corporate Manager acts as the lead expert in FOIA and EIR across the Trust and takes responsibility for the day to day administration of FOIA and EIR requests across the Trust.

4.1.4   All staff and Non-Executive Directors are obliged to adhere to this Policy and to assist members of the public in answering requests for information. This includes helping members of the public to formulate requests or to direct them to an appropriate source.

A failure to adhere to this policy and its associated procedures may result in disciplinary action. Managers at all levels are responsible for ensuring that the staff for whom they are responsible, are aware of and adhere to this policy. They are also responsible for ensuring that staff are updated in regard to any changes in this policy.

Refer to 4.6 below – Information Users for further guidance

4.2   **Ownership of Requests**

4.2.1   All FOI and EIR information are centralised through the Finance and ICT Directorate, Information Management Department under the remit of the Corporate Manager. The requests are centrally logged, recorded and managed in this area.

The Information Management Department will ensure:

- All requests for information are processed in accordance with the statutory requirements set out in FOIA and EIR legislation domains;
- Maintain a register for all requests made for information under FOIA and EIR and record what action has taken place for each request;
- Ensure procedures are in place to systematically review the Trust's arrangements for administering and managing request for information;
- Ensure systems comply with the Information Management Controls Assurance Standards and associated audits
- Maintain a register of internal reviews/complaints received under FOIA/EIR.
- Ensure the Trust's Publication Scheme and Disclosure Log is maintained and kept up to date;
- Ensure requests are reported on a weekly basis to the Trust's Senior Management Executive Team (SMET) and the Trust's Media and Communications Manager so that any contentious or potentially newsworthy requests are identified in a timely manner.

4.2.2 Each Directorate area within the Trust will nominate at least one staff member to co-ordinate the responses to information requests. This individual ensures that the information is approved within the Directorate before returning to the Corporate Manager for review. Executive Directorate representatives will take ownership of the request and the information they provide for return to the Finance and ICT Directorate, Information Management Department. This will then be sent for approval to another Executive Director or Chief Executive for approval for release.

4.3 **Freedom of Information/EIA Lead**

4.3.1 The Corporate Manager is the Trust's FOI Lead and is accountable to the Director of Finance and IT for the co-ordination and management of FOI/EIA requests. The Corporate Manager and Information Management Department will manage the communication and publication of all requests. The day to day management of the response process will also be issued through this Departmental area.

4.3.2 Responsibilities of the FOI/EIR lead include:

- Facilitating organisational policy and procedural compliance with FOIA and EIA aspects
- Maintaining this policy, the publication scheme and disclosure log;
- Promoting FOI/EIR awareness throughout the Trust including delivering training/development of FOI/EIR in workbooks;
- Ensuring the general public has access to information about their rights under FOIA/EIR

- Liaising and working with other employees responsible for information handling activities e.g Information Asset Owners, Personal Data Guardian, Caldicott Guardian etc
- Ensuring staff have access to training material on FOIA and EIR at induction and refresher level, as required.

4.4   The Chief Executive is responsible for authorising refusals under Section 36 of the FOIA.

Information Asset Owners (IAOs)

4.5   Assistant Directors or Director (if there is no Assistant Director) have overall responsibility for their Directorate information within the Trust. They have responsibility to ensure that information requests are acted on in the correct way and that the nominated Directorate and Departmental representatives have the support they need to fulfil their role under the FOIA and the EIR. They have responsibility for signing off requests that are contentious or potentially newsworthy and for authorising any charges that are to be levied. They are also responsible for ensuring information

IAOs are responsible for monitoring adherence to this policy and for coordinating the collection of information for information requests within their own Directorate areas. They are responsible for providing advice and assistance with regards to the handling of FOI and EIR requests. They also have the same responsibilities as the information users.

Information Users

4.6   All employees can receive an information request; therefore all staff are information users. All staff are responsible for ensuring that information requests reach the Information Management Department as required so that their nominated Directorate/Departmental representative(s) receive the request as quickly as possible, and to retrieve any information that they are asked to within a given time frame.

Provision of Advice and Assistance

All employees of the Trust have an obligation to provide advice and assistance in response to requests for access to information in so far as they reasonably can and where such help is required.

All staff are responsible for:

- Creating their own records and adhering to the Trust's records management procedures and processes;
- Informing their Line Managers of the creating of any new categories of documents/information;

- Informing their Line Managers of any requests received directly in local areas in relation to FOIA/EIR requests and forwarding these in a timely manner to the Corporate Manager to be manged through the FOIA process;
- Supporting members of the public in formulating or expressing requests for information;
- Directing members of the public to the Trust's website publication scheme, Information Management Department or a Line Manager capable of answering or further assisting members of the public.

5.0 **Publication Scheme**

5.1 To comply with FOIA/EIR, the Trust has a publication scheme which sets out the following:

- The classes of information it has published, or intended to be published;
- The manner in which the publication is, or is intended to be made available;
- Whether the information is available free of charge or if payment is required.

5.2 The aim of the Publication Scheme is to make information readily available to the public and a way of providing quick and easy access to the Trust's most important information.

5.3 NIAS has completed its scheme and made it available online on the Trust website and in hardcopy on request. The Publication Scheme will be regularly reviewed and updated. A disclosure log is also in operation on the Trust's website. The disclosure log is the placing of FOI/EIR responses on Trust's website with personal information redacted. This is to fully support openness and transparency in the Trust's business and a greater understanding by the wider public and stakeholders.

6.0 **Timescales for Responses**

6.1 NIAS is committed to dealing with requests promptly and will endeavour to process within the statutory requirement of 20 working days under both FOIA/EIR. NIAS would not expect every request for information to take 20 working days and will endeavour, where possible to provide the requested information at the earliest opportunity from the date of the request.

6.2 Where a delay in reaching a decision beyond this period is expected to the complexity of the request or consideration of the public interest test, the Trust must give a realistic and reasonable estimate of when a decision will be reached. This revised estimate must be complied with unless there is a valid reason for not doing so. If this estimate is exceeded, the applicant should receive an apology and an explanation for the delay.

It is imperative that the applicant is informed if the estimate is proving unrealistic. EIR up to 40 working days is allowed for complex requests.

7.0 **Clarifying a Request**

7.1 If the request is unclear, the Trust has a duty to clarify the request with the requestor. However, the requestor is not obliged to reveal their aims or motives for making the request.

7.2 Where the Trust has offered all the advice and assistance that it deems to be reasonable and the applicant still fails to describe the information requested in a way which enables the Trust to identify and locate it, no further attempts will be made to seek clarification.

7.3 The Trust will, however, provide whatever information it has identified and located that it believes to be relevant to the application, subject to any exemptions, exceptions and/or the public interest test.

8.0 **Transferring Requests to other Authorities/Agencies**

8.1 Information requests can only be transferred where the Trust receives a request for information which it does not hold, but which is held by another public authority.

8.2 When transferring a request the applicant should be given the details of who holds the information. The Trust will also offer to transfer the request on the applicant's behalf. In this instance the Trust needs to consult with the second authority to ensure that they hold the information. Requests should not be transferred until this has been ascertained. There is always a need to consider if the applicant is likely to have any grounds for objecting to the transfer.

8.3 If the Trust can answer part of the request, it will endeavour to do so, as well as transferring the remainder of the request as soon as is reasonably possible.

9.0 **Fees and Charges**

9.1 The Trust aims to provide as much information as possible free of charge on the website for customers to download. Therefore the Trust will not charge for information requests unless there are exceptional circumstances where the information cannot be gathered through normal working procedures. Under the FOIA there is an exemption under which the Trust does not have to comply with a request if the costs would exceed £450, which in practice means that it would take more than 18 hours to comply with. In this instance, the Trust still has a duty to confirm or deny whether it holds the information, unless this alone would exceed the limit.

9.2 For those requests that would cost over £450 to respond to, the Trust will comply with Section 13 of the Act. This allows for the recovery of costs (calculated at £25 per hour) in relation to:

- Determining whether it holds the information;
- Locating the information or a document which may contain the information;
- Retrieving the information or a document which may contain the information;
- Extracting the information from it;
- The cost of photocopying and postage or delivery.

If the request requires disproportionate effort the Trust may decline to provide the materials requested.

9.3 In all cases where the 18 hours of staff time would be exceeded, the Trust will offer advice and assistance to help the requestor to refine or narrow their requests.

9.4 Refer to Appendix C for Schedule for Charges for FOIA/EIR and Data Protection Act 1999 requests.

9.5 A fees notice, when applicable, will be issued to the applicant as required under Section 9 of the Act.

10.0 Third Party Consultation

10.1 The Trust understands that unless a valid exemption or exception is applicable it will be obliged to disclose the requested information about a company, public authorities or individual in response to a legitimate information request.

10.2 In general it will be necessary/courteous for the request owner to consult third parties about the prospect of disclosing information regarding them. Their views will be important if it is necessary to assess the balance of public interest in the disclosure of information.

10.3 On all occasions where both parties fail to agree on disclosure the final decision rests with the Chief Executive.

11.0 Tenders and Contracts

11.1 Unless an exemption or exception applies the Trust will be obliged to disclose information relating to pre-tender and tendering processes.

11.2 The Trust will not include contractual terms that attempt to restrict the disclosure of information held by the Trust beyond the restrictions permitted by the legislation.

11.3　Unless an exemption or exception applies in relation to any particular part of a contract, the Trust will be obliged to disclose that information in response to an information request regardless of any terms of contract.

11.4　Where it is unavoidable to include non-disclosure provisions in a contract, the Trust will agree a timeframe with the contractor for the period that the information will be held in confidence. However, even in this instance the restrictions on disclosure may be overridden by the Trust's obligations under the legislation, for example, where the public interest outweighs the confidentiality of the information.

12.0　**Datasets and Re-use of Information**

12.1　Section 102 of the Protection of Freedoms Act 2012, adds new provisions to the FOIA regarding raw datasets. The new provisions are about how information is released and relate to information the Trust holds as a dataset which is a defined term in the new provisions. If the Trust is providing information that constitutes a dataset and the requestor has expressed a preference to receive the information in electronic form, the Trust must provide it in a reusable form as far as reasonably practicable.

The FOIA gives a right of access to information but not the right to re-use it and datasets can be licensed for re-use. The dataset provisions do not only create a duty under Section 11(1A) for the Trust to provide datasets in a form that is technically "capable of re-use" but also a duty under Section 11A(2) to provide datasets that are relevant copyright works under a licence that permit re-use. However, those provisions do not remove those rights and third parties also need to be taken into consideration.

In accordance with the Section 45 code of practice and the recommendation of the UK Government Licensing Framework the Trust will grant re-use under the Open Government Licence for datasets that can be re-used without charge. It is also the default licence for Crown copyright works.

13.0　**Redaction**

13.1　The legislations give an entitlement to information rather than documents. Therefore if part of a document is exempt, the request owner needs to redact (edit the requested information to remove exempt material) the appropriate sections and release the remainder. A note should be kept on the corporate request management system as to the exemption / exceptions that apply. Copies of both the redacted and unredacted response must be kept on the corporate request management system, unless the unredacted copy is particularly sensitive. In this case a note of how to gain access to the unredacted copy must be kept in case there is a request for an internal review

13.2 If redaction would make a document incomprehensible or if the relevant information is contained within a small section of a document or dispersed throughout several documents, assemble it into a readable format such as a digest.

14.0 **Exemptions and Exceptions**

14.1 The Trust will not withhold information, unless:

- An exemption or exception to disclosure applies or;
- The information sought is not held or;
- The request is considered to be vexatious or manifestly unreasonable or;
- The request is identical or substantially similar to another request that the Trust has received in the previous six months. In this instance the Trust should still provide duplicate information in certain circumstances, for example if the original information has been lost or disposed of in error.

14.2 Refusals under Section 36 of the FOI Act must be authorised by the Chief Executive.

14.3 The FOIA contains 24 exemptions to the right of access and can be absolute or qualified ie subject to a public interest test. The public interest in withholding the information must outweigh the public interest in releasing it. There is no fixed definition of 'public interest' and this assessment will be a matter of judgement on a case by case basis

The exemptions ensure a proper balance is achieved between the right to know, the right to personal privacy and the delivery of an effective health service.

14.4 Under EIR all exceptions are subject to the public interest test.

14.5 All exemptions applied must be recorded in the notes field on the corporate request management system to facilitate reporting to the Department of Health and Social Services and Public Safety (DHSSPS).

14.6 Staff should contact the Corporate Manager for guidance when considering applying exemptions and exceptions.

15.0 **Appeals and Complaints**

15.1 Where an applicant is dissatisfied with a decision they are entitled to an independent review of the decision, through the FOI and EIR internal review procedure.

15.2 A review can be made with regards to the following:

- The Trust not following its publication scheme;
- Requests that have not (in the applicant's opinion) been handled properly;
- Where the requestor is dissatisfied with the outcome of the consideration of the request;
- Where the issue is such that it cannot be resolved informally in discussion with the officer dealing with the request.

15.3 All requests for internal review will be logged and reported to the Information Governance Steering Group.

15.4 Reviews relating to requests made under the FOIA will be dealt with within 20 working days of a written complaint being received by the Trust.

15.5 Reviews relating to requests made under the EIR will be dealt with within 40 working days of a written complaint being received by the Trust.

15.6 After the Trust's internal review procedure has been exhausted, further reviews about the same information request must be directed to the Information Commissioner for adjudication.

Individuals are free to contact the Information Commissioner directly:

Post: Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Tele: 01625 524 510 (UK Office)
028 9027 8757 or 0303 123 1114 (Northern Ireland Office)
Email: ni@ico.org.uk or mail@ico.gsi.gov.uk

15.0 **Provision of the Information**

15.1 Wherever possible the Trust will endeavour to provide the information in the format requested by the applicant. Legislation such as the Disability Discrimination Act will be considered in each case to ensure that the applicant receives the information in a suitable format.

15.2 The applicant must also be made aware of the appeals process.

16.0 **Monitoring and Reporting**

16.1 The Corporate Manager will submit reports on FOIA/EIR requests as follows:

- Weekly report to Senior Management Executive Team on requests received and information requested
- Weekly report to DHSSPS on requests received and information requested
- Quarterly reports to Trust Board/Information Governance Steering Group. These reports will include but not limited to:

  - Total number of requests;
  - The timeliness of those requests;
  - The outcomes of those requests;
  - Breakdown of exemptions/exceptions used for requests;
  - The number of public interest test extensions;
  - The number of requests that went to internal reviews;
  - The number of requests referred to the Information Commissioner.

16.2 The monitoring results will be used to guide online content and shape future service delivery. Where strong trends in requests emerge, Information Asset Owners must evaluate if the information they routinely publish meets the requirements of its audience, and work with the Corporate Online team to develop online content accordingly.

17.0 **Policy Review**

17.1 This policy will be reviewed/monitored every three years or earlier, if affected by major internal or external changes such as:

  - Legislation;
  - Changing methodologies;
  - Change in roles.

18.0 **Consultation Process**

- Senior Information Risk Owner/Caldicott Guardian: August 2015
- Senior Executive Management Team: September 2015
- Senior Information Risk Owners: September 2015
- Senior Managers throughout the Trust: September 2015

19.0 **Appendices**

Appendix A: Exempt Information under Part II of the FOIA 2000
Appendix B: EIA Regulations 2004 – Exceptions (Summary)
Appendix C: Schedule of Charges

20.0 **<u>EQUALITY STATEMENT</u>**

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

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

Major Impact

Minor Impact

No Impact

Still Being Determined   X

25.0 **<u>SIGNATORIES</u>**

_____   **Date:** _____
Lead Author

_____   **Date:** _____
 Lead Director

Exempt Information under Part II of the Freedom of Information Act 2000

There are two types of class exemption:

(a) **Absolute** which do not require a test of prejudice of the balance of public interest to be in favour of non-disclosure.
(b) **Qualified** by the public interest test which require the public body to decide whether it is in the balance of public interest to not disclosure information.

With the exception of Section 21 (information available by other means) exemptions apply not only to communication of information but also to the duty to confirm or deny, if that itself would disclose information that it is reasonable to withhold.

The absolute exemptions under the Act are:

- **Section 21**
  Information accessible to applicant by other means
- **Section 23**
  Information supplied by, or relating to, bodies dealing with security matters
- **Section 32**
  Court Records
- **Section 34**
  Parliamentary Privilege
- **Section 36**
  Prejudice to effective conduct of public affairs (so far as relating to information held by the House of Commons or the House of Lords)
- **Section 40**
  Personal Information (where disclosure may contravene the Data Protection Act 1998)
- **Section 41**
  Information provided in confidence
- **Section 44**
  Prohibitions on disclosure

The exemptions that are qualified by the **public interest test** are:

- **Section 22**
  Information intended for future publication
- **Section 24**
  National Security
- **Section 26**
  Defence
- **Section 27**
  International Relations
- **Section 28**
  Relations within the United Kingdom

- **Section 29**
  The Economy
- **Section 30**
  Investigations and proceedings conducted by public authorities
- **Section 31**
  Law Enforcement
- **Section 33**
  Audit Functions
- **Section 35**
  Formulation of Government Policy
- **Section 36**
  Prejudice to effective conduct of public affairs (for all public authorities except the House of Commons and the House of Lords)
- **Section 37**
  Communications with Her Majesty etc and Honours
- **Section 38**
  Health and Safety
- **Section 39**
  Environmental Information
- **Section 42**
  Legal Professional Test
- **Section 43**
  Commercial Interest

More information on exemptions can be found on the HMSO Website at www.legislation.hmso.gov.uk/acts/en/2000en36.htm

Public Interest Test

The public interest test will be considered in every case where a qualified exemption may apply. When applying the public interest test in the FOI context it means the public good, not what is of the interest to the public, and not the private interests of the requester. In carrying out the public interest test the Trust should consider the circumstances at the time of the request or within the normal time of compliance.
Public interest arguments for the exemption must relate specifically to that exemption and the organisation must consider the balance of public interest in the circumstances of the request.

When considering the public interest to reach a decision on a qualified exemption, the Trust will seek legal advice when necessary. The Trust will aim to use the qualified exemptions sparingly and will in accordance with Section 17 of the Act, justify their use.

ENVIRONMENTAL INFORMATION REGULATIONS 2004 – EXCEPTIONS (SUMMARY)

The Environmental Information Regulations state exceptions that allow you to refuse to provide requested information. Some of the exceptions relate to categories of information, for example, unfinished documents and internal communications. Others, are based on harm that would arise from disclosure, for example if releasing the information would adversely affect international relations or intellectual property rights.

The parts of the Regulations that allow you to refuse to provide information are called 'exceptions' and are at Regulation 12. Under the Regulations, most exceptions are subject to the public interest test. This is an extra stage in the process of deciding what information to provide, which requires you to balance the public interest arguments for disclosing the information against those for upholding the information.

Regulation 12(3) prevents you disclosing personal data about individuals other than the requestor; unless it is disclosed in accordance with both Regulation 13 and the Data Protection Act. The exceptions under Regulation 12(4) mainly relate to types of requests or the categories of information and are sometimes called 'class based' exceptions. The exceptions under Regulation 12(5) provide protection when disclosing information would 'adversely affect' (harm) particular interests.

When applying an exception to information, the Trust must ensure that we refuse to provide only information that is covered by that exception. We may have to isolate the information that is not subject to an exception and provide that to the applicant, unless it is not reasonably capable of being separated. Or we may have to apply different exceptions to different parts of information in one document or in response to one request.

TB/8 01/10/15

Northern Ireland Ambulance Service
Health and Social Care Trust

PROPOSED TRUST BOARD, WORKSHOP
COMMITTEE SCHEDULE 2016

TRUST BOARD

Thursday, 04 February 2016, Southern Division
Thursday, 07 April 2016, Western Division
Thursday, 02 June 2016, Headquarters – Belfast Division
Thursday, 16 June 2016, Headquarters (Annual Accounts 2.00pm)
Thursday, 4 August 2016, Also AGM - Headquarters
Thursday, 06 October 2016 Northern Division
Thursday, 1 December 2016, South Eastern Division

ASSURANCE COMMITTEE
NIAS HEADQUARTERS AT 11.00am

Thursday, 10 March 2016
Thursday 19 May 2016
Thursday, 8 September 2016
Thursday, 8 December 2016

AUDIT COMMMITTEE
NIAS HEADQUARTERS AT 2.00 pm

Thursday, 10 March 2016
Thursday, 19 May 2016
Thursday, 16 June 2016 (10.00am)
Thursday, 8 September 2016
Thursday, 8 December 2016

Note: Audit Committee Meetings may be subject to change due to financial account timetables

WORKSHOPS

Thursday, 3 March 2016
Thursday, 5 May 2016
Thursday, 1 September 2016
Thursday 3 November 2016

TB/9 01/10/15

Mr Liam McIvor
Chief Executive
NIAS HSC Trust
Knockbracken Healthcare Park
Saintfield Road
Belfast BT8 8SG

Our Ref: DS/LETTERS/TrustNIAS

Date: 20 August 2015

Dear Liam
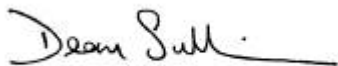
TRUST DELIVERY PLAN 2015/16

I refer to the above. I am pleased to advise that, at its meeting on 13 August 2015, the HSCB Board approved the Northern Ireland Ambulance Service Trust Delivery Plan for 2015/16.

The Board's approval is subject to the maintenance by the Trust of agreed capacity volumes and quality, the maximisation of performance against Ministerial standards and targets and the delivery of the relevant objectives within the Commissioning Plan 2015/16.

If you have any queries regarding this correspondence, please contact Paul Cavanagh in the first instance.

Yours sincerely

Dean Sullivan
Director of Commissioning

Cc   Fionnuala McAndrew
       Paul Cummings
       Paul Cavanagh

TB/10 01/10/15

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

1 October 2015

Title:	Consultation on Lifeline Crisis Intervention Service beyond 2015
Purpose:	For information
Content:	
Recommendation:	
Previous Forum:	
Prepared by:	Public Health Agency
Presented by:	Dr David McManus, Medical Director

Equality Impact Assessment

Lifeline Crisis Intervention Service beyond 2015

Public Health Agency

August 2015

Table of Contents

CONSULTATION ANNOUNCEMENT

This document is being presented for public consultation. It reports the outcome of an Equality Impact Assessment (EQIA) by the Public Health Agency (PHA) on the proposed service model and delivery mechanism for the Lifeline Crisis Intervention Service beyond 2015 as contained in the **Lifeline Crisis Intervention Service Public Consultation Questionnaire.**

A copy of both the EQIA and Lifeline Crisis Intervention Service Public Consultation Questionnaire are available on the PHA corporate website at **www.publichealth.hscni.net.** Requests for versions of the EQIA in accessible formats will also be considered.

Consultation will commence at **1pm, 27 August 2015,** and end at **1pm, 19 November 2015**. It is intended that other consultation methods will be used to seek views and it may be that you will receive further communication from us in due course.

We hope that you will find time to comment on this document by answering the questions contained in the accompanying **Lifeline Crisis Intervention Service Public Consultation Questionnaire**.

If you would like to submit your comments in writing, you can do so by answering the questions contained in the Lifeline Crisis Intervention Service Public Consultation Questionnaire and returning:

By post: Elizabeth McGrath,
Health Improvement Officer,
PHA office,
Towerhill,
Armagh,
BT61 9DR.

By email: lifelineconsultation@hscni.net
If you prefer to meet with us in person, we would be very happy to do so. Please contact us either by email, by post or **by phone**: (028) 9536 3454.

EXECUTIVE SUMMARY

This document reports the outcome of an EQIA by the PHA on the proposed model and delivery mechanism for the Lifeline Crisis Intervention Service as outlined in the accompanying Lifeline Crisis Intervention Service Public Consultation Questionnaire.

The EQIA was carried out with reference to the Equality Commission's 'Practical Guidance on Equality Impact Assessment' (Equality Commission 2001a).

The organisation

The PHA is part of health and social care in Northern Ireland. Addressing inequalities in health and wellbeing is at the core of our work. As we face a difficult economic climate, health inequalities may worsen over the coming period. For this reason, the PHA will redouble its efforts, working with partners in many different sectors, as well as directly with communities, to ensure we make best use of our collective resources.

The PHA has been systematically examining evidence of best practice and effectiveness to ensure that investment and joint working will bring clear benefits.

The policy

The current Lifeline contract was due to end on 21 March 2015, but was extended until 31 December 2015, with the potential of a further extension to 30 September 2016. The PHA has been keen to engage with relevant stakeholders to ensure that the future delivery model and service specification is appropriately informed and is fit for purpose. A review of available evidence and feedback from the Lifeline pre-consultation process[1], 2014 assisted the PHA in considering the options available that focus on the aim and objectives of the future Lifeline Crisis Intervention Service.

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[1] PHA Lifeline pre-consultation process. 2014. Available at: http://www.publichealth.hscni.net/publications/lifeline-consultation-report-%E2%80%93-summary-feedback-public-health-agency%E2%80%99s-public-consultat.

The PHA proposes that the preferred Lifeline Crisis Intervention Service model and delivery mechanism as outlined in the accompanying **Lifeline Crisis Intervention Service Public Consultation Questionnaire** is the most appropriate and effective method to ensure the best outcomes for the population of Northern Ireland within the resources available.

It was concluded that equality implications were likely to be major and that an EQIA should be undertaken on the proposed Lifeline Crisis Intervention Service model and delivery mechanism. In turn, this would inform the specification of any Lifeline services to be contracted. This EQIA is therefore concerned with the equality implications of the Lifeline Crisis Intervention Service, with regards to the potential and actual users of the service and the staff assigned to the current Lifeline Crisis Intervention Service.

Data collection

It was decided that any assessment of the equality impacts of the Lifeline contract should be based on:

Quantitative data (statistics) to provide a first overview of the characteristics of those people most likely to be affected by the Lifeline service. Quantitative data was sourced for the Section 75 groups from the Northern Ireland (NI) Census[2], 2011 data from the current Lifeline Crisis Intervention Service to identify the gender and age of actual users of the service to date, and the NI Self-Harm Registry Annual Report[3].

In order to consider the potential impact on those staff currently assigned to delivery of services under the Lifeline contract, the provider has been asked to supply the PHA with equality monitoring data on those staff. When this data is received, it will be added into this EQIA.

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[2] Northern Ireland Census. 2011. Available at: http://www.nisra.gov.uk/census.html

[3] Northern Ireland Registry of Deliberate Self Harm Annual Report 2013/14. Available at: http://www.publichealthagency.org/publications/northern-ireland-registry-self-harm-annual-report-201314

Qualitative data to provide some insights into the issues, experiences and needs of those who are likely to be most affected by the policy as well as any suggestions for the Lifeline Crisis Intervention Service was sourced from the Lifeline pre-consultation process[4] report, 2014.

Secondary sources that provided some insights into the needs of Section 75 groups in the context of mental health and wellbeing and suicide prevention are referenced in the footnotes throughout this report.

Key findings

A wide range of Section 75 groups were likely to have particular needs in relation to the service including men; older people and younger people; black minority ethnic people; people with a disability; and those with dependents/carers.

A review of data also suggested that several Section 75 groups would be likely to be overrepresented amongst those in need of the service. These include specific age groups (men and women); the lesbian, gay and bisexual community; the black and minority ethnic community; those with a disability; and individuals living alone.

There is limited data available on the equality composition of current service provider staff assigned to the Lifeline contract affected by this policy proposal. Based on anticipated specific needs in a transfer situation, it is anticipated that the potential impacts (in addition to those represented above) are likely to arise for those staff assigned to the Lifeline contract with dependents, and for women.

Conclusions

From an equality point of view, the proposed new Lifeline Crisis Intervention Service model and delivery mechanism constitutes positive action, based on identified need, it seeks to target directly a number of Section 75 groupings and people with multiple identities.

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[4] PHA Lifeline pre-consultation process. 2014. Available at: http://www.publichealth.hscni.net/publications/lifeline-consultation-report-%E2%80%93-summary-feedback-public-health-agency%E2%80%99s-public-consultat.

Separating the helpline from the follow-on support services which are locality-based, evidence- based and evidence-informed will:

- assist the development of the empowerment and enablement approach;
- focus providers on effective and efficient service delivery;
- protect funding for each element of the service;
- reduce the risk of service failure through improved contingency arrangements.

It is suggested that the additional funding being provided and efficiencies being realised by separating the services and introducing competition into the market place will deliver better return of investment in terms of a broader range of services offered, fairer distribution of resources across localities and increased volume of service delivered.

The referral to emergency services and primary care, enhanced signposting and face-to-face de-escalation have been included to reduce barriers to engagement and, as appropriate, provide a link between the helpline and follow-on support services which are locality-based, evidence-based and evidence-informed for the most vulnerable groups. For some, broadening the range of follow-on support services which are locality-based, evidence-based and evidence-informed to include complementary therapy will reduce barriers to engagement with psychological therapy.

Monitoring the use of mental health services among different Section 75 groups would help to identify low levels of service use, differences in people's pathways to mental health services and inequalities in service usage.

In relation to anticipated specific needs of current service provider staff assigned to the Lifeline contract in a transfer situation, a range of measures to address the equality issues have been identified in the course of this assessment.

1   BACKGROUND

Organisational background

The PHA is part of health and social care in Northern Ireland.

Addressing inequalities in health and wellbeing is at the core of our work. As we face a difficult economic climate, inequalities may worsen over the coming period. For this reason, the PHA will redouble its efforts, working with partners in many different sectors, as well as directly with communities, to ensure we make best use of our collective resources.

The PHA has been systematically examining evidence of best practice and effectiveness to ensure that investment and joint working will bring clear benefits. We are setting out four key themes to our work[5]:

1. Give every child and young person the best start in life

Investment in early years brings significant benefits later in life across areas such as health and wellbeing, education, employment, and reduced violence and crime. We are committed to pursuing strongly evidenced programmes to build resilience and promote health and wellbeing.

2. Ensure a decent standard of living for all

Lower socioeconomic groups have a greater risk of poor health and reduced life expectancy. We will focus efforts in a number of areas where, working with partners, we can impact on achieving a decent standard of living for all.

3. Build sustainable communities

The views, strengths, relationships and energies of local communities are essential in building effective approaches to improving health and wellbeing. We are committed to community development, engaging

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[5] Public Health Agency. Corporate Strategy. 2011-15. Available at: http://www.publichealth.hscni.net/what-are-our-priorities-and-how-we-are-doing

people in decision-making and in shaping their lives and social networks.

4. Make healthy choices easier

Creating an environment that encourages and supports health is critical. We are committed to working across a range of settings to ensure that healthier choices are made easier for individuals.

What we do

We do things like:

- Finding out what things people need to protect them from diseases and other hazards.

- Finding out what services people in Northern Ireland need to keep healthy.

- Working with other organisations that are called Trusts, and other voluntary, community and private organisations, which provide the services.

- Buying services from Trusts including, for example, hospital services.

- Organising and buying screening services. This is about finding out at an early stage whether a person is ill or is at risk of becoming ill.

- Trying to make it easier for people to make healthier choices, for example in what they eat.

- Working with other organisations to try and reduce the big differences between different groups of people in Northern Ireland in how healthy and well they are.

- Developing and running campaigns for the general public in Northern Ireland on important health topics, for example on smoking.

- Developing websites on a number of health topics, for example on drugs, alcohol and smoking. Some sites are for specific groups such as young people or health professionals.

- Supporting research. We also buy and pay for research. We carry out some of the research ourselves.

- Making sure we learn from when something goes wrong in how health care is provided in Northern Ireland.

- Working with other organisations to improve the range and quality of services, for example for people of all ages with learning disabilities.

- Making sure services are good quality and check out that they are.

- Working with other health and social care organisations to improve how they engage with those who use their services, with carers and with the public.

- Employing staff.

- Making sure that we obey the laws about employment, services, equality and rights.

Equality Impact Assessments

Section 75 of the Northern Ireland Act 1998 has placed the following statutory requirements on each public authority.

1. A public authority shall in carrying out its functions relating to Northern Ireland have due regard to the need to promote equality of opportunity –

(a) Between persons of different religious belief, political opinion, racial groups, age, marital status or sexual orientation;

(b) Between men and women generally;

(c) Between persons with a disability and persons without; and

(d) Between persons with dependants and persons without.

2.   Without prejudice to its obligations under subsection (1), a public authority shall in carrying out its functions relating to Northern Ireland have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

A key practical element of the statutory equality duties is that public bodies should assess the impact of their policies and procedures on the promotion of equality of opportunity and good relations. This is practically carried out by initially assessing the equality implications of a policy or procedure, called screening. Those policies assessed as having major equality implications should then be considered for an Equality Impact Assessment (EQIA).

An EQIA is a thorough and systematic analysis of a policy to determine whether or not that policy has a negative impact on groups or individuals in relation to one or more of the nine equality categories. It also aims to identify further scope for promoting equality of opportunity. The stages of an EQIA are listed in Appendix 1.

Policy Subjected to an Equality Impact Assessment

The current Lifeline contract was due to end on 21 March 2015, but was extended until 31 December 2015, with the potential of a further extension to 30 September 2016. The PHA has been keen to engage with relevant stakeholders to ensure that the future service specification is appropriately informed and that the future Lifeline Crisis Intervention Service is fit for purpose. A review of available evidence and feedback from the Lifeline pre-consultation process[6], 2014 assisted the PHA to consider the options available that focus on the aim and objectives of the future Lifeline Crisis Intervention Service.

The PHA proposes that the preferred Lifeline Crisis Intervention Service model and delivery mechanism as outlined in the accompanying **Lifeline Crisis Intervention Service Public Consultation Questionnaire** is the most appropriate and effective method to ensure

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[6] PHA Lifeline pre-consultation process. 2014. Available at: http://www.publichealth.hscni.net/publications/lifeline-consultation-report-%E2%80%93-summary-feedback-public-health-agency%E2%80%99s-public-consultat.

the best outcomes for the population of Northern Ireland within the resources available.

The overarching aim of the Lifeline Crisis Intervention Service, as an integral element of the Protect Life Strategy[7], is to help reduce the number of deaths as a result of suicide and the number of incidents of self-harm in Northern Ireland through enabling access to appropriate services for those at immediate risk of suicide and self-harm, or suicide/homicide.

The current Lifeline Crisis Intervention Service is a free-to-call, 24/7, regional, confidential telephone helpline for people who are experiencing emotional crisis and who are at risk of self-harm and suicide. There are a number of strengths with the current Lifeline Crisis Intervention Service and the PHA will take this learning forward to strengthen the future service model. Aspects of the current service that work well should be maintained as the foundation for any future model, in particular the existence of a regional, 24/7 suicide and self-harm prevention helpline. The level of empathy, compassion and support that call operators provide has been highlighted as having worked well. In particular, its benefits include the process of immediate referral to emergency services when necessary, the ability to undertake a risk assessment, de-escalation, signposting of callers to appropriate care and provision of support to individuals at risk of self-harm and/or suicide.

Findings from the Lifeline pre-consultation process[8], 2014 show a widespread support for the view that the Lifeline Crisis Intervention Service is beneficial. However, 17% of respondents (n=17) did indicate that they were unsure if Lifeline was beneficial as there was 'no clear evidence base'. It is recognised that Lifeline is one element of the multi-faceted Protect Life Strategy. Long-term outcomes will be impacted by

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[7] Department of Health, Social Services and Public Safety. 2012. Protect Life Strategy – refreshed. Available at: www.dhsspsni.gov.uk/suicide_strategy.pdf

[8] PHA Lifeline pre-consultation process. 2014. Available at: http://www.publichealth.hscni.net/publications/lifeline-consultation-report-%E2%80%93-summary-feedback-public-health-agency%E2%80%99s-public-consultat.

a number of factors, and evaluation will continue to be an important part of the Lifeline Crisis Intervention Service.

The PHA proposes building on this experience to ensure that the future service beyond 2015 represents high quality care, striving for improved outcomes for service users and is focused on its primary aim and objectives.

Equality Screening and Scope of the Equality Impact Assessment

The initial screening of the proposed Lifeline Crisis Intervention Service model and delivery mechanism for the future Lifeline contract indicated that a wide range of Section 75 groups were likely to have particular needs in relation to the service including men; older people on the one hand and younger people on the other; minority ethnic people; and people with a disability.

A first review of quantitative data also suggested that several Section 75 groups would be likely to be overrepresented amongst those in need of the service, including lesbian, gay and bisexual people; some people with a disability; transgender people; as well as men and women from specific age groups.

Moreover, it became clear that equality implications would also be likely to arise for service provider staff assigned to the Lifeline contract, including those with dependants; people with a disability; women; transgender staff; and lesbian, gay or bisexual people.

It was concluded that equality implications were likely to be major and that an EQIA should be undertaken on the proposed Lifeline Crisis Intervention Service model and delivery mechanism. In turn, this would inform the specification of any Lifeline services to be contracted.

This EQIA is therefore concerned with the equality implications of the Lifeline Crisis Intervention Service, with regards to the potential and actual users of the service and their carers. It also examines the impact on service provider staff assigned to the Lifeline contract staff in a potential transfer situation.

It should be noted that an equality screening was also completed in relation to the Lifeline pre-consultation process[9], 2014 to consider how best to reach out to a range of Section 75 groups.

[9] PHA Lifeline pre-consultation process. 2014. Available at: http://www.publichealth.hscni.net/publications/lifeline-consultation-report-%E2%80%93-summary-feedback-public-health-agency%E2%80%99s-public-consultat.

2   DATA COLLECTION

It was decided that any assessment of the equality impacts of the Lifeline contract should be based on two types of data:

- **Quantitative data** (statistics) which would provide a first overview of the characteristics of those people most likely to be affected by the Lifeline service. Note that data of less than 10 people will not be reported to protect anonymity.

- **Qualitative data** which would provide some insights into the issues, experiences and needs of those who are likely to be most affected by the policy as well as any suggestions for the Lifeline Crisis Intervention service.

Collection of quantitative data

In order to better understand the equality profile of potential users of the Lifeline Crisis Intervention Service, Census 2011[10] data on the make-up of the Northern Ireland population as a whole was considered in a first step.

Alongside, data from the Northern Ireland Self-Harm Registry Annual Report[11] on suicide rates was analysed. It is recorded for the Section 75 groups of:

- Gender
- Age
- Religion
- Political opinion
- Marital status
- Dependent status
- Disability
- Ethnicity
- Sexual orientation

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[10] Northern Ireland Census. 2011. Available at: http://www.nisra.gov.uk/census.html

[11] Northern Ireland Registry of Deliberate Self Harm Annual Report 2013/14. Available at: http://www.publichealthagency.org/publications/northern-ireland-registry-self-harm-annual-report-201314

In a second step, the assessment drew on data from the existing Lifeline contract to identify the equality profile of actual users of the service to date. Equality monitoring data from this source is currently limited to the categories of:

- Gender
- Age

Thirdly, in order to consider the impact on those staff currently assigned to the Lifeline contract, equality monitoring data was requested from the current provider.

Collection of qualitative data

The PHA invited a range of Section 75 representative groups to share their views on the Lifeline contract as part of the Lifeline pre-consultation process[12], 2014.

Fourteen consultation workshops were hosted by the PHA with over 200 people attending. Some 154 respondents returned completed questionnaires and a summary report of the key themes is available on the PHA website www.publichealth.hscni.net. There was a total of 146 responses from within Northern Ireland: 57 from individuals; 66 from representatives of community and voluntary organisations; 13 from health and social care organisations; six from other statutory bodies; and four 'other'. Of the four 'other' responses, two were received from the education sector; one from the sports sector; and one was anonymous.

Almost two-thirds of those who responded to the questionnaire indicated that they had direct experience of the Lifeline Crisis Intervention Service, while 31% (n=43) had no experience. Community and voluntary responses were received from across the region in both urban and rural settings. The majority of responses were from agencies working directly in the area of mental health and wellbeing and suicide

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[12] PHA Lifeline pre-consultation process. 2014. Available at: http://www.publichealth.hscni.net/publications/lifeline-consultation-report-%E2%80%93-summary-feedback-public-health-agency%E2%80%99s-public-consultat.

prevention. Responses were also received from agencies with a focus on abuse, addiction and homelessness service provision.

Given the nature of the subject and to encourage participation, it was decided that the names of individuals and organisations who responded to the Lifeline pre-consultation process[13], 2014 would not be reported. The following are the numbers of organisations who submitted responses in 2014 and can be directly assigned to Section 75 representative groups:

Section 75 group	Number of organisations who can be directly assigned a Section 75 group
Gender	Four
Age	Seven
Religion	Not reported
Political opinion	Not reported
Marital status	Two
Dependent status	One
Disability	14
Ethnicity	No specific group responses noted although it would be reasonable to assume this was noted in individual responses.
Sexual orientation	No specific group responses noted although it would be reasonable to assume this was noted in individual responses.

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[13] PHA Lifeline pre-consultation process. 2014. Available at: http://www.publichealth.hscni.net/publications/lifeline-consultation-report-%E2%80%93-summary-feedback-public-health-agency%E2%80%99s-public-consultat.

Secondary sources

A wide range of research reports were considered that provided some insights into the needs of Section 75 groups in the context of mental health and suicide prevention, both in relation to a Lifeline Crisis Intervention Service per se and its design.

To inform the assessment of equality impacts on staff, the EQIA likewise drew on secondary sources, including research reports and relevant EQIAs undertaken by other organisations on related matters.

All secondary sources are referenced in the footnotes throughout this report.

3 KEY FINDINGS

3.1 Equality of opportunity

In the following, overarching inequalities in relation to suicide rates are presented before equality implications for each of the Section 75 groupings are considered. Under each equality grouping, data is presented in three steps:

  I.   on the make-up of potential and actual service users;
  II.   on any particular needs that have been identified in relation to the Lifeline service;
  III. on provider staff assigned to the Lifeline contract.

Northern Ireland population statistics draw on Census[14] 2011 figures, which estimate the Northern Ireland population to be 1,810,863 people.

Geography and suicide
Suicide figures show different patterns across the United Kingdom (UK) countries. In the general population, suicide rates are higher in Scotland and Northern Ireland but recent rises have occurred mainly in England and Wales - the rate in Scotland has fallen over the past decade[15].

Approximately 2% of all deaths registered in Northern Ireland each year are recorded as suicide[16]. In 2014, there were 268 deaths in Northern Ireland recorded as suicide. Over the past 10 years, the three-year rolling rate of registered suicide in Northern Ireland has increased from 9.5 per 100,000 in 2001/03 to 15.5 per 100,000 in 2012/14.

Belfast Health and Social Care Trust (HSCT) area has the highest three-year suicide rate for 2012/14 at 20.2 deaths per 100,000, followed by the Western HSCT area at 16.0 per 100,000. The South Eastern HSCT area has the lowest rate at 13.8 per 100,000.

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[14] Northern Ireland Census. 2011. Available at: http://www.nisra.gov.uk/census.html

[15] Annual report of the National Confidential Inquiry into Suicide and Homicide by people with mental Illness (NCISH). 2015. Available at:
http://www.bbmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/n326N210715.pdf

[16] Northern Ireland Statistics and Research Agency. 2014. Available at:
www.nisra.gov.uk/demography/default.asp31.htm

Figure 1 below shows the variation in registered suicide rates by Local Government District (LGD)[17] using a five-year rate to increase robustness (2010 – 2014). The highest rate was recorded for Belfast (23.7 per 100,000), followed by Fermanagh (19.2 per 100,000) and Derry/ Londonderry (18.2 per 100,000).

Figure 1: Rate of suicide by LGD (five-year average), 2010 – 2014
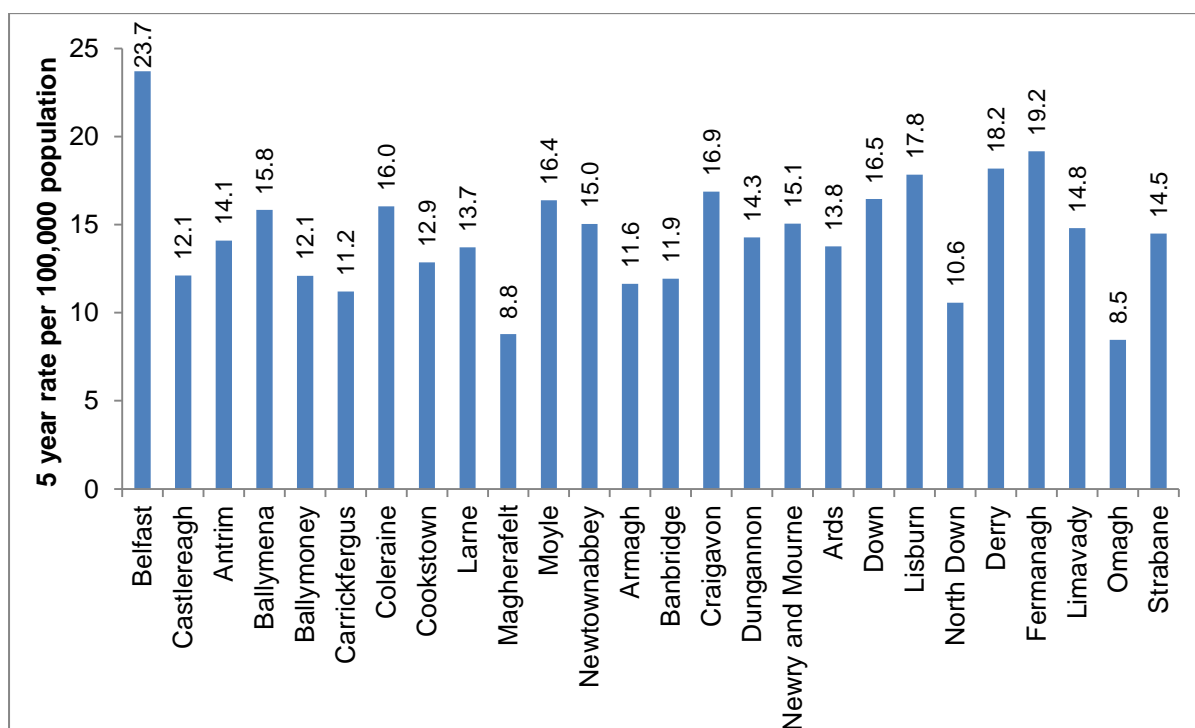
Evidence indicates that there is an increased risk of suicide for individuals who self-harm[18] [19]. As a result of self-harm in 2013/14, 5,983 people presented to Northern Ireland Emergency Departments (EDs), on 8,453 separate occasions[20].

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[17] Figures 2010/2014categorised by pre RPA Local Government Districts

[18] Owens, D., Horrocks, J. & House, A. 2002. Fatal and non-fatal repetition of self-harm: Systematic Review. British Journal of Psychiatry. 181: 193-199

[19] Muehlenkamp, J. and Gutierrez, PM. 2004. An Investigation of Differences Between Self-Injurious Behavior and Suicide Attempts in a Sample of Adolescents. 2004 The American Association for Suicidology DOI: 10.1521/suli.34.1.12.27769

[20] Northern Ireland Registry of Deliberate Self Harm Annual Report 2013/14. Available at: http://www.publichealthagency.org/publications/northern-ireland-registry-self-harm-annual-report-201314

Inequalities

Increasing rates of unemployment, debt and alcohol use have been identified as possible drivers for an increase in suicide and homicide by people with mental illness, according to the National Confidential Inquiry Study[21]. [Note that this study is limited to those who were in care of mental health services and reflect the health and social care staff perspective].

Inequalities between the 20% most deprived areas (defined using the NISRA Northern Ireland Multiple Deprivation Measure) and Northern Ireland as a whole are measured. The Northern Ireland crude suicide rate was 16.2 deaths per 100,000 population in 2010-2012[22]. The rate in the most deprived areas was 30.7 suicides per 100,000, three times higher than in the least deprived areas (10.1 deaths per 100,000 population).

Figure 2: Crude suicide rate by deprivation (three-year rolling) 2005/07 to 2010/12
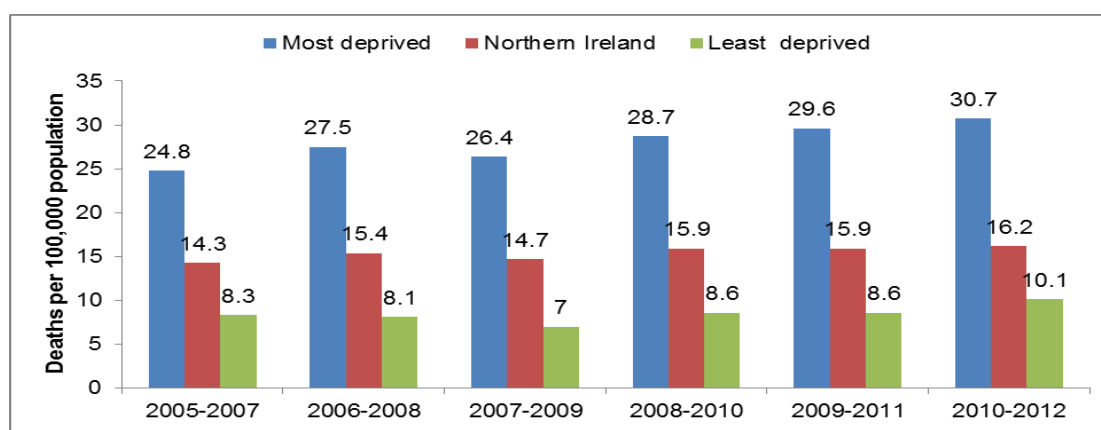
In summary, the data on geography suggests that the Northern Ireland population has particular needs in relation to this service. A review of

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[21]Annual report of the National Confidential Inquiry into Suicide and Homicide by people with mental Illness (NCISH). 2015. Available at:
http://www.bbmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/n326N210715.pdf

[22] Department of Health, Social Services and Public Safety Northern Ireland. 2014 . Northern Ireland Health and Social Care inequalities Monitoring system Regional report. Available at: http://www.dhsspsni.gov.uk/hscims-2014-bulletin.pdf

the data also suggests that areas of deprivation would likely to be over-represented amongst those in need of the service.

Staff currently assigned to the Lifeline contract

In order to consider the potential impact of the proposed model and delivery option for the future Lifeline service, the providers were asked to supply the PHA with equality monitoring data that was available on the staff currently assigned to the Lifeline contract. The current service providers have advised that there are over 100 staff assigned to the Lifeline contract. This group comprises helpline counsellors, community-based counsellors, service administrators and clinical managers.

Although limited equality data is currently available on service provider staff assigned to the Lifeline contract, it is reasonable to assume that while the community-based counsellors and community-based clinical managers are geographically spread across Northern Ireland, the majority of the helpline counsellors are more likely to reside within commute travelling distance of Belfast and Derry/Londonderry where the helpline telephony is located.

3.1.1 Gender

Potential and actual service users

<u>Suicide by gender</u>
Suicide in men has risen in the UK since 2006-2008, although the pattern varies between regions - in Scotland, the overall male rate has fallen. The National Confidential Inquiry Annual Report[23], 2015 shows a range of 4,227 (2006) to an estimated 4,840 (2012) recorded suicides in the UK, with a male to female ratio of 3:1 overall, currently 3.4:1.

In terms of the Northern Ireland population (1,810,863 people), 49% were male and 51% were female, Census[24] 2011. The annual rate of suicide for 2014 in Northern Ireland is higher for males (23.1 per 100,000) than for females (6.5 per 100,000). Data on 2014 suicide rates by gender shows that three quarters (n=207) were male.

No specific data is available on the number of transgender people in Northern Ireland. Research suggests that for the population as a whole[25]:

- 140-160 individuals are affiliated with transgender groups;
- 120 individuals have presented with Gender Identity Disphoria;
- there are more transgender women than transgender men.

Based on applying GIRES (Gender Identity Research and Education Society 2014[26]) percentage figures, which are estimated for the UK as a whole, to the Northern Ireland population, it would suggest the following:

- 18,109 people do not identify with gender assigned to them at birth;
- 3,622 are likely to seek treatment;

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[23] Annual report of the National Confidential Inquiry into Suicide and Homicide by people with mental Illness (NCISH). 2015. Available at:
http://www.bbmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/n326N210715.pdf

[24] Northern Ireland Census. 2011. Available at: http://www.nisra.gov.uk/census.html

[25] McBride & Ruari-Santiago. 2011. Healthcare issues for transgender people living in Northern Ireland. Available at: http://conflictresearch.org.uk/reports/equality-diversity/Healthcare-issues-for-transgender-individuals.pdf

[26] Gender Identity Research and Education Society. 2014. Available at: www.gires.org.uk

- 362 have undergone transition;
- 91 have a Gender Recognition Certificate.

Self-harm registry

The Registry of Deliberate Self-Harm Annual Report[27] 2013/14 suggests that the overall gender balance was even. In the Belfast Trust, males accounted for 53%, and in the Southern Trust they accounted for 52%, of presentations to EDs; in the Northern area, females accounted for 55.6% and in the West they accounted for 55.2%. In contrast, almost two thirds (65.4%) of suicide ideation presentations to EDs were male.

Lifeline data

Lifeline data 2012/15 on gender, supplied from the current provider, shows females made (54%) of interactive helpline calls, and males (44%). Transgender people made 0.2% of the calls. In 2014/15, females aged 45-49 are the highest frequency helpline caller group (8.4% of all calls are from this group). Data on clients who received follow-on Lifeline counselling in 2014/15 shows that 58.7% of the Lifeline clients were female, 38.2% male and 3% classified as 'other'. Clients include transgender people.

Transgender

Transgender research undertaken in 2012[28] suggested that 53% had self-harmed at some point, 84% had thought about ending their lives, 35% had attempted at least once to take their lives, and 25% had done so more than once.

All Partied Out[29] scoping exercise reported that drugs and alcohol was a contributory factor to experiencing suicidal ideation for 47% of trans gender respondents, with 25% reporting attempting suicide.

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[27] Northern Ireland Registry of Deliberate Self Harm Annual Report 2013/14. Available at: http://www.publichealthagency.org/publications/northern-ireland-registry-self-harm-annual-report-201314

[28] McNeil, J., Bailey, L., Ellis, S., Morton, J. & Regan, M. 2012. Trans Mental Health Study. Available at: http://scholar.google.co.uk/scholar_url?url=http://www.academia.edu/download/30289576/Trans_Mental_Health_2012.pdf&hl=en&sa=X&scisig=AAGBfm1Xj2WimFVul1zolLBk8XY53TpSpg&nossl=1&oi=scholarr

[29] All partied out: Substance use in Northern Ireland's Lesbian, Gay, Bisexual and Transgender Community. Available at: http://www.rainbow-project.org/assets/publications/All%20Partied%20Out.pdf

Though transgender identity is not recorded in suicide and self-harm data, it is reasonable to assume, therefore, that trans people are overrepresented amongst those in need of the service.

Provider staff assigned to the Lifeline contract
The provider has indicated that as of March 2014, 85% of staff assigned to the Lifeline contract were female and 15% were male.

Particular needs in relation to the service

Service users
With regards to the particular needs of men and women in relation to the service, secondary sources revealed a number of key considerations:

- Perceived potential barriers for women accessing treatment for perinatal depression were reported as lack of time, stigma and childcare issues[30].

- The Northern Ireland Protect Life – A shared Vision[31], recognises the need to engage men.

- A perceived barrier for men in accessing health services is the need to develop 'health literacy[32]. It is recommended that communication relating to health services should be carefully monitored in terms of engaging with men.

- Providing Meaningful Care[33] study that interviewed 36 formerly suicidal young men explored the development and provision of mental

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[30] Goodman, J. 2009. Women's Attitudes, Preferences, and Perceived Barriers to Treatment for Perinatal Depression. Available at: DOI: 10.1111/j.1523-536X.2008.00296.x

[31] Department of Health, Social Services and Public Safety Northern Ireland. 2012. Protect Life – A Shared Vision: The Northern Ireland Suicide Prevention Strategy (Refreshed). Available at: www.dhsspsni.gov.uk/suicide_strategy.pdf

[32] Peerson, A. & Saunders, M. 2009. Men's health literacy: advancing evidence and priorities. Critical public Health. Vol. 19, Issue 3-4, 441-456.

[33] Jordan, J., Mckenna, H., Keeney, S. and Cutcliffe., J. 2012. Providing Meaningful Care – learning from the experience of Suicidal Young Men. Available at: http://qhr.sagepub.com/content/22/9/1207.short

health services and noted that young men did not always access support from established pathways.

- Men and Suicide, a Samaritans report[34] evidenced the range of issues impacting on men in mid-life and the social issues impacting on men not engaging in help seeking behaviour.

A number of respondents to the Lifeline pre-consultation process, 2014 raised concern about equality of provision across the locality, particularly in rural areas, groups identified as high risk, and groups that are socially isolated such as the transgender community.

In terms of signposting and counselling, trans people may have particular requirements as to what services offered by voluntary, community and statutory organisations are appropriate for their particular needs.

Provider staff assigned to the Lifeline contract

The provider indicated that as of March 2014, 85% of staff assigned to the Lifeline contract were employed full-time and 15% of staff were employed part-time. In a potential situation of transfer to a new employer, staff who work part-time or who avail of other flexible working schemes (such as term-time or compressed hours) have particular needs as to the continuity of these arrangements under the new employer. Part-time workers also experience adverse impacts due to increased travel times and costs. This in turn may have negative impacts for those part-time workers who hold two jobs[35] [36]. Women are more likely to be in this position than men.

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[34] Kennelly, B. and Connolly, S. 2012. Men, suicide and society: an economic perspective. Men, Suicide and Society. Samaritans: 73.

[35] Department of Finance and Personnel Northern Ireland. 2010. Workplace Equality Impact Assessment, Final Report. Available at: www.dfpni.gov.uk/workplace_2010_equality_impact_assessment_-_final_Report

[36] Department of Finance and Personnel Northern Ireland. 2006. Accounting Services Programme Equality Impact Assessment, Final Report, Executive Summary. Available at: www.dfpni.gov.uk/master_eqia_full_report_v2_-_addendum.pdf

The provider has advised that as of March 2014, 85% of staff assigned to the Lifeline contract were identified as female and 15% of staff were identified as male.

Moreover, given that they are more likely than men to use public transport, accessibility of office locations by public means is particularly important for female staff.

For staff who are transitioning in relation to their gender or who have completed it, a particular concern is likely to be the continued support of their new employer as well as the attitudes and behaviour of their new colleagues.

In summary, the data on gender suggests that males and females have particular needs in relation to this service. Transgender people have particular needs in relation to this service. In particular, males and transgender people would likely be over-represented amongst those in need of the service while the Lifeline data shows that females are the highest proportion of service users. In relation to provider staff assigned to the Lifeline contract, it can be assumed that there are particular needs for females and males in relation to a potential transfer situation. Transgender staff also have particular needs in relation to the proposed change.

3.1.2 Age

Potential and actual service users

The Northern Ireland Census[37] 2011 shows the following age profile of the population:

- number of children aged 0 to 17 years was 430,700;
- number of people aged 18 and over was 1,380,200.

Suicide rates by age
The latest data on suicide by age, 2012-2014, shows the overall suicide rate for males (24.2 per 100,000) and (7.1 per 100,000) for females. The highest rates of suicide for males was among those aged 30-34 years (42.4 per 100,000), followed by 25-29 years (42.3 per 100,000). For females, the highest rates were among those aged 50-54 years (14.4 per 100,000), followed by 35-39 years (13.4 per 100,000). Suicide rate for males under 15 years (1.3 per 100,000) and females under 15 years is (0.6 per 100,000).

Suicide rates in the UK population in those aged under 25 years
The National Confidential Inquiry[38], 2015 Annual Report shows that during 2003-2013, there were 1,070 suicides in the general population in those aged under 25, 12% of all suicides, an average of 97 per year; 38 suicides were aged under 20 years, an average of 35 per year, and 174 were aged under 18 years, an average of 16 per year.

Of those under 25 years, 244 were patients - 9% of patient suicides and 23% of all suicides in this age-group. This represents an average of 22 deaths per year; 80 were aged under 20, an average of 7 per year, and 36 were aged under 18, an average of 3 per year.

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[37] Northern Ireland Census. 2011. Available at: http://www.nisra.gov.uk/census.html

[38] Annual report of the National Confidential Inquiry into Suicide and Homicide by people with mental Illness (NCISH). 2015. Available at:
http://www.bbmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/n326N210715.pdf

Changing rates by age and gender

The greatest increases in male suicide rates (between 2001/03 and 2012/14) have been observed in age groups 35-39 years (from 20.7 to 41.1 per 100,000), 50-54 years (from 21.3 to 36.6 per 100,000). The greatest increases in female suicide rates, (between 2001/03 and 2012/14) have been observed in age groups 50-54 years (from 4 to 14.4 per 100,000), and 35-39 years (4.5 to 13.4 per 100,000). In the youngest age group, aged 15 to 19 years, the overall rate has increased from 7.3 per 100,000 to 11.4 per 100,000 between 2001/03 and 2012/14.

Northern Ireland self-harm registry[39]

Figure 3 shows that the 15-29 year age bracket accounted for 44.4% of all self-harm presentations to Northern Ireland EDs in 2013/14.

Figure 3: European Age Standardised Rate per 100,000 of deliberate self-harm in Northern Ireland by age and gender, 2013/14.

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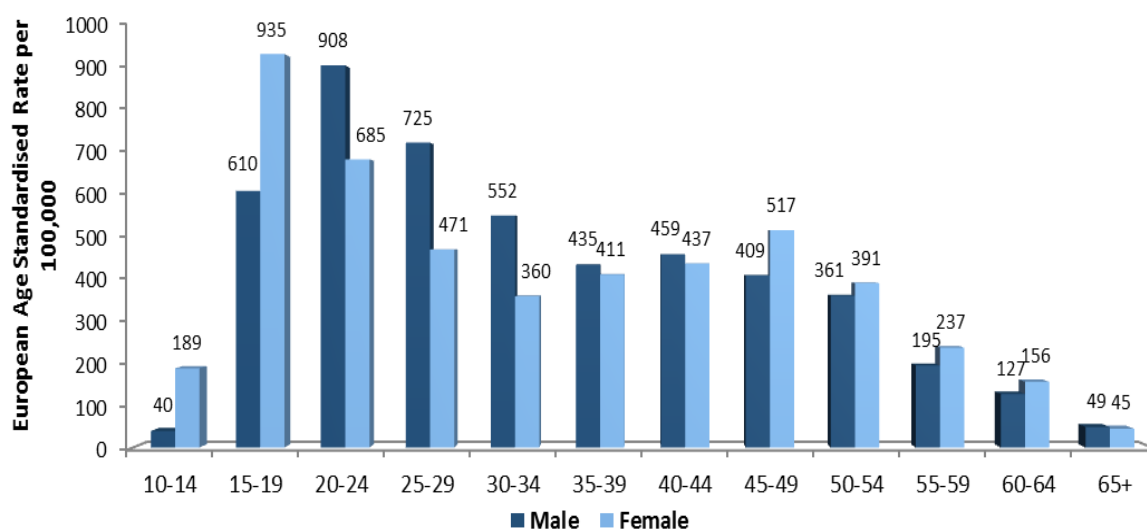
[39] Northern Registry of Deliberate Self Harm Annual Report 2013/14. Available at:
http://www.publichealthagency.org/publications/northern-ireland-registry-self-harm-annual-report-201314

Lifeline interactive calls by age 2014/15

The total number of incoming calls recorded in 2012/13 was 80,896; the provider classified 66% of the total number of incoming calls 'active' (requiring the interaction of a call operator). In 2013/14 there were a total of 92,266 incoming calls recorded, with 74% classified as 'active'. In 2014/15, 91,826 incoming calls were recorded of which 75% were classified as 'active'.

Table 1: The age distribution of 'active' incoming calls recorded from data supplied by the current provider, in 2014/15:

Age range of caller	Number of calls	% percentage of calls
4-9	13	0.0
10-14	131	0.2
15-19	2121	3.9
20-24	5275	9.6
25-29	4568	8.3
30-34	4660	8.5
35-39	6565	12.0
40-44	6353	11.6
45-49	7748	14.1
50-54	6479	11.8
55-59	4904	8.9
60-64	2492	4.5
65-69	1078	2.0
70-74	405	0.7
75+	15	0.0
Age not recorded	2108	3.8
Total	54,915	100.0

Lifeline community counselling sessions 2014/15

During 2012/13, 21,554 counselling sessions were attended by 4,434 clients, increasing to 30,742 sessions attended by 6,364 clients in 2013/14. The number of clients receiving Lifeline counselling has reduced significantly during 2014/15, with 3,681 clients attending 15,474 counselling sessions.

Table 2: The age distribution of clients who attended a counselling session recorded from data supplied by the current provider in 2014/15:

Age group of clients who received Lifeline counselling	Number of clients	% percentage of counselling
4-9	51	1.4
10-14	123	3.3
15-19	323	8.8
20-24	451	12.3
25-29	377	10.2
30-34	337	9.2
35-39	314	8.5
40-44	325	8.8
45-49	377	10.2
50-54	371	10.1
55-59	238	6.5
60-64	138	3.7
65-69	61	1.7
70-74	24	0.7
75+	15	0.4
Age not recorded	156	4.2
Total	**3681**	**100**

Provider staff assigned to the Lifeline contract:
While no data is currently available on provider staff assigned to the Lifeline contract by age it is reasonable to assume that they are 20+ years age range as third level qualifications are required for the Lifeline helpline and other counselling roles.

Particular needs in relation to the service

Service users
With regards to the particular needs in relation to age in the service, secondary sources revealed a number of key considerations:

Older People's Advocate[40] recommends that when communicating with older people there is recognition of the diversity of need within that

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[40] Northern Ireland Older People's Advocate. 2010. Available at:www.cardi.ie/userfiles/Older People's Advocate NI.

group in relation to literacy levels, access to ICT skills and equipment, geographical isolation and accommodation including those in nursing and residential homes. Documents need to be written in an accessible way – Plain English. Alternative formats should be offered, eg large print, Braille, audio CD, translation etc.

A number of respondents to the Lifeline pre-consultation process[41], 2014 raised concern about the equality of provision across the locality, particularly in rural areas, groups identified as high risk and groups that are socially isolated such as the older population.

The Lifeline pre-consultation process, 2014 found that some groups such as children and young people valued the anonymity of the helpline service and preferred the ability to make use of social media services when seeking support, while other young people indicated that they would be reluctant to contact Lifeline if they were at risk of self-harm or suicide.

In relation to marketing and communication, young people may respond less to mainstream communication methods and thus have a need for targeted communication.

Children and young people
The helpline is available to all ages and the call handlers should be competent and capable of handling calls from children and young people and providing appropriate responses that enable active engagement and access to additional help and support. Children and young people who phone Lifeline will be assessed; if they are deemed high risk they will be referred to statutory gateway services. If they are deemed low risk and they are suitably mature, and it is clinically necessary, they will be signposted to follow-on crisis support services which are locality-based, evidence-based and evidence-informed.

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[41] PHA Lifeline Pre-consultation process. 2014. Available at: http://www.publichealth.hscni.net/publications/lifeline-consultation-report-%E2%80%93-summary-feedback-public-health-agency%E2%80%99s-public-consultat.

<u>Provider staff assigned to the Lifeline contract and age</u>
Although data is not currently available, it can be reasonable to assume that provider staff assigned to the Lifeline contract are 20+ years of age as third level qualifications are required for the Lifeline helpline and other counselling roles, and the vast majority would need/want to continue in paid employment.

Given that young people are less likely to have access to a car[42], accessibility of office locations by public transport is particularly important for provider staff assigned to the Lifeline contract in the younger age brackets. It is also recognised that additional travel costs have greater effect on young people's finances[43].

In summary, the data on age suggests that adults, older people on the one hand and younger people on the other, were likely to have particular needs in relation to this service. The quantitative data also suggested that the adults, particularly males 25 - 34 years, would be likely to be over-represented amongst those in need of the service and are less likely to access the current service. In terms of provider staff assigned to the Lifeline contract, there may be particular needs in relation to a potential transfer such as access to public transport and additional travel costs.

[42] Department of Finance and Personnel Northern Ireland. 2010. Workplace Equality Impact Assessment, Final Report. Available at: www.dfpni.gov.uk/workplace_2010_equality_impact_assessment_-_final_Report

[43] Department of Finance and Personnel Northern Ireland. 2006. Accounting Services Programme Equality Impact Assessment, Final Report, Executive Summary. Available at: www.dfpni.gov.uk/master_eqia_full_report_v2_-_addendum.pdf

3.1.3 Religion

Potential and actual service users

Population - Census 2011 figures on religion
- Catholic - 738,033 (40.76%)
- Presbyterian Church in Ireland – 345,101 (19.06%)
- Church of Ireland – 248,821 (13.74%)
- Methodist Church in Ireland – 54,253 (3%)
- Other Christian (including Christian related) – 104,380 (5.76%)
- Other religions – 183,164 (10.11%)
- Religion not stated – 122,252 (6.75%)

Suicide rates by religion
No suicide data is available which provides the distribution by religion. A study of differences in morbidity and mortality according to denomination in Northern Ireland highlighted that the difference in mortality by religion was driven by socio-economic variations[44]. Those identified as of no religion and Catholic religion are slightly over-represented in low income households[45].

Protective factors:
A personal belief system along with strong personal relationships and positive coping strategies have been identified as protective factors in the World Health Organization (WHO) report Prevention Suicide – A Global Imperative[46], 2014.

Northern Ireland self-harm and Lifeline data
There is no self-harm data available in relation to religion. Religion has 19.9% 'blank' and 27.8% 'not applicable' in Lifeline raw data on service user religion and therefore it cannot be used meaningfully for analysis.

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[44] O'Reilly, D. & Rosato, M. 2008. A Study of differences in morbidity and mortality according to denomination in NI. Social Science & Medicine. Available at: http://www.journals.elsevier.com/social-science-and-medicine

[45] Department for Social Development NI. Available at: www.dsdni.gov.uk/index

[46] World Health Organisation. 2014. Preventing Suicide: A Global Imperative. Available at: http://www.who.int/mental_health/suicide-prevention/world_report_2014/en

<u>Provider staff assigned to the Lifeline contract by religion</u>
The provider has indicated that as of March 2014, 40% of staff assigned to the Lifeline contract identified as Protestant; 58% of staff identified as Catholic, with 2% of staff 'not determined'.

Particular needs in relation to the service

With regards to the particular needs in relation to religion and the service, secondary sources revealed a number of key considerations:

Studies by St Columb's Park House in partnership with INCORE and Queens University Belfast[47] suggested that there was less awareness of the relevance of engaging in health consultations. More engagement with local community groups has been recommended in these areas.

Some respondents to the Lifeline pre-consultation process[48], 2014 indicated that there was an increased need for counselling in the community along with an increase in tensions within some communities particularly Protestant/ Unionist/ Loyalist (PUL area) related to socio-economic issues. Some respondents suggested looking at the bigger picture to meet the needs of local communities by broadening the number of organisations included in the services that specialise in self-harm and suicide, and develop a better understanding between the organisations about how best to collaborate and support people in distress.

Overall, it is crucial that for any face-to-face element of the service, chosen venues are in a neutral location and accessible as to routes to the location as this may influence service users/perceptions of personal safety.

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[47] St Columb's Park House and Queens University Belfast. 2005 updated 2008. Population and Social Inclusion Study. Available at: www. derrycity.gov.uk/e52208b7-53eb-4cf3-acd2-d6441ab47291

[48] PHA Lifeline Pre-consultation process. 2014. Available at: http://www.publichealth.hscni.net/publications/lifeline-consultation-report-%E2%80%93-summary-feedback-public-health-agency%E2%80%99s-public-consultat.

In summary, based on the quantitative data on religion it is expected that those of 'no' religion and Catholic religion will be slightly over-represented as those in need of the Lifeline Crisis Intervention Service and, likewise, those from Protestant/ Unionist/ Loyalist (PUL area) and 'other' religions where there may be barriers to accessing services.

Particular needs on the basis of religious identity or community background arise as regards the neutrality of the location in which face-to-face services are provided.

Provider staff assigned to Lifeline contract and religion
In terms of a potential transfer situation, EQIAs undertaken on related matters by Workplace and DFP[49] [50] highlight concerns by staff on the basis of religion, arising from perceptions of personal safety in non-neutral areas and the lack of accessibility by some groups. Both the location of the workplace itself and access routes leading to it thus have to be taken into account. In addition, the EQIA carried out by HM Revenue & Customs (HMRC) underlined that if staff have to move to a less diverse office location, it may not provide the same access to networks and support facilities (see also 'ethnicity').

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[49] Department of Finance and Personnel Northern Ireland. 2010. Workplace Equality Impact Assessment, Final Report. Available at: www.dfpni.gov.uk/workplace_2010_equality_impact_assessment_-_final_Report

[50] Department of Finance and Personnel Northern Ireland. 2006. Accounting Services Programme Equality Impact Assessment, Final Report, Executive Summary. Available at: www.dfpni.gov.uk/master_eqia_full_report_v2_-_addendum.pdf

3.1.4 Political opinion

Potential and actual service users

Northern Ireland population statistics - Census 2011[51]
- British only – 722,379 (39.89%)
- Irish only – 457,482 (25.26%)
- Northern Irish only - 379,267 (20.94%)
- British and Irish only - 11,877 (0.66%)
- British and Northern Irish - only 111,748 (6.17%)
- Irish and Northern Irish only - 19,132 (1.06%)
- British, Irish and Northern Irish - only 18,406 (1.02%)
- Other - 90,572 (5.00%)

Suicide rates by political opinion
Suicide rates in Northern Ireland by political opinion are not collected.

Northern Ireland suicide rate compared to rest of UK
The National Confidential Inquiry[52], 2015 shows that in the general population suicide rates are higher in Scotland and Northern Ireland but recent rises have occurred mainly in England and Wales.

Self-harm all-Ireland comparison
The Northern Ireland Self-Harm Registry Report[53] 2012/13 provides an all-Ireland comparison. The rate in Northern Ireland is over 50% higher than that for the Republic of Ireland. The rates of self-harm recorded in EDs for males are 71% higher in Northern Ireland than their southern counterparts.

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[51] Northern Ireland Census. 2011. Available at: http://www.nisra.gov.uk/census.html

[52] Annual report of the National Confidential Inquiry into Suicide and Homicide by people with mental Illness (NCISH). 2015. Available at:
http://www.bbmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/n326N210715.pdf

[53] Northern Ireland Registry of Deliberate Self Harm Annual Report 2012/13. Available at:
http://www.publichealthagency.org/publications/northern-ireland-registry-self-harm-annual-report-201314

<u>Lifeline data</u>
There is no specific Lifeline data available on the political opinion of service users.

<u>Provider staff assigned to the Lifeline contract and political opinion</u>
There is no specific data available on the political opinion of provider staff assigned to the Lifeline contract.

Particular needs in relation to the service

Similar issues may arise on the basis of diverse political opinions of staff as those related under 'religion'.

No other particular needs based on the political opinion of an individual service user were identified in relation to the service.

Similar issues may arise on the basis of diverse political opinions of staff as those related under 'religion'.

3.1.5 Marital status

Potential and actual service users

<u>Northern Ireland population statistics - Census 2011</u>
- 47.56% (680, 840) of those aged 16 or over were married
- 36.14% (517, 359) were single
- 0.09% (1,288) were registered in same-sex civil partnerships
- 9.43% (134, 994) were either divorced, separated or formerly in a same-sex partnership
- 6.78% (97,058) were either widowed or a surviving partner

<u>Suicide, self-harm and Lifeline data</u>
There is no suicide, self-harm or Lifeline data available in relation to marital status.

<u>Provider staff assigned to the Lifeline contract and marital status</u>
There is no data currently available on provider staff assigned to the Lifeline contract and marital status.

Particular needs in relation to the service

Living alone and social isolation have been identified as a risk factor for adult men[54]. It is reasonable to assume that individuals who are living alone and not living with their families are at a higher risk of suicide and self-harm.

People who are undergoing transition and who are married may have particular needs which must be considered.

<u>Provider staff assigned to the Lifeline contract and marital status:</u>
There is currently no data available on provider staff assigned to the Lifeline contract and marital status. Potential impacts may arise for staff assigned to the Lifeline contract in civil partnerships linked to their sexual orientation if they move to a less diverse office location and

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[54] National Office For Suicide Prevention (NOSP). 2014. The Male Perspective. Available at: http://hse.ie/eng/services/list/4/Mental_Health_Services/NOSP

depending on access routes to these (see discussion under 'sexual orientation').

In summary, people living alone and trans gender people who are married are likely to have particular needs in relation to users of the service.

3.1.6 Dependant status

Potential and actual service users

Northern Ireland population statistics - Census 2011
* One in eight people provide unpaid care (almost 214,000)
* 3% of people providing 50+ hours a week (56,310)
* 7% of 85+
* 12% of 75-84 year olds
* 2% 0 -17 year olds
* 62,340 on carers' allowance in 2013

Young carers
According to Patient and Client Council research on young carers in Northern Ireland[55], 1 in 10 young people are carers. Moreover, the share of children per head of population who provide care to their families is higher than in the rest of the UK.

Results of a survey of 3,400 carers across the UK[56]
* 87% of carers stated that caring had a negative impact on their mental health (Northern Ireland=88%)
* 91% of carers were affected by anxiety or stress
* 53% suffered from depression
* 62% expressed social exclusion
* 40-45% give up work
* 34% missed out on promotion

Suicide, self-harm and Lifeline data:
There is no suicide, self-harm or Lifeline data available in relation to dependents.

Provider staff assigned to the Lifeline contract and dependents:
While there is no data on the dependent status of staff assigned to the Lifeline contract, it is reasonable to assume that the majority are 20+

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[55] Patient and Client Council. 2011. Research of Young Carers in NI. Available at: www.patientclientcouncil.hscni.net

[56] Carers Week UK. 2012. In Sickness And in Health. Available at: www.carersweek.org.

years old and are more likely to have dependents, in particular children and elderly parents.

Particular needs in relation to the service

With regards to the particular needs in relation to dependent status and the service, secondary sources revealed a number of key considerations:

Those with dependents have particular needs as regards access and cost of services. One respondent thought that communication and signposting to specific counselling organisations could be improved and stated that there is an assumption that [Lifeline] counselling is a 'free' service, Lifeline pre-consultation process[57], 2014.

A partnership approach/collaborative working between service providers, service users and carers is required and there are many accessible sources of guidance on how to deal with the issue of 'confidentiality' in a way that allows for the sharing of information necessary for the carer to care[58].

Provider staff assigned to the Lifeline contract and dependents
Secondary sources[59] [60] identify various negative impacts that can arise for people with dependants in the situation of staff transfers:

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[57] PHA Lifeline Pre-consultation process. 2014. Available at: http://www.publichealth.hscni.net/publications/lifeline-consultation-report-%E2%80%93-summary-feedback-public-health-agency%E2%80%99s-public-consultat.

[58] National Mental Health Development Unit and The Princess Royal Trust for Carers. 2010. The Triangle of Care. Carers Included: A Guide to Best Practice in Acute Mental Health Care. Available at: http://www.carers.org

[59] Department of Finance and Personnel Northern Ireland. 2010. Workplace Equality Impact Assessment, Final Report. Available at: www.dfpni.gov.uk/workplace_2010_equality_impact_assessment_-_final_Report

[59] Department of Finance and Personnel Northern Ireland. 2006. Accounting Services Programme Equality Impact Assessment, Final Report, Executive Summary. Available at: www.dfpni.gov.uk/master_eqia_full_report_v2_-_addendum.pdf

- concerns whether their flexible working arrangements will be supported by their new employer and colleagues;
- increase in travel time may mean additional care costs and difficulties in balancing work and caring responsibilities (longer working day, doing school runs);
- changes in facilities may increase difficulties in accessing childcare if less local childcare is available;
- negative impact on part-time workers (who are mostly female with dependants) who do two jobs;
- negative impacts on part-time workers (who are mostly female with dependants) when onsite free car parking is lost as it takes longer to respond to emergencies.

Provider staff assigned to the current Lifeline contract are likely to have particular needs in relation to the proposed change in the service. It is reasonable to assume that carers are over represented among provider staff assigned to the Lifeline contract. Working around caring responsibilities which can be delivered through part-time working, unsocial hours and close proximity to home.

In summary people who have dependents are likely to have particular needs in relation to the service. Though dependant status is not available in suicide, self-harm and Lifeline data it is reasonable to assume those who are carers are over-represented amongst those in need of the service. It is reasonable to also assume that carers are over-represented among the provider staff assigned to the current Lifeline contract and there will be particular needs in relation to a potential transfer situation.

3.1.7 Disability

Potential and actual service users

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities[61]. More than one person in five (300,000) people in Northern Ireland has a disability. The incidence of disability in Northern Ireland has traditionally been higher than in the rest of the UK. Among those of working age, 30% of those with a work-limiting disability are working. A further 15% lack, but want, paid work and 55% do not want paid work.

Table 3: Northern Ireland population statistics - Census[62] 2011

Type of long–term condition	Percentage (%) of population
Deafness or partial hearing loss	5.14
Blindness or partial sight loss	1.70
Communication difficulty	1.65
Mobility of dexterity difficulty	11.44
A learning, intellectual, social or behavioural difficulty	2.22
An emotional, psychological or mental health condition	5.83
Long–term pain or discomfort	10.10
Shortness of breath or difficulty breathing	8.72
Frequent confusion or memory loss	1.97
A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy)	6.55
Other condition	5.22
No condition	68.57

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[61] The Disability Discrimination Act. 1995. Available at: www.legislation.gov.uk

[62] PHA Lifeline pre-consultation process. 2014. Available at: http://www.publichealth.hscni.net/publications/lifeline-consultation-report-%E2%80%93-summary-feedback-public-health-agency%E2%80%99s-public-consultat.

Mental ill health and disability

There is an increased risk of mental ill health for individuals with a physical disability and association between unemployment, poverty and social exclusion. There are significant barriers to access, and mental health problems are more common for individuals with hearing loss and tinnitus than the general population[63]. The learning disabled population are less likely to get evidence-based screening and continue to face barriers in accessing services[64].

Physical illness and suicide

The National Confidential Inquiry[65], 2015 reports that physical illness is known to be a risk factor for suicide. The report found that around a quarter of patients who die by suicide have a major physical illness (3,410 deaths over 2005-2013) and the figure rises to 44% in patients aged 65 and over. In most cases, the illness has been present for over 12 months.

Lifeline and disability

Lifeline data on disability status was not consistently recorded in data provided by current provider and cannot be used for analysis.

Provider staff assigned to the Lifeline contract and disability

There is currently no data in relation to provider staff assigned to the Lifeline contract and disability.

Particular needs in relation to the service

People with sensory impairment have particular needs as to accessing a telephone based service.

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[63] Action Hearing Loss. 2014. Available at www.actionhearingloss.org.uk.

[64] Department of Health, Social Services and Personal Safety Northern Ireland. 2012. Fit and well – changing lives 2012-2022: A 10-Year public health strategic framework for Northern Ireland (Consultation document). Belfast: DHSSPS.

[65] Annual report of the National Confidential Inquiry into Suicide and Homicide by people with mental Illness (NCISH). 2015. Available at:
http://www.bbmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/n326N210715.pdf

Transport and access to buildings can pose key barriers for people with a physical, sensory or learning disability in accessing face-to-face interventions.

People with sensory and learning disabilities have a need for written information in accessible formats and appropriate communication methods and support.

Signposting and counselling people with disabilities may have particular requirements as to what services offered by voluntary, community and statutory organisations are appropriate for their particular needs ('disability competent' services).

People with disabilities may have particular needs with regards to the assessments as part of a triage as they may present in different ways than people without a disability.

In addition to having accessible information and communication needs, people with disabilities may respond less to mainstream communication methods and thus have a need for targeted communication.

People with disabilities tend to be less likely to come forward to raise a complaint. Moreover, the accessibility of the complaints process is key to those with sensory impairments or a learning disability.

Provider staff assigned to the Lifeline contract and disability
There is currently no data available on provider staff assigned to the Lifeline contract it is reasonable to assume that staff assigned to the Lifeline contract with disabilities will have particular needs in relation to a potential transfer situation.

EQIAs undertaken to date by other organisations highlight that staff who have a disability may experience a number of negative impacts in staff transfer situations:

• concerns about the attitudes and behaviour of new colleagues (feeling comfortable to advise new colleagues of disability and fears as

to the willingness of colleagues to accommodate reasonable adjustments);

- additional travel time having a greater impact on those with a disability than people without;

- physical access to the new building, accessibility of new location by public transport and the availability of dedicated disabled car parking may be key;

- staff with a learning disability may need support in adjusting to a new office environment;

- negative impacts may arise if support networks and services are less accessible from the new workplace.

In summary, although the disability status was not consistently recorded in Lifeline data and cannot be meaningfully used for analysis, it is reasonable to assume that people with disability have particular needs in relation to the service. It is also reasonable to assume that people with disability are over-represented amongst those in need of the Lifeline Crisis Intervention Service and likely that they are currently under-represented amongst actual service users. In terms of staff assigned to the Lifeline contract, it is reasonable to assume that staff with disability will have particular needs to be addressed in terms of any proposed change.

3.1.8 Ethnicity

Potential and actual service users

Table 4: Northern Ireland population statistics, Census[66] 2011

Ethnicity	Number	%
White	1,778,449	98.21%
Chinese	6,303	0.35%
Irish traveller	1,301	0.07%
Indian	6,198	0.34%
Pakistani	1,091	0.06%
Bangladeshi	540	0.03%
Other Asian	4,998	0.28%
Black Caribbean	372	0.02%
Black African	2,345	0.13%
Black other	899	0.05%
Mixed ethnic group	6,014	0.33%
Other	2,353	0.13%

Language (spoken by those aged 3 and over):
- English – 96.86% (1,681,210)
- Polish – 1.02%(17,704)
- Lithuanian – 0.36% (6,249)
- Irish (Gaelic) – 0.24% (4,166)
- Portuguese – 0.13% (2,256)
- Slovak – 0.13% (2,256)
- Chinese – 0.13% (2,256)
- Tagalog/Filipino – 0.11% (1,909)
- Latvian – 0.07% (1,215)
- Russian – 0.07% (1,215)
- Hungarian – 0.06% (1,041)
- Other – 0.75% (13,018)

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[66] Northern Ireland Census. 2011. Available at: http://www.nisra.gov.uk/census.html

<u>Travelling Community</u>[67]
The All Ireland Traveller Survey, 2010 estimated that there were 3,905 Irish Travellers in Northern Ireland. Survey findings:

- Main areas of Traveller population: Belfast, Newry and Armagh, Foyle, Mid Ulster, West Tyrone.
- Travellers live in a range of accommodation types, including social housing, serviced sites, grouped homes, on public land, private rented land, and on the side of the road.
- Mortality rates among Traveller children up to 10 years of age have been found to be 10 times that of children from the 'settled' population.
- The cohort of 15-24 year-olds is particularly marked amongst the Traveller population in Northern Ireland. It appears that 10-24 year olds make up about 36% of this population - around 1,400 individuals.

The All Ireland Traveller survey states: "The most common causes of death include heart disease/stroke and respiratory disease, with external causes of death being particularly prevalent among men which include alcohol and drug overdose and suicide. Male Travellers have a suicide rate which is 6.6 times that of men in the general population."

<u>Chinese population:</u>
Currently there are around 8,000 Chinese residents in Northern Ireland, representing 51% of the total ethnic minority population. The Chinese community is currently the largest and most dispersed ethnic minority group living in Northern Ireland. Irwin and Dunn noted in their study of ethnic minorities that the Chinese community is growing at a faster rate than the general population[68].

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[67] Equality Commission for Northern Ireland. 2010. All Ireland Traveller Survey. 2010. Available at: www.equalityni.org

[68] Chinese Welfare Association. 2014. Chinese Welfare Association website. Available at: www.cwa-ni.org.

Mental health and ethnicity
Barriers to Accessing Mental Health Services - Views of Black and
Minority Ethnic People in Ballymena, 2013[69] highlighted:

- 51% of survey respondents said that not knowing 'who to go to or what kind of help is on offer' would prevent them getting help if they had a mental health problem.
- 13% of respondents agreed that they would be prevented from getting help with a drug or alcohol problem because 'in my culture we prefer to get help within our family'.
- 53% of survey respondents believe that within their ethnic community there is 'a lot' of stigma towards mental health issues.
- 34% of survey respondents agreed that it they had a mental health problem, language difficulties would prevent them from getting help.
- 31% of survey respondents wouldn't feel comfortable using an interpreter because 'they might not fully understand what I am saying or what a professional is saying to me'.

A briefing by the Migration Observatory[70] on migrant health suggests that there are higher rates of depression and anxiety among asylum seekers and refugees compared to the general population or other migrant groups.

Prevalence of mental health problems varies by ethnicity. Those whose ethnic group is black experience the highest rates of suicide attempt, psychotic disorder, any drug use and drug dependence, while those whose ethnic group is white experience highest rates for suicidal thoughts, self-harm and alcohol dependence. Women from the south Asian ethnic group experience highest rates for any common mental disorder[71].

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[69] Ballymena Inter-Ethnic Forum (BIEF) in partnership with NHSCT. 2013. Barriers to Accessing Mental Health Services - Views of Black and Minority Ethnic People in Ballymena Available at: www.supportingcommunitiesni.org.

[70] The Migration Observatory. 2011. Health Of Migrants In the UK: What Do we know? Available at: www.migrationobservatory.ox.ac.uk

[71] The 2007 Adult Psychiatric Morbidity Survey For England. 2009. Available at: www.hscic.gov.uk/pubs/psychiatricmorbidity07

There are a number of difficulties experienced by all migrant and minority ethnic groups when accessing any of the public services. Most centre on language and cultural barriers. The immigration process is a stressful process. Migrants may have to deal with issues relating to their life in their home country such as torture, rape, other trauma. They now have to fit into a new society and potential racism without support. They may suffer stress manifesting as insomnia, anxiety, depression, post-traumatic stress disorder and drug and alcohol abuse[72].

Lifeline data and ethnicity

The Lifeline data supplied by the current provider has 21.16% recorded as 'blank' and 'not known' for ethnicity on incoming calls and cannot be used for meaningful analysis.

Table 5: Distribution of incoming 'active' Lifeline calls from clients by ethnicity 2014/15.

Ethnic group	Number of calls from clients	% of incoming 'Active' calls
Blank /not known	6676	12.16
Arab	8	0.01
Bangladeshi	4	0.01
Black African	19	0.03
Black Caribbean	1	0.00
Chinese	16	0.03
Eastern European	52	0.09
Indian	52	0.09
Mixed ethnic group	25	0.05
Other Asian background	84	0.15
Other black background	1	0.00
Pakistani	10	0.02
Travelling community	36	0.07
White African	89	0.16
White European	47842	87.12
Total	**54915**	**100**

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[72] Belfast Health Development Unit. Barriers To health - Migrant health and wellbeing in Belfast, Available at: www.belfasttrust.org

<u>Provider staff assigned to the Lifeline contract and ethnicity</u>
No data is currently available on provider staff assigned to the Lifeline contract by ethnicity.

Particular needs in relation to the service

Ethnic minority people with mental illness[73] have particular needs which need to be addressed for them to access services.

There is an indication that Travellers experience poorer mental health and a higher rate of suicide than the settled community; however, the lack of prevalence figures for Northern Ireland needs to be addressed. Mental health is interrelated with substance misuse and other factors (eg domestic violence, social support) which have also been identified as contributors to the mental health of the general population. However, Travellers often experience worse levels of such influencing factors (eg bereavement/loss). Their effects are compounded by discrimination and Traveller culture itself may ameliorate or exacerbate them. Low rates of help-seeking and negative perceptions of mental health services (ie as insufficient, inappropriate, culturally insensitive) can also be understood in this context.

A recent study[74] of first generation migrants in the UK shows a rather complex pattern as suicide is rarer in some cultures/nationals. One suggestion is that first generation migrants may bring the norms of their home country with them.

Epidemiological research should be conducted to determine the prevalence of self-harm in refugees and asylum seekers and the

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[73] University of Manchester. 2011. The National Confidential Inquiry into Suicide and Homicide by people with mental illness. Suicide and homicide in Northern Ireland. Available at: www.bbmh.manchester.ac.uk/reports/northern_ireland_full_report_june_2011

[74] Shah, A., Lindsay, J. and Dennis, M. 2011. Suicides by country of birth groupings in England and Wales: age-associated trends and standardised mortality ratios', in: *Social Psychiatry and Psychiatric Epidemiology*, Vol. 46, No. 3, pp. 197-206.

meaning of self-harm to people from different ethnic and cultural groups[75].

Language issues can create considerable barriers for black and minority ethnic people accessing the telephone based and follow on services.

In relation to signposting and counselling, black and minority ethnic people may have particular requirements as to what services offered by voluntary, community and statutory organisations are appropriate for their particular needs ('culturally competent' services); given cultural contexts, confidentiality and ease of access to services play an even greater role for some people from ethnic minorities.

Black and minority ethnic people may have particular needs with regards to the assessments as part of a triage as they may present in different ways than majority ethnic people.

In addition to having interpreting and translation needs, black and minority ethnic people may respond less to mainstream communication methods and thus have a need for targeted communication.

Black and minority ethnic people tend to be less likely to come forward to raise a complaint. Moreover, the accessibility of the complaints process is key to those not fluent in English.

In summary, it is likely that ethnic minority people have particular needs in relation to the service. It can also be assumed that ethnic minority people are over-represented amongst those in need of the Lifeline Crisis Intervention Service and likely that they are currently under-represented amongst actual service users.

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[75] National Institute for Health and Clinical Evidence. 2004. Self Harm. The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. NICE Clinical Guideline 16. Available at: www.nice.org.uk/cg16

<u>Provider staff assigned to the Lifeline contract and ethnicity</u>

While there is no data available on provider staff assigned to the Lifeline contract and ethnicity, it is reasonable to assume that the staff assigned to the Lifeline contract distribution by ethnicity may be a similar profile to the Northern Ireland population. Data from relevant EQIAs suggests that similar to some other equality groupings, black and minority ethnic staff, if moved to a less ethnically diverse office location, may not have access to the same networks and support.

3.1.9 Sexual orientation

Potential and actual service users

<u>Lesbian, Gay, Bisexual and Trans gender (LGB&T) UK population</u>
A review from West Midlands concluded that LGB&T people are at
significantly higher risk of mental disorder, suicidal ideation, substance
misuse, and deliberate self-harm than heterosexual people. Other
issues include access to services and attitudes. Nationally, issues are
being raised regarding older LGB&T in communal facilities, with
concerns around negative responses on the grounds of their sexuality
from institutions when life changing events occur[76]. [Not able to
separate transgender in this report. Note that gender identity is
unrelated to sexual orientation].

<u>Lesbian, Gay, Bisexual and Trans gender (LGB&T) NI population:</u>
There is variation in estimates of the size of the LGB&T population in
Northern Ireland. Estimates are as high as 5-7% (65-90,000) of the
adult population (based on the UK government estimate of between 5-
7% LGB&T people in the population for the purposes of costing the Civil
Partnerships Act). A similar proportion, or more recently the Office of
National Statistics, estimate 1.5-2% which would be closer to 20-30,000
adults. This latter document is disputed by various LGB&T
organisations. [Not able to separate transgender in this report. Note that
gender identity is unrelated to sexual orientation].

All Partied Out[77] a scoping exercise explored substance use within the
LGB&T communities related to club culture and stimulant drugs. The
findings indicated that although this is occasionally the case, the greater
level of substance use is related to misuse of depressants, which
correlates with our awareness of LGB&T populations as vulnerable in
respect of Mental Health Promotion and Suicide Prevention. [Not able

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[76] Meads, C., Pennant, M., McManus, J. and Bayliss, S. 2009. Birmingham, West Midlands Health Technology
Assessment Group, University of Birmingham. Available at: www.birmingham.ac.uk/Documents/college-
mds/haps/projects/WMHTAC

[77] All partied out: Substance use in Northern Ireland's Lesbian, Gay, Bisexual and Transgender Community. Available
at: http://www.rainbow-project.org/assets/publications/All%20Partied%20Out.pdf

to separate transgender in this report. Note that gender identity is unrelated to sexual orientation].

Some of the top line figures from the scoping exercise are as follows:

Demographics
- 941 LGB&T people responded. The second largest piece of LGB&T research ever conducted in Northern Ireland.

- 34% female which is the largest sum of data ever gathered amongst LGB&T women in Northern Ireland.

Drug use
- LGB&T people are substantially more likely than the Northern Ireland population to use drugs, and are nearly three times as likely to have taken an illegal drug in their lifetime (62% v 22%).

- With the exception of poppers, the main drugs that LGB&T people have taken are not stimulants (associated with the nightclub scene) but depressants (cannabis, sedatives and anti-depressants) and opiates.

Alcohol
- 91% of the LGB&T community drink alcohol, compared to 74% of the Northern Ireland population. Of those who drink alcohol, LGB&T people are approximately twice as likely as the Northern Ireland population to drink daily or most days (13% v 6%).

Consequence of substance use
- In the last 12 months, 8% of survey respondents had blackouts and withdrawal symptoms as a result of drug use.
- Drugs and alcohol have contributed to 44% of LGB&T people having unprotected sex.
- The use of drugs and alcohol has been a factor in 15% of all survey respondents and 36% of transgendered respondents self-harming.
- Drugs and alcohol contributed to 30% of LGB&T people thinking about suicide (suicidal ideation) and 13% attempting suicide.

Lifeline and sexual orientation

Sexual orientation is 67.6% 'blank' on the Lifeline Crisis Intervention Service user database and cannot be used for analysis.

Provider staff assigned to the Lifeline contract by sexual orientation

While no data is currently available on provider staff assigned to the Lifeline contract by sexual orientation, it is reasonable to assume that they profile the sexual orientation distribution of the Northern Ireland population.

Particular needs in relation to the service

Signposting and counselling – lesbian, gay and bisexual people may have particular requirements as to what services offered by voluntary, community and statutory organisations are appropriate for their particular needs.

In conclusion, therefore lesbian, gay and bisexual people are likely to have particular needs in relation to the service. Although Lifeline data is not available, it is reasonable to assume that lesbian, gay and bisexual groups are overrepresented amongst those in need of the Lifeline service.

Provider staff assigned to the Lifeline contract and sexual orientation

While no data is currently available on provider staff assigned to the Lifeline contract, it is reasonable to assume that the distribution by sexual orientation is a similar profile to the Northern Ireland population.

In a staff transfer situation, lesbian, gay and bisexual staff may have concerns about potential attitudes of new colleagues and line managers and having to come out again, in particular if they perceive a new office location to be less diverse generally. Moreover, a new location may not provide the same access to networks and support. Access routes to new locations leading through hostile neighbourhoods (such as containing homophobic graffiti or locations of hate crimes in the past) may likewise cause concern to staff. Finally, staff who are not out in their current workplace may have difficulties in raising their personal concerns in any discussions of staff transfers and relocations.

3.1.10 Comparing equality impacts of the options appraised

The previous sections outlined equality issues arising from the consideration of the composition of actual and potential service users as well as the particular needs of individual equality groupings in relation to the service.

When comparing the options for the service model and delivery mechanism appraised in the Lifeline Public Consultation Questionnaire paper, the following additional equality considerations are identified:

(1) Separation between helpline and follow-on support services which are locality based and evidence based and evidence informed.

From a clinical point of view, best practice in recent years has evolved. Recommendations point to the need to clearly separate out the follow-on support services which are locality-based, evidence-based and evidence-informed from the helpline.

The rationale for greater benefits for service users resulting from a split of provision between the helpline on the one hand, and follow-on support services which are locality-based, evidence-based and evidence-informed on the other, is based on an empowerment and enablement approach and the reduction of dependency.

In theory, any model and mechanism based on the service being delivered by one provider has the benefit of a continuity of service provision, from the point of view of the service user. Conversely, a model based on separation of the helpline and follow-on services and the principle of empowerment may increase the risk of service users dropping out.

Some equality groupings may be more likely to be amongst these:

- black and minority ethnic groups – on account of the fear of language and cultural barriers as well as being less familiar with the health and social care and community based services;
- people with a disability – due to the perceived or actual access barriers to services;
- trans people – as above;
- lesbian, gay and bisexual people – as above.

In such a scenario, enhanced signposting, face to face de-escalation and complementary therapies can mitigate against the potential negative impacts on the above groups.

(2) Options 6 and 9 versus options 7 and 10
One regional versus several providers (for follow-on support services which are locality based and evidence based and evidence informed).

A set of local providers is likely to ensure greater geographical spread and thus improved equality of access to follow on services. In turn, this will enhance access for small minority groupings, such as trans gender people, some black and ethnic minority people, people with a disability, and people who are lesbian, gay or bisexual all of whom overall may experience greater marginalisation. While, arguably, those locality based services may in some of these cases have less experience in meeting their specific needs (simply based on scale), the contract management provisions will include provisions for close partnership working and sharing learning. The anticipated long-term outcome thus is the improvement of standards region-wide and thus greater regional consistency ultimately.

(3) It is evident that Options 2, 3, 4, 5, 6, 7, and 8 would all result in a reduction of services. Thus the needs of the equality groupings mentioned under the previous sections would remain unmet.

3.2 Good relations

Impacts of the Lifeline Crisis Intervention Service on good relations, whether on the basis of religion, political opinion or ethnicity, have not been identified.

3.3 Disability duties

Encouraging people with a disability to participate in public life

The PHA as an organisation actively promotes the inclusion of disabled people in service planning, monitoring and evaluation such as through Personal and Public Involvement (PPI) initiatives and advisory groups. People with a disability were encouraged to participate in the PHA Lifeline pre-consultation process[78], 2014.

The Lifeline equality screening acknowledges the requirement of providers to ensure that they encourage participation in all aspects of the service including but not exclusively for disabled people to be company directors, employees, service users and carers.

Underpinned with the ethos of enablement and empowerment the proposed Lifeline Crisis Intervention Service model and delivery mechanism provides enhanced signposting, follow-on support services which are locality based and evidence based and evidence informed, psychological therapy, complementary therapy and provision of face to face de-escalation to reduce barriers to access.

Promoting positive attitudes towards people with a disability

The proposed Lifeline Crisis Intervention Service model and delivery mechanism encourages positive attitudes to disabled people and challenges negative stereotyping through the use of inclusive language during the advertising of the Lifeline Crisis Intervention Service.

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[78] PHA Lifeline pre-consultation process. 2014. Available at: http://www.publichealth.hscni.net/publications/lifeline-consultation-report-%E2%80%93-summary-feedback-public-health-agency%E2%80%99s-public-consultat.

3.4 Human rights

The potential for interference with Article 2 'Right to life' and Article 8 'Right to respect for private & family life, home and correspondence' of the Human Rights Act 1998 has been identified.

These articles may be interfered with if relevant systems, governance, safe practice and referral pathways are not in place under the given providers.

Several of the target groups are vulnerable people or people at a particularly vulnerable point in their lives. We therefore recognise that what we will need to ensure necessary safeguards are in place. To this end, The PHA will be assessing applicants and providers of the Lifeline Crisis Intervention Service against a range of safeguarding areas. For example, providers will need to present evidence of the following being in place and utilised if/when needed, for example:

- data protection;
- governance arrangements;
- referral pathways;
- child protection/vulnerable adults staff training and policies;
- all provider/s will be expected to produce evidence of having the appropriate PHA standards for promoting mental and emotional wellbeing and suicide prevention.
- Relevant levels of staff training/accreditation/ qualifications.

The following policies / procedures will be in place with any awarded provider:

- COSHH Policy and Guiding Principles
- Complaints Procedure Guidelines
- Drug and Alcohol Workplace Policy
- Untoward incidents procedure
- Protection of children and vulnerable adults (Northern Ireland) Order 2003 (POCVA).

4 CONCLUSIONS

4.1 Summary and assessment of main findings

<u>Service users/carers</u>

The data suggests that the Lifeline Crisis Intervention Service is likely to have equality implications on the basis of all nine Section 75 groups.

Some equality groupings are likely to be overrepresented amongst those in need of the service:

- specific age groups (men and Women);
- transgender people;
- single, separated, divorced, widowed people as they are more likely to be living alone;
- people with dependants;
- people with a disability;
- black and minority ethnic people;
- lesbian, gay and bisexual people.

At the same time, some of these equality groupings have particular needs regarding access to the Lifeline service, based on their communication needs:

- people with a disability;
- black and minority ethnic people.

Current actual and perceived barriers as well as differences in help-seeking behaviours may contribute to some of the above groups including people with a disability, black and minority ethnic people and men to be underrepresented amongst the actual users of Lifeline Crisis Intervention Service.

As regards particular needs relating to the proposed Lifeline Crisis Intervention Service model and delivery mechanism, the data suggests that the following groups have particular needs:

- men;
- women;

- children and young people;
- transgender people;
- people with dependents;
- people with a disability;
- black and minority ethnic people.

<u>Provider staff assigned to the Lifeline contract</u>

There is limited data available with regards to the equality composition of provider staff assigned to the Lifeline contract. Based on their specific needs in a potential transfer situation, impacts are likely to arise for the following equality groups in particular:

- women;
- young people;
- Trans people;
- people with dependants;
- people with a disability;
- black and minority ethnic people;
- lesbian, gay and bisexual people.

4.2 Proposed actions

<u>Service user/carer</u>

From an equality point of view, the Lifeline Crisis Intervention Service constitutes positive action: based on identified need, it seeks to target directly a number of Section 75 groupings and people with multiple identities.

Separating the helpline from the follow-on support services which are locality-based, evidence-based and evidence-informed will support the development of the empowerment and enablement approach, focus providers on effective and efficient service delivery, protecting funding for each element of the service and reduce risk of service failure through improved contingency arrangements. The budget allocation is being enhanced and this additional funding and efficiency provided by separating the services and introducing competition into the market place will deliver better return of investment in terms of a broader range

of services offered, fairer distribution of resources across localities and increased volume of service delivered.

The referral to emergency services and primary care, enhanced signposting and face-to-face de-escalation have been included to reduce barriers to engagement and, as appropriate, provide a link between the helpline and follow-on support services which are locality based and evidence based and evidence informed for the most vulnerable groups. For some, broadening the range of follow-on support services which are locality-based, evidence-based and evidence-informed to include complementary therapy will reduce barriers engagement with psychological therapy.

There will be no change in the care pathway for vulnerable service users such as children and young people and the prison population. The proposed Lifeline model and delivery mechanism recognises that Lifeline is part of a wider health and wellbeing system and vulnerable groups such as children and young people and the prison population require Lifeline to develop a partnership approach with existing statutory and voluntary and community services who provide the specialised services required.

The telephone helpline will be available for all ages; call operators should be competent and capable of handling calls from children and young people. All children and young people who contact the Lifeline crisis helpline service will be risk assessed: if deemed to be at minimal risk, the caller will be offered signposting to other services; if deemed to be at low risk and suitably mature and it is clinically necessary, the caller will be offered enhanced signposting and referral to Lifeline follow-on support services which are locality based and evidence based and evidence informed; if deemed to be at high risk, the caller will be referred to Gateway services; and if deemed to be at immediate risk, the caller will be referred to the emergency services. All assessment will entail follow up with General Practice services. It is also expected that any community based provider would be able to access suitably qualified staff to work with these young people of all ages, and ensuring that they are supported and/or referred/signposted to appropriate services.

The PHA's role covers a wide range of issues across health improvement, health protection, service development and screening and aims to improve health and wellbeing of all people in Northern Ireland (covering all section 75 groups) as well as reducing health inequalities.

Based on need and evidence based practice the proposed Lifeline model and delivery mechanism aims to meet the needs of specific target groups. The proposed Lifeline model and delivery mechanism highlights the requirement to have systems and processes in place to monitor specific outcomes. However in doing this, the PHA was mindful of the need to ensure that the process and related documentation is accessible to all and widely available in different formats, eg accessibility statement, detailed guidance notes for applicants. The collection of monitoring data will allow assessing need for further targeted interventions in the future.

With regards to specific Section 75 groupings, the following actions are proposed to address identified impacts:

Gender
➢ A planned transition to the empowerment and enablement approach – helpline operators are from a range of relevant backgrounds and experience.
➢ Awareness raising – Lifeline communication strategy is targeted in particular to adult males.
➢ Enhanced signposting and follow-on support services which are locality-based, evidence-based and evidence-informed to reduce barriers to engagement particularly for adult males and trans gender people.
➢ Broadening the range of follow-on support services which are locality based and evidence based and evidence informed to include walk in face-to-face de-escalation and complementary therapy to reduce barriers to engagement with psychological therapy.
➢ Underpinned by evidence based and evidence informed practice to promote effective practice.

Age

➢ Emerging technologies utilised to promote awareness of the service particularly with younger and older population.

➢ Enhanced signposting and follow-on support services which are locality based and evidence based and evidence informed to reduce barriers to engagement.

➢ Broadening the range of follow-on support services which are locality based and evidence based and evidence informed to include walk in face-to-face de-escalation and complementary therapy to reduce barriers to engagement with psychological therapy.

➢ Children and young people who phone the Lifeline will be assessed. If deemed to be at minimal risk, the caller will be offered signposting to other services; if deemed to be at low risk and suitably mature and it is clinically necessary, the caller will be offered enhanced signposting and referral to Lifeline follow-on support services which are locality based and evidence based and evidence informed; if deemed to be at high risk, the caller will be referred to Gateway services; and if deemed to be at immediate risk, the caller will be referred to the emergency services.

Religion

➢ Locality based follow-on support services which are locality based and evidence based and evidence informed to enable fair distribution of finite resources across different communities.

➢ A planned transition to enablement and empowerment approach which is respectful of difference.

➢ Locality based services in neutral or mix of venues to ensure accessibility for all community backgrounds.

Political opinion

➢ Follow-on support services which are locality based and evidence based and evidence informed to enable fair distribution of finite resources across different communities.

➢ A planned transition to enablement and empowerment approach which is respectful of difference.

➢ Follow-on support services which are locality based and evidence based and evidence informed in neutral or mix of venues to ensure accessibility for all community backgrounds.

Marital status

➢ 24/7 access to helpline service reduce barrier to engagement when in crisis.

➢ Enhanced signposting for people to engage with follow-on support services which are locality based and evidence based and evidence informed particularly for adult males living alone and some married transgender people transitioning in relation to their gender.

➢ Broadening the range of follow-on support services which are locality based and evidence based and evidence informed to include walk in face-to-face de-escalation and complementary therapy to reduce barriers to engagement.

➢ Lifeline free at point of service delivery particularly for some people living alone.

Dependent status

➢ A planned transition to empowerment and enablement approach –helpline operators are from a range of relevant backgrounds and experience.

➢ Appropriate liaison with carers regarding individual safety plans.

➢ Lifeline free at point of service delivery particularly for people with dependents.

➢ 24/7 access to helpline service reduce barrier to engagement when in crisis.

➢ Follow-on support services which are locality based and evidence based and evidence informed to reduce barriers to engagement particularly for people with dependents.

➢ Broadening the range of follow-on support services which are locality based and evidence based and evidence informed to include face-to-face de-escalation and complementary therapy to reduce barriers to engagement.

> ➤ Staff support – ensure adequate measures are in place for staff to debrief.

<u>Disability</u>
> ➤ A planned transition to empowerment and enablement approach –helpline operators from a range of relevant backgrounds and experience.
> ➤ Emerging technologies utilised in the Lifeline Crisis Intervention Service with promotional materials sensitive in particular to needs of people who are sensory impaired or have a learning disability.
> ➤ Enhanced signposting for people who require support to engage with follow-on support services which are locality based and evidence based and evidence informed particularly for disabled people.
> ➤ Broadening the range of follow-on support services which are locality based and evidence based and evidence informed to include walk in face-to-face de-escalation and complementary therapy to reduce barriers to engagement.

<u>Ethnicity</u>
> ➤ A planned transition to the empowerment and enablement approach for frequent service users – helpline operators are from a range of relevant backgrounds and experience.
> ➤ Awareness raising – Lifeline communication strategy is accessible and culturally sensitive to black and minority ethnic people.
> ➤ Emerging technologies utilised in the Lifeline Crisis Intervention Service with promotional materials sensitive in particular to needs of black and ethnic minority people.
> ➤ Enhanced signposting for people who require support to engage with follow-on support services which are locality based and evidence based and evidence informed particularly for black and minority ethnic people.
> ➤ Lifeline is free at point of service delivery particularly for black and minority ethnic people.

➢ Broadening the range of follow-on support services which are locality based and evidence based and evidence informed to include face-to-face de-escalation and complementary therapy to reduce barriers to engagement particularly for black and minority ethnic people.

Sexual orientation

➢ A planned transition to the empowerment and enablement approach for frequent service users – helpline operators from a range of relevant backgrounds and experience.

➢ Broadening the range of follow-on support services which are locality based and evidence based and evidence informed to include face-to-face de-escalation, enhanced signposting and complementary therapy to reduce barriers to engagement.

➢ 24/7 access to helpline service reduce barrier to engagement when in crisis.

➢ Enhanced signposting for people who require support to engage with follow-on support services which are locality based and evidence based and evidence informed particularly for lesbian, gay and bisexual people.

To address the particular needs of people from black and minority ethnic people, people with a disability, lesbian gay and bisexual people, as well as trans people in relation to signposting, complementary therapy and psychological therapy and in parts triage, assessment and de-escalation the required competencies and associated training issues of service provider staff will be considered in the development of the specification.

The need for providers to operate accessible complaints procedures will likewise be considered at that stage.

Provider staff assigned to the Lifeline contract

In relation to provider staff assigned to the Lifeline contract, where a service transfers from one provider to another, there would be a working assumption that the Service Provision Change (Protection of

Employment) Regulations (Northern Ireland) 2006[79] (the "2006 Regulations") (S.R. 2006 No. 177) apply. For an employee to transfer, it would have to be established that the employee is working mainly or wholly on the service being transferred.

In addition, the following measures will seek to address the equality issues identified in the course of this assessment:

- Assurance to provider staff assigned to the Lifeline contract who have a disability that reasonable adjustments should be put in place by any potential new employer or in any new workplace in discussion with the individual.
- Assurance to all provider staff assigned to the Lifeline contract that robust policies should be in place by any potential new employer to protect individuals from discrimination on the basis of any equality grounds and to promote equality of opportunity and good relations.
- Assurance to provider staff assigned to the Lifeline contract who currently avail of flexible working arrangements that their needs should be considered in discussion with the individual.
- Address concerns on the basis of religion, ethnicity, trans gender status, or sexual orientation – the development of the specification will give consideration to the need for neutral work environments and accessible office locations and their access route.

4.3 Proposed monitoring

A range of information and data will be collected, including inclusion and participation of disabled people where possible, to assist the PHA to fulfil our legal requirements as well as assist in the planning of services for the future.

Quantitative data to be collected: gender, age, locality, disability, ethnicity, sexual orientation, religion, marital status, dependent status of service users and public awareness.

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[79] The Service Provision Change (Protection of Employment) Regulations (NI). 2006. Available at: www.legislation.gov.uk/nisr/2006/177.

Qualitative data to be collected: complaints/compliments, Serious Adverse Incidents and service user feedback systems.

The PHA will be ensuring providers have the essential tools, resources, skills, and arrangements to collect comprehensive equality data.

Appendices

Appendix 1: The steps of an EQIA

- **What is it we are actually looking at? ('Aims of policy')**

The first part of an EQIA involves thoroughly understanding the policy to be assessed; what context it is set in; who is responsible for what; what links there are with other organisations or individuals in implementing the policy etc.

- **How can we tell what is happening on the ground? ('Consideration of data')**

This involves reviewing what data is available in-house or elsewhere and identifying what data needs to be newly collected. 'Data' means both statistics and the views, experiences and suggestions of those affected by the policy. 'Collecting new data' means going out and doing a survey and also talking to people who are affected by a policy or those who are involved in implementing the policy, for example in delivering a service.

- **So are there any problems for any of the groups? ('Assessment of impacts')**

All relevant data that has been identified (whether collected from available sources or newly gathered) is brought together and analysed. Conclusions are drawn as to the impact of the policy on the nine groups.

- **What can be done to make things fairer? ('Consideration of measures')**

Now the findings are related back to action: proposals are what can be done to address any inequalities/ unfairness that the analysis of the data has revealed.

- **Are we getting the right picture and are we thinking of doing the right thing? ('Formal consultation')**

The findings and the proposed actions are brought back to the public at this stage, usually on the basis of a draft report. Now it's time to find out what people think about the analysis and proposals!

- **With what people have told us – what are we going to do? ('Decision by public authority')**

After the wider public has had a chance to comment on the analysis and proposals it's time for the organisation to take final decisions and commit themselves to action points.

- **This is what we have found out and this is what we will do ('Publication of results of EQIA)**

These decisions and commitments are published in a final report alongside the findings from the analysis of collected data and the comments raised by the wider public during formal consultation.

- **Keeping a close eye on what is happening ('Monitoring of adverse impacts')**

An EQIA is not a one off. It's important to keep a close eye on what difference the changes to the policy actually make.

TB/11 01/10/15

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

1 October 2015

Title:	Equality and Good Relations Annual Progress Report 2014/15
Purpose:	Report of progress during 2014/15 in fulfilling the Trusts statutory equality and good relations duties and the commitments in the Trust's Equality Scheme and Disability Action Plan
Content:	The Annual Progress Report presents progress in fulfilling the Trust's statutory equality and good relations duties contained in Section 75 of the Northern Ireland Act 1998 and implementation of commitments in the Trust's Equality Scheme and Disability Action Plan.
Recommendation:	Trust Board to note the Annual Progress Report which was submitted to the Equality Commission for Northern Ireland on 28 August 2015
Previous Forum:	**SEMT**
Prepared by:	Michelle Lemon, Assistant Director of HR, Equality, PPI and Patient Experience
Presented by:	**Roisin O'Hara, Director of HR and Corporate Services**

Northern Ireland Ambulance Service Health and Social Care Trust

28 August 2015

Mr A Henderson
Compliance Manager
Equality Commission for Northern Ireland
Equality House
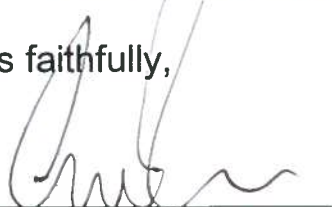7-9 Shaftesbury Square
BELFAST
BT2 7DP

Dear Mr Henderson,

RE: Section 75 of the Northern Ireland Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006 – Annual Progress Report 2014 -2015

I am pleased to enclose the Annual Progress Report for the Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) for the period 1 April 2014 – 31 March 2015.

The Trust continues to be committed to the implementation of our statutory duties under Section 75 and the Disability Discrimination Order, and the enclosed Annual Progress Report provides a comprehensive account of the work undertaken and progress made during the reporting period.

Should you have and queries with regards to the content of the report please do not hesitate to contact the Trust's Equality Lead, Michelle Lemon (michelle.lemon@nias.hscni.net).

Yours faithfully,

Liam McIvor
Chief Executive
Northern Ireland Ambulance Service HSC Trust

Northern Ireland Ambulance Service Health and Social Care Trust

HSC Northern Ireland Ambulance Service Health and Social Care Trust

Public Authority Statutory Equality and Good Relations Duties
Annual Progress Report 2014-15

Contact:

• Section 75 of the NI Act 1998 and Equality Scheme	Name:	Michelle Lemon
	Telephone:	02890 400748
	Email:	michelle.lemon@nias.hscni.net
• Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan	As above ☒ Name: Telephone: Email:	

Documents published relating to our Equality Scheme can be found at:

http://www.nias.hscni.net/about-the-trust/equality/

Signature:

Michelle Lemon

This report has been prepared using a template circulated by the Equality Commission.

It presents our progress in fulfilling our statutory equality and good relations duties, and implementing Equality Scheme commitments and Disability Action Plans.

This report reflects progress made between April 2014 and March 2015

PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme

Section 1: Equality and good relations outcomes, impacts and good practice

1   In 2014-15, please provide **examples** of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved.

Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.

The Northern Ireland Ambulance Service is committed to the promotion of equality of opportunity and good relations in fulfilment of its duties under Section 75 of the Northern Ireland Act 1998 and other equality legislation. The Trust continues to discharge these duties through implementation of its Equality Scheme which includes working with Trade Union colleagues, other HSC organisations, emergency services and Section 75 representative groups. We have worked with other Health and Social Care Trusts to review and update our Equality Scheme and Disability Action Plan which were issued for consultation on 28 March 2014 following a regional stakeholder workshop.

During 2014/15, NIAS worked collaboratively with the five other HSC Trusts to develop Section 75 Action Based Plans and Disability Action Plans to tackle identified inequalities in Health and Social Care. The Trusts' built on the actions from their previous Plans, progress against which has been documented in previous Trust Annual Progress Reports submitted to the ECNI which are published on the Trusts' websites.

The Trusts consulted widely on their Action Based Plans and Disability Action Plans through a pre-consultation stakeholder engagement event on 26 March 2014 and over a 12 week consultation period which ended on 19 June 2014. The pre-consultation event was chaired by Pamela Montgomery, Non-Executive Director for Northern HSC Trust, and speakers included Patrice Hardy, Equality Manager, ECNI and Patricia Bray, Statutory Duty and Policy Officer at Disability Action, and Trust Equality Managers. Participants were also shown a DVD 'Section 75 - Your Stories' which highlighted personal experiences of how Section 75 has impacted on a number of people. A wide range of stakeholders were invited to the event and the programme provided the opportunity for participants to hear how the Equality and Disability Action Plans were drafted and to provide feedback. All the feedback received has been considered and incorporated in the Plans as appropriate.

The Trust considered all the written responses and feedback provided during the consultation process and the Section 75 Action Based Plan and Disability Action Plan have been amended in accordance with the feedback received. NIAS is committed to ongoing engagement with stakeholders and their representatives during the implementation and review of the Plans.

The Trust has in place a range of employment equality and human rights policies which have been developed in consultation with a range of key stakeholders and Trade Unions. Employment policy is benchmarked against the ECNI's Employment Codes of Practice

and Best Practice Guidelines. The Trust is involved in a programme of work to improve the working lives of all staff through its Health and Wellbeing Strategy and Action Plan, collaborative working with Health Improvement, Health and Safety, Education, Human Resources, Occupational Health Teams and in partnership with Trade Unions.

The Trust has continued to screen policies to assess their likely impact on equality of opportunity and good relations in accordance with our Equality Scheme and guidance from the Equality Commission. Quarterly reports of policies screened during the period are published on the Trust's website.

The Northern Ireland Human Rights Commission (NIHRC) carried out a Public Inquiry into emergency healthcare during 2014-15. Whilst the main focus of the Inquiry was acute Trusts, NIAS submitted written evidence and participated in a public hearing on 8 September 2014. NIAS evidence focussed on Human Rights legislation and equality work streams which also incorporate human rights elements such as training and screening.

During 2014-15, we have continued to involve people with disabilities and their representatives in the development of key work streams such as the policy on the tansportation of assistance dogs, booking procedures for non-emergency ambulance transportation and the introduction of revised protocols for dealing with the prioritisation of emergency and urgent ambulance calls. Outcome - involvement to ensure services which meet the needs of those who access them.

NIAS took its place among a wide range of exhibitors from the public, private and voluntary sector, including the Equality Commission and the Patient Client Council, at Disability Action's exhibition. The exhibition, the largest of its kind in Northern Ireland, was held on 30 and 31 May 2014 and attracted more than 4,500 visitors over both days. The exhibition gave us the opportunity to promote our services, engage directly with service users with disabilities, listen to their views and answer their questions. The exhibition also provided a valuable opportunity to answer questions from people with disabilities about access to our services. Outcome - direct engagement with those with a disability to promote our services and engage around key issues.

During August 2014, NIAS staff represented the Trust in the Belfast and Foyle Pride Parades, Northern Ireland's leading celebrations of the lesbian, gay, bisexual and transgender (LGBT) community. This was the third consecutive year that NAIS has participated in Belfast Pride and the first occasion that the Trust has been represented at Foyle Pride. Both events provided an opportunity for LGBT staff and their colleagues to represent the Trust and for the Trust to demonstrate its support for LGBT staff, showing a positive and respectful image and promoting the services we provide to the community. NIAS was well represented at both events, where staff took part alongside colleagues from other HSC Trusts and organisations under the banner of the HSC LGBT Forum. For the first time, the Public Health Agency encouraged the wearing of uniform and many NIAS staff took the opportunity to do so. Impact message - inclusivity of LGBT staff.

2   Please provide **examples** of outcomes and/or the impact of **equality action plans/** measures in 2014-15 (*or append the plan with progress/examples identified*).

The Trust's Equality Scheme Action Plan includes a range of regional and NIAS specific action measures to promote equality and good relations based on the functions of the Trust.

The Trust continued to participate in the Regional Physical and Sensory Disability Strategy Implementation Group to manage and implement the Physical and Sensory Disability Strategy and Action Plan. The Group aims to promote positive health and wellbeing and the provision of services to meet the needs of people with disabilities.

An annual review of the Emerging Themes research information was carried out to identify any changes to key inequalities and their causes. Evidence gathered will be used in screenings and Equality Impact Assessments, and will result in a better assessment of the impact on people who fall into one or more of the Section 75 categories when planning and reviewing services.

The Trust's list of consultees is being reviewed to ensure it is accurate and up to date for engagement and consultation purposes. This will ensure effective and targeted consultation.

Training has continued for staff involved in the procurement function to ensure that the Section 75 duties and Disability Duties are embedded in procurement processes and to promote an increased awareness of Human Rights in procurement.

The Trust continued to support the work and encourage staff participation in the HSC LGBT Forum. The Forum was promoted through the display of posters and information on the Trust's intranet and Station notice boards.

Contribution to regional work to develop HSC Transgender Policy.

Involvement in regional interpreting services including review of arrangements in NIAS to ensure appropriate and effective services.

Sign language video about how to make a complaint placed on Trust website.

Roll out of training – e-learning to staff through workbook.

Involvement of staff in reasonable adjustment decision making process

Employment equality – review of recruitment exercised in line with employment equality

3 Has the **application of the Equality Scheme** commitments resulted in any **changes** to policy, practice, procedures and/or service delivery areas during the 2014-15 reporting period? *(tick one box only)*

☒ Yes   ☐ No (go to Q.4)   ☐ Not applicable (go to Q.4)

Please provide any details and examples:

Pre-consultation engagement with service users in respect of booking processes for non–emergency ambulance services has resulted in changes to the proposals and related booking procedures. Blind service users and their representatives have informed development of a new policy and procedure to ensure appropriate transportation of assistance dogs.

3a With regard to the change(s) made to policies, practices or procedures and/or service delivery areas, what **difference was made, or will be made, for individuals**, i.e. the impact on those according to Section 75 category?

Please provide any details and examples:

Patient Care Service engagement was through Disability Action – impact most likely on those who use non-emergency ambulance services which include older people and those with a disability. Assistance dogs – those with a disability who use assistance dogs.

3b What aspect of the Equality Scheme prompted or led to the change(s)? *(tick all that apply)*

☒ As a result of the organisation's screening of a policy *(please give details):*

☐ As a result of what was identified through the EQIA and consultation exercise *(please give details):*

☐ As a result of analysis from monitoring the impact *(please give details):*

☐ As a result of changes to access to information and services *(please specify and give details):*

☒ Other *(please specify and give details):*

Feedback through engagement systems with S75 groups and services users.

Section 2: Progress on Equality Scheme commitments <u>and</u> action plans/measures

Arrangements for assessing compliance (Model Equality Scheme Chapter 2)

4   Were the Section 75 statutory duties integrated within job descriptions during the 2014-15 reporting period? *(tick one box only)*

☒ Yes, organisation wide

☐ Yes, some departments/jobs

☐ No, this is not an Equality Scheme commitment

☐ No, this is scheduled for later in the Equality Scheme, or has already been done

☐ Not applicable

Please provide any details and examples:

Employees' job descriptions and performance plans and reviews reflect their contributions to the discharge of the Section 75 statutory duties and implementation of the Equality Scheme, where relevant.

5   Were the Section 75 statutory duties integrated within performance plans during the 2014-15 reporting period? *(tick one box only)*

☒ Yes, organisation wide

☐ Yes, some departments/jobs

☐ No, this is not an Equality Scheme commitment

☐ No, this is scheduled for later in the Equality Scheme, or has already been done

☐ Not applicable

Please provide any details and examples:

NIAS continues to mainstream equality and good relations objectives within the Trust's strategic objectives and performance management system. The Trust's Equality Scheme Action Based Plan to promote equality of opportunity and good relations is based on the functions of the Trust and will be implemented through the framework of the Trust's Equality Scheme. They have been developed to promote equality of opportunity and good relations through measures which are based on the context of the Trust's functions. The action measures will be linked to the development of the Trust's corporate planning cycle, thus ensuring strategic mainstreaming. The measures contained within the Plan are

linked to the Trust's Corporate Planning Cycle in order to ensure that equality of opportunity and good relations are incorporated and mainstreamed at a strategic level into the business of the Trust and aim to address inequalities in health and social care for people in all of the S75 categories.

The Trust's Human Resources Strategy covers the 5 year period from 2011-12. Equality and Human Rights are one of the core principles of this strategy. In order to implement the strategy a performance management framework was developed which outlines key performance indicators to deliver the objectives of the strategy which includes equality and human rights objectives. Assessment of performance against these objectives is monitored on a monthly basis by the Director of Human Resources and Corporate Services and the Chief Executive.

The Trust Board monitors compliance with key strategic objectives through a Performance Report. NIAS has mainstreamed equality objectives within this document which is published on the Trust website and discussed at Trust Board meetings which are advertised and open to the public. These objectives reflect those set out within the Trust's Human Resources Strategy and performance assessment in addition to performance of statutory requirements such as equality screening.

NIAS governance arrangements include audited assessments against a set of key assurance standards, referred to as Controls Assurance Standards. These include assurance on statutory compliance and engagement with those affected by Trust policies. The Trust is required to provide evidence of consultation and engagement processes and delivery of statutory requirements including Section 75.

In terms of key achievements reported within these mechanisms, implementation of the Trust's Equality Scheme continues to be a key priority. In addition to monitoring compliance with statutory duties the Steering Group discusses key equality and good relations work streams within the Trust. The agenda also includes progress reports around work related to the Disability Duties.

The Trust's Senior Executive Management Team (SEMT) also request regular Learning Outcomes Reports which include learning outcomes associated with Section 75 processes.

The Trust's Equality and Personal and Public Involvement Steering Group directly monitors progress against the Trust's Equality Scheme and related statutory requirements.

6   In the 2014-15 reporting period were **objectives/ targets/ performance measures** relating to the Section 75 statutory duties **integrated** into corporate plans, strategic planning and/or operational business plans? *(tick all that apply)*

☒ Yes, through the work to prepare or develop the new corporate plan

☐ Yes, through organisation wide annual business planning

☐ Yes, in some departments/jobs

☐ No, these are already mainstreamed through the organisation's ongoing

corporate plan

☐ No, the organisation's planning cycle does not coincide with this 2013-14 report

☐ Not applicable

Please provide any details and examples:

The measures contained within the Equality Scheme Action Based Plan are linked to the Trust's Corporate Planning cycle in order to ensure that equality of opportunity and good relations are incorporated and mainstreamed at a strategic level into the business of the Trust and aim to address inequalities in health and social care for people in all of the S75 categories. Progress on implementing the Equality Scheme is reported quarterly to the Trust's Equality and PPI Steering Group, chaired by the Chief Executive and Trust Board and to the Senior Executive Management Team as appropriate.

Equality action plans/measures

7   Within the 2014-15 reporting period, please indicate the **number** of:

| Actions completed: | 6 | Actions ongoing: | 16 | Actions to commence: | 3 |

Please provide any details and examples (*in addition to question 2*):

As outlined in section 2.

8   Please give details of changes or amendments made to the equality action plan/measures during the 2014-15 reporting period *(points not identified in an appended plan)*:

None

9   In reviewing progress on the equality action plan/action measures during the 2014-15 reporting period, the following have been identified: *(tick all that apply)*

☒ Continuing action(s), to progress the next stage addressing the known inequality

☐ Action(s) to address the known inequality in a different way

☐ Action(s) to address newly identified inequalities/recently prioritised inequalities

☐ Measures to address a prioritised inequality have been completed

Arrangements for consulting (Model Equality Scheme Chapter 3)

10   Following the initial notification of consultations, a targeted approach was taken – and

consultation with those for whom the issue was of particular relevance: *(tick one box only)*

☒ All the time ☐ Sometimes ☐ Never

11 Please provide any **details and examples of good practice** in consultation during the 2014-15 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

During 2014 - 15, we have continued involve disabled people and their representatives in development of key work streams such as the policy on the tansportation of assistance dogs, booking procedures for non-emergency ambulance transportation and the introduction of revised protocols for dealing with the prioritisation of emergency and urgent ambulance calls.

Each year NIAS issues guidance on the wearing of the poppy during the remembrance period. It is important that this guidance is kept under review and that staff representatives are involved in this process. During 2014 - 15, the Trust engaged with Trade Union and staff representatives in the review and reissuing of this guidance. Discussions in this respect extend to wider conversations around flags and emblems. These consultations were used to inform the final version of the guidance issued. In this work, NIAS gave full consideration to the Equality Commission for Northern Ireland's publications relating to Good Relations and Promoting a Harmonious Working Environment.

Consultation on DAP and Equality Scheme Action Based Plan as previously outlined.

12 In the 2014-15 reporting period, given the consultation methods offered, which consultation methods were **most frequently used by consultees**: *(tick all that apply)*

☒ Face to face meetings

☒ Focus groups

☒ Written documents with the opportunity to comment in writing

☒ Questionnaires

☒ Information/notification by email with an opportunity to opt in/out of the consultation

☐ Internet discussions

☐ Telephone consultations

☒ Other *(please specify)*: Questionnaires above used to gather service users feedback on services including standards related to dignity and respect.

Please provide any details or examples of the uptake of these methods of consultation in relation to the consultees' membership of particular Section 75 categories:

Focus Groups and face to face meetings worked particulary well when supported and facilitated by Disability Action.

13   Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2014-15 reporting period? *(tick one box only)*

☒ Yes   ☐ No   ☐ Not applicable

Please provide any details and examples:

NIAS, working collaboratively with the other HSC Trusts, consulted widely on their Action Based Plans and Disability Action Plans through a pre-consultation stakeholder engagement event on 26 March 2014 and over a 12 week consultation period which ended on 19 June 2014. The pre-consultation event was chaired by Pamela Montgomery, Non-Executive Director for Northern HSC Trust, and speakers included Patrice Hardy, Equality Manager, ECNI and Patricia Bray, Statutory Duty and Policy Officer at Disability Action, and Trust Equality Managers. Participants were also shown a DVD 'Section 75 - Your Stories' which highlighted personal experiences of how Section 75 has impacted on a number of people. A wide range of stakeholders were invited to the event and the programme provided the opportunity for participants to hear how the Equality and Disability Action Plans were drafted and to provide feedback. All the feedback received has been considered and incorporated in the Plans as appropriate.

14   Was the consultation list reviewed during the 2014-15 reporting period? *(tick one box only)*

☒ Yes   ☐ No   ☐ Not applicable – no commitment to review

Arrangements for assessing and consulting on the likely impact of policies (Model Equality Scheme Chapter 4)

[insert link to any web pages where screening templates and/or other reports associated with Equality Scheme commitments are published]

15   Please provide the **number** of policies screened during the year (*as recorded in screening reports*):

> 6

16   Please provide the **number of assessments** that were consulted upon during 2014-15:

1	Policy consultations conducted with **screening** assessment presented.
	Policy consultations conducted **with an equality impact assessment** (EQIA) presented.
	Consultations for an **EQIA** alone.

17   Please provide details of the **main consultations** conducted on an assessment (as described above) or other matters relevant to the Section 75 duties:

18   Were any screening decisions (or equivalent initial assessments of relevance) reviewed following concerns raised by consultees? *(tick one box only)*

☒ Yes   ☐ No concerns were raised   ☐ No   ☐ Not applicable

Please provide any details and examples:

The Trust undertook a consultation process with Trade Unions in respect of a savings proposal related to non-emeregency transport which did not impact on staff in any way and which would have minimal impact on patients. Unison indicated that they believed a full EQIA should have been carried out. In line with the Trust's commitment in our Equality Scheme, we reviewed the screening exercise. We used monitoring data to do this. We then shared a reviewed screening and monitoring data. We concluded that there was no evidence of an adverse impact and received no such evidence from Unison. Therefore, taking into consideration the consultation with Unison and monitoring data, the screening outcome was not changed. However the Trust gave a commitment to continue to monitor this area.

Arrangements for publishing the results of assessments (Model Equality Scheme Chapter 4)

19   Following decisions on a policy, were the results of any EQIAs published during the 2014-15 reporting period? *(tick one box only)*

☐ Yes   ☒ No   ☐ Not applicable

Please provide any details and examples:

Arrangements for monitoring and publishing the results of monitoring (Model Equality

Scheme Chapter 4)

20 From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2014-15 reporting period? *(tick one box only)*

☐ Yes   ☐ No, already taken place

☒ No, scheduled to take place at a   ☐ Not applicable
    later date

Please provide any details:

21 In analysing monitoring information gathered, was any action taken to change/review any policies? *(tick one box only)*

☐ Yes   ☒ No   ☐ Not applicable

Please provide any details and examples:

22 Please provide any details or examples of where the monitoring of policies, during the 2014-15 reporting period, has shown changes to differential/adverse impacts previously assessed:

23 Please provide any details or examples of monitoring that has contributed to the availability of equality and good relations information/data for service delivery planning or policy development:

The Trust continues to collect and monitor information relating to staff across Section 75 categories. In addition the Trust looks to its own information systems to collect and analyse Section 75 data to inform equality screening and monitoring reports. Qualitative information is gathered through ongoing engagement and involvement activities to inform policy development which is detailed elsewhere in this report.

A new regional computerised system which includes employment equality monitoring against the Section 75 categories has been introduced. The system allows personal data including equality information to be updated by employees, enabling a more accurate and up to date analysis of the staff profile against each of the Section 75 categories.

The Statutory Annual Monitoring Return for the Trust was completed and submitted to the Commission in June 2015.

In addition the Trust undertook a monitoring exercise of employment data in respect of key recruitments which was presented to and discussed at its Assurance Committee.

Staff Training (Model Equality Scheme Chapter 5)

24   Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2014-15, and the extent to which they met the training objectives in the Equality Scheme.

NIAS recognises that awareness raising and training have a crucial role in the effective implementation of our Section 75 duties. The Trust has introduced a communication and training programme for all staff and ensured that our commitment to meeting the Section 75 duties is made clear in all relevant publications. The training programme includes corporate induction training and an equality training module for all staff.

The Trust continued to mainstream equality and good relations training into induction training for new members of staff. This training includes an awareness session which covers Section 75, the Disability Discrimination Act 1998, The Human Rights Act 1998 and the Disability Discrimination Order 2006.

The Trust also continued to provide appropriate training and support to managers involved in Equality Screening.

The Trust has developed a training plan for its staff which aims to achieve the following objectives:

• raise awareness of the provisions of Section 75 of the Northern Ireland Act 1998, our Equality Scheme commitments and the particular issues likely to affect people across the range of Section 75 categories, to ensure that our staff fully understand their role in implementing the Scheme;

• provide those staff involved in the assessment of policies (screening and EQIA) with the necessary skills and knowledge to do this work effectively;

• provide those staff who deal with complaints in relation to compliance with our Equality Scheme with the necessary skills and knowledge to investigate and monitor complaints effectively;

• provide those staff involved in consultation processes with the necessary skills and knowledge to do this work effectively;

• provide those staff involved in the implementation and monitoring of the effective implementation of the Trust's Equality Scheme with the necessary skills and knowledge to do this work effectively; and

• provide staff and managers with a solid understanding of good relations and the interdependence of equality and good relations.

25   Please provide any examples of relevant training shown to have worked well, in that

participants have achieved the necessary skills and knowledge to achieve the stated objectives:

Public Access to Information and Services (Model Equality Scheme Chapter 6)

26   Please list **any examples** of where monitoring during 2014-15, across all functions, has resulted in action and improvement in relation **to access to information and services**:

Review of interpreting services to ensure effective and appropriate access for service users. Placement of sign language video regarding how to make a complaint on Trust website. Screening and engagment regarding production of policy and procedure for transportation of Assistance Dogs.

Complaints (Model Equality Scheme Chapter 8)

27   How many complaints **in relation to the Equality Scheme** have been received during 2014-15?

Insert number here:

0

Please provide any details of each complaint raised and outcome:

There were no complaints related to Section 75 during 2014 - 15. The Trust continued to ensure appropriate consideration of any equality implications raised within complaints, for example complaints from patients with a disability which may be relevant in terms of the Disability Discrimination Act or Section 75.

Section 3: Looking Forward

28   Please indicate when the Equality Scheme is due for review:

The Equality Scheme Action Plan is reviewed annually. The Equality Scheme ends in June 2017 and will be reviewed during 2016 - 17. The review will evaluate the effectiveness of the Scheme in relation to the implementation of the Section 75 statutory duties relevant to our functions in Northern Ireland.

29   Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period? *(please provide details)*

During 2015 - 16, the Trust will develop and introduce a training workshop and toolkit for managers on conducting equality screening. This will be developed to meet a recognised

training need within the Trust and supplement existing equality and good relations training. The training will aim to provide managers with the knowledge and skills to carry out equality screening.

NIAS has established an Equality Forum which is intended to represent staff across Section 75 categories. Unforseen circumstances have meant that the Forum has not met recently. During 2015 - 16 the constitution and terms of reference of the Forum will be reviewed in order to seek to re-establish the group.

30 In relation to the advice and services that the Commission offers, what **equality and good relations priorities** are anticipated over the next (2015-16) reporting period? *(please tick any that apply)*

- ☒ Employment
- ☒ Goods, facilities and services
- ☐ Legislative changes
- ☒ Organisational changes/ new functions
- ☐ Nothing specific, more of the same
- ☐ Other (please state):

PART B - Section 49A of the Disability Discrimination Act 1995 (as amended) and Disability Action Plans

1. Number of action measures for this reporting period that have been:

8	1	1
Fully achieved	Partially achieved	Not achieved

2. Please outline below details on all actions that have been fully achieved in the reporting period.

2 (a) Please highlight what **public life measures** have been achieved to encourage disabled people to participate in public life at National, Regional and Local levels:

Level	Public Life Action Measures	Outputs[i]	Outcomes / Impact[ii]
National[iii]			
Regional[iv]			
Local[v]	HSC Trusts to work regionally in partnership with disability groups to enhance participation in public life positions and involvement activities	Greater awareness of opportunities in public life positions. Clarification of the roles and responsibilities of service users, carers and stakeholders. Develop skills for participation in public life positions among people with disabilities.	Increased awareness and confidence among disabled people to participate in public life. Consistent approach adopted by Trusts. Increased representation of people with disabilities in public life positions.

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2(b) What **training action measures** were achieved in this reporting period?

	Training Action Measures	Outputs	Outcome / Impact
1	Ensure continued staff uptake and access to the Discovering Diversity e-learning module	Staff encourged to complete Discovering Diversity e-learning module and facilitated to do so in the workplace.	Increased skills and knowedge of disability legislation and issues. Increased compliance with legislation in Trust policies and strategies.
2			

2(c) What **Positive attitudes action measures** in the area of **Communications** were achieved in this reporting period?

	Communications Action Measures	Outputs	Outcome / Impact
1	Promote a culture that supports disabled employees	Showcased best practice examples in partnership with corporate communication. Continued Provision of reasonable adjustments	Creation of a working environment that encourages people with disabilities to contribute and reach their full potential.
2	Increased accessibility to information	Worked with people with disabilities and their representatives to ensure that information is provided in an accessible format.	Regional review of Accessible Communication Guide. Review to ensure that the resource is up to date, inclusive and accurate Increased staff awareness of accessible

	Updated guidance on accessible formats Increased the number of documents produced in easy-read format	comunication good practice. Key documents including the Trust's Equality Scheme produced in easy read format and published on the website.
Review of sign language services	Contributed to the regional review of sign language comunication services provision. Engagement with service users on options identified.	Contributed to HSC Board-led review scoping exercise including profile of need, uptake of service and cost. Development of a regional minimum standard for commissioning and delivery of services.

2 (d) What action measures were achieved to 'encourage others' to promote the two duties:

	Encourage others Action Measures	Outputs	Outcome / Impact
1			
2			

2 (e) Please outline any additional action measures that were fully achieved other than those listed in the tables above:

	Action Measures fully implemented (other than Training and specific public life measures)	Outputs	Outcomes / Impact
1	Develop and consult on an Assistance Dogs policy	Improved access to services for assistance dogs users	Development of policy through engagement with assistance dogs users and their representatives. Final

		Milestones / Outputs	Outcomes/Impacts
		Increased staff awareness of the needs of assistance dogs users	policy to be published in 2015/16
2	Maintain accreditation from Employers for Disability	EfD Accreditation achieved in September 2012 maintained during 2014-15	Recognition by EfD of our work to promote positive attitudes towards people with disabilities in the workplace.
	Regional Working Group established to develop a system of internal monitoring, review and evaluation of the Disability Action Plan	Effective monitoring system established through continual reviews and annual reporting to ECNI	Regular progress reports submitted to Trust Board and Senior Management Team through Assurance Framework and performance management reporting

3. Please outline what action measures have been partly achieved as follows:

	Action Measures partly achieved	Milestonesvi / Outputs	Outcomes/Impacts	Reasons not fully achieved
1	Guide for managers on reasonable adjustment	Involvement of disabled staff and representatives in the development of reasonable adjustment processes. Development and publication of guidance on reasonable adjustment	Facilitate the timely provision of reasonable adjustments in the workplace	Work ongoing, impacted upon by competing priorities
2				

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4. Please outline what action measures **have not been achieved** and the reasons why.

	Action Measures not met	Reasons
1	Staff Equality Forum - review to ensure representation of disabled staff and produce a staff information sheet aimed at promoting positive attitudes to people with disabilities.	The Equality Forum did not meet during 2014/15 due to circumstances beyond our control. We will re-establish the Forum and revive its terms of reference and membership during 2015/16.
2		

5. What **monitoring tools** have been put in place to evaluate the degree to which actions have been effective / develop new opportunities for action?

(a) Qualitative

Regional engagement and involvement processes, local consultation on the plan including review of progress. Trust performance management and accountability processes.

(b) Quantitative

Trust information systems data on staff and service users with disabilities. External sources including 2011 Census data published by NISRA.

6. As a result of monitoring progress against actions has your organisation either:

■ made any **revisions** to your plan during the reporting period or

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- taken any **additional steps** to meet the disability duties which were **not outlined in your original** disability action plan / any other changes?

No

If yes please outline below:

	Revised/Additional Action Measures	Performance Indicator	Timescale
1			
2			
3			
4			
5			

7. Do you intend to make any further **revisions to your plan** in light of your organisation's annual review of the plan? If so, please outline proposed changes?

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i **Outputs** – defined as act of producing, amount of something produced over a period, processes undertaken to implement the action measure e.g. Undertook 10 training sessions with 100 people at customer service level.

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ii **Outcome / Impact** – what specifically and tangibly has changed in making progress towards the duties? What impact can directly be attributed to taking this action? Indicate the results of undertaking this action e.g. Evaluation indicating a tangible shift in attitudes before and after training.

iii **National** : Situations where people can influence policy at a high impact level e.g. Public Appointments

iv **Regional**: Situations where people can influence policy decision making at a middle impact level

v **Local** : Situations where people can influence policy decision making at lower impact level e.g. one off consultations, local fora.

vi **Milestones** – Please outline what part progress has been made towards the particular measures; even if full output or outcomes/ impact have not been achieved.

22