



Northern Ireland Ambulance Service
Health and Social Care Trust



TRUST BOARD

***Meeting to be held on Thursday 5 February 2015 at 2.00pm
Seagoe Hotel, 22 Upper Church Lane, Portadown, Craigavon, BT63 5JE***

TB/01 5/2/2015



***Minutes of a Trust Board Meeting held on
Thursday, 27 November 2014 at 2.00pm at NIAS Headquarters,
Site 30, Knockbracken Healthcare Park, Saintfield Road,
Belfast, BT8 8SG***

Present:

Mr P Archer	Chairman
Mr L McIvor	Chief Executive
Ms A Paisley	Non-Executive Director
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

In Attendance:

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

Welcome and Format of the Meeting

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

1.0 Apologies

Apologies were received from Mr N McKinley, Non-Executive Director.

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

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

3.0 Minutes of the Previous Meeting of the Trust Board held on 25 September 2014

Members accepted the minutes as a true reflection of discussions held on the proposal of Professor M Hanratty, seconded by Mr B McNeill.

Action: Approved

3.1 Action Log

The Chairman presented the Action Log

With relation to action point 9 Dr McManus will provide a presentation on

Community Resuscitation Strategy. The presentation will be a separate item on the agenda.

Action 6.3 has been actioned and can be removed from the Agenda.

Action 10.0 - the Governance Self Assessment Action Plan is work in progress.

4.0 Matters Arising

All matters arising would be picked up through main agenda items.

5.0 Chairman's Business

5.1 Chairman's Update

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

5.2 Visit to Broadway Ambulance Station

The Chairman on behalf of the Board paid tribute to the staff and officers for the visit to Broadway Ambulance Station. 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. Broadway was a good example of a busy, well organised station, and the enthusiasm of the staff was very obvious which included an inspection of the paediatric ambulance which is used to transfer young patients to Hospital in Dublin. Some concerns were raised regarding the age of the Ambulance Station, its location on a BHSCT site and the condition of its roof.

6.0 Chief Executive's Business

6.1 Chief Executive's Update

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

- Unison– Meeting took place on the 2 October 2014 to discuss recent concerns regarding the vote of no confidence and plans for moving forward.
- Senior Team Effectiveness Workshop was held on the 7 & 8 October 2014 which primarily focused on work plans for 2015/16.
- Unscheduled Care Trust Group – Meeting took place on the 17 October 2014 with discussions on the Impact around discharge. TYC Modernisation proposals were well-received and NIAS are to link with the other Trusts to continue work and avoid duplication.
- Second Meeting of the HSC Managers Forum – Meeting took place on the 27 October 2014.
- Policy Forum – This seminar took place on the 6 November 2014, which was very well attended and was a good opportunity to present NIAS TYC plans. A Question and Answer session also took place on TYC from an ambulance perspective.
- Teleconference on the 12 November 2014 regarding Co-operation And

Working Together (CAWT). North and South ambulance senior personnel to meet in Quarter 4 in Armagh as a group to identify cross border experience and discuss bids on European Funding.

- 2020 Stakeholder Forum took place on the 13 November 2014. Dr Livingstone also attended this meeting. Annual and Bi Annual reports were discussed as well as progress in Stakeholder Forum and what they hope to achieve.
- On the 18 November 2014 the Chief Executive attended an introduction meeting with the Departmental Sponsor, Fiona Hamill,
- Sir Liam Donaldson review took place on the 25 November 2014. NIAS was the last of the six Trusts to have this review. Sir Liam Donaldson met with Board Members, Control Staff and Operational Staff. The Chief Executive expressed that this was a good opportunity and that the staff involved had given good presentations. NIAS are awaiting the output from this review.

6.2 Transforming Your Care Update (TYC)

An update was provided by the Chief Executive, who reported that:

- Minor Injuries - Bangor and Whiteabbey Minor Injury Units are due to close on the 1 December 2014. Uptake has been slow with a number of refused referrals. Meetings are due to take place in early December with the remaining Minor Injury Units to review progress.
- South Eastern Trust Guideline ready, awaiting "go live" date from Trust.
- Elderly patients' being taken directly to the Belfast City Hospital has proved a success. A meeting is to take place on the 2 December 2014 to progress paramedic referral directly to the Belfast City Hospital.
- District Nursing Referrals show big potential.
- Palliative Care – Meeting to take place on the 2 December 2014 to progress referral pathway.
- Directory of Services – A visit took place in November 2014 to UK Ambulance Services by the TYC Team and KPMG. KPMG to finalise options paper.
- Clinical Support Desk – It has been agreed in principal to expand the current clinical support desk. An options paper is currently being drafted.
- Respiratory – Contact has been made with the Western Trust asking which services they can offer. NIAS awaits their response.
- Mental Health – work in progress on guidelines.
- Appropriate Transport and Referral Guideline – The guideline has been developed, submitted, NIAS await comments.
- Cardiac – CPD training day took place in November 2014, 60 staff attended in their own time.

7.0 7.1 Performance Report 2014-15 as at 31 October 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 CAT A diminished performance caused concern in respect of service delivery objectives, while current financial issues remained a concern. 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 informed Members of the unfortunate unexpected death of a Control Officer on the 19 October 2014. This tragic event had a large impact on Control staff.

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

As at the 31 October 2014:

- Category A Performance (Page 49) it was highlighted that Cat A calls had increased by 14.4% ie around 4,228 more calls compared to this time last year, this averaged out at around 20 more calls per day.
- GP Urgent pressures were experienced on Monday, 17 November 2014 where patients were being conveyed to Emergency Departments. 568 patients were reported (2014) compared to 389 (2013). This was a 46% increase.
- 999 Calls responded – 150 (2014) compared to 115 (2013) this was a 30% increase.
- CARD 35 was introduced in June 2014 to ensure GP urgent calls are treated as priority 999 calls. Benchmarking with other Services has taken place and working with the Academy and a National Group has been set up. AMPDS is the current control system, the Academy design and produce this software system.

Finance and ICT

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

As at the 31 October 2014:

- NIAS has plans in place which are designed to deliver efficiency savings to achieve financial breakeven. The Director 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.
- 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.
- 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. 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 £802 in 2014/2015. Recurrent savings of £947K have been delivered for 2013/2014 leaving £2.097k to be delivered in 2014/2015.

- Director of Finance highlighted NIAS's financial position. She stated that current figures to the end of October indicated that the Trust had a £32,000 overspend, which is presented as a breakeven position by year end.
- The Board was directed to page 73 which dealt with the prompt payment of invoices. 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 can no longer be met in 2014/2015.
- The delivery of Capital expenditure will be a significant challenge for NIAS. The revised Capital Resource Limit is £5.9m at this point in time. However an imminent review may reduce this expenditure further to £5.3m depending largely upon re-profiling of construction works for the new Ballymena station.
- The Finance Director highlighted that Accounts Payable will be fully transferred to Shared Services on the 15 December 2014 and that Payroll would follow at the end of February 2015.

Human Resources and Corporate Services

The Director of Human Resources and Corporate Services updated members on her report. The following issues / comments were raised:

As at 31 October 2014 :

- The Director of Human Resources and Corporate Services welcomed two new members to the Transformation and Modernisation Programme Team. Mr Frank Rafferty, Ambulance Control Service Improvement Lead and Mr Ciaran McKenna, Clinical Service Improvement Lead
- Recruitment – Qualified Paramedics/EMTS, 79 had accepted posts. PCS – Unqualified EMTS – 114 PCS had applied for these posts, interviews are ongoing.
- Joint Human Resources and Operations Management Workshops - Sickness Absence is being addressed and these workshops are proving to be productive.
- Page 95 – Training Plan – Target not met, however this may reshape by the next report.
- Page 110 – Target achieved. Disability Action Plan, Equality Scheme implementation and S75 Compliance Report submitted to Equality Commission.

Medical

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

- Emergency Planning Report (Page 113):
- Recording Issue –At present NIAS is unable to refer directly to stroke teams but instead would pre-alert the hospital Emergency Department who in turn would contact the stroke team.
- The Information Department were thanked for their hard work in compiling the data.

8.0 Community Resuscitation Strategy Presentation by Medical Director

The Medical Director presented the above Strategy.

There was a brief Question & Answer session on defibrillators. Dr McManus advised members that the cost per defibrillator would be around £1.5–2K.

9.0 Items for Approval

9.1 Mid Year Assurance Statement as at 30 September 2014

Approved

9.2 Standing Orders Reservation and Delegation of Powers and Standing Financial Instruction

Approved

9.3 Transformation and Modernisation Programme Engagement and Consultation Strategy

Approval granted subject to confirmation of the full document being available.

9.4 Waste Management Strategy

Approval granted subject to confirmation of the full document being available (Base Line information to be provided.)

10.0 Items for Noting

10.1 Equality Commission NI Annual Progress Report

Noted. - Angela Paisley commented on how this was important for the organisation and commended Michelle Lemon, Assistant Director of HR Equality and PPI on her contribution to this report.

10.2 Equality Scheme Action Plan and Disability Action Plan

Noted

10.3 Annual Quality Report 2013/14

Noted – Members commented that this was an excellent report and acknowledged the hard work of John McPoland, Communications Manager and all other Directorates involved.

10.4 Review of Current Serious Adverse Incidents (SAIs)

Closed since last report and can be removed from the Agenda.

10.5 Minutes of Assurance Committee dated 14 October 2014

Noted.

10.6 Minutes of Audit Committee dated 14 October 2014

Noted.

Some discussion ensued regarding how items are presented to Trust Board. It was agreed that items should be tabled under headings advising whether they are being tabled for the purpose of information/decision/or for noting. If an item is tabled for information this will allow the Board to discuss in detail. When an item is tabled for noting the requirement for further discussion should be minimal and the matter simply noted.

Action: Further category to be added to Trust Board Agendas: For Information

11.0 Application of Trust Seal

The Trust Seal was last used on the 7 November 2014. This committed the Trust to the construction of the new Ballymena Ambulance Station at a cost of £3.9m. The Contractor commenced work on site on the 17 November 2014.

12.0 Forum for Questions

No Questions were received.

13.0 Any other Business

The Chairman informed Members that this was Angela Paisley's last Trust Board Meeting. He thanked her on behalf of the Board for her service over the last four years and presented a small gift of appreciation.

14.0 Forward Agenda

Nothing.

Date, Time and Venue of Next Meeting

The next meeting of the Trust Board will be held on Thursday 5 February 2015 in Southern Division. Venue to be confirmed.

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

Signed: _____
Chairman

Date: _____
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TB/02 5/2/2015



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
27 November 2014	1	10.6	Items for Noting	Chairman	Further category to be added to Trust Board Agendas – For information.

TB/03 5/2/15

**PERFORMANCE REPORT AS AT
31 DECEMBER 2014**

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 which has been 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 compared to that set out in the 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	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.

	responsive integrated services			
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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.	<p>The Trust has returned a break-even financial position for the last ten years and has a sound understanding of cost / income with controls in place to manage spend. There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely:</p> <ol style="list-style-type: none"> 1. 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. <p>Any changes in these assumptions will result in further contingency measures which</p>	High	High

		<p>are likely to impact directly on the delivery of front line services.</p> <p>Controls are in place to mitigate each of these factors above as follows:</p> <p>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.</p> <p>B. Submission and engagement with DHSSPS/HSCB re NIAS Trust Delivery Plan. Ongoing monitoring, review and engagement with stakeholders.</p> <p>C. Ongoing monitoring, review and engagement with stakeholders will continue throughout to highlight emerging cost pressures and service changes.</p> <p>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).</p> <p>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.</p>		
228	Difficulty in delivering totality of planned A&E hours	<p>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.</p>	High	High

		<p>Actions</p> <p>Advertise for temporary HPC qualified paramedics ongoing for permeant, temporary and zero hours contracts</p> <p>Advertise for HPC qualified paramedics on zero contracted hours</p> <p>Rigorous implementation of Absence Management policy in conjunction with OHD</p> <p>Redeploy available resources across the region to target worst affected areas, supported by Non Emergency tier</p> <p>Develop new structures at Operational Level to free up paramedic staff to provide cover (Supervisors posts, planned RRV hours verse demand</p> <p>Review and modernise service delivery model following benchmark with other services</p> <p>Activity Log</p> <ol style="list-style-type: none"> 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 		
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		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
4	Business Continuity	There is a risk to the Trust from the failure to review, update and test the internal disaster management plans. - There are a number of Business Continuity Plans in place within the Trust requiring review. - Amended plans were presented to the SEMT for comment in Q4 2010 - An AEPO has been appointed to develop Business Continuity Strategy, Policy and	High	High

		<p>Action Plans to review existing plans.</p> <ul style="list-style-type: none"> - A number of local BCP's were implemented successfully due to civil disturbances and adverse weather. - All existing plans captured and identified whether in draft, tested or implemented. - Four 'Critical' activities identified <ul style="list-style-type: none"> Call Taking Information Processing Ambulance Despatch Clinical Care -Existing plans reviewed to ensure that the areas which directly influence these 'critical' activities have been tested, activated and reviewed or debriefed: including: REMDC, Operational Divisions, and specific ICT Infrastructures. 		
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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	A	An alternative dispatch and management of HCP calls using HCPC Protocol 35 have been implemented. (6 th 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

			<p>take forward the action commitments set out in the Strategy and that 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 Medical Director in liaison with the Public Health Agency has developed draft Terms of Reference, structures and potential workstreams, and the first meeting of the implementation group was originally scheduled for 18 December 2014, but has been postponed to 3 February 2015. Regular progress reports have been provided by the Medical Director 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.</p> <p>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 now be incorporated into the implementation of the Community Resuscitation Strategy with 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.</p>
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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 65% 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 emergency activity of 3-4% to date. 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	Fin	G	Implementation progressing in line with revised timescales. Relevant issues highlighted to Programme Board.

timeframes and processes			
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)	HR	G	Implemented via directorates and reported accordingly.

requirements			
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	<p>NIAS is represented at the Regional Safety Forum and has identified a number of areas for joint co-operation and development. These include:</p> <ul style="list-style-type: none"> • 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. <p>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</p>

			<p>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. 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.</p>
Implement Quality 2020, Mid Staffordshire Review Action Plan and other relevant guidance to embed and improve quality and safety	Med	G	<p>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.</p> <p>Medical Director continues to participate in Regional Quality 2020 Implementation Team and NIAS is represented on a further two Quality 2020 task groups. NIAS will participate in a regional Quality 2020 workshop in March 2015 and present a number of examples of implementation of elements of Quality 2020.</p> <p>The action plan for Francis Report recommendations insofar as relevant to NIAS has been developed and updates provided to Assurance Committee. Regular reports on SAls 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 NICE facilitator and systems are in place for dissemination of relevant NICE</p>

			guidance. 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. Report is awaited.
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 SAls 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.
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

			<p>Week.</p> <p>Medical Director continues to participate in Regional Quality 2020 Implementation Team and NIAS is represented on a further two Quality 2020 task groups. NIAS will participate in a regional Quality 2020 workshop in March 2015 and present a number of examples of implementation of elements of Quality 2020.</p> <p>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.</p> <p>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 ongoing and completion anticipated for Q4. 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 was approved by the regional ICT Programme Board on 24 June 2014 with approval to develop a business case by November 2014. Market scoping exercise completed July 2014. Business case submitted in November 2014. Engagement with other key stakeholders as part of the business case development ongoing.</p>
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<p>Demonstrate effectiveness of initiatives to manage people closer to home to prevent unnecessary and inappropriate hospital attendance</p>	<p>Med</p>	<p>G</p>	<p>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. Two further Trusts have activated the referral pathway since September 2014. Further meetings with two of the Trusts have taken place in Q3/Q4 and the next regional group meeting is scheduled for January 2015.</p> <p>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 is currently being developed. 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 Q3.</p> <p>Currently a number of “treat and leave” protocols are being developed for a range of other conditions as part of implementation of TYC and it is anticipated that these will be introduced on a phased basis during 2014/15. Protocols for</p>
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			<p>NIAS to take patients with minor injuries to minor injuries units as an alternative to ED attendance successfully developed and introduced in year in Western Trust area, and following consideration by other Trusts, 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, frequent callers, blocked catheters and COPD. Progress in these areas has been constrained by the degree of engagement by mental health service providers and other agencies, but this is improving. 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.</p> <p>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 Trust policy on appropriate transport and non-transport of patients has been drafted for consideration and approval.</p>
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	Improvement noted with establishment and bedding in on new systems and processes. Performance in May and June dipped primarily due to the demands of year end accounts and the new systems, and though performance has improved in subsequent months, the cumulative target of 95% of invoices can no longer be met in 2014/15. A target of 40% of invoices by volume has been established in respect of payment within 10 days.
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 influence development of local health and social care solutions	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.
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.
<p>HSCB Commentary.</p> <p>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.</p>		
<p>NIAS Response.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>NIAS will work with Commissioners in pursuit of delivery of targets with an emphasis on the following key areas:-</p> <ul style="list-style-type: none"> • 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 60% 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.		

<p>NIAS Response.</p> <p>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.</p> <p>NIAS Assessment</p> <p>No material risk to full or substantial delivery.</p>
<p>Performance Update</p> <p>No issues have been highlighted in respect of NIAS contribution to delivery.</p>

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).
<p>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.</p> <p>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.</p> <p>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.</p>		

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.		
<p>NIAS Response.</p> <p>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.</p> <p>NIAS Assessment</p> <p>No material risk to full or substantial delivery.</p>		
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 (December 2014) 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.
	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 business planning process and ensure that draft business plans are with the Department by mid-January	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
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 15 th 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. 1.2a Compliance with Department's processes and timescales for the	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
<p>completion of :</p> <ul style="list-style-type: none"> • Mid-year Assurance Statements and End year Governance Statements; • Board Governance Self-assessment Tool; • NAO Audit Committee Checklist; • Mid-year and End-year accountability 				

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forthcoming 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
meetings; and <ul style="list-style-type: none"> 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	NIAS will establish processes necessary to scope requirements and identify measures necessary to achieve compliance.	G	
Domain 1: Governance 1.2c By 31 March 2015, carry out an independent evaluation	March 2015	NIAS awaits guidance from DHSSPS on the process to be followed.	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
of the Board governance arrangements.				
<p>Domain 1: Governance</p> <p>1.3 Emergency preparedness/Business continuity</p> <p>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.</p>	<p>MED</p> <p>March 2015</p>	<p>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.</p> <p>The Trust continues to conduct and participate in a range of exercises and events that test business continuity plans.</p> <p>Training in business continuity for directorate functional leads originally scheduled for September 2014 has been rearranged for January 2015. This will be provided by the Home Office Emergency Planning College.</p>	G	

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forthcoming 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
<p>Domain 2A: Financial Resources</p> <p>2A.1 Deliver on key Departmental and Executive financial commitments/requirements:</p> <p>2A1.a Achieve the financial breakeven target of 0.25% or £20k (whichever is the greater) of revenue allocation by March 2015.</p>	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.
<p>Domain 2A: Financial Resources</p> <p>2A1.b Achieve/maintain the minimum standard of paying 95% of undisputed invoices within 30 days throughout</p>	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, and though performance improved in July and August, the cumulative target of 95% of invoices can no longer be met in 2014/2015.	R	<p>Clarity on target required. Previous target of 95% of invoices within 30 days or other agreed terms.</p> <p>The Trust continues to focus on this target.</p>

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forthcoming 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.				
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	NIAS will review existing systems and processes to identify measures to set and achieve a realistic target.	G	Bench marking exercise underway with other Trusts. A target of 40% of invoices by volume has been established in respect of the 10 day target.
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	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 forthcoming 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 summer recess.				
<p>Domain 2A: Financial Resources</p> <p>2A.2 Deliver accurate financial reports and financial forecasts on a timely basis in accordance with Departmental timescales</p> <p>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</p>	<p>FIN</p> <p>Monthly</p>	<p>The Trust Monitoring returns provide a year-end forecast and a monthly profiled financial forecast of expenditure.</p> <p>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.</p> <p>These are submitted largely in line with timetable and deadlines.</p>	G	

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forthcoming 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
forecast are fully explained.				
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	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
information provided by the Directorate of Legal Services.				
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. Trust Delivery 2014/2015 remains to be considered by Commissioners. NIAS expenditure being reviewed 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	30 June 2014	NIAS will develop plans in line with the timeframe specified upon receipt of relevant guidance on	A	Financial position, delivery of savings and

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forthcoming 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
2A 3.b Developing plans to deliver efficiencies (productivity and cash releasing) in 2015/16 by 30 June 2014.		requirements from DHSSPS/HSCB. NIAS continues to work with DHSSPS/HSCB to consider 2015/2016.		contingency plans continually monitored.
Domain 2A: Financial Resources 2A 3.c For capital, external consultancy/revenue business cases, ensure that submission to the Department is in line with agreed timeframes.	Various	NIAS will continue to seek to comply with submission requirements of DHSSPS for Business Cases.	G	
Domain 2A: Financial Resources 2A 3.d Ensure that a suitable skills base is	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	G	

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forthcoming 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
maintained/developed to develop business cases and provide written assurance to your Board by March 2015.		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.		
Domain 2A: Financial Resources 2A.4 - Ensure compliance with public procurement policy 2A 4.a Ensure STAs >£30k are publicly published on a monthly basis in line with CPD requirements.	FIN June 2014	NIAS will establish a process to comply with requirements by June 2014. All STA's are now published on the NIAS website in line with CPD requirements.	G	
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	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 forthcoming 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
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. <i>(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 (PELs) and the Ministerially approved recommendations in the Department's Review of Procurement).</i>				
Domain 2B: Health Estates 2B.1 Assets & Estate Management Ensure property costs demonstrate value for	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.

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
money: 2B.1 (a) Submit a Property Asset Management Plan, in line with Department requirements, to the Department on 30 th April 2014.				
Domain 2B: Health Estates 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.	OPS Quarterly	NIAS will take the necessary steps to submit a disposals schedule in line with requirements by the due date. Delayed due to competing priorities.	A	NIAS will submit a disposals schedule as soon as possible.

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forthcoming 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
<p>Domain 2B: Health Estates</p> <p>2B.2 Sustainable Development</p> <p>To support the DHSSPS Sustainable Development Duty:</p> <p>2B.1 (a) To submit a Sustainable Development Report, in line with Department requirements, by 30th April 2014.</p>	<p>OPS</p> <p>April 2014</p>	<p>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.</p>	A	<p>NIAS will submit Sustainable Development Report as soon as possible.</p>
<p>Domain 2C: Human Resources</p> <p>2C.1 Staff Sickness Absence</p> <p>2C.1 (a) Reduce or maintain staff absence rates to 7%.</p> <p>(D/N The Department is currently analysing progress</p>	<p>DHR&CS</p> <p>Monthly</p>	<p>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).</p> <p>In light of issues arising in relation to the sickness absence figures produced following the</p>	R	<p>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</p>

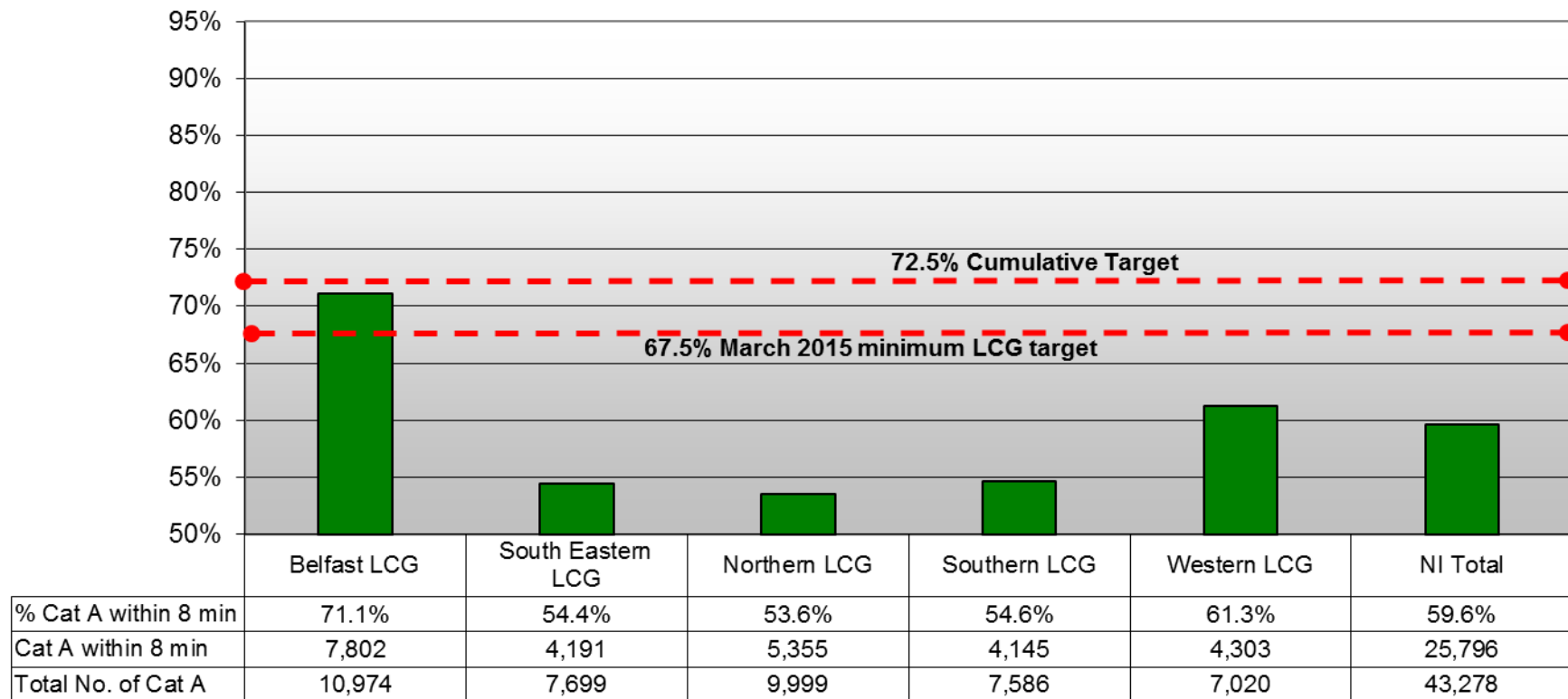
Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forthcoming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
against the 13/14 absence targets to establish 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).		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%.		policy and procedures to maximise staff attendance.
<p>Domain 2C: Human Resources</p> <p>2C.2 Staff appraisal/development</p> <p>2C.2 (a) by 30th June 2014</p> <p>90% of staff to have had an annual appraisal of their performance during 2013/14 and an agreed personal development plan for 14/15.</p>	<p>ALL</p> <p>June 2014</p>	<p>NIAS implemented revised arrangements in 2013 and will report on progress in line with requirements. Progress reported by directorate.</p>	G	

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forthcoming 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 3.1 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. Medical Director continues to participate in Regional Quality 2020 Implementation Team and NIAS is represented on a further two Quality 2020 task groups. NIAS will participate in a regional Quality 2020 workshop in March 2015 and present a number of examples of implementation of elements of Quality 2020.	G	
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	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	

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
Guidance.				
<p>Domain 3: Quality</p> <p>3.4 Patient Safety</p> <p>3.4b During 2014/15 promote the effective reporting and management of, and implement the learning from, serious adverse incidents/adverse incidents, near misses, complaints, and provide evidence to the HSCB/PHA that these requirements are being met.</p>	<p>MED</p> <p>31 March 2015</p>	<p>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, 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 accidents are presented by the Risk Manager on a quarterly basis to the Senior Executive Team.</p>	G	

CATEGORY A PERFORMANCE – CUMULATIVE FROM 1 APRIL - 31 DECEMBER 2014

**% Cat A Calls Responded to Within 8 Minutes
CUMULATIVE from April 2014 to end December 2014**



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 DECEMBER 2014




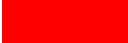
HSCB 2014/15 (**Provisional**) Target – “NIAS should ensure an average of 72.5% of Category A (life-threatening) calls are responded to within 8 minutes (and not less than 67.5% in any LCG area)”

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%				
Belfast	81.6%	79.6%	77.9%	76.4%	74.9%	74.3%	73.5%	72.8%	71.1%				
South East	63.5%	61.8%	60.6%	58.6%	57.2%	56.5%	56.0%	55.5%	54.4%				
North	60.7%	58.9%	57.6%	56.8%	55.5%	55.2%	55.0%	54.5%	53.6%				
South	59.3%	61.0%	59.7%	57.8%	57.1%	56.5%	56.4%	55.7%	54.6%				
West	63.9%	65.0%	64.8%	63.4%	62.7%	62.6%	62.4%	61.8%	61.3%				

Key:

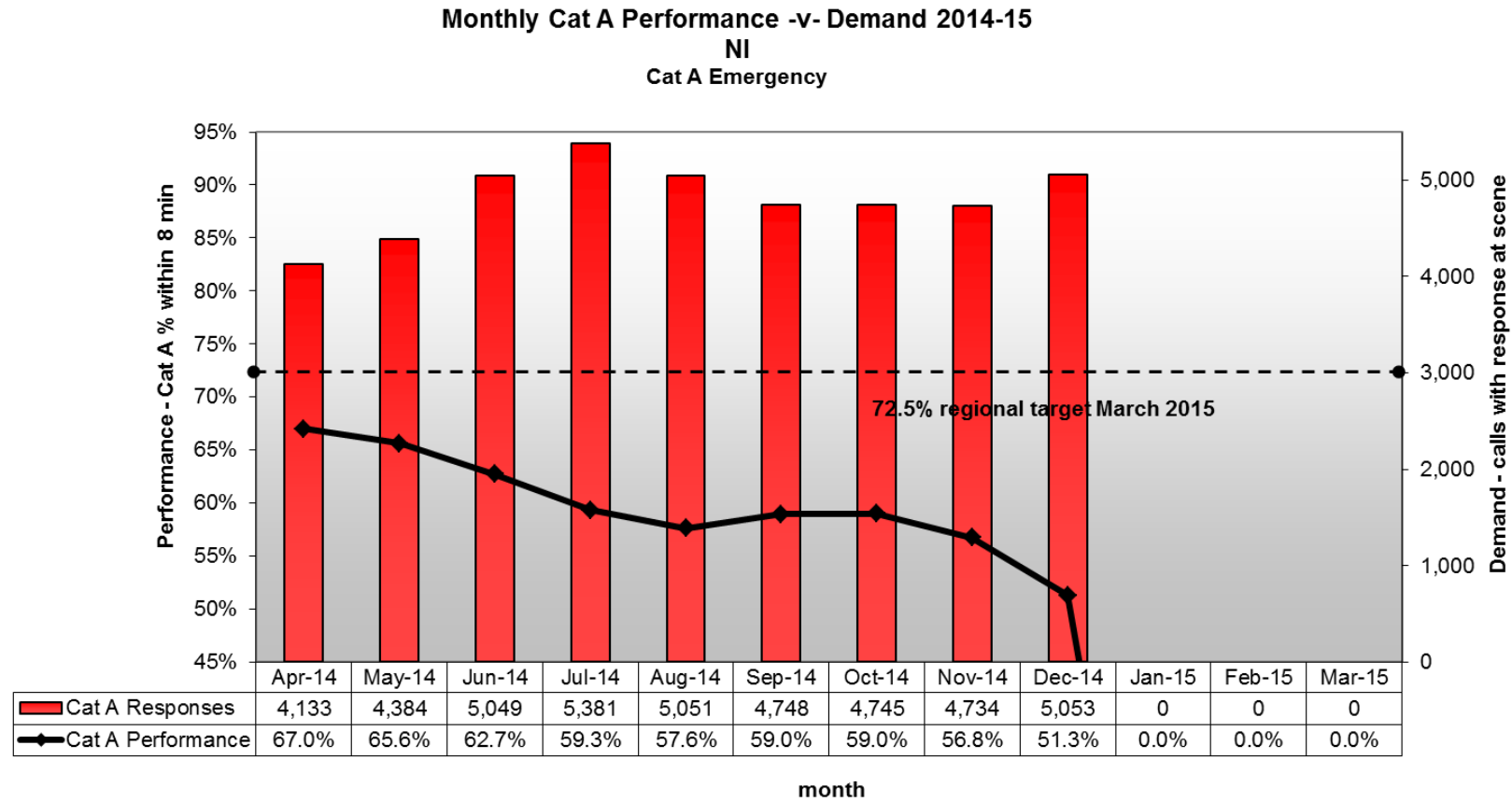
	Target Achieved	
	Target Substantially achieved	(within 1% variance)
	Target Partially achieved	(within 2.5% variance)
	Target Not Achieved	(greater than 2.5% variance)

PERFORMANCE COMMENTARY:

- *Regional target; continued downward trend from 67% in April to 59.6% December. 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 14.2% compared to the same timeframe last year with 5391 more Cat A calls equating to 21 more calls per day).*
- *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 manage risks associated with reductions in levels of cover, including the recruitment of temporary staff into permanent post due to be completed in early January 2015 thereby stabilising the workforce, prioritisation of total work load to create and protect capacity to respond emergency calls, review of use of relief staff to cover priority shifts, and regular use of Voluntary Ambulance Services to augment NIAS capacity to deal with non-emergency work.

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



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

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%				
Belfast	81.6%	77.8%	74.9%	72.1%	69.1%	71.1%	68.6%	68.1%	58.7%				
South East	63.5%	60.2%	58.6%	53.7%	52.0%	53.1%	53.3%	51.8%	46.4%				
North	60.7%	57.4%	55.5%	55.0%	51.0%	53.4%	53.8%	51.4%	45.9%				
South	59.3%	62.8%	57.5%	52.8%	54.4%	53.5%	55.5%	51.0%	46.5%				
West	63.9%	66.0%	64.3%	59.7%	60.3%	61.7%	61.4%	58.0%	57.1%				

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 51.3% in October. The monthly LCG target in December has not not been met across any LCG.
- There has been a continued increase in Category A activity with a cumulative increase of 9.9% compared to the same timeframe last year with 455 more Cat A calls (which equating to 15 more calls per day). This increase in demand has led to a reduction of 12.8% = 382 Cat A calls responded to in 8 minutes or less from April to December 2014 compared with the same time frame last year.
- Of particular note is the performance in South Eastern Division where there has been a 14.2% (114) increase in demand in December 2014 compared to December 2013 and a reduction only 53 calls (11.1%) responded to in 8 minutes or less. This

is particularly remarkable when taking into account that over 37% of South Eastern A&E ambulances and 25% of South Eastern RRVs end up carrying out calls in the Belfast LCG area on a daily basis thereby being unavailable within their own division.

PERFORMANCE REVIEW YTD : DECEMBER 2013 v DECEMBER 2014

Activity	DECEMBER 2013	DECEMBER 2014	Variance (%)
Emergency <i>(Calls with response arriving at scene)</i>	13,135	16,527	+25.8%
Urgent / CAT C HCP <i>(Urgent patient journeys / CAT C HCP responses)</i>	3,141	2,939	-6.4%
Non Urgent <i>(Patient journeys)</i>	17,389	17,229	-0.9%
Total	33,665	33,756	+0.3%

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 December 2014 total of 16,527 emergency calls with a response INCLUDES the 2,939 Cat C HCP responses. The emergency responses total EXCLUDING Cat C HCP data would therefore have been 13,588 – an increase of 3.4%.

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 0.3% (91) increase in NIAS activity compared to the same month last year. This equates to nearly 3 more calls each day. There were noticeable reduction in Urgent /HCP Cat C and Non-Urgent calls as detailed below.

Emergency

- Regional emergency activity was 25.8% (3392 calls) higher during the month of December 2014 compared to last year and 10% (1551 calls) higher compared to the previous month (November 2014). The regional 2.3% increase compared to the previous year in the proportionality of Cat A as part of all emergency calls (now 44% regionally) is also affecting response times across all emergency calls.*
- Of note is the exceptionally high Cat A demand as a proportion of all emergency calls during December 2014 in the following LCG areas: Belfast (45.8%), Ards (48.2%), Carrickfergus (46.1%), Larne (47.7%), Moyle (53.7%), Banbridge (45%), Dungannon (46.6%), and Strabane (50.5%).*

Urgent/HCP Cat C

- There has been a small reduction of 6.4% in the number of Urgent and HCP Cat C calls compared to last year. However this is not reflected in the comparison with the previous month where there has been an 5.5% (316 urgent + HCP Cat C calls) increase regionally.*

Non-Urgent

- There was a 0.9% (160) reduction in non-urgent activity in December 2014 compared to December 2013 and a 16.4% (3389 non urgent calls) reduction compared to November 2014.*

CATEGORY A: % CONVEYANCE RESOURCE RESPONSE ARRIVING WITHIN 21 MINUTES AS AT DECEMBER 2014

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%				
Belfast	86.0%	82.3%	80.0%	84.3%	80.3%	80.0%	77.2%	79.7%	73.5%				
South East	80.9%	78.3%	74.2%	72.8%	70.4%	70.3%	68.9%	71.7%	62.1%				
North	86.5%	83.0%	79.5%	79.4%	78.9%	80.5%	80.2%	78.8%	73.4%				
South	79.1%	82.1%	77.4%	75.9%	77.4%	76.7%	78.2%	73.4%	67.0%				
West	84.4%	86.5%	84.6%	82.4%	84.0%	81.1%	81.0%	83.1%	78.5%				

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

Key:



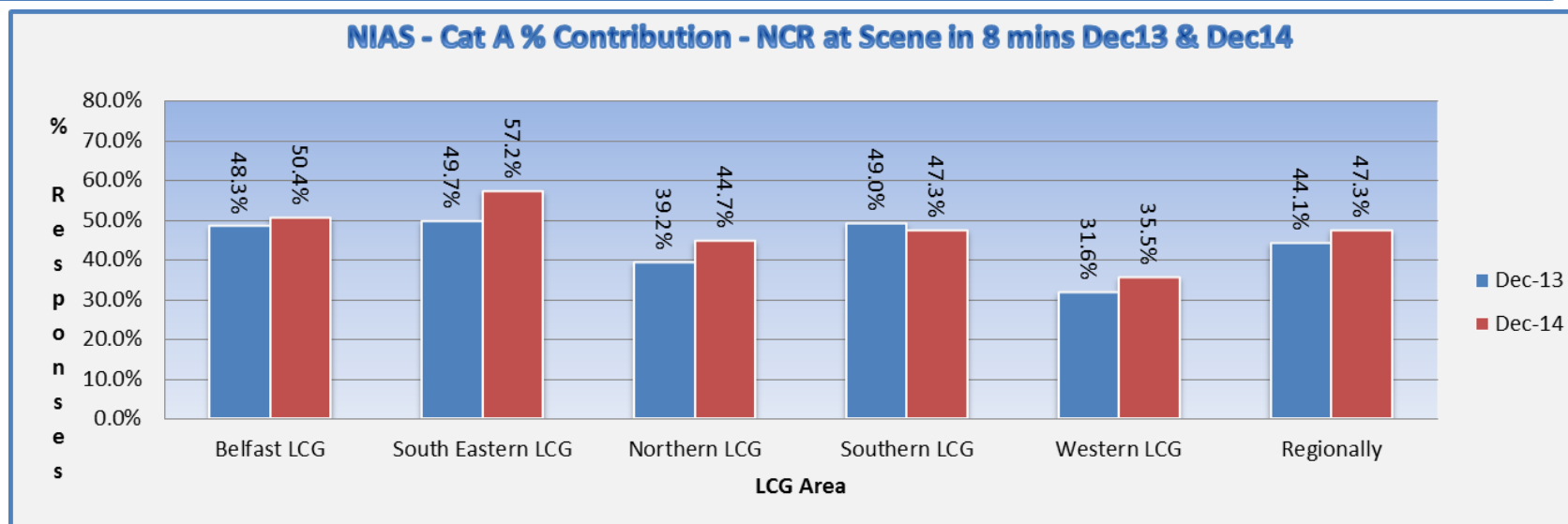
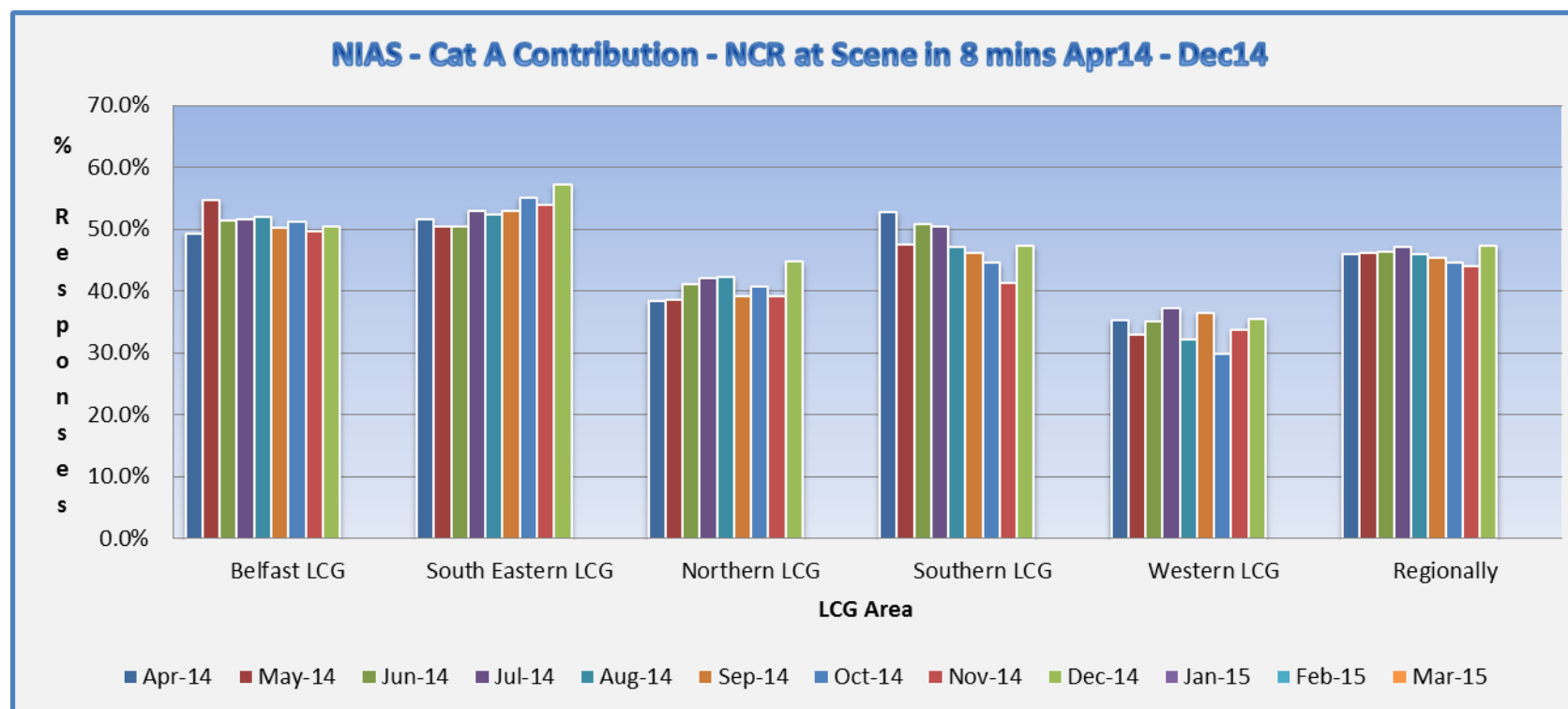
Target Achieved

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 DECEMBER 2014



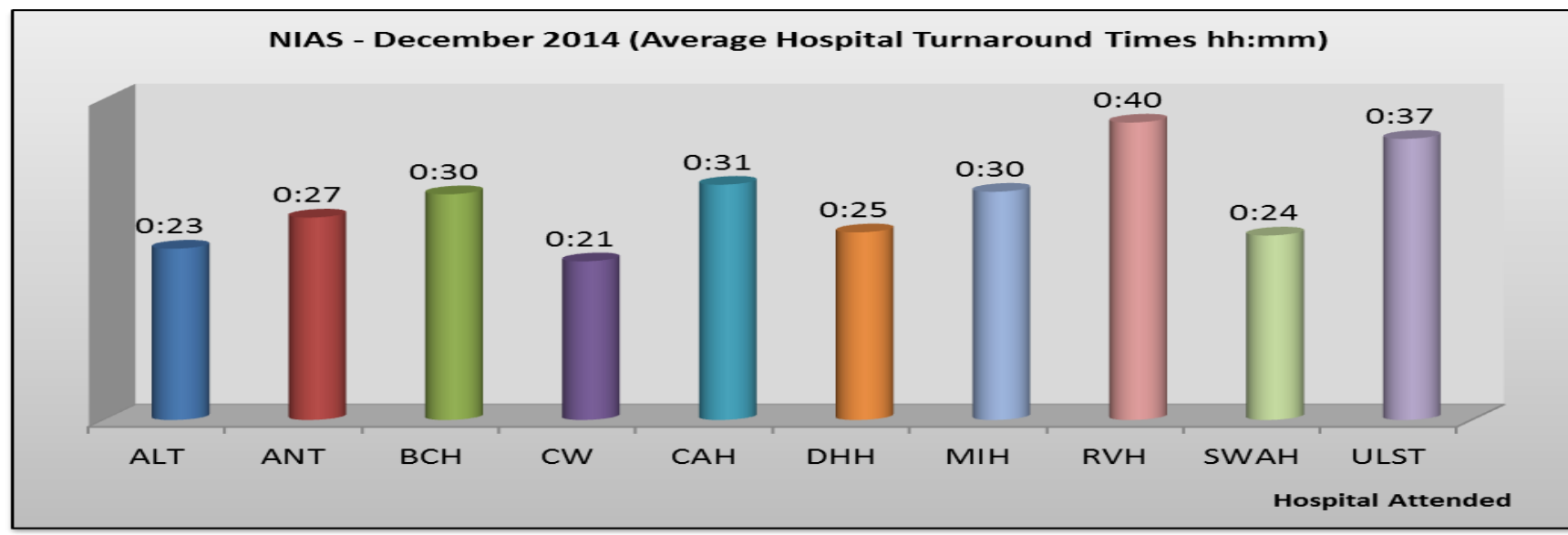
NON-CONVEYING RESOURCE (RRV ETC) – CONTRIBUTION TO CAT A DATA

		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				
	%	46.0%	46.0%	46.3%	47.1%	45.9%	45.3%	44.6%	44.0%	47.3%				
Belfast	N	442	494	491	491	448	410	411	406	401				
	%	49.3%	54.7%	51.4%	51.6%	52.1%	50.2%	51.1%	49.5%	50.4%				
South East	N	230	232	267	272	271	246	247	227	243				
	%	51.5%	50.3%	50.4%	53.0%	56.0%	52.9%	55.0%	53.9%	57.2%				
North	N	202	216	268	295	252	229	241	227	227				
	%	38.3%	38.6%	41.1%	41.8%	39.4%	39.1%	40.7%	39.1%	44.7%				
South	N	250	223	260	255	218	212	193	171	195				
	%	52.7%	47.4	50.7%	50.5%	47.0%	46.1%	44.6%	41.3%	47.3%				
West	N	150	159	181	192	149	172	155	152	160				
	%	35.3%	32.9%	35.0%	37.1%	32.1%	36.4%	29.8%	33.6%	35.5%				

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

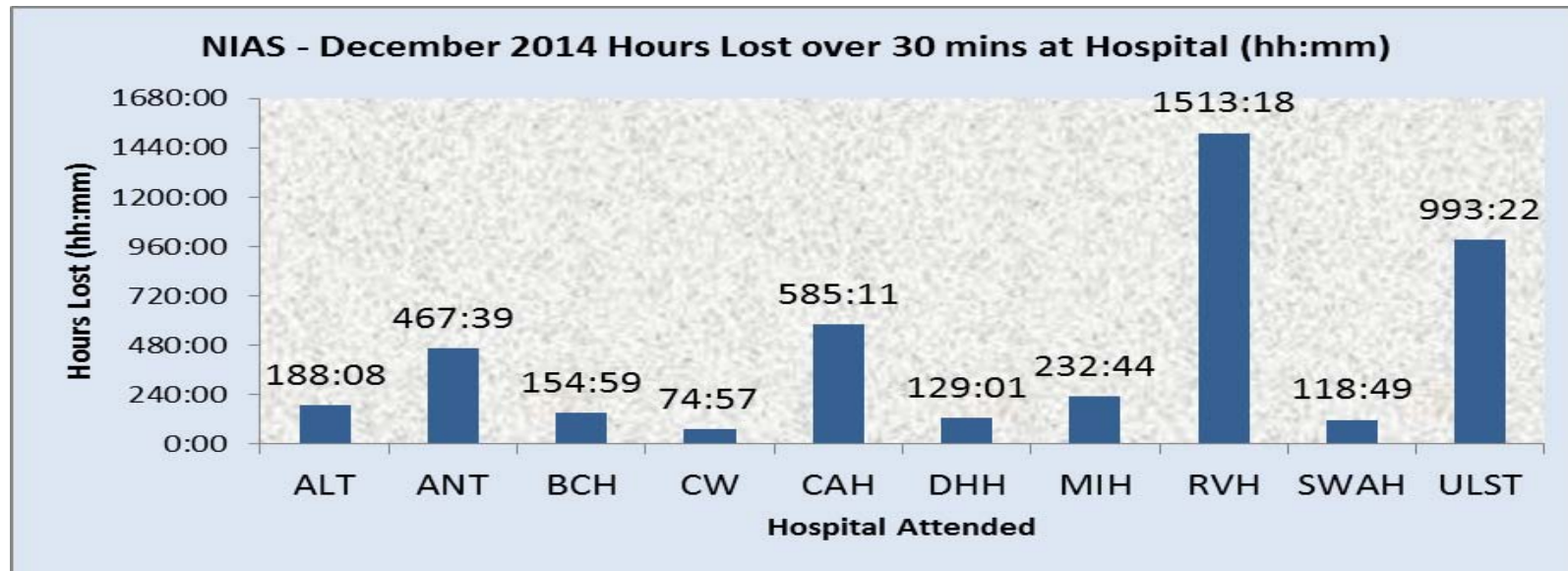
- *There was a 3.3% (43 calls) increase regionally in the number of RRV calls that contributed to Cat A performance.*

AMBULANCE TURNAROUND TIMES



- There was a very small reduction (0.7%) in the total number of NIAS ambulance turnaround times at hospital between December 2014 and December 2013.
- 54% of all ambulance turnaround times in December were in standard (i.e. completed within 30 mins)
- The above chart shows the average ambulance turnaround time in December 2014 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.
- The number of ambulance turnaround times greater than 1 hour has increased by 25% from 575 in December 2013 to 721 in December 2014.
- The total loss of production hours for NIAS has increased by 10.6% compared to last year, with an additional 469 hrs lost during December 2014 compared to December 2013.

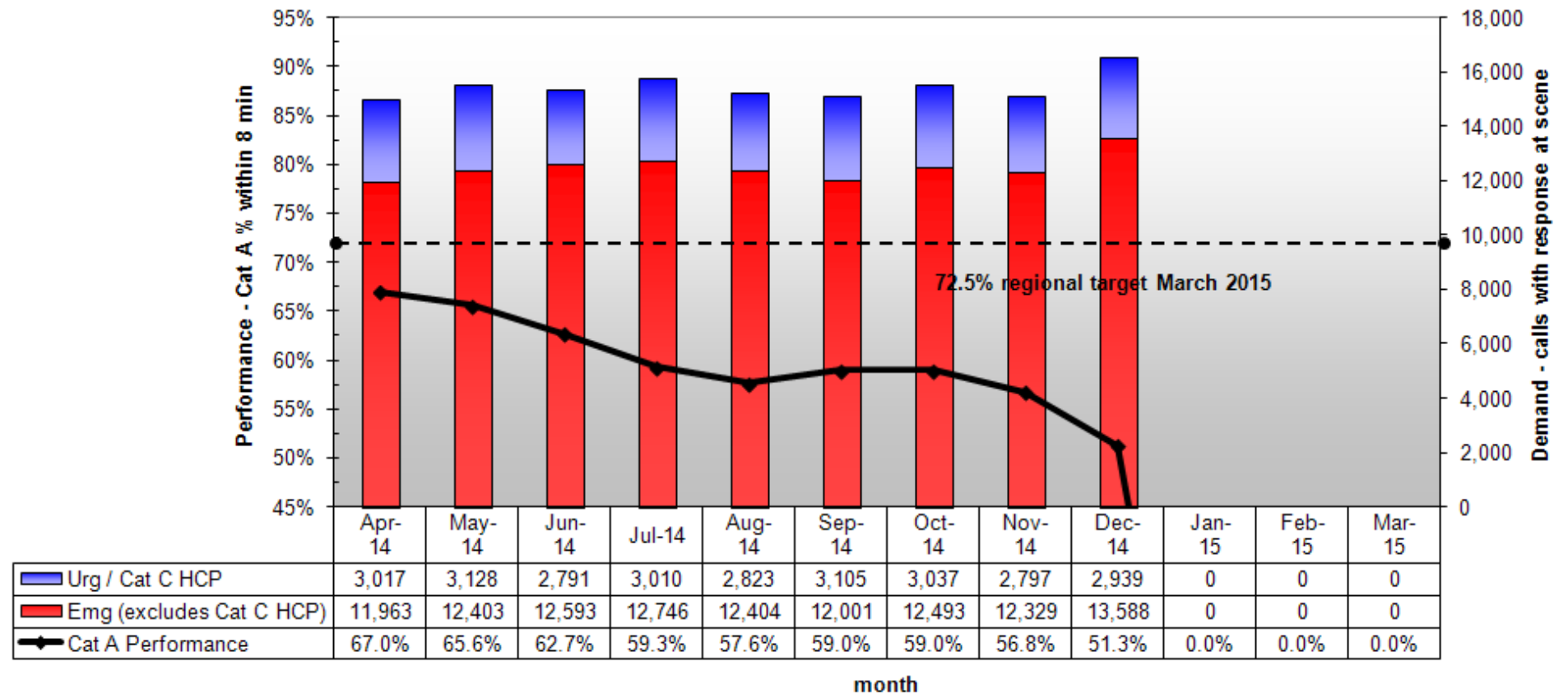
- This loss of production hours equates to 6.6 ambulances each day compared to 6 in December 2013.



Monthly Cat A Performance -v- Demand 2014-15

NI

Emergency & Urgent / Cat C HCP

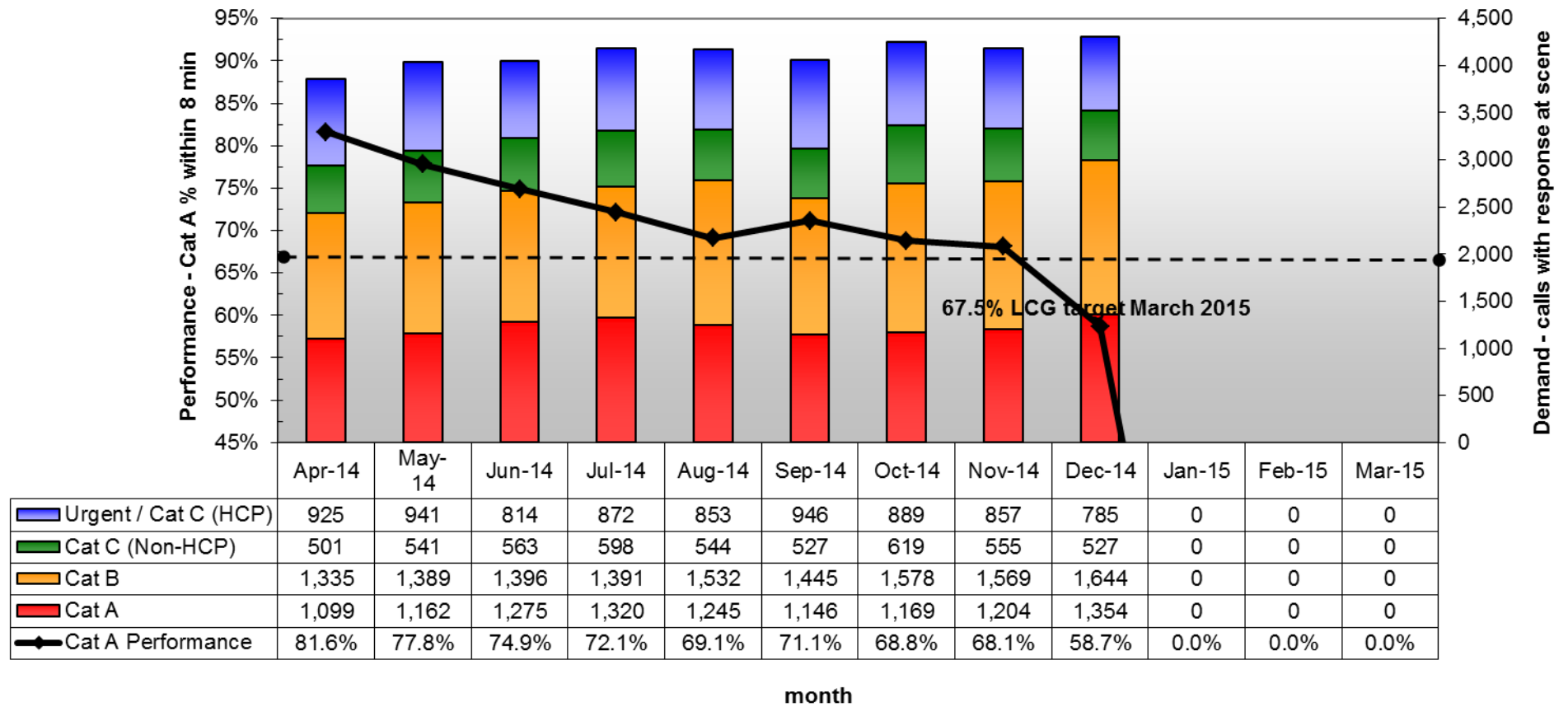


PERFORMANCE REVIEW BY DIVISION: BELFAST

Monthly Cat A Performance -v- Demand 2014-15

Belfast LCG

Emergency by Category & Urgent / Cat C HCP

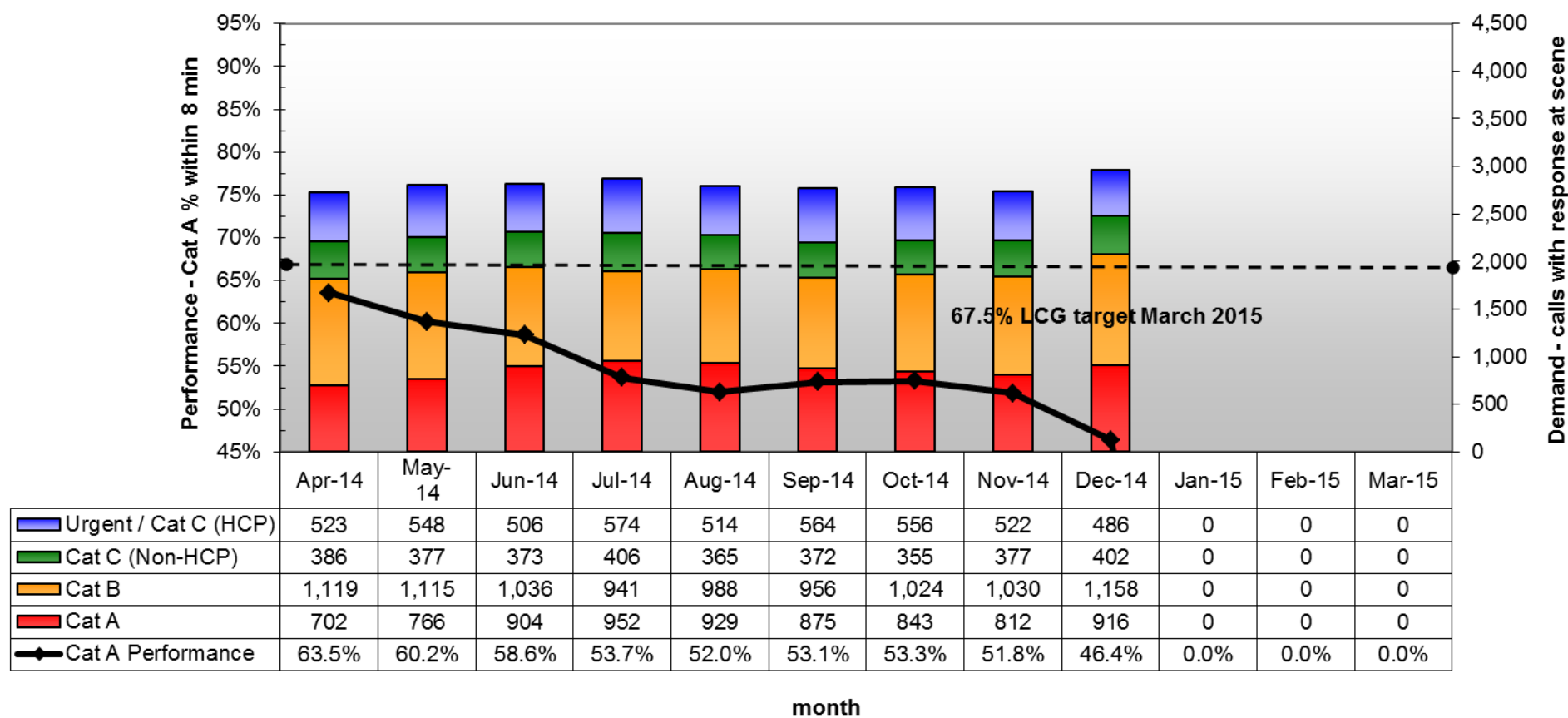


PERFORMANCE REVIEW BY DIVISION: SOUTH EASTERN

Monthly Cat A Performance -v- Demand 2014-15

South Eastern LCG

Emergency by Category & Urgent / Cat C HCP

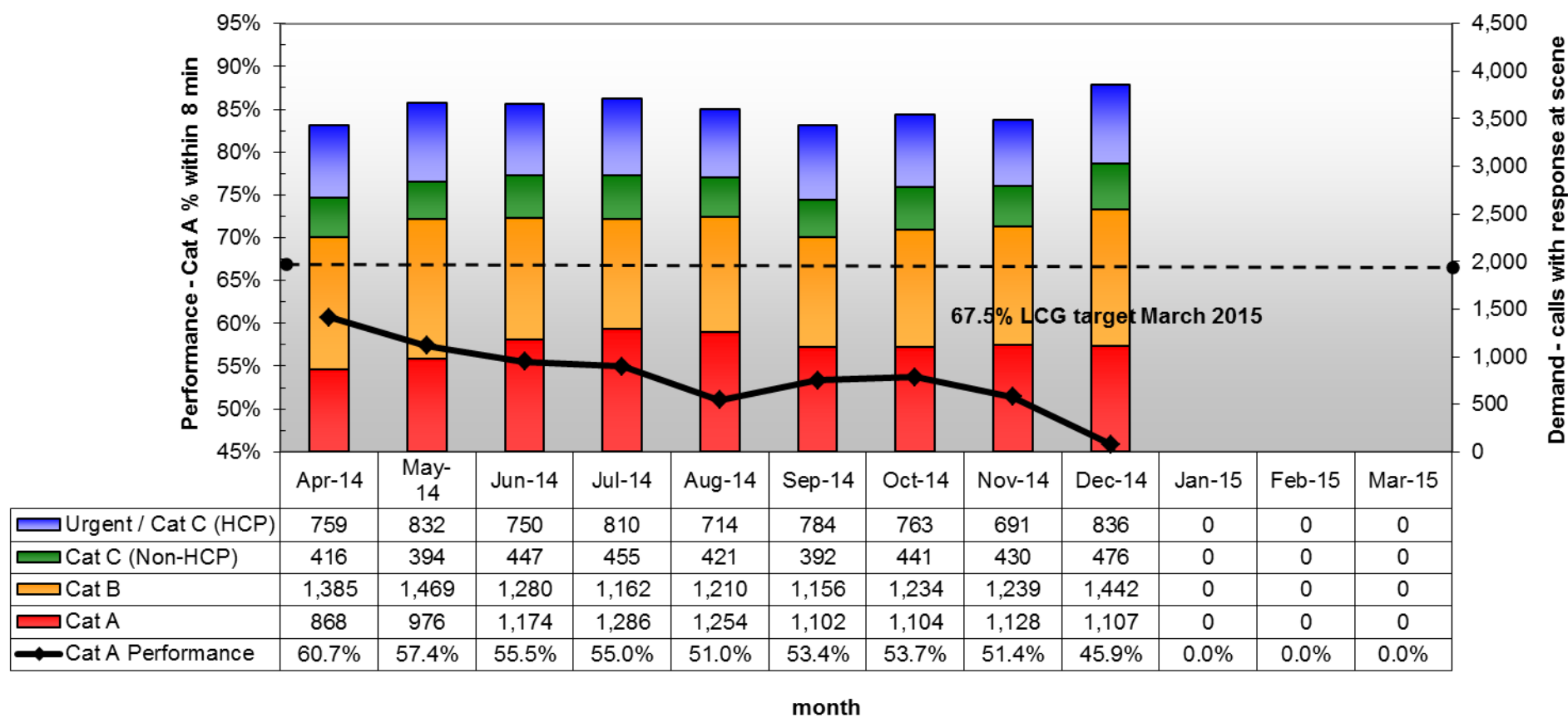


PERFORMANCE REVIEW BY DIVISION: NORTHERN

Monthly Cat A Performance -v- Demand 2014-15

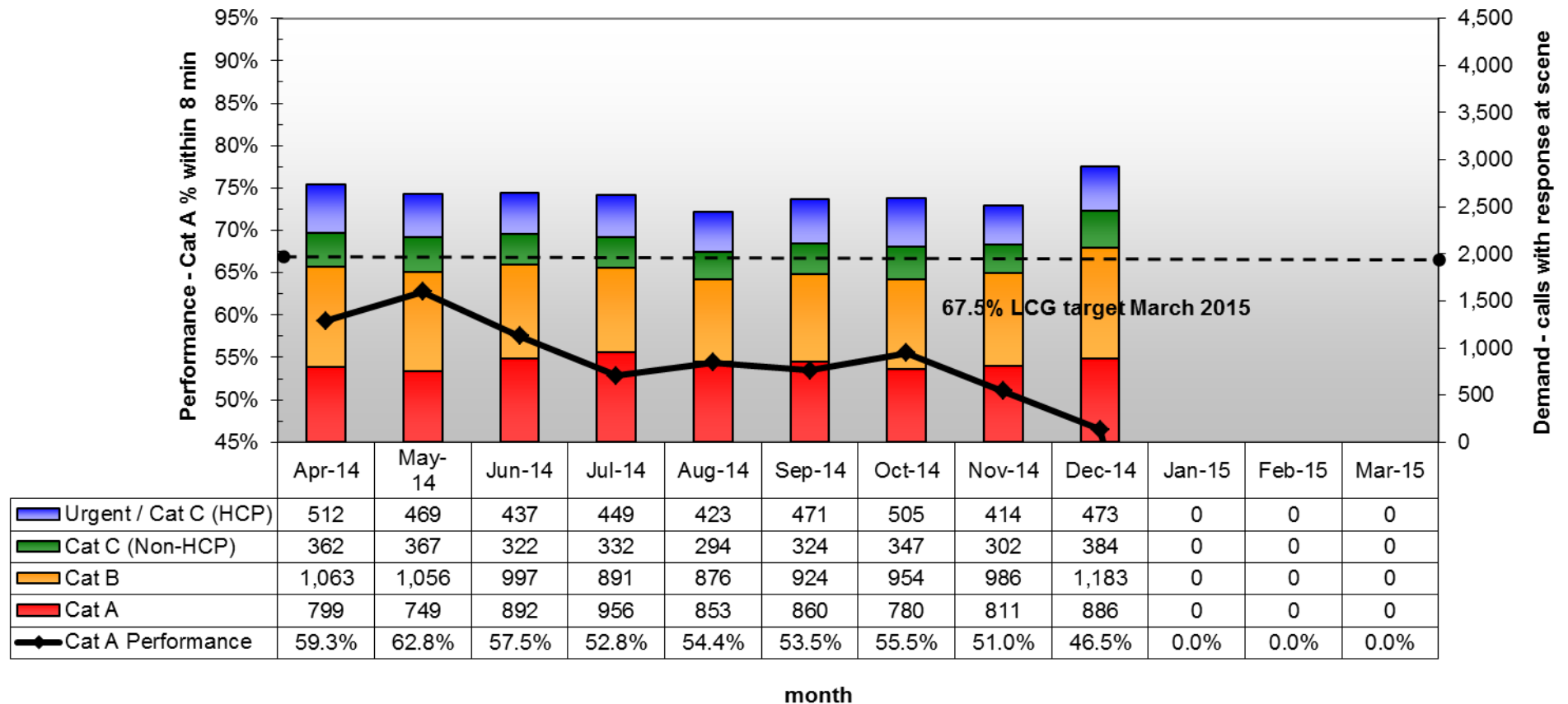
Northern LCG

Emergency by Category & Urgent / Cat C HCP



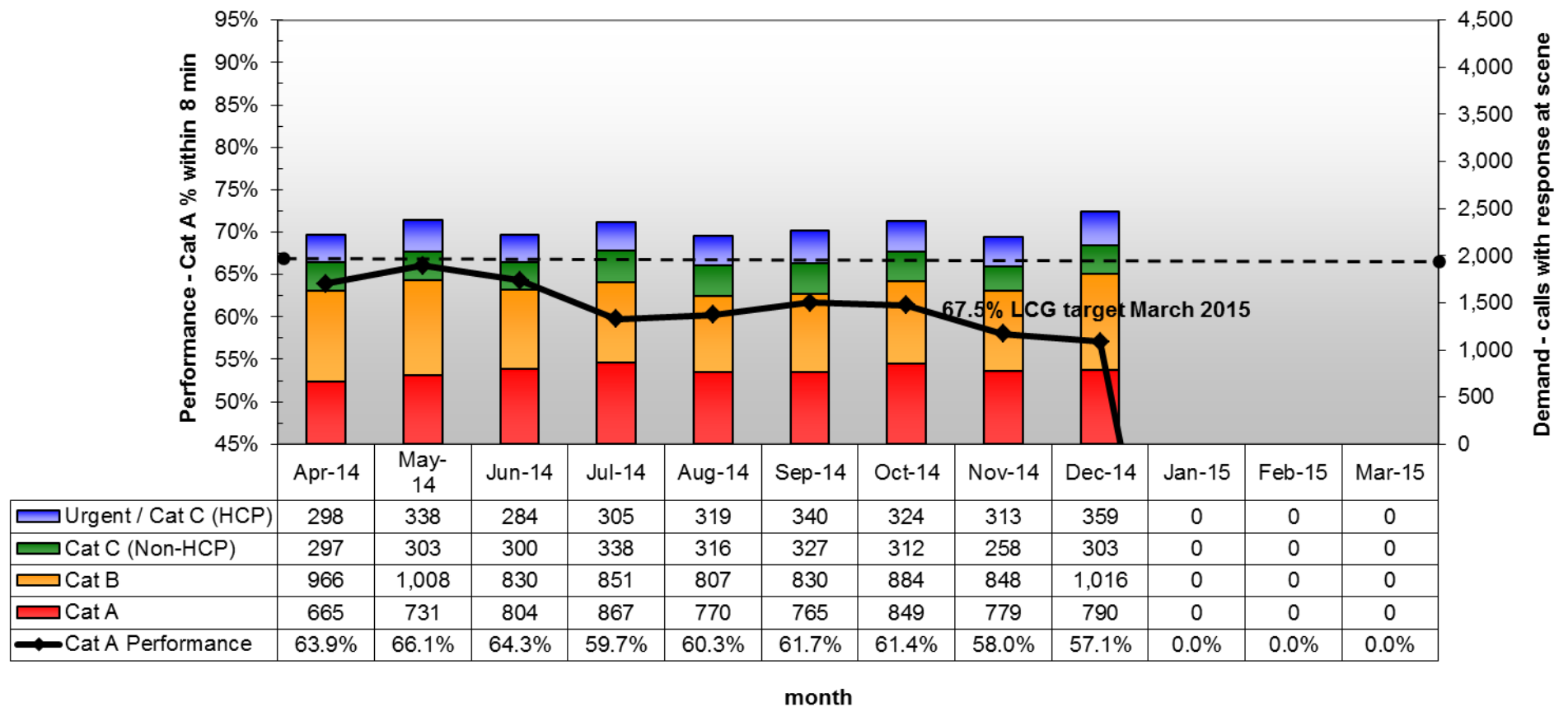
PERFORMANCE REVIEW BY DIVISION: SOUTHERN

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



PERFORMANCE REVIEW BY DIVISION: WESTERN

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



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
Environmental Mgt		Substantive	Self Assessed & Internal Audit
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			
Non-Emergency Ambulances	79.2	79.2	79.2	80.2	80.2	80.2	81.1	82.1	84.0			
Rapid Response Vehicles	69.0	69.0	69.0	69.0	69.0	76.2	76.2	81.4	83.3			
Support Vehicles	40.0	40.8	40.8	40.8	42.9	42.9	42.9	42.9	46.9			
PERFORMANCE COMMENTARY: Additional Vehicles retained not in Establishment: 8, over 5 years old. Commissioning of 2013/14 vehicles is ongoing and percentages have started to correct as vehicles go into service. A&E 20 commissioned PCS 5 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

Chassis/vans for conversion in 2014/15 have been delivered.

Procurement ongoing with PaLS

Fleet Strategy, finalised.

Fleet Business case, for 5 year replacement programme and request for approval to convert chassis. Submitted.

ESTATE CAPITAL PROGRAMME

BALLYMENA:

Tender awarded, Contract signed, contractor on site from 17 November 2014
Piling ongoing.

ENNISKILLEN:

Demolition contract awarded
NIAS site investigations to commence as soon as our site is cleared.

CRAIGAVON:

Site may no longer be available due to Southern Trust development.

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.

ESTATE RISK SUMMARY

Fire

Property Fire Risk Summary of MAX risk for each property. As per year end 2013/14 this should be noted as **Medium**, with 79 per cent of the properties at Low or Medium fire risk status

FIRE RISK	Station	Deploy Point	Support	Total	%
EXTREME	1			1	1.6
HIGH	7	3	2	12	19.0
MEDIUM	20	10	1	31	49.2
LOW	8	11		19	30.2
Total	36	24	3	63	

Estate

Building condition incorporating physical structure, mechanical and electrical systems, space utilisation, statutory standards and functional suitability. As per year end 2013/14 the risk due to the estate condition and suitability is considered to be **Low** as over 80 per cent of the estate is in green or amber condition.

Red 12 (19.0%)	Will reflect a building that is, or is becoming largely untenable as a point for the delivery of an HSS service.
Amber 23 (36.5%)	Will reflect a building that may have a significant remaining useful life, subject to appropriate management, but which will need major refurbishment/ re-planning within 5-10 years.

Green 28 (44.5%)	Will reflect new and relatively new buildings, the standards of which continue to be largely current, and which can be expected to deliver a service for the foreseeable future, subject to appropriate management.
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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. The position at the end of December 2014 (Month 9) is a small deficit of £19k.

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			
Other Expenditure		1,846	2,533	3,444	4,355	5,247	6,214	7,099	7,917			
Expenditure Total		10,288	14,936	19,880	24,890	29,815	34,818	39,703	44,521	0	0	0
Income		118	160	199	238	276	315	353	405			
Net Expenditure		10,170	14,776	19,681	24,652	29,539	34,503	39,350	44,116	0	0	0
Net Resource Outturn		10,170	14,776	19,681	24,652	29,539	34,503	39,350	44,116	0	0	0
Revenue Resource Limit (RRL)		10,170	14,761	19,665	24,620	29,507	34,473	39,322	44,097			
Surplus/(Deficit) against RRL		0	(15)	(16)	(32)	(32)	(30)	(28)	(19)	0	0	0

The Audit Committee recently reviewed and approved a revised format of reporting to Trust Board. The revised format at the end of December 2014 (Month 9) is as follows:

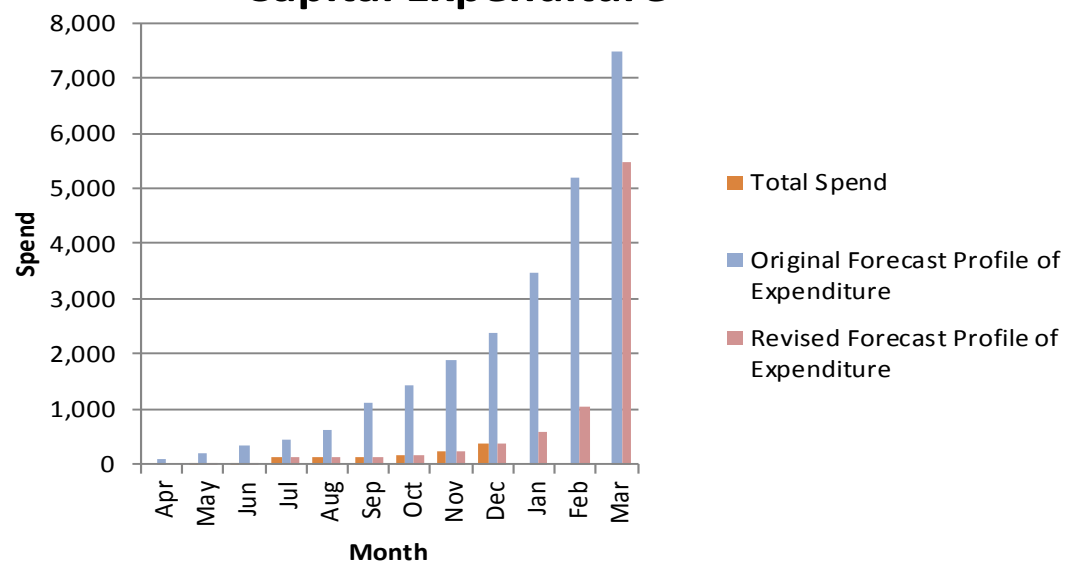
	Current Period (Month 9) £k				Cumulative Year to Date (2014/15) £k				Projected Outturn £k		
Expenditure	Budget	Actual	Variance		Budget	Actual	Variance		Budget	Actual	Variance
Pay	4,000	4,000	0		36,553	36,604	(51)		49,543	49,543	0
Non Pay	827	818	9		7,950	7,918	32		10,875	10,875	0
Total	4,827	4,818	9		44,503	44,522	(19)		60,418	60,418	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		405	405	0		526	526	0
	52	52	0		405	405	0		526	526	0

Capital Spend

The Trust in conjunction with DHSSPS and the Health Estates Investment Group (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 £5.5m (previously £5.9m) largely due to re-profiling of construction works for the new Ballymena and Enniskillen Stations. These estimates are provided by 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 and procurement. The delivery of this capital expenditure will be a significant challenge for NIAS, most immediately in respect of circa £1m on replacement ambulance vehicle chassis which, at the time of writing, requires formal business case approval. Cumulative capital spend at the end of December 2014 (Month 9) is as follows:

Cumulative Capital Spend (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet		0	0	0								
Estate		5	8	103	123	126	161	210	328			
Medical Equipment		0	0	0	0	0	0	0	0			
IT Equipment		0	0	0	0	0	0	0	0			
General Capital		12	17	17	17	17	21	21	47			
Total Spend		17	25	120	140	143	182	231	375	0	0	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	595	1,029	5,481

Capital Expenditure



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			
Actual Disposals		0	3	3	3	3	3	13	13			

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.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
Total bills paid	1,123	890	1,547	1,205	1,141	1,254	1,206	1,333	1,073				10,772
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				9,587
% 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%				89.0%
Total bills paid within 30 calendar days of receipt of undisputed invoice	965	592	1,070	1,033	930	954	991	1,085	863				8,483
% bills paid on time	85.9%	66.5%	69.2%	85.7%	81.5%	76.1%	82.2%	81.4%	80.4%				78.8%
Total bills paid within 10 working days (12 calendar days)	385	104	306	512	362	271	406	570	348				3,264
% 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%				30.3%
Total bills paid within 10 working days (14 calendar days)	480	190	438	647	454	402	497	670	456				4,234
% bills paid on time	42.7%	21.3%	28.3%	53.7%	39.8%	32.1%	41.2%	50.3%	42.5%				39.3%

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

The Business Services Organisation provides a range of services to The Trust, including Procurement and Logistics Services (PaLS), Legal Services, Technology Services and Internal Audit. New reporting arrangements for the Service Level Agreements have identified Key Performance Indicators (KPIs) in respect of Purchasing and Supply. At the time of writing, figures for December 2014 were not available. The performance to the end of November 2014 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				
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				
Number of Lines Issued (Stock and Non Stock Line)	769	792	936	697	803	774	1,240	1,114				
Value of Spend £k (Stock and Non Stock)	198	117	193	533	93	89	552	203				

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.

November 2014 - Update the Firmware on Stratus hardware

The stratus hardware is the platform for the Command and Control C3 A&E system. An update was required on the underlying microchips to control fault tolerance. The system was taken offline in a controlled manner with control staff using paper. The system was un-available to staff for a period of 2.5 hours with minimum disruption to service.

November 2014 - Upgrade the Resource Management System

The GRS server was upgraded by the supplier to implement new changes and developments. The downtime was managed by the RMC and remote access was provided to the supplier by NIAS IT.

December 2014 - TETRA NETWORK INFORMATION BULLETIN - Radio site technical issue

The DTR network was unavailable while undergoing new hardware installation for future proofing and to replace end of life equipment. The Network was un-available for a period 1.45 hours while the main core was replaced. Contingency arrangements for radio communication were invoked during this downtime with minimum disruption to service.

December 2014 - HRPTS system and portal down

A priority 1 incident occurred which made HRPTS unavailable for both portal and core users. HRPTS is hosted by BSO and their shared services centre. This was identified as an issue for the system provider (BSO) and was resolved by the supplier HCL Axon.

ICT Help Desk Performance

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

	November			October		
Target to Respond to 95%	No of Calls	Within time	Actual	No of Calls	Within time	Actual
Immediate	10	10	100%	6	6	100%
Urgent	31	30	97%	21	21	100%
High	27	27	100%	27	27	100%
Medium	442	429	97%	329	322	98%
Low	551	551	100%	627	624	100%
Total	1061			1010		

ICT Planned Maintenance November 2014 – system upgrades Critical Systems

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

ICT Planned Maintenance November 2014 – system upgrades Corporate Systems

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

ICT Planned Maintenance December 2014 – 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 December 2014 – system upgrades Corporate Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	<p>These are business support systems which need to be available on a 24/7 365 basis.</p> <p>It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.</p>
E-mail	196	4 Hours	0.10	No	
File Server	196	4 Hours	0	No	
Virtual Server	198	2 Hours	0	No	
BlackBerry	196	4 Hours	0	No	
Promis	196	4 Hours	0.10	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 31/12/2014

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 – Dec 14	Apr – Dec 13
Number of Requests Received	15	2	9	9	16	14	28	13	14				120	95
Number of Questions Received	41	2	29	18	98	22	62	20	67				359	264
Completed Requests processed within 20 days or less	10	2	8	8	8	13	23	10	11				93	83
Completed Requests exceeding 20 days	5	0	0	1	6	1	0	2	2				17	12
Requests still being processed in line with 20 days*	0	0	0	0	0	0	5	0	0				5	
Questions still being processed in line with 20 days*	0	0	0	0	0	0	29	0	0				29	
Requests still being processed exceeding 20 days	0	0	1	0	2	0	0	1	1				5	
Question still being processed exceeding 20 days	0	0	6	0	3	0	0	1	30				40	
Number of Questions/Answers Fully Disclosed	39	2	22	16	87	21	29	11	35				262	186
Vexatious Requests	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	2				24	14
Questions where exemptions wholly/partially applied	0	0	0	0	4	0	0	0	0				4	23
Referrals for Independent Review	0	0	0	0	1	0	0	0	1				2	0
Appeals to the Information Commissioner	0	0	0	0	0	0	0	0	1				1	0

79.1% of Requests have been processed within 20 working days as at 31/12/2014

For the same period last year, an additional 25 requests have been received relating to additional 95 questions being requested

Requestor Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 17 – Dec 14
Member of the Public	2	1	3	3	14	4	0	1	2				27
Whatdotheyknow.com	9	0	0	0	6	0	7	1	0				22
Media	2	1	2	2	9	0	2	1	3				18
PSNI	1	0	0	0	0	0	0	0	0				1
NIAS Member of Staff	1	-	4	4	6	4	14	8	9				33
Student/School	0	0	0	0	0	6	5	1	0				11
Company	0	0	0	0	0	0	0	1	0				1
Requests received that have been stood down following discussion with requestor	4	0	2	0	0	1	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 31/12/2014

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 – Dec 14	Apr – Dec 13
Number of Requests Received	2	1	1	2	5	3	1	2	4				21	29
Completed Requests processed within 40 days or less	2	1	1	2	5	3	0	1	3				18	16
Completed Requests exceeding 40 days	0	0	0	0	0	0	1	1	1				0	9
Identity Not Confirmed and therefore could not be further processed	0	0	0	0	0	0	0	0	0				0	3
<u>Requestor Type</u>														
Patient	1	0	0	0	0	1	0	1	0				3	8
NIAS Staff Member	1	1	1	2*	5	1	1	1	3*				16	14
External Agency	0	0	0	0	0	0	0	0	0				0	3
Relative of Patient	0	0	0	0	0	1	0	0	1				2	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 31/12/2014

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 - Dec 14	Apr - Dec 13
Number of Requests Received (based on receipt of correspondence date)	29	27	29	37	31	33	35	36	22				279	276

SOLICITOR ENQUIRIES for the Period of 01/04/2014 to 31/12/2014

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 - Dec14
Number of Requests Received (based on receipt of correspondence date)	45	41	48	42	36	43	54	62	50				421

DEPARTMENT OF HEALTH AND SOCIAL SERVICES – REQUEST FOR INFORMATION for Period of 01/04/2014 to 31/12/2014

DHSSPS/AQ's/CORs/TOF's/INV's	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April – Dec 14	April – Dec 13
Assembly Questions (Oral)	0	0	0	R E C E S S		0	1	0	0				1	1
Assembly Questions (Written)	1	2	2			5	6	4	5				25	29
CORs Received	0	1	1			3	1	2	1				9	6
TOFs Received	0	1	0			0	0	0	0				1	1
INVs Received	0	0	0			0	0	0	1				1	0



14/15 - PRF v PATIENT NUMBERS COMPARISON

Summary		Patient Journeys				Completed PRFs (Formic)	Difference
Month	Emergency Calls responded to (KA34)	Emergency	Urgent	Routine	Total		
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	16177	+2,438
July 2014	15756	13272	n/a	656	13928	16317	+2,389
August 2014	15227	12889	n/a	481	13370	15541	+2,171
September 2014	15113	13165	n/a	474	13639	15227	+1,588
October 2014	15530	13262	n/a	467	13729	15576	+1,847
November 2014	15125	12950	n/a	463	13413	13688	+275
December 2014	16527	14167	n/a	408	14575	7247	-7,328
January 2015					0		+0
February 2015					0		+0
March 2015					0		+0
Total	131648	111433	7525	4867	123825	131393	+7,568

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

WORKFORCE INFORMATION *(taken from NIAS Quarterly Workforce Information Report dated 30 September 2014)*

NIAS budgeted establishment on 30 September 2014 was a total of **1245.54** WTE. At this date NIAS total Substantive in Post (permanent & temporary contracts) was **1141.50¹** WTE including 74.50 WTE made up of 97 part-time staff (Headcount). The total Staff In Post (Headcount) figure was **1167**. In addition there are currently **36** seconded posts (i.e. staff working temporarily in posts other than their substantive posts).

Directorate	Budgeted Est (WTE)	Substantive In Post (WTE)		Staff In Post (Headcount)			Permanent Vacancies (WTE) ⁷	Staff in Post Vacancies (WTE)
		Perm	Temp	Perm	Temp	Seconded		
CX/Board	7	6.00	0.00	6	0	0	-1.00	-1.00
Finance	30.63	25.63	2.00 ²	23	2	4	-5.00	-3.00
HR	68.15	64.49	1.58 ³	57 (66) ¹	2	8	-3.66	-3.08
Operations	1133.76	919.08 ⁵	115.72	917 (931) ¹	117	22	-214.68	-99.96
Medical	6	6.00	1.00 ⁶	6	1	2	0.00	3.00
TOTAL	1245.54	1141.50¹		1167				

Note 1: Substantive In Post (WTE): Does NOT include Sessional GPs, who constitute 0.14 WTE nor does it include individuals who support education, learning & development clinical programmes as required, who constitute 0.09 WTE. These individuals have been included in the Staff In Post (Headcount), figures (in brackets) in the respective Directorates.

Note 2: Finance Directorate: Included in the Substantive In Post (WTE) Temp figure, is **1** temporary Finance Administrator (B4) and **1** temporary Management Accounts Officer (B5).

Note 3: HR & CS Directorate: Included in the Substantive In Post (WTE) Temp figure, is **1** temporary Receptionist (B2) (covering long-term sick absence) and **1** temporary TYC Project Manager (B8b).

Note 4: Operations Directorate: Included in the Substantive In Post (WTE) Temp figure, are **29.92** temporary Paramedics, **28** temporary PiTs, **49.8** temporary ACAs, **4** temporary EMDs, **2** temporary Non-Emergency Call Takers, **1** temporary Project Manager (B6) and **1** temporary Business & Performance Manager (B8a).

Note 5: Operations Directorate: There are **3** Bank Paramedics (which have not been included in the Substantive In Post (WTE) figure).

Note 6: Medical Directorate: Included in the Substantive In Post (WTE) Temp figure, is **1** temporary HART Administrative Officer (B4).

Note 7: Permanent Vacancies: Calculated by subtracting WTE Budgeted Est figure from Substantive WTE in post (perm) figure.

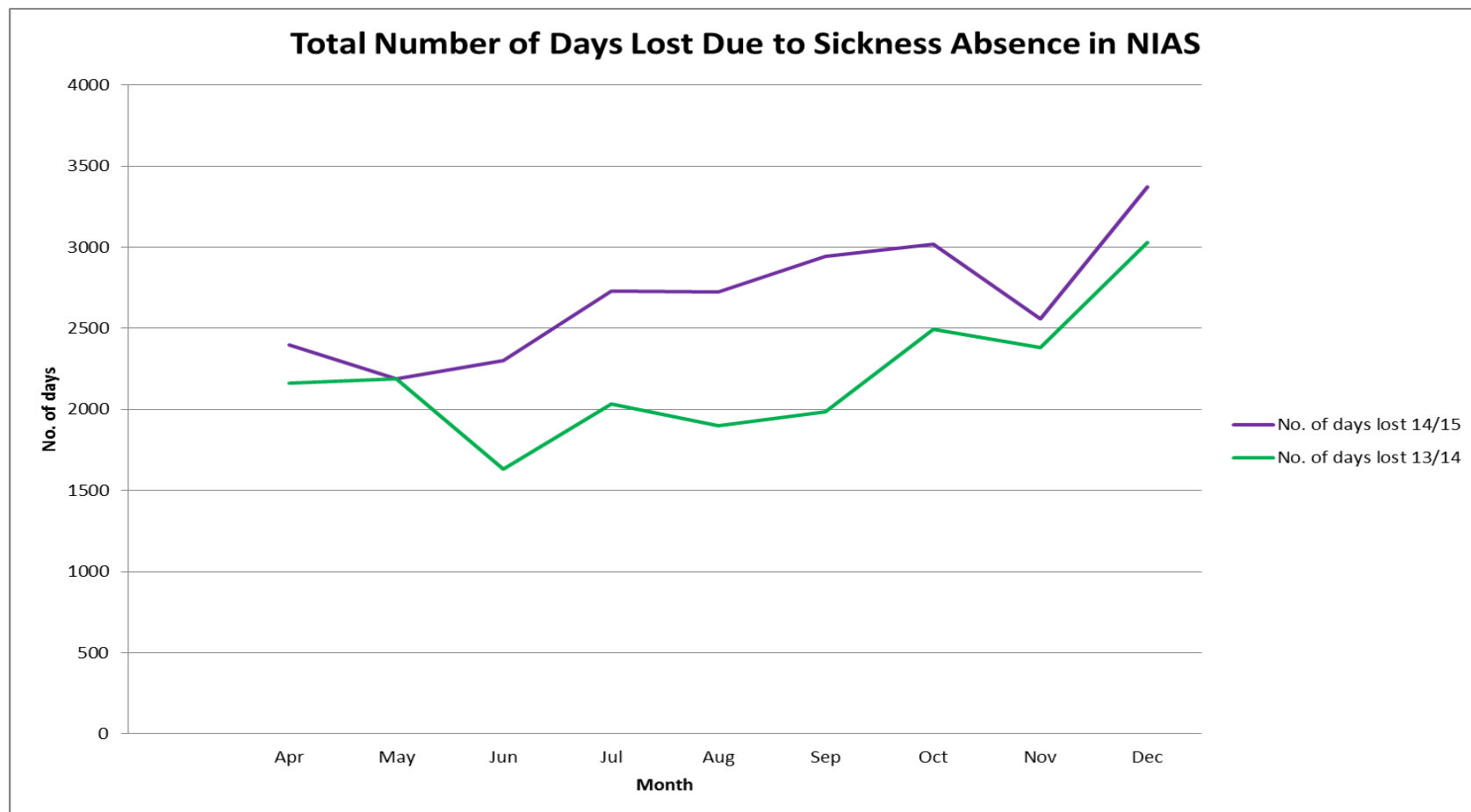
NB Data sourced from HRPTS System Information is valid on the date of publication only

HR 12	TAKE STEPS TO MINIMISE SICKNESS ABSENCE DURING 2014/15											
TOTAL YEAR ABSENCE 2013/14 = Not available											YEAR TO DATE ABSENCE = #	
PROPOSED ABSENCE TARGET 2014/15 = 7%**												
NIAS % ABSENTEEISM												
WTE:1156.07												
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			
No. of days lost 13/14	2162	2188	1632	2033	1901	1988	2494	2383	3028			
No. of employees on half pay	14	17	20	19	13	18	23	16	15			
No. of employees on no pay	4	1	4	6	5	4	4	5	7			
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.

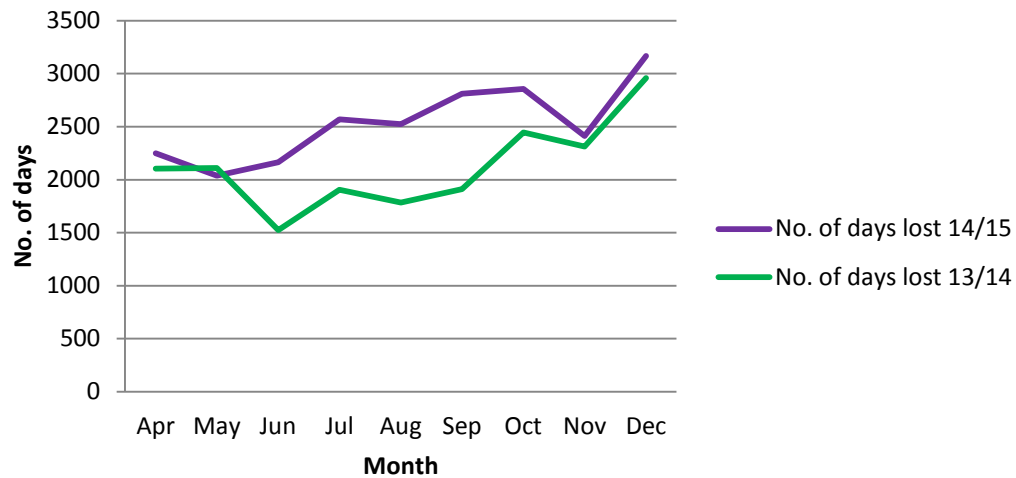
NB Data sourced from HRMS & HRPTS. - Information is valid on the date of publication only



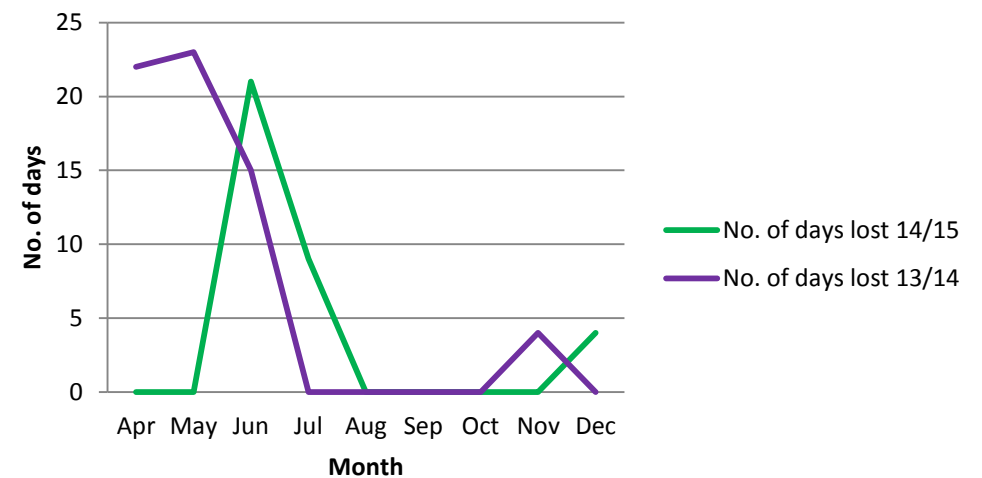
NIAS TOTAL YEAR TO DATE ABSENCE 2014/15 = Not available												
PROPOSED NIAS ABSENCE TARGET 2014/15 = 7%**												
Attendance Management	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
OPERATIONS DIRECTORATE				WTE: 1046.97						YEAR TO DATE ABSENCE = #		
% ABSENTEEISM 2014/15												
Proposed Target absenteeism 2014/15	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**			
Cumulative absence (%)	#	#	#	#	#	#	#	#	#			
No. of days lost 14/15	2250	2038	2166	2570	2525	2811	2856	2411	3166			
No. of days lost 13/14	2103	2109	1524	1905	1784	1910	2447	2314	2959			
No. of employees on half pay	13	15	19	18	13	17	23	16	14			
No. of employees on no pay	1	1	2	5	4	3	3	4	6			
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%**			
Cumulative absence (%)	#	#	#	#	#	#	#	#	#			
No. of days lost 14/15	0	0	21	9	0	0	0	0	4			
No. of days lost 13/14	22	23	15	0	0	0	0	4	0			
No. of employees on half pay	0	0	0	0	0	0	0	0	0			
No. of employees on no pay	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%**			
Cumulative absence (%)	#	#	#	#	#	#	#	#	#			
No. of days lost 14/15	22	22	22	24	5	6	3	10	5			
No. of days lost 13/14	0	0	3	26	23	20	2	8	0			
No. of employees on half pay	0	0	1	1	0	0	0	0	0			
No. of employees on no pay	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%**			
Cumulative absence (%)	#	#	#	#	#	#	#	#	#			
No. of days lost 14/15	127	131	90	128	195	126	160	139	199			
No. of days lost 13/14	37	56	90	102	94	58	45	57	69			
No. of employees on half pay	1	2	0	0	0	1	0	0	1			
No. of employees on no pay	0	0	1	1	1	1	1	1	1			

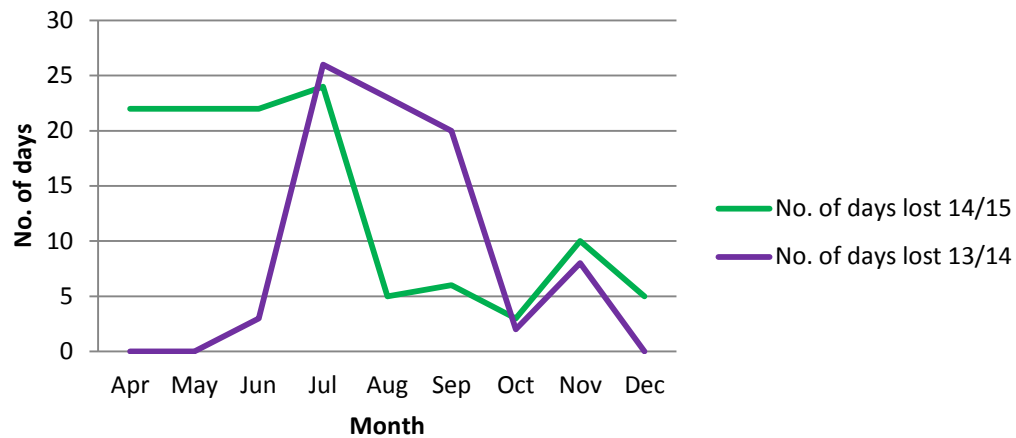
Operations Directorate Days Lost Due to Sickness Absence



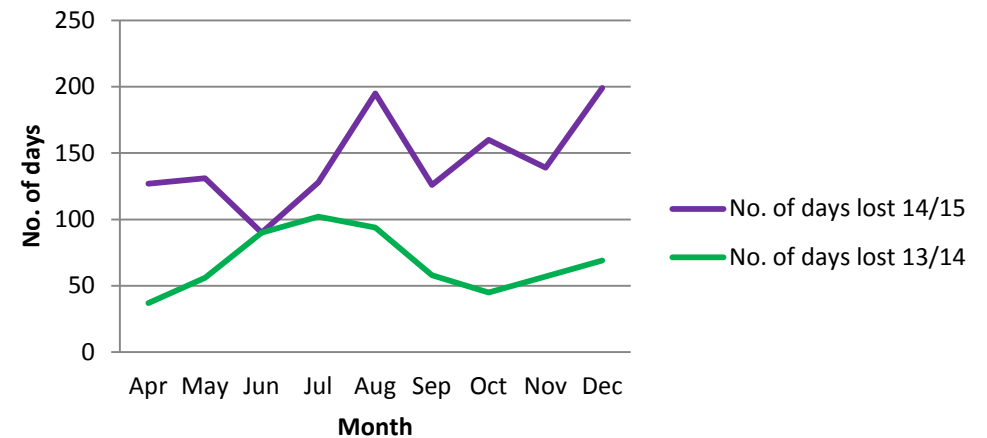
Medical Directorate Days Lost Due to Sickness Absence



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 – 31/12/2014

	Absence Reason	Absence Days Lost LT	Absence Days Lost ST	TOTAL DAYS LOST	% Days Lost as a % of Grand Total
1	MUSCULOSKELETAL	5975.83	1399.57	7375.4	30.61%
2	MENTAL HEALTH	4664	570.51	5234.51	21.73%
3	UNCLASSIFIED	1914.24	1358.23	3272.47	13.58%
4	SURGICAL	2500.53	184.17	2684.7	11.14%
5	GASTRO-INTESTINAL	239	718.57	957.57	3.97%
6	RESPIRATORY	565	295.07	860.07	3.57%
7	ACCIDENT RELATED	654.07	109.27	763.34	3.17%
8	FLU/VIRAL	199	461.03	660.03	2.74%
9	CARDIOVASCULAR	602	51	653	2.71%
10	ENT	369	228.34	597.34	2.48%

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	UNCLASSIFIED	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%

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				24
Grievances acknowledged within 2 days	0	0	3	3	0	1	0	10	3				20
Grievances at Informal Stage	0	0	0	0	0	1	1	10	1				13
Grievances resolved informally / withdrawn	0	0	2	3	1	0	0	0	2				8
Grievance at Formal Stage	0	0	1	1	0	0	0	1	0				3
Stage 1 hearing arranged within 15 working days	N/A	N/A	0	0	0	0	N/A	0	0				0
Stage 1 Grievance Hearing heard	N/A	N/A	1	0	0	0	N/A	0	0				1
Stage 1 outcome conveyed within 7 working days of hearing	N/A	N/A	pending	0	0	0	N/A	0	0				0
No. of cases appealed	N/A	N/A	0	0	0	0	N/A	0	0				0
Stage II hearing arranged within 15 working days of notification	N/A	N/A	0	0	0	0	N/A	0	0				0
Stage II outcome conveyed within 7 working days of hearing	N/A	N/A	0	0	0	0	N/A	0	0				0
Grievance Cases Closed	0	0	2	3	1	0	0	0	2				8
Number of active Grievance Cases (2014/15)													16
Total number of active Grievance Cases													37

* 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				9
Number of HCPC referrals	0	1	0	1	0	0	0	0	0				2
Withdrawal of Professional Registration.	0	0	0	0	0	0	0	0	0				0
Number of suspensions	0	0	0	0	0	0	0	0	0				0
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				0
Formal investigations ongoing	3	1	N/A	2	0	N/A	N/A	1	N/A				6
Formal investigations completed as soon as is reasonable	0	0	N/A	0	0	N/A	N/A	0	N/A				0
Informal Recommendations Made	0	0	N/A	0	0	N/A	N/A	0	N/A				0
Formal hearing recommended	1	N/A	N/A	N/A	1	N/A	N/A	0	N/A				2
Document disclosure exchanged 5 working days prior to disciplinary hearing	1	N/A	N/A	N/A	1	N/A	N/A	0	N/A				2
Decision of Stage I Panel conveyed within 7 working days of date of hearing	1	N/A	N/A	N/A	1	N/A	N/A	0	N/A				2
No. of appeals of Stage 1 outcome received	0	N/A	N/A	N/A	0	N/A	N/A	0	N/A				0
Employee given 7 working days notice of appeal hearing	0	N/A	N/A	N/A	0	N/A	N/A	0	N/A				0
Decision of Stage II Appeal panel conveyed within 7 working days of date of hearing	0	N/A	N/A	N/A	0	N/A	N/A	0	N/A				0
Disciplinary Cases Closed	1	0	0	0	1	0	0	0	0				2
Number of active suspensions													2
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				4
Number of informal cases	0	0	0	0	0	0	0	1	0				0
Number of formal cases	1	0	1	0	0	0	1	0	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
Cases withdrawn	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
Harassment Cases Closed	0	0	1	0	0	0	0	0	0				1
Finding of Harassment	0	0	0	0	0	0	0	0	0				0
Number of active harassment cases (2014/15)													3
Total Number of Active Harassment cases													6

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				0
Response to IT Applications within 28 days	0	0	0	0	0	0	0	0	0				0
IT cases Closed	0	0	0	0	0	0	0	0	0				0
Number of active IT cases (2014/15)													0
Total number of active IT cases													0

* Information is valid on the date of publication only

Case File Closures April 2014 – March 2015

Case File Type	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	25
Grievance	1	0	0	3	0	2	1	5	3				
Disciplinary	1	0	0	0	1	1	0	3	1				
Complaint of Harassment	0	0	0	0	0	0	0	2	1				
Total	2	0	0	3	1	3	1	10	5				

(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 pressure during 2014-15 including sickness absence levels across Operations of approximately 12% and skill mix imbalance, 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			
Control – Non-Emergency	A	A	A	A	A	0%	A	A	A			
Operations – Frontline	A	A	A	A	A	0%	A	R	R			
Operations – Non-Frontline	A	A	A	A	A	0%	A	A	A			
Operations – Tiers 3 & 4	A	A	A	A	A	100%	G	G	G			
Fleet & Estate	A	A	A	A	A	0%	A	A	A			
Medical Directorate												
Medical & Risk Management	A	A	A	A	A	0%	A	A	A			
Emergency Planning	A	A	A	A	A	83%	A	A	A			

Finance Directorate												
Finance	A	A	A	A	A	0%	A	A	A			
IT	A	A	A	A	A	25%	A	A	A			
Information	A	A	A	A	A	0%	A	A	A			
Stores & Courier	A	A	A	A	A	0%	A	A	A			
HR Directorate												
HR & Corporate Services	A	A	A	A	A	0%	A	A	A			
Equality & Communications	A	A	A	A	A	0%	A	A	A			
Education, Learning & Development	A	A	A	A	A	51%	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 have cancelled Day 2 for Paramedics & EMTs due to significant workforce pressure during 2014-15 including sickness absence levels across Operations of approximately 12% and skill mix imbalance. However, they have made alternative arrangements for completion of hand training workbooks.*

***The Operations Directorate have cancelled Day 2 for Ambulance Care Attendants due to significant workforce pressure during 2014-15 including sickness absence levels across Operations of approximately 12% and skill mix imbalance.*

****The Operations Directorate have cancelled Care & Responsibility Refresher Training Programmes due to significant workforce pressure during 2014-15 including sickness absence levels across Operations of approximately 12% and skill mix imbalance.*

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<u>Clinical Training Programmes</u>												
Paramedic-in-Training Programmes	G	G	G	G	G	G	G	G	N/A			
Emergency Medical Technician	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			
<u>Mandatory Training & Assessment Programmes</u>												
Development of Annual Mandatory Training Workbooks and introduction of eLearning modules	A	A	A	A	G	G	G	G	G			
Annual Assessment and CPD Paramedics and EMTs – Day 1 <i>Ongoing - commenced September 2014</i>	N/A	N/A	N/A	N/A	N/A	A	A	A	A			

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
*Annual Mandatory Training Workbook, PDCRs, TYC Initiatives Paramedics and EMTs – Day 2 (to be facilitated by Operational Managers) <i>Was planned to commence September 2014.</i>	N/A	N/A	N/A	N/A	N/A	R	R	R	R			
Assessment of Paramedic Clinical Skills & TYC Paramedics only – Day 3 <i>Commencing January 2015</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
Annual Assessment and CPD Ambulance Care Assistants – Day 1 <i>Commencing January 2015</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
**Annual Mandatory Training Workbook, PDCRs, TYC Initiatives Ambulance Care Assistants – Day 2 <i>Was planned to commence January 2015</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
***Care & Responsibility Refresher Training Programme <i>Was planned to be delivered as a rolling programme throughout 2014-15</i>	G	G	G	G	G	G	R	R	R			
First Aid at Work Programme for Control Staff	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			
Evacuation Chair Training	G	G	G	G	G	G	G	G	G			
SafeTALK Control	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A			
Cat B/ RRV driver training <i>Planned to commence quarter 4, 2014-15</i>	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 are 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			
Training Team Clinical Update days	N/A	N/A	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			
*Care and Responsibility Train the Trainers	G	G	G	G	G	G	G	R	R			
Collision and Management Investigation Course	N/A	N/A	N/A	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			
Human Factors	N/A	N/A	N/A	N/A	N/A	G	G	G	G			
Psychosocial Resilience	N/A	N/A	N/A	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			
Queens University Medical Students	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			

<u>Clinical Support Officer Workstreams</u>												
	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			
EMT Practice Placement Educator and Mentoring	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
ACA monthly support post qualified	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			
Clinical Audit	G	G	G	G	G	G	G	G	G			
Equipment Trails	G	G	G	G	G	G	G	G	G			
Clinical Performance Indicators (CPIs)	G	G	G	G	G	G	G	G	G			
Patient/Client Experience Audit	G	G	G	G	G	G	G	G	G			
CPD Events	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			
Return to Work Training	G	G	G	G	G	G	G	G	G			
New Vehicle Training	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			

<u>Management Development Programmes 2014-2015</u>												
	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			
Disciplinary, Grievance & Investigation	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			
eRecruitment	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			
Manager Self-Service (MSS)	N/A	G	G	G	G	G	G	G	G			
Employee Self-Service (ESS)	N/A	G	G	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			
Senior Team Effectiveness Tiers 1, 2 & 3	N/A	N/A	N/A	N/A	N/A	G	G	G	G			
Project Management Awareness/Refresher	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			
Risk Assessment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
Business Continuity Planning (Advanced)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
Fire Risk Assessment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			

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.

Despite several attempts, the Trust has been unable to provide an agreed response to the RQA team for the Paramedic and EMT jobs. This is more difficult given a recent Unison Press Release and subsequent publicity regarding an apparent vote of no confidence in the NIAS Trust Board, CEO and Directors with elements relating to the Job Evaluation process.

Accordingly the Trust is of the view that there is no benefit in continuing to attempt to reach an agreed position in relation to the RQA team's questions. The management response to the questions posed by the RQA team for the Paramedic and EMT jobs have been forwarded to the RQA team, for their independent review and determination and in order to bring this matter to a satisfactory conclusion without any further delay, and in the best interests of fairness, independence and therefore the best interests of staff. The management job evaluation lead has been asked to obtain and forward the post-holder representatives individual responses for the Paramedic and EMT jobs.

The Trust consider the most fair and expedient way of finalising this process is for the RQA Team to consider the separate responses to the questions and is keen for a speedy conclusion to this for the related staff. The Joint Chairs of JNF have been advised of this development and they have written to the RQA Team in this regard.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<u>Paramedic Job</u>												
Trust notified of JE outcome	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			
Notify Payroll of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
<u>RRV Paramedic Job</u>												
Trust notified of JE outcome	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			
Notify Payroll of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			

<u>EMT Job</u>												
Trust notified of JE outcome	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			
Notify Payroll of JE Outcome	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				14
Cases Settled		1	1	1	0	0	0	2	0	1				6
Cases Ongoing														32
Clinical Negligence	7													
Cases Received		0	0	0	0	0	0	0	0	0				0
Cases Settled		1	0	0	1	0	0	0	0	0				2
Cases Ongoing														5
Public Liability	5													
Cases Received		0	0	2	0	0	0	0	0	0				2
Cases Settled		0	1	1	0	0	0	1	0	0				3
Cases Ongoing														4

COMPLAINTS MANAGEMENT

Total (to date)

143

Total complaints received to date

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					143		150 100%
Total A&E & PCS Activity	30108	30606	32159	34104	29080	30716	31258	33540					251571		
% Complaints/Activity	0.07%	0.09%	0.05%	0.05%	0.05%	0.07%	0.05%	0.03%					0.00%		
Acknowledged within 2 working days	22	27	15	18	14	20	17	10					143	100%	149 99%
Acknowledged after 2 working days	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					23	16%	49 33%
Response after 20 working days	9	6	6	2	8	5	8	1					45	31%	51 30%
Complaints Investigations ongoing	8	16	9	12	6	10	6	8					75	52%	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)					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					62	43%	53 35%
Patient Care Service	4	2	3	3	2	3	4	0					21	15%	24 16%
Control & Communications	11	11	4	5	6	7	5	4					53	37%	68 45%
Other	2	4	0	0	0	0	1	0					7	5%	5 3%
Voluntary Car Service	0	0	0	0	0	0	0	0					0	0%	0 0%
TOTAL	22	27	15	18	14	20	17	10	0	0	0	0	143	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					60	42.0%	58	39%
Ambulance Late/No Arrival	8	8	4	6	4	10	6	5					51	35.7%	68	45%
Clinical Incident	1	1	4	2	1	2	2	1					14	9.8%	18	12%
Suitability of Equip/Vehicle	0	0	0	0	1	0	0	0					1	0.7%	1	1%
Other	4	5	0	3	2	0	2	0					16	11.2%	4	3%
Patient Property	0	0	1	0	0	0	0	0					1	0.7%	1	1%
TOTAL	22	27	15	18	14	20	17	10	0	0	0	0	143		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				139	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				130	93.5%	175	90%
Control	0	0	0	2	0	0	0	0	0				2	1.4%	3	2%
Patient Care Service	1	0	0	1	0	1	0	0	0				3	2.2%	12	8%
Voluntary Car Service	0	0	0	0	1	0	0	0	0				1	0.8%	0	0%
Other	1	0	1	0	0	0	0	1	0				3	2.2%	1	1%
TOTAL	16	21	16	17	11	0	8	13	17	0	0	0	139		191	

COMPLAINTS CLOSED - OUTCOME / LEARNING REPORT: OCTOBER - NOVEMBER 2014

Ref	Summary of Complaint	Outcome	Action Required/Learning Points
Comp/721	Complainant upset with way in which paramedic behaved and spoke to her mother when she was not able to travel with the patient due to not being able to leave her disabled son.	Complaint partially upheld. Investigation was unable to confirm the detail of the conversation that took place.	Letter of apology and explanation issued. Staff member to be reminded to remain professional at all times.
Comp/728	Complaint regarding the alleged dismissal of his wife's injuries and felt that she was not correctly assessed by crew.	Complaint upheld. Investigation found that the actions of personnel were below standard expected.	Letter of apology and explanation issued. Matter to be referred to the Trust's disciplinary procedure.
Comp/729	Complainant said that his daughter suffers from Addison disease which can be life threatening. Patient was having an episode and he called 999, he says that crew asked her if she could walk out to the ambulance which he felt was ridiculous. He also said that on handover to hospital the crew had not given a proper handover to staff as she was triaged as non-urgent.	Complaint upheld. Crew acted below standard expected.	Letter of explanation and apology issued. Staff member will be counselled by his line manager with review of their management of patients with Addison's disease.
Comp/730	Complaint regarding staff attitude when arrived at nursing home. Staff were unhappy with the comments made as they appeared to be dismissing the condition of the patient.	Complaint upheld. Crew member admitted to making comments.	Letter of apology and explanation issued. Crew member to be counselled on the importance of remaining professional at all times.
Comp/732	Complaint regarding the attitude of staff when patient was picked up for her appointment as they would not give her time to dress and had to go to hospital in nightwear and slippers.	Complaint upheld. Care provided by crew member was below standard expected.	Letter of apology and explanation issued. Staff member to be counselled in relation to his responsibilities while attending the needs of patients.
Comp/736	Complaint regarding a lady of 101 who had to wait 6 hours for an ambulance to collect her from hospital	Complaint upheld. All available resources were dealing with planned transfers/discharges and with calls of a higher clinical priority.	Letter of apology and explanation issued. No further action identified.

Comp/748	Complaint regarding attitude of paramedic and the way he addressed the patient, which the complainant alleges was appalling.	Complaint upheld. Although the Investigating Officer could not confirm what was said it is evident that a verbal exchange did take place.	Letter of apology and explanation issued. Staff member will be encouraged to self-reflect upon the incident.
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Ref	Summary of Complaint	Outcome	Action Required/Learning Points
Comp/755	Complaint regarding the noise of the ambulance and that there was no blanket or heat within the vehicle on what was a cold April day.	Complaint partially upheld. Crew acted appropriately during transport however the vehicle was found to be noisy.	Letter of apology and explanation issued. Fleet Department to assess vehicle in relation to the noise experienced. Medical Equipment Group to review ambulance suitability of ambulance in light of the complaint.
Comp/756	Complaint regarding no non-emergency ambulance to take a patient home.	Complaint upheld. NIAS unable to fulfil the request for transport.	Letter of apology and explanation issued. No further action identified.
Comp/757	Complaint regarding staff attitude where the crew member questioned the Doctor's clinical judgment.	Complaint not upheld. Investigation found that the crew may not have explained the situation clearly which may have caused offense.	Letter of explanation issued. Crew member to reflect upon his telephone conversation to ascertain how he could have used other techniques to avoid the perception of being patronising.
Comp/760	Complaint made regarding the dispatcher's attitude during a very traumatic incident where the ambulance did not arrive and the complainant's daughter delivered a still born baby en route to hospital.	Complaint upheld. Call taker did little to offer reassurance or empathy during the call. At the time the call was received all available resources were dealing with emergency calls.	Letter of apology and explanation issued. Staff to be counselled in regard to her handling of this call.
Comp/761	Complainants wife (deceased) suffering from cancer and crushed vertebrae, His wife was taken to RVH ED after suffering a seizure at home, she was then transferred to BCH, the complaint alleges that the ambulance staff made no attempt to help her into the ambulance, and given her health he claims not even a hand was put out by crew to help her into the ambulance.	Complaint upheld. Patient was not transferred in a manner consistent with her clinical requirements.	Letter of apology and explanation issued. Staff to be reminded of their duty of care to ensure all patients receive the assistance required.
Comp/762	Complaint regarding the non-arrival of non-emergency transport to bring an 84 year old lady home from hospital. Complainant advised that this is the 3rd time they have been let down by the service.	Complaint upheld. All available ambulance resources were dealing with planning discharges/transfers and calls of a higher clinical priority when request was received.	Letter of apology and explanation issued. No further action identified.
Comp/765	Complaint regarding the treatment provided where the patient was subsequently diagnosed with a blood clot.	Complaint not upheld. Ambulance Officer acted appropriately.	Letter of explanation issued. Ambulance Officer will be reminded of the importance of clearly communicating treatment and management decisions to minimise the possibility of misunderstanding.

Ref	Summary of Complaint	Outcome	Action Required/Learning Points
Comp/766	Complaint regarding the delay of complainant's wife being discharged from hospital. Was booked for 4pm and did not arrive home until 8pm.	Complaint not upheld. Available resources were dealing with planned discharges/transfers on the basis of clinical priority at the time the request was received.	Letter of explanation issued. No further action identified.
Comp/768	Complainant unhappy at the attitude of call taker who she described as belligerent during a 999 call.	Complaint partially upheld. Call taker was not found to be belligerent during the call however they did not adhere to location searching techniques.	Letter of apology and explanation issued. Staff member to be counselled under the disciplinary procedure for failure to adhere to location searching techniques.
Comp/769	Complainant's wife was in last few hours of life wanting to be transferred to Marie Curie. A non-emergency vehicle was booked by GP at 9am. There was a delay with this as there was a step into the patient's home. Two crews were booked. The complainant said his wife's last few hours were horrendous and painful due to the delay. He contacted EAC to ask for an emergency ambulance and he was told they would take his wife to A & E not Marie Curie as was her wish. The complainant feels that in exceptional circumstances the rules could be bent.	Complaint partially upheld. GP did not specify a timeframe however Emergency Control could have arranged an ambulance to bring patient to the hospice.	Letter of apology and explanation issued. NIAS to review how such calls are handled in the future. Incident will also be shared with Public Health Agency to help improve all aspects of end of life and palliative care.
Comp/771	Complaint regarding the delay of an emergency ambulance for a 4 month old child who had been given heart medicine by mistake. The ambulance did not arrive for approximately 40 mins.	Complaint not upheld. Call prioritised as Cat C and ambulance arrived within the hour.	Letter of explanation issued. No further action identified.
Comp/773	Complaint regarding the delay of non-emergency transport for a 97 year old man who had to wait 6 hours to be transported back home after an appointment.	Complaint not upheld. Request for transport was not received until late in the day and available resources were dealing with planned work and calls of a higher clinical priority.	Letter of explanation issued. No further action identified.
Comp/777	Complaint regarding driver of ambulance using mobile phone while driving.	Complaint partially upheld. Investigating Officer was unable to confirm incident took place as it was one person's word against another.	Letter of apology and explanation issued. Staff to be counselled on Trust's policy and the law in regards to using a mobile phone while driving.

Ref	Summary of Complaint	Outcome	Action Required/Learning Points
Comp/780	Letter received regarding delay of an ambulance to a house fire where his father subsequently died	Complaint not upheld. Call was received at 0640 and arrived on scene at 0646.	Letter of explanation issued. No further action identified.
Comp/781	Complaint regarding the delay of an emergency ambulance which took over 2 hours to arrive.	Complaint not upheld. Call categorised as a Cat C call with RRV response on scene within 25 mins.	Letter of explanation issued. No further action identified.
Comp/783	Patient felt that staff attitude and behaviour was very poor and appeared indifferent during a 999 call where the patient was in agony and that the staff were a poor reflection on NIAS	Complaint not upheld. Crew acted appropriately during call.	Letter of explanation issued. No further action identified.
Comp/784	Complaint alleges that when she rang 999 to advise that her sugars were 25 the operator advised her to eat something or drink some lucozade. She said this would have been dangerous for her to have done this and would be concerned at the advice been given out to diabetics.	Complaint upheld. The Emergency Medical Dispatcher stepped outside the protocol for the management of diabetics.	Letter of apology and explanation issued. Emergency Medical Dispatcher to be taken through the call to identify the error and to learn from it for future management of diabetic patients.
Comp/785	Staff nurse phoned to say she was unhappy with attitude of the crew member, who allegedly made inappropriate comments in front of patient.	Complaint upheld. Staff member acted inappropriately.	Letter of explanation and apology issued. Staff member to be counselled.
Comp/786	Complaint in relation to staff not bringing patient's wheelchair home when being discharged from hospital this morning. Family had to arrange for a taxi to bring the wheelchair home at a cost of £45.	Complaint not upheld. Staff had brought four bags of patient's property home but were unable to secure the wheelchair safely within the ambulance.	Letter of explanation issued. No further action identified.
Comp/787	Complaint regarding the delay of non-emergency ambulance to transport husband (deceased) from the RVH to the City Hospital which took over four hours.	Complaint not upheld. Patient was not transported by NIAS.	Letter of explanation issued. No further action identified
COMP/788	Complaint regarding the delay of an ambulance to transfer patient who was in labour and that the tail lift was not working when they arrived at the hospital	Complaint upheld. Control was busy on this night and a fault was identified with the tail lift.	Letter of apology and explanation issued. Vehicle referred to the Fleet Department for investigation and resolution.

Ref	Summary of Complaint	Outcome	Action Required/Learning Points
Comp/789	Complaint regarding an ambulance not responding to a road traffic collision.	Complaint not upheld. Ambulance resource allocated 1 minute after call received from PSNI with the call being cancelled 10 minutes later.	Letter of explanation issued. No further action identified.
Comp/790	Complaint regarding the behaviour of ambulance crew where the complainant does not believe they took her condition seriously.	Complaint upheld. Crew acted below standard expected.	Letter of apology and explanation issued. Crew to be issued with a verbal warning.
Comp/791	Complainant feels that the attitude of the EMD wasn't good. His son required medical attention and he alleges the EMD told the patient to take two painkillers and wasn't bad enough to require an ambulance.	Complaint not upheld. Advice given by NIAS GP was found to be appropriate.	Letter of explanation issued. No further action identified.
Comp/793	Complaint regarding staff attitude when she took unwell at a nightclub and the crew accused her of being drunk.	Complaint withdrawn.	
COMP/799	Complaint regarding staff not taking disabled patient's wheelchair when he was discharged from hospital	Complaint not upheld. Crew acted appropriately.	Letter of explanation issued. No further action identified.
COMP/801	Complaint regarding the delay of over two hours for an emergency ambulance.	Complaint upheld. Call was incorrectly coded which led to the delay.	Letter of apology and explanation issued. Staff will be taken through the call as a learning opportunity to show how the incorrect call coding impacts on the management of calls.
Comp/802	Complainant said that staff moved traffic cones on his premises to enable them to reverse the ambulance he said that the staff member then became verbally abusive.	Complaint not upheld. Crew acted appropriately in order to facilitate a safe manoeuvre.	Letter of apology and explanation issued. No further action identified.
COMP/803	Complaint alleging that we refused to send an ambulance without a house number or road name.	Complaint upheld. Emergency Medical Dispatcher did not follow procedures on how to manage situations where callers are not familiar with the road.	Letter of apology and explanation issued. Staff member to be counselled by Line Manager.

Comp/808	Complainants husband is bariatric patient and she had requested an ambulance for attendance at clinic today, when the crew arrived they had no bariatric wheelchair despite this allegedly being requested by the GP.	Complaint upheld. Investigation found that the correct equipment was in place however two crews were necessary to transport patient and this should have identified by Control Staff.	Letter of explanation and apology issued. Patient's notes have been updated with all necessary information.
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COMPLIMENTS RECEIVED – NOVEMBER - DECEMBER 2014

Description
The crew handled my dad and my mum with great sensitivity and communicated very clearly with us all.
I would like to thank the two paramedics, I appreciated their good humour so early in the morning.
My son was seriously injured in an RTA. We were blessed that this paramedic was present at the scene, her immediate intervention saved his life. He was then transported and treated by three paramedics. This all happened so quickly, professionally and with great skill and kindness.
Thank you for looking after me last night, nothing was wrong with me and I got a day off school.
The crew arrived and were very friendly and made my daughter feel at great ease. When she told me about her journey into hospital, I felt I should make you aware of the great care she was given. It was great to hear of two people who enjoy their job and take care of the patient.
I just wanted to pass on a word of thanks to the ambulance crew. Their kind efficient way they dealt with me and their professionalism was outstanding and I would be grateful to you if you could pass on to them my sincere thanks for looking after me at a time when I felt quite ill.
Thank you for your professionalism and kindness when my father died unexpectedly at home. It meant a lot to myself, my mum and my sister that you dealt with the situation with such compassion and sensitivity.
An Ambulance Care Attendant came across a RTC whilst off duty. The accident involved a van and a car. The Driver of the van was trapped and could not extricate himself from the van. The ACA assessed the situation and immediately concluded that the driver needed to be removed. Throughout all of this it is evident that he remained calm and behaved in a professional manner putting the safety of the van driver first
I'm writing this card on behalf of my father. He suffered a heart attack at home. Your quick response and the action you took undoubtedly saved his life, for that he and all our family will be eternally grateful. He is home again and feeling much better.
I cannot speak highly enough of the patient experience when I was admitted to coronary care unit.
I recently had a heart attack, The Ambulance men were exceptional in their manner and treatment, pleasant in their behaviour and personal approach to someone who was worried.
You all do a sterling job.
My husband and I just want to say a massive thank you to the two members of staff who attended to our son following an accident. He went back to school yesterday and I have no doubt that the care he received at the scene has ensured this fantastic recovery.

You all do an amazing job and we will always be grateful for your expertise that morning.
Please thank all the staff who dealt with me so professionally. Firstly the caller who took the call calmly and the two paramedics who were here in a matter of minutes. They reassured me and kept me calm.
Patient called to thank crew, who were very helpful.
Thank you again for your patience and care
I wanted to convey my sincere thanks and gratitude to the team. We are comforted knowing NIAS staff worked so effectively both behind and at the scene.
I called 999 and the crew were wonderfully kind to me. I would be please if you could thank them for their assistance and professionalism.
This is a brief note of heartfelt thanks for all your efforts on my behalf.
This letter is to acknowledge the ambulance service and the entire team involved with the cardiac care of my husband.
I am writing to say thank you to the ambulance service who looked after me. The lady and gentlemen crew were very kind and considerate to me at a time when I was feeling most vulnerable and rather afraid of what was happening to me.
I was treated with dignity and respect.
I want to pay tribute to all staff who dealt with me at every stage of my treatment
I just wanted to express my personal thanks to your staff for the excellent care my brother received from your paramedic and control staff.
My mother was treated by you but unfortunately passed away. I wanted to write to say thank you to everyone who was involved in her treatment.
Thank you to all involved in the care of my mother.
I am extremely grateful for care I received after a party which was a self-inflicted injury.
The paramedic in the fast response vehicle arrived rapidly and quite honestly made me grateful for every penny of NI contributions I have ever paid.
Thanks so much to the crew who really stood out and made an unpleasant situation more bearable.
I would like to express my thanks to the staff that provided care for my daughter.

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				4
Whilst completed Equality Screenings have not been signed off in the 1 st 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				
Equality Scheme Implementation	G	G	G	G	G	G	G	G	G				
S75 Compliance Report to ECNI	A	A	A	A	R	R	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				293
Number of responses issued on day of receipt	28	31	22	22	42	37	42	36	33				293
Weekly media - Response within three days													
Number of enquiries received	14	3	6	6	11	9	8	8	9				74
Number of responses issued within 3 days of receipt	14	3	6	6	10	9	8	8	8				72
Number of responses resulting in Media Coverage	39	33	28	28	50	46	49	42	41				356

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				212

CONSULTATION RESPONSES – DECEMBER 2014

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link to Consultation
2/12/2014	DHSSPS - Consultation on Proposals for a new Pension Scheme.	The consultation states that the cost of providing scheme benefits will be reviewed every four years and that steps to remedy increased scheme costs could change the future accrual rate or member contributions. This is not a long term pension scheme that gives members with significant service still to accrue certainty of pension entitlement given the amount of changes to the pension scheme that have already taken place over recent years.	http://www.dhsspsni.gov.uk/current_consultations.htm
23/12/2014	DFP - Consultation Draft Budget 2015/16	NIAS will support the DHSSPS in the development of the specific budgetary proposals to deliver financial balancing during 2015/16 and welcomes the strategic direction provided in this document to inform that process.	http://www.northernireland.gov.uk/budget
29/12/2014	DHSSPS -Consultation Draft Budget 2015/16	NIAS welcomes the opportunity to comment on this budget and to draw attention to potential impacts associated with implementation as proposed in the consultation document. The Trust recognises the very challenging circumstances which face this organisation and others in the context of financial planning for 2015/16. The proposals outlined clearly signal that this will be an extremely challenging period for NIAS and the whole Health and Social Care Sector within Northern Ireland	http://www.dhsspsni.gov.uk/index/consultations/current_consultations.htm

29/12/2014	DRD - Consultation Draft Budget 2015/16	<p>The consultation document highlights that service reductions are an inevitable consequence of budget changes. The impact will largely be in rural areas in relation to the maintenance of minor roads and routes. The potential for the reduction in Translink services in remote or loss-making areas, the reduction in grants to community and disabled transport. It further highlights potential impact in areas of out-of-hours services and emergency response across roads, water and sewerage systems. Reduction or withdrawal of these services may result in increased demand for ambulance services.</p>	http://www.drdni.gov.uk/spending-and-savings-proposals-draft-budget-2015-16.pdf .
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Transformation and Modernisation Programme Overview

Last updated 14/01/2015

								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									
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									

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				

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
		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					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	Continue to highlight to Commissioners						

						Trusts is hindering ability to roll- out this pathway,								

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
		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									
		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									
		Go Live with NIAS ACP Protocol	CMcK & NR	01/02/2015		Agreement that NIAS can refer to District Nursing Services.	Continue to highlight to Commissioners						
		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							

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
		Go Live with NIAS ACP Protocol	CMcK & NR	15/01/2015		Advance Care Directives & notes for Paramedics rely on availability of specialist advice, appropriate services.	Continue to highlight need for this through TYEOLPC project						
		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									
		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	Other potential ACPs will be developed in an options appraisal.						

						conveyance to an alternative destination							
		Review Effectiveness	CMcK & NR	01/08/2015									
		Evaluate Benefits	CMcK & NR	01/08/2015									

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	Clinical Support Desk	Develop NIAS CSD Guidelines/Policies & Procedures	FR/MD	17/01/2015									
		Issue NIAS CSD Guidelines/Policies & Procedures	FR	31/01/2015									
		Go Live with NIAS CSD Guidelines /Policies & Procedures	FR	28/02/2015									
		Review Effectiveness	FR/AV	28/02/2015									
		Evaluate Benefits	FR	31/05/2015									
TYC	Directory of Services	Complete Options Paper & begin procurement process	FR	31/01/2015									
		Develop NIAS DoS Guidelines/Policies & Procedures	FR/MD	28/02/2015									
		Issue NIAS DoS Guidelines/Policies & Procedures	FR	01/03/2015									
		Go Live with NIAS DoS Guidelines /Policies & Procedures	FR	01/03/2015									

		Review Effectiveness	FR	01/03/2015									
		Evaluate Benefits	FR	31/05/2015									
Alternative Care Pathways	Frequent Callers	Develop Markers Policy and prepare for sign off;	SW	31/01/2015									
		Develop Frequent Callers Case Management guidance	FR & NR	31/01/2015									

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
		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									
Engagement and Comms		Develop and implement programme Engagement and Communication s 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

Appendix: Supporting data

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 NOVEMBER TO DECEMBER 2014

KPI No		April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2	<u>NO OF POTENTIAL MAJOR INCIDENTS</u>	1	0	1	3	1	1	0	1	1			
	No of Declared Major Incidents	0	0	0	0	1	1	0	0	0			
	<u>NO OF AIRPORT ALERTS</u>												
	Belfast International Airport	0	0	1	0	0	1	0	0	1			
	Belfast City Airport	0	1	1	1	0	0	0	0	1			
	City of Derry Airport	0	0	0	0	0	0	0	0	0			
	St Angelo Airport	0	0	0	0	0	0	0	0	0			
	Newtownards Airfield	0	0	0	0	0	0	0	0	0			
	Other airfields												
	<u>BUSINESS CONTINUITY</u>	4	5	1	1	3	1	2	5	0			
	<u>HAZARDOUS MATERIAL INCIDENTS</u> (HART CALLS)	37	36	28	32	36	34	37	33	44			
	<u>HART PRE-PLANNED DEPLOYMENTS</u>	3	0	0	1	2	1	0	0	0			
4	<u>TRAINING SESSIONS</u>		1	1			1	2	2	2			
	EMERGENCY PLANNING	2	2	3	1	0	2	4	4	1			
	HART	6	4	1	1	2	2	8	8	5			
	BUSINESS CONTINUITY	4	0	0	0	0	0	0	0	0			
5	<u>EXERCISES</u>												
	Live	1	1	1	0	0	5	5	0	1			
	Tabletop	0	0	1	0	1	1	1	1	0			
	Observer	0	0	0	0	0	0	0	0	0			
6	Updates or amendments to MIP												

Potential Major Incident

On 20 November 2014 NIAS received a call from PSNI for assistance at an unexploded bomb in a residential area. This required residents who were bed-bound to be evacuated to a place of safety. Three A&E crews, 5 ICV/PCS crews, 1 RRV, 7 Officers, the Emergency Equipment

Vehicle and Mobile Control Vehicle were tasked to the scene. Two patients were transported to an Out Of Hours medical practise as a place of safety. The incident was stood after forty minutes.

On 3 December 2014 at 09.51 NIAS received a call for an RTC involving a lorry and a car on the M2 at Moneynick. Three A&E crews, 1 RRV and 2 Officers were tasked to the scene. At 10.07 the incident was stood down by the first crew to arrive on scene. One patient was taken to Antrim Area Hospital.

Major Incidents

There were no declared major Incidents during this period.

Airport Alerts

On 16 December 2014 at 18.41 NIAS received an airport alert to the Belfast International Airport for an aircraft (Dash 8) making an emergency landing with an engine on fire. Eight A&E crews, 3 RRVs, 1 doctor, 7 Officers, 1 HART call sign, the Emergency Equipment Vehicle and Mobile Control Vehicle were tasked to the scene. In addition there was an Order of Malta ambulance en route from Ballymena and a St John ambulance standing by to assist if required.

The plane landed with one engine still on fire, all passengers made emergency exits using all doors. The passengers were then transported to the terminal building where they were assessed (if needed) by paramedics. The Belfast and Northern Trusts were put on alert to receive patients. One patient was taken to Antrim Area Hospital and several were treated on scene for minor injuries. The incident was stood down by the incident officer at 20.10.

On 30 December 2014 an alert was raised at 17.48 by air traffic control for an aircraft coming in to land with a warning light and reports of smoke in the cab. Five A&E crews, 1 ICS crew, 2 doctors, 2 RRVs, 8 Officers, the Emergency Equipment Vehicle and Mobile Control Vehicle were tasked to the scene. The plane landed safely, all passengers left the aircraft safely and the incident was stood down at 18.36

Incidents of Note

Two Assistant Emergency Planning Officers attended a workshop on public order in Ryton. NIAS have been asked to lead on this with the London Ambulance Service.

HAZMAT / Hazardous Area Response Team (HART) Deployments

Date of Call	HART Capability	Partner Agency	Call Number	Description
01 Nov 2014	Breathing Apparatus	NIFRS	2585311	Carbon Monoxide fumes Breathing Apparatus trained HART personnel activated to incident
02 Nov 2014	Breathing Apparatus	NIFRS	2586080	Fire call, Breathing Apparatus trained HART personnel activated to incident
02 Nov 2014	Breathing Apparatus	NIFRS	2586159	Fire call, HART advisor only
08 Nov 2014	Breathing Apparatus	NIFRS	2589660	Fire call, Breathing Apparatus trained HART personnel activated to incident
08 Nov 2014	Breathing Apparatus	NIFRS	2589722	Carbon Monoxide fumes HART Advisor only
10 Nov 2014	Breathing Apparatus	NIFRS	2591046	Fire call, Breathing Apparatus trained HART personnel activated to incident
13 Nov 2014	Breathing Apparatus	NIFRS	2593291	Fire call, HART advisor only
14 Nov 2014	Breathing Apparatus	PSNI NIFRS	2593992	HAZMAT incident, HART advisor only
16 Nov 2014	Breathing Apparatus	NIFRS	2595119	Fire call, Breathing Apparatus trained HART personnel activated to incident
16 Nov 2014	Breathing Apparatus	NIFRS	2595321	Fire call, Breathing Apparatus trained HART personnel activated to incident
17 Nov 2014	Breathing Apparatus	NIFRS	2595447	Carbon Monoxide fumes HART Advisor only
18 Nov 2014	Breathing Apparatus	NIFRS	2596136	Carbon Monoxide fumes HART Advisor only
18 Nov 2014	Breathing Apparatus	NIFRS	2596527	Fire call, HART advisor only
19 Nov 2014	Working at Height	NIFRS	2597145	Patient reported to be in an inaccessible area – Safe Working At Height trained HART personnel and HART Advisor activated to incident
20 Nov 2014	Breathing Apparatus	NIFRS	2597993	Fire call, HART advisor only
23 Nov 2014	Breathing Apparatus	NIFRS	2599705	Fire call, HART advisor only
23 Nov 2014	Breathing Apparatus	NIFRS	2599977	Carbon Monoxide fumes Breathing Apparatus trained HART personnel activated to incident
24 Nov 2014	Breathing Apparatus	NIFRS	2600036	Fire call, HART advisor only
24 Nov 2014	Breathing Apparatus	NIFRS	2600117	Carbon Monoxide fumes HART Advisor only
24 Nov 2014	Breathing Apparatus	NIFRS	2600178	Carbon Monoxide fumes Breathing Apparatus trained HART personnel activated to incident
25 Nov 2014	Breathing Apparatus	NIFRS	2600662	HAZMAT incident, HART advisor only
25 Nov 2014	Breathing Apparatus	NIFRS	2600834	Fire call, HART advisor only
25 Nov 2014	Breathing Apparatus	NIFRS	260112	Fire call, HART advisor only
25 Nov 2014	Breathing Apparatus	NIFRS	2601261	Fire call, Breathing Apparatus trained HART personnel activated to incident
26 Nov 2014	Breathing Apparatus	NIFRS	2601946	Fire call, Breathing Apparatus trained HART personnel activated to incident

27 Nov 2014	Restricted space	NIFRS	2602459	Restricted space incident, HART advisor only
29 Nov 2014	Breathing Apparatus	NIFRS	2603869	Carbon Monoxide fumes Breathing Apparatus trained HART personnel activated to incident
30 Nov 2014	Breathing Apparatus	NIFRS	260494	Carbon Monoxide fumes HART Advisor only
30 Nov 2014	Breathing Apparatus	NIFRS	2604342	Carbon Monoxide fumes HART Advisor only
30 Nov 2014	Breathing Apparatus	NIFRS	2604601	Carbon Monoxide fumes Breathing Apparatus trained HART personnel activated to incident
30 Nov 2014	Breathing Apparatus	NIFRS	2604605	Carbon Monoxide fumes HART Advisor only
30 Nov 2014	Breathing Apparatus	NIFRS	2604615	Carbon Monoxide fumes HART Advisor only
30 Nov 2014	Working at height	NIFRS	260632	Patient reported to be in an inaccessible area – Safe Working At Height trained HART personnel and HART Advisor activated to incident
02 Dec 2014	Breathing Apparatus	NIFRS	2605691	Fire call, HART Advisor only
03 Dec 2014	Breathing Apparatus	NIFRS	2606173	Fire call, HART Advisor only
03 Dec 2014	Breathing Apparatus	NIFRS	2606268	Carbon Monoxide incident, HART advisor only
03 Dec 2014	Breathing Apparatus	NIFRS	2606771	Fire call, HART Advisor only
04 Dec 2014	Incident at height	NIFRS	2607067	Working at height incident, HART operative activated to scene
04 Dec 2014	Breathing Apparatus	NIFRS	2607393	Carbon monoxide incident, Breathing Apparatus trained HART personnel activated to scene
07 Dec 2014	Breathing Apparatus	NIFRS	2609163	Carbon Monoxide incident, HART advisor only
07Dec 2014	Breathing Apparatus	NIFRS	2609295	Carbon monoxide incident, Breathing Apparatus trained HART personnel activated to scene
07 Dec 2014	Breathing Apparatus	NIFRS	2609497	Carbon Monoxide incident, HART advisor only
09 Dec 2014	HAZMAT	NIFRS / PSNI	2610407	HAZMAT incident, HART advisor only
12 Dec 2014	Breathing Apparatus	NIFRS	2612110	Fire call, HART Advisor only
14 Dec 2014	Breathing Apparatus	NIFRS	2614216	Carbon monoxide incident, Breathing Apparatus trained HART personnel activated to scene
15 Dec 2014	Breathing Apparatus	NIFRS	2614460	Carbon Monoxide incident, HART advisor only
16 Dec 2014	Breathing Apparatus	NIFRS	2615429	Carbon Monoxide incident, HART advisor only
16 Dec 2014	Breathing Apparatus	NIFRS	2615901	Fire call, HART Advisor only
17 Dec 2014	Breathing Apparatus	NIFRS	2616187	Carbon Monoxide incident, HART advisor only
18 Dec 2014	Breathing Apparatus	NIFRS	2616660	Fire call, HART Advisor only
18 Dec 2014	Breathing Apparatus	NIFRS	2617139	Carbon Monoxide incident, HART advisor only
18 Dec 2014	Breathing Apparatus	NIFRS	2617182	Carbon Monoxide incident, HART advisor only

19 Dec 2014	Restricted Space / Breathing Apparatus	NIFRS	2617509	Restricted space incident, HART advisor and HART operative activated to scene
19 Dec 2014	Breathing Apparatus	NIFRS	2617972	Carbon Monoxide incident, HART advisor only
20 Dec 2014	Breathing Apparatus	NIFRS	2618171	Carbon monoxide incident, Breathing Apparatus trained HART personnel activated to scene
20 Dec 2014	Breathing Apparatus	NIFRS	2618503	Carbon Monoxide incident, HART advisor only
20 Dec 2014	Restricted space	NIFRS	2618551	Restricted space incident, HART advisor and HART operative activated to scene
21 Dec 2014	Breathing Apparatus	NIFRS	2619295	Fire call, HART Advisor only
22 Dec 2014	Breathing Apparatus/ Restricted Space	NIFRS	2620152	Restricted space incident, HART advisor and HART operative activated to scene
22 Dec 2014	Breathing Apparatus	NIFRS	2620474	Fire call, HART Advisor only
23 Dec 2014	Breathing Apparatus	NIFRS	2620579	Carbon Monoxide incident, HART advisor only
23 Dec 2014	Breathing Apparatus	NIFRS	2620940	Carbon monoxide incident, Breathing Apparatus trained HART personnel activated to scene
25 Dec 2014	Breathing Apparatus	NIFRS	2622022	Carbon Monoxide incident, HART advisor only
25 Dec 2014	Breathing Apparatus	NIFRS	2622126	Fire call, HART Advisor only
25 Dec 2014	Breathing Apparatus	NIFRS	2622286	Carbon Monoxide incident, HART advisor only
25 Dec 2014	Breathing Apparatus	NIFRS	2622438	Carbon Monoxide incident, HART advisor only
26 Dec 2014	Breathing Apparatus	NIFRS	2622593	Carbon Monoxide incident, HART advisor only
26 Dec 2014	Breathing Apparatus	NIFRS	2622924	Carbon monoxide incident, Breathing Apparatus trained HART personnel activated to scene
27 Dec 2014	Breathing Apparatus	NIFRS	2623893	Carbon Monoxide incident, HART advisor only
28 Dec 2014	Mountain Rescue	PSNI		Mountain Rescue incident, HART operative activated to scene
28 Dec 2014	Breathing Apparatus	NIFRS	2624193	Fire call, HART Advisor only
29 Dec 2014	Breathing Apparatus	NIFRS	2625074	Carbon Monoxide incident, HART advisor only
29 Dec 2014	Breathing Apparatus	NIFRS	2625149	Carbon Monoxide incident, HART advisor only
29 Dec 2014	Breathing Apparatus	NIFRS	2625318	Carbon Monoxide incident, HART advisor only
30 Dec 2014	Breathing Apparatus	NIFRS	2626353	Fire call, HART Advisor only
31 Dec 2014	Breathing Apparatus	NIFRS	2627057	Carbon monoxide incident, Breathing Apparatus trained HART personnel activated to scene
31 Dec 2014	EVD	PHA	2627165	VHF incident, HART advisor and HART operative activated to scene


William Newton, Emergency Planning Officer

Finance and ICT Directorate, Information Department, Clinical Audit



NIAS STEMI KPI MONITORING REPORT

SUMMARY OF KEY PERFORMANCE INDICATORS

	KPI 1				KPI 1 (a)				KPI 1 (b)				KPI 2				KPI 3				KPI 4				KPI 4 (a)				KPI 5				KPI 5 (a)			
	Response time (CAT A)				Response time (All)				Response time (All)				Pre-hospital ECG				Time at scene				Drive time				Drive time- NIAS only				Appointment time				Call to ballon			
	Target = 65%												Target = 95%				Target = 60%				Target = 95%				Target = 95%				Target = 90%				Target = 90%			
Month	< 8 mins	> 8 mins	N	%	< 8 mins	> 8 mins	N	%	< 8 mins	> 8 mins	N	%					< 25 mins	> 25 mins	N	%	< 90 mins	> 90 mins	N	%	< 90 mins	> 90 mins	N	%	< 60 mins	> 60 mins	N	%	< 150 mins	> 150 mins	N	%
Oct 2013	35	12	47	74%	41	15	56	73%	24	15	39	62%	Assumed to be 100% as a patient would not be transported to Cath Lab if ST elevation on pre-hospital ECG was not recorded				15	24	39	38%	56		56	100%	39		39	100%	15	5	20	75%	NIAS would not hold this information unless we source from CATH Lab and record but feel they may already be doing this??			
Nov 2013	33	6	39	85%	40	9	49	82%	20	9	29	69%					10	19	29	34%	47	2	49	96%	28	1	29	97%	20	9	29	69%				
Dec 2013	34	12	46	74%	39	13	52	75%	19	12	31	61%					7	24	31	23%	51	1	52	98%	31		31	100%	23	5	28	82%				
Jan 2014	39	12	51	76%	45	16	61	74%	24	16	40	60%					14	26	40	35%	61		61	100%	40		40	100%	15	8	23	65%				
Feb 2014	30	6	36	83%	32	13	45	71%	14	12	26	54%					7	19	26	27%	45		45	100%	26		26	100%	19	4	23	83%				
Mar 2014	32	12	44	73%	39	21	60	65%	18	21	39	46%					10	29	39	26%	60		60	100%	39		39	100%	19	13	32	59%				
Apr 2014	26	8	34	76%	31	10	41	76%	18	9	27	67%					12	15	27	44%	41		41	100%	27		27	100%	12	2	14	86%				
May 2014	33	9	42	79%	40	14	54	74%	21	14	35	60%					12	23	35	34%	54		54	100%	35		35	100%	22	4	26	85%				
Jun 2014	29	10	39	74%	32	12	44	73%	14	12	26	54%					12	14	26	46%	44		44	100%	26		26	100%	18	7	25	72%				
Jul 2014	32	10	42	76%	32	11	43	74%	17	11	28	61%					10	18	28	36%	43		43	100%	28		28	100%	6	1	7	86%				
Aug 2014	25	8	33	76%	27	9	36	75%	14	8	22	64%					7	15	22	32%	36		36	100%	22		22	100%	5	5	10	50%				
Sep 2014	31	11	42	74%	31	13	44	70%	10	12	22	45%					10	12	22	45%	44		44	100%	22		22	100%	12	4	16	75%				
Oct 2014	34	11	45	76%	39	12	51	76%	14	11	25	56%					7	18	25	28%	51		51	100%	25		25	100%	7	7	14	50%				
Nov 2014	30	15	45	67%	31	18	49	63%	17	18	35	49%					10	25	35	29%	49		49	100%	35		35	100%	7	2	9	78%				
Dec 2014	16	9	25	64%	17	15	32	53%	7	13	20	35%					5	15	20	25%	32		32	100%	20		20	100%	6	4	10	60%				
Cumulative	459	151	610	75%	516	201	717	72%	251	193	444	57%					148	296	444	33%	714	3	717	100%	443	1	444	100%	206	80	286	72%				
	NIAS (Cat A) & hospital referrals Includes AED response times				NIAS (All) & hospital referrals Includes AED response times				NIAS (All)				NIAS (all) referrals only				NIAS (all) & hospital referrals				NIAS (all)				NIAS (all) & hospital referrals Includes 13 emergency transfers.											
	AVERAGE 5mins 46secs				AVERAGE 6mins 45secs				AVERAGE 9mins 37secs				AVERAGE 28mins 51secs				AVERAGE 22mins 06sec				AVERAGE 21mins 38sec				AVERAGE 51mins 04 secs											

Data Disclaimer

This data may be subject to further amendment at any point in the future pending updates from the Cath Lab at RVH and data quality auditing by NIAS. Please use this data with appropriate caution and all necessary disclaimers.

STEMI KPI descriptions

KPI1: RESPONSE TIME	KPI2: PRE-HOSPITAL ECG	KPI3: TIME AT SCENE	KPI 4: DRIVE TIME	KPI 5: APPOINTMENT TIME	KPI 6: CALL TO BALLON
% Category A calls for patients with a main complaint of chest pain or breathlessness, who are accepted for pPCI via NIAS referral (including emergency transfer requests from another hospital), with a response time of 8 mins from call to arrival on scene.	% <i>patients accepted for pPCI with ST elevation on pre-hospital ECG who are transported directly to cat labs for pPCI.</i>	% patients accepted for pPCI via NIAS referral with an on-scene time of less than 25 mins.	% <i>patients accepted for pPCI with a drive time of less or equal to 90 mins.</i>	% <i>patients who have been collected for repatriation within +/- 1 hour of requested target time.</i>	% <i>patients accepted for pPCI with CTB (Call to Balloon) of less than 150 mins.</i>

ID	253																																																										
Principal Aim/Objective/Value	To Achieve the best outcomes for patients whilst Ensuring High Quality Corporate Governance, 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. <input type="checkbox"/>																																																										
Risk level (initial)	HIGH																																																										
Risk level (Target)	MEDIUM																																																										
Risk level (current)	HIGH																																																										
Lead Director	FINDIR																																																										
Initial Action Taken to Control/ Mitigate Risk	<p>The Trust has returned a break-even financial position for the last ten years and has a sound understanding of cost / income with controls in place to manage spend. There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely:<input type="checkbox"/></p> <ol style="list-style-type: none"> 1. Overspending against core budget; <input type="checkbox"/> 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.<input type="checkbox"/> 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. <input type="checkbox"/> 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.<input type="checkbox"/> 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. <input type="checkbox"/> <p>Any changes in these assumptions will result in further contingency measures which are likely to impact directly on the delivery of front line services.<input type="checkbox"/></p> <p>Controls are in place to mitigate each of these factors above as follows: <input type="checkbox"/></p> <p>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.<input type="checkbox"/></p> <p>B. Submission and engagement with DHSSPS/HSCB re NIAS Trust Delivery Plan. Ongoing monitoring, review and engagement with stakeholders.<input type="checkbox"/></p> <p>C. Ongoing monitoring, review and engagement with stakeholders will continue throughout to highlight emerging cost pressures and service changes.<input type="checkbox"/></p> <p>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).<input type="checkbox"/></p> <p>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.</p>																																																										
Opened	30/06/2014																																																										
Review Date	20/02/2015																																																										
Action Plan to Address /Mitigate Risk	<p>(i) Ongoing application of controls A to E above.<input type="checkbox"/></p> <table> <thead> <tr> <th>CONTROL</th><th>ADDITIONAL ACTIONS REQUIRED</th><th>WHO</th><th>WHEN<input type="checkbox"/></th></tr> </thead> <tbody> <tr> <td>A</td><td>Monthly Reporting</td><td>Assistant Director of Finance</td><td>Monthly<input type="checkbox"/></td></tr> <tr> <td>B</td><td>Approval of TDP</td><td>DHSSPS/HSCB</td><td>Aug-14<input type="checkbox"/></td></tr> <tr> <td>C</td><td>Monthly Reporting</td><td>Assistant Director of Finance</td><td>Monthly<input type="checkbox"/></td></tr> <tr> <td>D</td><td>Monthly Reporting</td><td>Assistant Director of Finance</td><td>Monthly<input type="checkbox"/></td></tr> <tr> <td>E</td><td>Savings Plans Finalised</td><td>Trust Board</td><td>Jul-14<input type="checkbox"/></td></tr> <tr> <td></td><td>Savings Plans Implemented</td><td>SEMT</td><td>Sep-14<input type="checkbox"/></td></tr> </tbody> </table> <p>(i) Ongoing application of controls A to E above.<input type="checkbox"/></p> <table> <thead> <tr> <th>CONTROL</th><th>ADDITIONAL ACTIONS REQUIRED</th><th>WHO</th><th>WHEN<input type="checkbox"/></th></tr> </thead> <tbody> <tr> <td>A</td><td>Monthly Reporting</td><td>Assistant Director of Finance</td><td>Monthly<input type="checkbox"/></td></tr> <tr> <td>B</td><td>Approval of TDP</td><td>DHSSPS/HSCB</td><td>Aug-14<input type="checkbox"/></td></tr> <tr> <td>C</td><td>Monthly Reporting</td><td>Assistant Director of Finance</td><td>Monthly<input type="checkbox"/></td></tr> <tr> <td>D</td><td>Monthly Reporting</td><td>Assistant Director of Finance</td><td>Monthly<input type="checkbox"/></td></tr> <tr> <td>E</td><td>Savings Plans Finalised</td><td>Trust Board</td><td>Jul-14<input type="checkbox"/></td></tr> <tr> <td></td><td>Savings Plans Implemented</td><td>SEMT</td><td>Sep-14<input type="checkbox"/></td></tr> </tbody> </table>			CONTROL	ADDITIONAL ACTIONS REQUIRED	WHO	WHEN <input type="checkbox"/>	A	Monthly Reporting	Assistant Director of Finance	Monthly <input type="checkbox"/>	B	Approval of TDP	DHSSPS/HSCB	Aug-14 <input type="checkbox"/>	C	Monthly Reporting	Assistant Director of Finance	Monthly <input type="checkbox"/>	D	Monthly Reporting	Assistant Director of Finance	Monthly <input type="checkbox"/>	E	Savings Plans Finalised	Trust Board	Jul-14 <input type="checkbox"/>		Savings Plans Implemented	SEMT	Sep-14 <input type="checkbox"/>	CONTROL	ADDITIONAL ACTIONS REQUIRED	WHO	WHEN <input type="checkbox"/>	A	Monthly Reporting	Assistant Director of Finance	Monthly <input type="checkbox"/>	B	Approval of TDP	DHSSPS/HSCB	Aug-14 <input type="checkbox"/>	C	Monthly Reporting	Assistant Director of Finance	Monthly <input type="checkbox"/>	D	Monthly Reporting	Assistant Director of Finance	Monthly <input type="checkbox"/>	E	Savings Plans Finalised	Trust Board	Jul-14 <input type="checkbox"/>		Savings Plans Implemented	SEMT	Sep-14 <input type="checkbox"/>
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ID	249
Principal Aim/Objective/Value	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
Risk Type	CORP
Title	Staffing Structure in respect of Equality, PPI and PC Experience
Description	There is risk to the Trust that NIAS staffing structure in respect of Equality, PPI and Patient Client Experience is not sufficiently resourced to support the Trust in ensuring compliance across all related statutory requirements and Ministerial priority work streams.
Risk level (initial)	MEDIUM
Risk level (Target)	LOW
Risk level (current)	MEDIUM
Lead Director	DIRHR
Initial Action Taken to Control/ Mitigate Risk	<p>1. At the inception of its Equality Scheme the Trust created a role which was dedicated to discharging S75 duties. Current staff structures includes delegation of responsibility for S75 DDO (further new legislation since this time) and the Human Rights Act however these responsibilities are in addition to other areas of responsibility, therefore diluting related time associated with these work streams. □</p> <p>2. Equality Scheme and Disability Action Plan have been develop, consulted on and approved. However, implementation requires significantly time in terms of developing appropriate structures, statutory processes and mainstreaming. □</p> <p>3. Responsibility for PPI was delegated to HRCS Directorate Equality Section. However, responsibility for these work streams are in addition to other areas of responsibility therefore diluting related time associated with these work stream. □</p> <p>4. PPI Strategy has been developed, consulted on and approved. However, implementation requires significant time in terms of developing appropriate structures and systems and mainstreaming in order to effect required cultural change. □</p> <p>5. Responsibility for PCE was del;delegated to the HRCS Directorate Equity Section, however, however, was no additional investment to support the additional workload. However, responsibility for these work streams are in addition to other areas of responsibility therefore diluting related time associated with these work streams. □</p> <p>6. NIAS is involved in significant regional work streams related to Patient and Client Experience and 10,000 Voices Project. However, dedicated resources do not exist to take this work forward. Unlike other Trusts in respect of the 10,000 Voices Project, NIAS has not received dedicated funding. The Trust's Director of HRCS, Medical Director and Asst. Director of HR (Equality,PPI and Patient Experience) have raised this at related PCE Groups.</p>
Opened	03/07/2013
Review Date	20/02/2015
Action Plan to Address /Mitigate Risk	<p>1. Development of proposal for appropriate staffing structure and related business cases for presentation to SEMT. □</p> <p>2. Consideration of budgetary priorities in this context. □</p> <p>3. Development of proposal for appropriate staffing structure and related business cases for presentation to SEMT. □</p> <p>7. These were agreed with Chair of Assurance subsequently and reported at Trust Board on the July 2014. □</p> <p>□</p> <p>□</p>

ID	245
Principal Aim/Objective/Value	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
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)	MEDIUM
Lead Director	DIRHR
Initial Action Taken to Control/ Mitigate Risk	1. Public Trust Board meetings <input type="checkbox"/> 2. Annual Reports <input type="checkbox"/> 3. Community engagement programme <input type="checkbox"/> Social Media
Opened	30/04/2013
Review Date	20/02/2015
Action Plan to Address /Mitigate Risk	1. Establish as key element for inclusion in communications strategy. <input type="checkbox"/> 2. Explore further opportunities to influence public perception. <input type="checkbox"/> 3. Present action plan to Trust Board <input type="checkbox"/> <input type="checkbox"/> 7/11/13 - Following SEMT it was noted that a review of this risk will completed at the Trust Board Workshop on the 27/2/14. <input type="checkbox"/> <input type="checkbox"/> 4. These were agreed with Chair of Assurance subsequently and reported at Trust Board on the 4th July 2014. <input type="checkbox"/> 5. Action is identified below each risk, typically Retain; Revise; Remove; Move to Local. Please action accordingly on NIAS corporate risk register to reflect wishes of NIAS Board. This risk is to be rewritten with regard to pat expectations, effective communications by end of Jan 2015. <input type="checkbox"/> <input type="checkbox"/> 5. 26/9/14 E-mail CX- Treat public perception as HRCS at this time <input type="checkbox"/>

ID	246
Principal Aim, Objective, Value	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, 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.
Risk level (initial)	MEDIUM
Risk level (Target)	LOW
Risk level (current)	MEDIUM
Lead Director	DIROPS
Initial Action Taken to Control/ Mitigate Risk	<p>1. Both financial resource and activity/performance are issues discussed with HSCB at PMSI meetings. <input type="checkbox"/></p> <p>2. Both are discussed at Trust Board <input type="checkbox"/></p> <p>3. Process in place to secure additional funds linked to service change which could potentially be extended.</p>
Opened	30/04/2013
Review Date	20/02/2015
Action Plan to Address /Mitigate Risk	<p>1. Submit proposal to link planned budget to demand analysis to HSCB <input type="checkbox"/></p> <p>2. Establish metrics to show correlation/relationship between planned resource - demand - performance. <input type="checkbox"/></p> <p><input type="checkbox"/> These were agreed with Chair of Assurance subsequently and reported at Trust Board on the 4th July 2014. <input type="checkbox"/></p> <p><input type="checkbox"/> Action is identified below each risk, typically Retain; Revise; Remove; Move to Local. <input type="checkbox"/></p> <p>Please action accordingly on NIAS corporate risk register to reflect wishes of NIAS Board. This risk to be retained and further developed. <input type="checkbox"/></p> <p><input type="checkbox"/> Discuss with Ast Dir OPs (Performance) regarding discussions with Dept to be reflected in the risk.</p>

ID	241
Principal Aim/Objective/Value	To Achieve the best outcomes for patients whilst Ensuring High Quality Corporate Governance, 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 <input type="checkbox"/> 2. Membership of Trust Board Committees clearly established and terms of reference in place <input type="checkbox"/> 3. Cover arrangements for Chair in place <input type="checkbox"/> 4. Cover arrangements of CX in place <input type="checkbox"/> 5. Corporate Plan agreed and in place <input type="checkbox"/> 6. Structures and processes established to promote a professional approach by Trust Board members.
Opened	30/04/2013
Review Date	20/02/2015
Action Plan to Address /Mitigate Risk	1. Board effectiveness assessment planned <input type="checkbox"/> <input type="checkbox"/> 7/11/13 - Following SEMT it was noted that a review of this risk will completed at the Trust Board Workshop on the 27/2/14. <input type="checkbox"/> <input type="checkbox"/> 26/9/14 - E-mail for CXO- Retain organisational cohesion as corporate at present <input type="checkbox"/> <input type="checkbox"/> 16/12/14 - Consider removal following discussion at next TB

ID	243
Principal Aim, Objective, Value	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, 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	<p>1. Corporate Plan identifying purpose, mission, vision and values directs strategic aims and objectives and counter measures to balance competing priorities.</p> <p>2. Governance Structures (Audit Committee, Assurance Committee, Remuneration Committee) provide balance in pursuit of objectives and reporting structure to Trust Board.</p> <p>3. HSC Governance structure and accountability processes provide balance on competing priorities.</p> <p>4. NIAS Assurance Framework provides balance of competing priorities.</p>
Opened	04/07/2013
Review Date	20/02/2015
Action Plan to Address /Mitigate Risk	<p>7/11/13 - Following SEMT it was noted that a review of this risk will be completed at the Trust Board Workshop on the 27/2/14.</p> <p>These were agreed with Chair of Assurance subsequently and reported at Trust Board on the 4th July 2014.</p> <p>Action is identified below each risk, typically Retain; Revise; Remove; Move to Local.</p> <p>Please action accordingly on NIAS corporate risk register to reflect wishes of NIAS Board.</p> <p>This risk is to be retained and developed (Principles and Risk Appetite) by 31/3/15</p>

TB/04 05/02/15

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

5 February 2015

Title:	Board Governance Rolling Action Plan
Purpose:	To update Board members on action required on 2013/14 Board Governance Self Assessment Tool
Content:	Latest version of the Rolling Action Plan
Recommendation:	For Information
Previous Forum:	27 November 2014
Prepared by:	Dr Jim Livingstone
Presented by:	Dr Jim Livingstone

NIAS GOVERNANCE ASSESSMENT ROLLING ACTION PLAN

DRAFT - (As at February 2015) - DRAFT

WORKING GROUP	RED FLAG/ GOOD PRACTISE ISSUES (Identified in 2012/13 and 2013/14)	ASSESSMENT COMMENTS	ACTIONS	ALL ACTIONS DONE BY	BY WHOM
1. Manage Governance Self-Assessment process	<p>a. No formal Board Governance Self-Assessment has been undertaken within the last 12 months.</p> <p>b. The Board Governance Self-Assessment has not been independently evaluated within the last 3 years.</p> <p>c. Where Board has undertaken an evaluation, only the perspectives of Board members were considered, not those outside the Board (e.g.staff, etc)</p> <p>d. Where the Board has undertaken an evaluation, only one evaluation method was used (e.g. only a survey of Board members was undertaken)</p> <p>e. Annual Self-Assessment will need to be made and submitted to DHSSPS by 31 March in year</p> <p>f. The Rolling Action Plan needs to be updated</p>	<p>a. This is the first formal self-assessment. The Board will now undertake the annual self-assessment with other HSC Trusts.</p> <p>b. The Board will seek advice from the Department on what constitutes independent evaluation,</p> <p>c. This will be in line with Departmental guidance, as above</p> <p>d. This will be in line with Departmental guidance, as above</p>	<p>Self-Assessment for 2014/15 to be completed Apr 2015</p> <p>DHSSPS advice has confirmed use of IA as independent evaluation</p> <p>See Action b above</p> <p>See Action b above</p> <p>2013/14 Self-Assessment made April 2014</p> <p>Revised Rolling Action Plan to be</p>	JUNE EACH YEAR	<p>Chair (Convenor)</p> <p>CEO</p> <p>NED (JL)</p>

	by June each year after submission of Governance Self-Assessment return.		approved Feb and Sept 2015		
2. Review & Refresh Assurance Framework.	<p>a. The Board tends to focus on details and not on strategy and performance and becomes involved in operational areas.</p> <p>b. Significant unplanned variances in performance have occurred.</p> <p>c. The Board does not receive 12 month rolling cash flow forecast information.</p> <p>d. The ALB has received adverse negative publicity in relation to the services it provides in the last 12 months.</p> <p>e. The ALBs latest staff survey results are poor.</p>	<p>a. There are occasions when members need to focus on an operational area e.g. when there is reputational risk or significant performance variance.</p> <p>b. There have been some significant unplanned variances in performance. These have been discussed and decisions made as appropriate at Board level.</p> <p>c. Financial systems are neither structured nor sophisticated enough to provide 12 month rolling cash flow forecast information.</p> <p>d. 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</p> <p>e. This assessment is based on 2010 staff survey. Findings from the latest staff survey were not available to the Board at the time of 2012/13 Self-Assessment.</p>	<p>Refreshed Assurance Framework Agreed Feb 2014</p> <p>NFA (No Further Action)</p> <p>NFA</p> <p>NFA</p> <p>TBA (to be actioned)</p>	June 2015	All Board Members
3. Appraisal of Committee members' roles	<p>a. Committee members do not receive performance management appraisals in relation to their Committee role.</p>	<p>a. Nil</p>	<p>Letter from Chair to DHSSPS seeking guidance by Feb 2015</p>	Mar 2015	Chair

4. Develop Structured Team-Building Activity for Trust Board	<p>a. There is a clear understanding of the roles of Executive officers and Non-Executive Board members.</p> <p>b. The Board operates as an effective team.</p> <p>c. The quality of relationships between Board members, including Chair and CE. In particular, whether or not any one Board member has a tendency to dominate Board discussions and the level of mutual trust and respect between members.</p> <p>d. 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.).</p> <p>e. There is evidence of Board members not behaving consistently with the behaviours expected of them and this remaining</p>	<p>a. There has been an emphasis on the role and development of Non-Executive Directors in recent guidance which has not been mirrored with Executive Directors. The Board would welcome further consideration by DHSSPS of the role of Executive Director as a member of the Board.</p> <p>b. The Board has identified potential to explore improvement in problem identification and solving.</p> <p>c. Nil</p> <p>d. The Board and its members have been subject to a 'vote of no confidence' in August 2014. Action is being taken to address this as a matter of urgency by the Board. However, there are unresolved issues at Board level in respect of Agenda for Change Job Evaluation. Members are committed to resolving this issue. The Trust works in partnership with Trade Unions, in line with regional guidance maintaining regular contact with DHSSPS, and there has been no industrial action.</p> <p>e. Board members working through recent difficulties and committed to finding resolution to difficulties and explore</p>	<p>Trust Board given verbal update on group's progress at Nov '14 meeting</p> <p>Proposals paper on Revised Induction Pack and Collective On-Board training for all Board members for Mar '15 Board meeting</p> <p>New Induction Pack to be completed by Apr 2015</p> <p>Trust Board agreed action on August 2014 TUS Vote of No Confidence at special Board meeting in September 2014. Chair and CEO met with Unions in Oct '14</p> <p>Any such cases to be addressed as part of appropriate Annual</p>	<p>Sept 2015</p>	<p>Fin. Dir. Sharon McCue (Convenor)</p> <p>NED (JL)</p> <p>Asst. Dir. (HR-ELD)</p>
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	unresolved.	expected behaviours in difficult situations.	Appraisal processes		
5. Review Structure & Format of Board Business	<p>a. The Chair leads meetings well, with a clear focus on the issues facing the ALB, and allows full and open discussions before major decisions are taken.</p> <p>b. The Board undertakes a formal and rigorous annual evaluation of the performance of its Committees.</p> <p>c. 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.</p> <p>d. The Board has had an independent evaluation of its effectiveness and the effectiveness of its committees within the last 2 years by a 3rd party that has a good track record in undertaking Board effectiveness evaluations.</p> <p>e. An action log is taken at Board meetings. Accountable individuals and challenging/demanding timelines are assigned. Progress against actions is actively monitored. Slips in timelines are clearly identifiable through the action log and</p>	<p>a. Work is on-going to improve the structure of Board meetings and their agenda.</p> <p>b. The Board will establish processes to undertake formal evaluation of its three main committees. Chairman holds a regular debrief with the chairs of the audit and assurance committee. The Chief executive holds a similar debriefing meeting. For the remuneration and assurance committees this has not been a formal process to date.</p> <p>c. Changes/improvements have been identified through this self-assessment process.</p> <p>d. The Board will consider commissioning an independent 3rd party to undertake the evaluation. The Board will seek advice from the Department on what constitutes independent 3rd party evaluation</p> <p>e. Further development of the action log and reporting mechanisms is required.</p>	<p>Proposals papers on Board structures and formats of meetings (addressing 5a through 5c and 5g through 5i) to be submitted for Board approval by Oct 2015</p> <p>See Action 1.b</p> <p>NFA</p>	Mar 2016	<p>Ops. Dir. Brian McNeill (Convenor)</p> <p>NED (MH)</p> <p>Asst. Dir. (Finance)</p> <p>Board Exec Asst.</p>

	<p>individuals are held to account.</p> <p>f. The Board can provide examples of where it has explored the underlying data quality of performance measures that have been RAG rated green.</p> <p>g. 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.</p> <p>h. 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.</p> <p>i. NEDs routinely meet stakeholders and service users.</p>	<p>f. While positive performance is acknowledged and commended, a focus is maintained on issues of under-performance to deliver improvement.</p> <p>g. 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/weaknesses.</p> <p>h. No structured programme in place</p> <p>i. Limited opportunity given pre-hospital setting</p>	<p>TBA</p> <p>See above</p> <p>See above</p> <p>See above</p>		
6. Review Trust Board Agenda – form, items, standing items, etc.	<p>a. The Board is aware of and annually approves a scheme of delegation to its committees.</p> <p>b. The Board is provided with timely and robust post-evaluation reviews on all major projects and programmes.</p> <p>c. A formal Board Governance Self-Assessment has been conducted within the previous 12 months.</p>	<p>a. The Board will bring forward its scheme of delegation and committee terms of reference on an annual basis.</p> <p>b. A process will be established to bring forward to the Board post-evaluation reviews on all major projects and programmes.</p> <p>c. Self-Assessment will be repeated annually.</p>	<p>Schemes of delegation approved</p> <p>Work in progress on PERs and progress report to be prepared by Sept '15</p> <p>See 1.a</p>	Sept 2015	<p>Med Dir. David McManus (Convenor)</p> <p>NED (AP)</p> <p>Asst. Dir. (Ops)</p>

	<p>d. The Board can evidence how staff have been engaged in the development of their Corporate & Business Plans and provide examples of where their views have been included and not included.</p> <p>e. The Board ensures that staff understand the ALB's key priorities and how they contribute as individual staff members to delivering these priorities.</p>	<p>d. NIAS will continue to explore methods to more fully engage with staff and elicit their views.</p> <p>e. Personal Development Review partially implemented at this stage.</p>	<p>Paper summarising effectiveness of staff communications strategies to be prepared by Sept '15</p> <p>PDR now substantially implemented</p>		
7. Review Appraisal for Trust Board Members	<p>a. 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.</p> <p>b. Board members have received a copy of the Department's Code of Conduct and Code of 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 and included as part of each Board member's annual appraisal.</p>	<p>a. There is no current 360 appraisal of NEDs, although they 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 personal 360 review.</p> <p>b. DHSSPS should review wording of this question as Chair does not directly undertake appraisal for Executive Directors to enable appraisal as described.</p>	<p>Group has had discussions with DHSSPS who have confirmed there are no plans to amend current formal appraisal processes for Executive and Non-Executive Directors. Trusts thus cannot make unilateral changes.</p> <p>Group to make proposals on need for regular discussion by Board led by Chair on compliance with Codes of Conduct and Accountability by Sept '15.</p>	Nov 2015	<p>HR Dir. Roisin O'Hara (Convenor)</p> <p>NED (N McK)</p> <p>Asst. Dir. (tbc)</p>

	<p>c. 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.</p> <p>d. Each Board member (including each Executive Director) has objectives specific to their Board role that are reviewed on an annual basis.</p> <p>e. Each Board member has a Personal Development Plan that is directly relevant to the successful delivery of their Board role.</p> <p>f. There are processes in place to ensure the development of Executive Directors as Corporate Directors</p> <p>g. 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.</p>	<p>c. Consideration will be given to incorporation in the appraisal process for executive directors.</p> <p>d. The Board will consider developing objective-setting processes to incorporate objectives specific to the Director's Board role. No requirement for setting specific objectives for NEDs – outside of committee chairs. DHSSPS guidance would be welcomed.</p> <p>e. The Board will consider further developing current appraisal processes to formalise Personal Development Plans specific to their Board role.</p> <p>f. There are processes in place to ensure the development of effective directors as corporate directors however there needs to be further clarification on the executive directors' role. The Board will consider further developing processes to ensure the development of Executive Directors as Corporate Directors.</p> <p>g. Nil</p>	<p>See note above (7.a) on formal appraisal processes</p> <p>Group to make proposals providing Board members with written descriptions of their role on the Board by June '15</p> <p>Proposals to develop a common template for PDP for all Board members by Sep '15</p> <p>TBA</p> <p>To be addressed as part of formal appraisal processes</p>		
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8. Review Governance Self-Assessment Process	<p>a. 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.</p> <p>b. 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 evaluation considered as a minimum:</p> <ul style="list-style-type: none"> • 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 	<p>a. The Board will engage with DHSSPS to identify measures to enhance the board assessment process.</p> <p>b. See 8.a above</p>	<p>Chair to seek advice from DHSSPS on any planned review designed to enhance Board assessment processes and involvement by Trust in that review by Mar 2015</p>	<p>Mar 2015</p>	<p>Chair (Convenor)</p> <p>CEO</p>
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9. Board Development Programme	<p>a. The Board does not currently have a Board development programme in place for both Executive and Non-Executive Board Members.</p> <p>b. 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.</p> <p>c. The Board has a programme of development in place. The programme seeks to directly address the findings of the Board's annual evaluation 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.</p> <p>d. 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:</p> <ul style="list-style-type: none"> • 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; • How the Board responded to any service, financial or governance failures; Whether the Board's subcommittees are operating effectively and providing sufficient 	<p>a. Consideration will be given to the production of a Board development plan building on the outcomes and priorities arising from this assessment.</p> <p>b. See 9.a above</p> <p>c. See 9.a above</p> <p>d. See 9.a above</p>	<p>Outline Board Development Programme to be presented to Board for approval in Oct 2015 and implementation from April 2016</p>	<p>Mar 2016</p>	<p>Chair (Convenor)</p> <p>CEO</p> <p>Asst. Dir. (HR- ELD)</p>
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	<p>assurances to the Board; The robustness of the ALB's risk management processes;</p> <ul style="list-style-type: none"> • The reliability, validity and comprehensiveness of information received by the Board. <p>e. Time is 'protected' for undertaking this programme and it is well attended.</p> <p>f. The Board has considered, at a high-level, the potential development needs of the Board to meet future challenges.</p> <p>g. 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 organisation. Accordingly, there are demonstrable succession plans in place for all key Board positions.</p>	<p>e. See 9.a above</p> <p>f. See 9.a above</p> <p>g. The Board will give consideration to the development of a process to formalise succession planning.</p>			
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TB/05 05/02/15

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

05 February 2015

Title:	Policy for the Transportation of Assistance Dogs on Northern Ireland Ambulance Service HSC Trust Vehicles
Purpose:	To set out NIAS policy on the transportation of Assistance Dogs in Northern Ireland Ambulance service Vehicles in order to ensure compliance with Trust legislative responsibilities
Content:	Policy Document
Recommendation:	For approval
Previous Forum:	Health and Safety Committee SEMT
Prepared by:	Joanna Smylie, Station Officer Ruth McNamara, Area Manager Michelle Lemon, Assistant Director of Human Resources
Presented by:	Brian McNeill, Director of Operations

NORTHERN IRELAND AMBULANCE SERVICE

Policy on the Transportation of Assistance Dogs in Northern Ireland Ambulance Service HSC Trust Vehicles

Title:	Policy on the Transportation of Assistance Dogs in Northern Ireland Ambulance Service Vehicles		
Purpose of Policy:	To set out NIAS policy on the transportation of Assistance Dogs on Northern Ireland Ambulance service Vehicles in order to ensure compliance with Trust legislative responsibilities		
Directorate Responsible for Policy:	Operations Directorate		
Name and Title of Authors:	Joanna Smylie, Station Officer Ruth McNamara, Area Manager Michelle Lemon, Assistant Director of Human Resources		
Staff Side Consultation	YES		
Equality Screened:	YES		
Date Presented to:	H & S	11/09/14	
Publication Date:	February 2015	Review date: February 2017	Review completed:
Version:	Version 2.0		

Circulation List:

This Policy was circulated to the following groups for consultation.

- Trade Union representatives
- Executive Directors and Senior Managers
- Northern Ireland Assistance Dogs,
- Guide Dogs for the Blind Association

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

- All Trust Staff
- Trust Internet Site/ Intranet Site

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1 Introduction

The Disability Discrimination Act (DDA) states that public authorities must not refuse to provide a service to a disabled person or offer a disabled person a lower standard of service or less favourable terms and must make reasonable adjustments so that disabled people can access services.

The DDA 2005 amends the existing legislation making it unlawful for operators of transport vehicles to discriminate against disabled people. Under this Act as amended by the Disability Discrimination (NI) Order 2006, public authorities must consider how to promote positive attitudes towards disabled people and encourage participation by disabled people in public life.

The DDA recognises limited circumstances in which there may be 'justification' for treating a disabled person less favourably.

Under DDA Section 21, the Trust is legally obliged to make reasonable adjustments to ensure that disabled people can access our services.

2 Background

Assistance Dogs in Northern Ireland

An Assistance Dog is one which has been trained to assist a person with a specific disability; they can be used by a range of people who have disabilities, such as loss of sight or hearing to give greater independence;

- **Guide Dogs** assist people who are blind or visually impaired
- **Hearing Dogs** alert deaf people to important sounds and audible warnings of danger in everyday life
- **Medical Alert Dogs** assist people with certain medical conditions such as epilepsy and diabetes. These dogs alert the person when a medical crisis is coming, giving them time to get to a place of safety or take appropriate medications
- **Companion Dogs** provide therapeutic benefits to individuals for example those who suffer emotional disorders or autism can benefit from the companionship that a dog provides. The dogs have been shown to assist individuals to gain the confidence to engage more in society and can help to maximise the safety of the disabled child or adult
- **Service Dogs** are trained to assist a person who uses a wheelchair or has limited mobility. They are trained to do many tasks which their owner may find difficult or impossible, for example door opening or switching lights on and off.

There are three Assistance Dogs organisations in Northern Ireland:

- Guide Dogs
- Northern Ireland Assistance Dogs.
- Assistance Dogs Northern Ireland (a recently established group)

Hearing Dogs for Deaf People provide dogs to deaf people in Northern Ireland though they do not have a base here. Generally speaking, Guide Dogs have a white harness with a yellow handle (puppies in training wear a blue coat), Hearing Dogs wear burgundy coats and other assistance dogs wear coats in a range of colours.

Assistance Dogs are distinguishable from pets in the following ways:

- An Assistance Dog wears a special harness and tag on its collar
- As part of their training Assistance Dogs are carefully taught how to be well behaved in public places
- Assistance Dogs will sit or lie quietly on the floor next to their owner
- Assistance Dogs, as part of their training, develop well established routines for toileting so go to the toilet on command.

Assistance Dogs are accepted in most areas within hospitals, including corridors, common or waiting areas, consulting rooms, most wards*, cafeterias or toilets.

*Valid exclusions include:

- Operating Theatres
- Critical Care Units
- Haematology
- Resuscitation

If sterile or invasive procedures are to be carried out Ambulance crews may have to consider the above exclusions prior to transporting an Assistance Dog.

3 Policy Aims

The Policy aims to:

- Ensure a patient centred approach which minimises restrictions of access to Assistance Dogs. This should reduce distress to the patient, staff, Assistance Dog and other patients.
- Fulfil the Trust's legislative duties under Section 75 of the Northern Ireland Act (1998) and the Disability Discrimination Act (1995).
- Promote awareness among Trust staff of responsibilities in respect of equality legislation generally and transportation of Assistance Dogs specifically, in conjunction with relevant operating procedures.
- Assist NIAS personnel in identifying, through risk assessment, the appropriate management of decisions around the transportation of Assistance Dogs.

4 Policy Statement

The Northern Ireland Ambulance Service HSC Trust (The Trust) is committed to delivering an effective and patient centred approach to all those who access our services, including those who use Assistance Dogs.

If a service user requests that their Assistance Dog accompany them on their journey, the Trust will make every reasonable effort to accommodate this request, giving full consideration to the safety and welfare of the patient.

The Trust recognises that Assistance Dogs are important for the independence of their owners and should be kept with them if at all possible. Operating procedures will be provided to staff to accompany this policy to assist in them in facilitating this where possible.

If, in limited circumstances, it is not possible to transport Assistance Dogs the Trust will be required to justify this and to demonstrate mitigating measures put in place.

5 Scope of the Policy

This policy is applicable to all staff with responsibility for patient care and the transportation of patients in NIAS vehicles. It applies to transportation of Assistance Dogs in all NIAS patient conveying vehicles.

There are 3 main situations in which the Trust would be transporting patients using assistance dogs. These are:

Outpatient Appointments

Patients with assistance dogs attending outpatient appointments by ambulance will be transported by the Patient Care Service. These patients will, except in exceptional circumstances, expect their assistance dog to accompany them to their appointments.

Planned Admissions

For planned admissions, owners may be unlikely to expect their dogs to stay with them in the restricted hospital environment. In these circumstances alternate care arrangements for the dog are generally made by the owner. However, every case is unique and therefore the crew must consider the potential for the patient to want to transport a dog during a routine admission.

Unplanned / Emergency Admissions

In this instance, where feasible, and in line with Trust Policy and Procedure, dogs should be transported at their owners request.

5 Roles and Responsibilities

Director of Operations

The Director of Operations is the lead Director with strategic responsibility for this policy and related operating procedures.

Operational Managers

Operational Managers have responsibility for ensuring staff are fully aware of their responsibilities under this policy and related operational procedures and for oversight of implementation in this regard.

Ambulance Staff

Staff must ensure they are familiar with the Trust's policy and procedure on Assistance Dog's in order to appropriately meet the needs of the patient. They are responsible for ensuring appropriate management of situations involving Assistance Dogs in line with this policy and related operational procedures.

The Trust has undertaken a risk assessment for the transportation of Assistance Dogs in Trust vehicles to ensure that any potential risk to patients or staff has been fully considered and managed appropriately. A copy of this will be provided to staff along with relevant operational procedures. Staff should consider their own risk assessment in line with this corporate risk assessment.

As noted earlier, section 21 of the DDA requires personnel, by law, to make reasonable adjustments. Ambulance personnel must err on the side of reasonableness. In exceptional circumstances any decision not to transport a dog that has not already been considered in the Trusts risk assessment must be comprehensively documented on the Patient Report Form and on an Untoward Incident Report.

6 Equality and Human Rights Considerations

This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1998. Equality Commission for Northern Ireland guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be targeted at them.

Using the Equality Commission's screening criteria; no adverse impacts have been identified. This Policy will therefore not be subject to an equality impact assessment.

The Trust is fully committed to its responsibilities under Personal and Public Involvement (PPI). This policy and related procedures have been developed with the involvement of service users and organisations which represent those who use Assistance Dogs. The Trust is grateful for those who have given their time to assist in this regard.

This policy has also been considered under the terms of the Human Rights Act, 1998, and was deemed to be compatible with the European Convention Rights contained in that Act.

This Policy will be included in the Trust's register of screening documentation and maintained for inspection whilst it remains in force.

7 Awareness of the Policy

The policy will be available on the Trust intranet site and internet site. It is the responsibility of all managers to ensure that their staff are made aware of the policy and related operating procedures.

This document can be made available on request in alternative formats, e.g. Braille, disc, audio cassette and in other languages to meet the needs of those who are not fluent in English.

8 Useful Contacts

Contact	<u>Telephone Number</u>
The Guide Dog Association (NI)	<u>08453727402</u>
Northern Ireland Assistance Dogs	<u>07546337910</u>
USPCA	<u>028 30251000</u>

9 References

Reference	Information
NIAS Risk assessment	
Section 75 of the Northern Ireland Act (1998)	Legislative duties on the provision of equality of opportunity and the promotion of good relations
Disability Discrimination Act (1995)	Reasonable adjustments for people with disabilities
Department of Health (UK)	Certification is granted to dogs that have been specifically trained to assist a disabled person and has been trained by one of the organisations registered as a member of Assistance Dogs UK
Royal National Institute for the Blind	Recommended best practice
Guide Dogs for the Blind (UK)	Recommended best practice
Equality Commission for Northern Ireland's Guidance on Assistance Dogs Access to Public Buildings	
Highway Code	Transporting animals safely
Animal Welfare Order 1997	Protecting animals during transport

TB/06 05/02/15

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

5 February 2015

Title:	Risk Register Review
Purpose:	Appraise Trust Board of Corporate Risk Register revisions
Content:	Summary of Corporate Risk Register movements 2014/15
Recommendation:	For approval
Previous Forum:	Risk Workshop Senior Executive Management Team
Prepared by:	Chief Executive
Presented by:	Chief Executive

RISK REGISTER REVIEW

Corporate Risk Register Entry	Action from NIAS Trust Board Workshop Review (Oct 2014)	Action from NIAS SEMT Review 20/1/2015	Action by NIAS Risk Manager	Trust Board Review 5/2/2015 - Outcome
4. Business Continuity	Move to local	n/a	Moved to Local Risk Register 4/7/14	
244. Transforming your Care Implementation	Close		Closed. 25/9/14	
243. Balancing Statutory Responsibilities.	Retain & Develop	Risk revised by CX on 21/1/2015. Review at next Trust Board.	Retain	
246. Linking Demand to Funding	Retain & Develop	Risk revised by CX on 21/1/2015. Review at next Trust Board.	Retain	
247. Prioritising Core Activity	Remove		Closed. 25/9/14	
248. Transforming your Care Developments.	Remove		Closed. 25/9/14	
232. Business Services Transformation Programme	Move to Local		Moved to Local 28/4/14	
239. Achieving Financial Balance 2013/14 & 2014/15 <i>253 Financial Stability-Achieving Financial Balance</i>	Separate years and move 2013/14 to local/closed; redevelop 2014/15 as specific risk on corporate risk register		2013/14 Closed: 1/7/14 2014/15 risk added to Corporate Risk Register 30/1/14	
231. Organisational Cohesion	Review further in context of Board Assurance process.	Risk revised by CX on 21/1/2015. Review at next Trust Board.		
249. Staffing Structure – Equality/PPI/PCE	Move to Local	Risk revised by CX on 21/1/2015.	Moved to Local 20/11/14	
245. Public Perception	Retain & Develop	Risk revised by CX on 21/1/2015. Review at next Trust Board.	Update	

TB/07 05/02/15

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

05 February 2015

Title:	10,000 Voices – Patient stories (Southern 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

Southern Area

No title

I was very glad to have the services of the Ambulance service after my accident in April last year. I have been using the ambulance for my appointments monthly in Royal Victoria Hospital and found the staff to be very helpful and kind always. A big thank you to you all.

My Great Day Out

I was attending an out-patients appointment at Craigavon hospital. The patient care ambulance picked me up at my home address. I was very worried about this appointment & where to attend at the hospital. The two male crew members were very helpful & put me at ease. They brought me home alone with other patients. I think the service I received today was great and hope to have the same experience again. Good experience but staff spoke about cut backs which is not nice.

Great service

I took unwell with gallstones last month and have had to call 999 as I was on my own in the house and the pain was excruciating leaving I was unable to drive. The lady on the phone was pleasant, calm and reassuring the entire time. Assured me the ambulance would be with me in a matter of minutes and to hold on the line in case anything happened with me being on my own. When the emergency crew arrived she hung up and they took over. They let me know their names which I can't recall now as I was in so much pain at the time. They gave me pain relief and got me fairly well settled before taking me to Daisy Hill hospital. We didn't have to wait very long before I was seen and the guys could leave. Great service all round.

5 Star service

My daughter was treated with the utmost care and respect when a 999 ambulance was called out for her after having an accident at school. The paramedic made her feel at ease and cared for her appropriately.

Great service 2

I had to call 999 as I was getting chest pain, the lady on the phone was extremely patient as I was in a panic. She stayed on the line until the ambulance came because I was on my own. When the crew came they assessed me fully before taking me to hospital. When we got to the hospital I was handed over to the staff in A&E and the ambulance crew said cheerio and away they went. They were very friendly and ensured I was comfortable the entire time.

No title

I require a minibus ambulance to collect me from my house and take me to Craigavon Mandeville unit. I have no family or friends that can take me. The guys are always very good and cautious that I am weak sometimes and they have got to know me over the last number of months.

No title

I had to go to the Ulster Hospital for an appointment and needed the ambulance to take me. They were very good and I didn't have to wait too long for them. I think they introduced themselves but I can't remember. The ambulance men sat in the front and didn't really speak to me or my daughter who travelled with me.

Mum's journey

I had to call the ambulance for my elderly mother who had fallen. She had fell in the house and had been lying a while before I came round with the groceries. I called 999 to get an ambulance to her and the girl on the phone was extremely friendly and reassuring and told me the ambulance would be with me as soon as possible. The guys that came in the ambulance were amazing with my mother they reassured her and were so polite, telling us both their names and talking to us the whole time. They gently got her into the stretcher and took us to Daisyhill hospital where we were seen quite quickly and transferred onto the Royal then as they thought mum would need surgery. It was a different ambulance took us to Belfast but they were equally as nice.

Without them

I use the patient care ambulance to take me to my appointments in Craigavon as I am unable to drive. They are different people most of the time but I am slowly getting to know them. They always sit in the front so apart from that I don't get to know them but they are always courteous and helpful.

The long journey

My niece attended SWAH ED and had to be transferred to CAH during the night. We had to wait a while for the ambulance which was understandable as we were moving across different Trusts. When the ambulance crew arrived they immediately both introduced themselves which was excellent as it was a long journey to CAH. They were very courteous to my niece and I and spoke to her during the journey to make sure she was alright.

Great advice

I had the misfortune to have to ring 999 a number of months ago and got a very helpful guy on the other end of the phone, he was reassuring, calm and very

knowledgeable. He talked to me until the ambulance came and then went. I was seen to by the guys in the ambulance and they brought me to Craigavon.

Overnight stay

I was required to get an ambulance after I had a car accident. It wasn't anything major but the crew wanted to make sure I was 100% and give me the once over by taking me to hospital. This was reassuring as they weren't leaving anything to chance and I felt better. It turned out I had to stay in hospital overnight as precautionary but I was discharged the next day.

First Class Service to all

The Northern Ireland Ambulance Service is First Class The Staff or so helpful and pull of kindness & us the service every three months to the Royal Hospital and to Daisy Hill at times they are No.1 for me. This is the truth.

No title

I've always been treated with kindness and help from the ambulance staff when they take me to a clinic where I can't drive to myself and no other family member has been off work to take me. I'm an 80 year old widow & have to use two crutches to get from A-B. So it's a very big Thank You for this service & for all help & kindness shown to me.

Good experience

I was having chest pain and was in the house on my own and scared so I rang 999. They asked me my address and stuff then stayed on the line until the ambulance came, it was reassuring to have them on the line and I didn't feel as if I was on my own. The crew came and done all their checks and stuff, then told me i needed to got to hospital. They made sure that the house was secure and asked if I wanted to phone anyone before I left and then got me to hospital where they handed me over to the nurses.

Comments - Q7 two answers are the same

No title

My wife had to phone GP Out of Hours as I was in a lot of pain. He then said he was getting an ambulance for me. It arrived within 10-15 mins. The crew were excellent, caring, and helpful. Ambulance was bumpy but good otherwise.

Q8 -comments - the handover was done outside the cubicle so I could not hear what was going on.

Journey to Craigavon

I needed the ambulance to take me from Daisyhill in Newry to Craigavon hospital as I was a patient in the coronary care ward in Daisyhill and had to go to the cath lab for a procedure. It was not an emergency so I was taken in the minibus. The gentlemen that collected me from Newry were friendly and courteous asking was I comfortable on the vehicle then they both went to the front and I was left with another patient. I don't know of this is what they do but I felt a bit insecure thinking if I feel unwell with the journey could I shout for them. Other than that got to Craigavon in a timely manner and returned later that day.

Safe journey

I had to use the ambulance to take me to Daisy Hill for an appointment. It was just the minibus type but the gentlemen that drove the ambulance and his colleague were very courteous to me and the other patient that was on the ambulance. I didn't feel anyway anxious about the journey to Newry even though I don't particularly like the road but we got there and back safe and sound.

