Northern Ireland Ambulance Service
Health and Social Care Trust

A Meeting of Trust Board to be held at 1.00pm on Thursday, 2 April 2015 at the Fir Trees Hotel, Dublin Road, Strabane, BT82 9EA

A G E N D A

		Paper Enclosed	Timing Guide (mins)
Welcome, Introduction and Format of Meeting			
1.0	**Apologies**		
2.0	**Procedure:** Declaration of potential Conflict of Interest: Quorum:		
3.0	**Minutes of the previous meeting of the Trust Board held 5 February 2015** (for approval and signature)	TB/1/02/04/15	5
4.0	**Matters Arising:** **Action Log:**	TB/2/02/04/15	10
	4.1 Sickness Absence.		
5.0	**Chairman's Business**		20
	5.1 Visit to Castlederg Ambulance Station		
	5.2 Chairman's Update		
	5.3 Appointment of Non Executive Directors		
6.0	**Chief Executive's Business**		30
	6.1 Chief Executive's Update		
	6.2 Industrial Action Update		
7.0	**Performance Report as at 28 February 2015**	TB/3/02/04/15	40
	Highlight Reports by each Director: Chief Executive, Operations, Finance, Human Resources, Medical.		
8.0	**Items for Approval**		
	8.1 Savings Proposals 2015-16	TB/4/02/04/15	20
	8.2 Governance Self Assessment Return 2014/15 & Case Study 6	TB/5/02/04/15	10
	8.3 Appropriate Referral & Transport Policy	TB/6/02/04/15	15
	8.4 Whistle Blowing Policy	TB/7/02/04/15	5
	8.5 Complaints Policy	TB/8/02/04/15	5

	8.6	Audit Committee - Terms of Reference	TB/9/02/04/15	5
9.0	**Items for Information**			
10.0	**Items for Noting**			
	10.1	Minutes from Audit Committee meeting held 19 January 2015	TB/10/02/04/15	5
	10.2	Minutes from Assurance Committee meeting held 19 January 2015	TB/11/02/04/15	5
	10.3	Charity Status for Charitable Trust Funds	TB/12/02/04/15	5
	10.4	Patient Stories (Western Area)	TB/13/02/04/15	5
11.0	**Application of Trust Seal**			
12.0	**Forum for Questions**			
13.0	**Any Other Business**			
14.0	**Summary & Forward Agenda**			
			Total Time:	**185 (3hrs5 mins)**

Next meeting of Trust Board will be held on Thursday, 4 June 2015 in NIAS Headquarters, Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast.

Standing Orders

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

Admission of Public and the Press

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

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

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

3.18 ***Observers at Board meetings***

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

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

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

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

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

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

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

Meeting to be held on Thursday, 2 April 2015 at 2.00pm
The Fir Trees Hotel. Dublin Road, Strabane. BT82 9EA

TB/01/02/04/15

Northern Ireland Ambulance Service
Health and Social Care Trust

Minutes of a Trust Board Meeting held on Thursday, 5 February 2015 at 2.00pm, Seagoe Hotel, 22 Upper Church Lane, Portadown, Craigavon, BT63 5JE

Present:

Mr P Archer	Chairman
Mr L McIvor	Chief Executive
Professor M Hanratty	Non-Executive Director
Dr J Livingstone	Non-Executive Director
Mrs S McCue	Director of Finance & ICT
Mr B McNeill	Director of Operations
Dr D McManus	Medical Director
Ms R O'Hara	Director of Human Resources and Corporate Services
Mr N McKinley	Non-Executive Director

In Attendance:

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

Welcome and Format of the Meeting

The Chairman opened the meeting by welcoming members of the public and Trust Board. The Medical Director did not join the meeting until 2.25pm as he was attending to an emergency within the hotel.

1.0 Apologies

None

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

No potential conflicts of interest/pecuniary interests were declared and the Board was confirmed as quorate.

3.0 Minutes of the Previous Meeting of the Trust Board held on 27 November 2014

Members accepted the minutes as a true reflection of discussions held on the proposal of Dr J Livingstone, seconded by Mr L McIvor.

Action: Approved

4.0 Action Log

Completed.

The Chairman commented that 'Matters Arising' be reinstated onto the Agenda as there may be items which require a brief verbal update rather than specific action which would be captured in the Action Log.

5.0 Chairman's Business

5.1 Chairman's Update

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

The Chairman on behalf of the Board paid tribute to the staff and officers of the Southern Division Headquarters, Craigavon Hospital. The Chairman stated that Non-Executive Directors in particular received great value from visits to local stations where they have the opportunity to inspect the facilities and talk to staff. He noted the comradeship of staff, thanked them for their hospitality and wished them well on their possible relocation to another site within the hospital complex.
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6.0 Chief Executive's Business

Chief Executive's Update

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

- NHS Confederation Urgent & Emergency Care Forum & the Academy of Medical Royal Colleges – meeting took place on 4 December 2014. The Chief Executive attended the Forum as NI representative of NICON. A busy Christmas and New Year with Control Room Staff taking calls for Scotland Ambulance Service on New Year's Eve.
- Shared Services Regional Customer Forum – Meeting took place on the 6 January 2015.
- Development of Financial Proposals 2015/16. The Chief Executive commented that work was to a tight timeframe, however it is now with the HSCB for consideration, and NIAS awaits outcome.
- Unscheduled Care Task Group- Meeting took place on the 26 January 2015. The Chief Executive commented that Alternative Care Pathways within the Trusts was discussed.
- Assurance and Audit Committee – Meetings took place on 19 January 2015.
- Publication of Donaldson Report on 27 January 2015. The Chief Executive highlighted the key elements of this review.

7.0 Performance Report 2014-15 as at 31 December 2014

The Chief Executive referred members to page 5 of the 2014/15 report which outlined an overview of the Strategic Aims and Objectives.

The Chief Executive reported that the timeliness to 999 calls, including Cat A calls remained a concern. These issues have been highlighted to the Commissioner through established channels and the Director of Operations is working hard with the Commissioner to identify actions to address current issues and restore timeliness of

performance. Given current financial issues remain uncertain, there remains a risk that the Trust will fail to meet its statutory duty to achieve financial balance.

The Chief Executive referred members to page 15 of the report, which outlined Risks/Concerns. He highlighted a typographical error relating to the target to deliver Cat A Response Performance, which is currently 60% against 72.5% target, and not 65% as reported in the Performance Report.

Key engagements were outlined highlighting how the Trust was working with Health Social Care Board on this, TYC and associated issues.

Operations

The Director of Operations updated members on his report. The following issues / comments were raised:

As at the 31 December 2014:

- Category A Performance (Page 50) it was highlighted that Cat A calls had increased by 14.2% ie around 5,391 more calls compared to this time last year, this averaged out at around 21 more calls per day.
- 999 Calls - there was a 6% increase.
- Recruitment for EMT's was completed in January 2015. NIAS now holds no Paramedic vacancies. The Training Department will endorse the first training course in May 2015.
- Fleet Business Case for 5-year replacement programme has obtained approval. The Director of Operations congratulated the team who worked in securing this Business Case.

Finance and ICT

The Director of Finance & ICT updated members on her report. The following issues /comments were raised:

As at the 31 December 2014:

- NIAS has plans in place which are designed to deliver efficiency savings to achieve financial breakeven. The Director of Finance anticipated that at this stage of the year the Trust is on target to achieve breakeven by year-end but this would be subject to a series of assumptions as outlined below:

    - o Accident and 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. HSCB will fund the full legitimate costs of Agenda for Change for NIAS.
    - o Income levels for the previous year's 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. These have been largely agreed.
    - o Savings remain as advised to NIAS: cumulative savings of £3.044k for 2012/2013 to 2014/2015 - £1.176k in 2012/2013, £1.066k in 2013/2014 and £802k in 2014/2015. Recurrent savings of £947K have been delivered for 2013/2014 leaving £2.097k to be delivered in 2014/2015.

- The Board was directed to page 73 and the Director of Finance highlighted NIAS' financial position. She stated that current figures to the end of December 2014 indicate the Trust had a £19,000 overspend, within limits for a breakeven position at year-end.
- The delivery of capital expenditure will be a significant challenge for NIAS. The revised Capital Resource Limit is £5.5m. This is a reduction on expenditure of £350K largely due to re-profiling construction works for the new Ballymena and Enniskillen Stations.
- The Board were directed to page 77 which relates to the prompt payment of invoices. The Director of Finance indicated that performance in May and June 2014 dipped primarily due to demands of year-end accounts and the new systems and although performance improved in subsequent months the cumulative target of 95% of invoices was no longer achievable in 2014/2015. She indicated to the Board that this represents a similar challenge across HSC.
- The Director of Finance highlighted that Accounts Payable had been transferred in full to Shared Services on the 15 December 2014. She highlighted that the first Payroll run by Shared Services would be at the end of February 2015 and that there was a lot of work ongoing in the background to support this transfer.
- The Board were directed to the significant increase overall in terms of information requests and processing levels. As an example page 86 refers to the growth in Solicitor's enquiries. The Board enquired if we charge for this work? The Finance Director responded that we charge a nominal amount to solicitors for their enquiries.

Human Resources and Corporate Services

The Director of HR&CS updated members on her report. The following issues /comments were raised:

As at 31 December 2014:

- The Director of HR&CS updated members on the recent Industrial Action involving Unite and GMB members and advised that this has been the fourth Industrial Action this year. The Director of HR&CS highlighted that with a lot of work behind the scenes GMB withdrew their strike action at the last minute. However Unite did strike but with minimal effect to the Service. The Director HR&CS thanked Mark Cochrane, Area Manager, John Wight, Assistant Director of Operations (Control & Comms) and frontline staff for their contribution.
- Page 90 – Sickness – not able to report percentage sickness absence figures until a system calculation error is resolved and there is currently no anticipated time-frame when this could be expected.
- Page 95 – Reasons for absence – 3,261 Long Term sick days lost. The Board wished to know why sickness absence was unclassified. Director HR&CS to check and come back with explanation.
- Page 110 – Job Evaluations - Joint Chairs of the Joint Negotiating Forum have written to the Regulation & Quality Improvement Authority in an effort to move this forward.

Action: Director of HR&CS to report back regarding sickness absence being unclassified.

Medical

The Medical Director presented his report. The following issues were discussed:

As at 31 December 2014:

- Emergency Planning Report (Page 142):
- A further potential case of Ebola was successfully managed by Ambulance Control, an ambulance crew supported by an On Call Officer during an extremely busy period over the holidays. This incident did not receive attention by the media. The Medical Director paid tribute to everyone involved for the way in which the incident was managed.
- The current arrangements for the management of patients with heart attacks (STEMI) was discussed. The Medical Director explained to members that such patients are taken directly to the Cardiac Catheterisation Laboratories at the Royal Victoria and Altnagelvin Hospitals for immediate cardiac intervention. He explained that this is time-dependent and that early intervention improves outcomes.

8.0 Long Service Medal Ceremony 4 March 2015

The Long Service and Retired Officers Medal Ceremony will take place on the 4 March 2015 in the Balmoral Hotel, Belfast. The ceremony will commence at 12 noon. The Health Minister and the Lord Lieutenant, Fionnuala Jay-O'Boyle will be attending the ceremony. The Chief Executive commented on how this is a pleasant event and a good opportunity to speak with staff and encouraged Trust Board members to attend.

9.0 Items for Information

9.1 Board Governance Rolling Action Plan

Dr J Livingstone updated the members on the Rolling Action Plan which has been developed on the 2013/14 Governance Self Assessment Tool. Dr Livingstone advised that he has meet with each of the Convenors and notified members that he is due to meet with the Chief Executive and Chair on the 19 February 2015 to review the Board Governance Self Assessment return for 2014/15 with the aim to sign off at the next Board Meeting on the 2 April 2015.

10.0 Items for Approval

10.1 Transportation of Assistance Dogs Policy

Approved.

10.2 Risk Register Review

Approved.

11.0 Items for Noting

11.1 10,000 Voices Patient Stories

Dr J Livingstone congratulated the Trust for their good work on this paper. It was

noted that staff survey is being done which is pertinent to patient experience.

12.0 Application of Trust Seal

The Trust Seal was used on the 5 February 2015. This was for a Licence renewal between North Down Borough Council and NIAS for the deployment point at Bangor Marina.

13.0 Forum for Questions

No Questions were received.

14.0 Any other Business

None

15.0 Forward Agenda

No items.

Date, Time and Venue of Next Meeting

The next meeting of the Trust Board will be held on Thursday 2 April 2015 in the Western Division. (Venue to be confirmed.)

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

Signed: _____
Chairman

Date: _____

TB/02/02/04/15

Northern Ireland Ambulance Service
Health and Social Care Trust

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.

Date of Meeting	No	Minute Reference	Agenda Item (topic)	Allocated To	Action
5 February 201 5	1	4.0	Matters Arising	Chairman	'Matters Arising' to be reinstated onto Agenda

TB/03/02/04/15

PERFORMANCE REPORT AS AT

28 FEBRUARY 2015

NORTHERN IRELAND AMBULANCE SERVICE

PERFORMANCE REPORT 2014-2015

RAG Rating;
Green: Fully on track for delivery.
Amber: Some adjustment required to bring back on track for delivery.
Red; Formal Alert that requirement has not been delivered or will not be delivered by due date – Action required.

MISSION

"THE NORTHERN IRELAND AMBULANCE SERVICE WILL PROVIDE SAFE, EFFECTIVE, HIGH-QUALITY, PATIENT-FOCUSSED CARE AND SERVICES TO IMPROVE HEALTH AND WELL BEING BY PRESERVING LIFE, PREVENTING DETERIORATION AND PROMOTING RECOVERY"

INTRODUCTION

This assurance report is the means by which NIAS presents an account to Trust Board and the public which outlines the actions taken to deliver a safe, high-quality ambulance service within available resources, and the principal risks to continued provision of these services on that basis. All personnel in NIAS contribute to the delivery of safe, high-quality services, and all have a duty and responsibility to ensure those services are patient-focussed and represent value for money. The detailed reports which follow enable each directorate area to present and highlight their contribution to service delivery and provide necessary assurance to the Trust Board and the public in respect of the ongoing provision of safe, high-quality services, focussed on the patient and consistent with effective and efficient use of all financial and non-financial resources.

DELIVERING SAFE, HIGH-QUALITY CARE

The Board of Directors of the Northern Ireland Ambulance Service Health and Social Care Trust is responsible for ensuring that the care and treatment provided by its staff is of the highest quality. Executive and Non Executive Directors of the Board provide leadership of the organisation. Guided by the Minister and DHSSPS priorities, Trust Board outlines the strategic direction in promoting the health and well-being of the citizens and communities of Northern Ireland who use the Trust's services. It sets the values and standards and ensures that the necessary financial and human resources are in place for the organisation to meet its objectives. NIAS is committed to working with DHSSPS and Commissioners to secure the policy framework and commissioner support necessary to deliver service modernisation and reform consistent with our strategic aims and objectives.

The Board identifies the strategic, corporate objectives and risks and monitors the achievement of these in the public interest. It has established a framework of prudent and effective controls to manage these risks, underpinned by core controls assurance standards. Decisions are taken by the Board within a framework of good governance to ensure a successful organisation, which is always striving to achieve excellence. The Chief Executive is accountable to the Trust Board, which consists of Executive Directors and Non-Executive Directors. The Chief Executive is the Accountable officer to the DHSSPS for the performance of the organisation. The Executive Team is the major source of advice and policy guidance to the Board of Directors.

This Corporate Plan sets the strategic direction for the Trust in line with the stated purpose, mission and vision of the organisation, aligned to the relevant principles and values, which direct action consistent with Ministerial priorities. Key strategic aims are identified through this process which leads to the development of strategic objectives which contribute to delivery of those aims. The Corporate Plan is supported by an annual Trust Delivery Plan which is developed to take account of available resources and outline Trust priorities in terms of actions and activity to secure objectives.

STRATEGIC AIMS & OBJECTIVES

Having considered the health priorities and key challenges within the context of the ambulance services' purpose, mission, vision, principles and values, and the priorities identified by the Minister and his agents, NIAS has developed a set of strategic aims and objectives to shape the delivery of ambulance services over the coming years. These aims and objectives seek to align delivery of health priorities for the whole healthcare system with the specific priorities, challenges and opportunities presenting to the ambulance service. We will work with colleagues in the healthcare system and beyond to ensure that our activities and aspirations are aligned with the healthcare policy framework and commissioning intentions and direction.

Each of the strategic aims has been reviewed by Trust Board and a series of key strategic objectives identified which support and enable progress in delivery of the strategic aims. In order to deliver the strategic aims, to secure the future of the organization and delivery of healthcare consistent with our purpose, mission and values, specific objectives will be developed and taken forward by the responsible managers.

The Strategic Aims are as follows:

1. To deliver a safe, high-quality ambulance service providing emergency and non-emergency clinical care and transportation which is appropriate, accessible, timely and effective
2. To achieve best outcomes for patients using all resources while ensuring high quality corporate governance, risk management and probity
3. To engage with local communities and their representatives in addressing issues which affect their health, and participate fully in the development and delivery of responsive integrated services

The Strategic Objectives underpinning these aims are as follows:

1. Further develop the service delivery model for scheduled and unscheduled care and transportation to address rural issues and exploit partnership opportunities.

2. Review and develop operational systems and processes to support the service delivery model and provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.
3. Build and maintain a high-performing, appropriately skilled and educated workforce, suitably equipped and fit for the purpose of delivering safe, high-quality ambulance services.
4. Promote and develop an open, transparent and just culture focussed on patients and patient safety.
5. Establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients to identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.
6. Review existing resources and ensure resource utilisation is aligned with delivery of agreed outcome-based quality indicators for patients and high quality corporate governance, risk management and probity.
7. Establish processes, built around our Personal and Public Involvement (PPI) strategy, to enable effective communication and engagement with all our communities and their representatives.
8. Use those PPI processes to clarify the ambulance role, function and resource with the community and agencies responsible for setting policy and commissioning ambulance services, and test this against their perceived/assessed needs and expectations.
9. Work with all stakeholders, in particular regional and local commissioners and providers of services, to establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services.

STRATEGIC AIMS AND OBJECTIVES: PERFORMANCE OVERVIEW RAG REPORT	
SA1. To deliver a safe, high-quality ambulance service providing emergency and non-emergency clinical care and transportation which is appropriate, accessible, timely and effective	SO1.1 Further develop the service delivery model for scheduled and unscheduled care and transportation to address rural issues and exploit partnership opportunities.
	SO1.2 Review and develop operational systems and processes to support the service delivery model and provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.
	SO1.3 Build and maintain a high-performing, appropriately skilled and educated workforce, suitably equipped and fit for the purpose of delivering safe, high-quality ambulance services.
	SO1.4 Promote and develop an open, transparent and just culture focussed on patients and patient safety.
SA2. To achieve best outcomes for patients using all resources while ensuring high quality corporate governance, risk management and probity	SO2.1 Establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients to identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.
	SO2.2 Review existing resources and ensure resource utilisation is aligned with delivery of agreed outcome-based quality indicators for patients and high quality corporate governance, risk management and probity.
SA3. To engage with local communities and their representatives in addressing issues which affect their health, and participate fully in the development and delivery of responsive integrated services	SO3.1 Establish processes, built around our Personal and Public Involvement strategy, to enable effective communication and engagement with all our communities and their representatives.
	SO3.2 Use those processes to clarify the ambulance role, function and resource with the community and with those agencies responsible for setting policy and commissioning ambulance services and test this against their perceived needs and expectations.
	SO3.4 Work with all stakeholders, in particular regional and local commissioners and providers of services, to establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services

STRATEGIC AIMS: PERFORMANCE & RISK REPORT

Ref	Strategic AIM	Performance Commentary	RAG Rating	Risk Assessment
SA1	To deliver a safe, high-quality ambulance service providing emergency and non-emergency clinical care and transportation which is appropriate, accessible, timely and effective	NIAS continues to provide safe high quality ambulance services. The model of service delivery has demonstrated effectiveness in the past and remains valid; however, it has proved sensitive to loss of response and patient transportation capacity presently linked to rising demand and Emergency Department pressures. NIAS is leading the development of the Community Resuscitation Strategy and recognises the significant role played by community resuscitation initiatives in the UK in respect of response to Cat A 999 calls.	R	The timeliness of response to 999 calls, including Cat A calls remains a major concern at this point. We have identified this concern to commissioner through established channels and are working to resolve. A commissioner-led capacity analysis is planned as part of a system wide review. NIAS is keen to participate fully in the analysis and the identification of action to address current issues and restore timeliness of response. In the interim, we continue to identify opportunities to improve Cat A performance within existing resources reflected in Performance Improvement Plan developed during 2013-14 and refreshed for 2014-15.
SA2	To achieve best outcomes for patients using all resources while ensuring high quality corporate governance, risk management and probity	NIAS continues to meet statutory requirements and deliver appropriate patient outcomes within the resource constraints identified. We continue to target calls on the basis of clinical urgency. Systems of corporate governance, risk management and probity have been maintained, and are subject to ongoing review and revision to identify and address weaknesses and deficiencies. Savings plans implementation is subject to delay and measures to maintain financial balance are being reviewed.	A	Increasingly stringent requirements particularly in areas such as procurement, pose issues due to regional configuration and mobile workforce. Approval, consultation and implementation of plans have caused delays in the amount of savings that can be delivered in 2014/15 vs. those in Draft Trust Delivery Plan. Non recurrent measures have been introduced to address £1.2m of savings in 2014/15. We continue to work with HSCB/DHSSPS to address the full range of savings required of NIAS (totalling £2.1m in 2014/15).
SA3	To engage with local communities and their representatives in addressing issues which affect their health, and participate fully in the development and delivery of responsive integrated services	NIAS has a programme of engagement in place which meets requirements within the limited resources available in this area.	G	The Trust has a system in place to engage with service users in respect of key policy areas. Resource constraints continue to impact on our capacity to pursue all aspirations and opportunities.

SUMMARY CORPORATE RISK REGISTER				
Ref	**Title**	**Description**	**Initial rating**	**Current rating**
253	There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance.	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. Overspending against core budget;□2. Increases to Savings Target. Savings remain as advised to NIAS Cumulative savings of £3,044k for 2012/13 to 2014/15 (£1,176k 12/13, £1,066k 13/14 and £802k in 2014/15). Recurrent savings of £947k have been delivered in 2012/13 leaving £2,097k to be delivered in 2014/15.□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.□5. Non-Delivery of Savings. Changes in the delivery of savings from the Trust Delivery Plan have resulted in the requirement for non recurrent savings measures totalling £1.2m in 2014/15. □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 NIAS	High	High

		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 2014/15 in conjunction with Trust Board. Engagement with staff and patient representatives and fulfilment of any statutory consultation requirements.		
228	Difficulty in delivering totality of planned A&E hours	There is a risk to the Trust due to the difficulty in covering all planned A&E hours to support effective and efficient service delivery. This is due to a number of reasons including: the number of vacancies at EMT, RRV and Supervisor level, the lack of a relief tier in RRV, the level of long term sickness across certain divisions, challenges of implementing EWTD e.g. meal breaks and the number of temporary acute service changes across the region requiring additional resources. Actions Advertise for temporary HPC qualified paramedics ongoing for permeant, temporary and zero hours contacts Advertise for HPC qualified paramedics on zero contracted hours Rigorous implementation of Absence Management policy in conjunction with OHD Redeploy available resources across the region to target worst affected areas, supported by Non Emergency tier Develop new structures at Operational Level to free up paramedic staff to provide cover (Supervisors posts, planned RRV hours verse demand Review and modernise service delivery model following benchmark with other services Activity Log	High	High

		1. Open recruitment for HPC qualified staff - Completed□2. Development of a 'Zero Contracted Hours' tier - Completed□3. New Operational Structure proposal presented to D OP'S for discussion at OP'S workshop (Sept 12) Follow work to completed by January 2013□4. Area Managers actively implementing Absence Management policy□6. Review of Planned production hours verse Actual Production hours in progress 7. Review of Service Delivery structure underway by SEMT□8. Commissioners advised of ongoing risk□9. Ten paramedics recruited in Jan/ April 2013.□10. Proposal for new frontline model shared with Commissioners through Trust Development Plan.□11. Review skill mix of frontline staff□12. Additional paramedics on Temp Contracts in April 2013□13. TDP 2013/14 approved by HSCB in July 2013□14. Develop Tender specification for NIAS use of VAS, ad hoc use with PaLs support.□15. Extend Paramedic waiting list 31/3/14□16. Extend Temp Paramedic contract until 2015□17. Complete RRV relief staff recruitment□18. Identify staff who continually Cancel overtime and agree management process.□19. Secure funding to support Acute Service changes and increased activity□20. Planned recruitment for additional staff summer 2014□21. Workforce Planning Group considering changes to operational structure.□22. Appointment of Business and Performance Manager to monitor performance and production hours versus capacity.□23. Discussions ongoing with Commissioners in relation to associated Capital costs (Vehicles and Equipment)□24. Improvement action plan developed and agreed at Emergency Meeting on the 28/7/14 to cover next 90 days and review bi monthly at PMM□25. EMT recruitment underway with interviews scheduled September 2014□26. Staff communication reference recruitment issued 21/7/14□27. Consideration give to escalating this risk to the Corporate Risk Register□		
241	Organisational Cohesion	There is a risk to the effective governance of the organisation if the Trust Board is unable to maintain cohesion and capacity to fulfil its function.	Low	Low
243	Balancing Statutory Responsibilities	There is a risk that that excessive focus on achieving the statutory duty to deliver financial balance and specific targets could compromise other statutory duties and organisational priorities, in particular our duty of care to service users and staff.	Low	Low

245	Public Perception	There is a risk that public perception of the ambulance service is inconsistent with the aspirations of the service.	Med	Med
246	Linking Demand to Funding	There is a risk 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.	Med	Med

Key Actions/Activities from NIAS Annual Plan & Trust Delivery Plan 2014-15

NIAS Strategic Objectives Report 2014-15

Objective: **Further develop the service delivery model for scheduled and unscheduled care and transportation to address rural issues and exploit partnership opportunities.**			
Assessment of Progress;			
Risks/Concerns:			
Specific Action	Report Lead	RAG Rating	Comment
Introduce revised Operational Dispatch model to target RRV and A&E ambulances more effectively on Cat A over Cat B/C /Urgent calls to prioritise delivery of Cat A response targets	Ops	G	Revised directive issued to Control Team providing guidance on deployment of RRV to prioritise delivery of Category A response targets. The increasing volume of Cat A calls is impacting upon capacity to prioritise response. Measures have been introduced to revise where appropriate the clinical priority assigned to HCP calls to reflect prior year position and alignment with 999 prioritisation.
Realign Emergency Ambulance Control to operational priorities to prioritise delivery of fast, clinically effective, patient-centred ambulance response	Ops	G	An alternative dispatch and management of HCP calls using HCPC Protocol 35 have been implemented. (6th June) Volume of Cat A Calls has increased as a result of changes – further work is required to manage the impact of the changes. Measures have been introduced to revise where appropriate the clinical priority assigned to HCP calls to reflect prior year

			position and alignment with 999 prioritisation.
Use the Community Resuscitation Strategy as a vehicle to develop service delivery model and address rural issues	Med	G	The Regional Community Resuscitation Strategy was formally launched by the Minister on 2 July 2014. As part of the implementation of the Strategy, correspondence was received from Chief Medical Officer and Chief Nursing Officer on 18 August 2014 stating that NIAS working with PHA and HSCB will establish and lead a Regional Implementation Group to take forward the action commitments set out in the Strategy. The Regional Implementation Group will establish appropriate structures and processes to engage with stakeholders including organisations in the private, public and voluntary & community sectors to enable the effective and timely delivery of the Strategy. This has been considered within the Trust. The Implementation Group met on 3 February 2015 and agreed the Terms of Reference, structures and workstreams developed by the Medical Director in liaison with the Public Health Agency. The Medical Director has provided regular progress reports to the DHSSPS. As part of the Strategy implementation, NIAS has been asked to lead on introduction of a team of Community Resuscitation Development Officers by HSCB. An investment proposal for this was submitted to PHA in December 2014 and confirmation of funding or otherwise is currently awaited. The current lack of confirmation of funding has constrained a number of ongoing CPR training initiatives particularly in schools. In the meantime NIAS continues to engage with a number of community first responder schemes including the development of MOUs. These groups are predominantly in rural areas. This work will be incorporated into the implementation of the Community Resuscitation Strategy including developments in

			improved access by the community to automatic external defibrillators and uptake of training in CPR. Following a period of development and training in liaison with NIAS, two further community first responder schemes in the Western area went live in December 2014. MOUs have been developed and further expressions of interest have been received by another two potential responder schemes with whom NIAS is currently engaged. NIAS is also engaged with British Red Cross regarding a project to provide AEDs in disused telephone kiosks in rural areas such as Fermanagh. One of the defibrillators has been commissioned in Kesh and a public access defibrillator has been commissioned in the city of Derry in co-operation with NIAS. NIAS is currently collaborating with British Heart Foundation and the University of Ulster in relation to a mapping system for use in Ambulance Control regarding the location of automatic defibrillators.
Pursue and (subject to HSC support) implement, proposals for the introduction of "111" non-emergency, unscheduled care service	CX	A	This is scheduled to be taken forward in Phase 2 TYC by HSCB. HSCB have signalled that NIAS will be asked to take a lead role in development of simplified access to unscheduled care (111 or equivalent) and Directory of Services. NIAS awaits further direction from HSC Board to progress.
Review and develop operational systems and processes to support the service delivery model and provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.			
Assessment of Progress;			
Risks/Concerns:			
Specific Action	Report Lead	RAG Rating	Comment

Deliver Cat A Response performance in line with HSC targets	Ops	R	Current Cat A performance 52.8% against 72.5% target. The introduction of revised arrangements for the triage of HCP ambulance requests has resulted in an increase in Cat A calls. This has been compounded by an overall increase in category A activity of 13% to date. This realises as 6107 more calls (18 calls per day) Performance has suffered due to this and issues impacting on resource availability. Cat A Performance improvement measures have been implemented and continue to be reviewed and revised in light of changing circumstances to ensure fastest response possible to the most urgent calls.
Introduce revised management of rest periods	Ops	G	Revised management directive in place for Control officers to manage Emergency Ambulance rest periods. Further work ongoing through Ops JCG.
Introduce revised management of hospital turnaround	Ops	G	HALO in place at Antrim, Craigavon, RVH, UH, for 2014 -15 non-recurrent. Protocols on place to improve performance against the 30 minute turnaround KPI. Improved turnaround against previous year performance is being maintained.
Implement Business Services Transformation Programme(BSTP) in line with agreed timeframes and processes	Fin	G	Implementation progressing in line with revised timescales. Relevant issues highlighted to Programme Board.
Introduce new models of service delivery consistent with Transforming Your Care investment priorities and funding secured	Ops	G	New Models scoped and approved through Project Team. Funding to support new models secured. Plans are in development for further rollout throughout 2014-15.
Build and maintain a high-performing, appropriately skilled and educated workforce, suitably equipped and fit for the purpose of delivering safe, high-quality ambulance services.			
Assessment of Progress;			
Risks/Concerns:			
Specific Action	Report Lead	RAG Rating	Comment

Harmonise NIAS terms and conditions of service where they are inconsistent with Agenda for Change	HR	R	Harmonisation is included on the JCNC Terms and Conditions Sub Group work plan. Progress has been delayed by resource issues and service pressures. Proposals are being reviewed by management. Trade Unions have highlighted concerns in respect of this area.
Implement workforce plan to manage vacancies in line with delivery of savings requirements and allocation of recurrent funds	HR	G	Workforce plans and related recruitment plans have commenced and offers have been issued for qualified paramedics & EMT's. Recruitment has commenced for other front-line positions. Training plan has been revised to reflect requirements and schedules are being developed to fill posts as quickly as possible.
Maintain accreditation for Education and Training and "future-proof" delivery	HR	G	Proposal paper approved by SEMT in April 2014. Work underway in respect of 14/15 ELD plan.
Develop workforce plans for implementation of Transforming Your Care(TYC)	HR	G	Workforce planning continues, with a number of temporary positions progressed.
Implement Knowledge & Skills Framework(KSF) requirements	HR	G	Implemented via directorates and reported accordingly.
Deliver mandatory training	HR	G	Ongoing, with no significant issues to report.
Promote and develop an open, transparent and just culture focussed on patients and patient safety.			
Assessment of Progress;			
Risks/Concerns:			
Specific Action	Report Lead	RAG Rating	Comment
Deliver initiatives for safer patient care in conjunction with HSC Safety Forum	Med	G	NIAS is represented at the Regional Safety Forum and has identified a number of areas for joint co-operation and

			development. These include: • the benchmarking of clinical performance indicators; • regional application of falls protocol following pilot in SHSCT; • nursing home collaborative, specifically ambulance transfers; • the inclusion of physiological early warning scores in review of Patient Report Form; • potential participation in quality and safety training for Trust Boards; • spinal immobilisation protocols; • pre-alert and patient handover in Emergency Departments. NIAS presentation of proposals for regional spinal immobilisation protocols, pre-arrival alerts and formal patient handover to the Regional Emergency Department Advisory Group scheduled for Q1/Q2 2014/15 continues to be postponed due to current ongoing pressures in EDs. Patient outcome and clinical quality performance measures for NIAS in relation to out of hospital cardiac arrest and the management of stroke have been agreed by DHSSPS and initial reports on these measures have been presented to Trust Board as part of the Performance Report. A number of other clinical quality performance measures are currently being discussed with DHSSPS including STEMI and diabetes. NIAS in collaboration with the Scottish Ambulance Service undertook a study of syringe labelling for a number of drugs used by paramedics. The outcome of this study was presented to the Trust's Medical Equipment Group and will be presented

			to the Assurance Committee at its next meeting. It is anticipated that syringe labelling will be formally introduced in both Services as a result of the study, the findings of which have been submitted to the Patient Safety Forum for potential recognition, as well as NASMeD and JRCALC for potential implementation nationally. New call prioritisation systems to improve responsiveness to urgent calls received from GPs and other healthcare professionals implemented 1 July 2014 and continue to be reviewed in response to emerging issues and activity patterns. A working group has been established to review the current Patient Report Form and an initial draft produced for consideration in November 2014. This work is continuing and a pre-hospital early warning scoring system for inclusion has been identified. Implementation still anticipated in Q4.
Implement Quality 2020, Mid Staffordshire Review Action Plan and other relevant guidance to embed and improve quality and safety	Med	G	The Trust's first Annual Quality Report as part of Quality 2020 was completed in October 2014 and published and presented to Trust Board in November 2014 as part of World Quality Week. Further meetings with DHSSPS have been arranged for March 2015 to confirm requirements for the 2014/15 Annual Quality Report which will be completed in September 2015 and published in November 2015. Medical Director continues to participate in Regional Quality 2020 Implementation Team and NIAS is represented on a further two Quality 2020 task groups. NIAS was to participate in a regional Quality 2020 workshop in March 2015 and present a number of examples of implementation of elements of Quality 2020 but this has now been postponed to allow consideration and presentation of the implications of the

			Donaldson Review and recommendations. The action plan for Francis Report recommendations insofar as relevant to NIAS has been developed and updates provided to Assurance Committee. Regular reports on SAIs involving NIAS, Coroner's Rule 43 reports, Coroner's letters, medical device alerts, regional quality and learning letters, medicines alerts provided to Assurance Committee. Medical Director participates in regular meetings with the Northern Ireland NICE facilitator and systems are in place for dissemination of relevant NICE guidelines. Medical Director attends meetings of JRCALC which develop and review national UK Ambulance Services Clinical Practice Guidelines. NIAS participated in a review of safety and quality by Sir Liam Donaldson (The Donaldson Review) during their visit to the Trust on 25 November 2014. NIAS has been mentioned within the final report including current pressures being experienced by the Trust and the importance of the expanded role of paramedics within the HSC.
Develop our processes and capacity to learn from complaints, compliments, adverse incidents and all other source to improve services	Med	G	Regular reports on complaints, compliments, adverse incidents including SAIs involving NIAS, Coroner's reports, medication and device alerts provided to Assurance Committee and Trust Board. Systems in place to collate and disseminate learning from relevant NICE guidelines, Safety & Quality Learning Letters, etc. An oversight group is being established incorporating representation from all Trust directorates to co-ordinate and oversee learning within Trust from all sources such as reports, complaints, incidents, litigation etc. Learning outcomes from adverse incidents are presented quarterly by the Risk Manager to the Senior Executive Management Team. NIAS is

			participating in an increasing number of Significant Event Audits with other HSC Trusts. A scrutiny committee is being established within the Trust to consolidate and monitor learning from the various sources mentioned above.
Establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients to identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.			
Assessment of Progress;			
Risks/Concerns:			
Specific Action	Report Lead	RAG Rating	Comment
Publish Quality Reports incorporating Clinical Indicators of Performance	Med	G	The Trust's first Annual Quality Report as part of Quality 2020 was completed in October 2014 and published and presented to Trust Board in November 2014 as part of World Quality Week. Further meetings with DHSSPS have been arranged for March 2015 to confirm requirements for the 2014/15 Annual Quality Report which will be completed in September 2015 and published in November 2015. Medical Director continues to participate in Regional Quality 2020 Implementation Team and NIAS is represented on a further two Quality 2020 task groups. NIAS was to participate in a regional Quality 2020 workshop in March 2015 and present a number of examples of implementation of elements of Quality 2020 but this has now been postponed to allow consideration and presentation of the implications of the Donaldson Review and recommendations. Patient outcome and clinical quality performance measures for

			NIAS in relation to out of hospital cardiac arrest and the management of stroke have been agreed by DHSSPS and initial reports on these measures have been presented to Trust Board as part of the Performance Report. A number of other clinical quality performance measures are currently being discussed with DHSSPS including STEMI and diabetes. Clinical performance indicators for a range of conditions have been updated in accordance with the most recently issued updated national clinical practice guidelines. Work on updating the Trust Patient Report Form to comply with the new guidelines and other clinical developments is still on track for completion in Q4 2014/15. A final draft of the revised PRF has now been agreed and the associated policy and procedures are being finalised. The timeliness of clinical information continues to be constrained by the capacity of the Trust's Information Department. Timely and effective monitoring of clinical quality would be significantly enhanced through the introduction of an electronic clinical record. An initial proposal regarding this was approved by the regional ICT Programme Board on 24 June 2014 with approval to develop a business case. Market scoping exercise completed July 2014 and business case approved by Trust Board and submitted to DHSSPS in November 2014. Comments have been received from DHSSPS and the business case is currently being amended accordingly. An initial meeting took place end February 2015 with Commissioners in relation to revenue funding to support the business case. Further meetings are scheduled for Q1 2015/16 and engagement with other key stakeholders as part of the business case development is ongoing.

Demonstrate effectiveness of initiatives to manage people closer to home to prevent unnecessary and inappropriate hospital attendance	Med	G	A “treat and leave” protocol relating to acute hypoglycaemia is already in place. The application of this protocol continues to be monitored by the Trust’s Clinical Support Officers and further activity data will be provided in future reports. This protocol and associated activity data presented by Medical Director to lead diabetologists and specialist nurses from the five acute Trusts in Q1 to facilitate development of a regional “treat and refer” protocol which was implemented in July 2014. Initial activity and outcome data was reviewed by the regional group in September 2014. Activity has been low but outcomes positive. Currently four of the five other HSC Trusts have activated the referral pathway since September 2014. Further meetings with all of the Trusts have taken place in Q3/Q4 and the next regional group meeting is scheduled for Q1 2015/16. Activity in relation to the referral pathway continues to increase as monitoring continues. A pilot of a “treat and refer” protocol for falls occurring in the elderly population in the SHSCT area is ongoing. Further work is being undertaken with NIAS staff, NIAS clinical support team and SHSCT to improve compliance and outcomes. Discussions have commenced with a number of other acute Trusts regarding the regional roll-out of the pilot. A further formal review of the falls protocol was undertaken with the SHSCT in September 2014 and a number of amendments proposed. A revised protocol has now been developed for implementation potentially regionally. NIAS paramedics now have the facility to directly refer and admit frail elderly patients to the Medical Assessment Unit in the Belfast City Hospital as an alternative to attendance at the

			Emergency Department at RVH. This is a very significant development and very positive feedback has been received from the Belfast Trust. A procedure for the referral of patients by ambulance staff to a rapid assessment and treatment facility in SHSCT has commenced as a pilot in Q4 2014/15. A number of “treat and leave” and referral protocols have been developed for a range of other conditions as part of implementation of TYC and discussion is ongoing with other stakeholders for implementation of these on a phased basis during 2015/16. Protocols for NIAS to take patients with minor injuries to minor injuries units as an alternative to ED attendance successfully developed and introduced initially in the Western Trust area. Following consideration by other Trusts, this was extended regionally to all minor injuries units at the beginning of November 2014. Engagement is still ongoing with other agencies both at a regional and a local level in regard to the development of “treat and refer” protocols for a range of other conditions, for example mental health, social services, GP Out of Hours, frequent callers, blocked catheters and COPD. Progress in these areas has been constrained by the degree of engagement by other providers and agencies, but this has significantly improved. Meetings have now taken place between NIAS and the Chairs of a number of integrated care partnerships to progress these initiatives. NIAS representatives have now been appointed to the ICPs to facilitate ongoing engagement. Work has commenced and is ongoing as part of TYC on the development of a clinical support desk for Category C calls to enhance clinical triage and proactive call-back to avoid

			unnecessary and inappropriate ambulance responses and hospital attendance. A pilot of the clinical support desk is anticipated in Q1 of 2015/16. A Trust policy on appropriate transport and non-transport of patients has been drafted and will be presented to Trust Board in Q1 2015/16 for approval.

Review existing resources and ensure resource utilisation is aligned with delivery of agreed outcome-based quality indicators for patients and high quality corporate governance, risk management and probity.			
Assessment of Progress;			
Risks/Concerns:			
Specific Action	Report Lead	RAG Rating	Comment
Deliver Financial Breakeven	All	A	Savings proposals developed but Commissioning Plan/Trust Delivery Plan approval process delayed. Steps to maintain financial balance are being progressed where appropriate and contingency measures continue to be explored in the event of shortfall. Overall HSC financial position and potential impact on NIAS continues to be monitored and NIAS position expressed.
Make recommendations to Commissioner to reflect demand pressures in core budgets	Fin	A	Normal process applies. Pressures have been highlighted and funding is being pursued.
Implement Savings Plans to achieve financial breakeven	Fin	A	Savings proposals developed but approval process delayed. Steps to maintain financial balance are being progressed where appropriate and contingency measures continue to be explored in the event of shortfall. Overall HSC financial position and potential impact on NIAS continues to be monitored and NIAS position expressed.

Secure funding associated with emerging cost pressures	Fin	A	Normal process applies. Pressures have been highlighted and funding is being pursued. Some recurrent funding has been secured.
Implement BSTP staffing changes	HR	G	Ongoing.
Implement DHSSPS Business Planning Requirement priorities	Fin	G	Ongoing.
Re-establish effective prompt payment regime	Fin	R	NIAS will review existing systems and processes to identify measures to improve performance in this area. Performance in May and June dipped primarily due to the demands of year end accounts and the new systems, performance improved in July and August but has fallen in December, January and February. The cumulative target of 95% of invoices can no longer be met in 2014/2015. All payment processing functions transferred to Accounts Payable Shared Service Centre in mid December 2014. A target of 40% of invoices by volume has been established in respect of payment within 10 days and the cumulative target has been achieved for the first time in Feb 2015.
Establish processes, built around our Patient and Public Involvement (PPI) strategy, to enable effective communication and engagement with all our communities and their representatives.			
Assessment of Progress;			
Risks/Concerns:			
Specific Action	Report Lead	RAG Rating	Comment
Implement PPI Strategy	Med	A	The Trust has worked to implement its PPI Strategy and Action Plan, mainstreaming PPI processes and involving patients, carers and the wider public in work to develop key policies and procedures. This work has included service user workshops for key policy areas. However, progress remains restricted by

			limited resources.
Participate in regional patient experience/involvement initiatives	Med	G	The Trust continues to participate in and implement regional PPI and Patient Client Experience work streams including the "#hellomynameis…" campaign.
Use those PPI processes to clarify the ambulance role, function and resource with the community and agencies responsible for setting policy and commissioning ambulance services, and test this against their perceived/assessed needs and expectations.			
Assessment of Progress:			
Risks/Concerns:			
Specific Action	Report Lead	RAG Rating	Comment
Ensure NIAS is represented on relevant PPI forums	Med	G	Ongoing participation in PHA Regional PPI Forum, Patient Client Experience & 10,000 Voices work streams.
Review and enhance NIAS web presence and communication	Fin	A	Measures being developed but impact unlikely before Q4.
Introduce tools to enhance public presentation of NIAS information	Fin	A	Measures being developed but impact unlikely before Q4.
Work with all stakeholders, in particular regional and local commissioners and providers of services, to establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services.			
Assessment of Progress;			
Risks/Concerns:			
Specific Action	Report Lead	RAG Rating	Comment
Use NIAS engagement with Integrated Care Partnerships(ICP) to maximise opportunities to	Ops	G	Operations Managers represent NIAS on all 17 ICP Partnership Groups throughout NI.

influence development of local health and social care solutions			Director Operations represent NIAS on the Regional ICP Implementation Project Board.
Use NIAS engagement with TYC Unscheduled Care work stream to maximise opportunities to influence development of local and regional health and social care solutions	Ops	G	Limited progress to date in work stream
Ensure NIAS is represented on relevant TYC forums	Ops	G	Operations Managers represent NIAS on all 17 ICP Partnership Groups throughout NI. Director Operations represent NIAS on the Regional ICP Implementation Project Board. NIAS TYC Project Manager engaging with relevant for a in relation to NIAS specific TYC objectives and potential contribution's that NIAS could make to other external proposals.

HSC Commissioning Objectives Report 2014-15 (NIAS – Specific)

MINISTERIAL PRIORITY:		**To improve the quality of services and outcomes for patients, clients and carers, through the provision of timely, safe, resilient and sustainable services in the most appropriate setting**
	Area	
8	Unscheduled Care	By March 2015, 72.5% of Category A (life threatening) calls responded to within eight minutes, 67.5% in each LCG area.
HSCB Commentary. The Board will continue to work with NIAS to achieve further improvement in this standard, progressing the work on see and treat/treat and leave to improve the turnaround times at emergency departments, and in developing a dashboard of indicators to facilitate the effective flow of ambulance borne patients to ED department ensuring 999 can be responsive to emergency calls.		

NIAS Response.

Given current levels in investment coupled with increasing demand for ambulance response and transportation on a base level of performance below target levels, this will be an exceptionally challenging target for NIAS.

NIAS has experienced significant growth and demand for emergency 999 response calls over recent years and 999 activity has more than doubled since 1999-2000. In addition to the 140,367 emergency calls responded to in 2012/13 ambulance staff also transported 35,492 patients for GP's and other clinical professionals and undertook 211,164 non-emergency patient transports. In total the ambulance service undertook 363,006 patient transports during the course of 2012/13.

To set the performance in context there has been a 10.5% increase in the volume of 999 calls responded to in the first two years of the CSR period (2011-13), which amounts to 13,860 extra responses per year – 38 extra 999 responses on average each day. If investment by the commissioner were linked to demand, this would equate to increasing our resources by approximately 5 emergency A&E ambulances and 3 RRV. The level of investment outlined has not been provided to address demand increases.

NIAS will work with Commissioners in pursuit of delivery of targets with an emphasis on the following key areas:-

- Establish new arrangements for management of unscheduled non 999 ambulance activity.
- Revise despatch arrangements to further prioritise response to Category A over all other emergency ambulance activity.
- Capacity review to identify investment necessary to secure consistent and reliable service provision.
- Introduction of new service models offering alternatives to hospital attendance and consequential increase in ambulance response capacity.
- Introduction of revised patient flow management at the emergency department interface to review ambulance turnaround times.

NIAS Assessment

Recognising the issues identified above, NIAS has determined that there is a material risk to full or substantial delivery of this target.

Performance Update

The timeliness of response to 999 calls, including Cat A calls remains a major concern at this point. We have identified this concern to commissioner through established channels and are working to resolve. A commissioner-led capacity analysis is planned as part

of a system wide review. NIAS is keen to participate fully in the analysis and the identification of action to address current issues and restore timeliness of response. In the interim, we continue to review opportunities to improve Cat A performance within existing resources reflected in Performance Improvement Plan developed during 2013-14 which will be refreshed for 2014-15. Current Cat A performance 58.2% against 72.5% target. The introduction of revised arrangements for the triage of HCP ambulance requests has resulted in an increase in Cat A calls. Performance has suffered due to this and issues impacting on resource availability. Cat A Performance improvement measures have been implemented and continue to be reviewed and revised in light of changing circumstances to ensure fastest response possible to the most urgent calls.

MINISTERIAL PRIORITY:		**To improve the quality of services and outcomes for patients, clients and carers, through the provision of timely, safe, resilient and sustainable services in the most appropriate setting**
	Area	
16	Stroke Patients	From April 2014, ensure that at least 12% of patients with confirmed ischaemic stroke receive thrombolysis.
Performance in this area has been strong in 2013/14. 24/7 thrombolysis services are available in designated hospitals in the five Trusts in Northern Ireland. Cumulatively in the year to end of June, the standard had been maintained regionally (12%) and by four of the five Trusts.		
NIAS Response. NIAS continues to participate in the delivery of this target by taking suitable patients to appropriate locations and refining and improving pre-alerts to hospital. Performance monitored and reported to Trust Board as a regionally agreed clinical quality performance indicator in 2014/15. NIAS Assessment No material risk to full or substantial delivery.		
Performance Update No issues have been highlighted in respect of NIAS contribution to delivery.		

MINISTERIAL PRIORITY:		**To improve the management of long term conditions in the community with a view to improving the quality of care provided and reducing the incidence of acute hospital admissions for patients with one or more long term conditions**
	Area	
21	Unplanned admissions	By March 2015, reduce the number of unplanned admissions to hospital by 5% for adults with specified long term conditions (using 2012/13 data as the baseline).
Performance has been strong in this area in 2013/14 and progress is on track to achieve the target to reduce the number of unplanned admissions to hospital by 10% for adults with specified long term conditions by end of March 2014. In relation to securing a further reduction by March 2015, Integrated Care Partnerships will be central in ensuring integration among primary and secondary care providers to meet patient needs with clear arrangements for dealing with patients with long term conditions, multi-morbidity and complex medication regimes, and access to specialist medical or nursing advice. The HSCB/PHA will ensure the provision of one-to-one and group education programmes to support self-management that have agreed content and arrangements for patients to receive regular updates. Moreover, the introduction of risk-stratification, provision of integrated community teams and enhancements to remote tele-monitoring during 2014/15 will all contribute to a reduction in ED attendances, emergency admissions, and length of stay and/or bed days.		
NIAS Response. NIAS has established a strong local ambulance presence on Integrated Care Partnerships to support and facilitate the initiatives which are key to achieving this target. NIAS will work with the Health and Social Care Board (HSCB), Public Health Agency (PHA) and other Trusts to implement new service delivery models designed to prevent unnecessary and inappropriate hospital attendance via ambulance.		
Performance Update NIAS contribution has been welcomed by ICP leads and Trusts. No information currently available on performance across HSC.		

MINISTERIAL PRIORITY:	**To improve the design, delivery and evaluation of health and social care services through the involvement of individuals, communities and the community, voluntary and independent sector**

	Area	
26	Integrated Care Partnerships	By March 2015, 95% of patients within the four ICP priority areas [frail elderly, diabetes, stroke, respiratory] will have been identified and will be actively managed on the agreed Care Pathway.
The implementation of this target will involve risk stratification at primary care level of medium or high risk hospital admission and ensuring they are case managed in line with care pathways. This will be achieved through the on-going process for the overall implementation of ICPs.		
NIAS Response. NIAS has established a strong local ambulance presence on Integrated Care Partnerships to support and facilitate the initiatives which are key to achieving this target. NIAS will work with the Health and Social Care Board (HSCB), Public Health Agency (PHA) and other Trusts to implement new service delivery models designed to prevent unnecessary and inappropriate hospital attendance via ambulance. NIAS Assessment No material risk to full or substantial delivery.		
Performance Update NIAS contribution has been welcomed by ICP leads and Trusts. No information currently available on performance across HSC.		

Delivery of Savings Plans

NIAS has plans in place which are designed to deliver efficiency savings and achieve financial breakeven. It is anticipated at this stage of the year (February 2015) that the Trust is on target to achieve financial breakeven by year end however this is subject to a series of assumptions as follows:

1. Accident & Emergency staff is 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.
2. 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. These have been largely agreed.
3. Savings remain as advised to NIAS Cumulative savings of £3,044k for 2012/13 to 2014/15 (£1,176k 12/13, £1,066k 13/14 and £802k in 2014/15). Recurrent savings of £947k have been delivered to 2013/14 leaving £2,097k to be delivered in 2014/15 as shown below.

Any changes in these assumptions will result in contingency measures that may impact directly on the delivery of front line services.

An outline of the proposed savings plans that remain to be delivered in 2014/15 and recurrently are as follows:

	Proposal – Acute Productivity	Revised Estimate of Savings 2014/15 (£)	Commentary	Report Lead	RAG Rating	Progress Report
1	**Patient Care Service (PCS) - Non-Emergency Patient Transportation.** Review activity levels, current service provision models and eligibility criteria for non-emergency patients in conjunction with HSCB. Develop proposals to more effectively utilise NIAS PCS and Voluntary Car Service (VCS) thereby effecting savings in the order of £997k.	797,000	The objective is to review productive use of available resources to deal with demand for patient care services using fewer vehicles, thereby reducing requirement for staff. The review will also consider and explore increasing use of alternatives to traditional non-emergency ambulance transport. There may be opposition especially in rural areas. HSCB involvement and support is key.	Ops	G	PCS resource realignment to support Emergency Ambulance service established in 2013-14 has been maintained. Proposals for Non-Emergency Ambulance Control PCS efficiency savings presented to Operations Joint Consultative Group on 10 November 2014.
4	Admin overheads	100,000		Fin	G	Achieved
5	Contingency	1,200,000	A range of plans have been developed and implemented to contribute to savings in year. These are non-recurrent and designed to limit any immediate impact on front line services.	Fin	A	Progress in this area is closely monitored. Schemes include the deferral of maintenance and minor works, training and planned replacement of medical equipment.

	Proposal – Acute Productivity	Revised Estimate of Savings 2014/15 (£)	Commentary	Report Lead	RAG Rating	Progress Report
	Total	**2,097,000**				

DHSSPS Business Planning Priorities Report 2014-15

As part of the annual business planning process, the DHSSPS establish a range of Departmental requirements to be delivered by Trusts. Progress against these requirements are reported at each Trust Board meeting and formally reported to and monitored by the DHSSPS in September and March. The report below has been updated to reflect the format required by the DHSSPS as part of the twice yearly reporting.

ALB REPORTING TEMPLATE FOR DEPARTMENTAL REQUIREMENTS 2014-15

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forth coming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
Domain 1: Governance **1.1 To comply with the Department's ALB business planning and performance monitoring requirements.** **1.1a** Meet the timescales of the Department's ALB	FIN Mid-January each year	Business plan completed January 2014. Departmental approval received 11 July 2014	G	

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forth coming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
business planning process and ensure that draft business plans are with the Department by mid-January each year.				
Domain 1: Governance **1.1b** Provide the Department with accurate and timely information which meets the Department's performance management & reporting requirements and deadlines.	FIN Broadly 15th working day of the month	Trust Monitoring Returns (and other Departmental requests for information, for example Single Tender Actions, External Consultancy Monitoring, Capital Expenditure Profiles etc.) submitted largely in line with timetable and deadlines.	G	
Domain 1: Governance **1.2 Full compliance with the Department's governance requirements and specified timescales.**	Various	The Trust continues to work to achieve compliance with the Department's processes and timescales for the completion of all Governance Requirements.	G	

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forth coming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
1.2a Compliance with Department's processes and timescales for the completion of : • Mid-year Assurance Statements and End year Governance Statements; • Board Governance Self-assessment Tool; • NAO Audit Committee Checklist;				

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forth coming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
• Mid-year and End-year accountability meetings; and • the Controls Assurance Standards process.				
Domain 1: Governance **1.2b** By 31 March 2015 achieve substantive compliance with the Information Management Controls Assurance Standard.	FIN March 2015	An updated and extensive Information Management Controls Assurance Standard has been introduced and will be used as the basis for assessment at end March 2015. NIAS will endeavour to achieve a level of compliance within available resources however it is anticipated that the level of compliance will remain at the same level as 2014 i.e. moderate.	A	

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forth coming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
Domain 1: Governance **1.2c** By 31 March 2015, carry out an independent evaluation of the Board governance arrangements.	March 2015	NIAS awaits guidance from DHSS on the process to be followed and in the interim has tasked internal audit to carry out an independent evaluation.	G	
Domain 1: Governance **1.3 Emergency preparedness/Business continuity** **1.3b** During 2014/15 test and review business continuity management plans to ensure arrangements to maintain services to a pre-defined level through a business disruption.	MED March 2015	The overarching Business Continuity Plan has been revised, updated and considered by the Trust's Emergency Planning and Business Continuity Group (EP&BCG). The revised plan was considered by the Assurance Committee in October 2014. A programme of exercises has been updated and appended to the Business Continuity Plan. The Trust continues to conduct and participate in a range of exercises and events that test business continuity plans. Training in business continuity for directorate functional leads originally scheduled for September 2014 was postponed by the provider but took place in January 2015. This was provided by the Home Office Emergency Planning College.	G	

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forth coming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
Domain 2A: Financial Resources **2A.1 Deliver on key Departmental and Executive financial commitments/requirements:** **2A1.a** Achieve the financial breakeven target of 0.25% or £20k (whichever is the greater) of revenue allocation by March 2015.	March 2015	NIAS will introduce Savings Plans consistent with delivery of this challenging target. Commissioning Plan Delays impacting on NIAS plan approval and implementation	A	Financial position, delivery of savings and contingency plans continually monitored.
Domain 2A: Financial Resources **2A1.b** Achieve/maintain the minimum standard of paying 95% of undisputed invoices within 30 days throughout	FIN Monthly	NIAS will review existing systems and processes to identify measures to achieve the target. Performance in May and June dipped primarily due to the demands of year end accounts and the new systems, performance improved in July and August but has fallen in December, January and February. The cumulative target of 95% of invoices can no longer be met in 2014/2015. All payment processing functions transferred to Accounts Payable Shared	R	Clarity on target required. Previous target of 95% of invoices within 30 days or other agreed terms. The Trust continues to focus on this target in conjunction with other HSC Trusts and the BSO

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forth coming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
2014/15.		Service Centre in mid December 2014.		Payments Centre.
Domain 2A: Financial Resources **2A1.c** Reflecting on the 10 day target set for 2013/14, establish and deliver a realistic 10 day prompt payment target for the organisation, expressed as a percentage of invoices to be paid within 10 working days.	FIN Monthly	A target of 40% of invoices by volume has been established in respect of the 10 day target. The established ten working day (fourteen calendar days) target of 40% has been achieved cumulatively for the first time.	R	Bench marking exercise underway with other Trusts. .
Domain 2A: Financial Resources **2A1.d** Annual Report and Accounts for 2013/14 to be certified by the C&AG and laid in the Assembly before the 2014 summer recess.	FIN Summer 2014	Annual Report and Accounts produced and submitted in line with departmental and NIAO requirements.	G	

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forth coming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
Domain 2A: Financial Resources **2A.2 Deliver accurate financial reports and financial forecasts on a timely basis in accordance with Departmental timescales** **2A 2.a** The actual year-end forecast and monthly profiled financial forecast of expenditure provided to DHSSPS each month is prepared on a robust basis and that any variances +/- 5% of the previous month's forecast are fully explained.	FIN Monthly	The Trust Monitoring returns provide a year-end forecast and a monthly profiled financial forecast of expenditure. These are produced on a robust basis with underlying assumptions clearly outlined and tested with key stakeholders. Any significant variances are highlighted as part of this process. These are submitted largely in line with timetable and deadlines.	G	

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forth coming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
Domain 2A: Financial Resources **2A 2.b** The monthly year-end financial forecast as at September 2014 (and subsequent months) should be within +/- 0.5% of the final outturn.	FIN April 2015	NIAS will continue to produce forecasts on a robust basis with underlying assumptions clearly outlined and tested with key stakeholders.	G	
Domain 2A: Financial Resources **2A 2.d** Ensure that the monthly forecasts of clinical negligence cases to be settled during 2014/15 is consistent with, and prepared in conjunction with, the information provided by the Directorate of Legal Services.	FIN Monthly	All monthly forecasts for clinical negligence, and all other provisions, are consistent with and prepared using the information provided by BSO DLS.	G	

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forth coming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
Domain 2A: Financial Resources **2A.3 - Improve Efficiency and Value for Money** **2A 3.a** Delivering productivity and cash releasing efficiencies as set out in 2014/15 Savings Plans, by March 2015.	March 2015	NIAS will present Efficiency Savings Plans through the established processes and compliance monitoring will be through Financial Stability Programme Board (FSPB) in the first instance. The outcome of Commissioners' review of NIAS's Trust Delivery 2014/2015 remains to be concluded. NIAS expenditure being examined to develop savings which will contribute to NIAS Savings Plans.	A	Financial position, delivery of savings and contingency plans continually monitored.
Domain 2A: Financial Resources **2A 3.b** Developing plans to deliver efficiencies (productivity and cash releasing) in 2015/16 by 30 June 2014.	30 June 2014	NIAS will develop plans in line with the timeframe specified upon receipt of relevant guidance on requirements from DHSSPS/HSCB. Initial proposals are to be presented to Trust Board on 4th April 2015. NIAS continues to work with DHSSPS/HSCB to consider plans for 2015/16.	A	Financial position, delivery of savings and contingency plans continually monitored.
Domain 2A: Financial Resources **2A 3.c** For capital, external	Various	NIAS will continue to seek to comply with submission requirements of DHSSPS for Business Cases.	G	

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forth coming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
consultancy/revenue business cases, ensure that submission to the Department is in line with agreed timeframes.				
Domain 2A: Financial Resources **2A 3.d** Ensure that a suitable skills base is maintained/developed to develop business cases and provide written assurance to your Board by March 2015.	FIN March 2015	NIAS recognises that as a small organisation with very limited management resource, the skill base currently established, which is suitable to develop Business Cases, necessarily has a degree of fragility associated with the limited number of personnel involved. We will continue to explore opportunities to address this weakness.	G	
Domain 2A: Financial Resources **2A.4** - **Ensure compliance with public procurement policy** **2A 4.a** Ensure STAs >£30k are publicly published on a	FIN June 2014	NIAS will establish a process to address compliance within available resources. All STAs are now published on the NIAS website in line with CPD requirements.	G	

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forth coming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
monthly basis in line with CPD requirements.				
Domain 2A: Financial Resources **2A 4.b** Establish a process by June 2014 to provide assurance to your Board that your organisation has adopted and maintained good procurement practice, as specified in the Department's Review of Procurement, or as separately promulgated by the Department. Report to the Board in September 2014 and March 2015 on this matter. *(This should include consideration of DFP and Departmental requirements/guidance such as Procurement Guidance Notes as set out in HSC Finance circulars, Procurement Estates Letters*	June 2014	NIAS currently offers the necessary assurances in this regard through the Audit Committee. Current arrangements will be reviewed with the Trust Board to determine assurance requirements in this area.	G	

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forth coming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
(PELs) and the Ministerially approved recommendations in the Department's Review of Procurement).				
Domain 2B: Health Estates **2B.1Assets & Estate Management** **Ensure property costs demonstrate value for money:** **2B.1 (a)** Submit a Property Asset Management Plan, in line with Department requirements, to the Department on 30th April 2014.	OPS April 2014	NIAS will take the necessary steps to submit a Property Asset Management plan in line with requirements by the due date. Delayed due to competing priorities.	A	NIAS will submit Property Asset Management Plan as soon as possible.
Domain 2B: Health Estates	OPS	NIAS will take the necessary steps to submit a disposals schedule in line with requirements by the	A	NIAS will submit a disposals schedule as

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forth coming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
Dispose of surplus assets **in line with current** **Guidance:** **2B.1 (b)** Updates to current, planned and potential annual disposal plans to be submitted to the Department on a quarterly basis.	Quarterly	due date. Delayed due to competing priorities.		soon as possible.
Domain 2B: Health Estates **2B.2 Sustainable Development** **To support the DHSSPS** **Sustainable Development** **Duty:** **2B.1 (a)** To submit a Sustainable Development Report, in line with Department requirements, by 30th April 2014.	OPS April 2014	NIAS will take the necessary steps to submit a Sustainable Development Report in line with requirements by the Sustainable Development Report, in line with Department Requirements by the due date. Delayed due to competing priorities.	A	NIAS will submit Sustainable Development Report as soon as possible.

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forth coming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
Domain 2C: Human Resources **2C.1 Staff Sickness Absence** **2C.1 (a)** Reduce or maintain staff absence rates to 7%. (D/N The Department is currently analysing progress against the 13/14 absence targets to establish baselines for setting absence targets for 14/15. This exercise will be completed by mid November following which all ALBs will be advised of the 14/15 target).	DHR&CS Monthly	NIAS will build on existing policies and procedures and seek to identify additional measures appropriate to our circumstances which deliver absence rates at target levels. (NIAS has engaged with DHSSPS in the setting of target rates in an effort to ensure that rates set reflect the specific operating environment of the organisation rather than a non-specific over-achieving target). In light of issues arising in relation to the sickness absence figures produced following the implementation of HRPTS, it was necessary to review the proposed target of 7% once the figures had been validated. However, the 7% target has now been agreed with DHSSPS based on benchmark data taken from HRMS. HRPTS appears to have increased the percentage of sickness by approximately 2%.	R	There is on-going liaison regionally to validate HRPTS sickness figures. A health and well-being action plan for 2014-2017 was presented to Trust Board in September. NIAS will continue to vigorously apply attendance management policy and procedures to maximise staff attendance.
Domain 2C: Human Resources **2C.2 Staff appraisal/development** **2C.2 (a)** by 30th June 2014	DHR&CS June 2014	NIAS implemented revised arrangements in 2013 and will report on progress in line with requirements. Progress reported by directorate.	G	

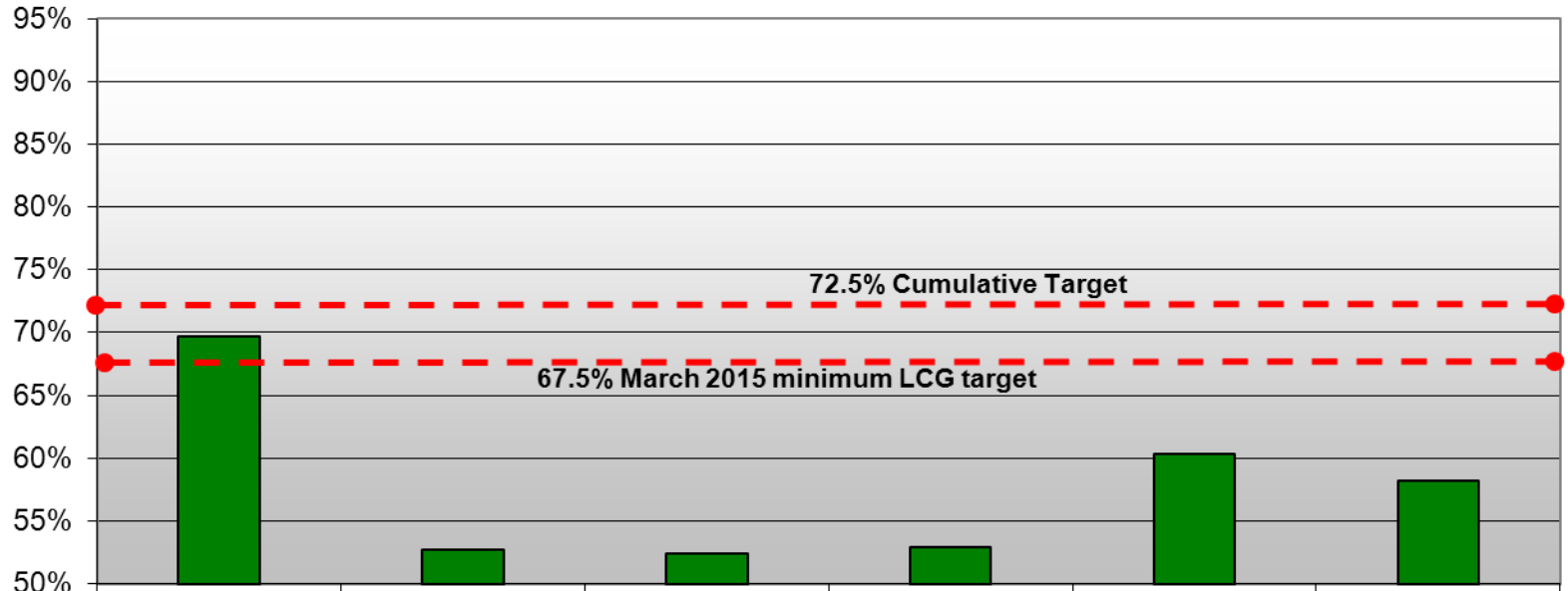
Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forth coming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
90% of staff to have had an annual appraisal of their performance during 2013/14 and an agreed personal development plan for 14/15.				
Domain 3: Quality **3.1 Quality 2020** **3.1a** By September 2014, to publish an individual ALB 2013/14 Annual Quality Report.	MED September 2014	The Trust's first Annual Quality Report as part of Quality 2020 was completed in October 2014 and published and presented to Trust Board in November 2014 as part of World Quality Week. Further meetings with DHSSPS have been arranged for March 2015 to confirm requirements for the 2014/15 Annual Quality Report which will be completed in September 2015 and published in November 2015. Medical Director continues to participate in Regional Quality 2020 Implementation Team and NIAS is represented on a further two Quality 2020 task groups. NIAS was to participate in a regional Quality 2020 workshop in March 2015 and present a number of examples of implementation of elements of Quality 2020 but this has now been postponed to allow consideration and presentation of the implications of the Donaldson Review and recommendations.	G	

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forth coming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
Domain 3: Quality **3.2 NICE Guidance** **3.2a** to plan for and deliver the implementation of NICE guidance in accordance with relevant circulars and provide assurance to the HSCB in line with Departmental Guidance.	MED	All NICE guidance is reviewed for relevance to the Ambulance setting. In cases which are relevant, issues are discussed at appropriate working groups and recommendations implemented within available resources. Developments and progress is reported within the relevant working groups, committees and to Trust Board. The Medical Director meets regularly with the NICE regional facilitator.	G	
Domain 3: Quality **3.4 Patient Safety** **3.4b** During 2014/15 promote the effective reporting and management of, and implement the learning from, serious adverse incidents/adverse incidents,	MED 31 March 2015	NIAS will build on existing systems to improve the process for reporting, managing and learning in these areas. Reports will be presented to Trust Board/Assurance committee to provide confirmation of effectiveness. Regular reports on complaints, compliments, adverse accidents including SAIs involving NIAS, Coroner's reports, medication and devise alerts provided to Assurance Committee and Trust Board. Systems are in place to collate and disseminate learning from relevant NICE guidelines,	G	

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forth coming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
near misses, complaints, and provide evidence to the HSCB/PHA that these requirements are being met.		Safety & Quality Learning Letters, etc. An oversight group will be established incorporating representation from all Trust directorates to co-ordinate and oversee learning within Trust from all sources such as reports, complaints, incidents, litigation etc. Learning outcomes from adverse accidents are presented by the Risk Manager on a quarterly basis to the Senior Executive Team.		

CATEGORY A PERFORMANCE – CUMULATIVE FROM 1 APRIL – 28 FEBRUARY 2015

% Cat A Calls Responded to Within 8 Minutes
CUMULATIVE from April 2014 to end February 2015



	Belfast LCG	South Eastern LCG	Northern LCG	Southern LCG	Western LCG	NI Total
% Cat A within 8 min	69.7%	52.7%	52.4%	53.0%	60.3%	58.2%
Cat A within 8 min	9,282	4,964	6,299	4,830	5,120	30,495
Total No. of Cat A	13,325	9,417	12,027	9,121	8,484	52,374

By March 2015, 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 2014/2015 are provisional"***

CATEGORY A PERFORMANCE: MONTHLY CUMULATIVE POSITION 2014/2015 AS AT FEBRUARY 2015

HSCB 2014/15 (Provisional) 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)"*

Regional Target: 72.5% **LCG target 67.5%**

	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Year
Regional	67.0%	66.3%	65.0%	63.4%	62.2%	61.6%	61.3%	60.7%	59.6%	59.0%	58.2%		
Belfast	81.6%	79.6%	77.9%	76.4%	74.9%	74.3%	73.5%	72.8%	71.1%	70.5%	69.7%		
South East	63.5%	61.8%	60.6%	58.6%	57.2%	56.5%	56.0%	55.5%	54.4%	53.8%	52.7%		
North	60.7%	58.9%	57.6%	56.8%	55.5%	55.2%	55.0%	54.5%	53.6%	53.0%	52.4%		
South	59.3%	61.0%	59.7%	57.8%	57.1%	56.5%	56.4%	55.7%	54.6%	53.7%	53.0%		
West	63.9%	65.0%	64.8%	63.4%	62.7%	62.6%	62.4%	61.8%	61.3%	60.8%	60.3%		

Key:

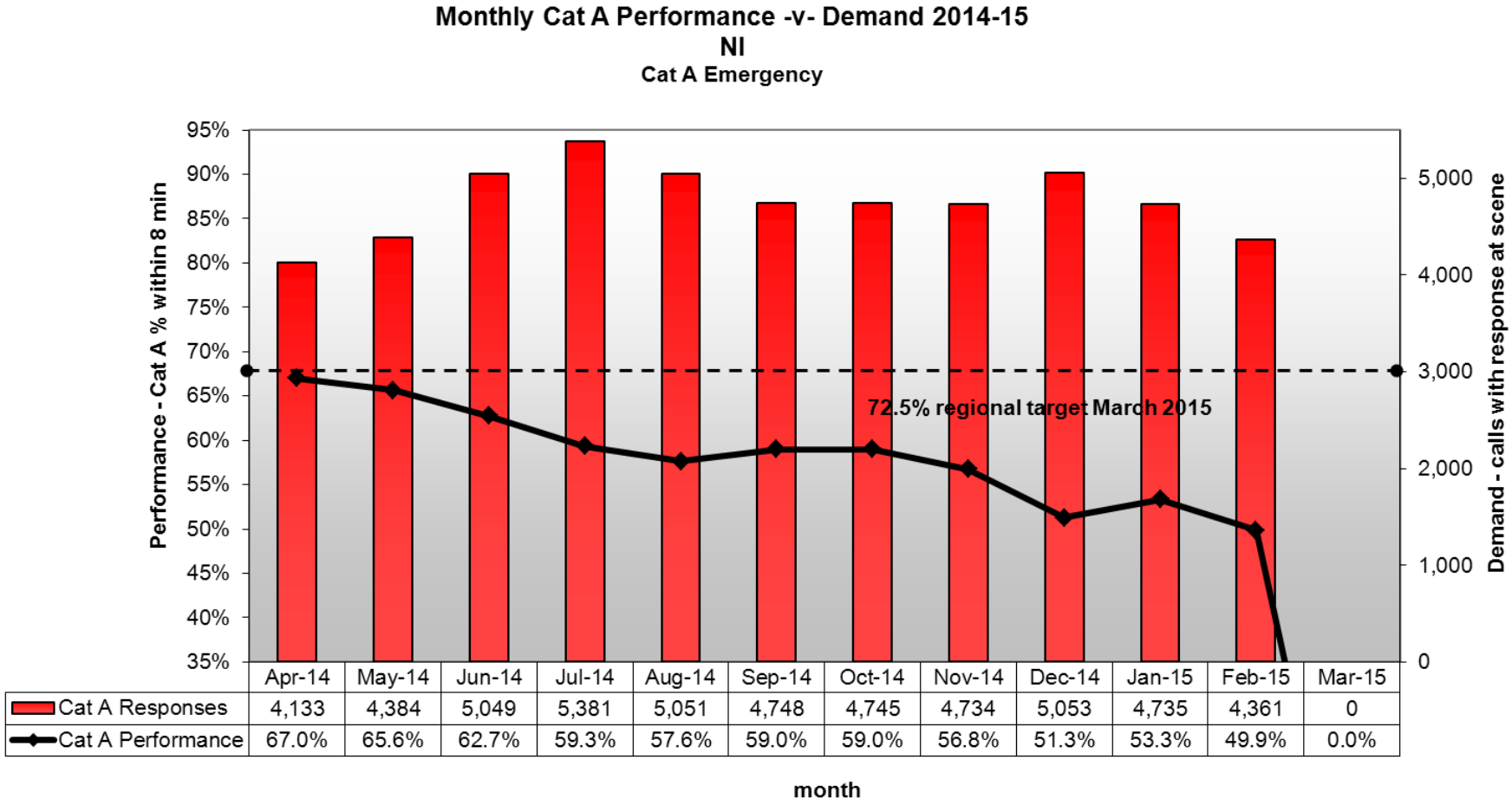
	Target Achieved	
	Target Substantially achieved	(within 1% variance)
	Target Partially achieved	(within 2.5% variance)
	Target Not Achieved	(greater than 2.5% variance)

PERFORMANCE COMMENTARY:

- *Regional target; continued downward trend from 67% in April to 58.2% in February 2015. The cumulative LCG target has only been consistently achieved in Belfast.*
- *There has been a continued increase in Category A activity with a cumulative increase of 13.2% compared to the same timeframe last year with 6107 more Cat A calls equating to 18 more calls per day).*

- *The largest growth in demand for Cat A response is in South Eastern LCG with nearly 4 extra Cat A calls each day and Northern LCGs with nearly 6 more Cat A calls each day of the year to date.*
- *A contributory factor to reduction in performance against the target has been the loss of production hours due to a range of pressures during the winter months including the high level of skill mix vacancies, demand for rostered and casual leave, and levels of sickness absence. A range of measures have been put in place to stabilize the workforce with the recruitment of paramedic and EMT posts as well as the recruitment of temporary staff into permanent posts across all frontline groups. In addition NIAS has started the EMT training programme and the associated ACA training programme which will see the first cohorts on the road in early June 2015.*

CATEGORY A PERFORMANCE – MONTHLY REGIONAL POSITION 2014/15 AS AT FEBRUARY 2015



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Cat A Responses	4,133	4,384	5,049	5,381	5,051	4,748	4,745	4,734	5,053	4,735	4,361	0
Cat A Performance	67.0%	65.6%	62.7%	59.3%	57.6%	59.0%	59.0%	56.8%	51.3%	53.3%	49.9%	0.0%

CATEGORY A PERFORMANCE: MONTHLY LCG POSITION 2014/2015 AS AT FEBRUARY 2015

HSCB 2014/15 (Provisional) 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)"*

Regional Target: 72.5% **LCG target 67.5%**

	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Year
Regional	67.0%	65.6%	62.7%	59.3%	57.6%	59.0%	59.0%	56.8%	51.3%	53.3%	49.9%		
Belfast	81.6%	77.8%	74.9%	72.1%	69.1%	71.1%	68.6%	68.1%	58.7%	65.5%	60.1%		
South East	63.5%	60.2%	58.6%	53.7%	52.0%	53.1%	53.3%	51.8%	46.4%	48.5%	41.2%		
North	60.7%	57.4%	55.5%	55.0%	51.0%	53.4%	53.8%	51.4%	45.9%	47.1%	45.9%		
South	59.3%	62.8%	57.5%	52.8%	54.4%	53.5%	55.5%	51.0%	46.5%	44.7%	44.6%		
West	63.9%	66.0%	64.3%	59.7%	60.3%	61.7%	61.4%	58.0%	57.1%	56.5%	55.0%		

Key:

Target Achieved	
Target Substantially achieved	(within 1% variance)
Target Partially achieved	(within 2.5% variance)
Target Not Achieved	(greater than 2.5% variance)

- *LCG target: continued downward trend from 67% in April to 49.9% in February. The monthly LCG target in February has not been met across any LCG.*

- *There has been a continued increase in Category A activity with an increase of 8.6% compared to the same timeframe last year with 344 more Cat A calls (which equating to nearly 13 more calls per day during the month). This increase in demand*

has led to a reduction of 15.8% = 408 Cat A calls responded to in 8 minutes or less from April to February 2015 compared with the same time frame last year.

- *Once again, the highest growth in demand for Cat A response is In South Eastern LCG which saw n increase of 15% (equivalent to nearly 4 more cat A calls each day in February) and Northern LCG which increased by 13.1% (which is equivalent to over 4 Cat A call more ach day during the month of Feb)*

PERFORMANCE REVIEW YTD : FEBRUARY 2014 v FEBRUARY 2015

Activity	FEBRUARY 2014	FEBRUARY 2015	Variance (%)
Emergency *(Calls with response arriving at scene)*	11174	14,973	+34.0%
Urgent / CAT C HCP *(Urgent patient journeys / CAT C HCP responses)*	3004	2850	-5.1%
Non Urgent *(Patient journeys)*	16655	16,079	-3.5%
Total	30833	31052	+4.4%

Due to a change in protocol, urgent calls have been reclassified as 'HCP (Healthcare Professional) Category C Emergencies' since 17 June 2014 i.e. calls which would have previously been recorded as 'urgent' are now recorded as HCP.

The February 2015 total of 14,973 emergency calls with a response INCLUDES the 2850 Cat C HCP responses. The emergency responses total EXCLUDING Cat C HCP data would therefore have been 12,123 – an increase of 8.5%.

In terms of performance monitoring, the Urgent / Cat C HCP figures are not directly comparable and are provided to illustrate levels of demand only.

PERFORMANCE COMMENTARY:

- *Overall there has been a 4.4% increase in NIAS activity compared to the same month last year. This is also reflected in the 7.1% increase in overall activity compared to the previous month January 2015. However this reduction is mostly the result of the month of February 2015 being shorter than January 2015. When comparing the correct proportion overall activity during Feb 2015 it was 2.9% higher than in Feb 2014.*

Emergency

- *Regional emergency activity was 34% higher during the month of February 2015 compared to last year and 6.9% lower (1153 calls) compared to the previous month (January 2015).*
- *However this reduction is mostly the result of the month of February 2015 being shorter than January 2015. When comparing the correct proportion emergency activity during Feb 2015 it was 3% higher than in Feb 2014.*
- *Of note is the exceptionally high Cat A demand as a proportion of all emergency calls (over 45%) during February 2015 in the following LCG areas: Lisburn (45.9%), Ballymena (49.1%), Ballymoney (48.2%), Larne (49.2%) and Limavady (46.2%).*

Urgent/HCP Cat C

- *There has been a small reduction of 5.1% in the number of Urgent and HCP Cat C calls compared to last year. This is also reflected in the comparison with the previous month (January 2015) where there has been an 11% reduction (726 urgent + Emergency HCP Cat C calls) regionally.*
- *However this reduction is mostly the result of the month of February 2015 being shorter than January 2015.*

Non-Urgent

- *There was a 3.5% reduction in non-urgent activity in February 2015 compared to same time last year and a 7.2% (1240 non-urgent calls) reduction compared to January 2015. Again this is due to the shorter month. When comparing the correct proportion there was actually a small increase of 2.8% between Feb 2015 and Feb 2014. .*

CATEGORY A: % CONVEYANCE RESOURCE RESPONSE ARRIVING WITHIN 21 MINUTES AS AT FEBRUARY 2015

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

Regional Target: 95% **LCG target 95%**

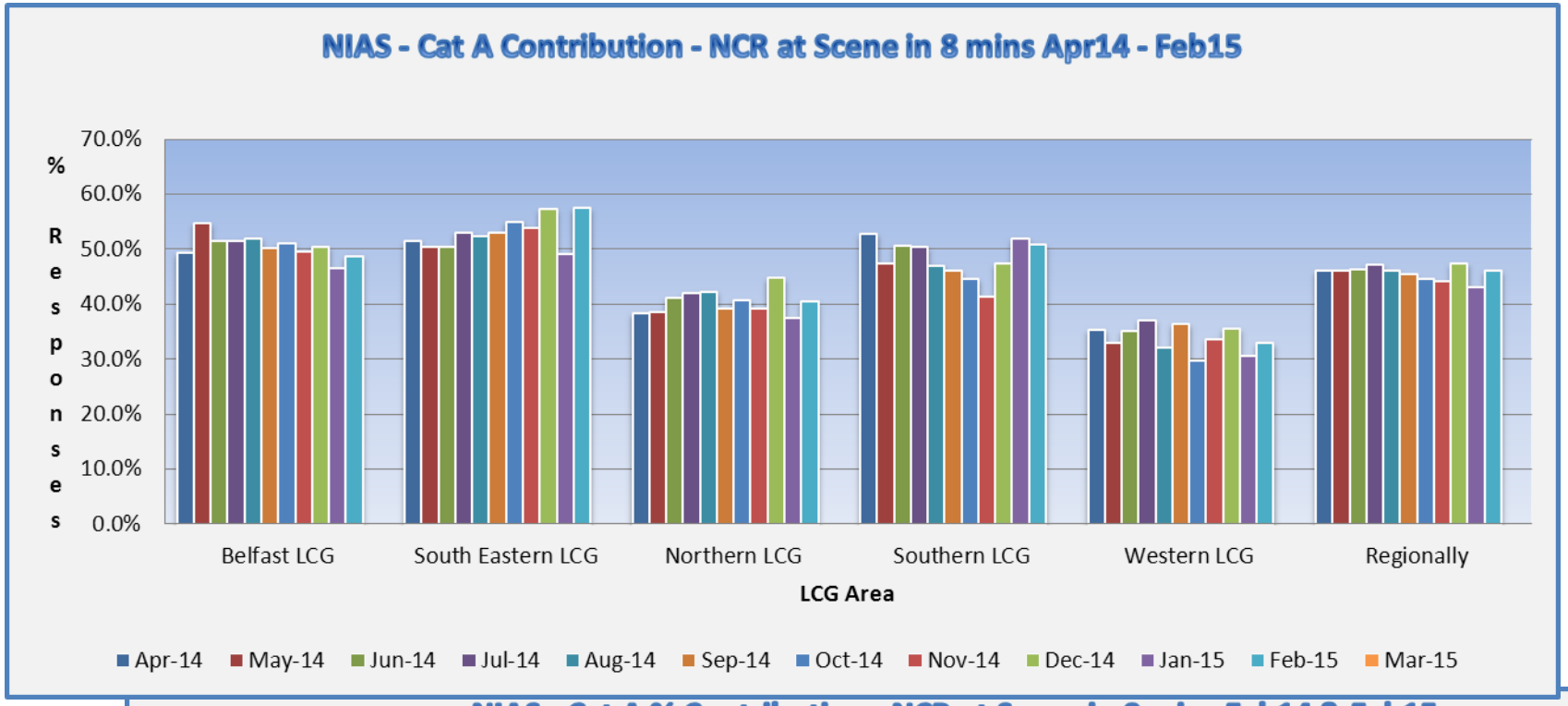
	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Year
Regional	83.6%	82.4%	79.1%	79.3%	78.2%	78.0%	77.3%	77.6%	71.1%	72.2%	71.5%		
Belfast	86.0%	82.3%	80.0%	84.3%	80.3%	80.0%	77.2%	79.7%	73.5%	73.1%	76.5%		
South East	80.9%	78.3%	74.2%	72.8%	70.4%	70.3%	68.9%	71.7%	62.1%	66.0%	61.6%		
North	86.5%	83.0%	79.5%	79.4%	78.9%	80.5%	80.2%	78.8%	73.4%	73.9%	70.5%		
South	79.1%	82.1%	77.4%	75.9%	77.4%	76.7%	78.2%	73.4%	67.0%	68.8%	71.9%		
West	84.4%	86.5%	84.6%	82.4%	84.0%	81.1%	81.0%	83.1%	78.5%	78.7%	76.4%		

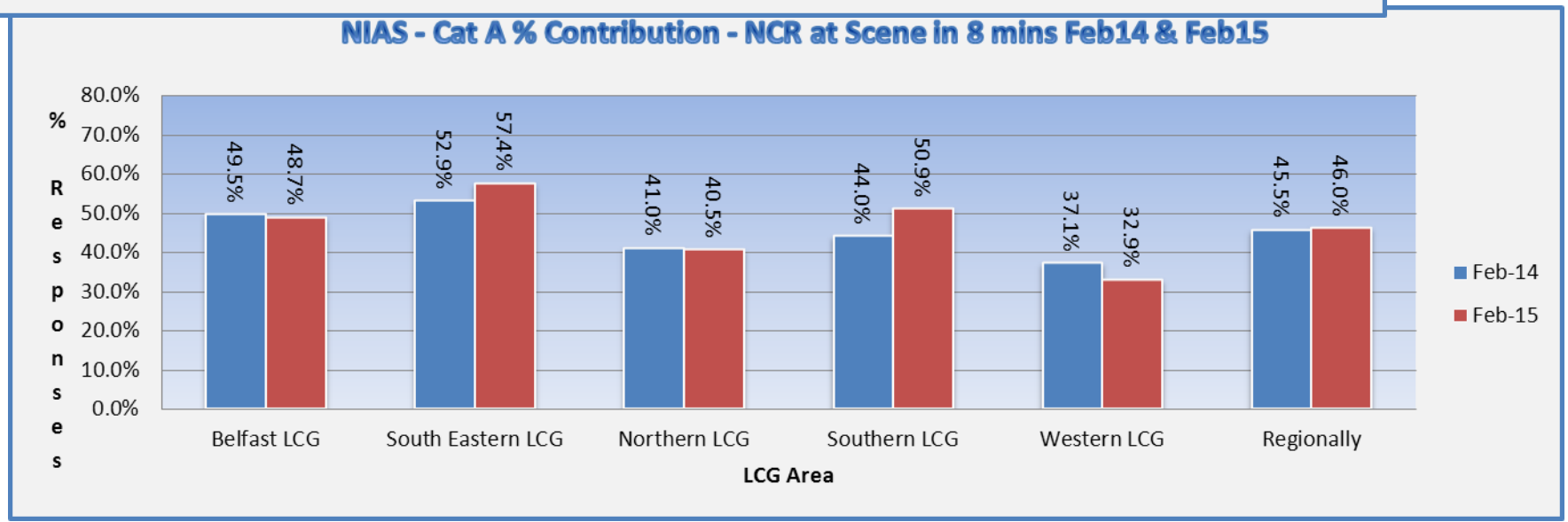
Please note that historical data in the table has been subject to minor data quality issues and altered

Key:

Target Achieved	
Target Substantially achieved	(within 1% variance)
Target Partially achieved	(within 2.5% variance)
Target Not Achieved	(greater than 2.5% variance)

NON-CONVEYING RESOURCE (RRV ETC) – CONTRIBUTION TO CAT A DATA APRIL TO FEBRUARY 2015





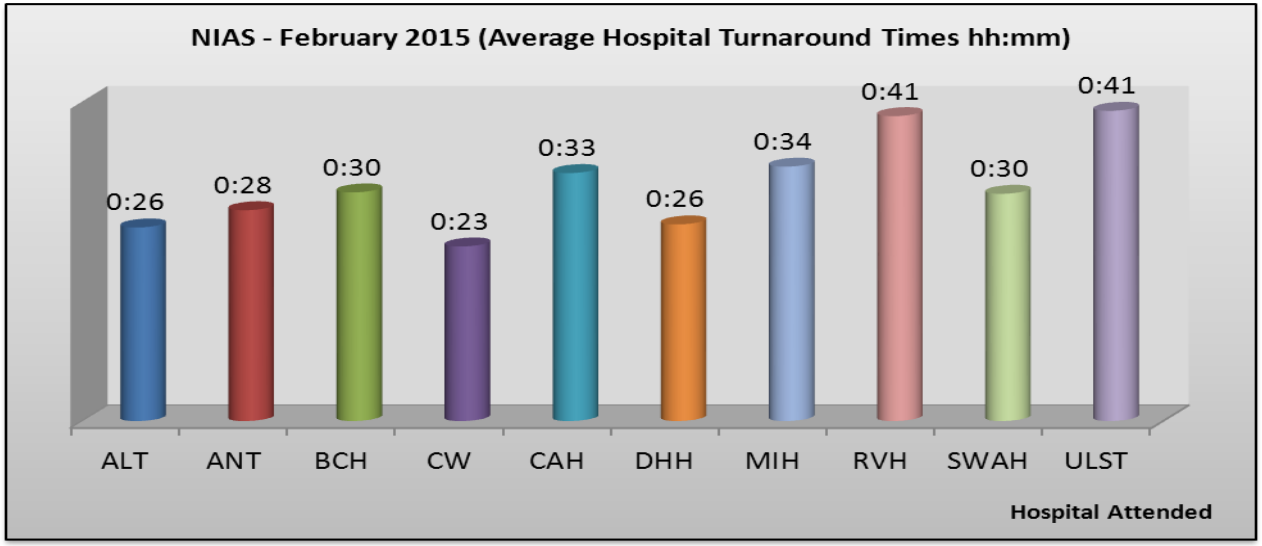
NON-CONVEYING RESOURCE (RRV ETC) – CONTRIBUTION TO CAT A DATA

		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Year
Regional	**N**	**1,274**	**1,324**	**1467**	**1505**	**1338**	**1269**	**1247**	**1,183**	**1,226**	**1088**	**1001**		
	%	**46.0%**	**46.0%**	**46.3%**	**47.1%**	**45.9%**	**45.3%**	**44.6%**	**44.0%**	**47.3%**	**43.1%**	**46.0%**		
Belfast	N	442	494	491	491	448	410	411	406	401	372	331		
	%	49.3%	54.7%	51.4%	51.6%	52.1%	50.2%	51.1%	49.5%	50.4%	46.4%	48.7%		
South East	N	230	232	267	272	271	246	247	227	243	214	194		
	%	51.5%	50.3%	50.4%	53.0%	56.0%	52.9%	55.0%	53.9%	57.2%	49.1%	57.4%		
North	N	202	216	268	295	252	229	241	227	227	182	186		
	%	38.3%	38.6%	41.1%	41.8%	39.4%	39.1%	40.7%	39.1%	44.7%	37.5%	40.5%		
South	N	250	223	260	255	218	212	193	171	195	181	171		
	%	52.7%	47.4	50.7%	50.5%	47.0%	46.1%	44.6%	41.3%	47.3%	51.9%	50.9%		
West	N	150	159	181	192	149	172	155	152	160	139	119		
	%	35.3%	32.9%	35.0%	37.1%	32.1%	36.4%	29.8%	33.6%	35.5%	30.5%	32.9%		

Please note that historical data in the table has been subject to minor data quality issues and altered

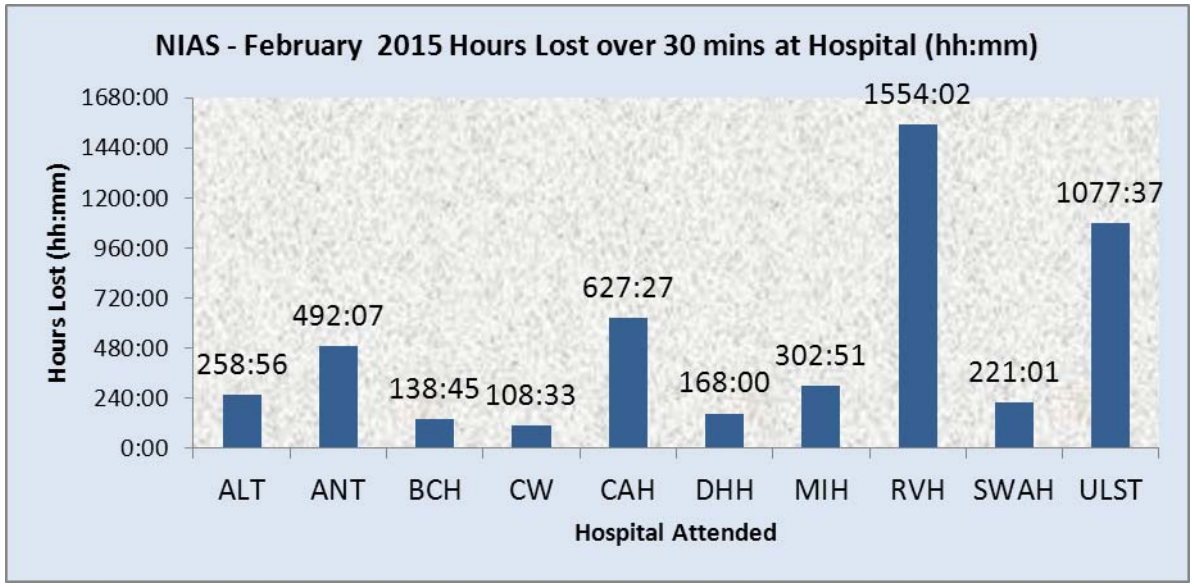
- *There was a 2.9% increase regionally in proportion of RRV calls that contributed to Cat A performance.*
- *Of particular note is the proportion in South Eastern LCG*

AMBULANCE TURNAROUND TIMES

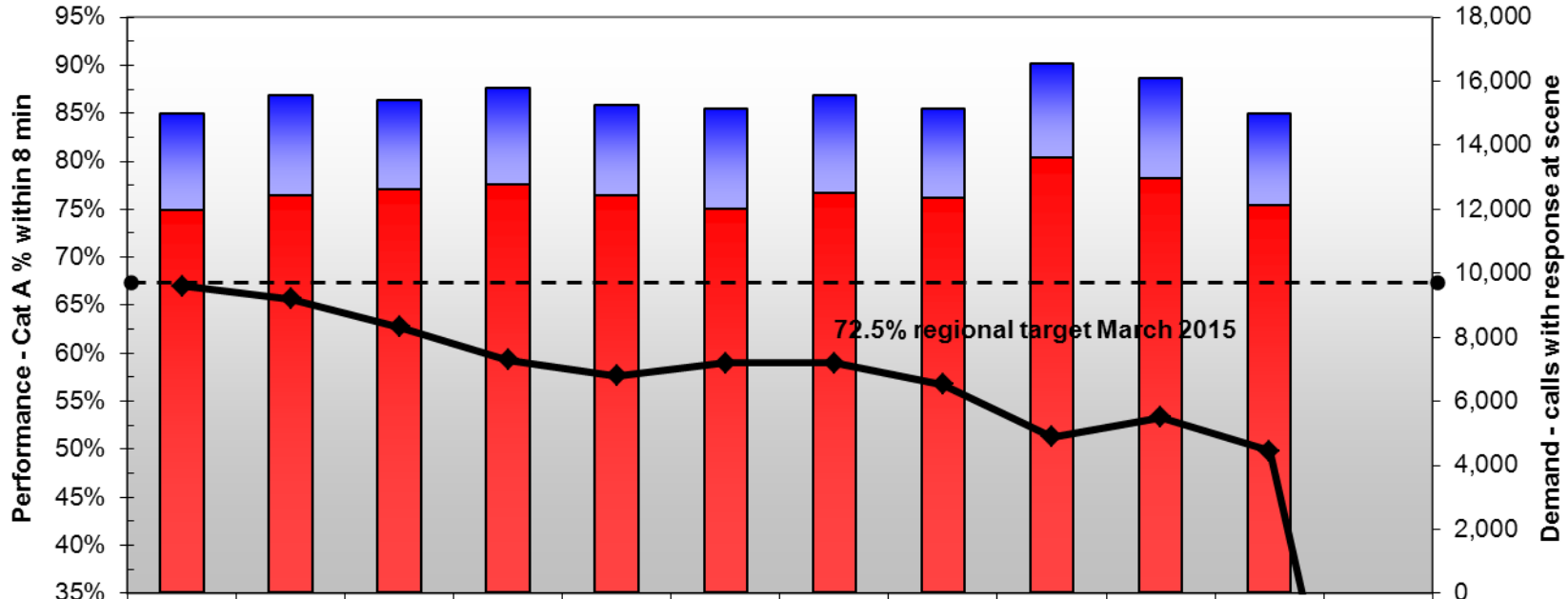


- *There was a very small reduction (0.9%) in the total number of NIAS ambulance turnaround times at hospital between February 2015 and February 2014.*
- *48.3% of all ambulance turnaround times in February 2015 were in standard (i.e. completed within 30 mins) compared to 54% in December 2014 and 56.9% in February 2014.*
- *The above chart shows the average ambulance turnaround time in February 2015 across the main Emergency Departments regionally.*
- *There was a noticeable increase in the number of lengthy ambulance turnaround times across all the grouping and all hospitals with 1 occasion (1x Craigavon Hospital) exceeding 5 hours and 23 minutes.*
- *The number of ambulance turnaround times greater than 1 hour has increased by 78.5% from 434 in Feb 2014 to 978 in Feb 2015.*

- *The total loss of production hours for NIAS has increased by 27.5% compared to same time last year, with an additional 1112 hrs lost during February 2015 compared to February 2014.*
- *This loss of production hours equates to 7.7 ambulances each day compared to 6 in February 2014. This is the equivalent of the complete loss of all A&E ambulances in Belfast LCG.*



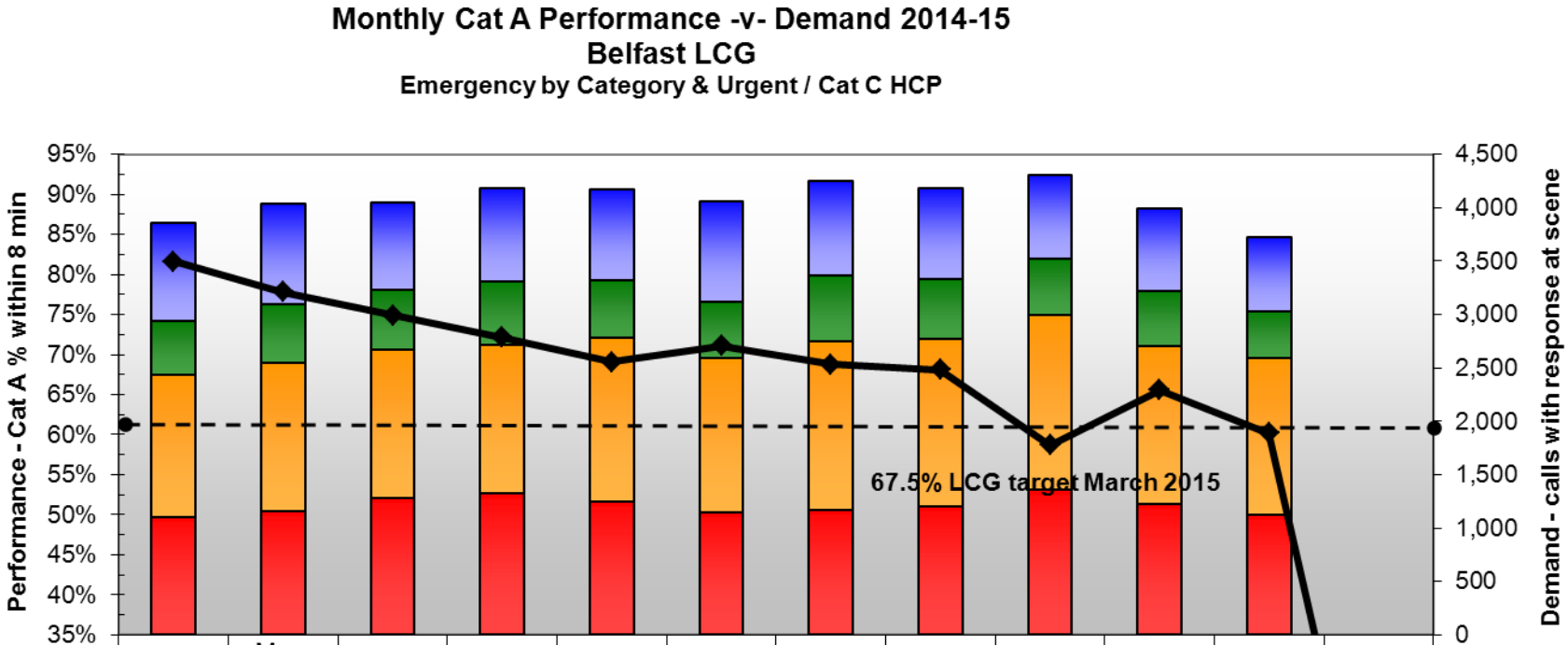
Monthly Cat A Performance -v- Demand 2014-15
NI
Emergency & Urgent / Cat C HCP



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Urg / Cat C HCP	3,017	3,128	2,791	3,010	2,823	3,105	3,037	2,797	2,939	3,108	2,850	0
Emg (excludes Cat C HCP)	11,963	12,403	12,593	12,746	12,404	12,001	12,493	12,329	13,588	12,954	12,123	0
Cat A Performance	67.0%	65.6%	62.7%	59.3%	57.6%	59.0%	59.0%	56.8%	51.3%	53.3%	49.9%	0.0%

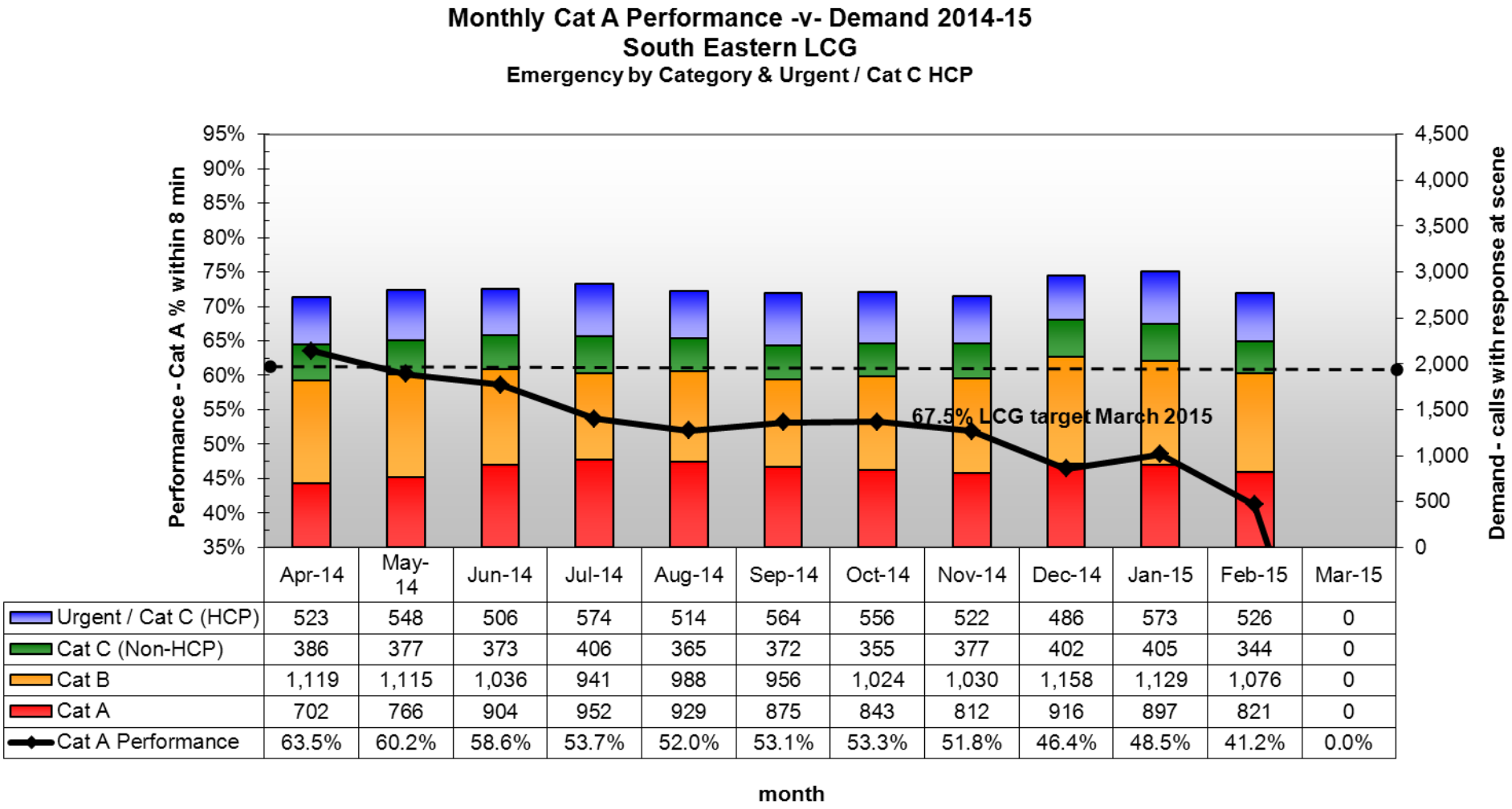
month

PERFORMANCE REVIEW BY DIVISION: BELFAST



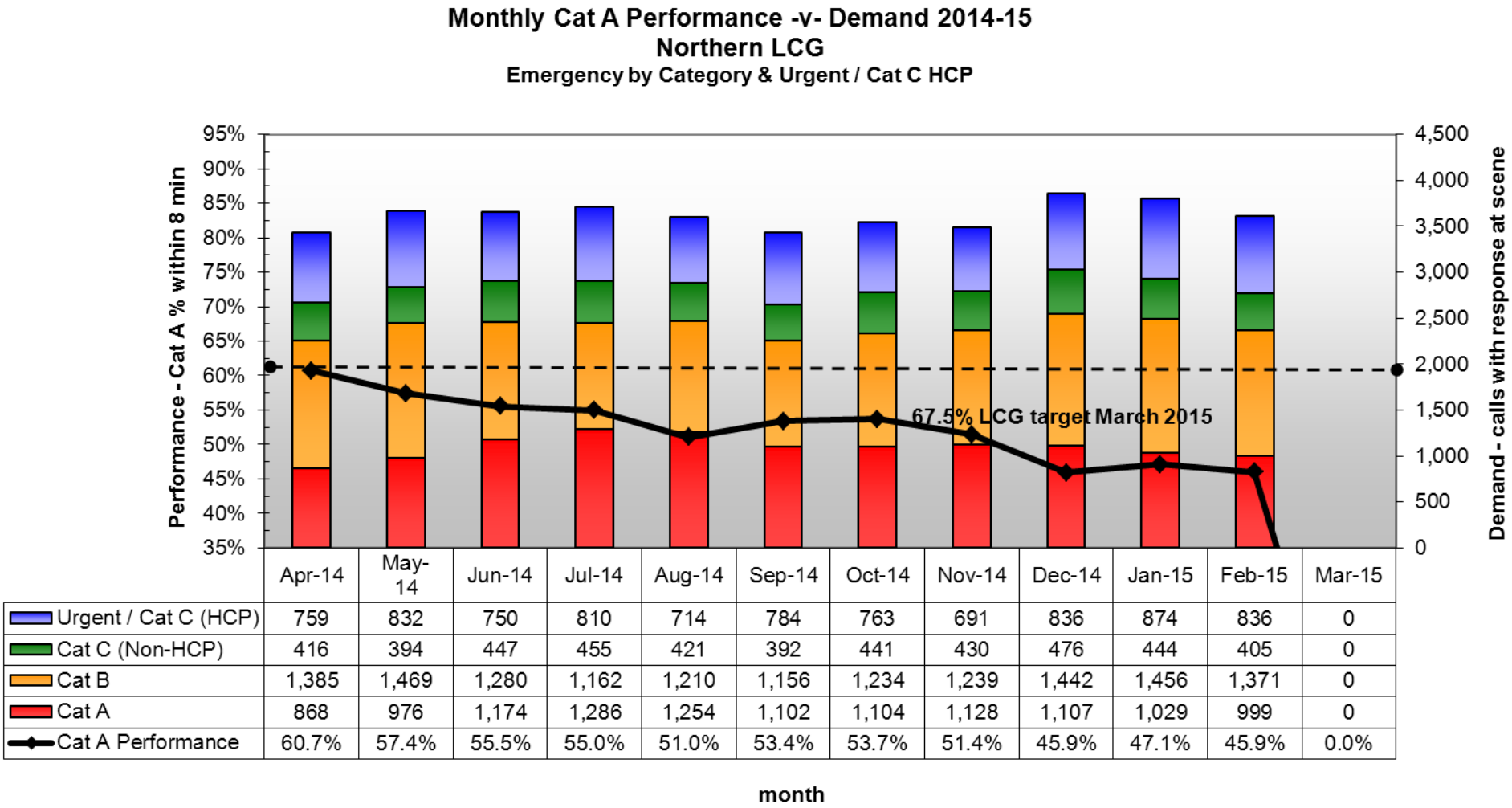
	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Urgent / Cat C (HCP)	925	941	814	872	853	946	889	857	785	775	688	0
Cat C (Non-HCP)	501	541	563	598	544	527	619	555	527	514	437	0
Cat B	1,335	1,389	1,396	1,391	1,532	1,445	1,578	1,569	1,644	1,486	1,464	0
Cat A	1,099	1,162	1,275	1,320	1,245	1,146	1,169	1,204	1,354	1,222	1,129	0
Cat A Performance	81.6%	77.8%	74.9%	72.1%	69.1%	71.1%	68.8%	68.1%	58.7%	65.5%	60.1%	0.0%

PERFORMANCE REVIEW BY DIVISION: SOUTH EASTERN



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Urgent / Cat C (HCP)	523	548	506	574	514	564	556	522	486	573	526	0
Cat C (Non-HCP)	386	377	373	406	365	372	355	377	402	405	344	0
Cat B	1,119	1,115	1,036	941	988	956	1,024	1,030	1,158	1,129	1,076	0
Cat A	702	766	904	952	929	875	843	812	916	897	821	0
Cat A Performance	63.5%	60.2%	58.6%	53.7%	52.0%	53.1%	53.3%	51.8%	46.4%	48.5%	41.2%	0.0%

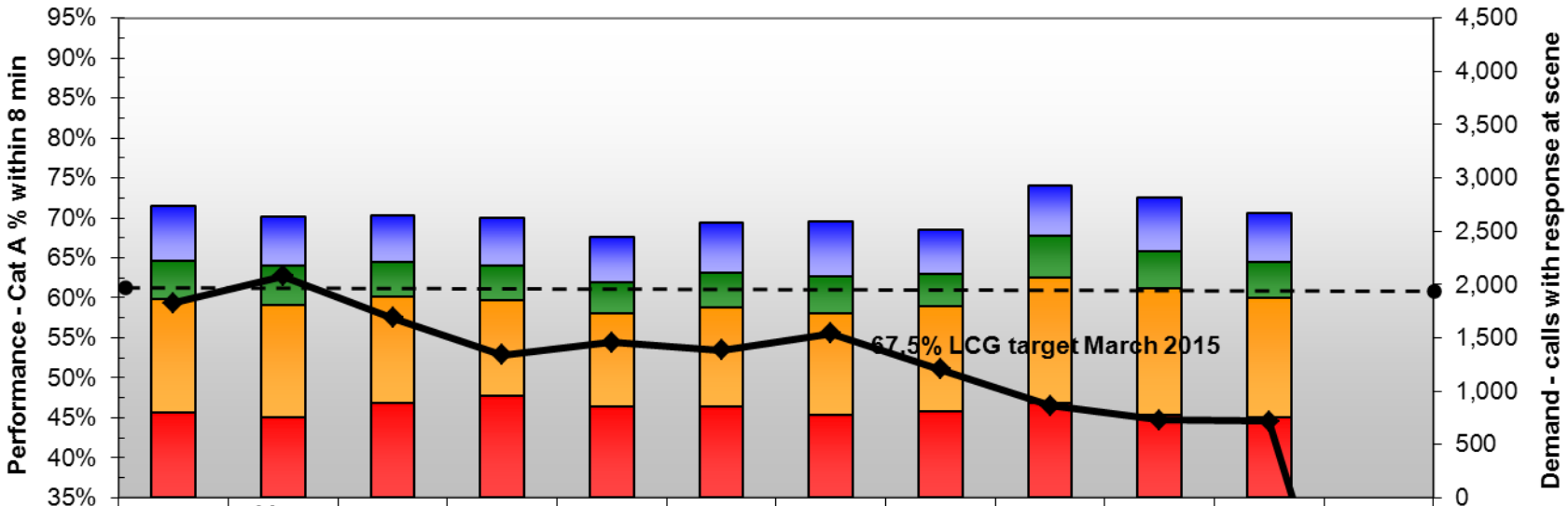
PERFORMANCE REVIEW BY DIVISION: NORTHERN



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Urgent / Cat C (HCP)	759	832	750	810	714	784	763	691	836	874	836	0
Cat C (Non-HCP)	416	394	447	455	421	392	441	430	476	444	405	0
Cat B	1,385	1,469	1,280	1,162	1,210	1,156	1,234	1,239	1,442	1,456	1,371	0
Cat A	868	976	1,174	1,286	1,254	1,102	1,104	1,128	1,107	1,029	999	0
Cat A Performance	60.7%	57.4%	55.5%	55.0%	51.0%	53.4%	53.7%	51.4%	45.9%	47.1%	45.9%	0.0%

PERFORMANCE REVIEW BY DIVISION: SOUTHERN

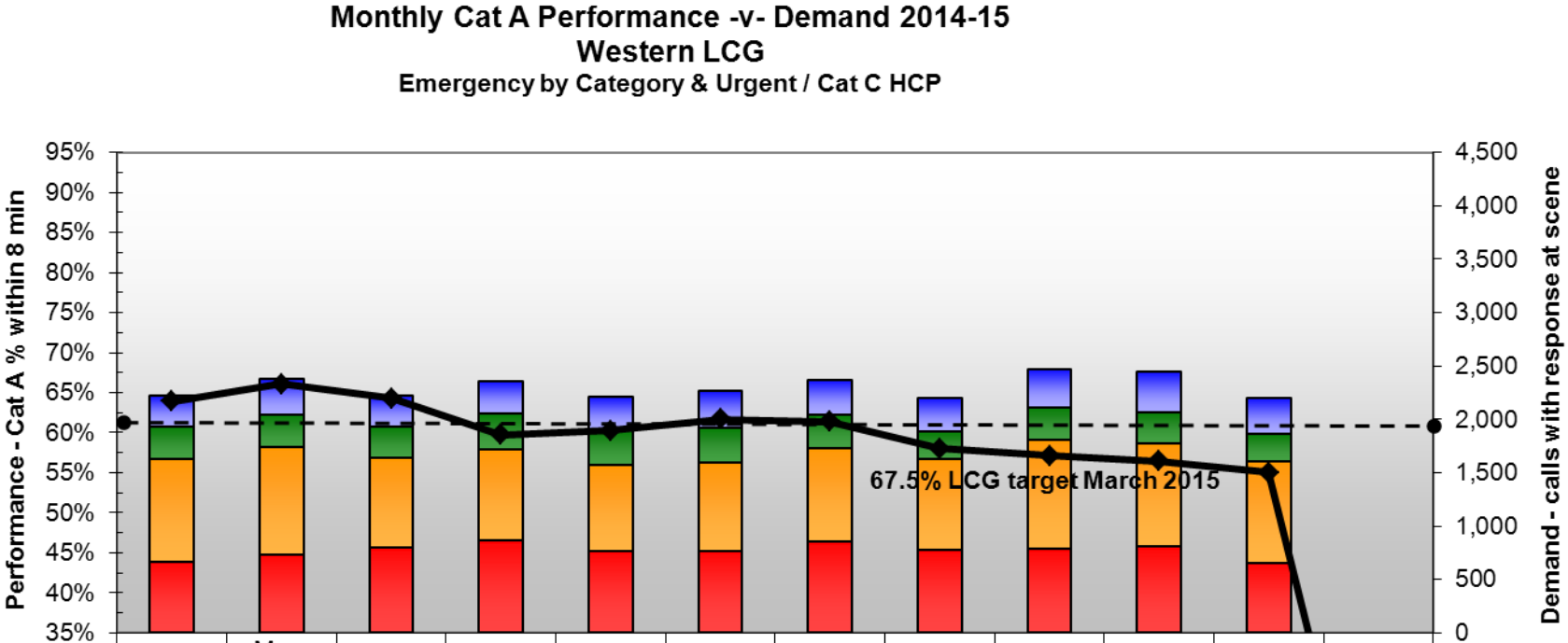
Monthly Cat A Performance -v- Demand 2014-15
Southern LCG
Emergency by Category & Urgent / Cat C HCP



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Urgent / Cat C (HCP)	512	469	437	449	423	471	505	414	473	499	465	0
Cat C (Non-HCP)	362	367	322	332	294	324	347	302	384	352	339	0
Cat B	1,063	1,056	997	891	876	924	954	986	1,183	1,178	1,117	0
Cat A	799	749	892	956	853	860	780	811	886	781	754	0
Cat A Performance	59.3%	62.8%	57.5%	52.8%	54.4%	53.5%	55.5%	51.0%	46.5%	44.7%	44.6%	0.0%

month

PERFORMANCE REVIEW BY DIVISION: WESTERN



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Urgent / Cat C (HCP)	298	338	284	305	319	340	324	313	359	387	335	0
Cat C (Non-HCP)	297	303	300	338	316	327	312	258	303	285	257	0
Cat B	966	1,008	830	851	807	830	884	848	1,016	970	952	0
Cat A	665	731	804	867	770	765	849	779	790	806	658	0
Cat A Performance	63.9%	66.1%	64.3%	59.7%	60.3%	61.7%	61.4%	58.0%	57.1%	56.5%	55.0%	0.0%

SECURING THE INFRASTRUCTURE – FLEET ESTATE

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		Substantive	Self Assessed **Mar 2015 Int Audit**
Environmental Mgt		Substantive	Self Assessed
Fire Safety		Substantive	Self Assessed
Fleet & Transport		Substantive	Self Assessed
Security		Substantive	Self Assessed.
Waste Management		Substantive	Self Assessed
PERFORMANCE COMMENTARY: All achieved greater than 75% in all criteria, subject to audit			

FLEET PROFILE:

% Fleet Profile (less than 5 years old)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Emergency Ambulances	81.9	80.2	81.9	83.6	85.3	91.4	94.0	89.7	86.2	75.9	75.9	
Non-Emergency Ambulances	79.2	79.2	79.2	80.2	80.2	80.2	81.1	82.1	84.0	93.4	95.3	
Rapid Response Vehicles	69.0	69.0	69.0	69.0	69.0	76.2	76.2	81.4	83.3	88.1	88.1	
Support Vehicles	40.0	40.8	40.8	40.8	42.9	42.9	42.9	42.9	46.9	49.0	49.0	

PERFORMANCE COMMENTARY:
Additional Vehicles retained not in Establishment: 9, over 5 years old.

Commissioning of **2013/14** vehicles is ongoing and percentages have started to correct as vehicles go into service.
A&E 21 commissioned
PCS 17 Commissioned

IMPROVEMENT PROPOSALS FOR 2014/2015:

Commissioning and training is ongoing and vehicle will be rolled out as this is completed.

Fleet Maintenance contract has been awarded for all areas except West.
Fleet recovery contract in place to March 16
Fleet Bodywork contract ongoing with CPD

2014**/**15
In year conversion of A&E, PCS, cars and Control vehicle are ongoing

Fleet Strategy, finalised.
Fleet Business case, for 5 year replacement programme: APPROVED

2015/16
Purchase of chassis for A&E and PCS conversion in 2015/16: APPROVED.

ESTATE CAPITAL PROGRAMME

BALLYMENA:
Foundations almost completed
Health minister visited the site 27 February.

ENNISKILLEN:
Demolition contractor to clear site by end of March 2015
NIAS site investigations to commence as soon as our site is cleared.

CRAIGAVON:
Meeting arranged with Southern HSCT to discuss Ambulance site 12 March 2015.

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

BELFAST:
Strategic Outline Case to be submitted to request Feasibility funding.
Minor Works Consultancy Framework award has been suspended due to legal challenge.

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 required savings and the levels of investment to support service 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 February 2015 (Month 11) is a small surplus of £16k.

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		8,442	12,403	16,436	20,535	24,568	28,604	32,604	36,604	40,630	44,652	
Other Expenditure		1,846	2,533	3,444	4,355	5,247	6,214	7,099	7,917	8,725	9,709	
Expenditure Total		10,288	14,936	19,880	24,890	29,815	34,818	39,703	44,521	49,355	54,361	
Income		118	160	199	238	276	315	353	405	446	498	
Net Expenditure		10,170	14,776	19,681	24,652	29,539	34,503	39,350	44,116	48,909	53,863	0
Net Resource Outturn		10,170	14,776	19,681	24,652	29,539	34,503	39,350	44,116	48,909	53,863	0
Revenue Resource Limit (RRL)		10,170	14,761	19,665	24,620	29,507	34,473	39,322	44,097	48,909	53,879	
Surplus/(Deficit) against RRL		0	(15)	(16)	(32)	(32)	(30)	(28)	(19)	(1)	16	0

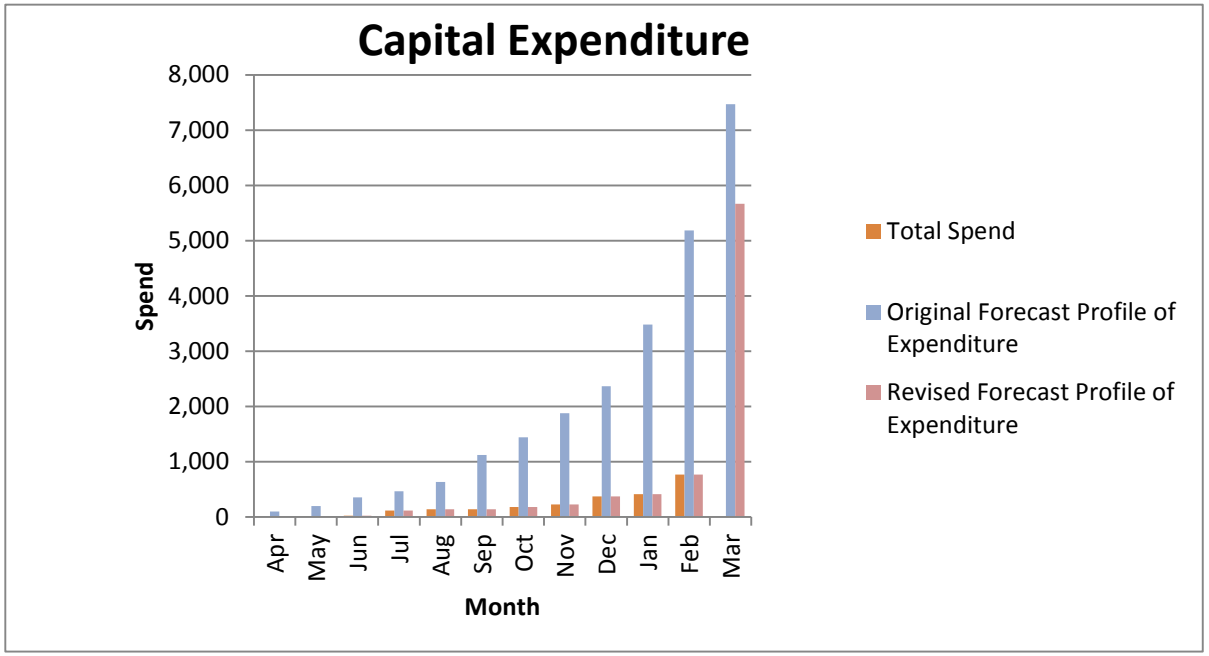
The Audit Committee have reviewed and approved a revised format of reporting to Trust Board. The revised format at the end of February 2015 (Month 11) is as follows:

	Current Period (Month 11) £k			Cumulative Year to Date (2014/15) £k			Projected Outturn £k		
Expenditure	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance
Pay	4,027	4,022	5	44,604	44,652	(48)	49,596	49,596	0
Non Pay	995	984	11	9,772	9,708	64	10,887	10,887	0
Total	5,022	5,006	16	54,376	54,360	16	60,483	60,483	0
Income	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance
Income from Activities	0	0	0	0	0	0	0	0	0
Total	52	52	0	498	498	0	540	540	0
	52	52	0	498	498	0	540	540	0

Capital Spend

The Trust, in conjunction with DHSSPS and the DFP CPD Construction Division – Health Projects (Previously HEIG), are revising the forecast capital expenditure for the year and the monthly profile on an ongoing basis. The Capital Resource Limit (CRL) has been amended to reflect these revised estimates. The revised CRL is now £5.7m (previously £5.5m) due to a combination of re-profiling of construction works for the new Ballymena and Enniskillen Stations, a reduction in the forecast expenditure on fleet due to supplier constraints and an increase in expenditure on ICT in respect of software licensing. Estimates for Estate are provided by DFP CPD Construction Division – Health Projects (Previously HEIG) and the Trust appointed scheme consultants. The revised total expenditure amounts and profiles for fleet are based on estimates provided by the Fleet Department. All estimates are subject to appropriate business case approval, confirmation of available capital resources and appropriate procurement. On 23 January 2015, the Trust received approval for the Fleet Replacement business case that allows for the replacement of ambulance vehicles for the next five years. This approval also includes the purchase of circa £1m of replacement ambulance vehicle chassis in the current year. The delivery of this capital expenditure will be a significant challenge for NIAS, both in terms of the magnitude and profiling of expenditure. Cumulative capital spend at the end of February 2015 (Month 11) is as follows:

Cumulative Capital Spend (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet		0	0	0	0	0	0	0	0	26	49	
Estate		5	8	103	123	126	161	210	328	335	669	
Medical Equipment		0	0	0	0	0	0	0	0	0	0	
IT Equipment		0	0	0	0	0	0	0	0	0	0	
General Capital		12	17	17	17	17	21	21	47	53	53	
Total Spend		17	25	120	140	143	182	231	375	414	771	0
Original Forecast Profile of Expenditure	101	202	357	466	637	1,124	1,444	1,879	2,366	3,481	5,186	7,467
Revised Forecast Profile of Expenditure	0	17	25	120	140	143	182	231	375	413	771	5,670



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		0	3	3	3	3	3	13	13	13	17	
Actual Disposals		0	3	3	3	3	3	13	13	13	17	

Prompt Payment of Invoices

The target of 95% of invoices paid within 30 days, or other agreed terms, was narrowly missed in 2013/14 largely due to the days of processing lost during preparation for and implementation of the new Finance, Procurement and Logistic (FPL) system. Reporting structures continue to be developed with a view to improving performance. The reporting of performance in this area is now against a range of measures. Performance by number of invoices paid for each of these measures is shown below. Performance in May and June dipped primarily due to the demands of year end accounts and the new systems, and though performance improved in subsequent months, the cumulative target of 95% of invoices can no longer be met in 2014/15. However, the established ten working day (fourteen calendar day) target of 40% has been achieved cumulatively for the first time. All payment processing functions transferred to Accounts Payable Shared Service Centre in mid December 2014.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Total bills paid	1,123	890	1,547	1,205	1,141	1,254	1,206	1,333	1,073	1,038	1,395		13,205
Total bills paid on time (within 30 days or under other agreed terms)	1,046	740	1,327	1,131	1,067	998	1,126	1,202	950	909	1,156		11,652
% bills paid on time (within 30 days or other agreed terms)	93.1%	83.1%	85.8%	93.9%	93.5%	78.8%	93.4%	90.2%	88.5%	87.6%	82.9%		88.2%
Total bills paid within 30 calendar days of receipt of undisputed invoice	965	592	1,070	1,033	930	954	991	1,085	863	680	1,066		10,229
% bills paid on time	85.9%	66.5%	69.2%	85.7%	81.5%	76.1%	82.2%	81.4%	80.4%	65.5%	76.4%		77.5%
Total bills paid within 10 working days (12 calendar days)	385	104	306	512	362	271	406	570	348	282	588		4,134
% bills paid on time within 10 working days (12 calendar days)	34.3%	11.7%	19.8%	42.5%	31.7%	21.6%	33.7%	42.8%	32.4%	27.2%	42.2%		31.3%
Total bills paid within 10 working days (14 calendar days)	480	190	438	647	454	402	497	670	456	382	684		5,300
% bills paid on time	42.7%	21.3%	28.3%	53.7%	39.8%	32.1%	41.2%	50.3%	42.5%	36.8%	49.0%		40.1%

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. At the time of writing, figures for February 2015 were not available. The performance to the end of January 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)	6.22	5.98	3.64	4.13	5.0	4.26	3.58	4.49	3.75	4.92		
Percentage of Products Supplied on First Request % (Target 95%)	94.69	98.38	98.47	97.78	99.46	98.74	96.53	99.22	97.53	97.56		
Number of Lines Issued (Stock and Non Stock Line)	769	792	936	697	803	774	1,240	1,114	1,085	1,082		
Value of Spend £k (Stock and Non Stock)	198	117	193	533	93	89	552	203	1,583	324		

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.

January 2015 – Broadband Fault

A fault on the broadband network affected data communications to all Ambulance Stations. This restricted operational staff access to corporate systems from their base stations. The fault was resolved within 2 hours with no disruption to the delivery of 999 services.

January 2015 – Command and Control C3 Web Interface Fault

Following a planned upgrade to the C3 PCS command and Control system the web booking system was unavailable for four days including a weekend. The C3 providers identified the fault as a corrupt file and applied a fix. To date the web booking system is the preferred method of booking non emergency Ambulances for a small percentage of users and other means of booking were used with minimum disruption to service e.g. telephone.

February 2015 – PCS Mobile Data outage

The Mobile data system for PCS was unavailable for 7 hours due to a network software change. The issue was identified by the suppliers and a fix applied. Contingency systems were used during the downtime with minimum disruption to service.

ICT Help Desk Performance

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

	January			February		
Target to Respond to 95%	No of Calls	Within time	Actual	No of Calls	Within time	Actual
Immediate	8	8	100%	11	11	100%
Urgent	24	24	100%	14	14	100%
High	42	42	100%	35	35	100%
Medium	490	482	98%	456	447	98%
Low	581	581	100%	567	567	100%
Total	1145			1083		

ICT Planned Maintenance January 2015 – system upgrades Critical Systems

	Availability	**Maximum down time**	**Actual**	**Exceeded Maximum Down Time**	These are business critical systems which manage front line resources and need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.
C3 A&E	740	4 Hours	3.5	No	
C3 PCS	740	4 Hours	4	No	
Pro-QA	740	4 Hours	0	No	
ICCS A&E	740	4 Hours	0	No	
ICCS PCS	740	4 Hours	0	No	

DTR	740	4 Hours	0	No	
Voice Recorder	740	4 Hours	0.10	No	
Mobile Data	740	4 Hours	0	No	

ICT Planned Maintenance January 2015 – system upgrades Corporate Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	These are business support systems which need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.
E-mail	206	4 Hours	0	No	
File Server	206	4 Hours	0.15	No	
Virtual Server	208	2 Hours	0	No	
BlackBerry	206	4 Hours	0	No	
Promis	206	4 Hours	0.10	No	

ICT Planned Maintenance February 2015 – system upgrades Critical Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	These are business critical systems which manage front line resources and need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.
C3 A&E	740	4 Hours	0	No	
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	0	No	
DTR	740	4 Hours	0	No	
Voice Recorder	740	4 Hours	0.10	No	
Mobile Data	740	4 Hours	0	No	

ICT Planned Maintenance February 2015 – system upgrades Corporate Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	These are business support systems which need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.
E-mail	206	4 Hours	0	No	
File Server	206	4 Hours	0.30	No	
Virtual Server	208	2 Hours	0	No	
BlackBerry	206	4 Hours	0	No	
Promis	206	4 Hours	0	No	

INFORMATION GOVERNANCE

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

REPORT FOR FREEDOM FOR INFORMATION PROCESSING FOR THE PERIOD OF 01/04/2014 to 28/02/2015

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 14 – Feb 15**	**Apr 13 – Feb 14**
Number of Requests Received	15	2	9	9	16	14	28	13	14	8	18		146	99
Number of Questions Received	41	2	29	18	98	22	62	20	59	21	95		467	298
Completed Requests processed within 20 days or less	10	2	8	8	8	13	27	10	11	8	12		117	83
Completed Requests exceeding 20 days	5	0	0	1	7	1	1	3	3	0	0		21	14
Requests still being processed in line with 20 days*	0	0	0	0	0	0	0	0	0	0	5		5	
Questions still being processed in line with 20 days*	0	0	0	0	0	0	0	0	0	0	36		36	
Requests still being processed **exceeding** 20 days	0	0	1	0	1	0	0	0	0	0	1		3	
Question still being processed **exceeding** 20 days	0	0	6	0	2	0	0	0	0	0	4		12	
Number of Questions/Answers Fully Disclosed	39	2	22	16	88	21	58	12	53	12	49		372	215
Vexatious Requests	0	0	0	0	0	0	0	0	0	0	0		0	0
Number of Questions/Answers which records not held	2	1	0	2	4	1	4	8	5	9	6		42	24
Questions where exemptions wholly/partially applied	0	0	0	0	4	0	0	0	1	0	0		5	19
Referrals for Independent Review	0	0	0	0	1	0	0	0	1	0	0		2	0
Appeals to the Information Commissioner	0	0	0	0	0	0	0	0	1	0	0		1	0

80.1% of Requests have been processed within 20 working days as at 28/02/2015

For the same period last year, an additional 47 requests (up by 47%) have been received relating to additional 169 questions (up by 57%) being requested

Requestor Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 14 – Feb 15
Member of the Public	2	1	3	3	14	4	0	1	2	1	2		27
Whatdotheyknow.com	9	0	0	0	6	0	7	1	0	0	1		22
Media	2	1	2	2	9	0	2	1	3	1	1		18
PSNI	1	0	0	0	0	0	0	0	0	0	0		1
NIAS Member of Staff	1	-	4	4	6	4	14	8	9	4	11		33
Student/School	0	0	0	0	0	6	5	1	0	2	0		11
Company	0	0	0	0	0	0	0	1	0	0	3		1
Requests received that have been stood down following discussion with requestor	4	0	2	0	0	1	0	0	0	0	0		7

DATA PROTECTION ACT 1998 – SECTION 7: SUBJECT ACCESS MONITORING

REPORT FOR DPA PROCESSING (SUBJECT ACCESS) FOR THE PERIOD OF 01/04/2014 to 28/02/2015

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 14 - Feb 15
Number of Requests Received	2	1	1	2	5	3	1	2	4	1	1		23
Completed Requests processed within 40 days or less	2	1	1	2	5	3	0	1	3	-	1		19
Completed Requests exceeding 40 days	0	0	0	0	0	0	1	1	1	-	0		3
Identity Not Confirmed and therefore could not be further processed	0	0	0	0	0	0	0	0	0	1	0		1
Requestor Type													
Patient	1	0	0	0	0	1	0	1	0	0	0		3
NIAS Staff Member	1	1	1	2*	5	1	1	1	3*	1	1		18
External Agency	0	0	0	0	0	0	0	0	0	0	0		0
Relative of Patient	0	0	0	0	0	1	0	0	1	0	0		2

*July 2014 NIAS staff via Solicitor Correspondence
*1xNovember 2014 NIAS staff via Solicitor Correspondence

POLICE SERVICE OF NORTHERN IRELAND REQUESTS – Police Acts, Common Law for the Period of 01/04/2014 to 28/02/2015

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 14 - Feb 15**	**Apr 13 – Feb 14**
Number of Requests Received (based on receipt of correspondence date)	29	27	29	37	31	33	35	36	22	37	31		347	346

SOLICITOR ENQUIRIES for the Period of 01/04/2014 to 28/02/2015

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 14 - Feb 15**
Number of Requests Received (based on receipt of correspondence date)	46	41	48	42	36	44	55	62	56	51	51		532

DEPARTMENT OF HEALTH AND SOCIAL SERVICES – REQUEST FOR INFORMATION for Period of 01/04/2014 to 28/02/2015

DHSSPS/AQ's/CORs/TOF's/INV's	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**April 14 – Feb 15**
Assembly Questions (Oral)	0	0	0	R		0	1	0	0	0	0		1
Assembly Questions (Written)	1	2	2	E		5	6	4	5	10	11		46
CORs Received	0	1	1	C		3	1	2	1	2	1		10
TOFs Received	0	1	0	E		0	0	0	0	1	2		3

INVs Received	0	0	0	S S	0	0	0	1	1			2

14/15 - PRF v PATIENT NUMBERS COMPARISON

Summary

Month	Emergency Calls responsed to (KA34)	Patient Journeys: Emergency	Urgent	Routine	Total	Completed PRFs (Formic)	Difference
April 2014	11963	9777	3017	656	13450	16028	+2,578
May 2014	12403	10233	3128	621	13982	15592	+1,610
June 2014	14004	11718	1380	641	13739	16189	+2,450
July 2014	15756	13272	n/a	656	13928	16335	+2,407
August 2014	15227	12889	n/a	481	13370	15574	+2,204
September 2014	15113	13165	n/a	474	13639	15404	+1,765
October 2014	15530	13262	n/a	467	13729	16090	+2,361
November 2014	15125	12950	n/a	463	13413	15631	+2,218
December 2014	16527	14167	n/a	408	14575	17016	+2,441
January 2015	16062	13709	n/a	355	14064	13852	-212
February 2015	14973	12720	n/a	315	13035	6872	-6,163
March 2015					0		+0
Total	162683	137862	7525	5537	150924	164583	+13,659

Please note figures for 2014/2015 are provisional and will rise as data processing is ongoing.

Due to competing workforce pressures within Human Resources, the workforce information report has not been fully validated and is therefore not available. However, the Trust has undertaken a significant amount of recruitment activity in order to reduce existing vacancies within Operations Directorate, with the resulting permanent posts having been filled:

	January		**February**		**March**		**April**		**May**		**June**	
	Internal	**External**	**Internal**	**External**	**Internal**	**External**	**Internal**	**External**	**Internal**	**External**	**Internal**	**External**
Operations												
Paramedic	36	2	-	-	-	-	2	*	-	*	1	*
Qualified EMT	12	-	-	-	-	-	4	**	-	**	-	**
Trainee EMT	-	-	-	-	21	-	-	-	-	-	-	-
ACA	-	-	-	-	-	-	-	-	-	23#	-	24#
Control												
EMD	5	-	-	-	-	8	-	-	-	-	-	-
Call Taker	-	-	-	1	-	2	-	1	-	-	-	-

* 7 external candidates due to commence as Paramedics, currently awaiting confirmation of start date of induction programme
** 10 external candidates and 3 internal candidates due to commence as EMT's, currently awaiting confirmation of start date of induction programme
# Planned

The workforce information report for 31 March 2015 will be available at the next Trust Board meeting.

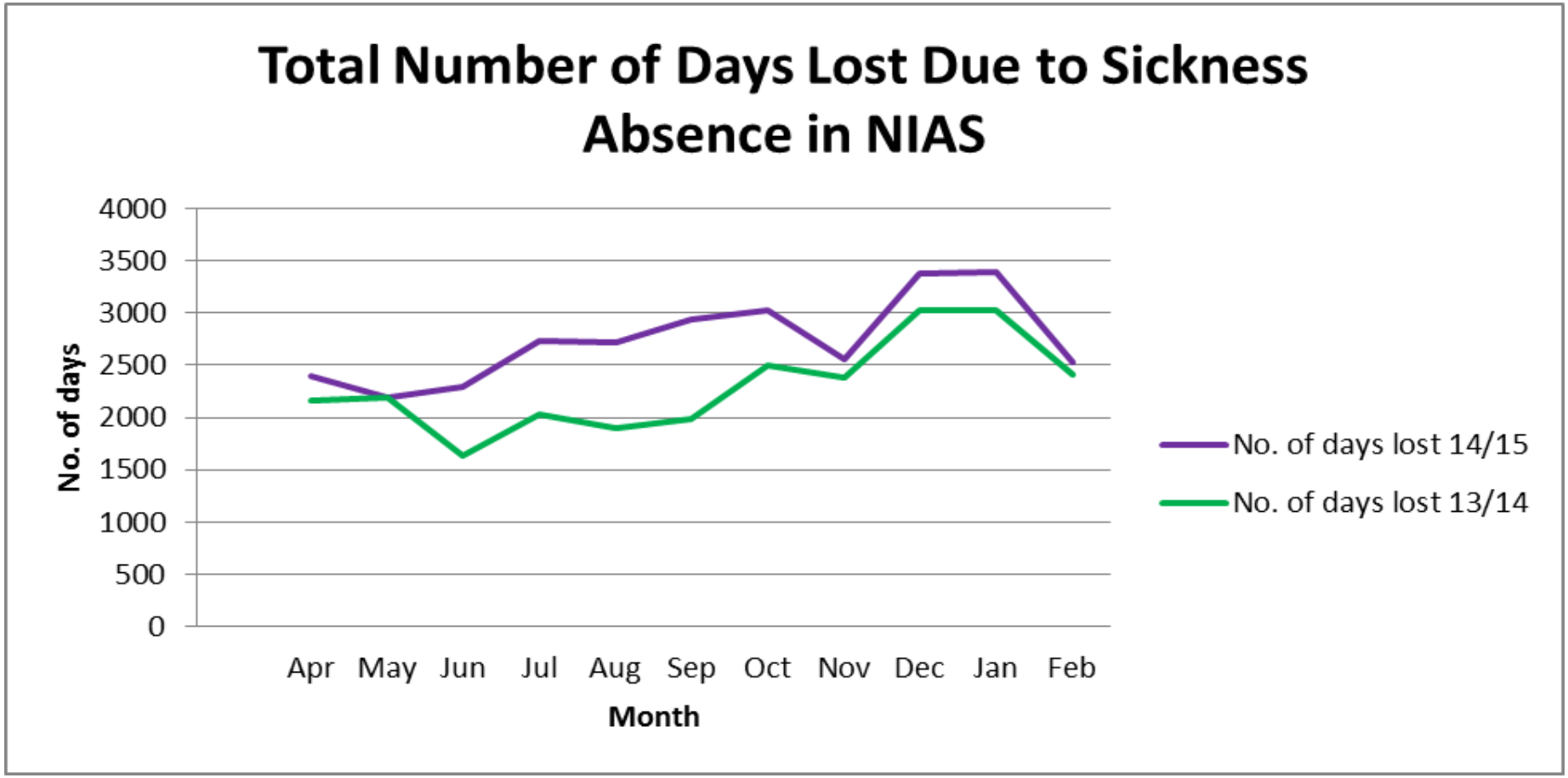
NB Data sourced from HRPTS System Information is valid on the date of publication only

TOTAL YEAR ABSENCE 2013/14 = Not available PROPOSED ABSENCE TARGET 2014/15 = 7%** NIAS % ABSENTEEISM						WTE:1156.07				YEAR TO DATE ABSENCE = #		
MONTH	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Absence Target 14/15	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**
% short term cumulative absence	#	#	#	#	#	#	#	#	#	#	#	
% long term cumulative absence	#	#	#	#	#	#	#	#	#	#	#	
No. of days lost 14/15	2400	2191	2299	2731	2725	2943	3019	2560	3374	3388	2595	
No. of days lost 13/14	2162	2188	1632	2033	1901	1988	2494	2383	3028	3022	2532	
No. of employees on half pay	14	17	20	19	13	18	23	16	15	21	17	
No. of employees on no pay	4	1	4	6	5	4	4	5	7	8	9	
Cumulative absence (%)14/15	#	#	#	#	#	#	#	#	#	#	#	
Performance Assessment												
Estimated Cumulative Cost of absence* (£'000)	#	#	#	#	#	#	#	#	#	#	#	

** This target is based on benchmarked HRMS figures. In light of issues arising in relation to the sickness absence figures produced following the implementation of HRPTS, it will be necessary to review this once the figures had been validated.

As part of the implementation of HRPTS, a regional issue was identified in the system calculation of the sickness absence percentage, which resulted in an apparent significant increase in the sickness absence percentage across HSC organisations. The cause of this has been identified regionally and a change request process has been initiated with HCL Axon to amend the system calculation accordingly, this process remains ongoing. As such, percentage sickness absence figures will not be reported until this matter is resolved. There currently is no anticipated timeframe around this.

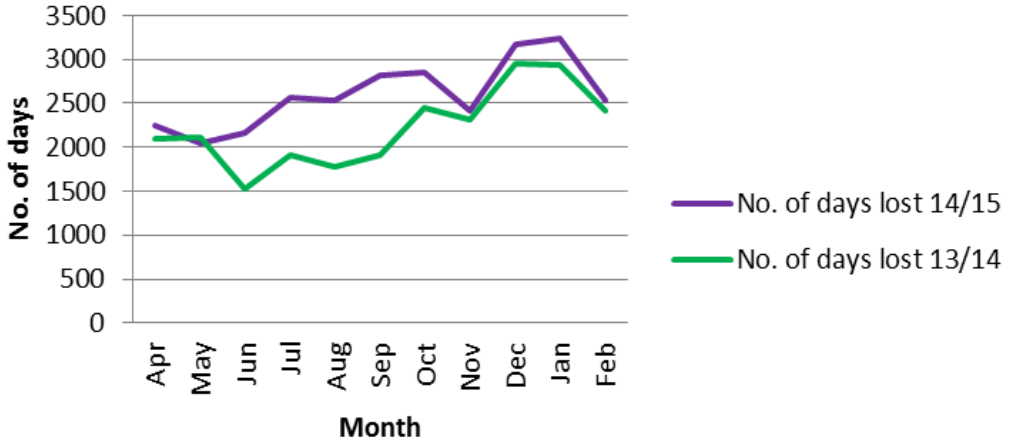
NB Data sourced from HRMS & HRPTS. - Information is valid on the date of publication only



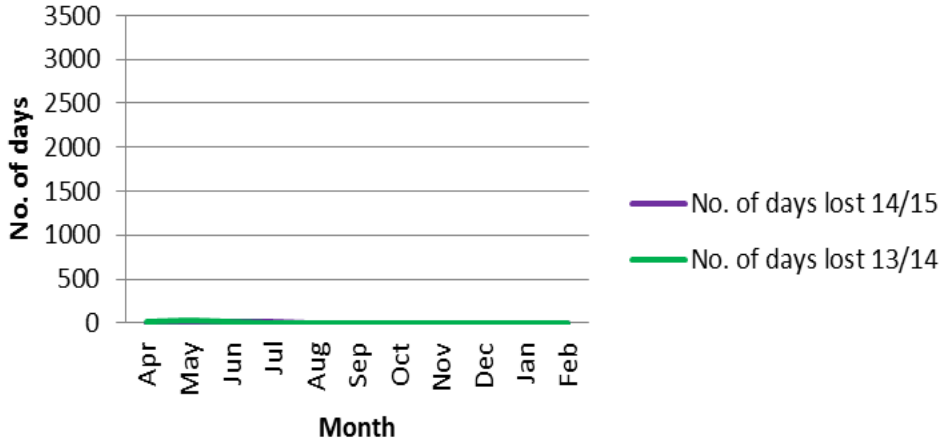
NIAS TOTAL YEAR TO DATE ABSENCE 2014/15 = Not available PROPOSED NIAS ABSENCE TARGET 2014/15 = 7%**												
Attendance Management	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
OPERATIONS DIRECTORATE				**WTE: 1046.97**						**YEAR TO DATE ABSENCE = #**		
% ABSENTEEISM 2014/15												
Proposed Target absenteeism 2014/15	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	
Cumulative absence (%)	#	#	#	#	#	#	#	#	#	#	#	
No. of days lost 14/15	2250	2038	2166	2570	2525	2811	2856	2411	3166	3238	2526	
No. of days lost 13/14	2103	2109	1524	1905	1784	1910	2447	2314	2959	2930	2418	
No. of employees on half pay	13	15	19	18	13	17	23	16	14	20	17	
No. of employees on no pay	1	1	2	5	4	3	3	4	6	8	9	
MEDICAL DIRECTORATE				**WTE: 9.0**						**YEAR TO DATE ABSENCE = #**		
% ABSENTEEISM 2014/15												
Proposed Target absenteeism 2014/15	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	
Cumulative absence (%)	#	#	#	#	#	#	#	#	#	#	#	
No. of days lost 14/15	0	0	21	9	0	0	0	0	4	3	0	
No. of days lost 13/14	22	23	15	0	0	0	0	4	0	0	0	
No. of employees on half pay	0	0	0	0	0	0	0	0	0	0	0	
No. of employees on no pay	0	0	0	0	0	0	0	0	0	0	0	
FINANCE & ICT DIRECTORATE				**WTE: 27.63**						**YEAR TO DATE ABSENCE = #**		
% ABSENTEEISM 2014/15												
Proposed Target absenteeism 2014/15	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	
Cumulative absence (%)	#	#	#	#	#	#	#	#	#	#	#	
No. of days lost 14/15	22	22	22	24	5	6	3	10	5	3	1	
No. of days lost 13/14	0	0	3	26	23	20	2	8	0	13	11	
No. of employees on half pay	0	0	1	1	0	0	0	0	0	0	0	
No. of employees on no pay	0	0	0	0	0	0	0	0	0	0	0	

H R AND CORPORATE SERVICES DIRECTORATE				**WTE: 67.47**						**YEAR TO DATE ABSENCE = #**		
% ABSENTEEISM 2014/15												
Proposed Target absenteeism 2014/15	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	
Cumulative absence (%)	#	#	#	#	#	#	#	#	#	#	#	
No. of days lost 14/15	127	131	90	128	195	126	160	139	199	144	68	
No. of days lost 13/14	37	56	90	102	94	58	45	57	69	79	103	
No. of employees on half pay	1	2	0	0	0	1	0	0	1	1	0	
No. of employees on no pay	0	0	1	1	1	1	1	1	1	0	0	

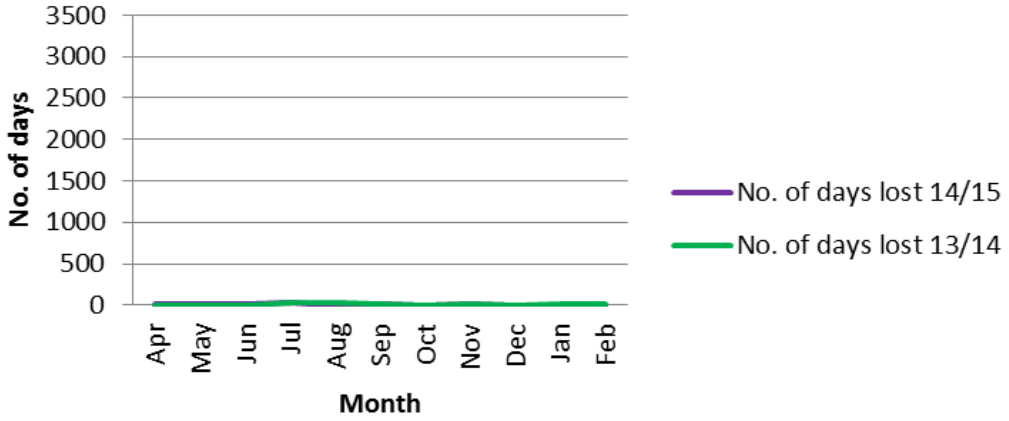
Operations Directorate Days Lost Due to Sickness Absence



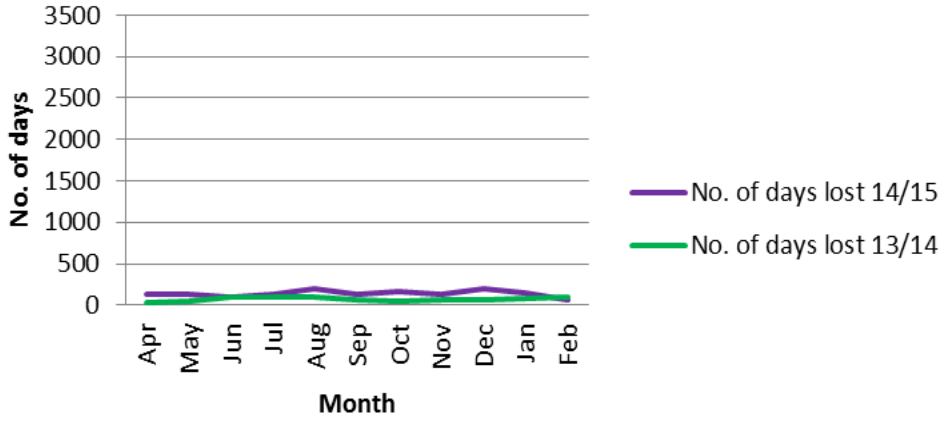
Medical Directorate Days Lost Due to Sickness Absence



Finance Directorate Days Lost Due to Sickness Absence



HR & CS Directorate Days Lost Due to Sickness Absence



Top 10 reasons for absence for period 01/04/2014 – 28/02/2015

	Absence Reason	Absence Days Lost LT	Absence Days Lost ST	TOTAL DAYS LOST	% Days Lost as a % of Grand Total
1	MUSCULOSKELETAL	6033.83	1393.57	**7427.4**	**30.88%**
2	MENTAL HEALTH	4742	559.51	**5301.51**	**22.04%**
3	GENERAL DEBILITY	1879.24	1288.23	**3167.47**	**13.17%**
4	SURGICAL	2453.53	181.17	**2634.7**	**10.95%**
5	GASTRO-INTESTINAL	217	716.57	**933.57**	**3.88%**
6	RESPIRATORY	568	292.07	**860.07**	**3.58%**
7	ACCIDENT RELATED	591.07	109.27	**700.34**	**2.91%**
8	CARDIOVASCULAR	602	51	**653**	**2.71%**
9	FLU/VIRAL	202	433.03	**635.03**	**2.64%**
10	ENT	320	220.34	**540.34**	**2.25%**

Top 10 reasons for absence for period 01/04/2013 – 31/03/2014

	Absence Reason	Absence Days Lost LT	Absence Days Lost ST	TOTAL DAYS LOST	% Days Lost as a % of Grand Total
1	MUSCULOSKELETAL	5937.56	1059.23	**6996.79**	**25.43%**
2	GENERAL DEBILITY	3261.44	2961	**6222.44**	**22.62%**
3	MENTAL HEALTH	5432.73	562	**5994.73**	**21.79%**
4	SURGICAL	2895	176	**3071**	**11.16%**
5	RESPIRATORY	455	389.13	**844.13**	**3.07%**
6	GASTRO-INTESTINAL	340	304	**644**	**2.34%**
7	ACCIDENT RELATED	553	84	**637**	**2.32%**
8	CARDIOVASCULAR	601	5	**606**	**2.20%**
9	CANCER RELATED	603	0	**603**	**2.19%**
10	PREGNANCY RELATED	552	9	**561**	**2.04%**

*Previous report cited 'unclassified' as one of the major reasons for sickness. This was because General Debility was being included in the 'unclassified' category.

ABSENCE COMPARISON WITH NHS AMBULANCE TRUSTS

(Comparison of Monthly Absence Statistics (%)* Across English Ambulance Services and NIAS Apr 13 – Mar 14)

NHS TRUST	April 13	May 13	June 13	July 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
N/East Ambulance Service	5.34%	5.82%	5.80%	5.73%	5.84%	5.33%	5.16%	5.46%	6.71%	6.44%	6.13%	6.84%
N/West Ambulance Service	6.48%	6.65%	6.80%	6.57%	6.68%	5.96%	5.7%	5.82%	6.85%	7.26%	7.31%	6.94%
Yorkshire Ambulance Service	5.61%	5.50%	5.54%	5.55%	5.67%	5.62%	5.48%	5.50%	6.20%	6.54%	6.58%	6.69%
E/Midlands Ambulance Service	5.17%	5.48%	5.45%	5.37%	5.28%	5.44%	5.34%	5.35%	6.73%	6.96%	6.70%	6.26%
W/Midlands Ambulance Service	6.05%	5.43%	4.86%	4.97%	5.22%	4.85%	4.83%	4.76%	5.43%	6.15%	6.15%	5.73%
East of England Ambulance Service	6.59%	5.54%	5.83%	5.81%	5.64%	5.66%	5.86%	5.89%	7.39%	7.32%	6.72%	6.54%
London Ambulance Service	6.08%	5.90%	5.59%	5.58%	5.61%	5.56%	6.25%	6.23%	6.01%	5.82%	6.15%	5.78%
S/East Coast Ambulance Service	5.83%	5.87%	4.99%	5%	5.36%	5.06%	5.05%	4.77%	6.15%	6.05%	5.96%	5.56%
S/Central Ambulance Service	5.51%	5.40%	5.38%	5.13%	4.78%	4.63%	4.93%	5.07%	6.19%	6.06%	5.80%	5.69%
Gt Western Ambulance Service	-	-	-	-	-	-	-	-	-	-	-	-
S/Western Ambulance Service	5.20%	5.01%	5.12%	4.88%	5.16%	5.1%	4.73%	5.15%	5.92%	5.71%	5.95%	5.67%
NIAS monthly	**7.85%**	**7.28%**	**6.46%**	**7.08%**	**6.87%**	**7.76%**	**7.53%**	**8.31%**	**9.55%**	**9.58%**	#	#
NIAS**	**7.85%**	**7.60%**	**7.33%**	**7.35%**	**7.25%**	**6.67%**	**6.77%**	**7.00%**	**7.25%**	**7.48%**	#	#

*Source - The Information Centre for Health and Social Care ** NIAS cumulative figures # Figures currently not reportable from HRPTS.

Figures no longer provided by DHSSPSNI.

REPORTING PERIOD	2009/10		2010/11		2011/12		2012/13		2013/14
ABSENCE TARGET	DHSSPS PFA Target 5.5%		DHSSPS PFA Target 5.2%		NIAS Target 6.85%		NIAS Target 6.7%		NIAS Target 6.7%
	% Absence (2009/10)	% Variance (2008/09)	% Absence (2010/11)	% Variance (2009/10)	% Absence (2011/12)	% Variance (2010/11)	% Absence (2012/13)	% Variance (2011/12)	% Absence (2013/14)
REGIONAL HSC TRUSTS	5.49%	**-2.8%**	5.46%	**-0.55%**	5.36%	**-1.87%**	5.71%	**+6.13**	*
NI AMBULANCE SERVICE TRUST	6.72%	**-3.9%**	6.87%	**+2.23%**	7.18%	**+4.32%**	7.50%	**+4.27**	**

* Figures no longer provided by DHSSPSNI.

** Figures currently not reportable from HRPTS.

NB Data sourced from HRPTS. - Information is valid on the date of publication only

COMPARATIVE ANALYSIS OF % ABSENCE BETWEEN NIAS AND REGIONAL HSC STAFF GROUPS

Staff Group	No. of staff in group as at Q4 (31/03/14)	Staff Group as % of Workforce as at Q4										
Regulated				**2010-11 Q3&4**	**2011-12 Q1&2**	**2011-12 Q3&4**	**2012-13 Q1&2**	**2012-13 Q3&4**	**2013-14 Q1&2**	**2013-14 Q3&4**	**2014-15 Q1&2**	**2014-15 Q3&4**
Paramedic Station Supervisors & Clinical Support Officers	54	4.54	**NIAS**	4.67	7.98	8.32	8.41	12.57	4.73	**	**	
Paramedics	333	28.01	**NIAS**	6.76	5.18	7.94	6.46	8.31	7.30	**	**	
Nursing & Midwifery (formerly TC5)	N/A*	N/A*	**HSC**	6.26	5.90	6.41	6.16	6.59	*	*	*	
Social Services (formerly TC6)	N/A*	N/A*	**HSC**	6.42	5.89	6.23	6.09	6.53	*	*	*	
Non-Regulated												
Admin & Clerical***	125	10.51	**NIAS**	2.67	3.78	5.23	3.57	4.97	5.30	**	**	
	N/A*	N/A	**HSC**	4.26	3.91	4.40	4.17	4.86	*	*	*	
Estate Services (formerly TC3)	3	0.25	**NIAS**	9.57	1.28	0.00	0.00	0.00	2.55	**	**	
	N/A*	N/A	**HSC**	6.25	3.78	4.82	4.67	5.60	*	*	*	
ACA's	264	22.20	**NIAS**	6.57	6.83	7.94	6.39	8.12	6.44	**	**	
EMTs / PiTs	213	17.91	**NIAS**	8.91	8.84	8.74	6.76	8.59	11.30	**	**	
Control Staff	110	9.25	**NIAS**	13.81	7.74	9.52	10.21	12.52	8.46	**	**	
Support Services (formerly TC4)	1	0.08	**NIAS**	3.85	0.38	11.11	0.38	11.54	7.69	**	**	
	N/A	N/A	**HSC**	7.16	6.09	7.84	6.91	7.85	*	*	*	

* Figures no longer provided by DHSSPSNI / ** Figures currently not reportable from HRPTS / *** Includes Management and Senior Management grades

NB Data sourced from HR Management System (HRMS) and HR, Payroll, Travel & Subsistence (HRPTS). - Information is valid on the date of publication only

EMPLOYEE RELATIONS

Grievance Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
No. of Grievances received	0	0	3	4	1	1	1	11	3	4	5		**33**
Grievances acknowledged within 2 days	0	0	3	3	0	1	0	10	3	4	5		**29**
Grievances at Informal Stage	0	0	0	0	0	0	0	8	1	2	3		**14**
Grievances resolved informally / withdrawn	0	0	2	3	1	1	0	0	2	0	0		**9**
Grievance at Formal Stage	0	0	1	1	0	0	1	3	0	2	2		**10**
Stage 1 hearing arranged within 15 working days	N/A	N/A	0	0	0	0	0	0	0	0	1		**1**
Stage 1 Grievance Hearing heard	N/A	N/A	1	0	0	0	0	0	0	0	0		**1**
Stage 1 outcome conveyed within 7 working days of hearing	N/A	N/A	1	0	0	0	0	0	0	0	0		**1**
No. of cases appealed	N/A	N/A	0	0	0	0	0	0	0	0	0		**0**
Stage II hearing arranged within 15 working days of notification	N/A	N/A	0	0	0	0	0	0	0	0	0		**0**
Stage II outcome conveyed within 7 working days of hearing	N/A	N/A	0	0	0	0	0	0	0	0	0		**0**
Grievance Cases Closed	0	0	2	3	1	1	0	0	2	0	0		**9**
Number of active Grievance Cases (2014/15)													**24**
Total number of active Grievance Cases													**44**

* Information is valid on the date of publication only

Discipline Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Number of disciplinary cases	4	1	0	2	1	0	0	1	0	1	0		**10**
Number of HCPC referrals	0	1	0	1	0	0	0	0	0	0	0		**2**
Withdrawal of Professional Registration.	0	0	0	0	0	0	0	0	0	0	0		**0**
Number of suspensions	0	0	0	0	0	0	0	0	0	1	0		**1**
Decision to suspend reviewed every 4 weeks	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	N/A		**1**
Formal investigations ongoing	3	1	N/A	2	0	N/A	N/A	1	N/A	1	N/A		**8**
Formal investigations completed as soon as is reasonable	0	0	N/A	0	0	N/A	N/A	0	N/A	0	N/A		**0**
Informal Recommendations Made	0	0	N/A	0	0	N/A	N/A	0	N/A	0	N/A		**0**
Formal hearing recommended	1	0	N/A	0	1	N/A	N/A	0	N/A	0	N/A		**2**
Document disclosure exchanged 5 working days prior to disciplinary hearing	1	0	N/A	0	1	N/A	N/A	0	N/A	0	N/A		**2**
Decision of Stage I Panel conveyed within 7 working days of date of hearing	1	0	N/A	0	1	N/A	N/A	0	N/A	0	N/A		**2**
No. of appeals of Stage 1 outcome received	0	0	N/A	0	0	N/A	N/A	0	N/A	0	N/A		**0**
Employee given 7 working days notice of appeal hearing	0	0	N/A	0	0	N/A	N/A	0	N/A	0	N/A		**0**
Decision of Stage II Appeal panel conveyed within 7 working days of date of hearing	0	0	N/A	0	0	N/A	N/A	0	N/A	0	N/A		**0**
Disciplinary Cases Closed	1	0	0	0	1	0	0	0	0	0	0		**2**
Number of active suspensions													**3**
Number of active Disciplinary Cases (2014/15)													**7**
Total number of active Disciplinary Cases													**18**

Harassment Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Number of harassment cases	1	0	1	0	0	0	1	1	0	1	0		**5**
Number of informal cases	0	0	0	0	0	0	0	1	0	0	0		**1**
Number of formal cases	1	0	1	0	0	0	1	0	0	1	0		**4**
Recipient of the complaint meets complainant within 5 working days of receipt of complaint	0	0	0	0	0	0	0	0	0	0	0		**0**
Cases withdrawn	0	0	0	0	0	0	0	0	0	0	0		**0**
Investigation complete within 30 working days of receipt of complaint	0	0	0	0	0	0	0	0	0	0	0		**0**
Harassment Cases Closed	1	0	1	0	0	0	0	0	0	0	0		**2**
Finding of Harassment	0	0	0	0	0	0	0	0	0	0	0		**0**
Number of active harassment cases (2014/15)													**3**
Total Number of Active Harassment cases													**7**

Industrial Tribunal Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
No. of IT Applications received	0	0	0	0	0	0	0	0	0	1	0		**1**
Response to IT Applications within 28 days	0	0	0	0	0	0	0	0	0	0**	0		**0**
IT cases Closed	0	0	0	0	0	0	0	0	0	0	0		**0**
Number of active IT cases (2014/15)													**0**
Total number of active IT cases													**1**

* Information is valid on the date of publication only

** Extension until 25/02/15 requested and granted

Case File Closures April 2014 – March 2015

Case File Type	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
Grievance	1	0	0	3	0	2	1	5	3	2	0		
Disciplinary	1	0	0	0	1	1	0	3	1	0	1		
Complaint of Harassment	0	0	0	0	0	0	0	2	1	1	1		
Total	**2**	**0**	**0**	**3**	**1**	**3**	**1**	**10**	**5**	**3**	**2**		**30**

(1) IMPLEMENT KNOWLEDGE AND SKILLS FRAMEWORK (KSF) REQUIREMENTS

(2) TAKE STEPS TO ENSURE THAT 90% OF STAFF WILL HAVE HAD AN ANNUAL APPRAISAL OF THEIR PERFORMANCE DURING 2014/15

KSF was fully implemented within NIAS with effect from October 2012. Compliance from October 2012 – September 2013 was 96%. Compliance from April 2013 – March 2014 was 97%.

The second annual cycle commenced on 1 April 2014-31 March 2015. Each Directorate has responsibility for ensuring staff within their remit have the opportunity to undertake an individual KSF Personal Development & Contribution Review (PDCR) and to report on compliance. The Contribution element of the review 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. Compliance will be monitored and reported on by the KSF management side lead on a 6 monthly basis. i.e. at 30/09/14 and 31/03/15.

The Operations Directorate have advised that due to significant workforce pressures during 2014-15 they are unlikely to be able to complete the annual KSF PDCRs for all operational frontline staff (Paramedics, EMTs and ACAs). The Operations Directorate added this issue to the Risk Register on 25/11/2014.

Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Operations Directorate												
Control - Emergency	A	A	A	A	A	0%	A	A	A	A	A	
Control – Non-Emergency	A	A	A	A	A	0%	A	A	A	A	A	
Operations – Frontline	A	A	A	A	A	0%	A	R	R	R	R	
Operations – Non-Frontline	A	A	A	A	A	0%	A	A	A	A	A	
Operations – Tiers 3 & 4	A	A	A	A	A	100%	G	G	G	G	G	
Fleet & Estate	A	A	A	A	A	0%	A	A	A	A	A	
Medical Directorate												
Medical & Risk Management	A	A	A	A	A	0%	A	A	A	A	A	
Emergency Planning	A	A	A	A	A	83%	A	A	A	A	A	
Finance Directorate												

Finance	A	A	A	A	A	0%	A	A	A	A	A	
IT	A	A	A	A	A	25%	A	A	A	A	A	
Information	A	A	A	A	A	0%	A	A	A	A	A	
Stores & Courier	A	A	A	A	A	0%	A	A	A	A	A	
HR Directorate												
HR & Corporate Services	A	A	A	A	A	0%	A	A	A	A	A	
Equality & Communications	A	A	A	A	A	0%	A	A	A	A	A	
Education, Learning & Development	A	A	A	A	A	51%	A	A	A	A	A	

RATC ACTIVITY REPORT

The 2-Year Education, Learning and Development Plan (2014-2016) was approved by SEMT on 21 August 2014 and included in Assurance Committee papers for noting.

Each Directorate has responsibility for ensuring staff within their remit have the opportunity to complete the Annual Mandatory Training Workbook and eLearning modules and to report on compliance. Overall compliance will be monitored by the RATC and reported on at 31/03/15.

*/**The Operations Directorate cancelled Day 2 of Annual Mandatory Training & Assessment programmes due to significant workforce pressures during 2014-2015. This day included completion of Annual Mandatory Training Workbooks.*

****The Operations Directorate have cancelled Care & Responsibility Refresher Training Programmes due to significant workforce pressure during 2014-15.*

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Clinical Training Programmes												
Paramedic-in-Training Programmes	G	G	G	G	G	G	G	G	N/A	N/A	N/A	
Emergency Medical Technician	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Ambulance Care Attendant Programmes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Mandatory Training & Assessment Programmes												
Development of Annual Mandatory Training Workbooks and introduction of eLearning modules	A	A	A	A	G	G	G	G	G	G	G	
Annual Assessment and CPD Paramedics and EMTs – Day 1 *Ongoing - commenced September 2014*	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	A	
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
*Annual Mandatory Training Workbook, PDCRs, TYC	N/A	N/A	N/A	N/A	N/A	R	R	R	R	R	R	

Initiatives Paramedics and EMTs – Day 2 (to be facilitated by Operational Managers) *Was planned to commence September 2014.*												
Assessment of Paramedic Clinical Skills & TYC Paramedics only – Day 3 *Commencing January 2015*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A	A	
Annual Assessment and CPD Ambulance Care Assistants – Day 1 *Commencing January 2015*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A	A	
**Annual Mandatory Training Workbook, PDCRs, TYC Initiatives Ambulance Care Assistants – Day 2 *Was planned to commence January 2015*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	R	R	
***Care & Responsibility Refresher Training Programme *Was planned to be delivered as a rolling programme throughout 2014-15*	G	G	G	G	G	G	R	R	R	R	R	
First Aid at Work Programme for Control Staff	G	G	G	G	G	G	G	G	G	G	G	
Manual Handling Training for Non-Frontline Staff	G	G	G	G	G	G	G	G	G	G	G	
Evacuation Chair Training	G	G	G	G	G	G	G	G	G	G	G	
Safe TALK Control	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	
Cat B/ RRV driver training *Planned to commence quarter 4, 2014-15*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

Continuous Professional Development

**NIAS have, to date, been dependent on the support of South Eastern HSC Trust in relation to Care & Responsibility Train the Trainer. Due to operational pressures SET have very limited ability to continue to offer this support. However, the Trust is in the process of conducting a tendering exercise to replace C&R training with an ambulance-specific conflict resolution programme.*

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Manual Handling Train the Trainer	N/A	G	G	G	G	G	G	G	G	G	G	
Training Team Clinical Update days	N/A	N/A	G	G	G	G	G	G	G	G	G	
Service Developments												
ADI Training for RATC Ambulance Driving Instructors	G	G	G	G	G	G	G	G	G	G	G	
*Care and Responsibility Train the Trainers	G	G	G	G	G	G	G	R	R	R	R	
Collision and Management Investigation Course	N/A	N/A	N/A	G	G	G	G	G	G	G	G	
Putting People First	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Human Factors	N/A	N/A	N/A	N/A	N/A	G	G	G	G	G	G	
Psychosocial Resilience	N/A	N/A	N/A	G	G	G	G	G	G	G	G	
RATC Input for Other Medical Disciplines												
Foundation Year Doctors Generic Skills Training	N/A	G	G	G	G	G	G	G	G	G	G	
Queens University Medical Students	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G	G	

Clinical Support Officer Workstreams												
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Paramedic-in-Training – Practice Placement Educator and Mentoring	G	G	G	G	G	G	G	G	G	G	G	
EMT Practice Placement Educator and Mentoring	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
ACA support post qualified	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Clinical Supervision of Post-Qualified Staff	G	G	G	G	G	G	G	G	G	G	G	
Clinical Audit	G	G	G	G	G	G	G	G	G	G	G	
Equipment Trails	G	G	G	G	G	G	G	G	G	G	G	
Clinical Performance Indicators (CPIs)	G	G	G	G	G	G	G	G	G	G	G	
Patient/Client Experience Audit	G	G	G	G	G	G	G	G	G	G	G	
CPD Events	G	G	G	G	G	G	G	G	G	G	G	
High Speed Assessments	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Return to Work Training	G	G	G	G	G	G	G	G	G	G	G	
New Vehicle Training	G	G	G	G	G	G	G	G	G	G	G	
Driver Assessor Refresher	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

Management Development Programmes 2014-2015												
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Recruitment & Selection	N/A	N/A	N/A	N/A	G	G	G	G	G	G	G	
Disciplinary, Grievance & Investigation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Complaints Investigation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
eRecruitment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Equality & Human Rights Screening	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Manager Self-Service (MSS)	N/A	G	G	G	G	G	G	G	G	G	G	
Employee Self-Service (ESS)	N/A	G	G	A	A	A	A	A	A	A	A	
Managing the Development of Staff	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Senior Team Effectiveness Tiers 1, 2 & 3	N/A	N/A	N/A	N/A	N/A	G	G	G	N/A	G	G	
Project Management Awareness/Refresher	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Introductory Certificate in Healthcare Finance in NI	G	G	G	G	G	G	G	G	G	G	G	
Risk Assessment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G	
Business Continuity Planning (Advanced)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G	
Fire Risk Assessment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G	

JOB EVALUATION FOR PARAMEDICS, RRV PARAMEDICS & EMERGENCY MEDICAL TECHNICIANS												
Trust Board is aware that the Regional Quality Assurance (RQA) team, who are considering the NIAS jobs, have submitted questions to both management and staff side representatives for each of the three Job Evaluation Questionnaires, with a request for agreed answers, signed off by both management and staff side for each individual job. The RRV Paramedic response has already been agreed by the staff side representative and management representative and sent back to the RQA team. *For the Paramedic and EMT posts, separate responses from the post holder rep and management rep have been forwarded to the RQA team. The Trust awaits the outcome from the RQA team.*												
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Paramedic Job												
Trust notified of JE outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Notify post-holders of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Notify Payroll of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
RRV Paramedic Job												
Trust notified of JE outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Notify post-holders of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Notify Payroll of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
EMT Job												
Trust notified of JE outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Notify post-holders of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Notify Payroll of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

CLAIMS MANAGEMENT

Claim Type	Carried Over	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Employers Liability	**24**													
Cases Received		2	0	4	1	2	0	1	1	3	3	1		**18**
Cases Settled		1	1	1	0	0	0	2	0	1	0	1		**7**
Cases Ongoing														**35**
Clinical Negligence	**7**													
Cases Received		0	0	0	0	0	0	0	0	0	1	0		**1**
Cases Settled		1	0	0	1	0	0	0	0	0	0	0		**2**
Cases Ongoing														**6**
Public Liability	**5**													
Cases Received		0	0	2	0	0	0	0	0	0	0	0		**2**
Cases Settled		0	1	1	0	0	0	1	0	0	0	0		**3**
Cases Ongoing														**4**

COMPLAINTS MANAGEMENT

	Total (to date)
Total complaints received to date	**179**

HANDLING TIMES OF COMPLAINTS																
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**	***%***	**2013-14**	
Complaints Received	22	27	15	18	14	20	17	10	17	19			**179**		**150**	*100%*
Total A&E & PCS Activity	***30108***	***30606***	***32159***	***34104***	***29080***	***30716***	***31258***	***33540***	***31229***	***31028***			***313828***			
% Complaints/Activity	***0.07%***	***0.09%***	***0.05%***	***0.05%***	***0.05%***	***0.07%***	***0.05%***	***0.03%***	***0.05%***	***0.06%***			***0.00%***			
Acknowledged within 2 working days	22	27	15	18	14	20	17	10	17	19			**179**	*100%*	**149**	*99%*
Acknowledged after 2 working days	0	0	0	0	0	0	0	0	0	0			**0**	*0%*	**1**	*1%*
Response within 20 working days	5	5	0	4	0	5	3	1	4	0			**27**	*15%*	**49**	*33%*
Response after 20 working days	9	6	6	2	8	5	8	1	3	1			**49**	*27%*	**51**	*30%*
Complaints Investigations ongoing	8	16	9	12	6	10	6	8	10	18			**103**	*58%*	**50**	*36%*
Average Response Time (Working days)													**25**		***24***	
Cases referred to NI Ombudsman (cases ongoing)	1(3)	1(4)	0(5)	0(5)	0(5)	0(5)	0(5)	0(5)	0(5)	0(4)			**5**	*3%*	3	1%

SERVICE AREA OF COMPLAINTS																
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**	***%***	**2013-14**	
Accident & Emergency	5	10	8	10	6	10	7	6	6	4			72	*40%*	**53**	*35%*
Patient Care Service	4	2	3	3	2	3	4	0	0	4			25	*14%*	**24**	*16%*
Control & Communications	11	11	4	5	6	7	5	4	10	9			72	*40%*	**68**	*45%*
Other	2	4	0	0	0	0	1	0	1	0			8	*4%*	**5**	*3%*
Voluntary Car Service	0	0	0	0	0	0	0	0	0	2			2	*1%*	**0**	*0%*
TOTAL	**22**	**27**	**15**	**18**	**14**	**20**	**17**	**10**	**17**	**19**	**0**	**0**	**179**	*100.0%*	**150**	*100%*

NATURE OF COMPLAINTS RECEIVED																
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**2014-15**	***%***	**2013-14**	
Staff Attitude	9	13	6	7	6	8	7	4	5	6			71	*39.7%*	**58**	*39%*
Ambulance Late/No Arrival	8	8	4	6	4	10	6	5	9	11			71	*39.7%*	**68**	*45%*
Clinical Incident	1	1	4	2	1	2	2	1	2	0			16	*8.9%*	**18**	*12%*
Suitability of Equip/Vehicle	0	0	0	0	1	0	0	0	0	0			1	*0.6%*	**1**	*1%*
Other	4	5	0	3	2	0	2	0	1	2			19	*10.6%*	**4**	*3%*
Patient Property	0	0	1	0	0	0	0	0	0	0			1	*0.6%*	**1**	*1%*
TOTAL	**22**	**27**	**15**	**18**	**14**	**20**	**17**	**10**	**17**	**19**	**0**	**0**	**179**		**150**	

COMPLIMENTS RECEIVED

COMPLIMENTS RECEIVED															
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**2014-15**	**2013-14**	
RECEIVED	16	21	16	17	11	20	8	13	17	8	18		**165**	**191**	
SERVICE AREA OF COMPLIMENTS RECEIVED															
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**2014-15**	***%***	**2013-14**	
Accident & Emergency	14	21	15	14	10	19	8	12	17	8	17		**155**	*93.9%*	**175**	*90%*
Control	0	0	0	2	0	0	0	0	0	0	0		**2**	*1.2%*	**3**	*2%*
Patient Care Service	1	0	0	1	0	1	0	0	0	0	1		**4**	*2.4%*	**12**	*8%*
Voluntary Car Service	0	0	0	0	1	0	0	0	0	0	0		**1**	*0.6%*	**0**	*0%*
Other	1	0	1	0	0	0	0	1	0	0	0		**3**	*1.8%*	**1**	*1%*
TOTAL	**16**	**21**	**16**	**17**	**11**	**0**	**8**	**13**	**17**	**8**	**18**	**0**	**165**		**191**	

COMPLAINTS CLOSED - OUTCOME / LEARNING REPORT: DECEMBER - JANUARY 2015

Ref	Summary of Complaint	Outcome	Action Required/Learning Points
Comp/678	Patient sectioned and being transported via Non-Emergency transport and alleged that crew were rough in their handling and attitude was not appropriate.	Complaint not upheld. Crew acted appropriately according to protocols and patient received the best possible care.	Letter of explanation issued. No further action identified.
Comp/752	Complaint regarding two separate incidents on 11 and 19 July 2014. On the first incident she has alleged attempted assault and at the second incident she alleges she was left in casualty by the crew in her pyjamas. Patient appeared confused on phone.	Complaint not upheld. Crew acted appropriately during these incidents.	Letter of explanation issued. No further action identified.
Comp/758	Complaint regarding the crew not bringing patient to Dundonald Hospital as the family were advised by the hospital.	Complaint upheld. Crew did not follow protocols.	Letter of apology and explanation issued. Crew to receive suitable training to ensure they understand procedures.
Comp/763	Complaint regarding a comment made by a staff member while at a call to a nursing home in regard to recent media stories regarding an incident at the home.	Complaint upheld. Crew member did not act appropriately during this incident.	Letter of apology and explanation issued. Crew member to be reminded to act in a professional manner at all times.
Comp/770	Complaint regarding journey. Patient sufferers from osteoporosis and said PCS vehicle was very uncomfortable	Complaint upheld. Issue identified with the vehicle.	Letter of apology and explanation issued. Vehicle to be taken off road to be reviewed by the Fleet Department.
Comp/778	Nursing home alleged that crew member was rude and raised his voice after refusing to wait for patient. Nursing home did not know that patient required an escort for this appointment.	Complaint upheld. Crew member did not act appropriately during this incident.	Letter of apology and explanation issued. Crew member will review incident with Divisional Training Officer to establish learning.
Comp/792	Complainant's daughter was very unwell and the crew did not take her to hospital. She travelled from Omagh to Belfast and by the time she got to her daughter she was gravely ill.	Complaint partially upheld. The Paramedic did treat the patient appropriately given his findings at that time however he failed to fully record his clinical findings.	Letter of apology and explanation issued. Paramedic to be counselled in respect of his failure to fully record his clinical observations. He has also to been counselled that whilst it is important to respect the patient's wishes not to go to hospital extreme care is required to avoid influencing a patients decision.
Comp/795	Complaint regarding the cancellation of an appointment for an elderly patient. This is the third time the ambulance has been cancelled.	Complaint upheld. Investigation found that two appointments were cancelled due to lack of resources.	Letter of apology and explanation issued. No further action identified.

Comp/800	Patient was allegedly detained under the mental act and she does not understand why this happened.	Complaint not upheld. Crew acted appropriately during incident.	Letter of explanation issued. No further action identified.
Comp/805	Complainant observed a member of the ambulance service rushing and telling an elderly patient to hurry up. She felt the way he spoke to the patient was inappropriate.	Complaint upheld. Staff member acted inappropriately.	Letter of apology and explanation issued. Staff member to be reminded to act professionally at all times.
Comp/812	Complaint regarding the crew's refusal to take patient to hospital.	Complaint not upheld. Patient was aggressive and crew acted appropriately during this incident.	Letter of explanation issued. No further action identified.
COMP/814	Patient unhappy with the crew's attitude as she alleges they were very rude.	Complaint partially upheld. The investigation was unable to establish the manner, tone or content of the conversation.	Letter of explanation and apology issued. Crew to be referred to the Training Department to undertake a formalised written reflection of the assessment and treatment provided.
Comp/820	Complaint regarding an alleged delay in dispatching ambulance while the complainant was being asked questions	Complaint not upheld. Call Taker acted appropriately during call.	Letter of explanation issued. No further action identified.
Comp/821	Complaint regarding the delay of a GP urgent call which allegedly took over 4 hours	Complaint upheld. Investigation found that we were unable to complete the request due to the volume of emergency calls being received at that time.	Letter of explanation and apology issued. No further action identified.
Comp/824	Complaint regarding the attitude of staff where the complainant found one of the crew to be abrupt.	Complaint upheld. Although the crew member did not consider he was abrupt with the patient he has apologised.	Letter of apology and explanation issued. Crew member to be counselled regarding the standards expected.
Comp/825	Complaint regarding the delay of an emergency ambulance which took over 35 minutes to arrive.	Complaint upheld. At the time the call was received all available resources were committed to other emergency calls.	Letter of explanation and apology issued. No further action identified.
Comp/826	Manager of the Nursing Home was unhappy at the way one of the crew spoke to staff.	Complaint upheld. Investigation was unable to determine the content, manner or tone of the conversation.	Letter of apology and explanation issued. Crew to be reminded of the expected standards of conduct.
Comp/832	Complaint regarding the difficulties experienced by the complainant in relation to information available on the website.	Complaint upheld. Website had not been updated with new email address.	Letter of apology and explanation issued. Website to be updated with new email address.

COMPLIMENTS RECEIVED – JANUARY / FEBRUARY 2014

Description
I would like to express our appreciation of the care given to my mother when she was treated with respect and dignity.
Thank you so much for your help and reassurance when you attended a 999 call. It was help and care that prevented any long-term disability.
Thank you to the staff that helped me.
I would like to express my appreciation for the care and attention I received.
We will never forget your kindness and way you looked after my mum.
I would be grateful if you could pass on our sincere gratitude to the crew. We cannot praise enough their professionalism and their caring and competent approach to our emergency.
Thank staff for all they did, they kept me calm, they were great!
Like to thank your team for the speedy response and care received. Crew were thoughtful and kind to me.
My family are extremely grateful to an impressed by the care received.
Expression of thanks, I had occasion once again to call an ambulance. The ambulance arrived promptly and the two male staff were very considerate.
My wife and I would like to thank your crew for keeping me alive while rushing to the RVH.
Thanks for everything and all your hard work all year round.
Thank you both so much for the care you gave on Saturday night.
For the immediate response and the care that was delivered and the support you gave us as a family that night. You saved his life and we cannot thank you enough.
Mega, mega thank you for your speedy response and professional care when it was needed.
I would like to pass my thanks and appreciation to two members who drove mum to hospital, the crew treated her with such dignity, respect and patience. One of the crew even came back to see how she was, never underestimate how a thoughtful gesture can make a difference to a family who are anxious and afraid.

We were deeply impressed by Mark and Vincent's professionalism, advice and the care they showed. They were exemplary and I want to say a huge thank you to them both.
Crew were so good from the minute they came through the door, one stood entire time chatting to mum, also caring towards me when I needed it. Later on one of the crew actually came back to see how she was doing, both went above and beyond the call of duty.
This card is being sent 14months late, but I really wanted to thank the crew who came to assist us at our home, My baby arrived very quickly and they were fantastic, They took great care of us.
Can we collectively thank all of crew (Six I think) who attended the scene of a serious RTA.
The young crew were wonderful, having completed their tests and prepared me we set off through peak traffic, I was in theatre 45 mins later.
We attended a routine appointment today and wanted to say thanks to the crew who were so kind and efficient with my father.
Thank you both for your help and care last week, you’re great at your jobs.
Many many belated thanks.
Thanks to all that attended me.
My family are extremely grateful to an impressed by the care received.

SECTION 75

Section 75 Policy Screening	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Completed Policy S75 Screenings	0	0	0	2*	0	1*	0	0	1	0	1		5

Whilst completed Equality Screenings have not been signed off in the 1st quarter, a number of screenings are underway in key policy areas. Progress has been limited due to capacity and competing priorities.

*Please note this has been amended retrospectively to reflect the sign off date of the Equality Screenings

Equality Statutory Compliance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Disability Action Plan Implementation	G	G	G	G	G	G	G	G	G	G	G	
Equality Scheme Implementation	G	G	G	G	G	G	G	G	G	G	G	
S75 Compliance Report to ECNI	A	A	A	A	R	R	G	G	G	G	G	

MEDIA MANAGEMENT

Media Responses	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Daily Media - Response within same day													
Number of enquiries received	28	31	22	22	42	37	42	36	33	37	24		**354**
Number of responses issued on day of receipt	28	31	22	22	42	37	42	36	33	37	24		**354**
Weekly media - Response within three days													
Number of enquiries received	14	3	6	6	11	9	8	8	9	10	5		**89**
Number of responses issued within 3 days of receipt	14	3	6	6	10	9	8	8	8	10	5		**87**
Number of responses resulting in Media Coverage	39	33	28	28	50	46	49	42	41	45	27		**428**

COMMUNITY EDUCATION

Community Education	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Number of visits delivered	30	32	42	9	9	8	29	37	16	29	52		**293**

CONSULTATION RESPONSES – JANUARY 2015

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link to Consultation
5/2/2015	Consultation on Draft Regulations – New HSC Pension Scheme	Response to the consultation relates to the buy-out of the early retirement reduction. In relation to Annex D 4.49-onwards – will the option to buy-out up to 3 years of actuarial reduction be increased if the state pension age and hence normal pension age increase past 68? 4.74 states that the maximum is 3 years. The consultation says that the buy-out only impacts on pension years after the buy-out is taken out, which could be a significant number of years after the employee commenced service. How is an employee to know on commencement that they wish to retire earlier than the normal pension age, and once they eventually take that decision they already could have been impacted on their pension entitlement to such an extent that it would not be worthwhile to retire early due to the reduction on the pension years prior to the buy-out.	http://www.dhsspsni.gov.uk/showconsultations?txtid=75525

Transformation and Modernisation Programme Overview

Last updated 09/03/2015

								Status					
Programme Element	**Sub Category**	**Deliverables**	**Responsible**	**Due**	**NIAS Read-iness**	**Risk**	**Measures to address Risk**	**RAG Status - N Ireland**	**Belfast**	**South East**	**South**	**North**	**West**
Alternative Care Pathways	**Diabetes**	Develop NIAS ACP Protocol	DMM/FR	01/07/2014									
		Issue NIAS ACP Protocol	DMM/FR	10/07/2014									
		Go Live with NIAS ACP Protocol	DMM/FR	17/07/2014		Trusts were to agree to accept referrals/NIAS readiness by 30/06/14	ICP leads and Commissioning Leads are aware and actions are underway with Northern and Southern to address; Belfast ICP awaiting funding						
		Review Effectiveness	DMM/FR	31/01/2015									
		Evaluate Benefits	DMM/FR	31/01/2015		Sufficient clinical audit capacity to demonstrate benefits	Audit programme to begin in 15/16						
Alternative Care Pathways	**Cardiac (roll out in West)**	Develop NIAS ACP Protocol	NR & Ops	TBC/2013									
		Issue NIAS ACP Protocol	NR & Ops	01/07/2014									
		Go Live with NIAS ACP Protocol	NR & Ops	01/08/2014									
		Review Effectiveness	NR & AV	31/10/2014									
		Evaluate Benefits	NR & AV	31/10/2014		Sufficient clinical audit capacity to demonstrate benefits	Audit programme to begin in 15/16						
Alternative Care Pathways	**Minor Injuries**	Develop NIAS ACP Protocol	CMcK & NR	30/09/2014									

		Issue NIAS ACP Protocol	CMcK & NR	22/10/2014					N/A				
		Go Live with NIAS ACP Protocol	CMcK & NR	01/10/2014		Staff awareness & confidence to use MIUs will be key to 'go live'	Ensure structured issue of information & briefing of staff & support from CSOs		N/A				
		Review Effectiveness	CMcK & NR	31/12/2014					N/A				
		Evaluate Benefits	CMcK & NR	31/01/2015		Sufficient clinical audit capacity to demonstrate benefits	Audit programme to begin in 15/16		N/A				
Alternative Care Pathways	**Falls**	Develop NIAS ACP Protocol	NR & Ops	TBC/2013									
		Issue NIAS ACP Protocol	NR & Ops	TBC/2013									
		Go Live with NIAS ACP Protocol	CMcK&NR	31/12/2014		Lack of availability of appropriate services in Trusts is hindering ability to roll-out this pathway,	Continue to highlight to Commissioners						
		Review Effectiveness	CMcK&NR	31/03/2015									
		Evaluate Benefits	CMcK&NR	31/03/2015									
Alternative Care Pathways	**Frail/Elderly**	Develop NIAS ACP Protocol	NR & Ops	31/09/14									
		Issue NIAS ACP Protocol	NR & Ops	31/09/14									
		Go Live with NIAS ACP Protocol	CMcK&NR	31/12/2014		Lack of availability of appropriate services in Trusts is hindering ability to roll-out this pathway,	Continue to highlight to Commissioners						
		Review Effectiveness	CMcK&NR	28/02/2015									
		Evaluate Benefits	CMcK&NR	31/03/2015									
Alternative Care Pathways	**Seizures**	Develop NIAS ACP Protocol	CMcK & NR	31/01/2015									

		Issue NIAS ACP Protocol	CMcK & NR	28/02/2015		Capacity to roll out all ACPs at once	Focusing on Palliative Care and D/N in first instance						
		Go Live with NIAS ACP Protocol	CMcK & NR	01/04/2015		If liaison with GPs/action from GPs is required, this will take significant resource.	Create comms plan with GPs						
		Review Effectiveness	CMcK & NR	01/05/2015									
		Evaluate Benefits	CMcK & NR	01/05/2015									
Alternative Care Pathways	**District Nursing**	Develop NIAS ACP Protocol	CMcK & NR	15/01/2015									
		Issue NIAS ACP Protocol	CMcK & NR	01/02/2015		Agreement that NIAS can refer to District Nursing Services.	Continue to highlight to Commissioners						
		Go Live with NIAS ACP Protocol	CMcK & NR	01/02/2015		Each Trust has a significant list of phone numbers over 24 hrs for D/N	Wait for pilot of NIAS Paramedic CSD before going live with new referral protocol.						
		Review Effectiveness	CMcK & NR	01/03/2015									
		Evaluate Benefits	CMcK & NR	01/04/2015									
Alternative Care Pathways	**Palliative Care**	Develop NIAS ACP Protocol	CMcK & NR	15/12/2014									
		Issue NIAS ACP Protocol	CMcK & NR	15/01/2015		Not all Trusts have agreed to accept referrals from NIAS	Go live planned for North, West and South from 20th April						
		Go Live with NIAS ACP Protocol	CMcK & NR	15/01/2015									
		Review Effectiveness	CMcK & NR	28/02/2015									
		Evaluate Benefits	CMcK & NR	28/02/2015									
Alternative Care Pathways	**Respiratory**	Develop NIAS ACP Protocol	CMcK & NR	31/01/2015		Capacity to roll out all ACPs at once	Focusing on Palliative Care and D/N at present						

		Issue NIAS ACP Protocol	CMcK & NR	01/04/2015									
		Go Live with NIAS ACP Protocol	CMcK & NR	01/06/2015									
		Review Effectiveness	CMcK & NR	01/06/2015									
		Evaluate Benefits	CMcK & NR	01/08/2015									
Alternative Care Pathways	**Mental Health**	Develop NIAS ACP Protocol	CMcK & NR	30/03/2015									
		Issue NIAS ACP Protocol	CMcK & NR	30/04/2015									
		Go Live with NIAS ACP Protocol	CMcK & NR	31/06/2015		Initial meetings demonstrate lack of available services to enable conveyance to an alternative destination	Other potential ACPs will be developed in an options appraisal.						
		Review Effectiveness	CMcK & NR	01/08/2015									
		Evaluate Benefits	CMcK & NR	01/08/2015									
Alternative Care Pathways	**Frequent Callers**	Develop Markers Policy and prepare for sign off;	SW	31/01/2015		Capacity to meet with relevant stakeholders	Meeting planned for April		N/A	N/A	N/A	N/A	N/A
		Develop Frequent Callers Case Management guidance	FR & NR	31/01/2015					N/A	N/A	N/A	N/A	N/A
		Issue NIAS Frequent Caller Guidance	FR & NR	01/03/2015									
		Go Live with NIAS Frequent Caller Guidance	FR & NR	01/03/2015									
		Review Effectiveness	FR & NR	01/06/2015									
		Evaluate Benefits	FR & NR	01/06/2015									
TYC	**Clinical Support Desk**	Submit Options Paper and Pilot proposal and gain approval from TMPB	FR	31/01/2015					N/A	N/A	N/A	N/A	N/A

		Complete recruitment and procurement				Timescales for JD matching have not been met	Go-live may need to be postponed		N/A	N/A	N/A	N/A	N/A
		Develop NIAS CSD Guidelines/Polices & Procedures	FR/MD	31/03/2015					N/A	N/A	N/A	N/A	N/A
		Issue NIAS CSD Guidelines/Polices & Procedures	FR	30/04/2015									
		Go Live with NIAS Paramedic led CSD	FR	01/06/2015									
		Review Effectiveness	FR/AV	30/07/2015									
		Evaluate Benefits	FR	31/08/2015									
TYC	**Directory of Services**	Assess final options appraisal from KPMG	FR	30/09/2014		Still not received	HSCB SEMT agreement has over-ridden need for KPMG proposal						
		Gain approval from HSCB SEMT regarding procurement of NIAS DOS	FR/SW	06/03/2015					N/A	N/A	N/A	N/A	N/A
		Develop NIAS DoS Guidelines/Polices & Procedures	FR/MD	28/02/2015									
		Issue NIAS DoS Guidelines/Polices & Procedures	FR	01/03/2015									
		Go Live with NIAS DoS	FR	01/06/2015									
		Review Effectiveness	FR	30/07/2015									
		Evaluate Benefits	FR	31/08/2015									
Engagement and Comms		Develop and implement programme Engagement and Communications Strategy	ML	Oct/Nov 14		Risk to implementation as a consequence of lack of dedicated resource	Approval in principle for support of temporary communications support		n/a	n/a	n/a	n/a	n/a
IIP	**IIP**	Headline objectives to											

		be agreed											
EPRF	**EPRF OBC development**	Outline Business Case	OBC submitted to HSCB /DHSSPS	PM		Delays in approval -	meetings organised with ehealth team (Jan 15)						

Appendix: Supporting data

Northern Ireland Ambulance Service
Health and Social Care Trust

Strategic Aim: To deliver a safe, high-quality ambulance service providing emergency and non-emergency clinical care and transportation which is appropriate, accessible, timely and effective

EMERGENCY PLANNING REPORT JANUARY TO FEBRUARY 2015

KPI No		April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2	NO OF POTENTIAL MAJOR INCIDENTS	1	0	1	3	1	1	0	1	1	2	2	
	No of Declared Major Incidents	0	0	0	0	1	1	0	0	0	0	0	
	NO OF AIRPORT ALERTS												
	Belfast International Airport	0	0	1	0	0	1	0	0	1	0	0	
	Belfast City Airport	0	1	1	1	0	0	0	0	1	0	0	
	City of Derry Airport	0	0	0	0	0	0	0	0	0	0	0	
	St Angelo Airport	0	0	0	0	0	0	0	0	0	0	0	
	Newtownards Airfield	0	0	0	0	0	0	0	0	0	0	0	
	Other airfields												
	BUSINESS CONTINUITY	4	5	1	1	3	1	2	5	0	3	2	
	HAZARDOUS MATERIAL INCIDENTS (HART CALLS)	37	36	28	32	36	34	37	32	37	39	31	
	HART PRE-PLANNED DEPLOYMENTS	3	0	0	1	2	1	0	0	0	0	0	
4	TRAINING SESSIONS		1	1			1	2	2	2	1	3	
	EMERGENCY PLANNING	2	2	3	1	0	2	4	4	1	0	3	
	HART	6	4	1	1	2	2	8	8	5	9	10	
	BUSINESS CONTINUITY	4	0	0	0	0	0	0	0	0	0	1	
5	EXERCISES												
	Live	1	1	1	0	0	5	5	0	1	0	0	
	Tabletop	0	0	1	0	1	1	1	1	0	0	1	
	Observer	0	0	0	0	0	0	0	0	0	0	0	

6	Updates or amendments to MIP												

Potential Major Incidents

On 6 January 2015 at 1620hrs NIAS received a call for a Road traffic Collision involving a School Bus with 25 children on board. Early information suggested that the children were not injured but needed to be assessed by paramedics. Three A&E crews, three officers and the Hazardous Area Response Team were tasked to the scene. The first officer on scene stood the incident down and asked that the three crews allocated be allowed to continue in order that the children could be assessed. All persons involved were assessed and discharged at the scene. Altnagelvin Hospital was alerted but quickly stood down.

On 26 January 2015 at 1527hrs NIAS received a call to advise that a person with a number of hand grenades had locked themselves in a block of flats. A potential major incident was called as the PSNI were evacuating the area but required assistance with persons who were disabled. Two Rapid Response Vehicles, four officers, one Hazardous Area Response Team vehicle and two A&E crews were tasked to the scene. The Hazardous Area Response team were deployed in ballistic Personal Protection Equipment to assist two persons to a place of safety. No persons were injured and the incident was stood down at 20.20 when the person gave themselves up to police.

On 6 February 2015 at 1726hrs NIAS received a 999 call for a multiple vehicle Road Traffic Collision. Five A&E crews, three Patient Care Services /Intermediate Care Service crews, two Rapid Response Vehicles, one Hazardous Area Response Team vehicle, one doctor and four officers were tasked to the incident. The Emergency Equipment Vehicle and Mobile Control Vehicle from Belfast were deployed but stood down whilst en route. South West Acute, Daisyhill & Craigavon Area Hospitals were put on alert. All patients were taken to the Craigavon Area Hospital and the incident was stood down at 1945hrs.

On 11 February 2015 at 1303hrs NIAS received a 999 call for a multiple shooting incident. Emergency Ambulance Control upgraded this call to a potential major incident due to the unknown number of casualties. It was not known if the incident was still ongoing. Four A&E crews, three officers, and the Hazardous Area Response Team staff with ballistic Personal Protection Equipment were tasked to the incident. Other officers made themselves available but were not deployed. A command point for the incident was set up outside the nearest PSNI station. All resources involved in the incident were allocated to a dedicated radio channel to allow direct communications at the scene and between crews at the hospital. The South West Acute Hospital was put on alert to receive casualties. One patient was transported by ambulance, one patient was transported by PSNI helicopter and one patient made their own way to the hospital. The incident was stood down at 1456hrs.

Major Incidents

There were no declared major Incidents during this period.

Airport Alerts

There were no airport alerts during this period.

Incidents of Note

All Powered Respirator Protection System suits were serviced.

HAZMAT / Hazardous Area Response Team (HART) deployments

Date of Call	HART Capability	Partner Agency	Description
01 Jan 2015	Breathing Apparatus	NIFRS	Fire call, Breathing Apparatus trained HART personnel activated to incident
01 Jan 2015	Mountain Rescue	Mountain rescue / PSNI	Mountain rescue incident HART operative activated to scene
02 Jan 2015	Breathing Apparatus	NIFRS	Carbon Monoxide fumes, **HART advisor only**
03 Jan 2015	Breathing Apparatus	NIFRS	Fire call, Breathing Apparatus trained HART personnel activated to incident
03 Jan 2015	Restricted Space	NIFRS	Confined space incident, HART personnel activated to scene
03 Jan 2015	Breathing Apparatus	NIFRS	Carbon Monoxide fumes Breathing Apparatus trained HART personnel activated to incident
03 Jan 2015	Breathing Apparatus	NIFRS	Fire call, **HART advisor only**
05 Jan 2015	Breathing Apparatus	NIFRS	Carbon Monoxide fumes Breathing Apparatus trained HART personnel activated to incident
06 Jan 2015	Breathing Apparatus	NIFRS	Fire call, **HART advisor only**
06 Jan 2015	Breathing Apparatus	NIFRS	Fire call, Breathing Apparatus trained HART personnel activated to incident
08 Jan 2015	Breathing Apparatus	NIFRS	Carbon Monoxide fumes Breathing Apparatus trained HART personnel activated to incident
09 Jan 2015	Breathing Apparatus	NIFRS	Fire call, **HART advisor only**
09 Jan 2015	Breathing Apparatus	NIFRS	Carbon Monoxide fumes HART Advisor only
09 Jan 2015	Breathing Apparatus	NIFRS	Carbon Monoxide fumes HART Advisor only
09 Jan 2015	Breathing Apparatus	NIFRS	Fire call, Breathing Apparatus trained HART personnel activated to incident
10 Jan 2015	Breathing Apparatus	NIFRS	Fire call, **HART advisor only**
11 Jan 2015	Breathing Apparatus	NIFRS	Fire call, **HART advisor only**
11 Jan 2015	Breathing Apparatus	NIFRS	Hazardous material call (cleaning chemical poured over leg) **HART advisor only**
12 Jan 2015	Breathing Apparatus	NIFRS	Fire call, **HART advisor only**
12 Jan 2015	Breathing Apparatus	NIFRS	Carbon Monoxide fumes Breathing Apparatus trained HART personnel activated to incident
13 Jan 2015	Breathing Apparatus	NIFRS	Carbon Monoxide fumes HART Advisor only
15 Jan 2015	Breathing Apparatus	NIFRS	Carbon Monoxide fumes HART Advisor only
16 Jan 2015	Breathing Apparatus	NIFRS	Fire call, Breathing Apparatus trained HART personnel activated to incident

19 Jan 2015	Breathing Apparatus	PSNI NIFRS	Fire call, Breathing Apparatus trained HART personnel activated to incident
20 Jan 2015	Breathing Apparatus	NIFRS	Patient attempted suicide with Carbon Monoxide fumes, **HART Advisor only**
21 Jan 2015	Breathing Apparatus	NIFRS	Fire call, **HART advisor only**
22 Jan 2015	Breathing Apparatus	NIFRS	Fire call, Breathing Apparatus trained HART personnel activated to incident
21 Jan 2015	Breathing Apparatus	PSNI/NIFRS	Smell of gas in a caravan, Breathing Apparatus trained HART personnel and HART incident officer activated to incident
22 Jan 2015	Breathing Apparatus	NIFRS	Fire call, **HART advisor only**
22 Jan 2015	Breathing Apparatus	NIFRS	Fire call, **HART advisor only**
25 Jan 2015	Breathing Apparatus	NIFRS	Carbon Monoxide fumes, **HART Advisor only**
25 Jan 2015	Restricted space	NIFRS	Child stuck in a machine, **HART advisor only**
26 Jan 2015	Marauding Terrorist Firearms Attack	PSNI/NIFRS	Person reported to have hand grenades and query guns, MTFA trained HART personnel and HART Officers activated to incident
27 Jan 2015	Breathing Apparatus	NIFRS	Carbon Monoxide fumes Breathing Apparatus trained HART personnel activated to incident
28 Jan 2015	Breathing Apparatus	NIFRS	Patient had inhaled bottled gas, **HART advisor only**
29 Jan 2015	Breathing Apparatus	NIFRS	Carbon Monoxide fumes, **HART Advisor only**
31 Jan 2015	Breathing Apparatus	NIFRS	Carbon Monoxide fumes, **HART Advisor only**
31 Jan 2015	Breathing Apparatus	NIFRS	Carbon Monoxide fumes, **HART Advisor only**
31 Jan 2015	Breathing Apparatus	NIFRS	Fire call, Breathing Apparatus trained HART personnel activated to incident

Date of Call	HART Capability	Partner Agency	Description
01 Feb 2015	Breathing Apparatus	NIFRS	Carbon Monoxide incident, **HART advisor only**
02 Feb 2015	Breathing Apparatus	NIFRS	Carbon Monoxide incident, **HART advisor only**
02 Feb 2015	Incident at height	NIFRS	Patient fell on flight of stairs, Working at height incident, HART operative activated to scene
03 Feb 2015	Breathing Apparatus	NIFRS	Carbon Monoxide incident, HART operative activated to scene
03 Feb 2015	Breathing Apparatus	NIFRS	Fire call, **HART Advisor only**
03 Feb 2015	Restricted space	NIFRS	Water incident **HART advisor only**
04 Feb 2015	Breathing Apparatus	NIFRS	Fire call, **HART Advisor only**
06 Feb 2015	Breathing Apparatus	NIFRS	Fire call, **HART Advisor only**

06 Feb 2015	Restricted space /Breathing Apparatus	NIFRS	Confined space incident, HART personnel activated to scene
06 Feb 2015	Breathing Apparatus	NIFRS	Fire call, Breathing Apparatus trained HART personnel activated to scene
06 Feb 2015	Breathing Apparatus	NIFRS	Carbon Monoxide incident, **HART advisor only**
10 Feb 2015	Incident at height	NIFRS	Working at Height incident **HART advisor only**
11 Feb 2015	Breathing Apparatus	NIFRS	Carbon Monoxide incident, Breathing Apparatus trained HART personnel activated to scene
15 Feb 2015	Breathing Apparatus	NIFRS	Carbon Monoxide incident, **HART advisor only**
17 Feb 2015	Breathing Apparatus	NIFRS	Fire call, Breathing Apparatus trained HART personnel activated to scene
18 Feb 2015	Breathing Apparatus	NIFRS	Carbon Monoxide incident, HART operative activated to scene
19 Feb 2015	Breathing Apparatus	NIFRS	Fire call, Breathing Apparatus trained HART personnel activated to scene
21 Feb 2015	Mountain rescue	PSNI/MRT	Mountain rescue incident HART operative activated to scene
21 Feb 2015	Breathing Apparatus	NIFRS	Fire call, Breathing Apparatus trained HART personnel activated to scene
22 Feb 2015	Breathing Apparatus	NIFRS	Carbon Monoxide incident, **HART advisor only**
23 Feb 2015	Breathing Apparatus	NIFRS	Coded incorrectly not a HART call
23 Feb 2015	Breathing Apparatus	NIFRS	Carbon Monoxide incident, **HART advisor only**
23 Feb 2015	Incident at height	NIFRS	Working at height incident, HART operative activated to scene
24 Feb 2015	Incident at height	NIFRS	Working at height incident, HART operative activated to scene
24 Feb 2015	Breathing Apparatus	NIFRS	Carbon Monoxide incident, **HART advisor only**
24 Feb 2015	Breathing Apparatus	NIFRS	Carbon Monoxide incident, **HART advisor only**
25 Feb 2015	Breathing Apparatus	NIFRS	Fire call, HART operative activated to scene
26 Feb 2015	Breathing Apparatus	NIFRS	Fire call, Breathing Apparatus trained HART personnel activated to scene
26 Feb 2015	Breathing Apparatus	NIFRS	Carbon Monoxide incident, HART operative activated to scene
27 Feb 2015	Breathing Apparatus	NIFRS	Fire call, Breathing Apparatus trained HART personnel activated to scene
28 Feb 2015	Breathing Apparatus	NIFRS	Fire call, Breathing Apparatus trained HART personnel activated to scene

William Newton

EMERGENCY PLANNING OFFICER

B6(ii) Percentage of patients with a suspect strokeor unresolved ischemic attack who recieve an appropiate care bundle

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

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

PERIOD OF MONITORING: 01 April 2014 TO 30 Nov 2014

	Totals			i1	i2	i3	i4	i5	i6	i7
	Total PRFs per month	Suspected Stroke		FAST Test Performed	Airway Managed / Observed	Blood Glucose Observed	Blood Pressure Observed	Glasgow Coma Scale Completed / Observed	Pre Alert Message Sent to hospital	Direct Transfer to hospital
Apr 14	15981	**403**	**N**	**403**	**399**	**334**	**380**	**400**		**400**
			%	*100.0%*	*99.0%*	*82.9%*	*94.3%*	*99.3%*	*0.0%*	*99.3%*
May 14	15575	**358**	**N**	**358**	**356**	**292**	**343**	**356**		**358**
			%	*100.0%*	*99.4%*	*81.6%*	*95.8%*	*99.4%*	*0.0%*	*100.0%*
Jun 14	16169	**358**	**N**	**358**	**355**	**308**	**347**	**356**		**354**
			%	*100.0%*	*99.2%*	*86.0%*	*96.9%*	*99.4%*	*0.0%*	*98.9%*
July 14	16335	**314**	**N**	**314**	**309**	**267**	**299**	**309**		**314**
			%	*100.0%*	*98.4%*	*85.0%*	*95.2%*	*98.4%*	*0.0%*	*100.0%*
Aug 14	15574	**344**	**N**	**344**	**335**	**292**	**328**	**338**		**342**
			%	*100.0%*	*97.4%*	*84.9%*	*95.3%*	*98.3%*	*0.0%*	*99.4%*
Sept 14	15504	**278**	**N**	**278**	**276**	**245**	**270**	**275**		**278**
			%	*100.0%*	*99.3%*	*88.1%*	*97.1%*	*98.9%*	*0.0%*	*100.0%*
Oct 14	16090	**342**	**N**	**342**	**338**	**291**	**335**	**339**		**339**
			%	*100.0%*	*98.8%*	*85.1%*	*98.0%*	*99.1%*	*0.0%*	*99.1%*
Nov 14	15631	**336**	**N**	**336**	**330**	**284**	**325**	**330**		**336**
			%	*100.0%*	*98.2%*	*84.5%*	*96.7%*	*98.2%*	*0.0%*	*100.0%*
Total	**126859**	**2733**	**N**	**2733.0**	**2698.0**	**2313.0**	**2627.0**	**2703.0**	**0.0**	**2721.0**
			%	*100.0%*	*98.7%*	*84.6%*	*96.1%*	*98.9%*	*0.0%*	*99.6%*

** Pre Alert message not currently auditable*

B6(i) The percentage of Face Arm Speech Test (FAST) positive stroke patients (assessed face to face) potentially eligible for stroke thrombolysis, who arrive at a hyper acute stroke centre within 60 minutes from time of FAST assessment.

Percentage of patient arriving at Stroke Centre within 60mins	89.60%
Percentage of patient arriving at Stroke Centre within 90mins	99.10%
Percentage of calls where Patient did not travel	3.60%

NOTE: PRF PROCESSING AND DATA CLEANING IS CONTINUOUSLY ONGOING. THE FIGURES REPORTED ABOVE ARE THEREFORE SUBJECT TO FURTHER REVISION AND MAY BE ADJUSTED IN FUTURE UPDATES OF THIS REPORT
CATEGORY C HCP /ROUTINE/URGENT CALLS HAVE NOT BEEN INCLUDED IN THE B6i TRAVEL TIME DATA

CLINICAL PERFORMANCE INDICATORS: STROKE/TIA

MANAGEMENT INDICATOR SET

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

ID	253
Principal Aim,Objective.Value	To Achieve the best outcomes for patients whilst Ensuring High Quality Corporate Governace, Risk Management and probity
Risk Type	CORP
Title	Financial Stability - Achieving Financial Balance 2014/15
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)	MEDIUM
Risk level (current)	HIGH
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. Overspending against core budget; □ 2. Increases to Savings Target. Savings remain as advised to NIAS Cumulative savings of £3,044k for 2012/13 to 2014/15 (£1,176k 12/13, £1,066k 13/14 and £802k in 2014/15). Recurrent savings of £947k have been delivered in 2012/13 leaving £2,097k to be delivered in 2014/15.□ 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.□ 5. Non-Delivery of Savings. Changes in the delivery of savings from the Trust Delivery Plan have resulted in the requirement for non recurrent savings measures totalling £950k in 2014/15. □ 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 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 2014/15 in conjunction with Trust Board. Engagement with staff and patient representatives and fulfillment of any statutory consultation requirements.

Opened	30/06/2014
Review Date	20/01/2015
Action Plan to Address /Mitigate Risk	(i) Ongoing application of controls A to E above. CONTROL ADDITIONAL ACTIONS REQUIRED WHO WHEN A Monthly Reporting Assistant Director of Finance Monthly B Approval of TDP DHSSPS/HSCB Aug-14 C Monthly Reporting Assistant Director of Finance Monthly D Monthly Reporting Assistant Director of Finance Monthly E Savings Plans Finalised Trust Board Jul-14 Savings Plans Implemented SEMT Sep-14 (i) Ongoing application of controls A to E above. CONTROL ADDITIONAL ACTIONS REQUIRED WHO WHEN A Monthly Reporting Assistant Director of Finance Monthly B Approval of TDP DHSSPS/HSCB Aug-14 C Monthly Reporting Assistant Director of Finance Monthly D Monthly Reporting Assistant Director of Finance Monthly E Savings Plans Finalised Trust Board Jul-14 Savings Plans Implemented SEMT Sep-14

ID	229
Principal Aim,Objective.Value	PARTNE
Risk Type	CORP
Title	Trade Unions (UNISON,UNITE,GMB,NIPSA) Ballot for Industrial Action on 30 November 2011
Description	There is a risk to the Trust to all aspects of service delivers, including the risk to delivery of patient care, in that 80% of NIAS workforce is a member of a trade union. Ballot for Industrial Action: (i) in the form of strike action, (ii) in the form of action short of strike.
Risk level (initial)	HIGH
Risk level (Target)	MEDIUM
Risk level (current)	MEDIUM
Lead Director	DIRHR
Initial Action Taken to Control/ Mitigate Risk	Business Continuity, Policy and Action Plans currently under review.□ A number of local BCP's were implemented due to civil disturbance and adverse weather.□ Existing plans reviewed to ensure that the areas which directly influence these 'critical' activities have been tested, activated and reviewed or debriefed: REMDC, Operational Divisions , REMDC - specific ICT infrastructure.□ NIAS guidance for Response to Industrial Action (IA) developed and agreed with Senior Executive Management Team.□ Regional Protocol has been agreed with UNISON,UNITE, GMB for the 30th November 2011 that ensures Emergency Cover and Cover for Clinically Critical Patients.□ NIPSA did not 'buy in' to the regional protocol, however, NIPSA membership accounts for 30 members of staff□

Opened	01/11/2011
Review Date	01/02/2015
Action Plan to Address /Mitigate Risk	Draft Strategic Business Continuity Strategy /Policy completed for submission to SEMT for amendment/ratification during Q1 2011/12. Action Plan for review of Directorate and local BCP agreed and present to SEMT Q1 2011/12. REMDC evacuation plan to be amended and retested based on learning outcomes from evacuation exercise in September 2010. All other areas will be captured during the next phase of the programme which will run throughout 2011/12 under the control of the Emergency Planning Officer. Risk escalate to Corporate Risk Register following discussions with CX 24/3/15

ID	245
Principal Aim,Objective.Value	Engage with local Communitees and their representatives in addressing isssues which affect their health and participate fully in the development and delivery of responsive integrated services
Risk Type	CORP
Title	Public Perception
Description	There is a risk to the Trust that public perception of the ambulance service is inconsistent with the aspirations of the service.
Risk level (initial)	MEDIUM
Risk level (Target)	LOW
Risk level (current)	LOW
Lead Director	DIRHR
Initial Action Taken to Control/ Mitigate Risk	1. Public Trust Board meetings 2. Annual Reports 3. Community engagement programme Social Media

Opened	30/04/2013
Review Date	21/01/2015
Action Plan to Address /Mitigate Risk	1. Establish as key element for inclusion in communications strategy.□ 1.1. Communications Strategy approved by Trust Board on ????? included measures to present activities to public and other stakeholders to support alignment of public perception of NIAS with strategic intent.□ 2. Explore further opportunities to influence public perception.□ 2.2.NIAS participating fully with Personal Public Involvement, Patient Client Experience and other HSC strategies and activities to engage with the public.□ 3. Present action plan to Trust Board□ 3.1. Trust Board will be advised of activity and developments through standard processes. □ 4. These were agreed with Chair of Assurance subsequently and reported at Trust Board on the 4th July 2014.□ 4.1. Removed to local HRSC register following Trust Board□ □ □

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).

Opened	30/04/2013
Review Date	22/01/2015
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.to support bid for additional resources.□ 3.Submit proposal to link planned budget to demand analysis to HSCB. □ 3.1.In 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)□ 4.Introduce measures to manage demand which reduces demand for ambulance attendance and transportation.□ 4.1.NIAS Modernisation programme established□ 5.Introduce measures to manage demand which result in an alternative outcome which is more appropriate for the patient and better for NIAS/HSC.□ 5.1.NIAS Modernisation programme established□ 6.Review Call Prioritisation and Dispatch procedures to protect capacity to respond to & transport highest priority patients.□ 7.Review Categorisation of HCP calls to address 14% growth in-year and ensure call prioritisation is appropriate.□ 8.Introduce Clinical Decision Support desk in Ambulance Control to provide additional means of managing calls.□ 9. This risk to be closed following Trust Board □ !0 D OPS to develop a new risk in relation to 'Safe care to the Public'□

ID	241
Principal Aim,Objective.Value	To Achieve the best outcomes for patients whilst Ensuring High Quality Corporate Governace, Risk Management and probity
Risk Type	CORP
Title	Organisational Cohesion
Description	There is a risk to the Trust to the effective governance of the organisation if the Trust Board is unable to maintain cohesion and capacity to fulfil its function
Risk level (initial)	LOW
Risk level (Target)	LOW
Risk level (current)	LOW
Lead Director	CHAIR
Initial Action Taken to Control/ Mitigate Risk	1. All Board positions filled 2. Membership of Trust Board Committees clearly established and terms of reference in place 3. Cover arrangements for Chair in place 4. Cover arrangements of CX in place 5. Corporate Plan agreed and in place 6. Structures and processes established to promote a professional approach by Trust Board members.

Opened	30/04/2013
Review Date	21/01/2015
Action Plan to Address /Mitigate Risk	1. Board effectiveness assessment planned 1.1. Completed. 1.2. Board Self Assessment is now conducted on a annual basis. 1.3. Chairman has engaged with DHSSPS to fill current vacancies and vacancies anticipated for 2015. 1.4. The Board continues to meet and discharge its duties and responsibilities. This risk is to be closed as it has meet its target level following Trust Board as it has reached its 'Target' level.

ID	243
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	Balancing Statutory Responsibilities
Description	There is risk to the Trust that the excessive focus on achieving the statutory duty to deliver financial balance and specific targets could compromise other statutory duties and organisational priorities, in particular our duty of care to service users and staff
Risk level (initial)	LOW
Risk level (Target)	LOW
Risk level (current)	LOW
Lead Director	CEO
Initial Action Taken to Control/ Mitigate Risk	1. Corporate Plan identifying purpose, mission, vision and values directs strategic aims and objectives and counter measures to balance competing priorities 2. Governance Structures (Audit Committee, Assurance Committee, Remuneration Committee) provide balance in pursuit of objectives and reporting structure to Trust Board. 3.HSC Governance structure and accountability processes provide balance on competing priorities. 4. NIAS Assurance Framework provides balance of competing priorities.

Opened	04/07/2013
Review Date	21/01/2015
Action Plan to Address /Mitigate Risk	1. Ensure NIAS proposals (Business Case Ect.) are constants with DHSSPS guidance which requires consideration of statutory duties such as maintaining finical balance and securing value for money , providing safe and effective services and adhering to equality stipulations. 1.1 NIAS applies and follows DHSSPS guidance and templates. 2. Ensure information presented to NIAS Trust Board on performance and assurance presents a balanced view of potentially competing statutory responsibilities. 2.1 NIAS assurance framework incorporates assurance measures for relevant statutory duties. NIAS performance report to Trust Board incorporates measures for relevant statutory duties. 3. Ensure relevant strategic documents address the issue of balancing statutory duties. 3.1. NIAS Corporate Plan 2011-2014 and associated Trust Delivery Plans highlight the need to balance competing statutory duties. This risk has reached its target level and consideration should be given to closing this risk following Trust Board.

Corporate Risk Register Overview 20/1/15

Ref Number	Risk Title	Risk Score	Action	Datix Updated following Trust Board
253	Financial Stability - Achieving Financial Balance 2014/15	16	Retain - Risk Active	
249	Staffing Structure in respect of Equality, PPI and PC Experience	12	Remove to HRCS Local Risk Register following Trust Board	
245	Public Perception	9	Remove to HRCS Local Risk Register following Trust Board	
246	Linking Funding to Demand	9	Consider closing this risk following Trust Board with view to D Ops developing a new risk in relation to 'Safer Care to the Public'	
241	Organisational Cohesion	6	Consider closing this risk following Trust Board as it has reached 'Target' level.	
243	Balancing Statutory Responsibilities	6	Consider closing this risk following Trust Board as it has reached 'Target' level.	

TB/04/02/04/15

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

2 April 2015

Title:	Savings Proposals 2015/16
Purpose:	To Identify Potential Savings and Proceed To Consultation/Engagement
Content:	Savings Proposals 2015/16
Recommendation:	For approval
Previous Forum:	Trust Board 'In Committee' (working draft)
Prepared by:	Mrs Sharon McCue, Finance Director
Presented by:	Mrs Sharon McCue, Finance Director

Northern Ireland Ambulance Service

Savings Proposals 2015-2016

Executive Summary

Health & Social Care Board requires NIAS to make Cash-Release Savings of £1.6m in 2015-16. NIAS revenue expenditure in 2013-14 was in the order of £60m, indicating a savings requirement of 2.67%.

Over recent years NIAS has undertaken a challenging modernisation programme which has changed almost every aspect of service delivery, whilst also supporting and facilitating, often at short notice, acute service change linked to acute hospital service risk issues and regional service improvement initiatives such as primary Percutaneous Cardiac Intervention (pPCI) and enhanced management of stroke patients. This programme identifies and seeks to apply best practice identified in the UK and beyond.

Savings proposals have been developed to assign priority to timely and safe emergency response in line with the targets set, to limit the potential for negative impact on the quality of the ambulance service provided, and to preserve as far as possible equity of provision of ambulance services across N Ireland.
However, NIAS Trust Board has expressed concern with the challenges associated with these proposals and will monitor implementation to manage issues emerging. The Board is also concerned that proposals emanating from other trusts in response to this exercise may present further changes which have a detrimental effect on the delivery of ambulance services impacting upon both NIAS proposals for service reconfiguration and measures to deliver safe, high quality care.

A particular concern is that the commissioning and financial planning processes may not be able to make sufficient provision for funding annual growth in demand for ambulance service response and transportation. This growth has been a feature of normal business for NIAS and all other UK ambulance services over many years and, with an ageing population and greater social isolation alongside other factors, shows no sign of abating in the near future. Comparing 2013-14 outturn with 2005-06 outturn illustrates this with 46% increase in emergency calls, 60% increase in emergency responses, and 79% increase in response within 8 minutes. In recent years, while demand continues to increase, the absolute number of calls responded to within 8 minutes remains relatively constant while the proportion of calls responded to within 8 minutes has fallen.

Demand growth places an increased burden on existing resources. In an environment where finances are fixed or falling and demand for the service is increasing, quality is at risk, as manifested in longer times to respond to calls and more frequent instances of ambulance non-availability at times of peak pressure. NIAS will continue to prioritise provision of a clinically safe service in that ambulance

personnel will be trained and equipped to provide safe care and our systems and procedures will be geared toward providing timely, safe and appropriate response to those in need with the highest priority attached to the most clinically urgent cases. This narrowing of the gap between supply of ambulances and demand for ambulances reduces our capacity to deal with surges in demand such as ED congestion, major Incidents, etc, all of which in turn restricts our capacity to respond as quickly as we would wish to emergency and non-emergency calls, notwithstanding measures put in place to prioritise response to the most clinically urgent patients.

Introduction

This document outlines a range of proposals in response to initial direction from DHSSPS & HSCB. The planning process for 2015/16 is reliant on an agreed Commissioning Plan prepared and presented by HSCB. That process is underway and any amendments to Trust's savings proposals from the Commissioning Plan will be presented to NIAS Trust Board in due course. The savings required from base budgets at this stage present a significant challenge to maintaining the foundations on which timely response performance is delivered as the platform for service modernization and improvement.

Service Profile

NIAS provides a range of ambulance response and transportation resources dealing with emergency calls, urgent and non-urgent calls. All emergency calls are assigned to a category reflecting clinical urgency: Category A (life threatening), Category B (non-life threatening but serious) or Category C (neither life threatening or serious but requiring some form of clinical intervention). A significant proportion of NIAS workload undertaken by emergency ambulances arises from the treatment and transportation of patients requested by GPs and other healthcare professionals (HCPs).

NIAS has experienced significant growth and demand for emergency 999 response calls and demand for ambulance services continues to grow year after year. To set the performance in context there has been a 9% increase in the volume of 999 calls responded to since 2011-12, which amounts to 12,729 extra responses – 35 extra 999 responses on average each day.

The changes to the configuration of acute services over the years, with the closure of emergency units and the changes to location of some specialist services means that these patients are also spending more time in ambulances in the care of ambulance professionals as a direct result of the longer journeys required.

The incidence of patients waiting for admission to Accident & Emergency (A&E) units is a significant issue impacting on process-flow in the healthcare system. This delays handover of ambulance patients to hospital staff which, in turn, leads to queuing of ambulance personnel in A&E with their patients. We recognise and accept that not all ambulance patients who are taken to hospital have a high clinical priority in the A&E department and other patients may have more urgent clinical needs. However, a further consideration to take into account is that an ambulance waiting at an A&E department is not available to respond to the next 999 call in the community.

Performance Targets & Service Development

The key indicator of performance for Northern Ireland Ambulance Service (NIAS) is to deliver timely response to Category A calls within 8 minutes for Northern Ireland. This target is a broadly accepted performance target which recognises that faster ambulance response times can lead to improved clinical outcomes especially for cardiac arrest and for severe trauma.

NIAS continues to work with Commissioners to develop the ambulance service and provide the most effective pre-hospital care introducing interventions such as FAST-test and rapid access to Stroke Centres, rapid access to Primary Cardiac Interventions, and alternatives to hospital attendance. In developing these savings proposals NIAS has sought to minimise any adverse effect on the speed of our response and clinical outcomes, however we do identify potential negative impact on patient outcomes and experience arising mainly from delay in transportation of patients following initial paramedic response. There are some clinical conditions where re-profiling and reduction in emergency ambulance response and transportation capacity could constitute a clinical risk, eg severe trauma, stroke, haemorrhage, paediatrics. We continue to review performance to identify specific concerns and address with appropriate mitigation to maintain safety and quality.

NIAS also has a significant role to play in the delivery of the other health care targets and achievement of efficiencies not least in areas such as stroke assessment, discharge from hospital, transfer of fracture patients and transportation of renal patients. It is clear from a review of the totality of the targets within health that the broad spectrum of targets cannot be effectively or efficiently delivered by other Trusts without contribution from NIAS. NIAS's capacity to contribute fully and effectively within current time expectations will be adversely impacted by reduction in the emergency response and transportation resources available.

NIAS will continue to prioritise provision of a clinically safe service in that ambulance personnel will be trained and equipped to provide safe care and our systems and procedures will be geared toward providing timely, safe and appropriate response to those in need with the highest priority attached to the most clinically urgent cases.

Financial Environment

NIAS has consistently delivered services on a sound financial footing in spite of significant pressures arising from increased demand and other pressures, and met the tests of financial performance required by DHSSSPS.

The immediate requirement for NIAS is to deliver safe, high-quality care within a reducing budget, making most effective use of the potential for additional capital and revenue funds to support service development priorities and the achievement of Ministerial targets. The Health and Social Care Board (HSCB) has acknowledged that based on this budget 2015-16 represents an extremely difficult financial period for Health and Social Care. In line with these budget arrangements HSCB requires NIAS to make Cash-Release Savings of £1.6m in 2015-16. The Trust's revenue expenditure in 2013-14 was in the order of £60m, indicating a savings requirement of 2.67%. The proposals contained within this document equate to £1.25m of this requirement. The Trust will work with HSCB in respect of the remaining amount and related break even requirements

Critical and extensive examination of both pay and non-pay areas of the budget has confirmed that delivery of cash release of the scale required will necessitate reconfiguration of ambulance service delivery. Expenditure has been analysed to identify prospective areas for efficiency savings. It is apparent from the exercise that the bulk of NIAS spend remains in payroll (approx. 80%). There is relatively little

scope to deliver further efficiency savings from non-payroll as it is predominately demand-driven and heavily influenced by activity related to direct patient interaction.

This analysis has previously been shared with key stakeholders including HSCB and there remains broad acceptance that options for efficiency savings in NIAS are very constrained and rest predominately in payroll. The shared view of NIAS and Commissioners is therefore that there are limited options available for delivery of the stated savings.

We have developed a series of proposals for recurrent and non-recurrent revenue savings in 2015-16 which are designed to enable us to maintain financial balance. The proposals have been shared with commissioners for consideration and approval to enable us to progress the proposals. Further contingency proposals will be developed as appropriate to maintain financial balance. We have a structure in place to allow us to share, discuss and address emerging cost pressures with HSC Board and DHSSPS. There is a clear recognition within the healthcare system that structural change to the service delivery model and the financial regime which underpins it is essential to secure and provide a health service fit for the future. NIAS welcomes the development of such a model and is anxious to play a full part in its development and realization to ensure that ambulance reconfiguration is embedded.

Immediate Conclusions

The key challenge for any Ambulance Service is to be available to respond effectively to planned and unplanned requests for assistance generally including patient transportation anywhere in Northern Ireland at any time. The key issue then is how to distribute available resources throughout Northern Ireland on a 24/7 basis to deliver that goal with an emphasis on providing rapid response to those most in need. Incidents can and do occur throughout Northern Ireland at all times and in determining service delivery we must plan on that basis. The service delivery model will need to be reviewed continually, and revised and reconfigured to reflect planned and anticipated change in the wider healthcare system.

The savings proposals outlined represent NIAS' analysis and assessment of the most appropriate and effective way of maintaining existing ambulance service provision within a reduced revenue budget. The issues and risks highlighted in this document reflect the ongoing concerns of NIAS Trust Board as it seeks to balance appropriately the competing statutory duties of maintaining financial control and stability with the statutory duties to provide safe, high-quality healthcare services.

The Trust is committed to complying with its statutory requirements in respect of equality and personal and public involvement. In this respect the Trust will ensure proposals are subject to equality screening and appropriate engagement and consultation processes.

The NIAS Trust Board is asked:

1) to consider these proposals and indicate if it approves them.
2) to authorise that approval be sought from HSCB to embark on a consultation where appropriate
3) to approve a full engagement programme with key stakeholders for these proposals

Savings Proposals Summary

NIAS has now set out, in response to the above targets, proposals to outline how the cash release element of the savings requirement set by HSCB and DHSSPS will be achieved. In line with these budget arrangements HSCB requires NIAS to make Cash-Release Savings of £1.6m in 2015-16. The Trust's revenue expenditure in 2013-14 was in the order of £60M, indicating a savings requirement of 2.67%. The Trust will continue to work with HSCB in respect of the remaining amount and related break even requirements

Summary Table

Ref	NIAS Savings Requirement 2015-16 (£000's)	Current Year Effect (£000's)	Comment
01	**Non-Emergency Patient Transportation**	200	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.
02	**Reduce reliance on overtime by filling of current vacancies to work towards a full establishment of staff**	50	NIAS currently spends c.£6 Million p.a. on overtime to cover vacancies, absence and service developments with a lead-in time for recruitment of personnel. A recruitment programme is in place and currently addressing the filling of vacancies to reduce reliance and expenditure on overtime. This saving is linked to the recovery of incidental costs associated with overtime which will not be incurred if overtime is reduced. This proposal, to save £50,000, does not represent a reduction in planned hours of ambulance cover.
03	**Administration/Management Costs**	100	Reduction in expenditure derived from further scrutiny and streamlining/re-provisioning of support services.

Ref	NIAS Savings Requirement 2015-16 (£000's)	Current Year Effect (£000's)	Comment
04	**Non-Pay**	100	Reduction in expenditure derived from further scrutiny and streamlining/re-provisioning of non-pay expenditure.
05	**Reduction in expenditure associated with training and development**	300	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.
06	**Fuel Savings**	100	Specific saving associated with reduced price of fuel.
07	**Constraining expenditure on minor schemes for estates.**	200	Continued restraint to be exercised on estate repair, maintenance and refurbishment.
08	**Constraining expenditure on replacement/introduction of non-critical medical equipment**	200	Continued restraint to be exercised on replacement/introduction of non-critical medical equipment.

Ref	NIAS Savings Requirement 2015-16 (£000's)	Current Year Effect (£000's)	Comment
	Savings Proposals – TOTAL	1,250	These savings proposals must be considered in the context of a continuum of savings required and delivered over an extended period, totalling in excess of £8million. Throughout this period NIAS has sought to protect front-line delivery of services and will continue to do so. The quest for ever-greater efficiency reduces resilience and the capacity to deal with demand above the norm. There is potential for negative impact on response performance and ultimately quality and safety as a result of the pressure on front-line resources arising from increased demand and reduced funding. We will continue to prioritise rapid response to the most clinically urgent patients to manage this risk and prioritise safety and quality of services.
	Savings Requirement	1,600	

TB/05/02/04/15

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

2 April 2015

Title:	Board Governance Self-Assessment Submission 2014/15
Purpose:	DHSSPS requirement for Yearly Governance Self-Assessment
Content:	Board Governance Self-Assessment & Rolling Action Plan
Recommendation:	For approval
Previous Forum:	Meetings between Chairman, Chief Executive & Dr Livingstone
Prepared by:	Dr Jim Livingstone, Non Executive Director
Presented by:	Mr Paul Archer, Chairman

Board Governance Self- Assessment Submission

2014/15

Name of ALB…….**Northern Ireland Ambulance Service**

Date of Board Meeting at which Submission was discussed…….....

Approved by ……..... (Chair)

1. Board composition and commitment ALB Name: NIAS Date.....

1.1 Board positions and size

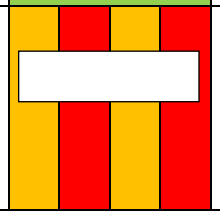
Ref	Prompt	NIAS Assessment	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas were training or guidance is required and/or Areas were additional assurance is required
GP1	The size of the Board (including voting and non-voting members of the Board) and Board committees is appropriate for the requirements of the business. All voting positions are substantively filled.	**Green**	Standing Orders Establishment Order Board and Committee Papers and Minutes			
GP2	The Board ensures that it is provided with appropriate advice, guidance and support to enable it to effectively discharge it responsibilities.	**Green**	Board and Committee Papers and Minutes			

GP3	It is clear who on the Board is entitled to vote.	**Green**	Standing Orders Board and Committee Papers and Minutes			
GP4	The composition of the Board and Board committees accords with the requirements of the relevant Establishment Order or other legislation, and/or the ALB's Standing Orders.	**Green**	Standing Orders Establishment Order Board and Committee Papers and Minutes			
GP5	Where necessary, the appointment term of NEDs is staggered so they are not all due for re-appointment or to leave the Board within a short space of time.	**Green**	Letters of Appointment			DHSSPS manage the appointment process and need to ensure due account is taken of this requirement

Red Flags	Prompt	NIAS Assessment	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	The Chair and/or CE are currently interim or the position(s) vacant.	Green		
RF2	There has been a high turnover in Board membership in the previous two years (i.e. 50% or more of the Board are new compared to two years ago).	Green		
RF3	The number of people who routinely attend Board meetings hampers effective discussion and decision-making.	Green		

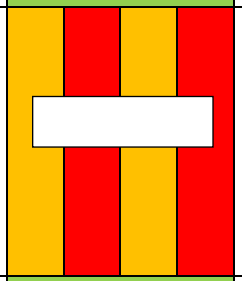
1. Board composition and commitment ALB Name: NIAS Date.....

1.2 Balance and calibre of Board members

Ref	Prompt	NIAS Assessment	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas were training or guidance is required and/or Areas were additional assurance is required
GP1	The Board can clearly explain why the current balance of skills experience & knowledge amongst Board members is appropriate to effectively govern ALB over the next 3-5 years. In particular this includes consideration of the value each NED will provide in helping the Board to effectively oversee implementation of the ALB's business plan.	**Green**	Letter to department – gap in financial skills was identified specifically and addressed. Minutes of accountability meetings with permanent secretary.			As a board we will engage with the department going forward to maintain clinical, financial and other expertise as vacancies arise.
GP2	The Board has an appropriate blend of NEDs e.g. from the public, private and voluntary sectors.		Board Member Biographies on Website		Final decisions on NED appointments lies with DHSSPS Minister	DHSSPS manage the appointment process and need to ensure due account is taken of this requirement

GP3	The Board has had due regard under *Section 75 of the Northern Ireland Act 1998 to the need to promote equality of opportunity: between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; between men and women generally; between persons with a disability and persons without; and between persons with dependants and persons without*.	**Green**	NIAS Section 75 Return			
GP4	There is at least one NED with a background specific to the business of the ALB.	**Green**	Board Member Biographies on Website			DHSSPS manage the appointment process and need to ensure due account is taken of this requirement
GP5	Where appropriate, the Board includes people with relevant technical and professional expertise.	**Green**	Board Member Biographies on Website			DHSSPS manage the appointment process and need to ensure due account is taken of this requirement
GP6	There is an appropriate balance between Board members (both Executive and NEDs) that are new to the Board (i.e. within	**Green**			Limited Turnover of Executive Directors.	Appropriate balance is not defined. Measures to achieve balance are

	their first 18 months) and those that have served on the Board for longer.					constrained.
GP7	The majority of the Board are experienced Board members.	**Green**	Board Member Biographies on Website			
GP8	The Chair of the Board has a demonstrable and recent track record of successfully leading a large and complex organisation, preferably in a regulated environment.	**Green**				DHSSPS manage the appointment process and need to ensure due account is taken of this requirement. Further definition is required of terms used.
GP9	The Chair of the Board has previous non-executive experience.	**Green**	Board Member Biographies on Website			
GP10	At least one member of the Audit Committee has recent and relevant financial experience.	**Green**	Board Member Biographies on Website			

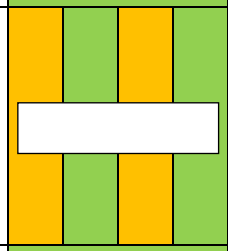
Red Flags	Prompt	NIAS Assessment	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	There are no NEDs with a recent and relevant financial background.	**Green**		
RF2	There is no NED with current or recent (i.e. within the previous 2 years) experience in the private/ commercial sector.		Final decisions on NED appointments to the Trust Boards lie with the DHSSPS Minister. DHSSPS manage the appointment process and need to ensure due account is taken of this requirement.	As of 1 May 2014
RF3	The majority of Board members are in their first Board position.	**Green**		
RF4	The majority of Board members are new to the organisation (i.e. within their first 18 months).	**Green**		
RF5	The balance in numbers of Executives and Non Executives is incorrect.	**Green**		

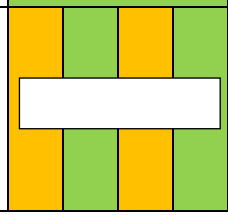
RF6	There are insufficient numbers of Non Executives to be able to operate committees.	**Green**		As of 31 March 2015 there is concern looking forward that any delay in filling current and prospective vacancies in NED posts will seriously hamper operation of Trust Board committees

1. Board composition and commitment ALB Name: NIAS Date.....

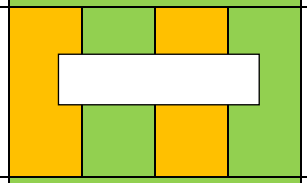
1.3 Role of the Board

Ref	Prompt	NIAS Assessment	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas where training or guidance is required and/or Areas were additional assurance is required
GP1	The role and responsibilities of the Board have been clearly defined and communicated to all members.	**Green**	Standing Orders Code of Conduct Induction programme			
GP2	Board members are clear about the Minister's policies and expectations for their ALBs and have a clearly defined set of objectives, strategy and remit.	**Green**	NIAS Corporate Plan NIAS Annual Plan and Trust Delivery Plan Appointment Letters			
GP3	There is a clear understanding of the roles of Executive officers and Non-	Amber/Green	Code of conduct Letters of appointment Standing Orders Job descriptions	This is being addressed by Working Group 4 in the Trust's Governance Action	There has been an emphasis on the role and development of Non-Executive Directors in recent	The Board would welcome further consideration by DHSSPS of the role of Executive Director

	Executive Board members.		Management Statement	Plan.	guidance which has not been mirrored with Executive Directors.	as a member of the Board.
GP4	The Board takes collective responsibility for the performance of the ALB.	**Green**	Standing Orders Board & Committee Papers & Minutes DHSSPS Accountability Review Ministerial Public-Facing Accountability			
GP5	NEDs are independent of management.	**Green**	Standing Orders Minutes			
GP6	The Chair has a positive relationship with the Minister and sponsor Department	**Green**	Reappointment of Chair Ministerial & DHSSPS Engagement			
GP7	The Board holds management to account for its performance through purposeful, challenge and scrutiny.	**Green**	Board & Committee Papers & Minutes			
GP8	The Board operates as an effective team.		Board & Committee Papers & Minutes Minutes of accountability meetings.	This is being addressed by Working Group 4 in the Trust's Governance Action Plan.	The Board has identified potential to explore improvement in problem identification and solving.	
GP9	The Board shares corporate responsibility	**Green**	Board & Committee Papers & Minutes Standing Orders			

	for all decisions taken and makes decisions based on clear evidence.					
GP10	Board members respect confidentiality and sensitive information.	**Green**	Board & Committee Papers & Minutes			
GP11	The Board governs, Executives manage.	**Green**	Board & Committee Papers & Minutes Scheme of Delegation			
GP12	Individual Board members contribute fully to Board deliberations and exercise a healthy challenge function.	**Green**	Board & Committee Papers & Minutes			
GP13	The Chair is a useful source of advice and guidance for Board members on any aspect of the Board.	**Green**	Board & Committee Papers & Minutes			
GP14	The Chair leads meetings well, with a clear focus on the issues facing the ALB, and allows full and			This is being addressed by Working Group 5 in the Trust's Governance Action Plan.		

	open discussions before major decisions are taken.					
GP15	The Board considers the concerns and needs of all stakeholders and actively manages it's relationships with them.	**Green**	PPI strategies Board & Committee Papers & Minutes Section 75 Return		The Board does actively consider the concerns of stakeholders however there is an opportunity to improve further, contingent upon resource constraints being addressed.	
GP16	The Board is aware of and annually approves a scheme of delegation to its committees.		Scheme of delegation Committee Terms of Reference Standing Orders	This is being addressed by Working Group 6 in Trust Governance Action Plan.		
GP17	The Board is provided with timely and robust post-evaluation reviews on all major projects and programmes.			This is being addressed by Working Group 6 in the Trust's Governance Action Plan.		

Red Flags	Prompt	NIAS Assessment	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	The Chair looks constantly to the Chief Executive to speak or give a lead on issues.	**Green**		
RF2	The Board tends to focus on details and not on strategy and performance.	**Green**	This has been addressed by Working Group 2 in the Trust's Governance Action Plan. This risk will be mitigated by Trust Board work to refresh the Assurance Framework & NIAS Corporate Plan.	
RF3	The Board become involved in operational areas.		This is being addressed by Working Group 2 in the Trust's Governance Action Plan.	There are occasions when members need to focus on an operational area e.g. when there is reputational risk or significant performance variance.
RF4	The Board is unable to take a decision without the Chief Executive's recommendation.	**Green**		
RF5	The Board allows the Chief Executive to dictate the Agenda.	**Green**		

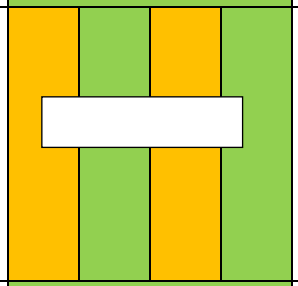
RF6	Regularly, one individual Board member dominates the debates or has an excessive influence on Board decision making.	Green		

1. Board composition and commitment ALB Name: NIAS Date.....

1.4 Committees of the Board

Ref	Prompt	NIAS Assessment	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas were training or guidance is required and/or Areas were additional assurance is required
GP1	Clear terms of reference are drawn up for each Committee including whether it has powers to make decisions or only make recommendations to the Board.	**Green**	Board & Committee Papers & Minutes Standing Orders			
GP2	Certain tasks or functions are delegated to the Committee but the Board as a whole is aware that it carries the ultimate responsibility for the actions of its Committees.	**Green**	Board & Committee Papers & Minutes Standing Orders			
GP3	Schemes of delegation from the Board to the Committees are in place.	**Green**	Standing Orders Standing Financial Instructions			

GP4	There are clear lines of reporting and accountability in respect of each Committee back to the Board.	**Green**	Board & Committee Papers & Minutes Standing Orders			
GP5	The Board agrees, with the Committees, what assurances it requires and when, to feed its annual business cycle.	**Green**	Governance Framework and Statement Board & Committee Papers & Minutes Standing Orders			
GP6	The Board receives regular reports from the Committees which summarises the key issues as well as decisions or recommendations made.	**Green**	Board & Committee Papers & Minutes			
GP7	The Board undertakes a formal and rigorous annual evaluation of the performance of its Committees.		Chairman holds a regular debrief with the chairs of the audit and assurance committee. The Chief executive holds a similar debriefing meeting	This is being addressed by Working Group 5 in the Trust's Governance Action Plan.	For the remuneration and assurance committees this has not been a formal process to date.	
GP8	It is clearly documented who is responsible for reporting back to the Board.	**Green**	Board & Committee Papers & Minutes			

Red Flags	Prompt	NIAS Assessment	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	The Board notes the minutes of Committee meetings and reports, instead of discussing same.	Green		The Trust Chair provides the opportunity for respective Chairs of Committees to identify any matters arising which require the attention of the Trust Board
RF2	Committee members do not receive performance management appraisals in relation to their Committee role.		This is being addressed by Working Group 3 in the Trust's Governance Action Plan. Trust Board are seeking advice from the Department on a mechanism for undertaking this.	
RF3	There are no terms of reference for the Committee.	Green		
RF4	Non Executives are unaware of their differing roles between the Board and Committee.	Green		
RF5	The Agenda for Committee meetings is changed without proper discussion and/or at the behest of the Executive team	Green		

1. Board composition and commitment ALB Name: NIAS Date.....

1.5 Board member commitment

Ref	Prompt	NIAS Assessment	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas were training or guidance is required and/or Areas were additional assurance is required
GP1	Board members have a good attendance record at all formal Board and Committee meetings and at Board events.	**Green**	Board & Committee Papers & Minutes Annual Report			
GP2	The Board has discussed the time commitment required for Board (including Committee) business and Board development, and Board members have committed to set aside this time.	**Green**	NED Appraisal			
GP3	Board members have received a copy of the Department's Code of Conduct and Code of		Board & Committee Papers & Minutes Standing Orders NED Appraisals Executive Director	This is being addressed by Working Group 7 in the Trust's Governance Action		

	Accountability for Board Members of Health and Social Care Bodies or the Northern Ireland Fire and Rescue Service. Compliance with the code is routinely monitored by the Chair.		Appraisal (by Chief Executive)	Plan.		
GP4	Board meetings and Committee meetings are scheduled at least 6 months in advance.	**Green**	Board & Committee Papers & Minutes			

Ref	Prompt	NIAS Assessment	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	There is a record of Board and Committee meetings not being quorate.	Green		
RF2	There is regular non-attendance by one or more Board members at Board or Committee meetings.	Green		
RF3	Attendance at the Board or Committee meetings is inconsistent (i.e. the same Board members do not consistently attend meetings).	Green		
RF4	There is evidence of Board members not behaving consistently with the behaviours expected of them and this remaining unresolved.	Green		Board members are working through some recent difficulties and are committed to finding a resolution to those difficulties as well as further exploration of expected behaviours in difficult situations.
RF5	The Board or Committee has not achieved full attendance at at least one meeting within the last 12 months.	Green		

2. Board evaluation, development and learning ALB Name: NIAS Date.....

2.1 Effective Board level evaluation

Ref	Prompt	NIAS Assessment	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas were training or guidance is required and/or Areas were additional assurance is required
GP1	A formal Board Governance Self-Assessment has been conducted within the previous 12 months.			Self-Assessment repeated annually.	Self-Assessment undertaken in 2014-15	
GP2	The Board can clearly identify a number of changes/ improvements in Board and Committee effectiveness as a result of the formal evaluations that have been undertaken.			Changes/improvements have been identified through this self-assessment process. This is being addressed by Working Group 5 in the Trust's Governance Action Plan.		
GP3	The Board has had an independent evaluation of its effectiveness and the effectiveness of its			The Board will consider commissioning an independent 3rd party to undertake the evaluation.		The Board will seek advice from the Department on what constitutes

	committees within the last 2 years by a 3rd party that has a good track record in undertaking Board effectiveness evaluations.			This is being addressed by Working Group 5 in the Trust's Governance Action Plan.		independent 3rd party evaluation.
GP4	In undertaking its formal evaluation, the Board has used an approach that includes various evaluation methods. In particular, the Board has considered the perspective of a representative sample of staff and key external stakeholders (e.g. commissioners, service users and clients) on whether or not they perceive the Board to be effective.			The Board will engage with DHSSPS to identify measures to enhance the board assessment process. This is being addressed by Working Group 8 in the Trust's Governance Action Plan.		
GP5	The focus of the evaluation included traditional 'hard' (e.g. Board information, governance structure) and 'soft' dimensions of effectiveness. In the case of the latter, the			This is being addressed by Working Group 8 in the Trust's Governance Action Plan.		

	evaluation considered as a minimum: • The knowledge, experience and skills required to effectively govern the organisation and whether or not the Board's membership currently has this; • How effectively meetings of the Board are chaired; • The effectiveness of challenge provided by Board members; • Role clarity between the Chair and CE, Executive Directors and NEDs, between the Board and management and between the Board and its various sub-committees; • Whether the Board's agenda is appropriately balanced between: strategy and current							

	performance; finance and quality; making decisions and noting/ receiving information; matters internal to the organisation and external considerations; and business conducted at public board meetings and that done in confidential session							

Ref	Prompt	NIAS Assessment	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	No formal Board Governance Self-Assessment has been undertaken within the last 12 months.	Green		This is the first formal self-assessment. The Board will now be undertaking the annual self-assessment in line with other HSC Trusts.
RF2	The Board Governance Self-Assessment has not been independently evaluated within the last 3 years.		Internal Audit have been engaged by the Trust and provided external evaluation and endorsement in 2013/14 and 2014/15 of the governance assessment process undertaken by the Trust Board.	This is in line with Departmental guidance sought by the Trust Board.
RF3	Where the Board has undertaken an evaluation, only the perspectives of Board members were considered and not those outside the Board (e.g. staff, etc).		This is being addressed by Working Group 1 in the Trust's Governance Action Plan.	This will be in line with Departmental guidance
RF4	Where the Board has undertaken an evaluation, only one evaluation method was used (e.g. only a survey of Board members was undertaken).		This is being addressed by Working Group 1 in the Trust's Governance Action Plan.	This will be in line with Departmental guidance.

2. Board evaluation, development and learning ALB Name: NIAS Date.....

2.2 Whole Board development programme

Ref	Prompt	NIAS Assessment	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas were training or guidance is required and/or Areas were additional assurance is required
GP1	The Board has a programme of development in place. The programme seeks to directly address the findings of the Board's annual evaluation (see previous section) and contains the following elements: understanding the relationship between the Minister, the Department and their organisation, e.g. as documented in the Management Statement; development specific to the business of their organisation; and reflecting on the effectiveness of the Board and its supporting governance arrangements.			This is being addressed by Working Group 9 in the Trust's Governance Action Plan.		
GP2	Understanding the relationship	Green	Management Statement			

	between the Minister, Department and the ALB - Board members have an appreciation of the role of the Board and NEDs, and of the Department's expectations in relation to those roles and responsibilities.		NED Appraisal Executive Director Appraisal Job Descriptions			
GP3	Development specific to the ALB's governance arrangements – the Board is or has been engaged in the development of action plans to address governance issues arising from previous self-assessments/independent evaluations, Internal Audit reports, serious adverse incident reports and other significant control issues.	Green	Board & Committee Papers & Minutes Annual Report Governance Framework and Statement Internal Audit Reports			
GP4	Reflecting on the effectiveness of the Board and its supporting governance arrangements -The development programme includes time for the Board as a whole to reflect upon, and where necessary improve: The focus and balance of Board time; The quality and value of the Board's contribution and added value to the delivery of the business of the ALB;		Board & Committee Papers & Minutes Annual Report Governance Framework and Statement Internal Audit Reports	This is being addressed by Working Group 9 in the Trust's Governance Action Plan.		

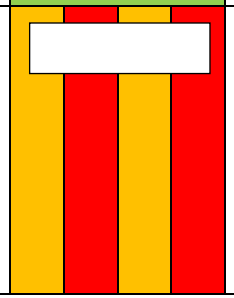
	How the Board responded to any service, financial or governance failures; Whether the Board's subcommittees are operating effectively and providing sufficient assurances to the Board; The robustness of the ALB's risk management processes; The reliability, validity and comprehensiveness of information received by the Board.					
GP5	Time is 'protected' for undertaking this programme and it is well attended.			This is being addressed by Working Group 9 in the Trust's Governance Action Plan.		
GP6	The Board has considered, at a high-level, the potential development needs of the Board to meet future challenges.			This is being addressed by Working Group 9 in the Trust's Governance Action Plan.		

Red Flags	Prompt	NIAS Assessment	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	The Board does not currently have a Board development programme in place for both Executive and Non-Executive Board Members.		This is being addressed by Working Group 9 in the Trust's Governance Action Plan.	
RF2	The Board Development Programme is not aligned to helping the Board comply with the requirements of the Management Statement and/or fulfil its statutory responsibilities.		This is being addressed by Working Group 9 in the Trust's Governance Action Plan.	

2. Board evaluation, development and learning ALB Name: NIAS Date.....

2.3 Board induction, succession and contingency planning

Ref	Prompt	NIAS Assessment	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas were training or guidance is required and/or Areas were additional assurance is required
GP1	All members of the Board, both Executive and Non-Executive, are appropriately inducted into their role as a Board member. Induction is tailored to the individual Director and includes access to external training courses where appropriate. As a minimum, it includes an introduction to the role of the Board, the role expectations of NEDs and Executive Directors, the statutory duties of Board members and the	Green	Induction Programmes Job Descriptions			Refer to previous comments on development of executive director role as a member of the board.

	business of the ALB.					
GP2	Induction for Board members is conducted on a timely basis.	Green	Induction Programmes			
GP3	Where Board members are new to the organisation, they have received a comprehensive corporate induction which includes an overview of the services provided by the ALB, the organisation's structure, ALB values and meetings with key leaders.	Green	Induction Programmes			
GP4	Deputising arrangements for the Chair and CE have been formally documented.	Green	Standing Orders Chief Executive Notification of deputising arrangements			
GP5	The Board has considered the skills it requires to govern the organisation effectively in the future and to the implications of key Board-level leaders leaving the			This is being addressed by Working Group 9 in the Trust's Governance Action Plan.		

	organisation. Accordingly, there are demonstrable succession plans in place for all key Board positions.							

Red Flags	Prompt	NIAS Assessment	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	Board members have not attended the CIPFA “On Board” training course within 3 months of appointment.	Green		
RF2	There are no documented arrangements for chairing Board and committee meetings if the Chair is unavailable.	Green		
RF3	There are no documented arrangements for the organisation to be represented at a senior level at Board meetings if the CE is unavailable.	Green		

RF4	NED appointment terms are not sufficiently staggered.	Green		

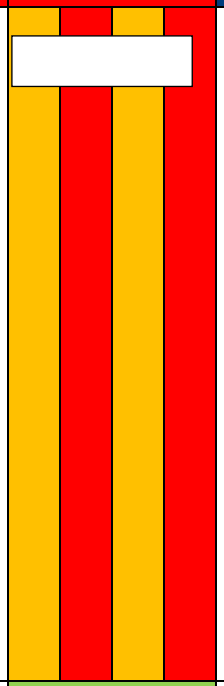
2. Board evaluation, development and learning ALB Name: NIAS Date.....

2.4 Board member appraisal and personal development

Ref	Prompt	NIAS Assessment	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas were training or guidance is required and/or Areas were additional assurance is required
GP1	The effectiveness of each Non-Executive Board member's contribution to the Board and corporate governance is formally evaluated on an annual basis by the Chair	Green	NED Appraisal			
GP2	The effectiveness of each Executive Board member's contribution to the Board and corporate governance is formally evaluated on an annual basis in accordance with the appraisal process prescribed by their organisation.			This is being addressed by Working Group 7 in the Trust's Governance Action Plan.		

GP3	There is a comprehensive appraisal process in place to evaluate the effectiveness of the Chair of the Board that is led by the relevant Deputy Secretary (and countersigned by the Permanent Secretary).	Green	Chair Appraisal			
GP4	Each Board member (including each Executive Director) has objectives specific to their Board role that are reviewed on an annual basis.		Remuneration Committee Minutes (for executive director)	This is being addressed by Working Group 7 in the Trust's Governance Action Plan.		No requirement for setting specific objectives for NEDs – outside of committee chairs. DHSSPS guidance would be welcomed.
GP5	Each Board member has a Personal Development Plan that is directly relevant to the successful delivery of their Board role.			This is being addressed by Working Group 7 in the Trust's Governance Action Plan.		
GP6	As a result of the Board member appraisal and personal development process, Board members can evidence improvements that they have made in the quality of their contributions at Board-level.		Board & Committee Papers & Minutes NED Appraisal	This is being addressed by Working Group 7 in the Trust's Governance Action Plan.		

GP7	Where appropriate, Board members comply with the requirements of their respective professional bodies in relation to continuing professional development and/or certification.	Green	Appraisal			

Red Flags	Prompt	NIAS Assessment	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	There is not a robust performance appraisal process in place at Board level that includes consideration of the perspectives of other Board members on the quality of an individual's contribution (i.e. contributions of every member of the Board (including Executive Directors) on an annual basis and documents the process of formal feedback being given and received.		This is being addressed by Working Group 7 in the Trust's Governance Action Plan.	There is no current 360 appraisal of Non-Executive Directors, although NEDs are subject to formal appraisal with the Trust Board Chair. However this process does not extend to Executive Directors. Executive Directors are subject to performance appraisal, and this is undertaken by the Chief Executive in line with the conditions of Senior Executive pay. That appraisal does not include performance in the Board role, as that would necessitate an appraisal by the Chair. Executive Directors do not participate in any personal 360 review
RF2	Individual Board members have not received any formal training or professional development relating to their Board role.	Green		
RF3	Appraisals are perceived to be a 'tick box' exercise.	Green		(Note: Appraisals are not considered to be a tick box exercise by either NEDs or Executive Directors. However, appraisal is subject to the comments above (RF1).

RF4	The Chair does not consider the differing roles of Board members and Committee members.	Green		(Note: Executive Directors are not members of any Board committee, only attendees).

3. Board insight and foresight ALB Name: NIAS Date.....

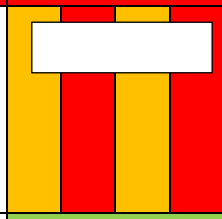
3.1 Board performance reporting

Ref	Prompt	NIAS Assessment	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas were training or guidance is required and/or Areas were additional assurance is required
GP1	The Board has debated and agreed a set of quality and financial performance indicators that are relevant to the Board given the context within which it is operating and what it is trying to achieve. Indicators should relate to priorities, objectives, targets and requirements set by the Dept.	Green	NIAS TDP Board & Committee Papers & Minutes Annual Report			
GP2	The Board receives a performance report which is readily understandable for all members and	Green	Board & Committee Papers & Minutes Annual Report			

	includes: • performance of the ALB against a range of performance measures including quality, performance, activity and finance and enables links to be made; • Variances from plan are clearly highlighted and explained ; • Key trends and findings are outlined and commented on ; • Future performance is projected and associated risks and mitigating measures; • Key quality information is triangulated (e.g. complaints, standards, Dept targets, serious adverse incidents, limited audit assurance) so that Board members					

	can accurately describe where problematic services lines are ;Benchmarking of performance to comparable organisations is included where possible.					
GP3	The Board receives a brief verbal update on key issues arising from each Committee meeting from the relevant Chair. This is supported by a written summary of key items discussed by the Committee and decisions made	Green	Board & Committee Papers & Minutes			
GP4	The Board regularly discusses the key risks facing the ALB and the plans in place to manage or mitigate them.	Green	Board & Committee Papers & Minutes Governance Framework and Statement			
GP5	An action log is taken at Board meetings. Accountable individuals and challenging/demanding timelines are assigned. Progress against		Board & Committee Papers & Minutes	This is being addressed by Working Group 5 in the Trust's Governance Action Plan.	Further development of the action log and reporting mechanisms is required.	

	actions is actively monitored. Slips in timelines are clearly identifiable through the action log and individuals are held to account.							

Red Flags	Prompt	NIAS Assessment	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	Significant unplanned variances in performance have occurred.		This is being addressed by Working Group 2 in the Trust's Governance Action Plan.	There have been occasional but significant unplanned variances in performance. These have been discussed and decisions made as appropriate at Board level.
RF2	Performance failures were brought to the Board's attention by an external party and/or not in a timely manner.	Green		
RF3	Finance and Quality reports are considered in isolation from one another.	Green		
RF4	The Board does not have an action log.	Green		
RF5	Key risks are not reported/escalated up to the Board.	Green		

3. Board insight and foresight ALB Name: NIAS Date.....

3.2 Efficiency and Productivity

Ref	Prompt	NIAS Assessment	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas were training or guidance is required and/or Areas were additional assurance is required
GP1	The Board is assured that there is a robust process for prospectively assessing the risk(s) to quality of services and the potential knock-on impact on the wider health and social care community of implementing efficiency and productivity plans.	Green	Board & Committee Papers & Minutes Annual Report Governance Framework and Statement NIAS TDP			
GP2	The Board can provide examples of efficiency and productivity plans that have been rejected or significantly modified due to their potential impact on quality of service.	Green	Board & Committee Papers & Minutes			

GP3	The Board receives information on all efficiency and productivity plans on a regular basis**.** Schemes are allocated to Directors and are RAG rated to highlight where performance is not in line with plan. The risk(s) to non-achievement is clearly stated and contingency measures are articulated.	Green	Board & Committee Papers & Minutes			
GP4	There is a process in place to monitor the ongoing risks to service delivery for each plan, including a programme of formal post implementation reviews.	Green	Board & Committee Papers & Minutes			

Red Flags	Prompt	NIAS Assessment	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	The Board does not receive performance information relating to progress against efficiency and productivity plans.	Green		This is further supported by on-going work on the Board Assurance Framework
RF2	There is no process currently in place to prospectively assess the risk(s) to quality of services presented by efficiency and productivity plans.	Green		
RF3	Efficiency plans are based on a percentage	Green		

	reduction across all services rather than a properly targeted assessment of need.			
RF4	The Board does not a Board Assurance Framework (BAF).	Green		

3. Board insight and foresight ALB Name: NIAS Date.....

3.3 Environmental and strategic focus

Ref	Prompt	NIAS Assessment	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas were training or guidance is required and/or Areas were additional assurance is required
GP1	The Chief Executive presents a report to every Board meeting detailing important changes or issues in the external environment (e.g. policy changes, quality and financial risks). The impact on strategic direction is debated and, where relevant, updates are made to the ALB's risk registers and Board Assurance Framework (BAF).	Green	Board & Committee Papers & Minutes			
GP2	The Board has reviewed lessons learned from SAIs, reports on discharge of statutory	Green	Board & Committee Papers & Minutes			

	responsibilities, negative reports from independent regulators etc and has considered the impact upon them. Actions arising from this exercise are captured and progress is followed up.					
GP3	The Board has conducted or updated an analysis within the last year to inform the development of the Business Plan.	Green	Board Workshop Notes NIAS TDP TYC Submissions			
GP4	The Board has agreed a set of corporate objectives and associated milestones that enable the Board to monitor progress against implementing its vision and strategy for the ALB. Performance against these corporate objectives and milestones are reported to the board on a quarterly basis**.**	Green	Board & Committee Papers & Minutes			
GP5	The Board's annual programme of work sets aside time for the Board to consider environmental and	Green	Board & Committee Papers & Minutes Board Workshops			

	strategic risks to the ALB. Strategic risks to the ALB are actively monitored through the Board Assurance Framework (BAF).					

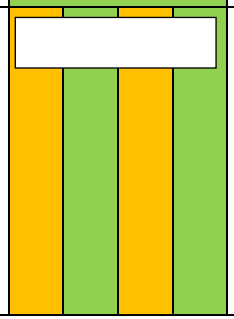
Red Flags	Prompt	NIAS Assessment	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	The Board does not have a clear understanding of Executive/Departmental priorities and its statutory responsibilities, business plan etc.	Green		
RF2	The Board's annual programme of work does not set aside time for the Board to consider environmental and strategic risks to the ALB.	Green		
RF3	The Board does not formally review progress towards delivering its strategies.	Green		

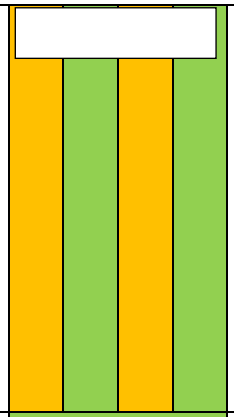
3. Board insight and foresight ALB Name: NIAS Date.....

3.4 Quality of Board papers and timeliness of information

Ref	Prompt	NIAS Assessment	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas were training or guidance is required and/or Areas were additional assurance is required
GP1	The Board can demonstrate that it has actively considered the timing of the Board and Committee meetings and presentation of Board and Committee papers in relation to month and year end procedures and key dates to ensure that information presented is as up-to-date as possible and that the Board is reviewing information and making decisions at the right time.	Green	Board & Committee Papers & Minutes			

GP2	A timetable for sending out papers to members is in place and adhered to.	Green	Standing Orders Board & Committee Papers & Minutes			
GP3	Each paper clearly states what the Board is being asked to do (e.g. noting, approving, decision, and discussion).	Green	Board & Committee Papers & Minutes			
GP4	Board members have access to reports to demonstrate performance against key objectives and there is a defined procedure for bringing significant issues to the Board's attention outside of formal monthly meetings.	Green	Board & Committee Papers & Minutes Standing Orders			Board Meetings do not take place monthly
GP5	Board papers outline the decisions or proposals that Executive Directors have made or propose. This is supported; where appropriate, by: an appraisal of the relevant alternative options; the rationale	Green	Board & Committee Papers & Minutes			

	for choosing the preferred option; and a clear outline of the process undertaken to arrive at the preferred option, including the degree of scrutiny that the paper has been through.					
GP6	The Board is routinely provided with data quality updates. These updates include external assurance reports that data quality is being upheld in practice and are underpinned by a programme of clinical and/or internal audit to test the controls that are in place.	Green	Board & Committee Papers & Minutes Internal & External Audit Reports			
GP7	The Board can provide examples of where it has explored the underlying data quality of performance measures that have been RAG rated green.		Board & Committee Papers & Minutes Internal & External Audit Reports	This is being addressed by Working Group 5 in the Trust's Governance Action Plan.	While positive performance is acknowledged and commended, a focus is maintained on issues of under-performance to deliver improvement.	

GP8	The Board has defined the information it requires to enable effective oversight and control of the organisation, and the standards to which that information should be collected and quality assured.		Board & Committee Papers & Minutes Assurance Framework NIAS TDP	This is being addressed by Working Group 2 in the Trust's Governance Action Plan.	The recently revised Assurance Framework provides the means by which Assurance Committee and Trust Board review sources of information leading to assurance and identify gaps/weaknesss.	
GP9	Board members can demonstrate that they understand the information presented to them, including how that information was collected and quality assured, and any limitations that this may impose.	Green	Board & Committee Papers & Minutes			
GP10	Any documentation being presented complies with Departmental guidance, where appropriate e.g. business cases, implementation plans.	Green	Board & Committee Papers & Minutes			

Red Flags	Prompt	NIAS Assessment	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	Board members do not have the opportunity to read papers e.g. reports are regularly tabled on the day of the Board meeting and members do not have the opportunity to review or read prior to the meeting. The volume of papers is impractical for proper reviewing.	Green		This area is subject to on-going review.
RF2	Board discussions are focused on understanding the Board papers as opposed to making decisions.	Green		Further assurance in this area will be provided by the current review of the Assurance framework including a review of the formal record of decisions.
RF3	The Board does not routinely receive assurances in relation to Data Quality or where reports are received, they have highlighted material concerns in the quality of data reporting.	Green		

RF4	Information presented to the Board lacks clarity, or relevance; is inaccurate or untimely; or is presented without a clear purpose, e.g. is it for noting, discussion or decision.	Green		Further assurance in this area will be provided by the current review of the Assurance Framework.
RF5	The Board does not discuss or challenge the quality of the information presented or, scrutiny and challenge is only applied to certain types of information of which the Board have knowledge and/or experience, e.g. financial information	Green		

3. Board insight and foresight ALB Name: NIAS Date.....

3.5 Assurance and risk management

Ref	Prompt	NIAS Assessment	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas were training or guidance is required and/or Areas were additional assurance is required
GP1	The Board has developed and implemented a process for identification, assessment and management of the risks facing the ALB. This should include a description of the level of risk that the Board expects to be managed at each level of the ALB and also procedures for escalating risks to the Board.	Green	Board & Committee Papers & Minutes Risk Strategy Internal & External Audit Reports			
GP2	The Board has identified the assurance information they	Green	Board & Committee Papers & Minutes NIAS TDP Internal & External Audit			

	require, including assurance on the management of key risks, and how this information will be quality assured.		Reports			
GP3	The Board has identified and makes use of the full range of available sources of assurance, e.g. Internal/External Audit, RQIA, etc	Green	Board & Committee Papers & Minutes Internal & External Audit Reports			
GP4	The Board has a process for regularly reviewing the governance arrangements and practices against established Departmental or other standards e.g. the Good Governance Standard for Public Services.	Green	Self Assessment process for Trust Board and Committees	Self assessment in development for Assurance Committee		
GP5	The Board has developed and implemented a Clinical and Social Care Risk assessment and	Green	Risk Strategy Internal & External Audit Reports			

	management policy across the ALB, where appropriate.					
GP6	An executive member of the Board has been delegated responsibility for all actions relating to professional regulation and revalidation of all applicable staff.	Green	Job Descriptions			

Red Flags	Prompt	NIAS Assessment	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	The Board does not receive assurance on the management of risks facing the ALB.	Green		
RF2	The Board has not identified its assurance requirements, or receives assurance from a limited number of sources.	Green		
RF3	Assurance provided to the Board is not balanced across the portfolio of risk, with a predominant focus on financial risk or areas that have historically been problematic.	Green		
RF4	The Board has not reviewed the ALB's governance arrangements within the last two years.	Green		

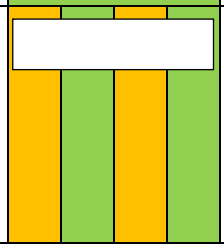
4. Board engagement and involvement ALB Name: NIAS Date.....

4.1 External stakeholders

Ref	Prompt	NIAS Assessment	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas were training or guidance is required and/or Areas were additional assurance is required
GP1	The Board has an approved PPI consultation scheme which formally outlines and embeds their commitment to the involvement of service users and their carers in the planning and delivery of services.	Green	Board & Committee Papers & Minutes			
GP2	A variety of methods are used by the ALB to enable the Board and senior management to listen to the views of service users, commissioners and the wider public, including 'hard to reach' groups	Green	Board & Committee Papers & Minutes PPI Strategy			

	like non-English speakers and service users with a learning disability. The Board has ensured that various processes are in place to effectively and efficiently respond to these views and can provide evidence of these processes operating in practice.					
GP3	The Board can evidence how key external stakeholders (e.g. service users, commissioners and MLAs) have been engaged in the development of their business plans for the ALB and provide examples of where their views have been included and not included in the Business Plan.	Green	NIAS TDP CSR Proposal Consultation Document CSR Implementation Report PPI Strategy			
GP4	The Board has ensured that various communication methods have been deployed to ensure that key external	Green	PPI Strategy Board & Committee Papers & Minutes Public Facing Accountability			

	stakeholders understand the key messages within the Business Plan.					
GP5	The Board promotes the reporting and management of, and implementing the learning from, adverse incidents/near misses occurring within the context of the services that they provide	Green	Board & Committee Papers & Minutes			
GP6	The ALB has constructive and effective relationships with its key stakeholders.	Green	Board & Committee Papers & Minutes Annual Report DHSSPS Accountability Reviews Public-Facing Accountability			

Red Flags	Prompt	NIAS Assessment	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	The development of the Business Plan has only involved the Board and a limited number of ALB staff.	Green		The development of the Business Plan has included other staff and the HSCB and DHSSPS. However, the Board recognise that the process could have benefited from greater involvement and will look to doing this going forward.
RF2	The ALB has poor relationships with external stakeholders, with examples including clients, client organisations etc.	Green		
RF3	Feedback from clients is negative e.g. complaints, surveys and findings from regulatory and review reports.	Green		
RF4	The ALB has received adverse negative publicity in relation to the services it		This is being addressed by Working Group 2 in the Trust's Governance Action Plan.	There has been adverse negative publicity in the last 12 months. However, this is an exception to the norm, and the Board seek to learn and act accordingly

	provides in the last 12 months.			
RF5	The Board has not overseen a system for receiving, acting on and reporting outcomes of complaints.	Green		

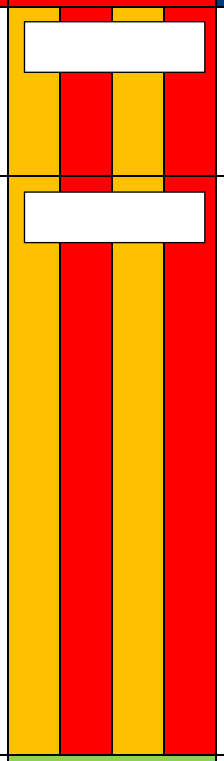
4. Board engagement and involvement ALB Name: NIAS Date.....

4.2 Internal stakeholders

Ref	Prompt	NIAS Assessment	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas were training or guidance is required and/or Areas were additional assurance is required
GP1	A variety of methods are used by the ALB to enable the Board and senior management to listen to the views of staff, including 'hard to reach' groups like night staff and weekend workers. The Board has ensured that various processes are in place to effectively and efficiently respond to these views and can provide evidence of these processes operating in practice.	Green	Station Visits Staff Meetings Board & Committee Papers & Minutes Communication Strategy			
GP2	The Board can evidence how staff have been engaged in the development of their Corporate & Business Plans and		CSR Consultation Proposals NIAS TDP	This is being addressed by Working Group 6 in the Trust's Governance Action Plan.		

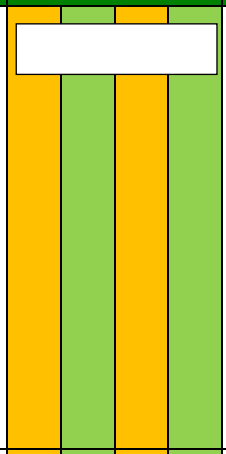
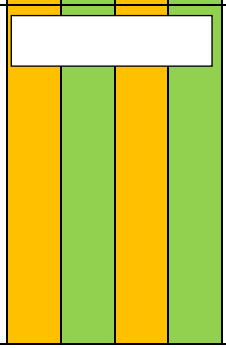
	provide examples of where their views have been included and not included.					
GP3	The Board ensures that staff understand the ALB's key priorities and how they contribute as individual staff members to delivering these priorities.		KSF Personal Development Review NIAS TDP NIAS Corporate Plan Annual Report Board & Committee Papers & Minutes	This is being addressed by Working Group 6 in the Trust's Governance Action Plan.	Personal Development Review partially implemented at this stage.	
GP4	The ALB uses various ways to celebrate services that have an excellent reputation and acknowledge staff that have made an outstanding contribution to service delivery and the running of the ALB.	Green	Long Service Medal Ceremony Queens Ambulance Medal Compliments Letters for Chief Executive			
GP5	The Board has communicated a clear set of values/behaviours and how staff that do not behave consistent with these valves will be managed. Examples can be provided of how management have responded to staff that	Green	NIAS TDP NIAS Annual Plan Annual Report KSF Personal Development Review Disciplinary Procedures Grievance Procedures Board & Committee Papers & Minutes			

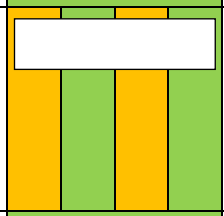
	have not behaved consistent with the ALB's stated values/behaviours.					
GP6	There are processes in place to ensure that staff are informed about major risks that might impact on customers, staff and the ALB's reputation and understand their personal responsibilities in relation to minimising and managing these key risks.	Green	Board & Committee Papers & Minutes Clinical/Non-Clinical Memos & Updates Emergency Planning Engagement (eg G8: Local Unrest) Untoward Incident Reports Serious Adverse Incident Reports			

Red Flags	Prompt	NIAS Assessment	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	The ALBs latest staff survey results are poor.		This is being addressed by Working Group 2 in the Trust's Governance Action Plan.	This assessment is based on 2010 staff survey. Findings from the latest staff survey were not available to the Board at the time of assessment.
RF2	There are unresolved staff issues that are significant (e.g. the Board or individual Board members have received 'votes of no confidence', the ALB does not have productive relationships with staff side/trade unions etc.).		This is being addressed by Working Group 4 in the Trust's Governance Action Plan. The Trust works in partnership with Trade Unions, in line with regional guidance maintaining regular contact with DHSSPS.	The Board and its members were subject to a 'vote of no confidence' by certain Trade Unions in August 2014 but took immediate and effective action to engage with them to address and resolve issues of concern. There are unresolved issues at Board level in respect of Agenda for Change Job Evaluation but Members are committed to resolving this issue. There have been two instances of one-day industrial action which were focused on both regional and national UK issues.
RF3	There are significant unresolved quality issues.	Green		
RF4	There is a high turnover of staff.	Green		
RF5	Best practise is not shared within the ALB.	Green		

4. Board engagement and involvement ALB Name: NIAS Date.....

4.3 Board profile and visibility

Ref	Prompt	NIAS Assessment	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas were training or guidance is required and/or Areas were additional assurance is required
GP1	There is a structured programme of events/meetings that enable NEDs to engage with staff (e.g. quality/leadership walks; staff awards, drop in sessions) that is well attended by Board members and has led to improvements being made.		Long Service Medal Ceremony Board Station Visits	This is being addressed by Working Group 5 in the Trust's Governance Action Plan.		
GP2	There is a structured programme of meetings and events that increase the profile of key Board members, in particular, the Chair and the CE, amongst external stakeholders.		Chair Diary CX Diary Corporate Diary	This is being addressed by Working Group 5 in the Trust's Governance Action Plan.	While no structured programme is in place, both Chair and CEO attend meetings of the CE Forum and Chairs Forum in NI as well as other relevant events organised by NICON	

GP3	Board members attend and/or present at high profile events.	Green	Chair Diary CX Diary Corporate Diary			
GP4	NEDs routinely meet stakeholders and service users.			This is being addressed by Working Group 5 in the Trust's Governance Action Plan.	Limited opportunity given pre-hospital setting	
GP5	The Board ensures that its decision-making is transparent. There are processes in place that enable stakeholders to easily find out how and why key decisions have been made by the Board without reverting to freedom of information requests.	Green	Board & Committee Papers & Minutes			
GP6	As a result of the Board member appraisal and personal development process, Board members can evidence improvements that they have made in the quality of their contributions at Board-level.	Green	Board & Committee Papers & Minutes NED Appraisal			Repeat of GP7 in section 2.4

Red Flags	Prompt	NIAS Assessment	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	With the exception of Board meetings held in public, there are no formal processes in place to raise the profile and visibility of the Board.	Green		
RF2	Attendance by Board members is poor at events/meetings that enable the Board to engage with staff (e.g. quality/leadership walks; staff awards, drop in sessions).	Green		

Summary Results **ALB Name: Northern Ireland Ambulance Service Trust** **Date.....**

1.Board composition and commitment									
Area	Self Assessment Rating		Additional Notes						
1.1 Board positions and size	G		score	green	Amber/green	Amber/red	Red		
			Good practice	All OK	All Explained/Action Plans	Some			
			Red flag	0	1 with action plan	2 with action plan	Lack action plans		
1.2 Balance and calibre of Board members	G		score	green	Amber/green	Amber/red	Red		
			Good practice	All OK	All Explained/Action Plans	Some			
			Red flag	0	1 with action plan	2 with action plan	Lack action plans		
1.3 Role of the Board	A	G	score	green	Amber/green	Amber/red	Red		
			Good practice	All OK	All Explained/Action Plans	Some			
			Red flag	0	1 with action plan	2 with action plan	Lack action plans		
1.4 Committees of the Board	A	G	score	green	Amber/green	Amber/red	Red		
			Good practice	All OK	All Explained/Action Plans	Some			
			Red flag	0	1 with action plan	2 with action plan	Lack action plans		
1.5 Board member commitment	A	G	score	green	Amber/green	Amber/red	Red		
			Good practice	All OK	All Explained/Action Plans	Some			
			Red flag	0	1 with action plan	2 with action plan	Lack action plans		

2.Board evaluation, development and learning								
Area	Self Assessment Rating		Additional Notes					
2.1 Effective Board level evaluation	A	G	score	green	Amber/green	Amber/red	Red	
			Good practice	All OK	All Explained/Action Plans	Some		
			Red flag	0	3 with action plan	2 with action plan	Lack action plans	
2.2 Whole Board development programme	A	R	score	green	Amber/green	Amber/red	Red	
			Good practice	All OK	All Explained/Action Plans	Some		
			Red flag	0	1 with action plan	2 with action plan	Lack action plans	
2.3 Board induction, succession and contingency planning	A	G	score	green	Amber/green	Amber/red	Red	
			Good practice	All OK	All Explained/Action Plans	1 with action plan		
			Red flag	0	1 with action plan	2 with action plan	Lack action plans	
2.4 Board member appraisal and personal development	A	G	score	green	Amber/green	Amber/red	Red	
			Good practice	All OK	All Explained/Action Plans	Some		
			Red flag	0	1 with action plan	1 with action plan	Lack action plans	

3.Board insight and foresight			
Area	Self Assessment Rating		Additional Notes
3.1 Board performance reporting	A	G	score / green / Amber/green / Amber/red / Red Good practice / All OK / All Explained/Action Plans / Some / Red flag / 0 / 1 with action plan / 1 with action plan / Lack action plans
3.2 Efficiency and Productivity	G		score / green / Amber/green / Amber/red / Red Good practice / All OK / All Explained/Action Plans / Some / Red flag / 0 / 1 with action plan / 2 with action plan / Lack action plans
3.3 Environmental and strategic focus	G		score / green / Amber/green / Amber/red / Red Good practice / All OK / All Explained/Action Plans / Some / Red flag / 0 / 1 with action plan / 2 with action plan / Lack action plans
3.4 Quality of Board papers and timeliness of information	A	G	score / green / Amber/green / Amber/red / Red Good practice / All OK / All Explained/Action Plans / Some / Red flag / 0 / 1 with action plan / 2 with action plan / Lack action plans
3.5 Assurance and risk management	G		score / green / Amber/green / Amber/red / Red Good practice / All OK / All Explained/Action Plans / Some / Red flag / 0 / 1 with action plan / 2 with action plan / Lack action plans

4. Board engagement and involvement			
Area	Self Assessment Rating		Additional Notes
4.1 External stakeholders	A	G	score / green / Amber/green / Amber/red / Red Good practice / All OK / All Explained/Action Plans / Some Red flag / 0 / 1 with action plan / 2 with action plan / Lack action plans
4.2 Internal stakeholders	A	R	score / green / Amber/green / Amber/red / Red Good practice / All OK / All Explained/Action Plans / Some Red flag / 0 / 1 with action plan / 2 with action plan / Lack action plans
4.3 Board profile and visibility	A	G	score / green / Amber/green / Amber/red / Red Good practice / All OK / All Explained/Action Plans / Some Red flag / 0 / 1 with action plan / 2 with action plan / Lack action plans

5. Board impact case studies		
Area	Self Assessment Rating	Additional Notes
5.1		
5.2		
5.3		

Areas where additional training/guidance is required		
Area	Self Assessment Rating	Additional Notes

Areas where additional assurance is required		
Area	Self Assessment Rating	Additional Notes

score	green	Amber/green	Amber/red	Red
Good practice	All OK	All Explained/Action Plans	Some	
Red flag	0	1 with action plan	2 with action plan	Lack action plans

6. Board impact case studies

6. Board impact case studies ALB Name.....NIAS.....Date.....March 2015.....

6.3 Case Study 3

Organisational strategy	Title:Service modernisation
Brief description of area of focus	Pursuit of service modernisation while maintaining focus on core service delivery
Outline reasons / rationale for why the Board wanted to focus on this area	Trust Board identified risk of loss of focus on core 999 response delivery as a result of pursuing TYC service modernisation Initiatives without appropriate and sufficient funding for resources to deliver
Outline how the Board was assured that the plan/ (s) in place were robust and realistic	Trust board was appraised of NIAS TYC engagement processes. Trust board was appraised of Investment proposals for resources. Trust board approved modernisation strategy. The modernisation strategy was assessed against NIAS corporate plan aims and objectives for consistency

Outline the assurances received by the Board that the plan/(s) were implemented and delivered the desired changes in culture	Trust board was advised of resources secured through investment proposal and appointments of Personnel made. Trust board was appraised on an ongoing basis of TYC modernisation program implementation. Director of HR was identified as lead director for TYC modernisation.
Specifically explain how the NEDs were involved	Initial development of corporate risk. Approval of strategy. Monitoring of delivery.

TB/06/02/04/15

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

02 April 2015

Title:	Appropriate referral and transport policy
Purpose:	It is widely recognised that not every patient who contacts the ambulance service requires an ambulance response. A proportion of patients can be safely managed by telephone triage which is known as “hear and refer”. When an ambulance does attend to a patient, it is also recognised that not every patient will require transport to the ED. Paramedics can now safely manage patients in the community by utilising “see and treat” and “see, treat and refer” Appropriate Care Pathways (ACPs). This policy is designed to assist paramedics with their clinical decision making. By supporting paramedics to safely refer patients to the most appropriate care, patient experience is enhanced, paramedic confidence is increased and patient safety is maintained.
Content:	As above
Recommendation:	For approval
Previous Forum:	SEMT
Prepared by:	Mr Ciaran McKenna, Clinical Service Improvement Lead, Ms Sarah Williamson, Transformation and Organisational Change Manager
Presented by:	Dr McManus, Medical Director

1.0 Title:	Appropriate referral / transport policy		
2.0 Author(s):	Ciaran McKenna, Clinical Service Improvement Lead		
3.0 Ownership:	Dr David McManus, Medical Director		
4.0 Date of SEMT Approval:	3/3/2015	**5.0 Date of Trust Board Approval:**	
6.0 Operational Date:		**7.0 Review Date:**	April 2016
Version No:	Version 0.10	**Supersedes:**	0.1; 0.2; 0.3, 0.4, 0.5, 0.6, 0.7, 0.8, 0.9
8.0 Key words:	Appropriate transport, appropriate care pathways, appropriate referrals, non-conveyance.		
9.0 Other Relevant Policies:	Child protection policy. Management of aggression policy. Records Management Policy		

Version Control for Drafts:			
Date	**Version**	**Author**	**Comments**
14/11/14	V0.1	CMK	Initial draft.
3/12/14	V0.2	CMK	Redraft and content review
15/12/14	V0.3	CMK	Redraft and content review
23/12/14	V0.4	CMK	Redraft and content review
08/01/15	V0.5	CMK	Redraft and content review
14/01/15	V0.6	CMK	Redraft and content review
15/01/15	V0.7	CMK	Redraft (structural)
16/01/15	V.0.8	CMK	Redraft (structural)
03/02/15	V0.9	CMK	Minor alterations
26/02/15	V0.10	CMK	Insert of elements of guidance into key policy principles

1.0 Introduction

This policy is aimed at supporting the vision of "Transforming Your Care" by ensuring patients receive the right care in the right place at the right time.

The demand for emergency ambulances is increasing every year and the range of conditions and clinical presentations of patients continue to challenge both the Emergency Medical Dispatcher (EMD) and the attending paramedics. During the 2013/2014 year the Northern Ireland Ambulance Service (NIAS) saw an increase of 3.2% in the number of emergency calls it received. Sir Bruce Keogh (2013) has recognised that "current services are unsustainable". Traditionally the only option for attending ambulance crews was to transport patients to the Emergency Department (ED). However, the Keogh Report (2013) identified from their analysis that 50% of 999 calls did not need ED attendance. The ED should now be regarded as just one of a range of pathways that can be utilised to ensure the patient receives the most appropriate care. Success in combating the increasing workload will rely on our ability to accurately assess, treat and refer patients to the most appropriate care providers. Our ability to adapt to this new way of working will see patients receive more timely and appropriate care, with the overall patient experience being enhanced. It will also improve the availability of ambulances for genuine emergency calls.

The policy supports the concept of reform, modernisation and improvement as described in the NIAS Comprehensive Spending Review (CSR) paper in February 2009. This paper discussed and consulted on the following principles:

- Supporting service development
- Implementation of clinical triage in the control room to provide clinically appropriate alternatives to non-urgent 999 calls
- Treat and leave
- Treat and refer
- Implementation of Appropriate Care Pathways (ACPs)
- More efficient use of the intermediate care vehicles (ICV) to transport non urgent patients

1.1 Purpose

It is widely recognised that not every patient who contacts the ambulance service requires an ambulance response. A proportion of patients can be safely managed by telephone triage which is known as "hear and refer". When an ambulance does attend to a patient, it is also recognised that not every patient will require transport to the ED. Paramedics can now safely manage patients in the community by utilising "see and treat" and "see, treat and refer" Appropriate Care Pathways (ACPs).

Examples of ACPs include referral to:

- The General Practitioner (GP)
- A minor injury unit
- The local pharmacist
- A district nursing team
- A social worker
- The mental health crisis response team

Accessing these referral pathways will therefore ensure the patient receives the most appropriate care in the right place at the right time.

1.2 Objectives
This policy is designed to assist paramedics with their clinical decision making. By supporting paramedics to safely refer patients to the most appropriate care, patient experience is enhanced, paramedic confidence is increased and patient safety is maintained. Utilising appropriate care pathways will also ensure ambulances are available for genuine life threatening emergencies. Demand on local EDs will also be reduced.

2.0 Scope

2.1 The policy applies to all NIAS Doctors and NIAS Paramedics who are responding to both emergency and non-emergency calls.

2.2 The policy does not apply to Patient Care Service (PCS) staff or Emergency Medical Technicians (EMTs) however both Ambulance Care Assistants (ACAs) and EMTs should have an understanding of the policy and how the changes to operational practice will impact on their roles.

2.3 Emergency Ambulance Control (EAC) staff should have an understanding of this policy and how the changes to operational practice will impact on their roles.

3.0 Responsibilities

3.1 Chief Executive / Trust Board
The Chief Executive and the Trust Board has overall accountability for the service provided to all patients.

3.2 Assurance Committee
The Assurance Committee is responsible for the implementation and monitoring of this policy and associated guideline.

3.3 Medical Directorate
The Medical Director and Assistant Medical Director are responsible for ensuring that paramedics follow evidence based best practice and that all clinical standards are met. While numerous evidence bases exist, paramedics predominantly adhere to:

- The Association of Ambulance Chief Executives (AACE) Joint Royal Colleges Ambulance Liaison Committee (JRCALC) UK Ambulance Service Clinical Practice Guidelines 2013.
- National Institute for Health and Care Excellence (NICE) guidelines which are relevant to Ambulance services.
- Local Northern Ireland Ambulance Service specific guidelines.

The medical directorate will monitor all incidents and feedback arising from any aspect of non-transport and referral of patients. They will provide reports to the Assurance Committee as and when required.

Reporting of incidents can occur in a number of ways:

- Serious Adverse Incidents (SAIs)
- Untoward Incident Reports (UIRs)

- Compliments
- Complaints

3.4 Operational Directorate

The operational directorate are responsible for the implementation of this policy. They will promote and support all operational personnel with the use of this policy. The policy will have varying degrees of impact depending on the member of staff using it.

3.4.1 Operational Managers

Ambulance Service Area Managers (ASAMs) and Station Officers (SOs) will be required to adhere to this policy when carrying out their paramedic duties. In addition, they will oversee the implementation of this policy and support their staff with the interpretation and application of the policy. They will offer support and feedback to ensure that appropriate and safe decisions are made relating to patients who are referred to another destination or who decline transport.

3.4.2 Paramedics

Paramedics will be the primary users of this policy and have a duty to follow it. They should recognise and work within the limits of their professional competence by undertaking duties and responsibilities which they are able to perform in a safe and skilled manner and for which they have appropriate training, education and experience. Paramedics must always be able to clinically justify what they have / have not done and must always act in the best interests of the patient.

Paramedics are reminded of their responsibilities under the Health and Care Professions Council (HCPC) Standards of Proficiency and the Standards of Conduct, Performance and Ethics. Paramedics should be able to account for their clinical decision making and demonstrate evidence based best practice. They have a professional duty and obligation to maintain a high standard of practice.

Any deviation from this guideline must be documented in full on the PRF. Paramedics who fail to act in accordance with this guideline and policy without supporting documentation may be considered negligent.

3.4.3 Clinical Support Desk Clinician

The Clinical Support Desk clinician will have the same responsibilities as those outlined above. A primary function of the clinical support desk clinician will be to identify suitable calls for telephone triage and employ “hear and refer” pathways where appropriate. The clinician will also identify and suggest appropriate care pathways for the attending paramedics.

Attending paramedics may also contact the Clinical Support Desk for advice and / or guidance. While the Clinical Support Desk clinician will be able to offer advice and / or guidance to the attending paramedic, the attending paramedic will have the final decision in regards to patient treatment / transport / referral.

Following the initial AMPDS triage, a predefined selection of calls will be passed to the CSD clinician for further assessment. The clinician supported with clinical decision software will undertake a thorough telephone consultation with the patient.

Based on the outcome of this consultation, the clinician will offer advice on the most appropriate treatment or referral pathway suitable for the patients' needs.

3.4.4 Emergency Medical Technicians

This policy is to be used by paramedics; however, Emergency Medical Technicians (EMTs) should have an awareness and understanding of the policy.

3.4.5 Ambulance Care Assistants

This policy is to be used by paramedics who will utilise appropriate care pathways and refer patients to appropriate destinations. Ambulance Care Assistants (ACAs) should have an awareness and understanding of this policy as they will be required to transport patients to appropriate destinations.

3.4.6 RRV Control Officers / Ambulance Control Officers

RRV and Ambulance Control Officers should have an awareness and understanding of this policy. The officers should be aware that crews may transport patients to destinations other than the ED. The officers should "Stop" the call with the appropriate code or utilise the "call plus" function in order to ensure accurate data capture. The officers should identify and suggest appropriate care pathways to paramedics.

3.4.7 Emergency Medical Dispatchers (EMDs) / Regional Pressures Coordination Centre (RPCC) call takers

EMDs and RPCC call takers should have an understanding of this policy in order to identify and suggest appropriate care pathways to attending paramedics. They should "Stop" the call with the appropriate code or utilise the "call plus" function in order to ensure accurate data capture.

3.4.8 Information Analysts including Clinical Audit Functions

Staff within the Finance and ICT Directorate, Information Department will be responsible for the extraction and collation of emergency and non-emergency datasets to facilitate the monitoring and usage of referral pathway to support the Trust with the implementation of this Policy. Datasets extracted will be shared with internal and external stakeholders to ensure effective monitoring and reporting. The Clinical Audit functions will also analyse and extract PRF datasets as required, supporting other internal stakeholders with trend analysis, review, monitoring and audit of referral processes and pathways.

Information analysts will require an understanding of the policy in order to ensure correct data capture and reporting.

3.5 Clinical Training Team

The NIAS training team consists of the Clinical Training Manager (CTM); Divisional Training Officers (DTOs); Regional Training Officers (RTOs) and Clinical Support Officers (CSOs) under the direction of the Assistant Director of Human Resources, Education, Learning and Development.

The DTOs, RTOs and CSOs will support staff with the interpretation and application of the policy.

The DTOs, RTOs and CSOs will offer support and feedback to staff to ensure that appropriate and safe decisions are made around patients who are referred to another destination or who decline transport.

The CSOs under the direction of the DTO will be responsible for patient report form (PRF) clinical audits. They will give feedback to staff following these audits and offer guidance on best practice where necessary.

4.0 Key Policy Principles

This policy supports the practice of referrals to appropriate care pathways. This can either be via attending paramedics or via a "hear and refer" pathway. The policy also covers the wider practice of patients who do not travel to hospital which may be for a number of reasons:

- The patient refused
- A&E Transport not required / Patient making own way
- A&E Transport not required/ Patient referred to non-emergency ambulance for transport
- Patient referred to an appropriate care pathway
- No further clinical intervention required following assessment

4.0.1 The Appropriate Referral and Transport guideline provides guidance relating to consent, mental capacity and clinical assessment. This guidance explains the effective patient assessment required in order to enact this policy and this should be followed by paramedics and documented appropriately on the PRF.

4.0.2 A patient may refuse to travel to hospital or to be referred to an Appropriate Care Pathway. Full assessment of these patients should be carried out by an attending paramedic as described in the Appropriate Referral guidance. The appropriate documentation should be completed regarding this.

4.0.3 An operational paramedic or Clinical Support Desk clinician may determine that A&E transport is not required to convey a patient to the appropriate service e.g. a Minor Injury Unit or ED or Pharmacy. Once the clinician has established that no clinical intervention or further assessment/monitoring is required during transport it is acceptable for alternative means of transport to be suggested. Staff should not get involved in confrontation and if the patient has no other form of transport available, then the crew should transport by ambulance.

4.0.4 An operational paramedic or Clinical Support Desk clinician may determine that A&E transport is not required to convey a patient to the appropriate service e.g. a Minor Injury Unit or ED or Pharmacy. Once the clinician has established that no clinical intervention or further assessment/monitoring is required during transport it is acceptable for alternative means of transport to be suggested. It may be appropriate for a non-emergency vehicle to convey the patient or for other transport options to be suggested.

4.0.5 An operational paramedic or Clinical Support Desk clinician may refer a patient to an Appropriate Care Pathway (Treat and Leave and Refer, or Treat and Refer) depending on patient assessment, referral criteria and availability of services. The pathway-specific referral guidelines should be used for guidance.

4.0.6 Following assessment in person or via phone an operational paramedic or Clinical Support Desk clinician may determine that no further clinical intervention is required. Thorough clinical assessment and robust documentation is required. The patient and their family/responsible person should be included in this and all decision making processes.

4.0.7 In line with the Appropriate Referral Guideline, if there is any doubt about a patient's condition then the patient should be encouraged to travel to hospital.

4.1 Definitions

Appropriate Care Pathway
An Appropriate Care Pathway (ACP) is either referral to another healthcare provider or appropriate service or referral to a destination other than an Emergency Department. The decision to use an ACP is made by the NIAS paramedic after discussion with the patient. Examples of ACPs are given in section 2.1

5.0 Implementation
The primary users of this policy will be paramedics, however; it is relevant to the wider operational directorate. The Operational Directorate will ensure policy implementation supported by the Clinical Training team. The Human Resource Directorate and Information Department will also require an awareness of the policy.

The policy will be issued to the above staff groups via multiple communication channels. All the above staff will require awareness raising as a minimum. The requirement for training in relation to this policy will be assessed at the monthly Education Learning and Development meeting with representation from the Medical Directorate, Operational Directorate and Clinical Training Department.

6.0 Monitoring Compliance and Effectiveness of the Policy
There will be a number of ways in which compliance with this policy and guideline will be monitored. These are as follows:

- Clinical Support Officers will audit a selection of all patient report forms where the patient did not travel to ED. The audit will ensure that best practice has been followed and Patient Report Form documentation is robust. Feedback will be given to the paramedic on each PRF audit. Information collected from this process will be reviewed by the DTOs and fed back to the Medical Director for the information of the Assurance Committee.

- There will be peer review of any incidents / complaints / serious untoward incidents (UIRs and SUIs) arising out of this policy.

- Review, monitoring and audit of referral processes and pathways will be conducted by the Clinical Audit Team on an on-going basis. Patient experiences will be sought in order to ensure our processes meet both the patients' needs and their expectations. As the Transformation and Modernisation programme evolves, further ACPs will be added which will also be reviewed and audited.

7.0 Approval of Policy Documents

This policy and attached guideline has been approved by the NIAS Assurance Committee and ratified by the Trust Board.

8.0 Review and Revision Arrangements

This policy should be reviewed annually or sooner if appropriate.

9.0 Evidence Base

Appendix 1 contains the reference list for the evidence base that was used in the design of this policy.

10.0 Consultation Process

The following groups of staff were consulted with in the development of this policy:

- Medical Directorate
- Senior Executive Management Team
- Operations Directorate
- Human Resources
- Clinical Training Team
- Ambulance Service Area Managers
- Trade Unions

Focus groups were used to consult with a range of operational staff including Station Officers; Station Supervisors; paramedics; emergency medical technicians and ambulance care assistants.

11.0 Appendices

Appendix 1: Reference List

12.0 Equality Statement

12.1 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.

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

Major impact ☐

Minor impact ☐

No impact. ☒

13.0 SIGNATORIES

_____ **Date:** _____

Lead Author

_____ **Date:** _____

Lead Director

Appendix 1: References

Association of Ambulance Chief Executives Joint Royal Colleges Ambulance Liaison Committee (2013) *UK Ambulance Services Clinical Practice Guidelines.* University of Warwick

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TB/07/02/04/15

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

2 April 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
Recommendation:	For noting
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

Northern Ireland Ambulance Service
Health and Social Care Trust

Title:	Whistle Blowing Policy		
Author(s)	Reviewed by Mary Crawford		
Ownership:	Director of HR & Corporate Services		
Date of SEMT Approval:	24 March 2015	**Date of Trust Board Approval:**	
Operational Date:		**Review Date:**	2/04/2017
Version No:	Version 1.0	**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: Dr Jim Livingstone
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

FROM THE MINISTER FOR HEALTH,
SOCIAL SERVICES AND PUBLIC SAFETY
Edwin Poots MLA

Department of
Health, Social Services and Public Safety
www.dhsspsni.gov.uk

Castle Buildings
Stormont Estate
BELFAST BT4 3SQ
Tel: 028 90 520642
Fax: 028 90 520557
Email: private.office@dhsspsni.gov.uk

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.

[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)

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).

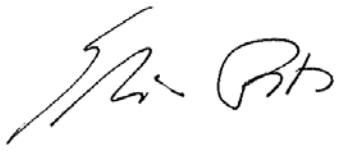
8. Your organisation's whistleblowing policy sets out how to go about expressing a concern both internally and, should it be necessary, outside line management. Each organisation's policy should make it clear that ultimately, you have the right to direct your concern to me.

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/08/02/04/15

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

2 April 2015

Title:	Complaints Policy
Purpose:	To provide all relevant information regarding the complaints process.
Content:	Policy Review with Minor Amendments.
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 & Corporate Services

Northern Ireland Ambulance Service
Health and Social Care Trust

Title:	Complaints Policy		
Author(s)	Reviewed by Mary Crawford, Complaints & Administration Manager (T)		
Ownership:	Director of HR & Corporate Services		
Date of SEMT Approval:		**Date of Trust Board Approval:**	
Operational Date:		**Review Date:**	April 2017
Version No:	Version 0.1	**Supercedes:**	
Key words:	Complaints Policy		
Other Relevant Policies:			

Version Control for Drafts:			
Date	**Version**	**Author**	**Comments**
02/01/15	V0.1	HR & CS	Initial draft.

Northern Ireland Ambulance Service
Health and Social Care Trust

COMPLAINTS POLICY

Contents

1.0 INTRODUCTION/PURPOSE OF THE POLICY

1.1 The Northern Ireland Ambulance Service (NIAS) Complaints Policy has been based on and complies with the Complaints in Health & Social Care Standards and Guidelines for Resolution & Learning April 2009. This policy should be read in conjunction with the NIAS Complaints Procedures.

1.2 Our Vision Statement outlines our ambition for "Improved Health and Well Being for the Northern Ireland Community through safe, effective, high quality care and services". 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.

1.3 Effective service user and public involvement is an important aspect of our governance arrangements, and as such helps us to improve the quality of the services we offer and safeguard high standards of care and treatment. This is why all complaints are encouraged, will be taken seriously and viewed as a positive opportunity for learning and improving services.

1.4 We recognise that complaints relating to our services represent only a small proportion of the total number of contacts between our staff and the public and that our staff continually strive to provide the highest possible standard of health and social care. Since our service users see our services from a different perspective their views can provide a valuable insight for an organisation committed to continuous quality improvement.

1.5 We are strongly committed to a listening, acting, improving approach to service user feedback that is honest and thorough. This Policy and supporting Procedure seek to make sure that any concerns raised and complaints or enquiries made are handled courteously, with sensitivity and without delay. We are committed to ensuring that no one should be discriminated against or suffer any adverse consequences as a result of making a complaint.

1.6 Each HSC organisation has a legal duty to operate a complaints procedure which includes monitoring the effectiveness of the procedure and publicising arrangements for dealing with complaints.

1.7 This Policy and supporting Procedure detail the Trust's arrangements for dealing with verbal and written complaints received about any aspect of the services provided by or on behalf of the Trust.

Objectives

1.8 to provide ease of access to those wishing to make a complaint;

1.9 to ensure the process for dealing with complaints is simple and straightforward;

1.10 to ensure responses to complaints are timely whilst being comprehensive, accurate and open with an emphasis on early resolution of the complaint;

1.11 to ensure staff and complainants are treated with the same open and fair approach;

1.12 to ensure that complaints are used positively to support learning, continuously improve the services we provide and where possible prevent a recurrence.

1.13 to ensure all complaints are dealt with in accordance with the Procedure;

2.0 ROLES & RESPONSIBILITIES

Staff are responsible for:

2.1 discussing and attempting to resolve complaints as they arise and to put things right where possible within identified timescales;

2.2 contributing to the investigation of complaints and enquiries within the Trust and returning statements, reports and other information to Investigating Officer within requested timescales;

Managers are responsible for:

2.3 seeking resolution of complaints raised at service level within identified timescales where possible as a rapid response and personal contact often results in effective complaints resolution;

2.4 making sure adequate time is allowed for the investigation of complaints and enquiries within their area of responsibility;

2.5 supporting, advising and assisting staff to resolve and put right the issues giving rise to the complaint or enquiry, when possible; contributing to the investigation of complaints and enquiries and making sure statements and reports address all of the issues raised, and are returned to the Investigating Officer for approval within the required timescales;

2.6 identifying learning and developing action plans to prevent the problem reoccurring, introducing service improvements and making sure that all relevant information is disseminated throughout the Trust;

2.7 making sure a 'fair and just' organisational culture is maintained and that staff members are informed if a complaint is made against them, that they receive a copy of the complaint, are given a chance to give their side of the story, and are made aware of the process and timescales for responding to complaints. Such staff members will also receive a copy of the written response, and receive support from their line manager both before, during and after the investigation into the complaint and after the written response has been forwarded to the person making the complaint and such staff should not be unfairly subject to disciplinary action;

Complaint staff are responsible for:

2.8 administering the Trust's Complaints Policy & Procedure on behalf of the Chief Executive;

2.9 processing all complaints received via Trust Headquarters and providing specialist advice which will include contact with service users and their representatives, Health and Social Care staff, Investigating Officers, Senior management and the Chief Executive;

2.10 assessing all formal complaints received via Trust Headquarters regarding their suitability for possible informal local resolution;

2.11 obtaining consent, where required, in the case of third party complaints or enquiries;

2.12 quality assuring all responses pertaining to complaints or enquiries;

2.13 providing information as requested by the Northern Ireland Ombudsman; and inputting into the delivery of training pertaining to complaints investigation and management.

Investigating Officers are responsible for:

2.14 considering each complaint or enquiry openly and honestly;

2.15 seeking to understand the scope and nature of the complaint or enquiry including identification of the main issues and what the person making the complaint is asking for e.g. apology, explanation;

2.16 contacting staff identified as the subject of a complaint or enquiry and providing them with a full account of the reasons for the investigation, giving them a proper opportunity to contribute to the investigation, ensuring they are kept informed of progress and receive a copy of the written response;

2.17 ensuring all investigations are conducted in a fair and just manner which is supportive to those involved and discourages the attribution of blame;

2.18 during the process of the investigation, as appropriate, obtaining written statements and reports from relevant staff. The Investigating Officer may also need to speak to or meet with the person making the complaint or enquiry and review the health or social care records;

2.19 analysing the information obtained from the investigation and making sure adequate information is available to respond to all of the issues raised in the complaint or enquiry;

2.20 liaising with the relevant Assistant Director or Director as to whether a meeting with the person making the complaint or enquiry is appropriate before a response is issued including who might be best placed to meet with the person making the complaint or enquiry;

2.21 informing the Complaints Manager if it is known or anticipated that there will be a delay in the preparation of the draft response so that complaint staff can issue a holding letter to the person making the complaint and explain the reason for the delay;

2.22 ensuring that an 'audit trail' and records are kept of the investigation for retention on file within the Complaints Office in the event that the Northern Ireland Ombudsman requests these as part of an investigation;

2.23 ensuring that all aspects of the complaint and investigation remain accessible and support is provided where applicable;

2.24 identifying a Deputy to deal with complaints or enquiries in his/her absence.

Directors are responsible for:

2.25 making sure that managers and staff within their Directorate are aware of and comply with the requirements of this Policy and Procedure;

2.26 nominating Investigating Officers to co-ordinate the investigation of complaints and enquiries within their Directorate and making sure that processes are in place to meet the required timescales for the preparation of draft responses pertaining to complaints;

2.27 deciding if a meeting is required with the person making the complaint either before or after the written response is issued and identifying which members of staff need to be present at any such meetings;

2.28 making sure that if appropriate action plans are developed that learning and service improvement occurs to prevent a reoccurrence of the problem;

2.29 disseminating the learning from service user feedback, including examples of good practice pertaining to complaints and compliments within their Directorate and the Trust as a whole;

2.30 making sure that service user feedback-related analyses are discussed at Directorate Governance/Management meetings including consideration of emerging issues, potential risks and informing appropriate actions including circulation to

appropriate senior managers for onward dissemination as necessary; and identifying a Deputy to deal with complaints or enquiries in his/her absence.

Trust Board will be responsible for:

2.31 seeking assurance that the Trust's policy and procedures comply with best practice in complaints management;

2.32 monitoring all complaints and in particular the Trust's performance against the Department of Health, Social Services and Public Safety's timeframes for complaints management;

2.33 reviewing reports from the Northern Ireland Commissioner for Complaints, and seeking assurance that recommendations are acted on.

The Chief Executive is responsible for:

2.34 overseeing the operation of this Policy and Procedure; and

2.35 the overall management of service user feedback in general, and complaints in particular, within the Trust which includes ensuring a positive experience for the service user.

3.0 TRAINING & EDUCATION

3.1 The Trust will ensure training and information on complaints investigation and management is available for staff at the appropriate level. This should be included within:

- Corporate induction for all staff;
- Departmental induction for all new staff;
- Departmental training days and workshops; and
- Corporate training programmes/courses encompassing:

  - General training on complaints management for all staff likely to come into contact with service users to enable them to respond appropriately to complaints; and
  - Specialist complaints management training for Investigating Officer, complaints staff and others, as required.

4.0 ADVICE AND INFORMATION FOR SERVICE USERS

4.1 We will produce information for our service users on how to provide feedback on our services which will be well publicised, simple, clear and easy to complete

4.2 Information materials pertaining to service user feedback including how to make a complaint will be provide free of charge and will be available in various formats and languages. Other arrangements will be made as necessary to meet the specific needs of those wishing to comment on our services, including the provision of interpreting services and translation of information into additional languages, as required.

4.3 Advice and assistance is available for service users who wish to provide feedback on our services from complaints staff on:

Trust Headquarters, Site 30
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8SG
Tel: 02890 400999
Textphone: 02890 400871

All service users should be made aware of the independent confidential support and advice that is available should they wish to make a complaint via the Patient Client Council:

Patient Client Council
The Patient Client Council Headquarters
1st Floor, Lesley House
25-27 Wellington Place
Belfast
BT1 6GQ
Tel: 0800 917 0222

4.4 Other independent advocacy and specialist advocacy services are available for service users who wish to provide feedback. Further information is available from complaints staff.

4.5 When acknowledging formal complaints, Complaints staff will enclose information about our complaints procedure. If services users require additional information or have a query about their complaint they should contact the Complaints Manager:

Administration & Complaints Manager
Trust Headquarters, Site 30
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8SG
Tel: 02890 400999

5.0 MONITORING, AUDIT AND REVIEW

5.1 Monitoring will include an annual audit of the efficiency of the policy and procedure including systems and processes and will include feedback from our service users and staff.

5.2 All complaints will be recorded on the Trust's Complaints database. Each complaint will be graded according to severity in accordance with the risk matrix as set out in the Risk Management Policy.

5.3 All records will be maintained for a minimum of ten years.

5.4 An analysis of complaints will be undertaken by the Complaints Manager monthly, and where there is clear evidence of the need for a remedial action identified from an investigation, action plans will be implemented with a focus on preventing

recurrence. If necessary, the Complaints Manager in conjunction with the relevant manager will forward details to the Risk Manager for inclusion on the Trust's Risk Register.

5.5 The policy and procedure sets our direction for the next two years but will be reviewed as necessary due to developments and initiatives as driven by external and internal influences.

6.0 RESOURCES

6.1 There are no identifiable resources required for the implementation of this policy.

7.0 EXCEPTIONS

7.1 There are no exceptions to this policy.

8.0 EVIDENCE BASE/REFERENCES

8.1 Existing Complaints Policy and Procedures

9.0 CONSULTATION PROCESS

9.1 Senior Executive Management Team

10.0 EQUALITY STATEMENT

10.1 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. The Trust's policy is written in line with the HSC Regional Policy, development of which involved engagement with service users.

11.0 SIGNATORIES

_____ **Date:** _____

Lead Author

_____ **Date:** _____

Lead Director

TB/09/02/04/15

Northern Ireland Ambulance Service
Health and Social Care Trust

TERMS OF REFERENCE

AUDIT COMMITTEE

1.0 CONSTITUTION

1.1 The Board hereby resolves to establish a Committee of the Board to be known as the Audit Committee (The Committee).

1.2 The Committee is a non-executive Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

1.3 All procedural matters in respect of the conduct of the meetings of the Committee shall be in accordance with the Trust's Standing Orders.

2.0 MEMBERSHIP OF THE COMMITTEE

2.1 The Committee shall be appointed by the Board from amongst the Non-Executive Directors of the Trust and shall consist of not less than three members. A quorum shall be two Non-Executive Director members.

2.2 A non executive member of the Committee will be appointed Chair of the Committee by the Board.

2.3 The Chairman of the Trust Board shall not be a member of the Committee.

2.4 One member of the Committee shall be the Chair of the Assurance Committee.

2.5 One member of the Committee should have a financial background.

3.0 ATTENDANCE AT MEETINGS

3.1 The Director of Finance and appropriate Internal and External Audit representatives shall normally attend meetings. However at least once a year the Committee should meet privately with the External and Internal Auditors.

3.2 The Chairman, Chief Executive, Executive Directors and other Officers of the Trust may be invited to attend, particularly when the

Committee is discussing areas of risk or operation that are the responsibility of that Director or Officer.

3.3 The Assistant Director of Finance shall attend to the Minutes of the meeting and provide appropriate support to the Chairman and Committee members.

4.0 FREQUENCY OF MEETINGS

4.1 Meetings shall be held not less than three times a year. The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

5.0 AUTHORITY

5.1 The Audit Committee's primary role is to independently contribute to the Trust Board's overall process for ensuring that an effective internal financial control system is maintained.

5.2 The Board will always retain responsibility for such control and will act after taking account of the recommendations and assurances of the Committee. The Committee, therefore, does not have the executive authority of the Board, but does have sufficient membership, authority and resources to perform its role independently and effectively.

5.3 The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

5.4 The Committee is authorised by the Board to obtain outside legal or other independent professional advice as and when necessary. .

6.0 DUTIES

6.1 The duties of the Committee can be categorised as follows:

6.2 Governance, Risk Management and Internal Control

The Committee shall contribute to the establishment, review and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives.

6.3 In particular the Committee will review:

6.3.1 The adequacy of all risk and control related disclosure statements (in particular the Governance Statement), together with any accompanying Head of Internal Audit statement,

external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.

6.3.2 The adequacy of the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

6.3.3 The adequacy of the policies for ensuring compliance with relevant regularity, legal and code of conduct requirements, including the Trust's Standing Orders and Standing Financial Instructions.

6.3.4 The adequacy of the policies and procedures for all work related to fraud and corruption as required by the DHSSPS.

6.3.5 The annual schedule of losses and compensation payments and will make recommendations to the Board regarding their approval.

6.4 In carrying out its work, the Committee will utilise the work of Internal Audit, External Audit, and other assurance functions where appropriate, but will not be limited to these functions. It will also seek reports and assurances from other Trust Committees through their respective Chairs, Directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

6.5 This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

6.6 **Internal Audit**

The Internal Audit function must meet the Public Sector Internal Audit Standards and provide appropriate independent assurance to the Audit Committee, Chief Executive and Board. The Committee shall review the effectiveness of the Internal Audit function as established by management. This will be achieved by:

- Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal;
- Review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework;
- Consideration of the Head of Internal Audit's annual report, major findings of internal audit work (and management's

response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources;
- Ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;
- Annual review of the effectiveness of internal audit.

6.7 **External Audit**

The Committee shall review the work and findings of the External Auditor and consider the implications of, and management's responses to, their work. This will be achieved by:

- Consideration of the performance of the External Auditor;
- Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan;
- Discussion with the External Auditors of their local evaluation of audit risks and assessment of the Trust;
- Review of all External Audit reports, including consideration of the annual Report to Those Charged with Governance before submission to the Board and any work carried out outside the annual audit plan, together with the appropriateness of management responses.

6.8 Other Assurance Functions

The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

6.9 These may include, but will not be limited to, any reports issued by the Comptroller and Auditor General or Public Accounts Committee, reviews by DHSSPS commissioned bodies, the Regulation and Quality Improvement Authority (RQIA) or professional and regulatory bodies with responsibility for the performance of staff or functions (e.g. Joint Royal Colleges Ambulance Liaison Committee (JRCALC), Health Care Professions Council (HCPC), Royal Colleges, accreditation bodies, etc.).

6.10 Financial Reporting

The Audit Committee shall review the Trust's Annual Report and the Financial Statements before submission to the Board, focusing particularly on:

- The wording in the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee
- Changes in, and compliance with, accounting policies and practices
- Unadjusted mis-statements in the financial statements

- Major judgemental areas
- Significant adjustments resulting from the audit
- The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

6.11 Value for Money

The Audit Committee shall oversee the adequacy of the Trust's arrangements for ensuring that Value for Money (VFM) is obtained in the expenditure of all public funds entrusted to its care. This will include a review of the findings from, and management's response to, all value for money audit reports issued to the Trust as part of the regional VFM programme sponsored by DHSSPS.

7.0 REPORTING

7.1 The Minutes of Committee meetings shall be formally recorded and submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.

7.2 The Committee will report to the Board annually on its work in support of the Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against the Quality Standards and Controls Assurance Standards.

8.0 OTHER MATTERS

8.1 The Agenda will be sent to members at least five working days before the meeting and supporting papers, wherever possible, shall accompany the agenda, but will be dispatched no later than three working days before the meeting, save in an emergency.

DATE OF ISSUE: **February 2015**

DATE OF REVIEW: **January 2016**

TB/10/02/04/15

NORTHERN IRELAND AMBULANCE SERVICE

Minutes of a meeting of the Audit Committee held on Monday 19 January 2015 at 9.30am in the Board Room, Ambulance Headquarters, Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG

PRESENT:	Mr N McKinley	Non Executive Director (Chair)
	Prof M Hanratty	Non Executive Director
IN ATTENDANCE:	Mr L McIvor	Chief Executive
	Mrs S McCue	Director of Finance & ICT
	Mr P Nicholson	Assistant Director of Finance
	Mr A Phillips	Financial Accounts Manager
	Mr John Poole	KPMG External Audit
	Mr C Morrow	NIAO External Audit
	Mrs Catherine McKeown	BSO Internal Audit
	Ms Eileen Mullan	HSC Leadership Centre Associate
	Miss Jillian Dickson	Minute Taker

Welcome and Introduction to the Meeting

An additional paper relating to Shared Service Audits was tabled by Mrs McKeown for discussion later in the meeting.

1.0 Apologies

Apologies were received from Mr Richard Ross and Ms Dorinnia Carville, NIAO.

2.0 Declaration of Potential Conflict of Interest & Confirmation of Quorum

Mr McKinley declared interest in British Red Cross in relation to agenda item 9.2 'Single Tender Actions'. The meeting was declared to be quorate.

3.0 Minutes of Previous Meeting of the Audit Committee held on 14 October 2014

The minutes of the previous meeting were noted by the committee. These had previously been agreed and had been presented to Trust Board on 27 November 2014.

4.0 Matters Arising

4.1 Mid Year Assurance Statement
Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions

Mrs McCue advised the committee that the Mid Year Assurance Statement has been submitted to the DHSSPS and was the basis of discussions at the Mid Year Accountability meeting. Ms Mullan asked if NIAS received any feedback from the DHSSPS. Mrs McCue confirmed that a number of queries had been received and all of these had been responded to. Mr Nicholson also informed the committee that the Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions document was approved by Trust Board at the last meeting on 27 November 2014.

5.0 Chairman's Business

Mr McKinley welcomed Ms Eileen Mullan to the Audit Committee. He outlined that the Trust had been supported by the HSC Leadership Centre in bringing Ms Mullan and her experience and expertise to support the NIAS Audit Committee members until Non-Executive Director vacancies were filled by the Public Appointments Unit.

5.1 Rotation of NIAO Staff

Mr Morrow reported that Mr Richard Ross has replaced Ms Catherine O'Hagan as NIAO Audit Manager for NIAST. He explained that this was part of the standard rotation of audit staff and that no other changes are expected at present. Mr McKinley asked Mr Morrow to pass on the Committee's best wishes to Ms O'Hagan for all her support and work over the years. Mr Nicholson advised that Ms O'Hagan had contacted him to express her thanks for all the support she received during her tenure from both the Audit Committee and from NIAS staff.

6.0 Internal Audit

6.1 Progress Report

Mrs McKeown explained that in accordance with the 2014/15 annual plan, Internal Audit carried out a review of Risk Management within NIAS during October 2014. Internal Audit provided management with satisfactory assurance in relation to Risk Management. No Priority One findings were identified. However, four Priority Two finding and one Priority 3 finding were highlighted.

One of the Priority Two findings related to Risk Appetite. The report suggested NIAS should further consider and define its risk appetite across the organisation and this should be documented within the Risk Management Strategy and communicated to all staff. Mr McIvor emphasised that this is a process NIAS is currently working through with Trust Board. Professor Hanratty also highlighted that Board Workshops will address issues like this. She also asked Mrs McKeown to confirm that Internal Audit are giving assurance to the committee that work around the Risk Register is satisfactory. Mrs McKeown confirmed that the satisfactory assurance provided relates to the processes in place in respect of risk management, but that the audit did not extend to a review of individual risks.

Mrs McCue pointed out that assurance and risk is discussed in monthly meetings between herself and Senior Managers that report to her. Similar arrangements are in place in other Directorate areas. Mrs McKeown advised that this process would benefit from a more formal, documented review of risks, perhaps on a quarterly basis.

Mr McKinley asked Mrs McKeown, in relation to risk appetite, how NIAS compares with other organisations. Mrs McKeown assured the committee that NIAS are not the only Trust that was working through this issue. Mr McIvor stated that to his knowledge, risk appetite has not been fully considered and defined by DHSSPS. Ms Mullan added that if the Department doesn't have a framework for Risk Appetite then they need to offer guidance and support to the Trust. Mr McIvor suggested that this issue could be raised through the Chair's Audit Forum. Mr McKinley reminded the Committee that the Department are planning to attend the next meeting of the Audit Committee on 12 March 2015 and suggested the issue could also be discussed then.

Mrs McKeown explained that in accordance with the 2014/15 annual plan, Internal Audit carried out a Financial Review within NIAS during November 2014. Internal Audit provided management with satisfactory assurance in relation to financial processes tested during this audit. One Priority One finding was identified relating to the need for duplicate payment checks. Several Priority Two and Three findings were also identified.

One of the Priority Two findings was that value for money could not readily be demonstrated where overnight accommodation and overnight subsistence is paid in respect of staff attendance at training courses where they live locally. Mrs McCue outlined the background for core clinical training programmes such as which are provided on a residential basis to allow

individual and group study and access to training facilities outside of the working day. The Committee agreed that once the context around the situation was provided, the decision appeared reasonable. Mrs McCue concluded that NIAS will review the current process regarding training courses and accommodation.

Another Priority Two finding related to prompt payment of invoices. It was reported that as at October 2014, 88.75% of invoices were paid within the 30 day target and NIAS will not be able to achieve the target rate of 95% by the end of the 2014/15 financial year. Mrs McCue explained that NIAS had achieved the 95% target on a regular basis and the decline in performance is largely due to processing time lost in the design, build and implementation of the new systems and the transfer to Shared Services. She added that once NIAS come through the transition period it will be evident whether or not the 95% target is still achievable with the new processes and systems in place. Mr Poole noted that all Trusts are experiencing the same problems and although some have come through the transition period well and are starting to see performance improvements, no Trust has yet reached the 95% target. Mr Nicholson outlined that the 95% target has changed. Previously, the target was 95% of invoices paid within 30 days "or other agreed terms". The target is now strictly 30 days.

Mrs McKeown referred to the additional Shared Service Audits paper and apologised for the late submission. She explained that Internal Audit are conducting a programme of Shared Service audits as part of the Internal Audit Plan. Three reports have been finalised to date:

- Income Shared Service – Satisfactory Assurance
- Payments Shared Service – Limited Assurance
- HRPTS Shared Service – Limited Assurance

Mrs McKeown asked the committee to note the timings of the reports. All audits were conducted over the summer period and another up-to-date report is now due. She also emphasised that these are full reports across the whole sector and not just related to NIAS. The Committee discussed the findings of the report and the control issues identified. It was recognised that some issues were inevitable given the magnitude of changes in terms of new systems and Shared Services.

7.0 External Audit

7.1 Audit of 2014/2015 Financial Statements – Audit Strategy

Mr Poole gave an overview the Audit Strategy. He drew the committees' attention to Section 1.3 'Actions for those charged with governance' and also highlighted two significant risks identified:

- Agenda for Change
- Impact of the Implementation and Migration to new IT systems on Key Financial Controls

Mr Poole concluded by asking the committee to refer to Section 5 'Audit Timetable' and note the provisional 2015 dates.

8.0 For Approval

Audit Committee Terms of Reference
Audit Committee Self-Assessment Checklist

Ms Mullan suggested the Terms of Reference should be updated to provide further clarification on membership of the Committee and in particular the time limited contribution of other individuals at Audit Committee to provide independent support and advice.

The chair acknowledged the current value of co-opting independent (financial) advice on a

temporary basis to supplement the work of the Audit Committee and clarified that in keeping with the Trust Standing orders, membership of the Committee was restricted to Non-Executive Directors of the Trust Board. Mr Nicholson agreed to action this point.

Norman McKinley expressed his thanks to Professor Hanratty and previous Non-Executive Director Ms Angela Paisley for their contributions to the Audit Committee Self-Assessment Checklist. Professor Hanratty noted that it will be a useful tool for her as Chair of the Assurance Committee. The Checklist will now be submitted through Mrs McCue's office.

Both documents are to be reviewed in the coming year.

9.0 For Noting

9.1 Procurement Working Group (notes of meeting 23 December 2014)

The minutes of the last PWG meeting were noted by the committee.

9.2 Single Tender Actions

Mrs McCue referred the committee to paper AC/07/19/01/15 and provided a summary of NIAS Single Tender Actions (STA's). Mr Nicholson pointed out that NIAS have historically only had a small number of STA's both in terms of number and amounts, but that 2014/15 was exceptional. He also stated that, as required, details of all STA's are available on NIAS website. Ms Mullan suggested adding narrative to paper AC/07/19/01/15 to better explain the STA approval process. Mr McIvor provided an update on the current procurement process for Non-Emergency Transport that was being conducted in conjunction with BSO PaLS.

9.3 Controls Assurance Standards 2014/15

Mrs McCue provided a summary of the updated Controls Assurance Standards for 2014/15 and pointed out that the new Information Management standard replaces the Records Management standard. She also referred the committee to ALBs Average Scores and Achieved Levels of Compliance, where she compared NIAS' performance to other Trusts.

9.4 HSC(F)48-2014 Inclusion of complaints handling in Internal Audit Programmes

Mrs McCue asked the committee to note paper AC/09/19/01/15. It was noted that Internal Audit already considered complaints as part of the Audit planning cycle.

10.0 Any Other Business

10.1 Fraud Update

Mr Nicholson provided an update to the Committee in respect of ongoing fraud matters. He updated the committee regarding Case 260 (Ambulance Equipment). The items in question had been found not to be NIAS property. The case was now closed, however lessons learnt would be taken forward regionally. Investigations as a result of findings from the National Fraud Initiative continue internally and with PSNI as appropriate.

10.2 Business Services Transformation Project (BSTP)

Mrs McCue provided an update on the BSTP Programme and the transition of NIAS functions to Shared Service Centres (SSC's).

10.3 Planning Process 2015/16

Mrs McCue provided a summary of the planning process to date. She made particular

reference to the recent Savings Plan aimed at addressing the immediate requirement to maintain financial stability during 2015/16. Professor Hanratty praised NIAS for producing this piece of work to a very high standard in such a short space of time.

10.4 Internal Audit Benchmarking Report 2014

Mrs McKeown explained that as part of an ongoing benchmarking programme across units in the BSO, the Internal Audit Unit took part in the CIPFA Audit Benchmarking Club 2014 exercise. She explained that this benchmarking is a useful exercise and asked the committee to note paper AC/10/19/01/15.

11.0 Date, Time and Venue of Next Meetings

The next meeting of the Audit Committee is scheduled for Thursday 12 March 2015 at 2.00pm in the Boardroom, NIAS Headquarters.

Further meetings in 2014 are planned for:

Thursday 11 June 2015
Thursday 10 September 2015
Thursday 10 December 2015

Please note that dates may be subject to change and/or additional dates may be scheduled to accommodate Departmental deadlines, in particular Final Accounts.

Signed 

(Chairman)

Date 10 February 2015

TB/11/02/04/15

Northern Ireland Ambulance Service
Health and Social Care Trust

Minutes of a Meeting of the Assurance Committee held on Monday 19 January 2015 at 2.00pm, Boardroom, NIAS Headquarters, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG

PRESENT	Prof M Hanratty	Non-Executive Director (Chair)
	Dr J Livingstone	Non-Executive Director
	Mr N McKinley	Non-Executive Director
IN ATTENDANCE	Mr L McIvor	Chief Executive
	Dr D McManus	Medical Director
	Mr B McNeill	Director or Operations
	Mrs S McCue	Director of Finance & ICT
	Dr N Ruddell	Assistant Medical Director
	Mr T McGarey	Risk Manager
	Miss M Lemon	Assistant Director of HR – Equality, PPI & Patient Experience (deputising for Director of Human Resources & Corporate Services)
	Mrs J McSwiggan	Senior Secretary

1.0 Apologies

No apologies were received.

2.0 Procedure

2.1 Declaration of Potential Conflicts of Interest

No potential conflicts of interest were declared.

2.2 Quorum

The Committee was confirmed as quorate.

2.3 Confidentiality of Information

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

3.0 Minutes of the Assurance Committee Meeting held on 14 October 2015

The Minutes were presented for noting by the Assurance Committee. The Minutes had been previously circulated, agreed and signed by the Committee Chair and had been presented to Trust Board on 27 November 2014.

4.0 Matters Arising

No matters arising that were not covered in the Agenda.

4.1 Waste Management Strategy

This had been agreed by Trust Board subject to the inclusion of baseline parameters and confirmation of this to the Committee. These have now been inserted into the strategy which is therefore now approved.

5.0 Chairman's Business

Nothing to be discussed.

6.0 Standing Items

6.1 Assurance Framework as at 30 November 2014

The Assurance Framework was presented and further development of the framework for the year ahead was outlined. The Committee commended this pro-active approach.

6.2 Local Risk Register Review as at 30 November 2014

The local Risk Registers for Operations – Operational Performance, and Command & Communication – were noted.

The Committee thanked the Director of Operations and the Risk Manager for the work involved in preparing these local Risk Registers for presentation.

The process for closing local risks was discussed, an issue previously raised by Internal Audit in relation to corporate risks. The Committee expressed its confidence in the current robust system in which the responsibility for closing local risks lies with each Directorate. The role of the Assurance Committee is to endorse this process and ensure that it is consistent across the Service.

6.3 Controls Assurance Standards

The Committee was advised that six Controls Assurance Standards have been amended for the new audit programme commencing in April 2015. It was noted that the amended Information Governance Controls Assurance Standard in particular will be a significant piece of work.

6.4 Untoward Incidents as at 30 November 2014

No significant issues were highlighted.

The Committee discussed ongoing work relating to the reporting of missed/delayed meal breaks and vehicle cleaning.

Figure 4 (Incidents by Severity) was clarified.

Figure 5 (Violent Incidents by Sub Category) – abbreviations in the legend were clarified and will be amended in future reports.

6.4.1 Clinical Incidents as at 30 November 2014

The self-reporting of clinical incidents by staff was discussed, and it was agreed that staff should be commended for such positive and professional behaviour.

It was suggested that the incidents should be benchmarked with other UK ambulance services as far as possible in future reports.

It was noted that Internal Audit will include the management of complaints in future audits.

6.5 Serious Adverse Incidents as at 30 November 2014

The report of Serious Adverse Incidents was presented and discussed. It was agreed that the format of the report should be amended to reflect progress within the reporting period and include specific issues for Trust Board attention.

The Committee noted the significant numbers of Serious Adverse Incidents being dealt with. A review of this process has commenced regionally.

The Committee thanked the Risk Manager for the work involved in this report.

6.5.1 RQIA Review of SAIs 2009-2013

NIAS had taken part in a regional look back exercise with the other Trusts undertaken by RQIA on behalf of DHSSPS. The subsequent report, which has been accepted by DHSSPS, was noted by the Committee.

6.6 Coroner's Rule 43 Reports & Letters

Noted.

6.7 Medical Device Alerts

No Medical Device Alerts relevant to NIAS were reported.

6.8 Pharmacy & Medicines Management Update

No station inspections have been carried during the reporting period.

No internal significant adverse incidents regarding controlled drugs have been reported.

New drugs specified in current JRCALC clinical guidelines have now been rolled out across the Service.

6.9 Reports from Groups and Committees

6.9.1 Health & Safety Committee – Finalised Notes of Meeting 24 April 2014

Noted.

6.9.2 Health & Safety Committee – Management Summary of Meeting 11 September 2014

It was noted that the Assistance Dog Policy and Procedure has been completed and will be presented to Trust Board.

It was noted that the storage of archived records is now being managed by the Information Governance Steering Group within the area of records management, and work in this area is ongoing.

The Committee asked about the issue of wheelchair users who require additional head support. The Committee was assured that

there were already policies and procedures in place regarding the use of wheelchairs in ambulances, and should crews deem any patient to be at risk or uncomfortable, they can be transported on the stretcher.

6.9.3 **Health & Safety Committee – Management Summary of Meeting 20 November 2014**

It was noted that this meeting did not proceed as it was not quorate, and has now been rescheduled for January 2015.

6.9.4 **Fire Compliance Group – Draft Notes of Meeting 29 September 2014**

Noted.

6.9.5 **Medical Equipment Group – Notes of Meeting 19 September 2014**

Noted.

6.9.6 **Medical Equipment Group – Notes of Meeting 17 November 2014**

The Committee was assured of procedures in place to monitor and mitigate transmission failure of ECGs.

6.9.7 **Medical Equipment Group – Terms of Reference**

In future it would be useful for amended Terms of Reference to have any changes tracked for clarity.

The amended Terms of Reference had been approved by the Medical Equipment Group and were endorsed by the Assurance Committee.

6.9.8 **Infection Prevention & Control Group – Notes of Meeting 27 August 2014**

Noted. It was noted that the Trust continues to update its procedures in keeping with DHSSPS guidance on Ebola.

6.9.9 **Infection Prevention & Control Group – Notes of Meeting 4 November 2014**

Noted.

6.9.10 **Infection Prevention & Control Group – Terms of Reference**

The amended Terms of Reference had been approved by the Infection Prevention & Control Group and were endorsed by the Assurance Committee.

6.9.11 **Emergency Preparedness & Business Continuity – Notes of Meeting 22 October 2014**

The purpose of the business case for transfer pods for use in cases such as Ebola noted under Any Other Business was clarified.

6.9.12 **Emergency Preparedness & Business Continuity Group – Terms of Reference**

The amended Terms of Reference had been approved by the Emergency Preparedness & Business Continuity Group and were endorsed by the Assurance Committee.

6.9.13 **Information Governance Steering Group – Notes of Meeting on 6 November 2014**

Following consideration, it had been agreed that the Notes of the Information Governance Steering Group meetings will now be presented to Assurance Committee rather than Audit Committee.

The Terms of Reference for this Group will be presented to the Committee at the next meeting.

The reciprocal call-taking arrangement between NIAS and the Scottish Ambulance Service was clarified.

The Committee noted that the amended Information Governance Controls Assurance Standard will require a great deal of work including the review of policies, procedures and strategies.

It was noted that a major data mapping exercise across the Trust has commenced, in order to capture what data is generated, and what data flows in and out of the organisation.

A significant delay in responding to an FOI request reported as a data breach had been referred to the Information Commissioner. This was due to the request being diverted by the Trust's firewall. This matter has now been resolved and arrangements put in place to minimise a recurrence and the Information Commissioner is content that the Trust has acted appropriately in this matter.

7.0 **Progress Report on Equality and Recruitment**

It was noted that due to competing pressures and long term absence this report has been delayed but is expected to be completed by March 2015 and will be presented at the next meeting of the Assurance Committee.

8.0 **Any Other Business**

No further business to be discussed.

Date, Time and Venue of Next Meeting

The next meeting will take place on **Thursday 12 March 2015 at 1100hrs**.

Signed: Mary Hanratty **Date:** 12 February 2015

(Professor Hanratty, Chairman)

TB/12/02/04/15

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

2 April 2015

Title:	Registration as a charity with Charity Commission for Northern Ireland
Purpose:	To register the Charitable Trust funds of NIAS with the Charity Commission for NI
Content:	Signed declaration as part of the registration process
Recommendation:	For noting
Previous Forum:	none
Prepared by:	Mr Andrew Phillips, Financial Accounts Manager
Presented by:	Mrs Sharon McCue, Director of Finance and ICT

Registration as a charity with Charity Commission for Northern Ireland

Under section 16 of the Charities Act (Northern Ireland) 2008, as amended, all charitable organisations operating within Northern Ireland are required to register with the Charity Commission for Northern Ireland. Application to register is compulsory.

The registration is for the Charitable Trust Funds held by the Northern Ireland Ambulance Service Health and Social Care Trust. The balance of the Charitable Trust Funds was £8,130 as at 31 March 2014.

All HSC Trusts have been required to carry out a similar registration process with the Charity Commission. The Northern Ireland Ambulance Service Health and Social Care Trust was included in the second tranche of organisations called forward to register and the application was submitted on the 09 March 2015. The Trust Board of the Northern Ireland Ambulance Service Health and Social Care Trust acts as the corporate trustee for the Charitable Trust Funds and Mr Archer, as Chairman of the Trust Board completed the Trustee's declaration on behalf of NIAS at that date.

This paper is therefore presented to the Trust Board for noting.

The Charity Commission for Northern Ireland

Trustee Declaration

Please ensure both pages are completed before submission

Please state:

Name of organisation: _ Northern Ireland Ambulance Service Health and Social Care Trust_____

Application number: _2003327_____

Each of the signatories of this document declares that:

- He/she is willing to act as a charity trustee and is fully aware of the organisation's purposes as set out in the governing document; and
- He/she is not disqualified from acting as a charity trustee of any charity for any of the reasons or on any of the grounds listed in section 86(1) of the Charities Act (Northern Ireland) 2008.

We jointly declare that:

- The funds of the organisation are, or immediately upon registration as a charity will be, held in an account in the name of the charity;
- The information contained on the application form and this trustee declaration form is true, complete and correct; and
- We understand that to knowingly or recklessly make a false statement is a criminal offence under section 25(1) of the Charities Act (Northern Ireland) 2008.

Organisations working with vulnerable people or children

If your organisation currently works or will work with vulnerable people or children, you must complete this part of the declaration.

If possible, to avoid confusion mark the appropriate box with a tick ✔ (not a cross)

A	We jointly declare that we have read and understood the Commission's guidance on Access NI checks.	☑
B	We jointly declare that we are satisfied that we have made the necessary checks required to safeguard our beneficiaries.	☑

Trustee declaration

The Charity Commission for Northern Ireland

Name of organisation: _Northern Ireland Ambulance Service Health and Social Care Trust_____

Application number: _2003327_____

Trustee Name (Print)	Trustee signature	Date (DD/MM/YYYY)
The Trust Board of the NI Ambulance Service HSC Trust is the corporate Trustee	(CHAIRMAN)	09/03/2015

TB/13/02/04/15

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

02 April 2015

Title:	10,000 Voices – Patient stories (Western Area)
Purpose:	To hear the voices of those accessing the Trust's services, to learn from their experiences and improve services as a result.
Content:	Stories provided by patients accessing ambulance services within the Southern Trust area. Patients are asked to give their story a title.
Recommendation:	For noting
Previous Forum:	Equality and PPI Steering Group
Prepared by:	Mrs Michelle Lemon, Assistant Director of Human Resources; Equality, PPI and Patient Experience
Presented by:	Dr David McManus, Medical Director

Northern Ireland Ambulance Service

Stories Received March 2014 – December 2014

Western HSC Trust

No title

The ambulance takes me to hospital renal unit. Sometimes the ambulance can be late but I suppose they have to collect other patients. The latest I was kept waiting was at 7pm, I had an afternoon appointment, but the nurses did tell me that the ambulance was running behind schedule. I was with my GP yesterday I have a chest infection, so I am just feeling run down at the minute.

Overall I am happy with the ambulance service that I get and am thankful for it.

No title

I attend the hospital for treatment. The ambulance picks me up around 7.30am three times a week. They are reliable and punctual and they have never let me down. It is a long day because I have to get up really early. The ambulance then takes me back home again.

No title

I felt unwell, collapsed and when I woke up I was in hospital. I don't remember much because I had been drinking.

No title

I had to call ambulance in for one of the hostel patients who had a fit. They were here in no time at all.

No title

The staff nurse came in and told me that I was being transferred to Altnagelvin Hospital. I didn't have too long a wait. I was in a wheelchair and had a pressure cushion so it wasn't too uncomfortable .Everything was fine.

Professional help provided when needed by NIAS

Had to use both PCS and emergency help from Altnagelvin ambulance service. On both occasions I received excellent care and transport to hospital. The ambulance staff where very professional and their whole approach to caring for me was exceptional.

No title

I have been receiving dialysis in the hospital. I attend 3 times a week and usually have an afternoon slot. I have carers at home as well. I live on my own. I am very happy with services at home and with transport getting me to and from the hospital.

No title

Sorry I don't remember much. I was waiting for the carer to come in, next thing I had fallen while I was going to let her in. I felt a searing pain shoot up my leg and then I knew I was in trouble. The carer phoned for an ambulance then contacted my son to let him know what had happened. To this day I can't remember Why I fell.

Excellent Service

Have used the ambulance service twice in the last month to go to different out - patients departments. Excellent service. Patients care was great. Patient in wheelchair + housebound + ambulance staff fantastic with her putting her at ease and telling her what was happening.

No title

The ambulance collects me for dialysis. They are punctual, I never have to wait for long they usually arrive between 7.30-7.50am. I am collected when my treatment is over usually around dinnertime.

No title

I took a turn at home. My wife phoned for the ambulance. It came very quickly and they took me to casualty. I was there for a while before I got a bed on the ward.

'Old age is rotten'

I am a Renal patient attending Dialysis 3 times a week and the ambulance staff are always helpful & caring & polite. I don't like your style of questioning with triangles. It's a bit confusing

Thankful

I woke up because I couldn't hear my partner snoring. He always snores so I looked over at him and tried to wake him up. He wouldn't wake up so I dialled 999. Then everything happened so fast. The ambulance came so quickly. He was rushed to casualty. The staff there were very good. The ambulance staff kept me calm and explained everything to me. The journey to the hospital seemed so long. I just remember him stretched out in the ambulance with wires and tubes sticking out.

We need the A5

At the time of going to Hospital I was incapable of moving - getting out of bed or helping myself in any way. My G.P. decided I needed to get to hospital which seemed impossibility as I live in 2 storey house. The ambulance crew - one man and one woman came and helped me up securely and carried me down the stairs and into ambulance, They were extremely efficient and so kind and so careful and in the ambulance, care & comfort continued all the way to Derry which is not a particularly quality road. I was in a lot of pain and totally appreciated their care.

N.B. I have Rheumatoid Arthritis which leaves my writing really bad.

TWENTY FIVE YEARS WITH AN AMBULANCE CREW

I travel by Ambulance minibus three times a week for dialysis to kidney unit I find the Ambulance crew are excellent at their job I think they need a medal sometimes I have to come in with Emergency Ambulance they are excellent at their job as well.

No title

I got an ambulance from Royal in Belfast back home to Derry taken to Altnagelvin. I was collected at 5.25pm and in Altnagelvin at 7.10pm. I was on a stretcher, no one else was with me, but ambulance crew took good care of me. They were always checking on me. I did sleep on the way down.

Very helpful

I have been on dialysis now for 2 years. The ambulance crew collects me early in the morning. The carers get me up and ready in the morning. My husband then collects me from the hospital when my treatment is finished. I am very happy with ambulance service they are all helpful and obliging.

No title

I became wheezy and took a panic attack. I am on tablets for my nerves. My sister phoned for the ambulance.

Can't remember

The ambulance brought me from Enniskillen to Altnagelvin. I couldn't have been looked after any better. To be honest I don't remember much except collapsing at home then woke up in hospital. I had a head injury and hurt my ankle. The fall has affected my memory and I am here for more treatment.

IN RELIABLE CARE

Service was excellent & reliable we are lucky to have it. The ambulance crew kind, efficient courteous. I used service for 1 yr,

No title

I was having chest pains, I have a cardiac history so the GP out of ours arranged ambulance for me to come into casualty.