



***A Meeting of Trust Board to be held at 2.00pm on  
Thursday, 4 June 2015 in the Board Room, NIAS Headquarters, Site 30  
Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG***

## **A G E N D A**

Welcome, Introduction and Format of Meeting		Paper Enclosed	Timing Guide
1.0	<b><u>Apologies</u></b>		14:00
2.0	<b><u>Procedure:</u></b> Declaration of potential Conflict of Interest: Quorum:		
3.0	<b><u>Minutes of the previous meeting of the Trust Board held 2 April 2015</u></b> (for approval and signature)	TB/1 04/06/15	14:05
4.0	<b><u>Matters Arising:</u></b> <b><u>Action Log:</u></b>	TB/2 04/06/15	14:10
4.1	Update on appointment of Non Executive Directors		
4.2	Industrial Action Update		
5.0	<b><u>Chairman's Business</u></b>		14:20
5.1	Chairman's Update		
6.0	<b><u>Chief Executive's Business</u></b>		14:25
6.1	Chief Executive's Update		
7.0	<b><u>Performance Report as at 30 April 2015</u></b>		14:30
7.1	Highlight Reports by each Director: Operations, Finance, Human Resources, Medical	TB3/A 04/06/15 TB3/B 04/06/15	
7.2	Chief Executive Report		
8.0	<b><u>Items for Approval</u></b>		
	No items		
9.0	<b><u>Items for Information</u></b>		15:20
9.1	Patient's Story's – Belfast Division	TB/4 04/06/15	
9.2	Disciplinary Procedures	TB/5 04/06/15	
9.3	Capability Procedures	TB/6 04/06/15	

<b>10.0</b>	<b><u>Items for Noting</u></b>		15:35
10.1	Application of Trust Seal		
10.2	Senior Level Recruitment	TB/7 04/06/15	
10.3	Review of Commissioning	TB/8 04/06/15	
10.4	Patient Experience Annual Report 2014/15	TB/9A 04/06/15	
10.5	HSC Trusts' response to Donaldson Report Consultation	TB/9B 04/06/15	
<b>11.0</b>	<b><u>Forum for Questions</u></b>		15:45
<b>12.0</b>	<b><u>Any Other Business</u></b>		
<b>13.0</b>	<b><u>Summary &amp; Forward Agenda</u></b>		15:50
		<b>Total Approx Time:</b>	<b>2 hours</b>

**Next meeting of Trust Board and AGM will be held on Thursday, 6 August 2015 at 2.00pm in NIAS Headquarters, Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast.**

## **Standing Orders**

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

### **Admission of Public and the Press**

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

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

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

#### ***3.18 Observers at Board meetings***

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

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

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

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

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

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



Northern Ireland Ambulance Service  
Health and Social Care Trust



# **TRUST BOARD**

***Meeting to be held on Thursday, 4 June 2015 at 2.00pm in the Boardroom,  
NIAS Headquarters, Site 30 Knockbracken Healthcare Park, Saintfield Road,  
Belfast, BT8 8SG***



**TB01 04/06/15**





***Minutes of a Trust Board Meeting held on  
Thursday, 2 April 2015 at 1.00pm, Fir Trees Hotel, Dublin Road,  
Strabane, BT82 9EA***

**Present:**

Mr P Archer	Chairman
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 & Corporate Services

**In Attendance:**

Mrs M Crawford	Complaints & Administration Manager (T)
Mrs J Pattison	Senior Secretary (T)

**Welcome and Format of the Meeting**

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

**1.0 Apologies**

Mr L McIvor, Chief Executive  
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 5 February 2015**

With some minor amendments the Members accepted the minutes as a true reflection of discussions held on the proposal of Dr J Livingstone, seconded by Professor M Hanratty.

**Action:** Approved

**4.0 Action Log**

**4.1 Sickness Absence**

The Director of HR&CS highlighted page 91 of the Performance Report and informed Members that the previous report cited 'unclassified' as one of the major reasons for sickness. This was because General Debility was being

included in the 'unclassified' category.

## **5.0 Chairman's Business**

### **5.1 Visit to Castlederg Ambulance Station**

The Chairman on behalf of the Board paid tribute to the staff and officers at Castlederg Station noting the enthusiasm of the staff of this rural Station. The Chairman stated that Castlederg Ambulance Station is based on the grounds of the former Derg Valley Hospital and parts of the site are derelict. The Western Health and Social Care Trust are in the process of planning the decommissioning of the site, excluding the Ambulance Station.

### **5.2 Chairman's Update**

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

### **5.3 Appointment of Non-Executive Directors**

The Chairman informed members that the list of appointable candidates had been passed at the end of February to the Minister who will make the appointments.

## **6.0 Chief Executive's Business**

### **6.1 Chief Executive's Update**

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

- 23 February 2015 - The Chief Executive met with Chiefs of Scottish Ambulance and Republic of Ireland, and CAWT (Co-operation and Working Together) to explore joint development initiatives and European funding.
- 27 February 2015 - Ministerial Visit to Ballymena Station site.
- 3 March 2015 -The Chief Executive attended e-Health steering group meeting.
- 4 March 2015 - Long Service Medal Ceremony.
- 6 March 2015 - The Chief Executive represented NIAS at the Quality 2020/ Donaldson Review Workshop organised by DHSSPS.
- 12 March – 15 March 2015 – Industrial Action activity.
- 16 March 2015 – The Chief Executive briefed Permanent Secretary on Industrial Action.
- 18 March 2015 – Major Incident Debrief – NIAS.
- 19 March 2015 – The Chief Executive attended the Unscheduled Care Learning Event – Mossley Mill. NIAS presentation on Appropriate Care Pathways work.
- 20 March 2015 – Integrated Care Partnerships meeting with Sloan Harper, Director Integrated Care HSCB.
- 23 March 2015 – The Chief Executive attended HSC Leadership Forum, chaired by the Permanent Secretary.

- 25 March 2015 – NIAS/NIFRS Senior Leaders meeting.
- 26 March 2015 – Meeting with Trade Unions – follow up to Industrial Action & major Incident.

## **6.2 Industrial Action Update**

In the absence of the Chief Executive the Director of Operations briefed the Board on the Industrial Action which occurred on 13 March 2015

At 17:00 hrs on Thursday 12 March after extensive discussions with Trade Union representatives in forecasting levels of cover from 00:01 hrs on 13 March to 23:59 on 13 March it was anticipated that the Trust would have around 50% of normal Emergency Ambulance cover regionally to meet Category A demand as a first priority.

However, late on Thursday evening (20:00) the Resource Management Centre (RMC) reported that calls had been received from staff who were due to start the night shift would be “withdrawing their labour” at midnight. It soon became evident that the Trust would not have been able to provide safe patient care from midnight and through the following 24 hours and there was no option but to declare a “major incident”. This action restored cover for the 24 hours of the industrial action to a level which had been anticipated and planned for.

NIAS re-engaged with Trade Union representatives to explore the possibility of lifting the Major Incident Frame and creating an opportunity for business to resume while providing the opportunity for those who wished to participate in the Industrial Action while continuing to provide levels of cover that provide safe patient care.

Union representatives could not guarantee the required levels of cover required. It was therefore decided to continue to provide service under the major incident framework until 23:59 that evening in the interest of public safety.

The Director of HR&CS wished to thank all the Staff who attended work during this difficult period and provided Emergency Services to patients.

Dr J Livingstone thanked and congratulated the entire team for managing this delicate situation.

## **7.0 Performance Report 2014-15 as at 28 February 2015**

In the absence of the Chief Executive the Director of Operations referred the Board to page 5 of the 2014/15 report which outlined an overview of the Strategic Aims and Objectives.

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

The Board were referred to page 13 of the report, which outlined Delivery of Cat A Response performance in line with the Health & Social Care Board (HSCB) targets.

This remains red as Cat A Performance, is currently 52.8% against the target of 72.5%.

## **Operations**

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

As at 28 February 2015:

- Category A Performance (Page 50), it was highlighted that Cat A calls had increased by 13.2% ie around 6,107 more calls compared to this time last year, this averaged out at around 18 more calls per day.
- 999 Calls - there was a 6% increase.
- Recruitment Programme (Page 85) all vacancies have been filled.
- Fleet Business case for 5 years replacement programme has been approved
- Estates Capital Programme
  - In Enniskillen the demolition contractor is to have site cleared by end of March 2015. NIAS site investigations to commence as soon as the site is cleared.
  - In Belfast, strategic Outline Business Case to be submitted to request for a feasibility study in the Belfast Division.

## **Finance and ICT**

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

As at the 28<sup>th</sup> February 2015:

- Members were informed that the DHSSPS timetable for preparation of year-end accounts especially using new finance systems is presenting a challenge for the small finance team.
- The Board were directed to Page 70 which relates to Financial Performance. The Director of Finance indicated that the financial position at the end of February 2015 was a small surplus of £16k and 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 level of investment to support service delivery and developments. In addition, Accident & Emergency staff are currently being paid at Band 4 and band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that HSCB will fund the full legitimate costs of Agenda for Change for NIAS.
- The Board were directed to Page 73 which relates to Prompt Payment of Invoices. The Director of Finance indicated that although there had been improvements in this target over the year, reaching 93.5% against 30 days or other agreed terms, the Trust will be unable to reach the target of 95% cumulative by year end. This was largely due to the days of processing lost during preparation for the implementation of the new Finance, Procurement and Logistic System. It was highlighted to the Board that this represents a similar challenge across all Health & Social Care Trusts and that reporting structures continue to be developed with a view to improving performance. The Director of Finance informed the Board that all payment processing functions were transferred to Accounts Payable Shared Services Centre in mid-December 2014.

- The Board were directed to Page 80 which related to Freedom of Information. The Director of Finance indicated that 80.1% of requests had been processed within 20 working days as at the end of February 2015 and that there has been an increase in requests of 47% from April 2014.
- The Board were directed to Page 84 which related to Data Protection (14/15 –PRF Patient Numbers Comparison) the Director of Finance highlighted that there are 164K paper records and additional records in storage and that there was a potential risk of papers being lost. The e-PRF business case recognises the value of moving from these multiple paper records to electronic format.

### **Human Resources and Corporate Services**

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

As at the 28 February 2015:

- The Board was directed to Page 87 with related to Sickness Absence. The Director of HR&CS reported that Sickness Absence was a challenge as a regional issue. It has been identified by the system calculation of sickness absence percentage, which has resulted in an apparent significant increase in sickness absence percentage across all Trusts. However the cause has now been identified and a change request process has been initiated to amend the system calculation accordingly. The process remains ongoing and percentage sickness absence figures will not be reported until the matter is resolved.
- Director of HR&CS gave a breakdown of staff sickness based on days lost and a downward trend noted was noted. Southern Division have a "Welfare Wednesday" where staff are contacted weekly, this has had an initial success and Management may roll out to other areas.
- The Board was directed to Page 101 which related to Annual Mandatory Training Workbook. The Director of HR&CS highlighted that this remains Red as the Operational Directorate were unable to release staff due to workforce pressures to complete these workbooks.
- The Board was directed to Page 106 which related to Job Evaluation. The Director of HR&CS highlighted that the Regional Quality Assurance Team had submitted questions to the Management and post holder representatives for each of the three Job Evaluation Questionnaires; these questions have been answered and submitted back to the Regional Quality Assurance Team. The Trust awaits an outcome.

### **Medical**

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

As at 28 February 2015:

- Emergency Planning Report (Page 122).
- The Medical Director advised the Board that the Trust was performing well in relation to the performance measures for patients with actual or suspected stroke with, for example, 100% compliance with the FAST assessment, and also meeting the targets for transportation within the agreed timeframes to hospitals that can

provide stroke assessment and lysis if appropriate. He thanked the Clinical Support Team for their work in monitoring and reviewing the Trust response in relation to stroke.

- The Medical Director explained to Trust Board the basis for the regional targets for the administration of thrombolysis to patients with an acute stroke who are eligible for it and potential future developments in the treatment of acute stroke.

## **8.0 Items for Approval**

### **8.1 Savings Proposal 2015 -16**

The Director of Finance briefed Members on the paper. The Trust Board was asked the following:

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

The Trust Board approved all these elements. Approved by Dr J Livingstone, seconded by the Chairman.

**Action:** Approved

### **8.2 Governance Self-Assessment Return 2014/15**

Dr Livingstone highlighted to the Board some minor adjustments that had to be made and that a short paragraph on the Declaration of the Major Incident on the 13 March 2015 would also be included on Page 72.

Chairman thanked Dr Livingstone on behalf of Trust Board for the time he has spent on the action plan.

Approved by Professor M Hanratty, seconded by the Chairman.

**Action:** Approved once minor adjustments have been made.

### **8.3 Appropriate Referral & Transport Policy**

The Medical Director presented this Policy to Trust Board for approval.

Approved by Dr J Livingstone, seconded by Professor M Hanratty.

**Action:** Approved

### **8.4 Whistle Blowing Policy**

The Director of Human Resources and Corporate Services presented this Policy to Trust Board for approval.

Approved by Dr J Livingstone, seconded by Professor M Hanratty.

**Action:** Approved

## **8.5 Complaints Policy**

The Director of Human Resources and Corporate Services presented this Policy to Trust board for approval.

Approved by Dr J Livingstone, seconded by Professor M Hanratty.

**Action:** Approved

## **8.6 Audit Committee – Terms of Reference**

The Director of Finance presented the Audit Committee – Terms of Reference to Trust Board for approval.

Approved by Dr J Livingstone, seconded by Professor M Hanratty.

**Action:** Approved

## **9.0 Items for Information**

None

## **10.0 Items for Noting**

### **10.1 Minutes from Audit Committee meeting held 19 January 2015**

Noted.

### **10.2 Minutes from Assurance Committee meeting held 19 January 2015**

Noted.

### **10.3 Charity Status for Charitable Trust Funds**

Noted.

### **10.4 Patient Stories (Western Area)**

Noted.

## **11.0 Application of Trust Seal**

The Trust Seal was used on the 9 March 2015 for the Enniskillen Project.

## **13.0 Forum for Questions**

No questions were received.

**14.0    Any other Business**

None

**15.0    Forward Agenda**

No items.

**Date, Time and Venue of Next Meeting**

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

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

**Signed:** \_\_\_\_\_  
            **Chairman**

**Date:** \_\_\_\_\_

**TB02 04/06/15**





### **Trust Board Public Meeting - Action Log**

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

<b>Date of Meeting</b>	<b>No</b>	<b>Minute Reference</b>	<b>Agenda Item (topic)</b>	<b>Allocated To</b>	<b>Action</b>
2 April 2015	1		No items were identified		



**TB03A 04/06/15**

**PERFORMANCE REPORT AS AT  
31 MARCH 2015**



# NORTHERN IRELAND AMBULANCE SERVICE

## PERFORMANCE REPORT 2014-2015

**RAG Rating:**

**Green:** Fully on track for delivery.

**Amber:** Some adjustment required to bring back on track for delivery.

**Red;** Formal Alert that requirement has not been delivered or will not be delivered by due date – Action required.

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## **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”**

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## **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
<b>SA1</b>	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.	<b>R</b>	<p>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. The Commissioning Plan 2015/16 (DRAFT) recognises and acknowledges the challenges in respect of Cat A performance and outlines HSCB commitment to work with NIAS to address through improvement plans in 2015/16.</p> <p>A commissioner-led capacity analysis is planned as part of a system wide review. NIAS is keen to participate fully in the analysis and the identification of action to address current issues and restore timeliness of response. In the interim, we continue to identify opportunities to improve Cat A performance within existing resources reflected in Performance Improvement Plan developed during 2013-14 and refreshed for 2014-15.</p>
<b>SA2</b>	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.	<b>A</b>	Audit Committee (18 <sup>th</sup> May) considered a suite of governance documents for 2014/15 to include the annual report, remuneration report, governance statement and financial statements. As draft and unaudited documents these presented a financial breakeven position for 2014/15. Audit processes are underway in compliance with DHSS timetable. Approval and consultation processes have caused delays in the implementation of savings plans in line with the Trust Delivery Plan. Non recurrent measures have, as a consequence, been developed to address £1.2m of savings in 2014/15.

				It is anticipated (subject to audit) that a break-even position will be returned for 2014/15 with a reduction in income of £2.1m as NIAS's full requirement for savings in NIAS for 2014/15
<b>SA3</b>	To engage with local communities and their representatives in addressing issues which affect their health, and participate fully in the development and delivery of responsive integrated services	NIAS has a programme of engagement in place which meets requirements within the limited resources available in this area.	<b>G</b>	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.

<b>SUMMARY CORPORATE RISK REGISTER</b>				
<b>Ref</b>	<b>Title</b>	<b>Description</b>	<b>Initial rating</b>	<b>Current rating</b>
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"> <li>1. Overspending against core budget;</li> <li>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.</li> <li>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.</li> <li>4. Accident &amp; 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.</li> <li>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.</li> </ol> <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.</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</p>	High	High

		<p>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&amp;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> <p>Actions</p> <p>Advertise for temporary HPC qualified paramedics ongoing for permeant, temporary and zero hours contacts</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>	High	High

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

	Responsibilities	financial balance and specific targets could compromise other statutory duties and organisational priorities, in particular our duty of care to service users and staff.		
245	Public Perception	There is a risk that public perception of the ambulance service is inconsistent with the aspirations of the service.	Med	Med
246	Linking Demand to Funding	There is a risk that increasing demand for ambulance response and transportation will outstrip capacity and compromise delivery of safe, high quality care due to the absence of a means of linking planned/approved budget to demand.	Med	Med

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

### **NIAS Strategic Objectives Report 2014-15**

<b>Objective:</b> <b>Further develop the service delivery model for scheduled and unscheduled care and transportation to address rural issues and exploit partnership opportunities.</b>			
<b>Assessment of Progress;</b>			
Specific Action	Report Lead	RAG Rating	Comment
Introduce revised Operational Dispatch model to target RRV and A&E ambulances more effectively on Cat A over Cat B/C /Urgent calls to prioritise delivery of Cat A response targets	Ops	G	Revised directive issued to Control Team providing guidance on deployment of RRV to prioritise delivery of Category A response targets. The increasing volume of Cat A calls is impacting upon capacity to prioritise response. Measures have been introduced to revise where appropriate the clinical priority assigned to HCP calls to reflect prior year position and alignment with 999 prioritisation.
Realign Emergency Ambulance Control to operational priorities to prioritise delivery of fast, clinically effective, patient-centred ambulance response	Ops	G	An alternative dispatch and management of HCP calls using HCPC Protocol 35 have been implemented. ( 6 <sup>th</sup> June ) Volume of Cat A Calls has increased as a result of changes – further work is required to manage the impact of the changes. Measures have been introduced to revise where appropriate the clinical priority assigned to HCP calls to reflect prior year position and alignment with 999 prioritisation.
Use the Community Resuscitation Strategy as a vehicle to develop service delivery model and address rural issues	Med	G	The Regional Community Resuscitation Strategy was formally launched by the Minister on 2 July 2014. As part of the implementation of the Strategy, correspondence was received from Chief Medical Officer and Chief Nursing Officer on 18 August 2014 stating that NIAS working with PHA and HSCB will establish and lead a Regional Implementation Group to take forward the action commitments set out in the Strategy.

			<p>The Regional Implementation Group will establish appropriate structures and processes to engage with stakeholders including organisations in the private, public and voluntary &amp; community sectors to enable the effective and timely delivery of the Strategy. This has been considered within the Trust. The Implementation Group met on 3 February 2015 and agreed the Terms of Reference, structures and workstreams developed by the Medical Director in liaison with the Public Health Agency. The Medical Director has provided regular progress reports to the DHSSPS. As part of the Strategy implementation, NIAS has been asked to lead on introduction of a team of Community Resuscitation Development Officers by HSCB. An investment proposal for this was submitted to PHA in December 2014 and confirmation of funding or otherwise is currently awaited. The current lack of confirmation of funding has constrained a number of ongoing CPR training initiatives particularly in schools. In order to maintain these initiatives, confirmation of current funding until September 2015 was received at end March 2015. It is anticipated that a decision regarding recurrent funding for the CRDO posts will be made by HSCB in September 2015.</p> <p>In the meantime NIAS continues to engage with a number of community first responder schemes including the development of MOUs. These groups are predominantly in rural areas. This work will be incorporated into the implementation of the Community Resuscitation Strategy including developments in improved access by the community to automatic external defibrillators and uptake of training in CPR. Following a period of development and training in liaison with NIAS, two further community first responder schemes in the Western area went</p>
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			<p>live in December 2014. MOUs have been developed and further expressions of interest have been received by another two potential responder schemes with whom NIAS is currently engaged. NIAS is also engaged with British Red Cross regarding a project to provide AEDs in disused telephone kiosks in rural areas such as Fermanagh. One of the defibrillators has been commissioned in Kesh and a public access defibrillator has been commissioned in the city of Derry in co-operation with NIAS.</p> <p>NIAS is currently collaborating with British Heart Foundation and the University of Ulster in relation to a mapping system for use in Ambulance Control regarding the location of automatic defibrillators.</p>
Pursue and (subject to HSC support) implement, proposals for the introduction of “111” non-emergency, unscheduled care service	CX	A	<p>NIAS has pursued development of 111 or equivalent in NI, however, this has not been identified as a priority for 2014-15 implementations by HSCB.</p> <p>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.</p>
<b>Review and develop operational systems and processes to support the service delivery model and provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.</b>			
<b>Assessment of Progress;</b>			
Specific Action	Report Lead	RAG Rating	Comment
Deliver Cat A Response performance in line with HSC targets	Ops	R	Cat A performance 57.7% against 72.5% target. The introduction of revised arrangements for the triage of HCP ambulance requests has resulted in an increase in Cat A calls.

			This has been compounded by an overall increase in category A activity of 13% to date. This realises as 6107 more calls (18 calls per day) Performance has suffered due to this and issues impacting on resource availability. Cat A Performance improvement measures have been implemented and continue to be reviewed and revised in light of changing circumstances to ensure fastest response possible to the most urgent calls.
Introduce revised management of rest periods	Ops	A	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. HSCB have identified the need to formalise arrangements with recurrent funding.
Implement Business Services Transformation Programme(BSTP) in line with agreed timeframes and processes	Fin	G	Implementation progressing in line with revised timescales. Relevant issues highlighted to SEMT.
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 2015-16. Funding has been secured to support roll-out.
<b>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.</b>			
<b>Assessment of Progress;</b>			
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 have been 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	Relevant posts have been filled. 2015-16 developments are on target.
Implement Knowledge & Skills Framework(KSF) requirements	HR	G	Implemented via directorates and reported accordingly. Progress in-year is subject to staff availability and service pressures.
Deliver mandatory training	HR	G	No significant issues to report.
<b>Promote and develop an open, transparent and just culture focussed on patients and patient safety.</b>			
<b>Assessment of Progress;</b>			
Specific Action	Report Lead	RAG Rating	Comment
Deliver initiatives for safer patient care in conjunction with HSC Safety Forum	Med	G	NIAS is represented at the Regional Safety Forum and has identified a number of areas for joint co-operation and development. These include:

			<ul style="list-style-type: none"> <li>• the benchmarking of clinical performance indicators;</li> <li>• regional application of falls protocol following pilot in SHSCT;</li> <li>• nursing home collaborative, specifically ambulance transfers;</li> <li>• the inclusion of physiological early warning scores in review of Patient Report Form;</li> <li>• potential participation in quality and safety training for Trust Boards;</li> <li>• spinal immobilisation protocols;</li> <li>• pre-alert and patient handover in Emergency Departments.</li> </ul> <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.</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>NIAS in collaboration with the Scottish Ambulance Service undertook a study of syringe labelling for a number of drugs used by paramedics. The outcome of this study was presented to the Trust's Medical Equipment Group and will be presented to the Assurance Committee in due course. It is anticipated</p>
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			<p>that syringe labelling will be formally introduced in both Services as a result of the study, the findings of which have been submitted to the Patient Safety Forum for potential recognition, as well as NASMeD and JRCALC for potential implementation nationally.</p> <p>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.</p> <p>A working group has been established to review the current Patient Report Form and an initial draft produced for consideration in November 2014. A final draft was agreed in March 2015 and a pre-hospital early warning scoring system has been incorporated. Policy and procedure currently being finalised with implementation now anticipated in Q1 15/16.</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. Further meetings with DHSSPS have been arranged for March 2015 to confirm requirements for the 2014/15 Annual Quality Report which will be completed in September 2015 and published in November 2015.</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 was to participate in a regional Quality 2020 workshop in March 2015 and present a number of examples of implementation of elements of Quality 2020 but this has now been postponed to allow consideration and presentation of the implications of the</p>

			<p>Donaldson Review and recommendations.</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 reports, Coroner's letters, medical device alerts, regional quality and learning letters, medicines alerts provided to Assurance Committee. Medical Director participates in regular meetings with the Northern Ireland NICE facilitator and systems are in place for dissemination of relevant NICE guidelines. Medical Director attends meetings of JRCALC which develop and review national UK Ambulance Services Clinical Practice Guidelines.</p> <p>NIAS participated in a review of safety and quality by Sir Liam Donaldson (The Donaldson Review) during their visit to the Trust on 25 November 2014. NIAS has been mentioned within the final report including current pressures being experienced by the Trust and the importance of the expanded role of paramedics within the HSC. Trust response to the consultation on the review findings and recommendations currently being collated.</p>
Develop our processes and capacity to learn from complaints, compliments, adverse incidents and all other source to improve services	Med	G	<p>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 &amp; Quality Learning Letters, etc.</p> <p>An oversight group is being established incorporating</p>

			representation from all Trust directorates to co-ordinate and oversee learning within Trust from all sources such as reports, complaints, incidents, litigation etc. Learning outcomes from adverse incidents are presented quarterly by the Risk Manager to the Senior Executive Management Team. NIAS is participating in an increasing number of Significant Event Audits with other HSC Trusts. A scrutiny committee is being established within the Trust to consolidate and monitor learning from the various sources mentioned above.
<b>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.</b>			
<b>Assessment of Progress;</b>			
Specific Action	Report Lead	RAG Rating	Comment
Publish Quality Reports incorporating Clinical Indicators of Performance	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. Further meetings with DHSSPS have been arranged for March 2015 to confirm requirements for the 2014/15 Annual Quality Report which will be completed in September 2015 and published in November 2015.</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 was to participate in a regional Quality 2020 workshop in March 2015 and present a number of examples of implementation of elements of Quality 2020 but this has now been postponed to allow consideration and presentation of the implications of the</p>

			<p>Donaldson Review and recommendations.</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 has now been agreed and introduction now anticipated Q1 2015/16 when associated policy and procedures are finalised.</p> <p>The timeliness of clinical information continues to be constrained by the capacity of the Trust's Information Department. Timely and effective monitoring of clinical quality would be significantly enhanced through the introduction of an electronic clinical record. An initial proposal regarding this was approved by the regional ICT Programme Board on 24 June 2014 with approval to develop a business case. Market scoping exercise completed July 2014 and business case approved by Trust Board and submitted to DHSSPS in November 2014. Comments have been received from DHSSPS and the business case amended accordingly and responses to the comments submitted to DHSSPS. An initial meeting took place end February 2015 with Commissioners in</p>
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			<p>relation to revenue funding to support the business case. Further meetings are scheduled for Q1 2015/16 and engagement with other key stakeholders as part of the business case development is ongoing. Following comments from Commissioners and benchmarking with other UK Ambulance Services, business case has also been amended to reflect further productivity benefits and revised costs.</p>
Demonstrate effectiveness of initiatives to manage people closer to home to prevent unnecessary and inappropriate hospital attendance	Med	G	<p>Results for 2014-15 indicate that NIAS is on-line to deliver volumes of ACPs consistent with projections in initial funding bid to HSCB.</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. Currently four of the five other HSC Trusts have activated the referral pathway since September 2014. Further meetings with all of the Trusts have taken place in Q3/Q4 and the next regional group meeting is scheduled for Q1 2015/16. Activity in relation to the referral pathway continues to increase as monitoring continues.</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</p>

			<p>and SHSCT to improve compliance and outcomes. Discussions have commenced with a number of other acute Trusts regarding the regional roll-out of the pilot. A further formal review of the falls protocol was undertaken with the SHSCT in September 2014 and a number of amendments proposed. A revised protocol has now been developed for implementation potentially regionally.</p> <p>NIAS paramedics now have the facility to directly refer and admit frail elderly patients to the Medical Assessment Unit in the Belfast City Hospital as an alternative to attendance at the Emergency Department at RVH. This is a very significant development and very positive feedback has been received from the Belfast Trust. A procedure for the referral of patients by ambulance staff to a rapid assessment and treatment facility in SHSCT has commenced as a pilot in Q4 2014/15.</p> <p>A number of “treat and leave” and referral protocols have been developed for a range of other conditions as part of implementation of TYC and discussion is ongoing with other stakeholders for implementation of these on a phased basis during 2015/16. Protocols for NIAS to take patients with minor injuries to minor injuries units as an alternative to ED attendance successfully developed and introduced initially in the Western Trust area. Following consideration by other Trusts, this was extended regionally to all minor injuries units at the beginning of November 2014. Engagement is still ongoing with other agencies both at a regional and a local level in regard to the development of “treat and refer” protocols for a range of other conditions, for example mental health, social services, GP Out of Hours, frequent callers, blocked catheters</p>
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			<p>and COPD. Progress in these areas has been constrained by the degree of engagement by other providers and agencies, but this has significantly improved. Meetings have now taken place between NIAS and the Chairs of a number of integrated care partnerships to progress these initiatives. NIAS representatives have now been appointed to the ICPs to facilitate ongoing engagement.</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 pilot of the clinical support desk is anticipated in Q1 of 2015/16. A Trust policy on appropriate transport and non-transport of patients has been drafted and will be presented to Trust Board in Q1 2015/16 for approval.</p>
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<b>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.</b>			
<b>Assessment of Progress:</b>			
Specific Action	Report Lead	RAG Rating	Comment
Deliver Financial Breakeven	All	G	Savings proposals developed but Commissioning Plan/Trust Delivery Plan approval process delayed. Steps to maintain financial balance are being progressed and non-recurrent measures have been introduced. 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	G	Normal process applies. Pressures have been highlighted and funding is being pursued.
Implement Savings Plans to achieve financial breakeven	Fin	A	Savings proposals were developed but approval process was delayed. Steps to maintain financial balance are being progressed where appropriate and contingency measures have been implemented. Overall HSC financial position and potential impact on NIAS continues to be monitored and NIAS position expressed on a monthly basis through financial returns – Trust Monitoring Returns to DHSS and Financial analysis to Financial Stability Programme Board and during ongoing engagement with Commissioners.
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	The target of 95% of invoices paid within 30 days, or other agreed terms, was missed in 2014/15 largely due to the days of processing lost during preparation for and implementation of the new Finance, Procurement and Logistic (FPL) system. Performance against these targets continue to require ongoing monitoring and reporting structures continue to be developed with a view to improvement. The reporting of performance in this area is now against a range of measures. 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 has not been met in 2014/15. However, the established ten working day (fourteen calendar days) target of 40% has been achieved cumulatively for the first time. All payment processing functions transferred to Accounts Payable Shared Service Centre in mid December 2014.
<b>Establish processes, built around our Patient and Public Involvement (PPI) strategy, to enable effective communication and engagement with all our communities and their representatives.</b>			
<b>Assessment of Progress;</b>			
Specific Action	Report Lead	RAG Rating	Comment
Implement PPI Strategy	Med	G	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.

<b>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.</b>			
<b>Assessment of Progress:</b>			
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	IG contribution to web presence being embedded. Measures being developed to provide additional information on-line but not completed by Q4.
Introduce tools to enhance public presentation of NIAS information	Fin	A	Redesign of operational performance monitoring tool has been a focus. Systems to enhance provision of information to the public – through FOI and Data Protection – have been enhanced.
<b>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.</b>			
<b>Assessment of Progress:</b>			
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	Engagement by TYC team has spiked interest in NIAS developments across Trusts and LCGs. NIAS presented at year-end Unscheduled Care workshop and secured further commitment to collaborative work in 2015-16.

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.
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## 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&amp;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"> <li>Establish new arrangements for management of unscheduled non 999 ambulance activity.</li> </ul>		

- 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

Cat A performance 57.7% against 72.5% target.

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.

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.

<b>MINISTERIAL PRIORITY:</b>		<b>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</b>
	<b>Area</b>	
16	Stroke Patients	From April 2014, ensure that at least 12% of patients with confirmed ischaemic stroke receive thrombolysis.

Performance in this area has been strong in 2013/14. 24/7 thrombolysis services are available in designated hospitals in the five Trusts in Northern Ireland. Cumulatively in the year to end of June, the standard had been maintained regionally (12%) and by four of the five Trusts.

#### NIAS Response.

NIAS continues to participate in the delivery of this target by taking suitable patients to appropriate locations and refining and improving pre-alerts to hospital. Performance monitored and reported to Trust Board as a regionally agreed clinical quality performance indicator in 2014/15.

#### NIAS Assessment

No material risk to full or substantial delivery.

#### Performance Update

No issues have been highlighted in respect of NIAS contribution to delivery.

<b>MINISTERIAL PRIORITY:</b>		<b>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</b>
	<b>Area</b>	
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>		

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.</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>Performance Update</p> <p>NIAS contribution has been welcomed by ICP leads and Trusts. No information currently available on performance across HSC. In 2104-15, the number of patients NIAS responded to who did not travel to hospital increased by 12%.</p>

<b>MINISTERIAL PRIORITY:</b>		<b>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</b>
	<b>Area</b>	
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>		

No material risk to full or substantial delivery.

Performance Update

NIAS contribution has been welcomed by ICP leads and Trusts. No information currently available on performance across HSC.

### **Delivery of Savings Plans**

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

1. Accident & Emergency staff is currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS.
2. Income levels for prior year developments, new service developments and other unavoidable pressures have been highlighted to HSCB /DHSSPS colleagues and the Trust is assuming that these costs will be met in full. These have been largely agreed.
3. Savings remain as advised to NIAS Cumulative savings of £3,044k for 2012/13 to 2014/15 (£1,176k 12/13, £1,066k 13/14 and £802k in 2014/15). Recurrent savings of £947k have been delivered to 2013/14 leaving £2,097k to be delivered in 2014/15 as shown below.

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

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

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

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

### **DHSSPS Business Planning Priorities Report 2014-15**

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

### **ALB REPORTING TEMPLATE FOR DEPARTMENTAL REQUIREMENTS 2014-15**

Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forth coming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
Domain 1: Governance <b>1.1 To comply with the Department's ALB business planning and performance</b>	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 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
<b>monitoring requirements.</b>  <b>1.1a</b> Meet the timescales of the Department's ALB business planning process and ensure that draft business plans are with the Department by mid-January each year.				
Domain 1: Governance <b>1.1b</b> Provide the Department with accurate and timely information which meets the Department's performance management & reporting requirements and deadlines.	FIN Broadly 15 <sup>th</sup> 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 <b>1.2 Full compliance with the Department's governance requirements and</b>	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><b>specified timescales.</b></p> <p><b>1.2a</b> Compliance with Department's processes and timescales for the completion of :</p> <ul style="list-style-type: none"> <li>• Mid-year Assurance Statements and End year Governance Statements;</li> <li>• Board Governance Self- assessment Tool;</li> <li>• NAO Audit</li> </ul>				

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>Committee Checklist;</p> <ul style="list-style-type: none"> <li>• Mid-year and End-year accountability meetings; and</li> <li>• the Controls Assurance Standards process.</li> </ul>				
<p>Domain 1: Governance</p> <p><b>1.2b</b> By 31 March 2015 achieve substantive compliance with the Information</p>	<p>FIN</p> <p>March 2015</p>	<p>An updated and extensive Information Management Controls Assurance Standard has been introduced and will be used as the basis for assessment at end March 2015. NIAS will endeavour to achieve a level of compliance within available resources however it is anticipated that the level of compliance will remain at the same level as 2014 i.e. moderate.</p>	A	

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
Management Controls Assurance Standard.				
Domain 1: Governance <b>1.2c</b> By 31 March 2015, carry out an independent evaluation of the Board governance arrangements.	March 2015	NIAS awaits guidance from DHSS on the process to be followed and in the interim has tasked internal audit to carry out an independent evaluation.	G	
Domain 1: Governance <b>1.3 Emergency preparedness/Business continuity</b> <b>1.3b</b> During 2014/15 test and review business continuity management plans to ensure arrangements to	MED March 2015	<p>The overarching Business Continuity Plan has been revised, updated and considered by the Trust's Emergency Planning and Business Continuity Group (EP&amp;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 was postponed by the provider but took place in January 2015. This was provided by the Home</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
maintain services to a pre-defined level through a business disruption.		Office Emergency Planning College.		
<p>Domain 2A: Financial Resources</p> <p><b>2A.1 Deliver on key Departmental and Executive financial commitments/requirements:</b></p> <p><b>2A1.a</b> Achieve the financial breakeven target of 0.25% or £20k (whichever is the greater) of revenue allocation by March 2015.</p>	March 2015	NIAS has introduced plans consistent with delivery of this challenging target. Commissioning Plan delays have impacted on NIAS plan approval and implementation	A	Financial position, delivery of savings and contingency plans continually monitored.
Domain 2A: Financial Resources	FIN	The target of 95% of invoices paid within 30 days, or other agreed terms, was missed in 2014/15 largely	R	The Trust continues to focus on this target in

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
<b>2A1.b</b> Achieve/maintain the minimum standard of paying 95% of undisputed invoices within 30 days throughout 2014/15.	Monthly	due to the days of processing lost during preparation for and implementation of the new Finance, Procurement and Logistic (FPL) system. Performance against these targets continue to require ongoing monitoring and reporting structures continue to be developed with a view to improvement. The reporting of performance in this area is now against a range of measures. 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 has not been met in 2014/15. However, the established ten working day (fourteen calendar days) target of 40% has been achieved cumulatively for the first time. All payment processing functions transferred to Accounts Payable Shared Service Centre in mid December 2014.		conjunction with other HSC Trusts and the BSO Payments Centre.
Domain 2A: Financial Resources <b>2A1.c</b> Reflecting on the 10 day target set for 2013/14, establish and deliver a realistic 10 day prompt	FIN Monthly	A target of 40% of invoices by volume has been established in respect of the 10 day target. The established ten working day (fourteen calendar day) target of 40% has been achieved cumulatively for the year 2014/15.	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
payment target for the organisation, expressed as a percentage of invoices to be paid within 10 working days.				
Domain 2A: Financial Resources <b>2A1.d</b> Annual Report and Accounts for 2013/14 to be certified by the C&AG and laid in the Assembly before the 2014 summer recess.	FIN Summer 2014	Annual Report and Accounts produced and submitted in line with departmental and NIAO requirements.	G	
Domain 2A: Financial Resources <b>2A.2 Deliver accurate financial reports and financial forecasts on a</b>	FIN Monthly	The Trust Monitoring returns provide a year-end forecast and a monthly profiled financial forecast of expenditure.  These are produced on a robust basis with underlying assumptions clearly outlined and tested with key stakeholders. Any significant variances are	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><b>timely basis in accordance with Departmental timescales</b></p> <p><b>2A 2.a</b> The actual year-end forecast and monthly profiled financial forecast of expenditure provided to DHSSPS each month is prepared on a robust basis and that any variances +/- 5% of the previous month's forecast are fully explained.</p>		<p>highlighted as part of this process.</p> <p>These are submitted largely in line with timetable and deadlines.</p>		
<p>Domain 2A: Financial Resources</p> <p><b>2A 2.b</b> The monthly year-end financial forecast as at</p>	<p>FIN</p> <p>April 2015</p>	<p>NIAS will continue to produce forecasts on a robust basis with underlying assumptions clearly outlined and tested with key stakeholders.</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
September 2014 (and subsequent months) should be within +/- 0.5% of the final outturn.				
Domain 2A: Financial Resources <b>2A 2.d</b> Ensure that the monthly forecasts of clinical negligence cases to be settled during 2014/15 is consistent with, and prepared in conjunction with, the information provided by the Directorate of Legal Services.	FIN Monthly	All monthly forecasts for clinical negligence, and all other provisions, are consistent with and prepared using the information provided by BSO DLS.	G	

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

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
releasing) in 2015/16 by 30 June 2014.				
Domain 2A: Financial Resources <b>2A 3.c</b> 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 <b>2A 3.d</b> Ensure that a suitable skills base is maintained/developed to develop business cases and provide written assurance to	FIN March 2015	NIAS recognises that as a small organisation with very limited management resource, the skill base currently established, which is suitable to develop Business Cases, necessarily has a degree of fragility associated with the limited number of personnel involved. We will continue to explore opportunities to address this weakness.	G	

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
your Board by March 2015.				
<p>Domain 2A: Financial Resources</p> <p><b>2A.4 - Ensure compliance with public procurement policy</b></p> <p><b>2A 4.a</b> Ensure STAs &gt;£30k are publicly published on a monthly basis in line with CPD requirements.</p>	<p>FIN</p> <p>June 2014</p>	<p>NIAS will establish a process to address compliance within available resources.</p> <p>All STAs are now published on the NIAS website in line with CPD requirements.</p>	G	
<p>Domain 2A: Financial Resources</p> <p><b>2A 4.b</b> Establish a process by June 2014 to provide assurance to your Board that your organisation has adopted and maintained good procurement practice, as specified in the Department's Review of Procurement, or as separately promulgated by</p>	<p>June 2014</p>	<p>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.</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
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 <b>2B.1 Assets &amp; Estate Management</b> <b>Ensure property costs demonstrate value for money:</b>	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
<b>2B.1 (a)</b> Submit a Property Asset Management Plan, in line with Department requirements, to the Department on 30 <sup>th</sup> April 2014.				
Domain 2B: Health Estates <b>Dispose of surplus assets in line with current Guidance:</b> <b>2B.1 (b)</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.
Domain 2B: Health Estates	OPS	NIAS will take the necessary steps to submit a Sustainable Development Report in line with	A	NIAS will submit Sustainable Development

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
<b>2B.2 Sustainable Development</b> <b>To support the DHSSPS Sustainable Development Duty:</b>  <b>2B.1 (a)</b> To submit a Sustainable Development Report, in line with Department requirements, by 30 <sup>th</sup> April 2014.	April 2014	requirements by the Sustainable Development Report, in line with Department Requirements by the due date. Delayed due to competing priorities.		Report as soon as possible.
Domain 2C: Human Resources <b>2C.1 Staff Sickness Absence</b>  <b>2C.1 (a)</b> Reduce or maintain staff absence rates to 7%. (D/N The Department is currently analysing progress	DHR&CS Monthly	NIAS will build on existing policies and procedures and seek to identify additional measures appropriate to our circumstances which deliver absence rates at target levels. (NIAS has engaged with DHSSPS in the setting of target rates in an effort to ensure that rates set reflect the specific operating environment of the organisation rather than a non-specific over-achieving target).  In light of issues arising in relation to the sickness absence figures produced following the implementation of HRPTS, it was necessary to	R	There is on-going liaison regionally to validate HRPTS sickness figures. A health and well-being action plan for 2014-2017 was presented to Trust Board in September. NIAS will continue to vigorously apply attendance management policy and procedures to maximise

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
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).		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%.		staff attendance.
<p>Domain 2C: Human Resources</p> <p><b>2C.2 Staff appraisal/development</b></p> <p><b>2C.2 (a)</b> by 30<sup>th</sup> 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>DHR&amp;CS</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	

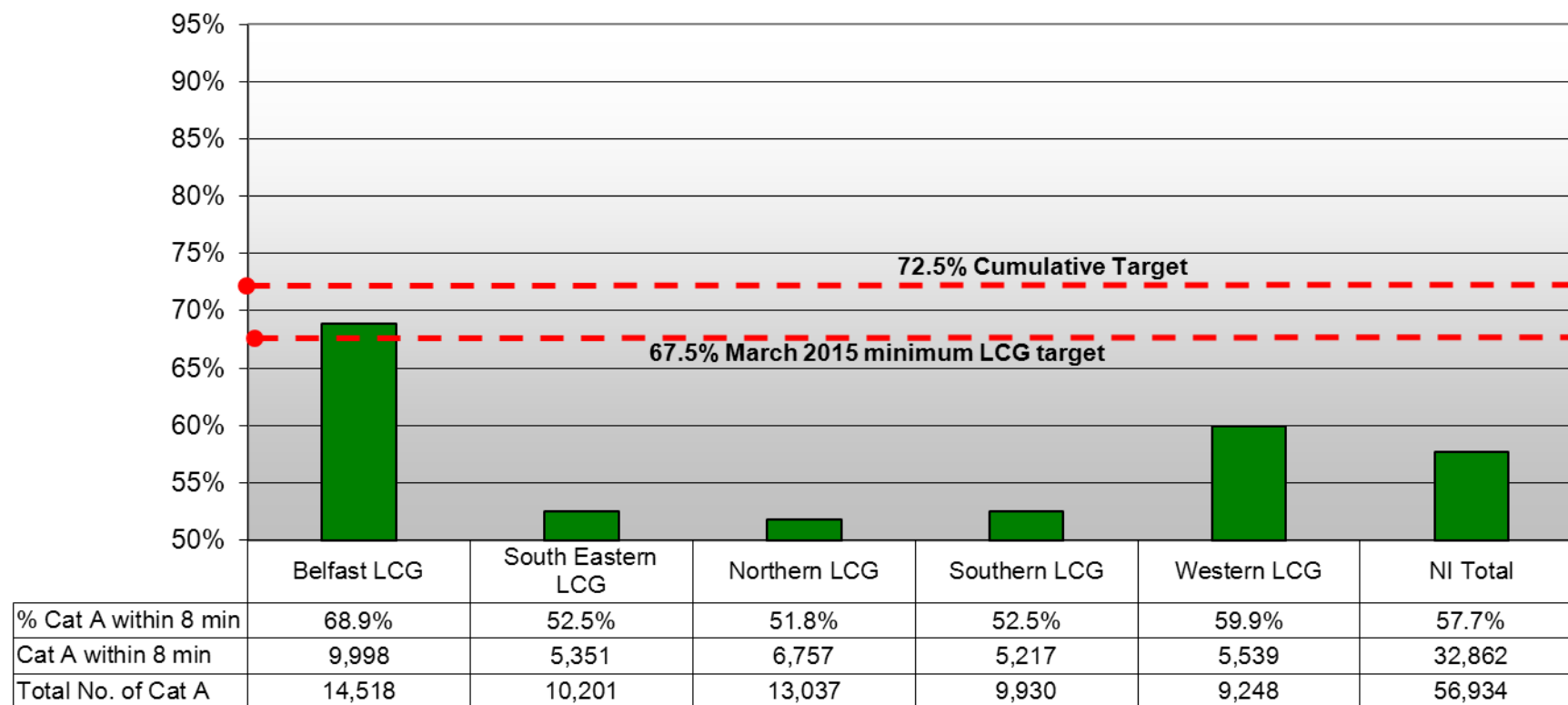
Department Requirement (ensure numbers are inserted)	Completion date	Summary of progress to date and forth coming activities	RAG Status	For red or amber provide assurance that remedial action is in place and that a revised, achievable target date has been set
Domain 3: Quality <b>3.1 Quality 2020</b> <b>3.1a</b> By September 2014, to publish an individual ALB 2013/14 Annual Quality Report.	MED September 2014	The Trust's first Annual Quality Report as part of Quality 2020 was completed in October 2014 and published and presented to Trust Board in November 2014 as part of World Quality Week. Further meetings with DHSSPS have been arranged for March 2015 to confirm requirements for the 2014/15 Annual Quality Report which will be completed in September 2015 and published in November 2015. Medical Director continues to participate in Regional Quality 2020 Implementation Team and NIAS is represented on a further two Quality 2020 task groups. NIAS was to participate in a regional Quality 2020 workshop in March 2015 and present a number of examples of implementation of elements of Quality 2020 but this has now been postponed to allow consideration and presentation of the implications of the Donaldson Review and recommendations.	G	
Domain 3: Quality <b>3.2 NICE Guidance</b> <b>3.2a</b> to plan for and deliver the implementation of NICE guidance in	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	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
accordance with relevant circulars and provide assurance to the HSCB in line with Departmental Guidance.		with the NICE regional facilitator.		
<p>Domain 3: Quality</p> <p><b>3.4 Patient Safety</b></p> <p><b>3.4b</b> 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 device alerts provided to Assurance Committee and Trust Board. Systems are in place to collate and disseminate learning from relevant NICE guidelines, Safety &amp; Quality Learning Letters, etc. An oversight group will be established incorporating representation from all Trust directorates to co-ordinate and oversee learning within Trust from all sources such as reports, complaints, incidents, litigation etc. Learning outcomes from adverse</p>	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
		accidents are presented by the Risk Manager on a quarterly basis to the Senior Executive Team.		

## CATEGORY A PERFORMANCE – CUMULATIVE FROM 1 APRIL – 31 MARCH 2015

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



**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 MARCH 2015

**HSCB 2014/15 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
<b>Regional</b>	67.0%	66.3%	65.0%	63.4%	62.2%	61.6%	61.3%	60.7%	59.6%	59.0%	58.2%	57.7%	57.7%
Belfast	81.6%	79.6%	77.9%	76.4%	74.9%	74.3%	73.5%	72.8%	71.1%	70.5%	69.7%	68.9%	68.9%
South East	63.5%	61.8%	60.6%	58.6%	57.2%	56.5%	56.0%	55.5%	54.4%	53.8%	52.7%	52.5%	52.5%
North	60.7%	58.9%	57.6%	56.8%	55.5%	55.2%	55.0%	54.5%	53.6%	53.0%	52.4%	51.8%	51.8%
South	59.3%	61.0%	59.7%	57.8%	57.1%	56.5%	56.4%	55.7%	54.6%	53.7%	53.0%	52.5%	52.5%
West	63.9%	65.0%	64.8%	63.4%	62.7%	62.6%	62.4%	61.8%	61.3%	60.8%	60.3%	59.9%	59.9%

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 57.7% in March 2015. The cumulative LCG target has only been consistently achieved in Belfast.*
- *There has been a continued increase in Category A activity with a cumulative increase of 12% compared to the same timeframe last year with 6,062 more Cat A calls equating to 18 more calls per day).*
- *The largest growth in demand for Cat A response is in Northern LCG (up18%) South Eastern LCGs (up14%).*

- *A contributory factor to reduction in performance against the target has been the loss of production hours due to a range of pressures during the winter months including the high level of skill mix vacancies, demand for rostered and casual leave, and levels of sickness absence. A range of measures have been put in place to stabilize the workforce with the recruitment of paramedic and EMT posts as well as the recruitment of temporary staff into permanent posts across all frontline groups. This work will realise 86 staff for Emergency Ambulance Crews (majority EMTs) by End of January. NIAS will also have recruited and trained 72 PCS staff to backfill WTEs who have progressed to EMT by end October.*

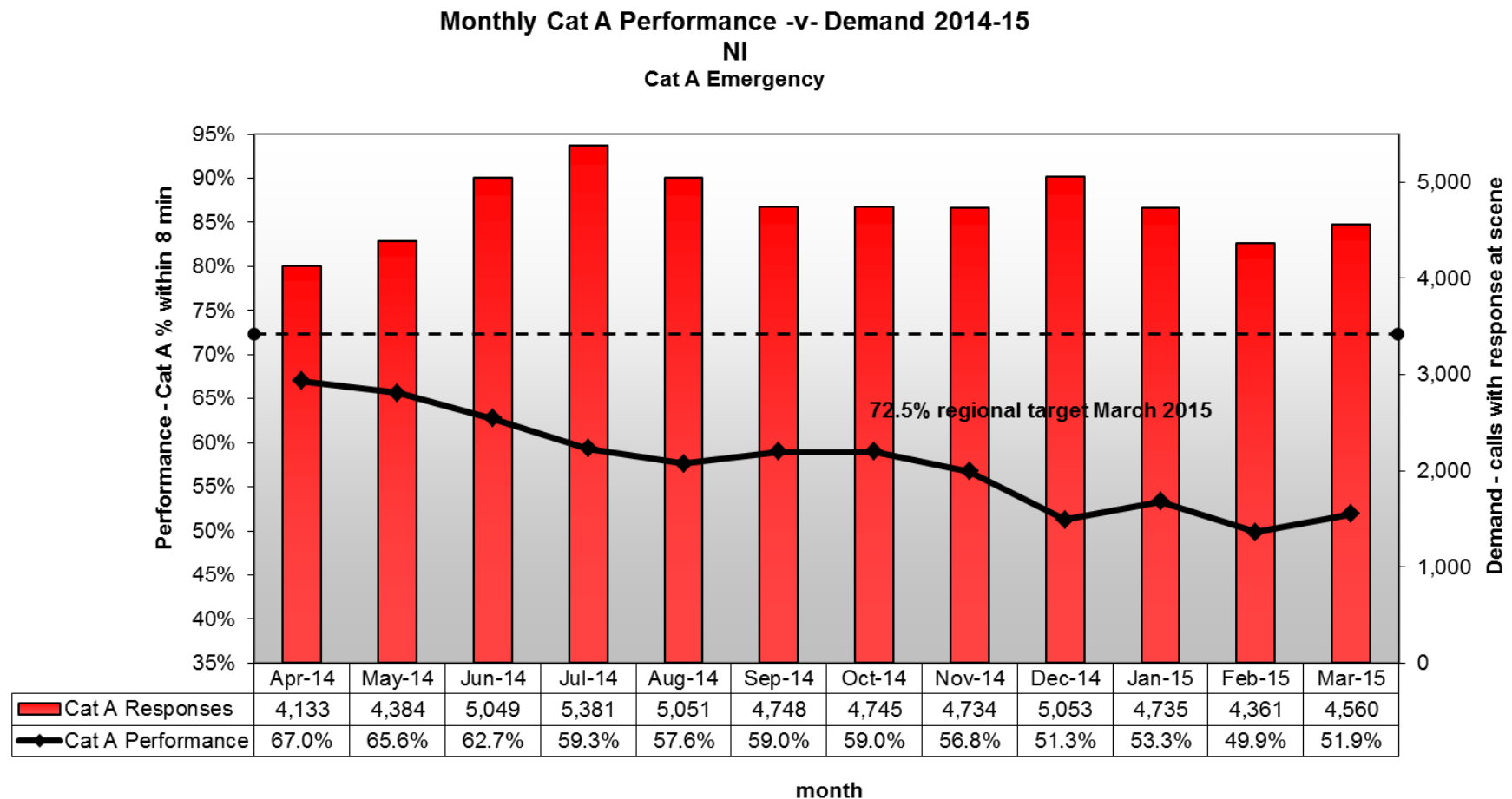
## CATEGORY A PERFORMANCE – MONTHLY REGIONAL POSITION 2014/15 AS AT MARCH 2015

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

HSCB 2014/15 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
Regional	67.0%	65.6%	62.7%	59.3%	57.6%	59.0%	59.0%	56.8%	51.3%	53.3%	49.9%	51.9%
Belfast	81.6%	77.8%	74.9%	72.1%	69.1%	71.1%	68.6%	68.1%	58.7%	65.5%	60.1%	60.0%
South East	63.5%	60.2%	58.6%	53.7%	52.0%	53.1%	53.3%	51.8%	46.4%	48.5%	41.2%	49.4%
North	60.7%	57.4%	55.5%	55.0%	51.0%	53.4%	53.8%	51.4%	45.9%	47.1%	45.9%	45.3%
South	59.3%	62.8%	57.5%	52.8%	54.4%	53.5%	55.5%	51.0%	46.5%	44.7%	44.6%	47.8%
West	63.9%	66.0%	64.3%	59.7%	60.3%	61.7%	61.4%	58.0%	57.1%	56.5%	55.0%	54.8%

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 52% March 2015.*

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

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

**Regional Target: 95%**

**LCG target 95%**

	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Year
Regional	83.6%	82.4%	79.1%	79.3%	78.2%	78.0%	77.3%	77.6%	71.1%	72.2%	71.5%	72.9%	76.9%
Belfast	86.0%	82.3%	80.0%	84.3%	80.3%	80.0%	77.2%	79.7%	73.5%	73.1%	76.5%	73.4%	78.8%
South East	80.9%	78.3%	74.2%	72.8%	70.4%	70.3%	68.9%	71.7%	62.1%	66.0%	61.6%	68.3%	70.3%
North	86.5%	83.0%	79.5%	79.4%	78.9%	80.5%	80.2%	78.8%	73.4%	73.9%	70.5%	73.5%	78.1%
South	79.1%	82.1%	77.4%	75.9%	77.4%	76.7%	78.2%	73.4%	67.0%	68.8%	71.9%	70.5%	74.8%
West	84.4%	86.5%	84.6%	82.4%	84.0%	81.1%	81.0%	83.1%	78.5%	78.7%	76.4%	78.4%	81.6%

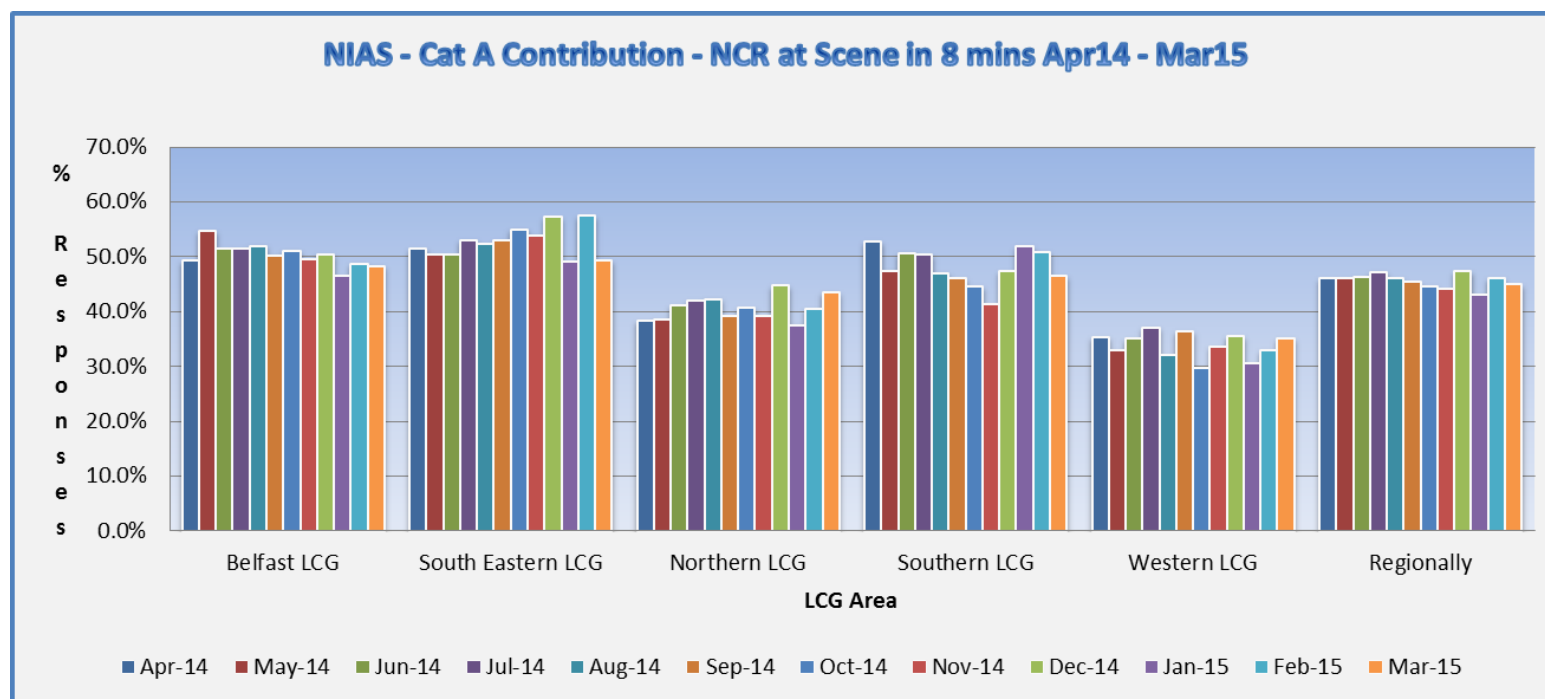
*Please note that historical data in the table has been subject to minor data quality issues and altered*

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 MARCH 2015

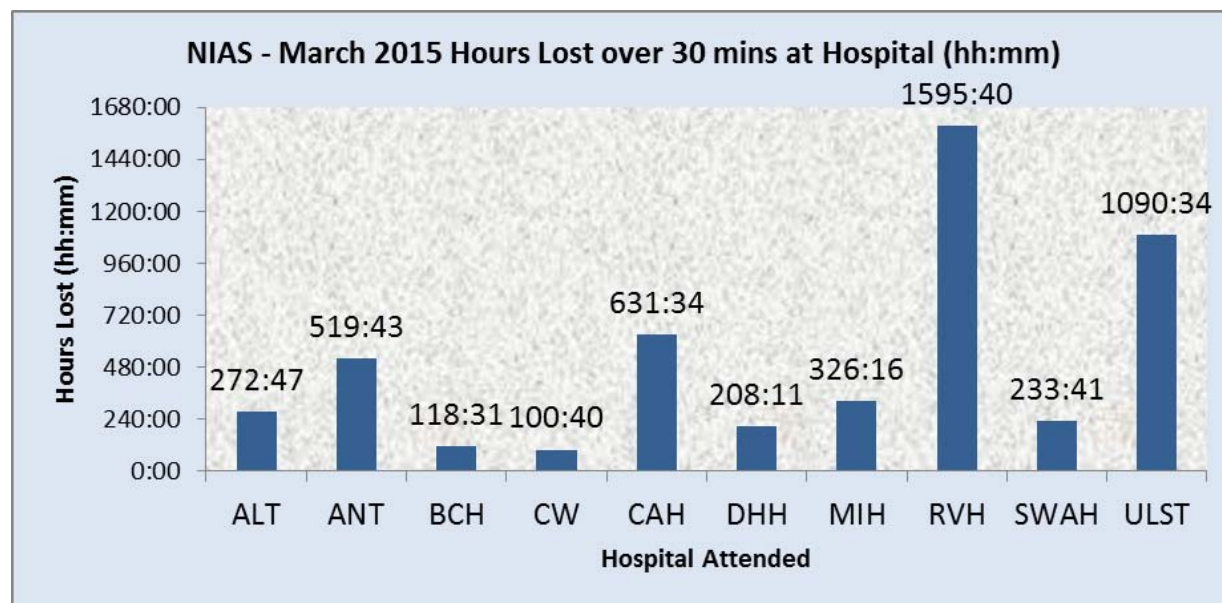
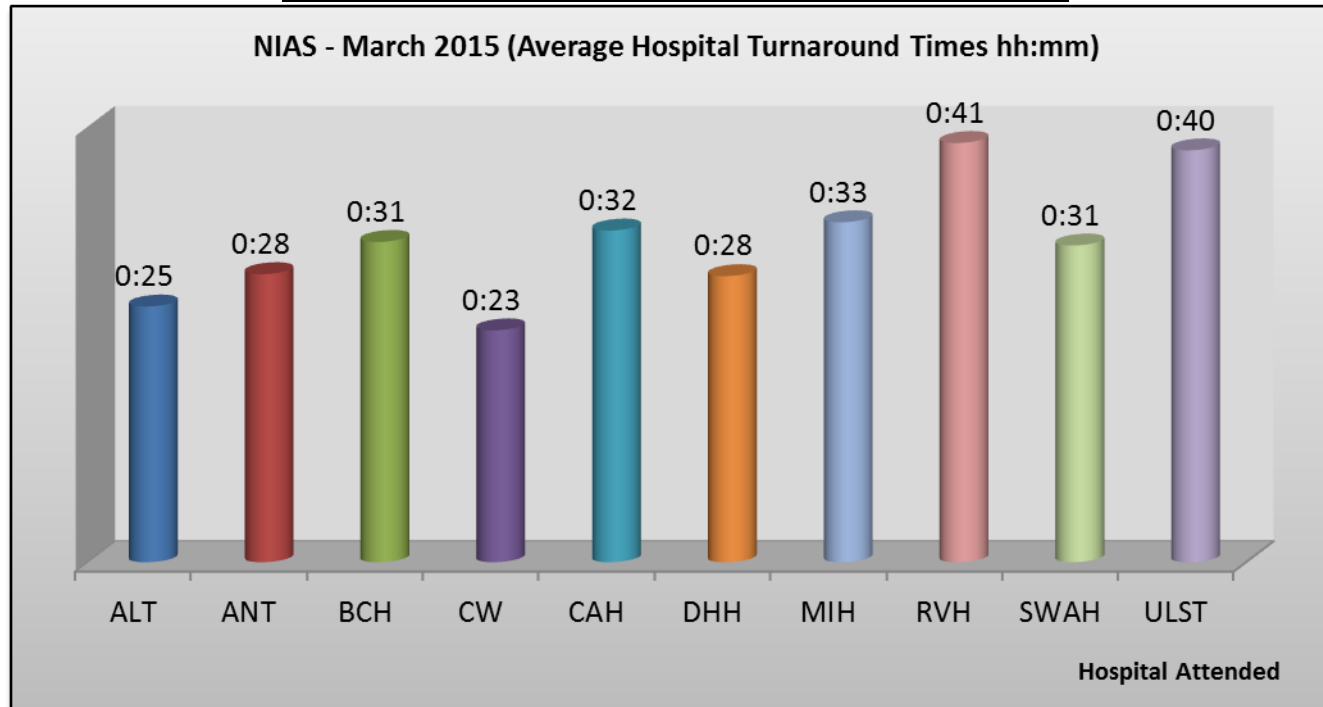


### **NON-CONVEYING RESOURCE (RRV ETC) – CONTRIBUTION TO CAT A DATA**

		<b>Apr 14</b>	<b>May 14</b>	<b>Jun 14</b>	<b>Jul 14</b>	<b>Aug 14</b>	<b>Sep 14</b>	<b>Oct 14</b>	<b>Nov 14</b>	<b>Dec 14</b>	<b>Jan 15</b>	<b>Feb 15</b>	<b>Mar 15</b>	<b>Year</b>
<b>Regional</b>	<b>N</b>	<b>1,274</b>	<b>1,324</b>	<b>1467</b>	<b>1505</b>	<b>1338</b>	<b>1269</b>	<b>1247</b>	<b>1,183</b>	<b>1,226</b>	<b>1088</b>	<b>1001</b>	<b>1063</b>	<b>14,985</b>
	<b>%</b>	<b>46.0%</b>	<b>46.0%</b>	<b>46.3%</b>	<b>47.1%</b>	<b>45.9%</b>	<b>45.3%</b>	<b>44.6%</b>	<b>44.0%</b>	<b>47.3%</b>	<b>43.1%</b>	<b>46.0%</b>	<b>44.9%</b>	<b>45.6%</b>
Belfast	N	442	494	491	491	448	410	411	406	401	372	331	346	5,043
	%	49.3%	54.7%	51.4%	51.6%	52.1%	50.2%	51.1%	49.5%	50.4%	46.4%	48.7%	48.3%	50.4%
South East	N	230	232	267	272	271	246	247	227	243	214	194	191	2,834
	%	51.5%	50.3%	50.4%	53.0%	56.0%	52.9%	55.0%	53.9%	57.2%	49.1%	57.4%	49.4%	52.9%
North	N	202	216	268	295	252	229	241	227	227	182	186	199	2,724
	%	38.3%	38.6%	41.1%	41.8%	39.4%	39.1%	40.7%	39.1%	44.7%	37.5%	40.5%	43.4%	40.3%
South	N	250	223	260	255	218	212	193	171	195	181	171	180	2,509
	%	52.7%	47.4	50.7%	50.5%	47.0%	46.1%	44.6%	41.3%	47.3%	51.9%	50.9%	46.5%	48.1%
West	N	150	159	181	192	149	172	155	152	160	139	119	147	1,875
	%	35.3%	32.9%	35.0%	37.1%	32.1%	36.4%	29.8%	33.6%	35.5%	30.5%	32.9%	35.1%	33.8%

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

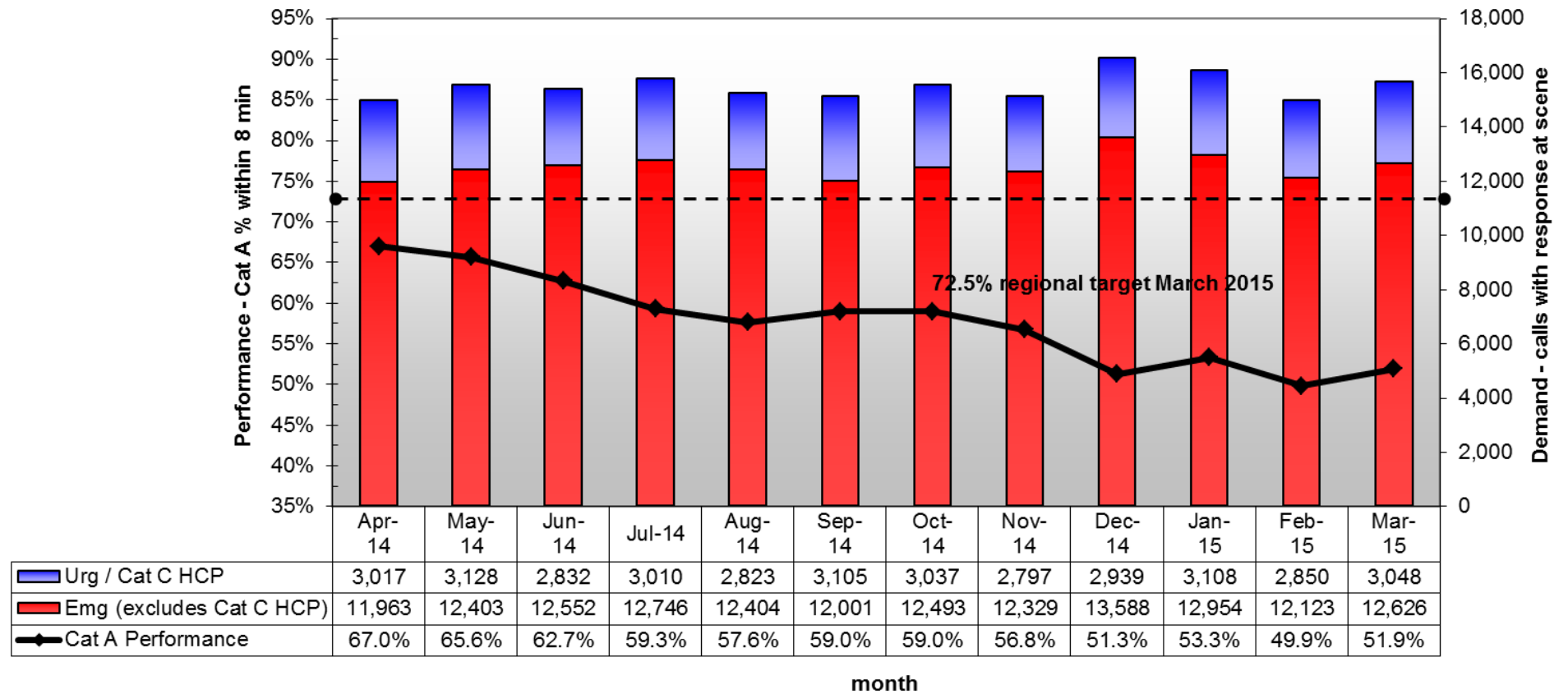
### AMBULANCE TURNAROUND TIMES – MARCH 2015



## Monthly Cat A Performance -v- Demand 2014-15

NI

Emergency & Urgent / Cat C HCP

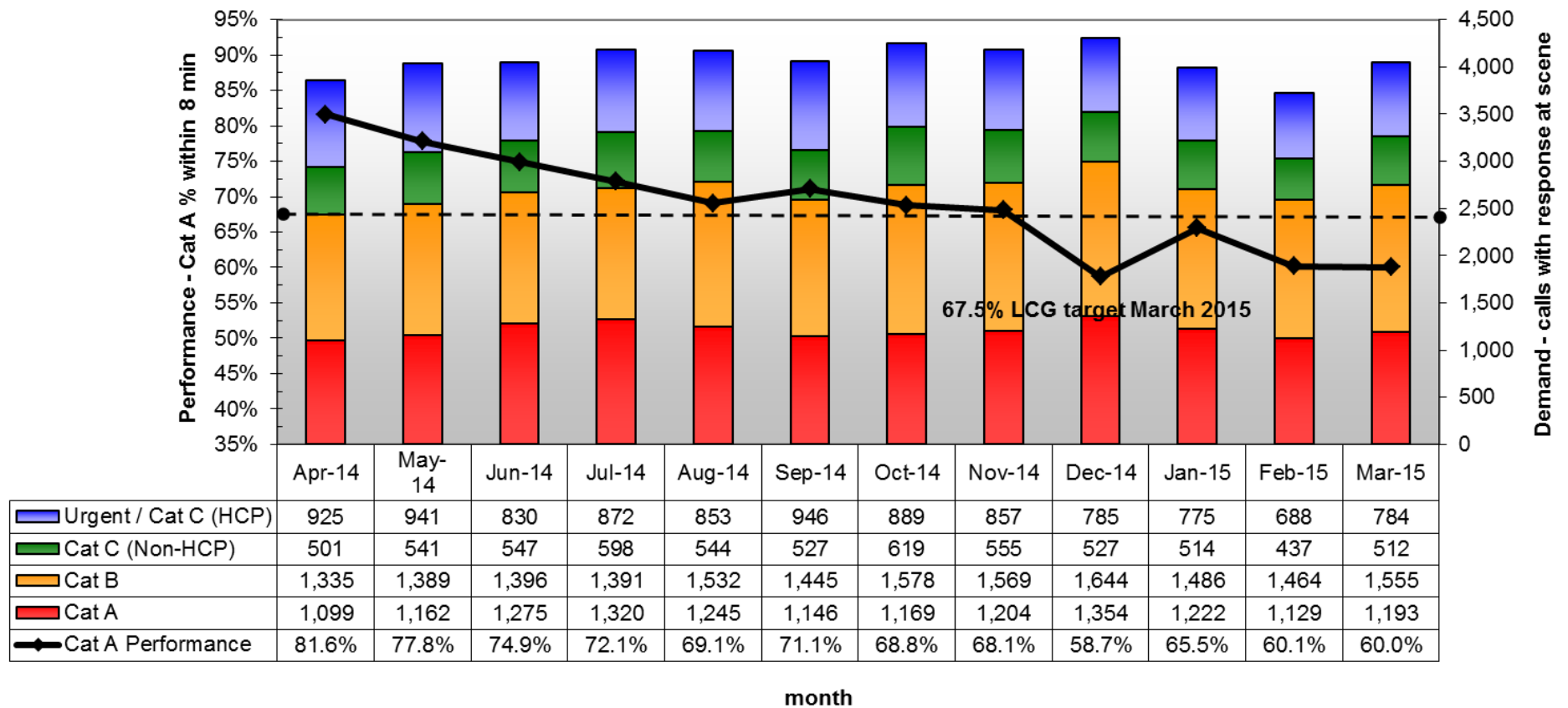


## PERFORMANCE REVIEW BY DIVISION: BELFAST

### Monthly Cat A Performance -v- Demand 2014-15

#### Belfast LCG

Emergency by Category & Urgent / Cat C HCP

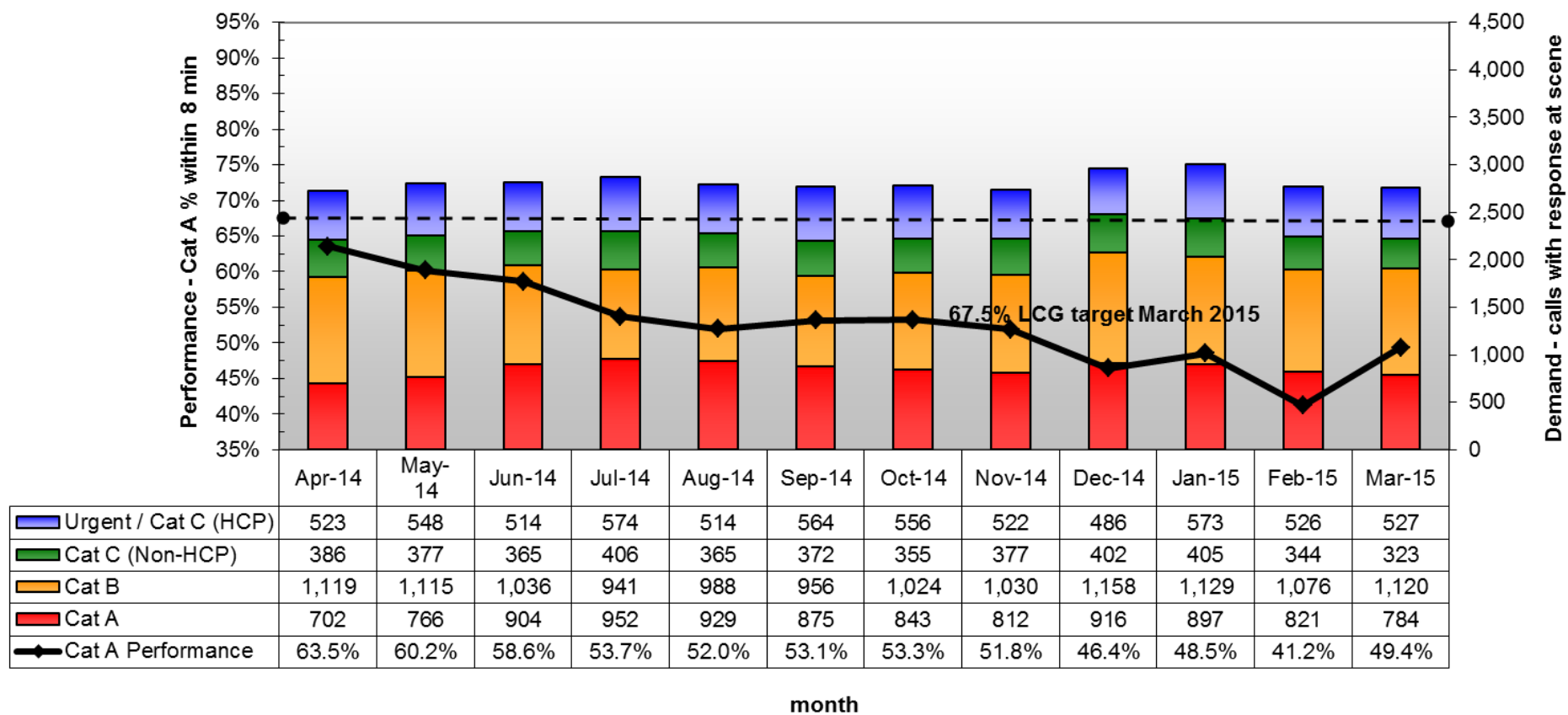


## PERFORMANCE REVIEW BY DIVISION: SOUTH EASTERN

### Monthly Cat A Performance -v- Demand 2014-15

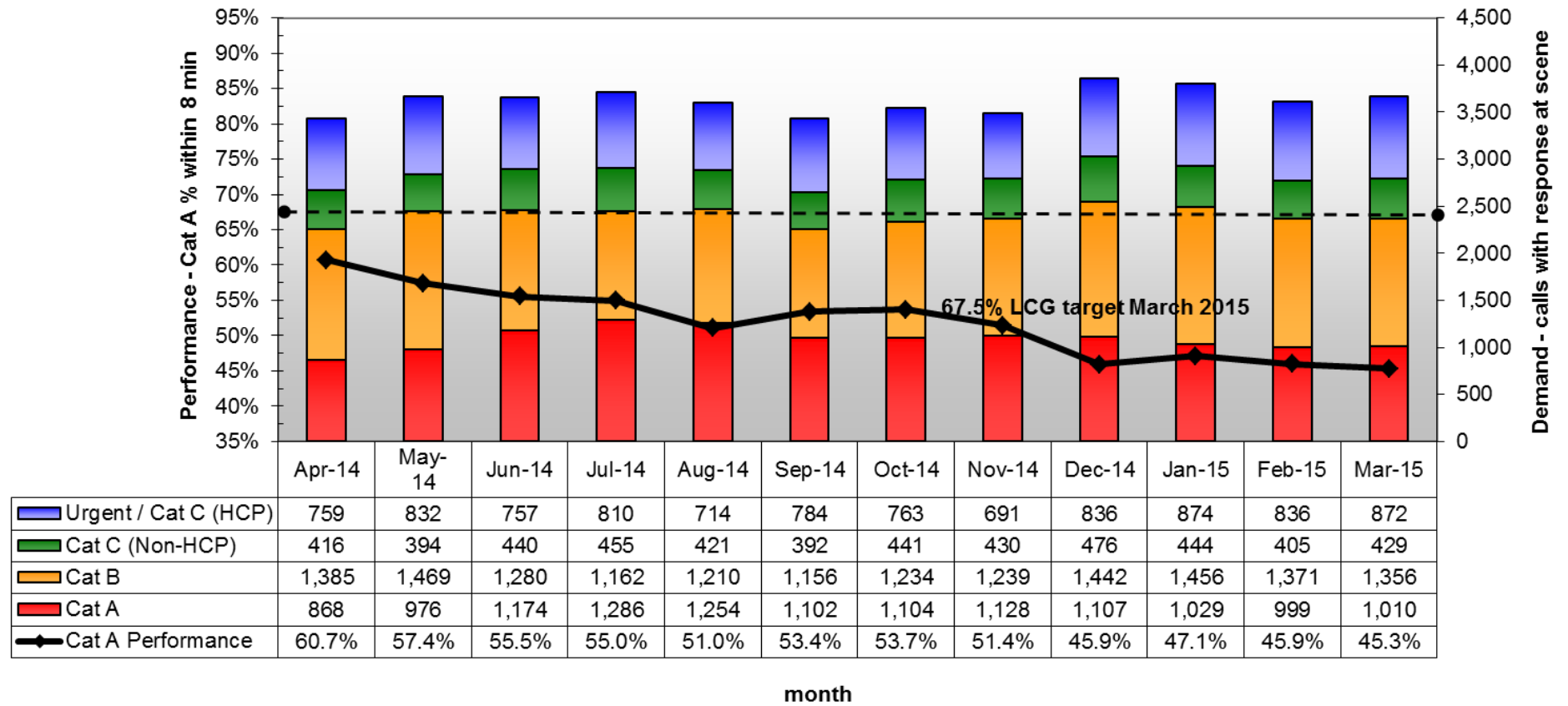
#### South Eastern LCG

#### Emergency by Category & Urgent / Cat C HCP



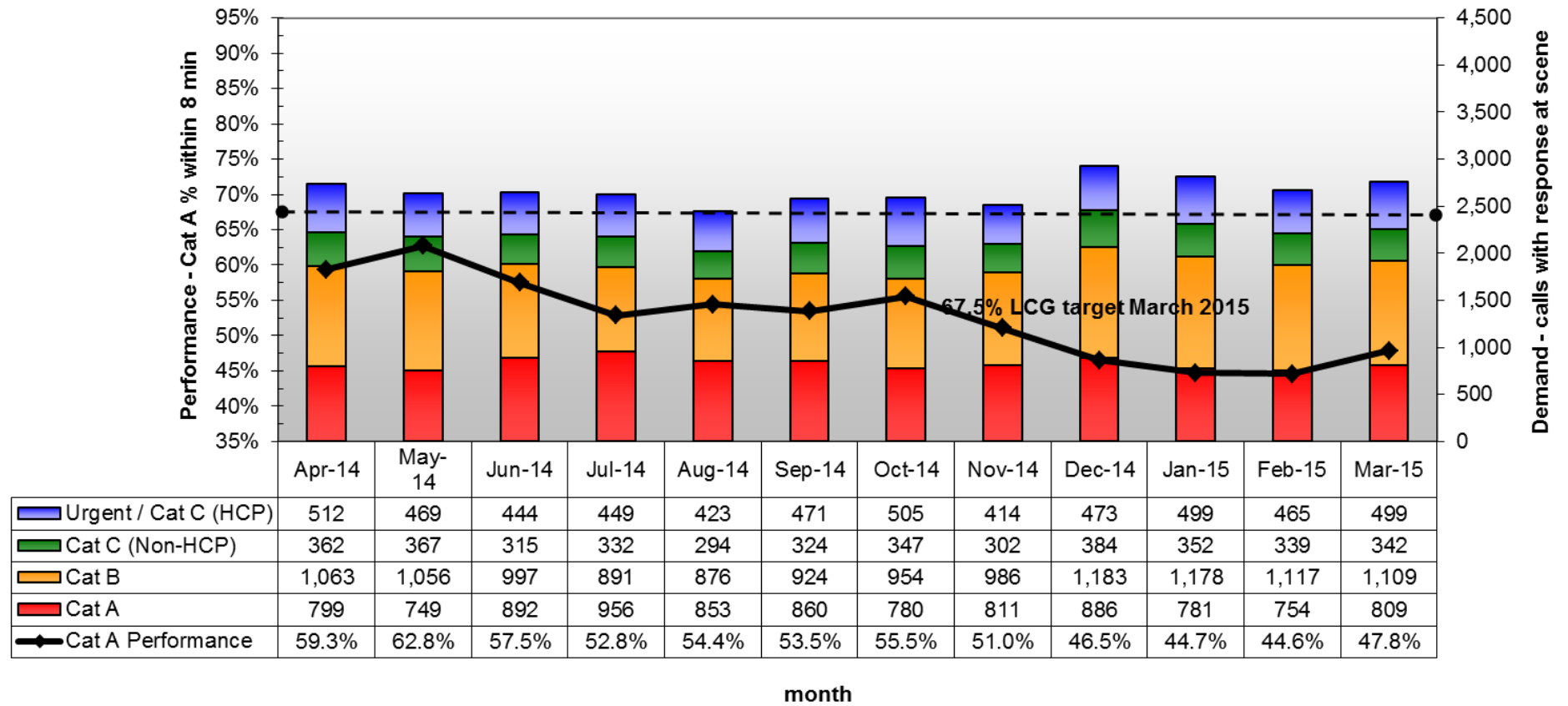
## PERFORMANCE REVIEW BY DIVISION: NORTHERN

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



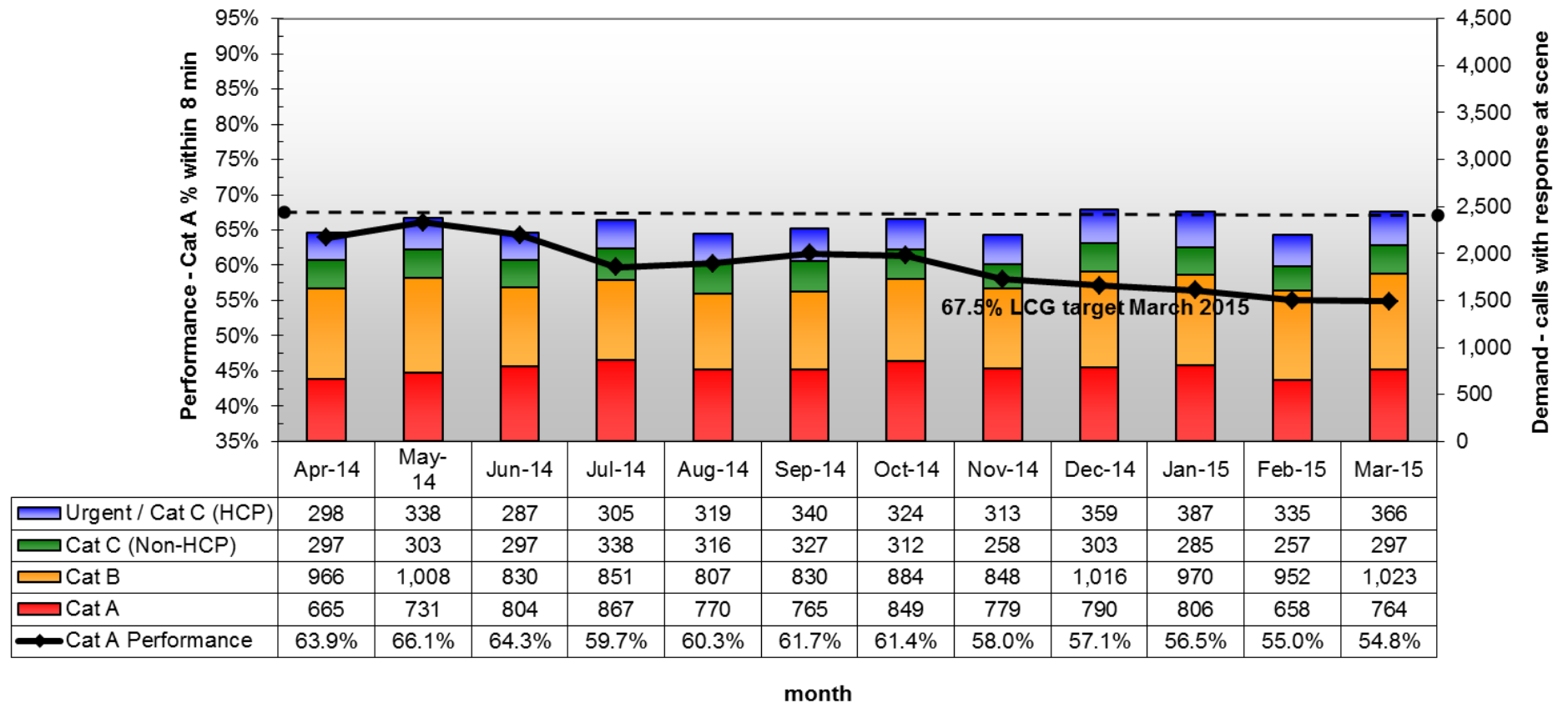
## PERFORMANCE REVIEW BY DIVISION: SOUTHERN

### 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:**

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

**FLEET PROFILE:**

<b>% Fleet Profile (less than 5 years old)</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Emergency Ambulances	81.9	80.2	81.9	83.6	85.3	91.4	94.0	89.7	86.2	75.9	75.9	77.6
Non-Emergency Ambulances	79.2	79.2	79.2	80.2	80.2	80.2	81.1	82.1	84.0	93.4	95.3	95.3
Rapid Response Vehicles	69.0	69.0	69.0	69.0	69.0	76.2	76.2	81.4	83.3	88.1	88.1	73.8
Support Vehicles	40.0	40.8	40.8	40.8	42.9	42.9	42.9	42.9	46.9	49.0	49.0	36.7
<b>PERFORMANCE COMMENTARY:</b> Additional Vehicles retained not in Establishment: 9, over 5 years old.  Commissioning of <b>2013/14</b> vehicles is complete. <b>2014/15</b> Commissioning is ongoing following end of year status checks. PCS vehicles have been delayed due to production delays with the converter.												

***IMPROVEMENT PROPOSALS FOR 2015/2016:***

Commissioning is ongoing and vehicles will be rolled out as this is completed.  
 Introduction of new carry chair with clip-on tracks to aid descent of stairs will be rolled out with new vehicles.

Fleet Maintenance contract has been awarded for all areas except West.  
 Court case scheduled 14/15 April 2015  
 West tender closes beginning of May  
 Fleet recovery contract issued quarterly pending tender, expires 31 May 2015.  
 Fleet Bodywork contract awarded to start June 2015.

**2015/16**

Purchase of chassis for A&E and PCS conversion in 2015/16 completed  
 Intention is to award a 3 year conversion contract if possible to allow conversion away from year end period.

## **ESTATE CAPITAL PROGRAMME**

### ***BALLYMENA:***

Steel work progressed

Brickwork and roofing started.

Delay in programme may push completion into January 2016.

### ***ENNISKILLEN:***

Demolition contractor to clear site by end of March 2015, delayed into April

NIAS site investigations to commence as soon as access to site is given.

### ***CRAIGAVON:***

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

General agreement to progress replacement station as part of overall Business Case.

### ***ARDS/BANGOR:***

Request to be allowed to progress to business case to be submitted to the Department. Ongoing.

### ***BELFAST:***

Strategic Outline Case to be submitted to request Feasibility funding.

Minor Works Consultancy Framework award has been suspended due to legal challenge. Ongoing.

## FINANCIAL PERFORMANCE

### Financial Breakeven

The Trust is reporting a small surplus of £22k for the year ending 31 March 2015, subject to key risks and assumptions. In particular Accident & Emergency staff are currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS. This position and all risks and assumptions are subject to the completion of final accounts and review by External Audit.

<b>Financial Breakeven Assessment (£k)</b>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		8,442	12,403	16,436	20,535	24,568	28,604	32,604	36,604	40,630	44,652	49,246
Other Expenditure		1,846	2,533	3,444	4,355	5,247	6,214	7,099	7,917	8,725	9,709	11,246
Expenditure Total		10,288	14,936	19,880	24,890	29,815	34,818	39,703	44,521	49,355	54,361	60,492
Income		118	160	199	238	276	315	353	405	446	498	571
Net Expenditure		10,170	14,776	19,681	24,652	29,539	34,503	39,350	44,116	48,909	53,863	59,921
Net Resource Outturn		10,170	14,776	19,681	24,652	29,539	34,503	39,350	44,116	48,909	53,863	59,921
Revenue Resource Limit (RRL)		10,170	14,761	19,665	24,620	29,507	34,473	39,322	44,097	48,909	53,879	59,943
Surplus/(Deficit) against RRL		0	(15)	(16)	(32)	(32)	(30)	(28)	(19)	(1)	16	22

The Audit Committee have reviewed and approved a revised format of reporting to Trust Board. The revised format at the end of March 2015 (Month 12) is as follows:

	Current Period (Month 12) £k				Cumulative Year to Date (2014/15) £k				Projected Outturn £k		
Expenditure	Budget	Actual	Variance		Budget	Actual	Variance		Budget	Actual	Variance
Pay	4,615	4,594	21		49,219	49,246	(27)		49,219	49,246	(27)
Non Pay	1,523	1,538	(15)		11,295	11,246	49		11,295	11,246	49
Total	6,138	6,132	6		60,514	60,492	22		60,514	60,492	22
Income	Budget	Actual	Variance		Budget	Actual	Variance		Budget	Actual	Variance
Income from Activities	0	0	0		0	0	0		0	0	0
Total	73	73	0		571	571	0		571	571	0
	73	73	0		571	571	0		571	571	0

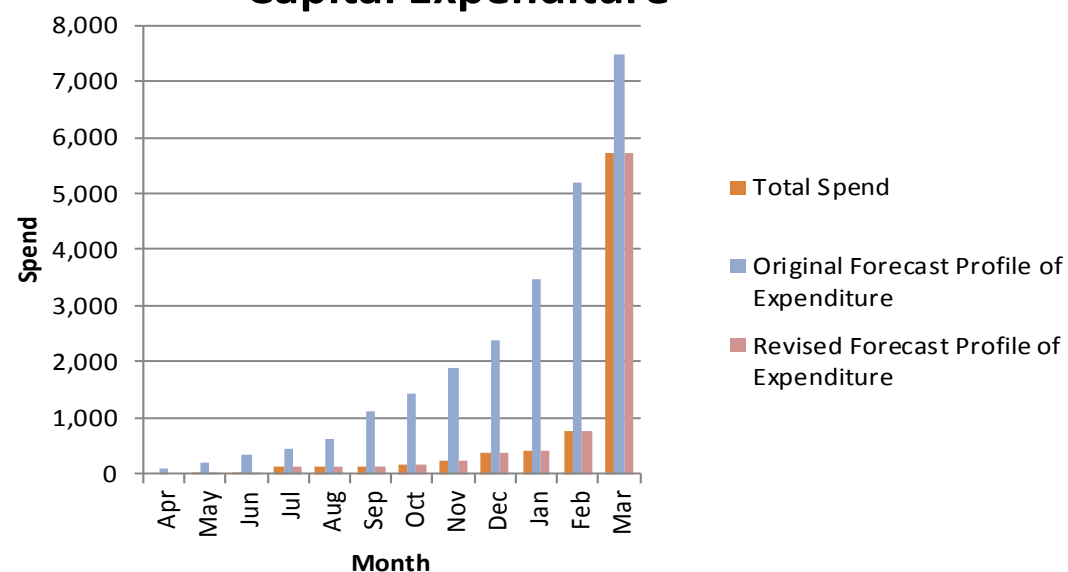
## Capital Spend

The Trust has received a revised Capital Resource Limit (CRL) of £5.703m (previously ££5.665m). The increase is in respect of small variances against forecast expenditure at year end for both Ballymena and Enniskillen Ambulance Stations. The Trust has also received approval from the DHSSPS to apply £5k of receipts from the sale of fixed assets towards capital expenditure.

The delivery of this capital expenditure has been a significant challenge for NIAS, both in terms of the magnitude and profiling of expenditure. Cumulative capital spend at the end of March 2015 (Month 12) is shown in the table overleaf. All figures are subject to the completion of final accounts and review by External Audit.

Cumulative Capital Spend (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet		0	0	0	0	0	0	0	0	26	49	3,176
Estate		5	8	103	123	126	161	210	328	335	669	1,200
Medical Equipment		0	0	0	0	0	0	0	0	0	0	0
IT Equipment		0	0	0	0	0	0	0	0	0	0	1,014
General Capital		12	17	17	17	17	21	21	47	53	53	317
Total Spend		17	25	120	140	143	182	231	375	414	771	5,707
Original Forecast Profile of Expenditure	101	202	357	466	637	1,124	1,444	1,879	2,366	3,481	5,186	7,467
Revised Forecast Profile of Expenditure	0	17	25	120	140	143	182	231	375	413	771	5,707

## Capital Expenditure



## Asset Disposals

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

<b>Asset Disposals (£k)</b>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Proposed Disposals		0	3	3	3	3	3	13	13	13	17	44
Actual Disposals		0	3	3	3	3	3	13	13	13	17	44

## Prompt Payment of Invoices

The target of 95% of invoices paid within 30 days, or other agreed terms, was missed in 2014/15 largely due to the days of processing lost during preparation for and implementation of the new Finance, Procurement and Logistic (FPL) system. Performance against these targets continue to require ongoing monitoring and reporting structures continue to be developed with a view to improvement. 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 has not been met in 2014/15. However, the established ten working day (fourteen calendar days) target of 40% has been achieved cumulatively for the first time. All payment processing functions transferred to Accounts Payable Shared Service Centre in mid December 2014.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Total bills paid	1,123	890	1,547	1,205	1,141	1,254	1,206	1,333	1,073	1,038	1,395	1,434	14,639
Total bills paid on time (within 30 days or under other agreed terms)	1,046	740	1,327	1,131	1,067	998	1,126	1,202	950	909	1,156	1,310	12,962
% bills paid on time (within 30 days or other agreed terms)	93.1%	83.1%	85.8%	93.9%	93.5%	78.8%	93.4%	90.2%	88.5%	87.6%	82.9%	91.4%	88.5%
Total bills paid within 30 calendar days of receipt of undisputed invoice	965	592	1,070	1,033	930	954	991	1,085	863	680	1,066	1,211	11,440
% bills paid on time	85.9%	66.5%	69.2%	85.7%	81.5%	76.1%	82.2%	81.4%	80.4%	65.5%	76.4%	84.4%	78.1%
Total bills paid within 10 working days (12 calendar days)	385	104	306	512	362	271	406	570	348	282	588	609	4,743
% bills paid on time within 10 working days (12 calendar days)	34.3%	11.7%	19.8%	42.5%	31.7%	21.6%	33.7%	42.8%	32.4%	27.2%	42.2%	42.5%	32.4%
Total bills paid within 10 working days (14 calendar days)	480	190	438	647	454	402	497	670	456	382	684	778	6,078
% bills paid on time	42.7%	21.3%	28.3%	53.7%	39.8%	32.1%	41.2%	50.3%	42.5%	36.8%	49.0%	54.3%	41.5%

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

The Business Services Organisation provides a range of services to The Trust, including Procurement and Logistics Services (PaLS), Legal Services, Technology Services and Internal Audit. New reporting arrangements for the Service Level Agreements

have identified Key Performance Indicators (KPIs) in respect of Purchasing and Supply. Performance against these KPI's to the end of March 2015 is as follows:

<b>Key Performance Indicator</b>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Average Processing Time Per Requisition Days (Target 5 Days)	6.22	5.98	3.64	4.13	5.0	4.26	3.58	4.49	3.75	4.92	3.40	4.10
Percentage of Products Supplied on First Request % (Target 95%)	94.69	98.38	98.47	97.78	99.46	98.74	96.53	99.22	97.53	97.56	98.57	100.00
Number of Lines Issued (Stock and Non Stock Line)	769	792	936	697	803	774	1,240	1,114	1,085	1,082	1,218	860
Value of Spend £k (Stock and Non Stock)	198	117	193	533	93	89	552	203	1,583	324	434	1,666

## ***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.

### **23 March 2015 – PCS Mobile Data Fault**

The service for passing work to crews over the mobile data network stopped responding. Fault diagnosed as corrupted log file on mobile data server and resolved by NIAS ICT clearing logs and restarting the service. The system was unavailable for 2 hours and contingency FAX system used during this time with minimum disruption to service.

### **26 March 2015 – A&E Telephony Fault**

The ICCS system for answering telephone calls in the A&E ambulance Control locked up preventing incoming calls from being answered by control staff. Contingency measures were invoked presenting calls to the telephone handsets with no impact on service. The fault was identified and fixed within 3 hours by a BT engineer visiting site.

## ***Information Technology Systems - Developments***

Any system developments are reported in this section.

Improvements to the TETRA Radio System commenced in February.

## ICT Help Desk Performance

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

	March		
Target to Respond to 95%	No of Calls	Within time	Actual
Immediate	16	16	100%
Urgent	20	20	100%
High	28	28	100%
Medium	275	269	98%
Low	681	680	100%
Total	1020		

## ICT Planned Maintenance March 2015 – system upgrades Critical Systems

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

## ICT Planned Maintenance March 2015 – system upgrades Corporate Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	These are business support systems which need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.
E-mail	206	4 Hours	0	No	
File Server	206	4 Hours	0	No	
Virtual Server	208	2 Hours	0	No	
BlackBerry	206	4 Hours	0.10	No	
Promis	206	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 31/03/2015**

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

<b>Freedom of information</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr 14 – 15</b>	<b>Apr 13 – March 14</b>
Number of Requests Received	15	2	9	9	16	14	28	13	14	8	19	16	163	119
Number of Questions Received	41	2	28	18	98	22	62	20	59	21	96	88	555	319
Completed Requests processed within 20 days or less	10	2	8	8	8	13	27	10	11	8	13	7	125	91
Completed Requests exceeding 20 days	5	0	1	1	7	1	1	3	3	0	6	9	37	28
Requests still being processed in line with 20 days*	0	0	0	0	0	0	0	0	0	0	0	0	0	
Questions still being processed in line with 20 days*	0	0	0	0	0	0	0	0	0	0	0	0	0	
Requests still being processed <b>exceeding</b> 20 days	0	0	0	0	1	0	0	0	0	0	0	0	1	
Question still being processed <b>exceeding</b> 20 days	0	0	0	0	2	0	0	0	0	0	0	0	2	
Number of Questions/Answers Fully Disclosed	39	2	26	16	89	21	58	12	53	12	86	83	497	
Vexatious Requests	0	0	0	0	0	0	0	0	0	0	0	0	0	
Number of Questions/Answers which records not held	2	1	0	2	4	1	4	8	5	9	10	0	42	
Questions where exemptions wholly/partially applied	0	0	1	0	4	0	0	0	1	0	0	5	5	
Referrals for Independent Review	0	0	1	0	1	0	0	0	1	0	0	0	2	
Appeals to the Information Commissioner	0	0	0	0	0	0	0	0	1	0	0	0	1	

- **For 2014/15 - 76.7% of requests have been processed within 20 working days**
- **2013/14 v 2014/15 has seen an increase of 44 requests (37%) being received and an additional 236 (74%) questions being requested**

## **DATA PROTECTION ACT 1998 – SECTION 7: SUBJECT ACCESS MONITORING**

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

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

<b>Data Protection Act 1998 – Section 7, Subject Access</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr 14 - Mar 15</b>
Number of Requests Received	2	1	1	2	5	3	1	2	4	1	1	1	24
Completed Requests processed within 40 days or less	2	1	1	2	5	3	0	1	3	-	1	1	20
Completed Requests exceeding 40 days	0	0	0	0	0	0	1	1	1	-	0	0	3
Identity Not Confirmed and therefore could not be further processed	0	0	0	0	0	0	0	0	0	1	0	0	1
<b><u>Requestor Type</u></b>													
Patient	1	0	0	0	0	1	0	1	0	0	0	1	4
NIAS Staff Member	1	1	1	2*	5	1	1	1	3*	1	1	0	18
External Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
Relative of Patient	0	0	0	0	0	1	0	0	1	0	0	0	2

\*July 2014 NIAS staff via Solicitor Correspondence

\*1xNovember 2014 NIAS staff via Solicitor Correspondence

- **For 2014/15 - 83.3% of Section 7: Subject Access Requests processed within 40 calendar days**

**POLICE SERVICE OF NORTHERN IRELAND REQUESTS – Police Acts, Common Law for the Period of 01/04/2014 to 31/03/2015**

**Purpose:**

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

<i>Requests will relates and include the release of call incident logs, 999 call, staff names and shift patterns, Patient Report Form, staff witness statements in line with legislative requirements to assist with PSNI investigations for example, investigation of fatal road traffic collisions, murder enquiries, alleged assaults etc</i>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 14 - Mar 15	Apr 13 – Mar 14
Number of Requests Received (based on receipt of correspondence date)	29	27	29	37	31	33	35	36	22	37	31	36	383	378


**SOLICITOR ENQUIRIES for the Period of 01/04/2014 to 31/03/2015**

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 14 – Mar 15
Number of Requests Received (based on receipt of correspondence date)	44	41	48	42	36	44	54	62	56	54	53	31	566

DHSSPS/AQ's/CORs/TOF's/INV's	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April 14 – Mar 15
Assembly Questions (Oral)	0	0	0	R E C E S S	0	1	0	0	0	0	0	0	1
Assembly Questions (Written)	1	2	2		5	6	4	5	10	12	18		65
CORs Received	0	1	1		3	1	2	1	2	1	2		14
TOFs Received	0	1	0		0	0	0	0	1	2	0		4
INVs Received	0	0	0		0	0	0	1	1	0	0		2

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES – REQUEST FOR INFORMATION for Period of 01/04/2014 to 31/03/2015**

<div>  <div> <b>14/15 - PRF v PATIENT NUMBERS COMPARISON</b> </div> </div>							
Summary		Patient Journeys				Completed PRFs (Formic)	Difference
Month	Emergency Calls responded to (KA34)	Emergency	Urgent	Routine	Total		
April 2014	11964	9778	3017	656	13451	16028	+2,577
May 2014	12403	10233	3128	621	13982	15599	+1,617
June 2014	14004	11718	1380	641	13739	16189	+2,450
July 2014	15756	13272	n/a	656	13928	16337	+2,409
August 2014	15227	12901	n/a	481	13382	15574	+2,192
September 2014	15108	13126	n/a	474	13600	15428	+1,828
October 2014	15530	13332	n/a	467	13799	16114	+2,315
November 2014	15125	12950	n/a	463	13413	15671	+2,258
December 2014	16527	14167	n/a	408	14575	17390	+2,815
January 2015	16063	13709	n/a	355	14064	16595	+2,531
February 2015	14973	12720	n/a	315	13035	15308	+2,273
March 2015	15674	13177	n/a	391	13568	14989	+1,421
<b>Total</b>	<b>178354</b>	<b>151083</b>	<b>7525</b>	<b>5928</b>	<b>164536</b>	<b>191222</b>	<b>+26,686</b>

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

The Trust's Workforce Information Report is produced on a quarterly basis by the HR Department. Information is extracted from the HRPTS system and reconciled between the HR, Finance and Operations Departments for validation purposes. The next Workforce Planning Steering Group meeting will take place on 1 June 2015 and figures as at 31 March 2015 will be validated then. The Trust reserves the right to amend the figures below if required.

NIAS budgeted establishment on 31 March 2015 was a total of **1255.54** WTE. At this date NIAS total Substantive in Post (permanent & temporary contracts) was **1136.54<sup>1</sup>** WTE including 50.82 WTE made up of 72 part-time staff (Headcount). The total Staff In Post (Headcount) figure was **1159**. In addition there are currently **46** 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) <sup>7</sup>	Staff in Post Vacancies (WTE)
		Perm	Temp	Perm	Temp	Seconded		
CX/Board	7.00	5.00	0.00	5	0	0	-2.00	-2.00
Finance	30.63	25.63	2.00 <sup>2</sup>	25	2	2	-5.00	-3.00
HR	68.15	61.91	2.58 <sup>3</sup>	55 (62) <sup>1</sup>	7	26	-6.24	-1.21
Operations	1142.76	944.71 <sup>5</sup>	83.72	932	84	12	-198.05	-111.33
Medical	7.00	7.00	1.00 <sup>6</sup>	7 (21) <sup>1</sup>	1	1	0.00	2.00
<b>TOTAL</b>	<b>1255.54</b>	<b>1136.54<sup>1</sup></b>		<b>1159</b>				

- 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 0.07 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), **1** temporary TYC Administrative Assistant and **1** temporary TYC Project Manager (B8b).
- Note 4: Operations Directorate: Included in the Substantive In Post (WTE) Temp figure, are **26.92** temporary Paramedics, **40.8** temporary ACAs, **5** temporary Non Emergency Control Officers, **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 but are included in Headcount 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.

The Trust has undertaken a significant amount of recruitment activity in order to reduce existing vacancies within Operations Directorate, with the resulting permanent posts having been filled:

	January		February		March		April		May		June		July	
	Int	Ext	Int	Ext	Int	Ext	Int	Ext	Int	Ext	Int	Ext	Int	Ext
<b>Operations</b>														
Paramedic	36	2	-	-	-	-	6	-	-	6	1	-	-	-
Qualified EMT	12	-	-	-	-	-	-	-	2	8	-	**	-	-
Trainee EMT	-	-	-	-	21	-	-	-	-	-	-	-	-	-
ACA	-	-	-	-	-	-	-	-	-	23	-	23#	-	-
<b>Control</b>														
EMD	5	-	-	-	-	8	-	-	-	-	-	-	1#	8#
Call Taker	-	-	-	1	-	2	-	1	-	-	-	1#	-	1*
<b>Resource Management Centre</b>														
RMC												1#	-	*

\* 1 external candidate due to commence as Non-Emergency Call Taker, currently awaiting confirmation of start date of induction programme

\* 1 external candidate due to commence as RMC Co-Ordinator, currently awaiting confirmation of start date of induction programme

# Planned

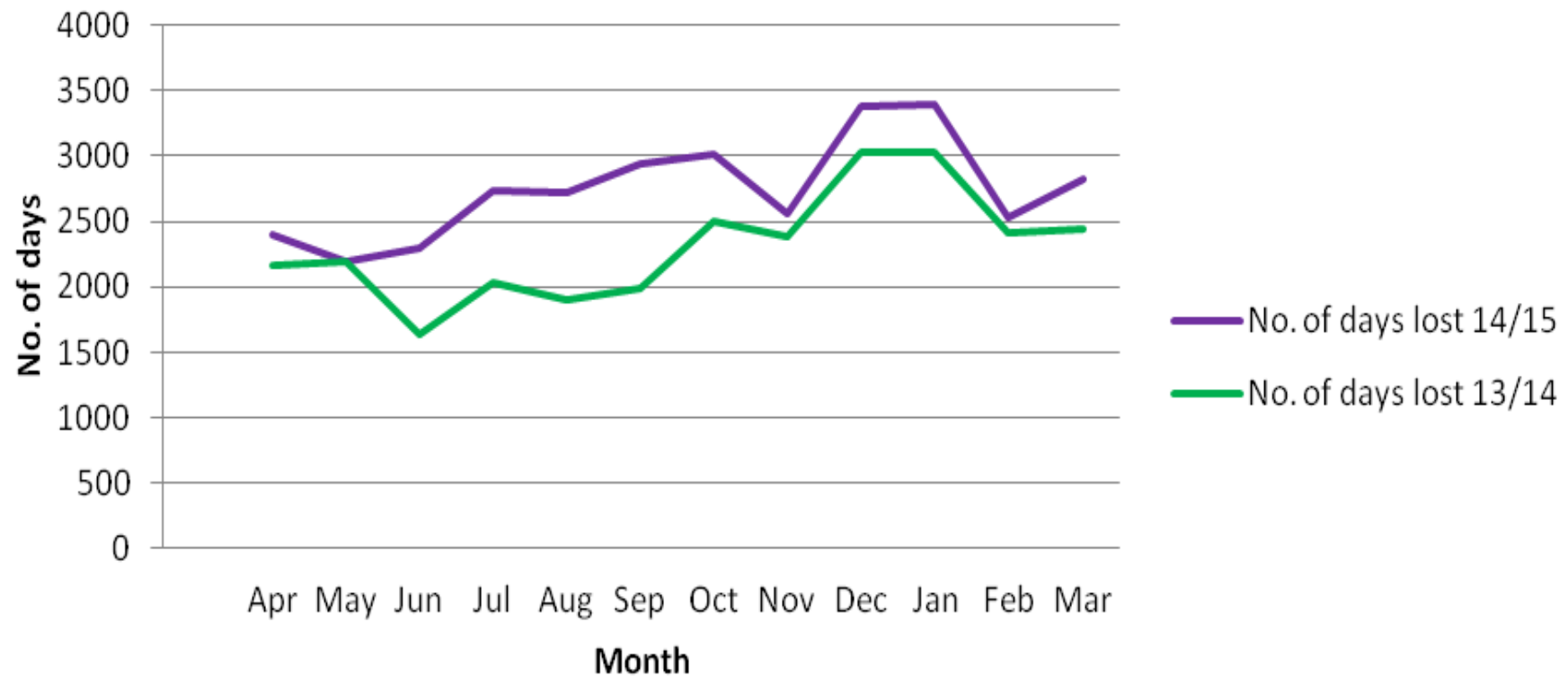
NB Data sourced from HRPTS System Information is valid on the date of publication only

TOTAL YEAR ABSENCE 2013/14 = Not available PROPOSED ABSENCE TARGET 2014/15 = 7%** NIAS % ABSENTEEISM											YEAR TO DATE ABSENCE = #		
MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Absence Target 14/15	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	
% short term cumulative absence	#	#	#	#	#	#	#	#	#	#	#	#	
% long term cumulative absence	#	#	#	#	#	#	#	#	#	#	#	#	
No. of days lost 14/15	2400	2191	2299	2731	2725	2943	3019	2560	3374	3388	2595	2828	
No. of days lost 13/14	2162	2188	1632	2033	1901	1988	2494	2383	3028	3022	2532	2441	
No. of employees on half pay	14	17	20	19	13	18	23	16	15	21	17	15	
No. of employees on no pay	4	1	4	6	5	4	4	5	7	8	9	10	
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.

## Total Number of Days Lost Due to Sickness Absence in NIAS

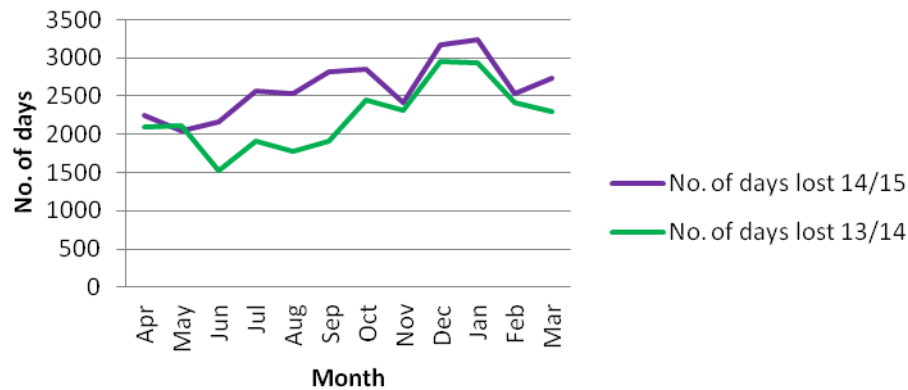


NB Data sourced from HRMS & HRPTS. - Information is valid on the date of publication only

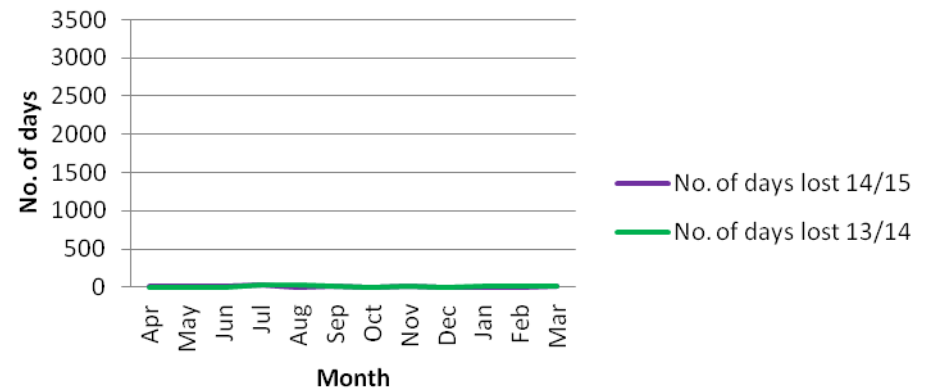
NIAS TOTAL YEAR TO DATE ABSENCE 2014/15 = Not available												
PROPOSED NIAS ABSENCE TARGET 2014/15 = 7%**												
Attendance Management	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
OPERATIONS DIRECTORATE				WTE: 1009.71						YEAR TO DATE ABSENCE = #		
% ABSENTEEISM 2014/15												
Proposed Target absenteeism 2014/15	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**
Cumulative absence (%)	#	#	#	#	#	#	#	#	#	#	#	#
No. of days lost 14/15	2250	2038	2166	2570	2525	2811	2856	2411	3166	3238	2526	2743
No. of days lost 13/14	2103	2109	1524	1905	1784	1910	2447	2314	2959	2930	2418	2291
No. of employees on half pay	13	15	19	18	13	17	23	16	14	20	17	15
No. of employees on no pay	1	1	2	5	4	3	3	4	6	8	9	10
MEDICAL DIRECTORATE				WTE: 9.0						YEAR TO DATE ABSENCE = #		
% ABSENTEEISM 2014/15												
Proposed Target absenteeism 2014/15	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**
Cumulative absence (%)	#	#	#	#	#	#	#	#	#	#	#	#
No. of days lost 14/15	0	0	21	9	0	0	0	0	4	3	0	0
No. of days lost 13/14	22	23	15	0	0	0	0	4	0	0	0	0
No. of employees on half pay	0	0	0	0	0	0	0	0	0	0	0	0
No. of employees on no pay	0	0	0	0	0	0	0	0	0	0	0	0
FINANCE & ICT DIRECTORATE				WTE: 28.63						YEAR TO DATE ABSENCE = #		
% ABSENTEEISM 2014/15												
Proposed Target absenteeism 2014/15	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**
Cumulative absence (%)	#	#	#	#	#	#	#	#	#	#	#	#
No. of days lost 14/15	22	22	22	24	5	6	3	10	5	3	1	6
No. of days lost 13/14	0	0	3	26	23	20	2	8	0	13	11	19
No. of employees on half pay	0	0	1	1	0	0	0	0	0	0	0	0
No. of employees on no pay	0	0	0	0	0	0	0	0	0	0	0	0

H R AND CORPORATE SERVICES DIRECTORATE				WTE: 84.48						YEAR TO DATE ABSENCE = #		
% ABSENTEEISM 2014/15												
Proposed Target absenteeism 2014/15	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**	7%**
Cumulative absence (%)	#	#	#	#	#	#	#	#	#	#	#	#
No. of days lost 14/15	127	131	90	128	195	126	160	139	199	144	68	79
No. of days lost 13/14	37	56	90	102	94	58	45	57	69	79	103	131
No. of employees on half pay	1	2	0	0	0	1	0	0	1	1	0	0
No. of employees on no pay	0	0	1	1	1	1	1	1	1	0	0	0

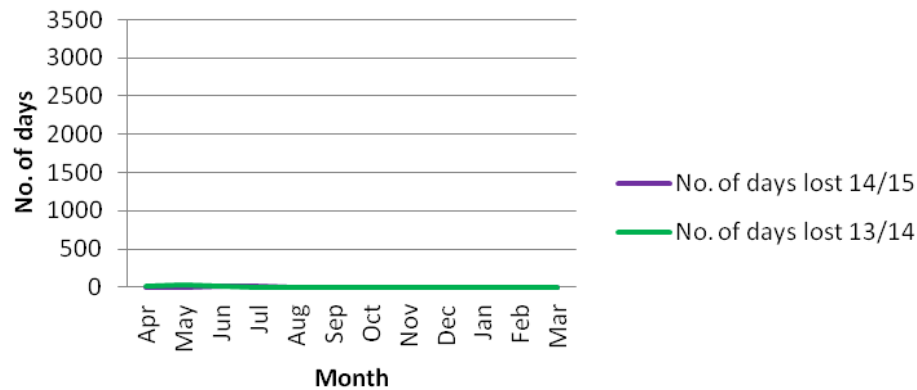
### Operations Directorate Days Lost Due to Sickness Absence



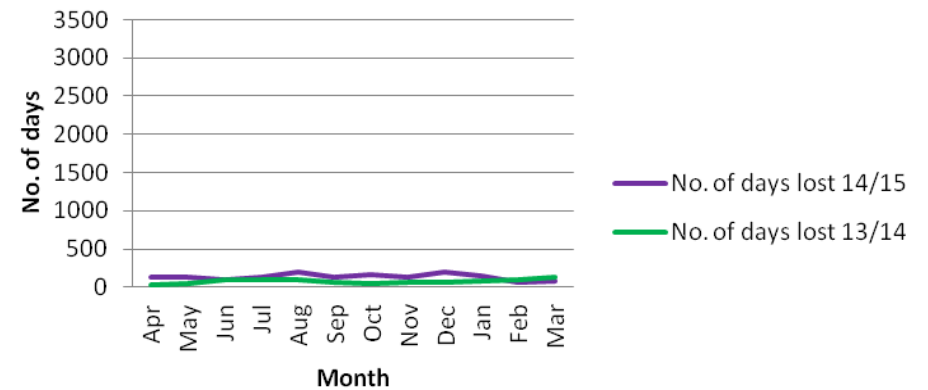
### Finance Directorate Days Lost Due to Sickness Absence



### Medical 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 – 31/03/2015

	Absence Reason	Absence Days Lost LT	Absence Days Lost ST	TOTAL DAYS LOST	% Days Lost as a % of GRAND TOTAL
<b>1</b>	MUSCULOSKELETAL	8344.83	1711.57	<b>10056.40</b>	<b>30.72%</b>
<b>2</b>	MENTAL HEALTH	6906.13	750.51	<b>7656.64</b>	<b>23.39%</b>
<b>3</b>	GENERAL DEBILITY	2360.68	1631.23	<b>3991.91</b>	<b>12.19%</b>
<b>4</b>	SURGICAL	2891.53	224.24	<b>3115.77</b>	<b>9.52%</b>
<b>5</b>	RESPIRATORY	870.20	631.34	<b>1501.54</b>	<b>4.59%</b>
<b>6</b>	GASTRO-INTESTINAL	282.00	947.50	<b>1229.50</b>	<b>3.76%</b>
<b>7</b>	FLU/VIRAL	364.07	821.63	<b>1185.70</b>	<b>3.62%</b>
<b>8</b>	ACCIDENT RELATED	856.07	150.74	<b>1006.81</b>	<b>3.08%</b>
<b>9</b>	CARDIOVASCULAR	767.00	56.00	<b>823.00</b>	<b>2.51%</b>
<b>10</b>	ENT	379.00	364.34	<b>743.34</b>	<b>2.27%</b>

### 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
<b>1</b>	MUSCULOSKELETAL	5937.56	1059.23	<b>6996.79</b>	<b>25.43%</b>
<b>2</b>	GENERAL DEBILITY	3261.44	2961	<b>6222.44</b>	<b>22.62%</b>
<b>3</b>	MENTAL HEALTH	5432.73	562	<b>5994.73</b>	<b>21.79%</b>
<b>4</b>	SURGICAL	2895	176	<b>3071</b>	<b>11.16%</b>
<b>5</b>	RESPIRATORY	455	389.13	<b>844.13</b>	<b>3.07%</b>
<b>6</b>	GASTRO-INTESTINAL	340	304	<b>644</b>	<b>2.34%</b>
<b>7</b>	ACCIDENT RELATED	553	84	<b>637</b>	<b>2.32%</b>
<b>8</b>	CARDIOVASCULAR	601	5	<b>606</b>	<b>2.20%</b>
<b>9</b>	CANCER RELATED	603	0	<b>603</b>	<b>2.19%</b>
<b>10</b>	PREGNANCY RELATED	552	9	<b>561</b>	<b>2.04%</b>

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

### **ABSENCE COMPARISON WITH NHS AMBULANCE TRUSTS**

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

<b>NHS TRUST</b>	<b>April 13</b>	<b>May 13</b>	<b>June 13</b>	<b>July 13</b>	<b>Aug 13</b>	<b>Sep 13</b>	<b>Oct 13</b>	<b>Nov 13</b>	<b>Dec 13</b>	<b>Jan 14</b>	<b>Feb 14</b>	<b>Mar 14</b>
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%
<b>NIAS monthly</b>	<b>7.85%</b>	<b>7.28%</b>	<b>6.46%</b>	<b>7.08%</b>	<b>6.87%</b>	<b>7.76%</b>	<b>7.53%</b>	<b>8.31%</b>	<b>9.55%</b>	<b>9.58%</b>	<b>#</b>	<b>#</b>
<b>NIAS**</b>	<b>7.85%</b>	<b>7.60%</b>	<b>7.33%</b>	<b>7.35%</b>	<b>7.25%</b>	<b>6.67%</b>	<b>6.77%</b>	<b>7.00%</b>	<b>7.25%</b>	<b>7.48%</b>	<b>#</b>	<b>#</b>

\*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		2014/15	
ABSENCE TARGET	DHSSPS PFA Target 5.5%		DHSSPS PFA Target 5.2%		NIAS Target 6.85%		NIAS Target 6.7%		NIAS Target 6.7%		NIAS Target 7.0%	
	% Absence (09/10)	% Variance (08/09)	% Absence (10/11)	% Variance (09/10)	% Absence (11/12)	% Variance (10/11)	% Absence (12/13)	% Variance (11/12)	% Absence (13/14)	% Variance (12/13)	% Absence (14/15)	% Variance (13/14)
REGIONAL HSC TRUSTS	5.49%	-2.8%	5.46%	-0.55%	5.36%	-1.87%	5.71%	+6.13	*	*	*	*
NI AMB 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	<b>NIAS</b>	4.67	7.98	8.32	8.41	12.57	4.73	**	**	**
Paramedics	333	28.01	<b>NIAS</b>	6.76	5.18	7.94	6.46	8.31	7.30	**	**	**
Nursing & Midwifery (formerly TC5)	N/A*	N/A*	<b>HSC</b>	6.26	5.90	6.41	6.16	6.59	*	*	*	*
Social Services (formerly TC6)	N/A*	N/A*	<b>HSC</b>	6.42	5.89	6.23	6.09	6.53	*	*	*	*
Non-Regulated												
Admin & Clerical***	125	10.51	<b>NIAS</b>	2.67	3.78	5.23	3.57	4.97	5.30	**	**	**
	N/A*	N/A	<b>HSC</b>	4.26	3.91	4.40	4.17	4.86	*	*	*	*
Estate Services (formerly TC3)	3	0.25	<b>NIAS</b>	9.57	1.28	0.00	0.00	0.00	2.55	**	**	**
	N/A*	N/A	<b>HSC</b>	6.25	3.78	4.82	4.67	5.60	*	*	*	*
ACA's	264	22.20	<b>NIAS</b>	6.57	6.83	7.94	6.39	8.12	6.44	**	**	**
EMTs / PiTs	213	17.91	<b>NIAS</b>	8.91	8.84	8.74	6.76	8.59	11.30	**	**	**
Control Staff	110	9.25	<b>NIAS</b>	13.81	7.74	9.52	10.21	12.52	8.46	**	**	**
Support Services (formerly TC4)	1	0.08	<b>NIAS</b>	3.85	0.38	11.11	0.38	11.54	7.69	**	**	**
	N/A	N/A	<b>HSC</b>	7.16	6.09	7.84	6.91	7.85	*	*	*	*

\* Figures no longer provided by DHSSPSNI

\*\* Figures currently not reportable from HRPTS.

\*\*\* Includes Management and Senior Management grades

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

## EMPLOYEE RELATIONS

Grievance Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
No. of Grievances received	0	0	3	4	1	1	1	11	3	4	5	9	42
Grievances acknowledged within 2 days	0	0	3	3	0	1	0	10	3	4	5	9	38
Grievances at Informal Stage	0	0	0	0	0	0	0	8	1	2	3	9	23
Grievances resolved informally / withdrawn	0	0	2	3	1	1	0	0	2	0	0	0	9
Grievance at Formal Stage	0	0	1	1	0	0	1	3	0	2	2	0	10
Stage 1 hearing arranged within 15 working days	N/A	N/A	0	0	0	0	0	0	0	0	1	9	10
Stage 1 Grievance Hearing heard	N/A	N/A	1	0	0	0	0	0	0	0	0	0	1
Stage 1 outcome conveyed within 7 working days of hearing	N/A	N/A	1	0	0	0	0	0	0	0	0	0	1
No. of cases appealed	N/A	N/A	0	0	0	0	0	0	0	0	0	0	0
Stage II hearing arranged within 15 working days of notification	N/A	N/A	0	0	0	0	0	0	0	0	0	0	0
Stage II outcome conveyed within 7 working days of hearing	N/A	N/A	0	0	0	0	0	0	0	0	0	0	0
Grievance Cases Closed	0	0	2	3	1	1	0	0	2	0	0	0	9
<b>Number of active Grievance Cases (2014/15)</b>													<b>33</b>
<b>Total number of active Grievance Cases</b>													<b>52</b>

\* Information is valid on the date of publication only

<b>Discipline Standards</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>TOTAL</b>
Number of disciplinary cases	4	1	0	2	1	0	0	1	0	1	0	0	<b>10</b>
Number of HCPC referrals	0	1	0	1	0	0	0	0	0	0	0	0	<b>2</b>
Withdrawal of Professional Registration.	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Number of suspensions	0	0	0	0	0	0	0	0	0	1	0	0	<b>1</b>
Decision to suspend reviewed every 4 weeks	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	N/A	N/A	<b>1</b>
Formal investigations ongoing	3	1	N/A	2	0	N/A	N/A	1	N/A	1	N/A	N/A	<b>8</b>
Formal investigations completed as soon as is	0	0	N/A	0	0	N/A	N/A	0	N/A	0	N/A	N/A	<b>0</b>
Informal Recommendations Made	0	0	N/A	0	0	N/A	N/A	0	N/A	0	N/A	N/A	<b>0</b>
Formal hearing recommended	1	0	N/A	0	1	N/A	N/A	0	N/A	0	N/A	N/A	<b>2</b>
Document disclosure exchanged 5 working days	1	0	N/A	0	1	N/A	N/A	0	N/A	0	N/A	N/A	<b>2</b>
Decision of Stage I Panel conveyed within 7	1	0	N/A	0	1	N/A	N/A	0	N/A	0	N/A	N/A	<b>2</b>
No. of appeals of Stage 1 outcome received	0	0	N/A	0	0	N/A	N/A	0	N/A	0	N/A	N/A	<b>0</b>
Employee given 7 working days notice of appeal	0	0	N/A	0	0	N/A	N/A	0	N/A	0	N/A	N/A	<b>0</b>
Decision of Stage II Appeal panel conveyed within	0	0	N/A	0	0	N/A	N/A	0	N/A	0	N/A	N/A	<b>0</b>
Disciplinary Cases Closed	1	0	0	0	1	0	0	0	0	0	0	0	<b>2</b>
<b>Number of active suspensions</b>													<b>3</b>
<b>Number of active Disciplinary Cases (2014/15)</b>													<b>7</b>
<b>Total number of active Disciplinary Cases</b>													<b>17</b>

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

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

\* Information is valid on the date of publication only

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

**Case File Closures April 2014 – March 2015**

<b>Case File Type</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	
<b>Grievance</b>	1	0	0	3	0	2	1	5	3	2	0	1	
<b>Disciplinary</b>	1	0	0	0	1	1	0	3	1	0	1	1	
<b>Complaint of Harassment</b>	0	0	0	0	0	0	0	2	1	1	1	0	
<b>Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>10</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>32</b>

**(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. Full year compliance as at 31/05/15 will be reported at next Trust Bard.*

*The Operations Directorate have advised that due to significant workforce pressures during 2014-15 they are unlikely to be able to complete the annual KSF PDCRs for 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
<b>Operations Directorate</b>												
Control - Emergency	A	A	A	A	A	0%	A	A	A	A	A	
Control – Non-Emergency	A	A	A	A	A	0%	A	A	A	A	A	
Operations – Frontline	A	A	A	A	A	0%	A	R	R	R	R	
Operations – Non-Frontline	A	A	A	A	A	0%	A	A	A	A	A	
Operations – Tiers 3 & 4	A	A	A	A	A	100%	G	G	G	G	G	100%
Fleet & Estate	A	A	A	A	A	0%	A	A	A	A	A	
<b>Medical Directorate</b>												
Medical & Risk Management	A	A	A	A	A	0%	A	A	A	A	A	
Emergency Planning	A	A	A	A	A	83%	A	A	A	A	A	

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

<b>RATC ACTIVITY REPORT</b>												
<p>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.</p> <p><i>Each Directorate has responsibility for ensuring staff within their remit have the opportunity to complete the Annual Mandatory Training Workbook and eLearning modules. Overall compliance of completion of Workbook / eLearning as at 31/03/15 will be reported at next Trust Board.</i></p>												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b><u>Clinical Training Programmes</u></b>												
Paramedic-in-Training Programmes	G	G	G	G	G	G	G	G	N/A	N/A	N/A	N/A
Emergency Medical Technician	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G
Ambulance Care Attendant Programmes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b><u>Mandatory Training &amp; Assessment Programmes</u></b>												
Development of Annual Mandatory Training Workbooks and introduction of eLearning modules	A	A	A	A	G	G	G	G	G	G	G	G
Day 1 – Paramedics & EMTs Annual Assessment and CPD <i>Ongoing - commenced September 2014</i>	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	A	A

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
*Day 2 – Paramedics & EMTs Annual Mandatory Training Workbook, PDCRs, TYC Initiatives (to be facilitated by Operational Managers) <i>Was planned to commence September 2014 – cancelled by Operations Directorate due to frontline operational pressures</i>	N/A	N/A	N/A	N/A	N/A	R	R	R	R	R	R	R
Day 3 – Paramedics only Assessment of Paramedic Clinical Skills <i>Commenced January 2015 – some “mop up” courses required in early 2015-2016</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A
Day 1 – Ambulance Care Assistants Annual Assessment and CPD <i>Commenced January 2015 – some “mop up” courses required in early 2015-2016</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A
*Day 2 – Ambulance Care Assistants Annual Mandatory Training Workbook, PDCRs, TYC Initiatives <i>Was planned to commence September 2014 – cancelled by Operations Directorate due to frontline operational pressures</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	R	R	R
Care & Responsibility Refresher Training Programme for frontline operational staff <i>Was planned to be delivered as a rolling programme throughout 2014-15 – cancelled by Operations Directorate due to frontline operational pressures</i>	G	G	G	G	G	G	R	R	R	R	R	R
First Aid at Work Programme for Control Staff	G	G	G	G	G	G	G	G	G	G	G	G

Manual Handling Training for Non-Frontline Staff	G	G	G	G	G	G	G	G	G	G	G	G
Evacuation Chair Training	G	G	G	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	A	A	G
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	N/A	N/A	N/A

### **Continuous Professional Development**

*\*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	G	G	G
Training Team Clinical Update days	N/A	N/A	G	G	G	G	G	G	G	G	G	G

### **Service Developments**

ADI Training for RATC Ambulance Driving Instructors	G	G	G	G	G	G	G	G	G	G	G	G
*Care and Responsibility Train the Trainers	G	G	G	G	G	G	G	R	R	R	R	R
Collision and Management Investigation Course	N/A	N/A	N/A	G	G	G	G	G	G	G	G	G
Putting People First – HSC Leadership Centre to launch Ambassador programme in April 2015	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Human Factors	N/A	N/A	N/A	N/A	N/A	G	G	G	G	G	G	G
Psychosocial Resilience	N/A	N/A	N/A	G	G	G	G	G	G	G	G	G

### **RATC Input for Other Medical Disciplines**

Foundation Year Doctors Generic Skills Training	N/A	G	G	G	G	G	G	G	G	G	G	G
Queens University Medical Students	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G	G	G

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

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

<b>JOB EVALUATION FOR PARAMEDICS, RRV PARAMEDICS &amp; EMERGENCY MEDICAL TECHNICIANS</b>												
<p><i>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.</i></p> <p><i>For the Paramedic and EMT posts, separate responses from the post holder rep and management rep have been forwarded to the RQA team. The Trust await the outcome from the RQA team.</i></p>												
	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
<b><u>Paramedic Job</u></b>												
Trust notified of JE outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Notify post-holders of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Notify Payroll of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b><u>RRV Paramedic Job</u></b>												
Trust notified of JE outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Notify post-holders of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Notify Payroll of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b><u>EMT Job</u></b>												
Trust notified of JE outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Notify post-holders of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Notify Payroll of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

## **CLAIMS MANAGEMENT**

Claim Type	Carried Over	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
<b>Employers Liability</b>	<b>24</b>													
Cases Received		2	0	4	1	2	0	1	1	3	3	1	3	21
Cases Settled		1	1	1	0	0	0	2	0	1	0	1	1	8
<b>Cases Ongoing</b>														<b>37</b>
<b>Clinical Negligence</b>	<b>7</b>													
Cases Received		0	0	0	0	0	0	0	0	0	1	0	0	1
Cases Settled		1	0	0	1	0	0	0	0	0	0	0	0	2
<b>Cases Ongoing</b>														<b>6</b>
<b>Public Liability</b>	<b>5</b>													
Cases Received		0	0	2	0	0	0	0	0	0	0	0	0	2
Cases Settled		0	1	1	0	0	0	1	0	0	0	0	0	3
<b>Cases Ongoing</b>														<b>4</b>

## COMPLAINTS MANAGEMENT

Total complaints received to date

Total (to date)  
**229**

HANDLING TIMES OF COMPLAINTS																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2013-14	
Complaints Received	22	27	15	18	14	20	17	10	17	19	29	21	229		150	100%
<b>Total A&amp;E &amp; PCS Activity</b>	<b>30108</b>	<b>30606</b>	<b>32159</b>	<b>34104</b>	<b>29080</b>	<b>30716</b>	<b>31258</b>	<b>33540</b>	<b>31229</b>	<b>31028</b>	<b>28,799</b>	<b>29,286</b>	<b>371913</b>			
<b>% Complaints/Activity</b>	<b>0.07%</b>	<b>0.09%</b>	<b>0.05%</b>	<b>0.05%</b>	<b>0.05%</b>	<b>0.07%</b>	<b>0.05%</b>	<b>0.03%</b>	<b>0.05%</b>	<b>0.06%</b>	<b>0.10%</b>	<b>0.07%</b>	<b>0.00%</b>			
Acknowledged within 2 working days	22	27	15	18	14	20	17	10	17	19	29	21	229	100%	149	99%
Acknowledged after 2 working days	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	1	1%
Response within 20 working days	5	5	0	4	0	5	3	1	4	0	2	0	29	13%	49	33%
Response after 20 working days	9	6	6	2	8	5	8	1	3	1	11	4	64	28%	51	30%
Complaints Investigations ongoing	8	16	9	12	6	10	6	8	10	18	16	17	136	59%	50	36%
<b>Average Response Time (Working days)</b>													<b>25</b>		<b>24</b>	
Cases referred to NI Ombudsman (cases ongoing)	1(3)	1(4)	0(5)	0(5)	0(5)	0(5)	0(5)	0(5)	0(5)	0(4)	0(4)		5	2%	3	1%

SERVICE AREA OF COMPLAINTS																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2013-14	
Accident & Emergency	5	10	8	10	6	10	7	6	6	4	6	11	89	39%	53	35%
Patient Care Service	4	2	3	3	2	3	4	0	0	4	2	0	27	12%	24	16%
Control & Communications	11	11	4	5	6	7	5	4	10	9	21	10	103	45%	68	45%
Other	2	4	0	0	0	0	1	0	1	0	0	0	8	3%	5	3%
Voluntary Car Service	0	0	0	0	0	0	0	0	0	2	0	0	2	1%	0	0%
<b>TOTAL</b>	<b>22</b>	<b>27</b>	<b>15</b>	<b>18</b>	<b>14</b>	<b>20</b>	<b>17</b>	<b>10</b>	<b>17</b>	<b>19</b>	<b>29</b>	<b>21</b>	<b>229</b>	<b>100.0%</b>	<b>150</b>	<b>100%</b>

NATURE OF COMPLAINTS RECEIVED																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2014-15	%	2013-14	
Staff Attitude	9	13	6	7	6	8	7	4	5	6	6	8	85	37.1%	58	39%
Ambulance Late/No Arrival	8	8	4	6	4	10	6	5	9	11	22	10	103	45.0%	68	45%
Clinical Incident	1	1	4	2	1	2	2	1	2	0	0	2	18	7.9%	18	12%
Suitability of Equip/Vehicle	0	0	0	0	1	0	0	0	0	0	0	0	1	0.4%	1	1%
Other	4	5	0	3	2	0	2	0	1	2	1	1	21	9.2%	4	3%
Patient Property	0	0	1	0	0	0	0	0	0	0	0	0	1	0.4%	1	1%
<b>TOTAL</b>	<b>22</b>	<b>27</b>	<b>15</b>	<b>18</b>	<b>14</b>	<b>20</b>	<b>17</b>	<b>10</b>	<b>17</b>	<b>19</b>	<b>29</b>	<b>21</b>	<b>229</b>		<b>150</b>	

#### COMPLIMENTS RECEIVED

COMPLIMENTS RECEIVED																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2014-15	2013-14		
RECEIVED	16	21	16	17	11	20	8	13	17	8	18	21	186	191		
SERVICE AREA OF COMPLIMENTS RECEIVED																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2014-15	%	2013-14	
Accident & Emergency	14	21	15	14	10	19	8	12	17	8	17	21	176	94.6%	175	90%
Control	0	0	0	2	0	0	0	0	0	0	0	0	2	1.1%	3	2%
Patient Care Service	1	0	0	1	0	1	0	0	0	0	1	0	4	2.1%	12	8%
Voluntary Car Service	0	0	0	0	1	0	0	0	0	0	0	0	1	0.6%	0	0%
Other	1	0	1	0	0	0	0	1	0	0	0	0	3	1.6%	1	1%
TOTAL	16	21	16	17	11	0	8	13	17	8	18	21	186		191	

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

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

Comp/795	Complaint regarding the cancellation of an appointment for an elderly patient. This is the third time the ambulance has been cancelled.	Complaint upheld. Investigation found that two appointments were cancelled due to lack of resources.	Letter of apology and explanation issued. No further action identified.
Comp/800	Patient was allegedly detained under the mental act and she does not understand why this happened.	Complaint not upheld. Crew acted appropriately during incident.	Letter of explanation issued. No further action identified.
Comp/805	Complainant observed a member of the ambulance service rushing and telling an elderly patient to hurry up. She felt the way he spoke to the patient was inappropriate.	Complaint upheld. Staff member acted inappropriately.	Letter of apology and explanation issued. Staff member to be reminded to act professionally at all times.
Comp/812	Complaint regarding the crew's refusal to take patient to hospital.	Complaint not upheld. Patient was aggressive and crew acted appropriately during this incident.	Letter of explanation issued. No further action identified.
COMP/814	Patient unhappy with the crew's attitude as she alleges they were very rude.	Complaint partially upheld. The investigation was unable to establish the manner, tone or content of the conversation.	Letter of explanation and apology issued. Crew to be referred to the Training Department to undertake a formalised written reflection of the assessment and treatment provided.
Comp/820	Complaint regarding an alleged delay in dispatching ambulance while the complainant was being asked questions	Complaint not upheld. Call Taker acted appropriately during call.	Letter of explanation issued. No further action identified.
Comp/821	Complaint regarding the delay of a GP urgent call which allegedly took over 4 hours	Complaint upheld. Investigation found that we were unable to complete the request due to the volume of emergency calls being received at that time.	Letter of explanation and apology issued. No further action identified.
Comp/824	Complaint regarding the attitude of staff where the complainant found one of the crew to be abrupt.	Complaint upheld. Although the crew member did not consider he was abrupt with the patient he has apologised.	Letter of apology and explanation issued. Crew member to be counselled regarding the standards expected.
Comp/825	Complaint regarding the delay of an emergency ambulance which took over 35 minutes to arrive.	Complaint upheld. At the time the call was received all available resources were committed to other emergency calls.	Letter of explanation and apology issued. No further action identified.
Comp/826	Manager of the Nursing Home was unhappy at the way one of the crew spoke to staff.	Complaint upheld. Investigation was unable to determine the content, manner or tone of the conversation.	Letter of apology and explanation issued. Crew to be reminded of the expected standards of conduct.

Comp/832	Complaint regarding the difficulties experienced by the complainant in relation to information available on the website.	Complaint upheld. Website had not been updated with new email address.	Letter of apology and explanation issued. Website to be updated with new email address.
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#### COMPLAINTS CLOSED OUTCOME/LEARNING REPORT 1 FEBRUARY 2015 TO 31 MARCH 2015

Ref	Summary of Complaint	Outcome	Action Required/Learning Points
Comp/ 850	Complaint at the attitude and behaviour of staff where a comment was made to patient's family.	Complaint withdrawn	No further action.
Comp/840	Delay in response of an emergency ambulance which took over 3 hours to arrive.	Complaint upheld. Call was incorrectly prioritised.	Letter of apology and explanation issued. Staff to be reminded of the expected standards of treatment/care of conduct. Work to also commence to revise local policies to deal with second calls and requests for 'estimated time of arrival'.
Comp/796	Complainants daughter was involved in a RTA she feels that her daughter was not treated at the scene as crew were focusing attention on other two patients in car. Complainant feels that the crew did not realise the severity of her daughters injuries	Complaint partially upheld. The investigation found that the appropriate treatment was provided however the staff could have handled the situation better.	Letter of apology and explanation issued. Staff to be referred to the Divisional Training Officer to undertake a formalised written reflection of this incident to establish learning from it.
Comp/831	Complaint regarding the delay of an emergency ambulance for his elderly father and the attitude of control staff when he tried to ascertain the arrival time of ambulance.	Complaint partially upheld. Investigation found that the ambulance was delayed however the call taker was professional at all times during the call.	Letter of apology and explanation issued. No further action identified.
Comp/833	GP called an ambulance when crew arrived at patients residence it had taken over an hour and they told the patients daughter they had gotten lost. The patients daughter felt this was in appropriate as they should have sat-nav.	Complaint upheld. Ambulance took two hours to arrive at location however this was not due to them being lost as they had been reassigned to calls of a higher clinical priority.	Letter of apology and explanation issued. No further action identified.
Comp/827	Complaint regarding staff attitude during an incident at the patient's home.	Complaint not upheld. A number of untoward incident reports have been completed for this address where patient was found to be aggressive.	Complainant requested to contact NIAS to discuss issues.

Comp/807	Complainant was helping a neighbour who had suffered an RTA and phoned for an ambulance he is medically trained he said on arrival he felt the RRV's attitude could have been better when he found her to be rude and asking unnecessary questions about him.	Complaint upheld. Crew member should not have been asking questions about the neighbour.	Letter of apology and explanation issued. Crew member to reflect on her communications skills during this incident.
Comp/858	Complaint received where the patient was discharged from hospital and left alone at home without checking if someone was calling with her. Patient was alone all night in a chair with.	Complaint withdrawn.	Complaint withdrawn / no further action
Comp/860	Non provision of non-emergency transport, complainant attempted to book ambulance on 9 February for an appointment on 9 February.	Complaint not upheld. Request for transport requires 48 hours notice.	Letter of explanation issued. No further action identified.
Comp/847	Complainant said that crew arrived approx 90 mins early and that the female crews attitude was abrupt which upset his elderly wife.	Complaint upheld. Investigation found that there appeared to be miscommunication in relation to the pick up time of complainant's wife which caused some confusion.	Letter of apology and explanation issued. Crew member to be reminded of the standards of conduct expected by all ambulance personnel.
COMP/818	Complainant wishes to know why an emergency ambulance took two hours to arrive for her husband who subsequently died.	Complaint partially upheld. Response was within the timeframe contact should have been made one hour into the call to check on patient's condition.	Letter of apology and explanation issued. Staff to be reminded to carry out courtesy call backs as and when required.
Comp/836	Patient felt that the response time for her baby was not acceptable. Also that she didn't feel crew had all equipment necessary i.e. thermometer.	Complaint upheld. All available emergency resources were committed to other emergency calls. Crew did have appropriate equipment.	Letter of apology and explanation issued. No further action identified.
Comp/838	Delay in response time for complainants daughter who was having a seizure and subsequently was brought to hospital by parents.	Complaint upheld. Incorrect information relayed to the RRV Paramedic regarding eta of ambulance.	Letter of apology and explanation issued. Staff to be reminded of the importance of providing correct information.
Comp/845	Complaint regarding the complainant's father who fell exiting the Voluntary Car Driver's (VCD) car and broke two bones in his foot. She alleges that the VCD does not help her father in and out which he finds increasing difficult as his health is deteriorating.	Complaint upheld. Driver was not aware that the patient required assistance.	Letter of apology and explanation issued. Driver to be reminded to offer assistance at all times whilst escorting patients to hospital.

Comp/854	Complaint regarding delay in emergency ambulance when patient fell on ice and was in considerable pain	Complaint upheld. All available resources were committed to other emergency calls.	Letter of apology and explanation issued. No further action identified.
Comp/855	Complainant unhappy with the pick up times that have been arranged with the Voluntary Car Driver.	Complaint not upheld. Unfortunately the Ambulance Service must make best use of resources available which can mean a delay which all patients finish their treatments.	Letter of explanation issued. Situation to be monitored and we will seek to allocate a new driver if possible.
Comp/856	Complaint from Community Stroke Rehab Assistant regarding the way the first responder spoke to her "patronising tone" and "unprofessional manner"	Complaint upheld. Crew acted unprofessionally.	Letter of apology and explanation issued. Crew member to be counselled to include detailed review of conduct and identification of areas for improvement.
Comp/861	Complaint regarding emergency response time to a child who had fell at swimming pool, suspected head injury	Complaint upheld. All available resources were committed to other emergency calls.	Letter of apology and explanation issued. No further action identified.
COMP/798	Complaint regarding staff attitude where the patient was in a lot of pain and staff were not sympathetic	Complaint not upheld. Crew acted appropriately during this incident.	Letter of explanation issued. No further action identified.
Comp/846	Complaint regarding one crew member's attitude when he arrived at her home.	Complaint upheld. Crew acted inappropriately.	Complaint upheld. Crew member to be counselled where he will be reminded to behave in a professional manner.
Comp/ 849	One of the crew didn't have a very good attitude, no friendly chat and said he would not be bringing one of the bags back if we were collecting the patient.	Complaint not upheld. Crew acted appropriately during this incident.	Letter of explanation issued. No further action identified.
Comp/774	Complaint regarding the attitude of crew who the family found to be unprofessional with unnecessary comments being made to the patient and family.	Complaint upheld. Crew did not act consistent with expectations.	Letter of apology and explanation issued. Crew to reflect on the incident to identify learning and improvement.
Comp/815	Complaint regarding the difficulties in arranging non emergency transport for her husband whose condition flares up and needs to attend hospital for treatment.	Complaint not upheld. Depending on the severity of condition patient can ring 999 and the patient will be categorised according to clinical priority.	Letter of explanation issued. No further action identified.
Comp/830	Complaint regarding the delay of an emergency ambulance and the advice and treatment provided.	Complaint not upheld, crew acted appropriately during this incident.	Letter of explanation issued, No further action identified.

## COMPLIMENTS RECEIVED – JANUARY / FEBRUARY 2015

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

I would like to pass my thanks and appreciation to two members who drove mum to hospital, the crew treated her with such dignity, respect and patience. One of the crew even came back to see how she was, never underestimate how a thoughtful gesture can make a difference to a family who are anxious and afraid.
We were deeply impressed by Mark and Vincent's professionalism, advice and the care they showed. They were exemplary and I want to say a huge thank you to them both
Crew were so good from the minute they came through the door, one stood entire time chatting to mum, also caring towards me when I needed it. Later on one of the crew actually came back to see how she was doing, both went above and beyond the call of duty.
this card is being sent 14months late, but I really wanted to thank the two crew who came to assist us at our home, My baby arrived very quickly and they were fantastic, They took great care of us.
Can we collectively thank all of crew (Six I think) who attended the scene of a serious RTA.
The young crew were wonderful, having completed their tests and prepared me we set off through peak traffic, I was in theatre 45 mins later.
We attended a routine appointment today and wanted to say thanks to the crew who were so kind and efficient with my father.
Thank you both for your help and care last week, your great at your jobs.
Many many belated thanks
Thanks to all that attended me
My family are extremely grateful to an impressed by the care received.

### COMPLIMENTS RECEIVED – MARCH 2015

Description
I can't thank you enough for all you did for me.
On behalf of the patient and family I wish to convey our sincere thanks and gratitude for the attention and care given.
I wish to acknowledge that all staff under your control work under immense pressure and convey my admiration to them for the work that they do.
Thanks given to RRV driver for clinical efforts and words of support to the patient and family.
I wish to express my sincere thanks for the recent visit to our group by NIAS they exemplified the highest standards of professionalism during the visit.
Thanks to all staff involved.
I am writing today to express my heartfelt thanks. My wife passed away while at work and the crew treated me with the utmost respect , courtesy and professionalism. They gave me as much time as I needed to come to terms with the shock and made the task of supplying the required details a lot easier. I would like to thank them for all they did in trying to save my wife.
I am writing today to express my heartfelt thanks. My wife passed away while at work and the crew treated me with the utmost respect , courtesy and professionalism. They gave me as much time as I needed to come to terms with the shock and made the task of supplying the required details a lot easier. I would like to thank them for all they did in trying to save my wife.
Thank you so much for all you done for my son, words cannot thank you both enough.
Thank you so much for all the care and attention you showed yesterday
Thank you
We as a family would like to express our sincere thanks for all your efforts on that night to save him even though he passed away some days later we know that no more could have been done to save him.
I am writing to offer sincere thanks of both my wife and I for the care she receive when she was involved in an incident. In particular I would like to commend a young man, who was off duty from your Larne Station, he unhesitatingly stepped in an ensured my wife was stable until the RRV arrived.

I think it is now time to pay emergency services thanks, they seem to have to work much harder with greater risk,
We would like to express our thanks to the staff of the ambulance service who attend my late father for the kindness and compassion showed.
I would like to express my thanks to the operator who took my call on the 13 March, thank you for your compassion.
On behalf of my family, I would like to express our sincere thanks to the operator who took my call and to the paramedics who arrived and attended. We are grateful for the professional and kind attention.
Thanks for all your help on the night of 24/25 Feb
Thank you for the care my uncle received between 2006-2015.
not able to read compliment

## **Section 75**

<b>Section 75 Policy Screening</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Total</b>
Completed Policy S75 Screenings	0	0	0	2*	0	1*	0	0	1	0	1	0	5
Whilst completed Equality Screenings have not been signed off in the 1 <sup>st</sup> 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													
<b>Equality Statutory Compliance</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	
Disability Action Plan Implementation	G	G	G	G	G	G	G	G	G	G	G	G	
Equality Scheme Implementation	G	G	G	G	G	G	G	G	G	G	G	G	
S75 Compliance Report to ECNI	A	A	A	A	R	R	G	G	G	G	G	G	

## **MEDIA MANAGEMENT**

<b>Media Responses</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Total</b>
Daily Media - Response within same day													
Number of enquiries received	28	31	22	22	42	37	42	36	33	37	24	111	<b>465</b>
Number of responses issued on day of receipt	28	31	22	22	42	37	42	36	33	37	24	111	<b>465</b>
Weekly media - Response within three days													
Number of enquiries received	14	3	6	6	11	9	8	8	9	10	5	6	<b>95</b>
Number of responses issued within 3 days of receipt	14	3	6	6	10	9	8	8	8	10	5	6	<b>93</b>
Number of responses resulting in Media Coverage	39	33	28	28	50	46	49	42	41	45	27	115	<b>543</b>

## **COMMUNITY EDUCATION**

<b>Community Education</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Total</b>
Number of visits delivered	30	32	42	9	9	8	29	37	16	29	52	42	<b>335</b>

## **CONSULTATION RESPONSES – MARCH 2015**

<b>Date of Response</b>	<b>Consultation Title &amp; Summary</b>	<b>Summary of NIAS Response</b>	<b>Link to Consultation</b>

## Transformation and Modernisation Programme Overview

Last updated 13/04/2015

								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		Waiting on Audit proposal to be progressed.	Escalate to Dir HR						
		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									

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	NR & AV	31/10/2014									
		Evaluate Benefits	NR & AV	31/10/2014		Waiting on Audit proposal to be progressed.	Escalate to Dir HR						
Alternative Care Pathways	Minor Injuries	Develop NIAS ACP Protocol	CMcK & NR	30/09/2014									
		Issue NIAS ACP Protocol	CMcK & NR	22/10/2014					N/A				
		Go Live with NIAS ACP Protocol	CMcK & NR	01/10/2014		Staff awareness & confidence to use MIUs will be key to 'go live'	Ensure structured issue of information & briefing of staff & support from CSOs		N/A				
		Review Effectiveness	CMcK & NR	31/12/2014					N/A				
		Evaluate Benefits	CMcK & NR	31/01/2015		Waiting on Audit proposal to be progressed.	Escalate to Dir HR		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									

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	Frail/Elderly	Develop NIAS ACP Protocol	NR & Ops	31/09/14									
		Issue NIAS ACP Protocol	NR & Ops	31/09/14									
		Go Live with NIAS ACP Protocol	CMcK&NR	31/12/2014		Lack of availability of appropriate services in Trusts is hindering ability to roll-out this pathway,	Continue to highlight to Commissioners						
		Review Effectiveness	CMcK&NR	28/02/2015									
		Evaluate Benefits	CMcK&NR	31/03/2015									
Alternative Care Pathways	Seizures	Develop NIAS ACP Protocol	CMcK & NR	31/01/2015		Waiting on Adastra in order to implement as a 'Treat and Leave'							
		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									

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 ACP Protocol	CMcK & NR	01/02/2015		Waiting on availability of CSD to signpost staff appropriately							
		Go Live with NIAS ACP Protocol	CMcK & NR	01/02/2015									
		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		Plan to 'go-live' from 20/04/15							
		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									

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
		Evaluate Benefits	CMcK & NR	01/08/2015									
Alternative Care Pathways	Mental Health	Develop NIAS ACP Protocol	CMcK & NR	30/03/2015									
		Issue NIAS ACP Protocol	CMcK & NR	30/04/2015									
		Go Live with NIAS ACP Protocol	CMcK & NR	31/06/2015		Initial meetings demonstrate lack of available services to enable conveyance to an alternative destination	Other potential ACPs will be developed in an options appraisal.						
		Review Effectiveness	CMcK & NR	01/08/2015									
		Evaluate Benefits	CMcK & NR	01/08/2015									
Alternative Care Pathways	Clinical Support Desk	Develop NIAS CSD Guidelines/Polices & Procedures	FR/MD	31/03/2015									
		Issue NIAS CSD Guidelines/Polices & Procedures	FR	30/04/2015									
		Go Live with NIAS CSD Guidelines/Polices & Procedures	FR	01/05/2015									
		Review Effectiveness	FR/AV	30/06/2015									
		Evaluate Benefits	FR	31/08/2015									

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
TYC	Directory of Services	Complete Options Paper and begin procurement process	FR	31/01/2015									
		Develop NIAS DoS Guidelines/Polices & Procedures	FR/MD	28/02/2015									
		Issue NIAS DoS Guidelines/Polices & Procedures	FR	01/03/2015									
		Go Live with NIAS DoS Guidelines/Polices & 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									
		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									

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
Engagement and Comms		Develop and implement programme Engagement and Communications Strategy	ML	Oct/Nov 14		Risk to implementation as a consequence of lack of dedicated resource	Approval in principle for support of temporary communications support		n/a	n/a	n/a	n/a	n/a
IIP	IIP	Headline objectives to be agreed											
EPRF	EPRF OBC development	Outline Business Case	OBC submitted to HSCB /DHSSPS	PM		Delays in approval -	meetings organised with ehealth team (Jan 15)						

## Appendix: Supporting data



**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 TO MARCH 2015

KPI No		April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2	<b><u>NO OF POTENTIAL MAJOR INCIDENTS</u></b>	1	0	1	3	1	1	0	1	1	2	2	3
	<b><u>No of Declared Major Incidents</u></b>	0	0	0	0	1	1	0	0	0	0	0	0
	<b><u>NO OF AIRPORT ALERTS</u></b>												
	Belfast International Airport	0	0	1	0	0	1	0	0	1	0	0	0
	Belfast City Airport	0	1	1	1	0	0	0	0	1	0	0	0
	City of Derry Airport	0	0	0	0	0	0	0	0	0	0	0	0
	St Angelo Airport	0	0	0	0	0	0	0	0	0	0	0	0
	Newtownards Airfield	0	0	0	0	0	0	0	0	0	0	0	0
	Other airfields												
	<b><u>BUSINESS CONTINUITY</u></b>	4	5	1	1	3	1	2	5	0	3	2	2
	<b><u>HAZARDOUS MATERIAL INCIDENTS (HART CALLS)</u></b>	37	36	28	32	36	34	37	32	37	39	31	37
	<b><u>HART PRE-PLANNED DEPLOYMENTS</u></b>	3	0	0	1	2	1	0	0	0	0	0	0
4	<b><u>TRAINING SESSIONS</u></b>		1	1			1	2	2	2	1	3	2
	<b><u>EMERGENCY PLANNING</u></b>	2	2	3	1	0	2	4	4	1	0	3	4
	<b><u>HART</u></b>	6	4	1	1	2	2	8	8	5	9	10	15
	<b><u>BUSINESS CONTINUITY</u></b>	4	0	0	0	0	0	0	0	0	0	1	0
5	<b><u>EXERCISES</u></b>												
	Live	1	1	1	0	0	5	5	0	1	0	0	0
	Tabletop	0	0	1	0	1	1	1	1	0	0	1	1
	Observer	0	0	0	0	0	0	0	0	0	0	0	0
6	<b><u>Updates or amendments to MIP</u></b>												

### **Potential Major Incidents**

On 3 March 2015 at 19.08hrs NIAS received a call for a road traffic collision with approximately 10 casualties in Londonderry. Three Accident & Emergency (A&E), two Rapid Response Vehicles, one officer and the Hazardous Area Response Team (HART) manager were tasked to the scene. The Emergency Equipment Vehicle and the Mobile Control Vehicle were stood down whilst en route. Two hospitals were alerted to receive casualties. The patients were taken to Altnagelvin Hospital. The normal means of contacting officers was slow as the pager system failed. The problem with the paging system has since been identified and rectified. The incident was stood down at 19.45hrs.

On 20 March 2015 at 09.55hrs NIAS received a 999 call to Castlewellan following reports of a bus crash. Two A&E crews, two Rapid Response Vehicles and one officer were tasked to the scene. The Emergency Equipment Vehicle and Mobile Control Vehicle were mobilised but stood down. All ten passengers were disabled, five of whom were in wheelchairs. All patients were brought to the Downe Hospital in their own vehicle with the Rapid Response Vehicle paramedic accompanying them.

On 28 March 2015 at 15:09hrs NIAS received a call from the National Ambulance Service (NAS) at Ballyshannon to assist them with a potential major incident on the main road between Pettigo and Lackey for a report of a road traffic collision involving a bus. Three A&E crews, three Rapid Response Vehicles, two officers, the Emergency Equipment Vehicle and Mobile Control Vehicle were tasked to the scene. The NAS tasked to the scene three A&E crews, four Intermediate Care Vehicles, two Rapid Response Vehicles and one officer. A Casualty Clearing Station was established at the Termon Centre in Pettigo. It was agreed that NIAS would take command of the Casualty Clearing Station whilst the NAS would take command of the scene. 26 patients were brought to the Casualty Clearing Station by either car or NAS ambulances, five of these patients were transported to the South West Acute Hospital by NIAS and a further seven patients were transported to the South West Acute Hospital by the NAS. The remaining patients were discharged at the Casualty Clearing Station by staff made up of NIAS paramedics, two doctors and four nurses. The incident was stood down at 17:22hrs.

### **Major Incidents**

There were no declared major Incidents during this reporting period.

### **Airport Alerts**

There were no airport alerts during this reporting period.

### **Incidents of Note**

NIAS received delivery of and provided training on two Ramses units (for transportation of confirmed cases of Ebola).

NIAS received delivery of two new mobile decontamination tents.

### **HAZMAT / Hazardous Area Response Team (HART) deployments**

30 = Deployments with Breathing Apparatus Skills

5 = HAZMAT Deployments

1= Mountain Rescue

1= Inaccessible Area

Date of Call	HART Capability	Partner Agency	Call Number	Description
03 Mar 2015	Breathing Apparatus	NI Fire & Rescue Service (NIFRS)	<b>2670851</b>	Fire call, Hazardous Area Response Team operative activated to scene
05 Mar 2015	Breathing Apparatus	NIFRS	<b>2671967</b>	HAZMAT incident, no further action by Emergency Ambulance Control
06 Mar 2015	Breathing Apparatus	NIFRS	<b>2672795</b>	Fire call no further action by Emergency Ambulance Control
07 Mar 2015	Breathing Apparatus	NIFRS	<b>2673032</b>	Fire call no further action by Emergency Ambulance Control
07 Mar 2015	Breathing Apparatus	NIFRS	<b>2673336</b>	Fire call, Hazardous Area Response Team operative activated to scene
07 Mar 2015	Breathing Apparatus	NIFRS	<b>2673526</b>	Fire call, Hazardous Area Response Team operative activated to scene
07 Mar 2015	Breathing Apparatus	NIFRS	<b>2673609</b>	Carbon Monoxide incident, no further action by Emergency Ambulance Control
08 Mar 2015	Breathing Apparatus	NIFRS	<b>2673770</b>	HAZMAT incident, no further action by Emergency Ambulance Control

08-Mar-15	Mountain Rescue	PSNI/PSNI Search & Rescue Coordinator	<b>2673992</b>	Mountain Rescue incident, Hazardous Area Response Team operative activated to scene
08 Mar 2015	Breathing Apparatus	NIFRS	<b>2674151</b>	Fire call no further action by Emergency Ambulance Control
10 Mar 2015	Breathing Apparatus	NIFRS	<b>2675450</b>	Fire call no further action by Emergency Ambulance Control
10 Mar 2015	Breathing Apparatus	NIFRS	<b>2675513</b>	Fire call, Hazardous Area Response Team operative activated to scene
13 Mar 2015	HAZMAT	NIFRS/PSNI	<b>2676995</b>	HAZMAT incident, no further action by Emergency Ambulance Control
13 Mar 2015	Breathing Apparatus	NIFRS	<b>2677081</b>	Fire call no further action by Emergency Ambulance Control
14 Mar 2015	Breathing Apparatus	NIFRS	<b>2677633</b>	Fire call no further action by Emergency Ambulance Control
14 Mar 2015	Breathing Apparatus	NIFRS	<b>2677747</b>	Fire call no further action by Emergency Ambulance Control
14 Mar 2015	Breathing Apparatus	NIFRS	<b>2677915</b>	Fire call no further action by Emergency Ambulance Control
14 Mar 2015	Breathing Apparatus	NIFRS	<b>2678023</b>	Carbon monoxide incident, Hazardous Area Response Team operative activated to scene
15 Mar 2015	Inaccessible area	NIFRS	<b>2678471</b>	No further action by Emergency Ambulance Control
15 Mar 2015	Breathing Apparatus	NIFRS	<b>2678504</b>	Carbon Monoxide incident, no further action by Emergency Ambulance Control
15 Mar 2015	Breathing Apparatus	NIFRS	<b>2678512</b>	Fire call no further action by Emergency Ambulance Control
17 Mar 2015	Breathing Apparatus	NIFRS	<b>2679752</b>	Fire call, Hazardous Area Response Team operative activated to scene
19 Mar 2015	Breathing Apparatus	NIFRS	<b>2681456</b>	Carbon Monoxide incident, no further action by Emergency Ambulance Control
19 Mar 2015	Breathing Apparatus	NIFRS	<b>2681677</b>	Carbon monoxide incident, Hazardous Area Response Team operative activated to scene
21 Mar 2015	Breathing Apparatus	NIFRS	<b>2682783</b>	Fire call no further action by Emergency Ambulance Control

21 Mar 2015	HAZMAT	NIFRS	<b>2682891</b>	HAZMAT incident, no further action by Emergency Ambulance Control
21 Mar 2015	Breathing Apparatus	NIFRS	<b>2682945</b>	Carbon monoxide incident, Hazardous Area Response Team operative activated to scene
24 Mar 2015	HAZMAT	NIFRS	<b>2684826</b>	HAZMAT incident, Hazardous Area Response Team operative activated to scene
25 Mar 2015	Breathing Apparatus	NIFRS	<b>2685195</b>	Fire call no further action by Emergency Ambulance Control
27 Mar 2015	HAZMAT	NIFRS	<b>2686897</b>	HAZMAT incident, Hazardous Area Response Team operative activated to scene
28 Mar 2015	Breathing Apparatus	NIFRS	<b>2687042</b>	Fire call no further action by Emergency Ambulance Control
28 Mar 2015	HAZMAT	NIFRS	<b>2687054</b>	HAZMAT incident, no further action by Emergency Ambulance Control
29 Mar 2015	Breathing Apparatus	NIFRS	<b>2688222</b>	Fire call no further action by Emergency Ambulance Control
30 Mar 2015	Breathing Apparatus	NIFRS	<b>2688800</b>	HAZMAT incident, no further action by Emergency Ambulance Control
31 Mar 2015	Breathing Apparatus	NIFRS	<b>2689136</b>	HAZMAT incident, no further action by Emergency Ambulance Control
31 Mar 2015	Breathing Apparatus	NIFRS	<b>2689224</b>	Fire call, Hazardous Area Response Team operative activated to scene
31 Mar 2015	Breathing Apparatus	NIFRS	<b>2689609</b>	HAZMAT incident, no further action by Emergency Ambulance Control

  
**William Newton**  
**EMERGENCY PLANNING OFFICER**



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

Data provided is based on review of Patient Review Forms for period of 01/01/2014 to 31/12/2014

### INDICATOR 1 (see explanation below)

Month	Cardiac Arrests	Resus attempts	ROSC at Hospital
Jan 2014	130	87	9
Feb 2014	131	89	18
Mar 2014	123	84	14
Apr 2014	135	87	14
May 2014	95	61	9
Jun 2014	102	71	11
Jul 2014	111	84	14
Aug 2014	95	69	5
Sep 2014	113	84	14
Oct 2014	108	81	9
Nov 2014	119	84	14
Dec 2014	129	88	11
Totals	1391	969	142
%		69.66%	14.65%

### INDICATOR 2 (see explanation below)

Cardiac Arrests	Resus attempts	ROSC at any time	ROSC at Hospital	No of at hospital ROSCs that had initial VT/VT + Bystander Witnessed
130	87	17	9	7
131	89	28	18	4
123	84	21	14	6
135	87	25	14	10
95	61	18	9	4
102	71	23	11	7
111	84	23	14	7
95	69	13	5	2
113	84	25	14	6
108	81	26	9	6
119	84	24	14	5
129	88	24	11	4
1391	969	267	142	68
	69.66%	27.55%	14.65%	47.89%

Definitions as agreed by DHSSPS, Hospital Information Branch and Northern Ireland Ambulance Service Staff

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

#### Description:

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

#### KPI1. ROSC at Arrival at Hospital (Overall)

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

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

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

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



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

**CRITERIA FOR INCLUSION: FAST TEST PERFORMED AND OUTCOME RECORDED ON PRF**  
 At least one positive result required i.e. Facial Weakness = 'Yes' OR Arm Weakness = 'Yes'  
OR Speech Impairment = 'Yes'

**PERIOD OF MONITORING: 01 April 2014 TO 30 Dec 2014**

	Totals			i1	i2	i3	i4	i5	i6	i7
	Total PRFs per month	Suspected Stroke		FAST Test Performed	Airway Managed / Observed	Blood Glucose Observed	Blood Pressure Observed	Glasgow Coma Scale Completed / Observed	Pre Alert Message Sent to hospital	Direct Transfer to hospital
Apr 14	15981	403	N %	403 100.0%	399 99.0%	334 82.9%	380 94.3%	400 99.3%	0.0%	400 99.3%
May 14	15575	358	N %	358 100.0%	356 99.4%	292 81.6%	343 95.8%	356 99.4%	0.0%	358 100.0%
Jun 14	16169	358	N %	358 100.0%	355 99.2%	308 86.0%	347 96.9%	356 99.4%	0.0%	354 98.9%
July 14	16335	314	N %	314 100.0%	309 98.4%	267 85.0%	299 95.2%	309 98.4%	0.0%	314 100.0%
Aug 14	15574	344	N %	344 100.0%	335 97.4%	292 84.9%	328 95.3%	338 98.3%	0.0%	342 99.4%
Sept 14	15504	278	N %	278 100.0%	276 99.3%	245 88.1%	270 97.1%	275 98.9%	0.0%	278 100.0%
Oct 14	16090	342	N %	342 100.0%	338 98.8%	291 85.1%	335 98.0%	339 99.1%	0.0%	339 99.1%
Nov 14	15631	336	N %	336 100.0%	330 98.2%	284 84.5%	325 96.7%	330 98.2%	0.0%	336 100.0%
Dec 14	17390	451	N %	451 100.0%	449 99.6%	376 83.4%	433 96.0%	449 99.6%	0.0%	447 99.1%
<b>Total</b>	<b>144249</b>	<b>3184</b>	<b>N %</b>	<b>3184.0 100.0%</b>	<b>3147.0 98.8%</b>	<b>2689.0 84.5%</b>	<b>3060.0 96.1%</b>	<b>3152.0 99.0%</b>	<b>0.0 0.0%</b>	<b>3168.0 99.5%</b>

\* Pre Alert message not currently auditable

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

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

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

### CLINICAL PERFORMANCE INDICATORS: STROKE/TIA MANAGEMENT INDICATOR SET

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



<b>ID</b>	<b>220</b>
<b>Principal Aim, Objective, Value</b>	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective
<b>Risk Type</b>	<b>CORP</b>
<b>Title</b>	<b>Trade Unions 'Notice to Employer' of an official ballot for Industrial Action.</b>
<b>Description</b>	There is a risk to all aspects of service delivery, including the risk to safe delivery of patient care. <input type="checkbox"/> Ballot for Industrial Action (i) in the form of Strike Action; or (ii) in the form of action short of a strike
<b>Risk level (initial)</b>	<b>HIGH</b>
<b>Risk level (Target)</b>	<b>LOW</b>
<b>Risk level (current)</b>	<b>HIGH</b>
<b>Lead Director</b>	<b>DIRHR</b>
<b>Initial Action Taken to Control/Mitigate Risk</b>	1. Management guidance for response to IA and contingency Plan for IA implemented <input type="checkbox"/> 2. IA Management Team and related Silver Cell established to ensure the Trust has a formal structure in place which enables effective demand management and co ordination. <input type="checkbox"/> 3. Regional HSC Protocol and MOU agreed with Unison, Unite and GMB Trade Unions to protect the provision of emergency services and clinically critical care to patients during the periods of IA. Commitment also given to support the delivery of contingencies where employers are demonstrably unable to make alternative arrangements. <input type="checkbox"/> 4. IAMT will engage with TU's before and during IA <input type="checkbox"/> 5. Escalation to NIAS BC Plans as appropriate. <input type="checkbox"/> 6. Consultations mechanism established for IR issues. Continued engagement with Trade Unions throughout these.
<b>Opened</b>	<b>11/08/2011</b>
<b>Review Date</b>	<b>30/04/2015</b>
<b>Action Plan to Address /Mitigate Risk</b>	Chair and Chief Executive to engage with DHSSPS at Permanent Secretary level to address issues of dispute that are out with NIAS Trust influence.

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> <p>1. Overspending against core budget; <input type="checkbox"/></p> <p>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"/></p> <p>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"/></p> <p>4. Accident &amp; 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"/></p> <p>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> <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	20/01/2015																																																																						
Action Plan to Address /Mitigate Risk	<p>(i) Ongoing application of controls A to E above.<input type="checkbox"/></p> <table><tr><td><input type="checkbox"/></td><td>CONTROL</td><td>ADDITIONAL ACTIONS REQUIRED</td><td>WHO</td><td>WHEN<input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td>A</td><td>Monthly Reporting</td><td>Assistant Director of Finance</td><td>Monthly<input type="checkbox"/></td></tr><tr><td></td><td>B</td><td>Approval of TDP</td><td>DHSSPS/HSCB</td><td>Aug-14<input type="checkbox"/></td></tr><tr><td></td><td>C</td><td>Monthly Reporting</td><td>Assistant Director of Finance</td><td>Monthly<input type="checkbox"/></td></tr><tr><td></td><td>D</td><td>Monthly Reporting</td><td>Assistant Director of Finance</td><td>Monthly<input type="checkbox"/></td></tr><tr><td></td><td>E</td><td>Savings Plans Finalised</td><td>Trust Board</td><td>Jul-14<input type="checkbox"/></td></tr><tr><td></td><td></td><td>Savings Plans Implemented</td><td>SEMT</td><td>Sep-14<input type="checkbox"/></td></tr></table> <p>(i) Ongoing application of controls A to E above.<input type="checkbox"/></p> <table><tr><td><input type="checkbox"/></td><td>CONTROL</td><td>ADDITIONAL ACTIONS REQUIRED</td><td>WHO</td><td>WHEN<input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td>A</td><td>Monthly Reporting</td><td>Assistant Director of Finance</td><td>Monthly<input type="checkbox"/></td></tr><tr><td></td><td>B</td><td>Approval of TDP</td><td>DHSSPS/HSCB</td><td>Aug-14<input type="checkbox"/></td></tr><tr><td></td><td>C</td><td>Monthly Reporting</td><td>Assistant Director of Finance</td><td>Monthly<input type="checkbox"/></td></tr><tr><td></td><td>D</td><td>Monthly Reporting</td><td>Assistant Director of Finance</td><td>Monthly<input type="checkbox"/></td></tr><tr><td></td><td>E</td><td>Savings Plans Finalised</td><td>Trust Board</td><td>Jul-14<input type="checkbox"/></td></tr><tr><td></td><td></td><td>Savings Plans Implemented</td><td>SEMT</td><td>Sep-14<input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	CONTROL	ADDITIONAL ACTIONS REQUIRED	WHO	WHEN <input type="checkbox"/>	<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"/>	<input type="checkbox"/>	CONTROL	ADDITIONAL ACTIONS REQUIRED	WHO	WHEN <input type="checkbox"/>	<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"/>
<input type="checkbox"/>	CONTROL	ADDITIONAL ACTIONS REQUIRED	WHO	WHEN <input type="checkbox"/>																																																																			
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		Savings Plans Implemented	SEMT	Sep-14 <input type="checkbox"/>																																																																			

<b>ID</b>	<b>245</b>
<b>Principal Aim/Objective/Value</b>	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
<b>Risk Type</b>	<b>CORP</b>
<b>Title</b>	<b>Public Perception</b>
<b>Description</b>	There is a risk to the Trust that public perception of the ambulance service is inconsistent with the aspirations of the service.
<b>Risk level (initial)</b>	<b>MEDIUM</b>
<b>Risk level (Target)</b>	<b>LOW</b>
<b>Risk level (current)</b>	<b>LOW</b>
<b>Lead Director</b>	<b>DIRHR</b>
<b>Initial Action Taken to Control/Mitigate Risk</b>	1. Public Trust Board meetings <input type="checkbox"/> 2. Annual Reports <input type="checkbox"/> 3. Community engagement programme <input type="checkbox"/> Social Media
<b>Opened</b>	<b>30/04/2013</b>
<b>Review Date</b>	<b>21/01/2015</b>
<b>Action Plan to Address/Mitigate Risk</b>	1. Establish as key element for inclusion in communications strategy. <input type="checkbox"/> 1.1. Communications Strategy approved by Trust Board on ????? included measures to present activities to public and other stakeholders to support alignment of public perception of NIAS with strategic intent. <input type="checkbox"/> 2. Explore further opportunities to influence public perception. <input type="checkbox"/> 2.2. NIAS participating fully with Personal Public Involvement, Patient Client Experience and other HSC strategies and activities to engage with the public. <input type="checkbox"/> 3. Present action plan to Trust Board <input type="checkbox"/> 3.1. Trust Board will be advised of activity and developments through standard processes. <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"/> 4.1. Removed to local HRSC register following Trust Board <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>ID</b>	<b>246</b>
<b>Principal Aim, Objective, Value</b>	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective
<b>Risk Type</b>	<b>CORP</b>
<b>Title</b>	<b>Linking Funding to Demand</b>
<b>Description</b>	There is a risk to the Trust that increasing demand for ambulance response and transportation will outstrip capacity and compromise delivery of safe, high quality care due to the absence of a means of linking planned / approved budget to demand. □ Overall demand for ambulance has increased by 3% in 2014-15, with an increase of 14% for Category A calls. The increase in Category A calls has resulted in a sharp deterioration in % of Cat A calls responded to within 8 mins despite only moderate fall in absolute number of calls responded to within 8 mins. □
<b>Risk level (initial)</b>	<b>MEDIUM</b>
<b>Risk level (Target)</b>	<b>LOW</b>
<b>Risk level (current)</b>	<b>HIGH</b>
<b>Lead Director</b>	<b>DIROPS</b>
<b>Initial Action Taken to Control/Mitigate Risk</b>	1.NIAS uses internationally accredited Clinical Prioritisation System (AMPDS) to differentiate calls on basis of urgency and assign resources to the most urgent calls as a priority. □ 2.NIAS uses Computer Assisted Dispatch (CAD) and Tactical Deployment Plan to align available resources with anticipated demand to deploy resources to location where they are most likely to be required to respond promptly to most urgent calls. □ 3.NIAS financial planning prioritises provision of front-line resources. □ 4.NIAS has established Resource Management Centre (RMC) to align available resources with priority locations and times. □ 5.NIAS has identified priority locations and times for shift cover. □ 6.Financial resource and activity/performance are issues discussed with HSCB at PMSI meetings. □ 7.Financial resource and activity/performance are issues discussed at Trust Board. □ 8.NIAS has processes in place to secure additional funds linked to service change which could potentially be extended to deal with demand growth (subject to securing Commissioner support). □
<b>Opened</b>	<b>30/04/2013</b>
<b>Review Date</b>	<b>22/01/2015</b>
<b>Action Plan to Address/Mitigate Risk</b>	1.Secure Commissioner support to engage in Demand/Capacity review as first step to linking demand to supply. □ 1.1.Dir Operations has engaged with Lead Ambulance Commissioner and secured support to progress □ 2.Establish metrics to show correlation/relationship between planned resource - demand - performance.to support bid for additional resources. □ 3.Submit proposal to link planned budget to demand analysis to HSCB. □ 3.1.In advance of completing demand/capacity review NIAS has sought to secure share of Demography funding in recognition of demand/activity growth (attempt to establish principle of funding growth) □ 4.Introduce measures to manage demand which reduces demand for ambulance attendance and transportation. □ 4.1.NIAS Modernisation programme established □ 5.Introduce measures to manage demand which result in an alternative outcome which is more appropriate for the patient and better for NIAS/HSC. □ 5.1.NIAS Modernisation programme established □ 6.Review Call Prioritisation and Dispatch procedures to protect capacity to respond to & transport highest priority patients. □ 7.Review Categorisation of HCP calls to address 14% growth in-year and ensure call prioritisation is appropriate. □ 8.Introduce Clinical Decision Support desk in Ambulance Control to provide additional means of managing calls. □ 9. This risk to be closed following Trust Board □ 10 D OPS to develop a new risk in relation to 'Safe care to the Public' □

<b>ID</b>	<b>241</b>
<b>Principal Aim, Objective, Value</b>	To Achieve the best outcomes for patients whilst Ensuring High Quality Corporate Governance, Risk Management and probity
<b>Risk Type</b>	<b>CORP</b>
<b>Title</b>	<b>Organisational Cohesion</b>
<b>Description</b>	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
<b>Risk level (initial)</b>	<b>LOW</b>
<b>Risk level (Target)</b>	<b>LOW</b>
<b>Risk level (current)</b>	<b>LOW</b>
<b>Lead Director</b>	<b>CHAIR</b>
<b>Initial Action Taken to Control/Mitigate Risk</b>	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.
<b>Opened</b>	<b>30/04/2013</b>
<b>Review Date</b>	<b>21/01/2015</b>
<b>Action Plan to Address/Mitigate Risk</b>	1. Board effectiveness assessment planned <input type="checkbox"/> 1.1. Completed. <input type="checkbox"/> 1.2. Board Self Assessment is now conducted on a annual basis. <input type="checkbox"/> 1.3. Chairman has engaged with DHSSPS to fill current vacancies and vacancies anticipated for 2015. <input type="checkbox"/> 1.4. The Board continues to meet and discharge its duties and responsibilities. <input type="checkbox"/> This risk is to be closed as it has meet its target level following Trust Board as it has reached its 'Target' level. <input type="checkbox"/> <input type="checkbox"/>

<b>ID</b>	<b>243</b>
<b>Principal Aim, Objective, Value</b>	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective
<b>Risk Type</b>	<b>CORP</b>
<b>Title</b>	<b>Balancing Statutory Responsibilities</b>
<b>Description</b>	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
<b>Risk level (initial)</b>	<b>LOW</b>
<b>Risk level (Target)</b>	<b>LOW</b>
<b>Risk level (current)</b>	<b>LOW</b>
<b>Lead Director</b>	<b>CEO</b>
<b>Initial Action Taken to Control/Mitigate Risk</b>	<p>1. Corporate Plan identifying purpose, mission, vision and values directs strategic aims and objectives and counter measures to balance competing priorities. <input type="checkbox"/></p> <p>2. Governance Structures ( Audit Committee, Assurance Committee, Remuneration Committee) provide balance in pursuit of objectives and reporting structure to Trust Board. <input type="checkbox"/></p> <p>3. HSC Governance structure and accountability processes provide balance on competing priorities. <input type="checkbox"/></p> <p>4. NIAS Assurance Framework provides balance of competing priorities.</p>
<b>Opened</b>	<b>04/07/2013</b>
<b>Review Date</b>	<b>21/01/2015</b>
<b>Action Plan to Address/Mitigate Risk</b>	<p>1. Ensure NIAS proposals (Business Case Ect.) are constants with DHSSPS guidance which requires consideration of statutory duties such as maintaining financial balance and securing value for money , providing safe and effective services and adhering to equality stipulations. <input type="checkbox"/></p> <p>1.1 NIAS applies and follows DHSSPS guidance and templates. <input type="checkbox"/></p> <p>2. Ensure information presented to NIAS Trust Board on performance and assurance presents a balanced view of potentially competing statutory responsibilities. <input type="checkbox"/></p> <p>2.1 NIAS assurance framework incorporates assurance measures for relevant statutory duties. NIAS performance report to Trust Board incorporates measures for relevant statutory duties. <input type="checkbox"/></p> <p>3. Ensure relevant strategic documents address the issue of balancing statutory duties. <input type="checkbox"/></p> <p>3.1. NIAS Corporate Plan 2011-2014 and associated Trust Delivery Plans highlight the need to balance competing statutory duties. <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>This risk has reached its target level and consideration should be given to closing this risk following Trust Board. <input type="checkbox"/></p>

**TB03B 04/06/15**

**PERFORMANCE REPORT AS AT  
30 APRIL 2015**



**NORTHERN IRELAND AMBULANCE SERVICE**

# Trust Board Report

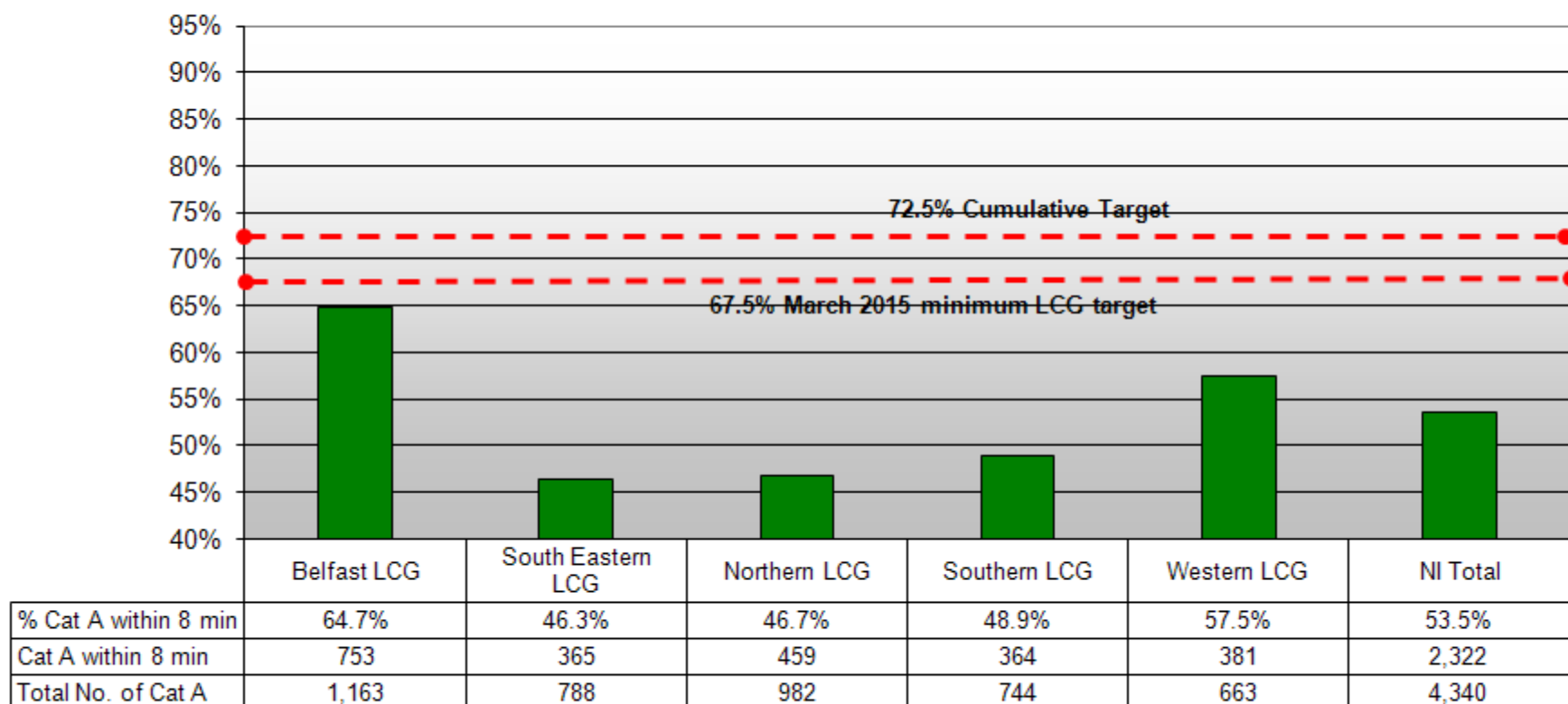
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## Operations Directorate

**Director of Operations**  
**4/1/2015**

## CATEGORY A PERFORMANCE – CUMULATIVE FROM 1 APRIL – 30 APRIL 2015

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



By March 2016, 72.5% of Category A (life threatening) calls responded to within eight minutes, 67.5% in each LCG area (Draft - This target is yet to be confirmed).

*\*\* Please note the Ambulance Response Times for 2015/2016 are provisional"*

## CATEGORY A PERFORMANCE: MONTHLY CUMULATIVE POSITION 2015/2016 AS AT APRIL 2015

HSCB 2015/16 **(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 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Year
Regional	53.5%												
Belfast	64.7%												
South East	46.3%												
North	46.7%												
South	48.9%												
West	57.5%												

Key:



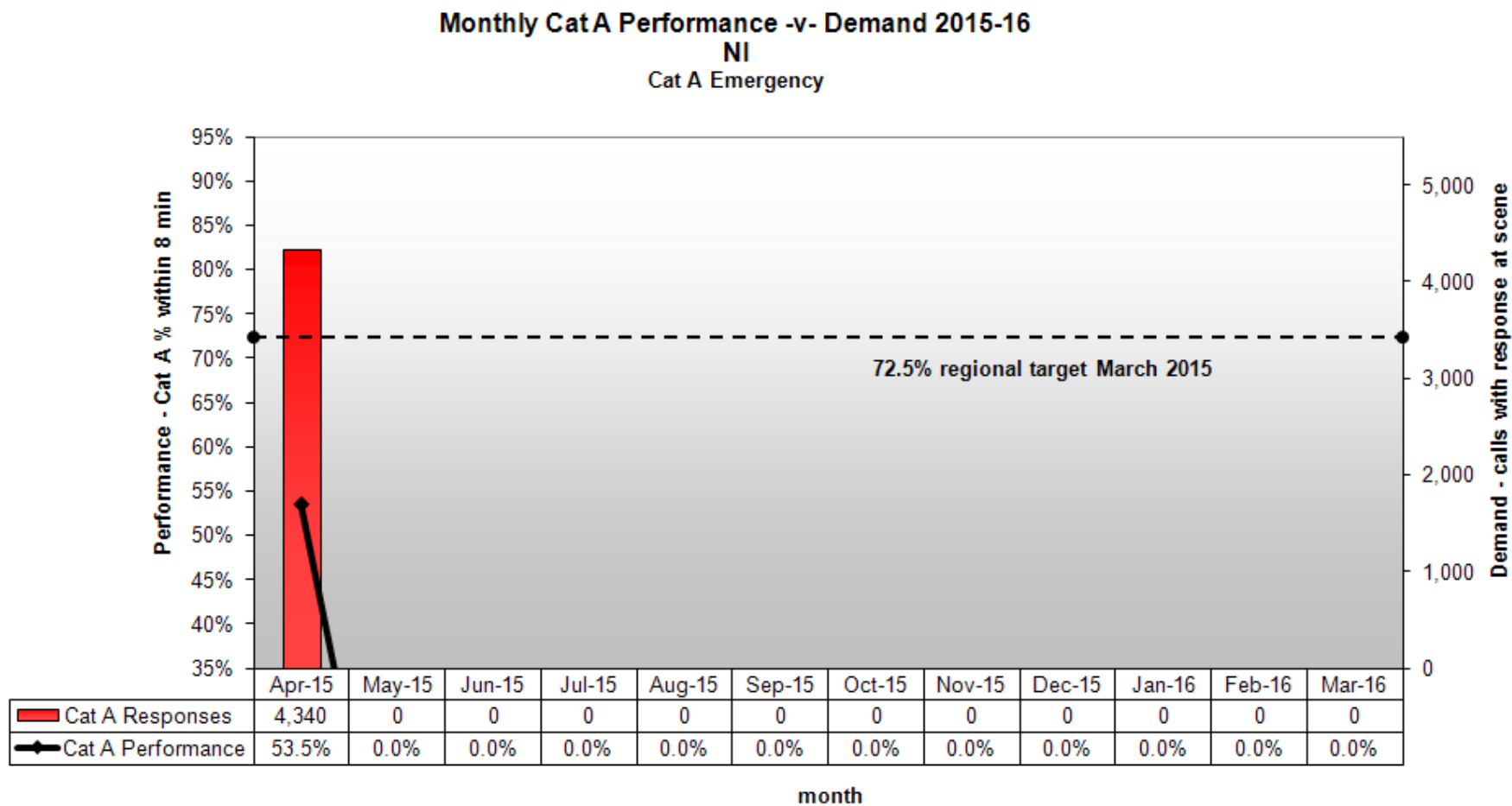
Target Achieved

Target Substantially achieved (within 1% variance)

Target Partially achieved (within 2.5% variance)

Target Not Achieved (greater than 2.5% variance)

## CATEGORY A PERFORMANCE – MONTHLY REGIONAL POSITION 2015/16 AS AT APRIL 2015



## CATEGORY A PERFORMANCE: MONTHLY LCG POSITION 2015/2016 AS AT APRIL 2015

HSCB 2015/16 **(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 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Regional	53.5%											
Belfast	64.7%											
South East	46.3%											
North	46.7%											
South	48.9%											
West	57.5%											

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:**

### **Emergency**

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

### **Urgent/HCP Cat C**

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

### **Non-Urgent**

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

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

**NIAS 2015/16 (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 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Year
Regional	64.1%												
Belfast	63.3%												
South East	54.4%												
North	67.6%												
South	65.0%												
West	70.3%												

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

Key:



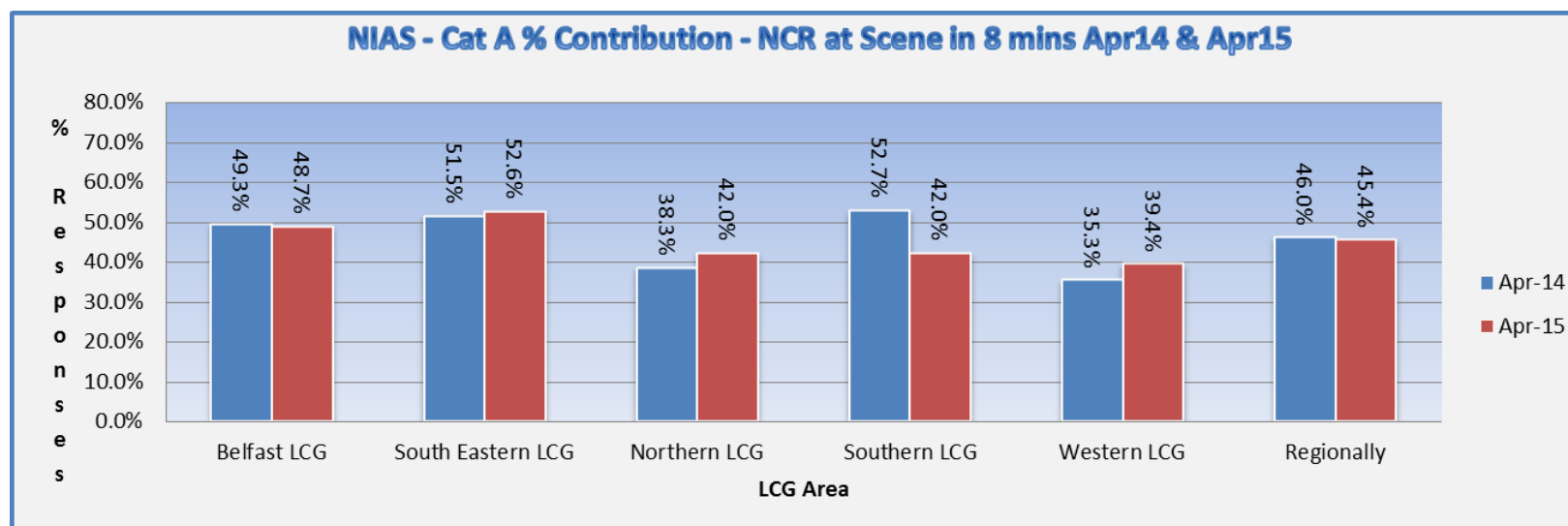
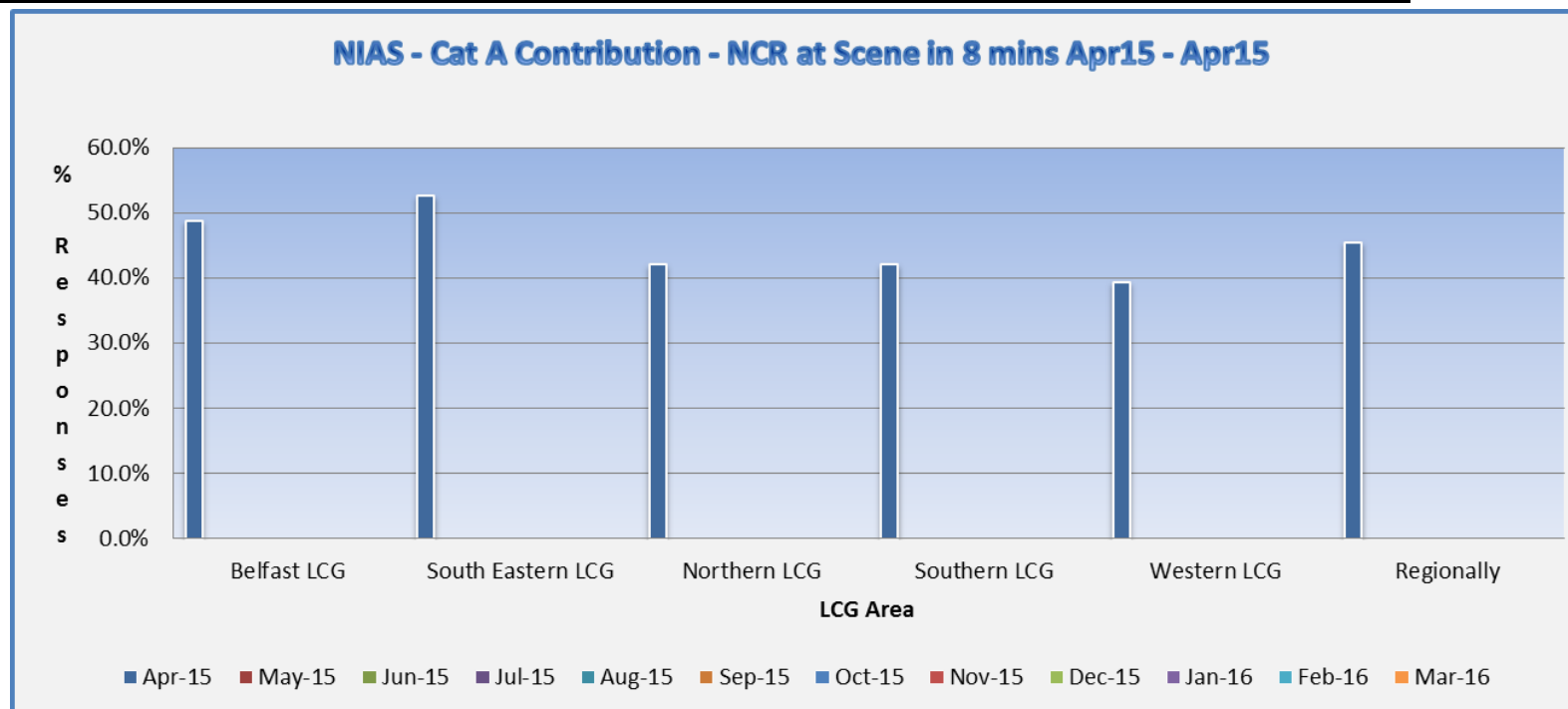
Target Achieved

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 APRIL 2015

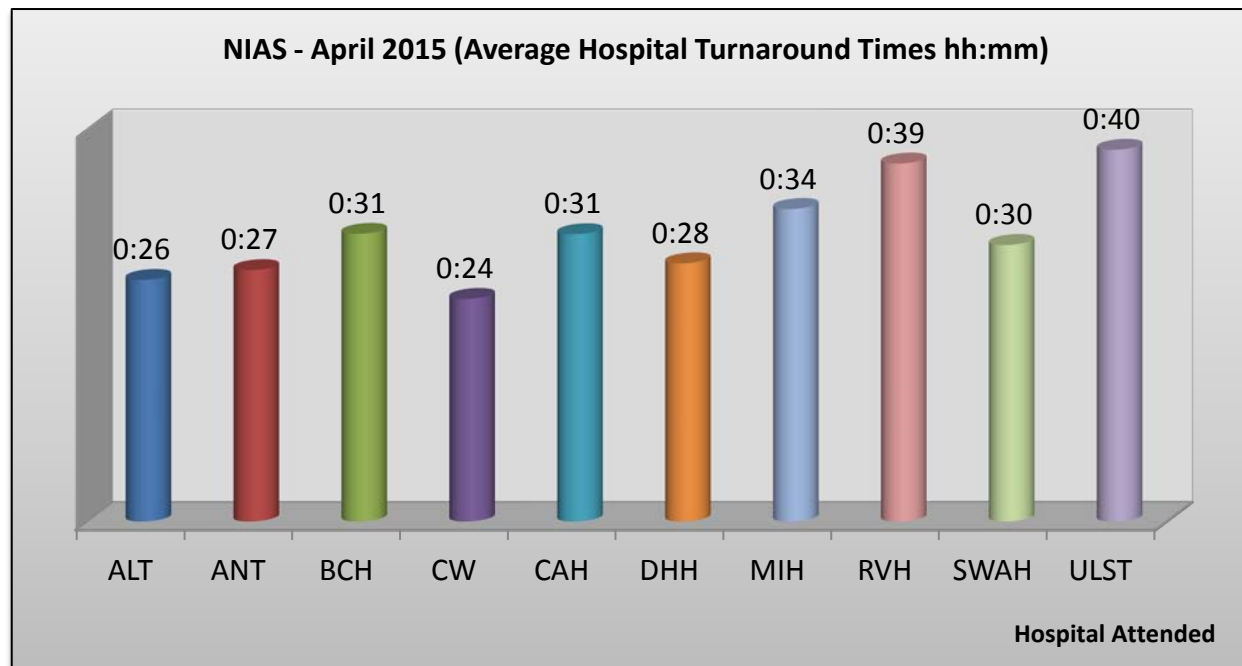


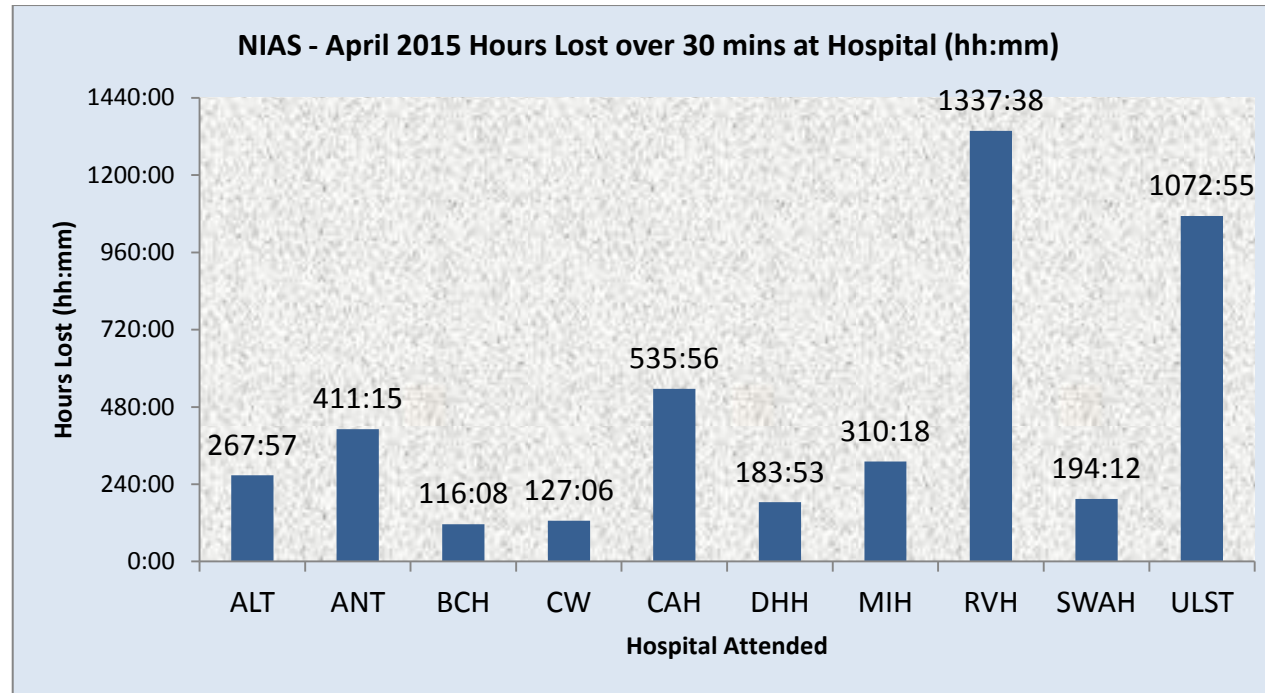
### NON-CONVEYING RESOURCE (RRV ETC) – CONTRIBUTION TO CAT A DATA

		Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Year
Regional	N	1,055												
	%	45.4%												
Belfast	N	367												
	%	48.7%												
South East	N	192												
	%	52.6%												
North	N	193												
	%	42.0%												
South	N	153												
	%	42.0%												
West	N	150												
	%	39.4%												

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

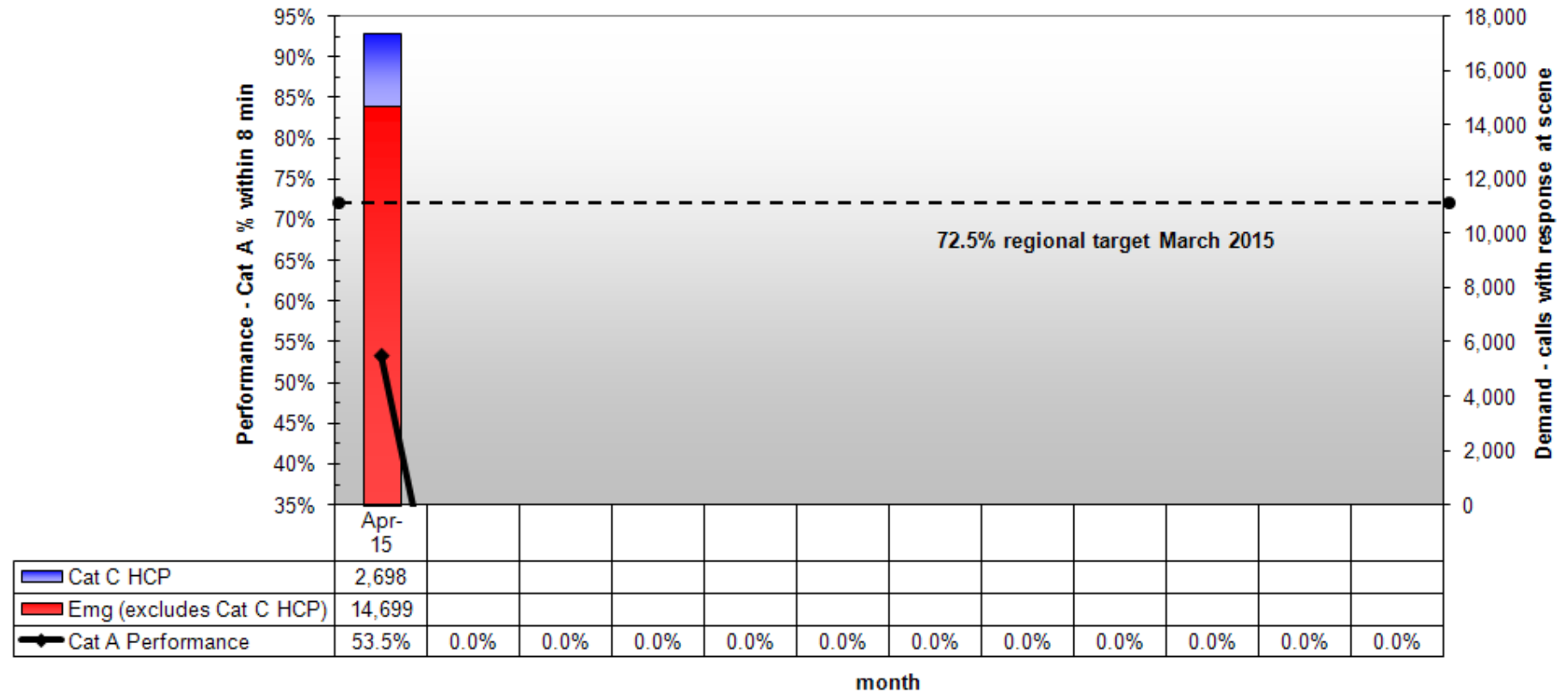
- **AMBULANCE TURNAROUND TIMES**





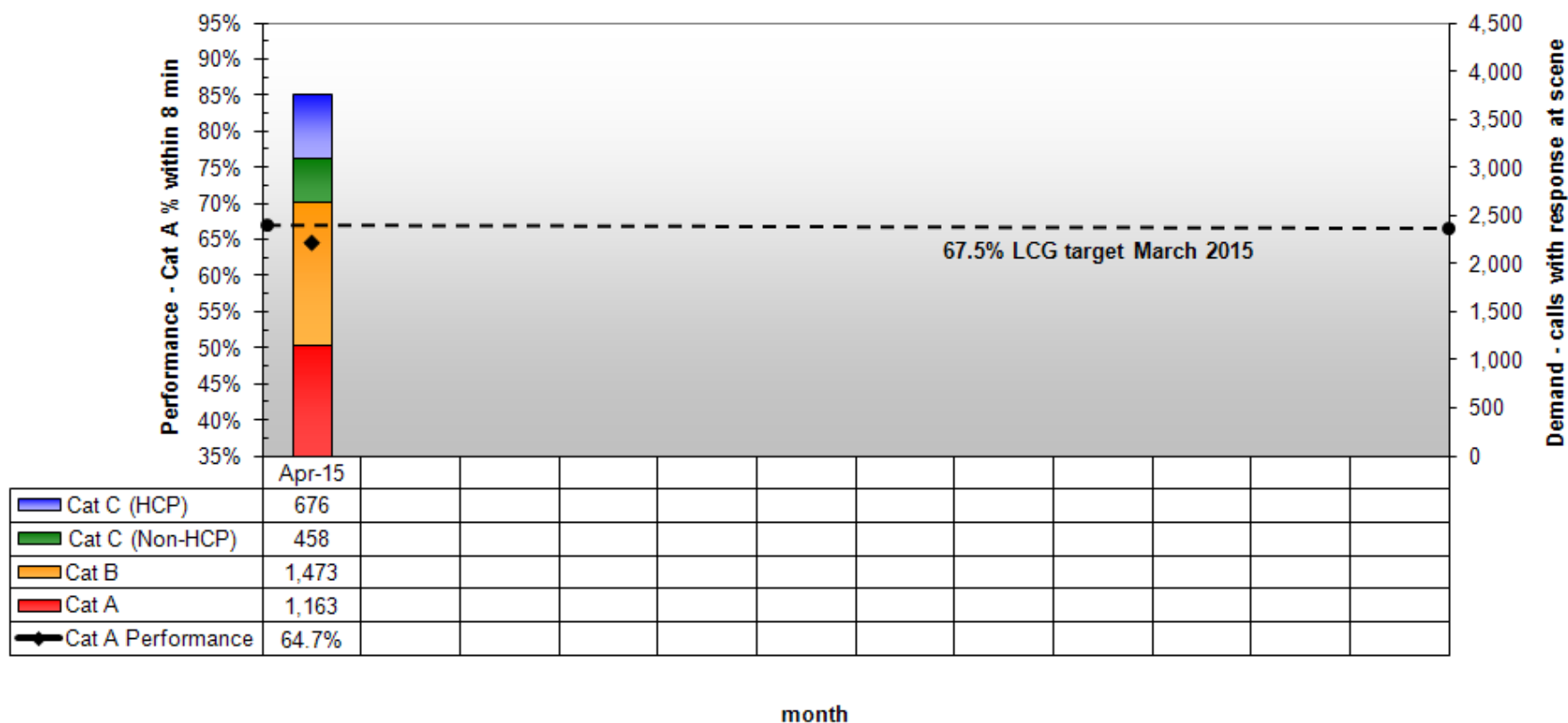
# Monthly Cat A Performance -v- Demand 2015-16

NI  
Emergency & Cat C HCP



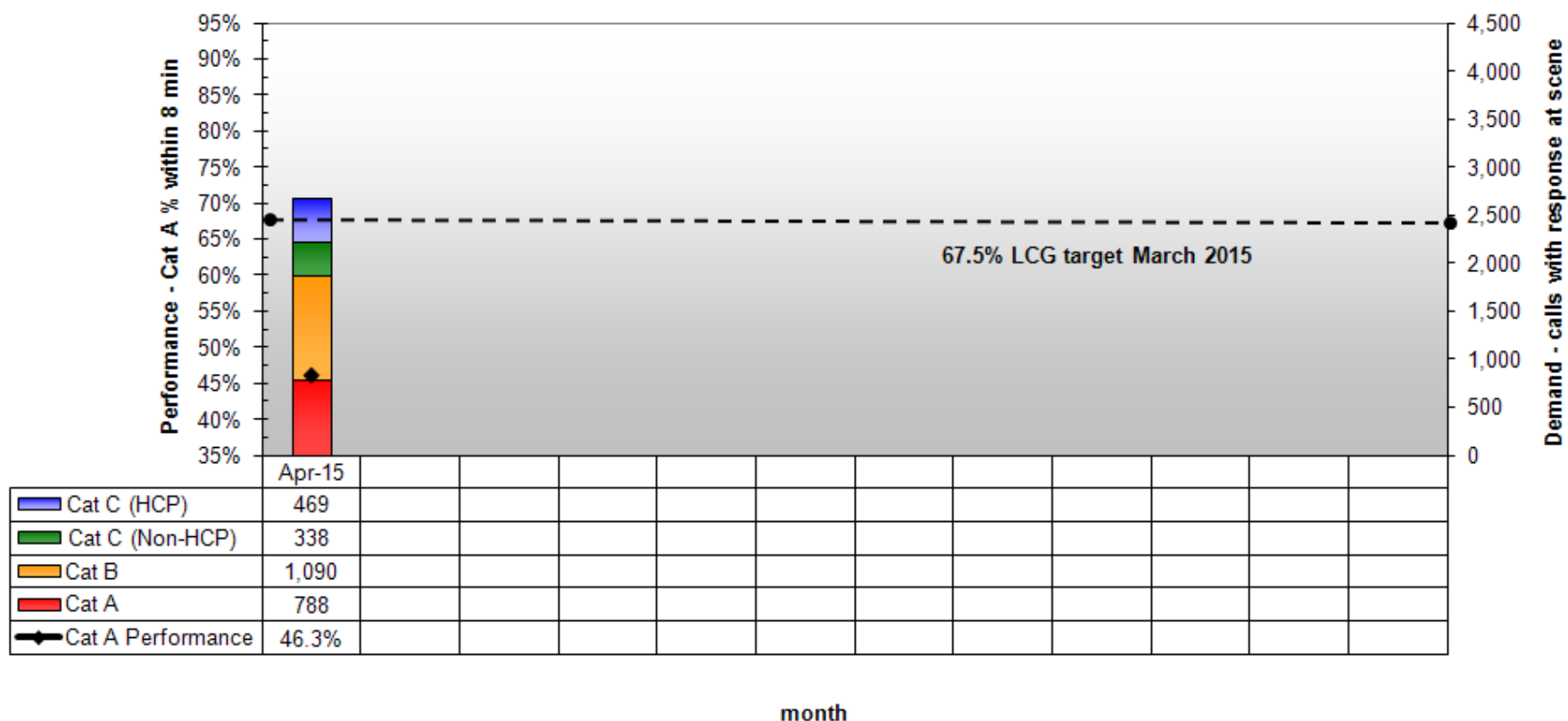
## PERFORMANCE REVIEW BY DIVISION: BELFAST

### Monthly Cat A Performance -v- Demand 2015-16 Belfast LCG Emergency by Category & Cat C HCP



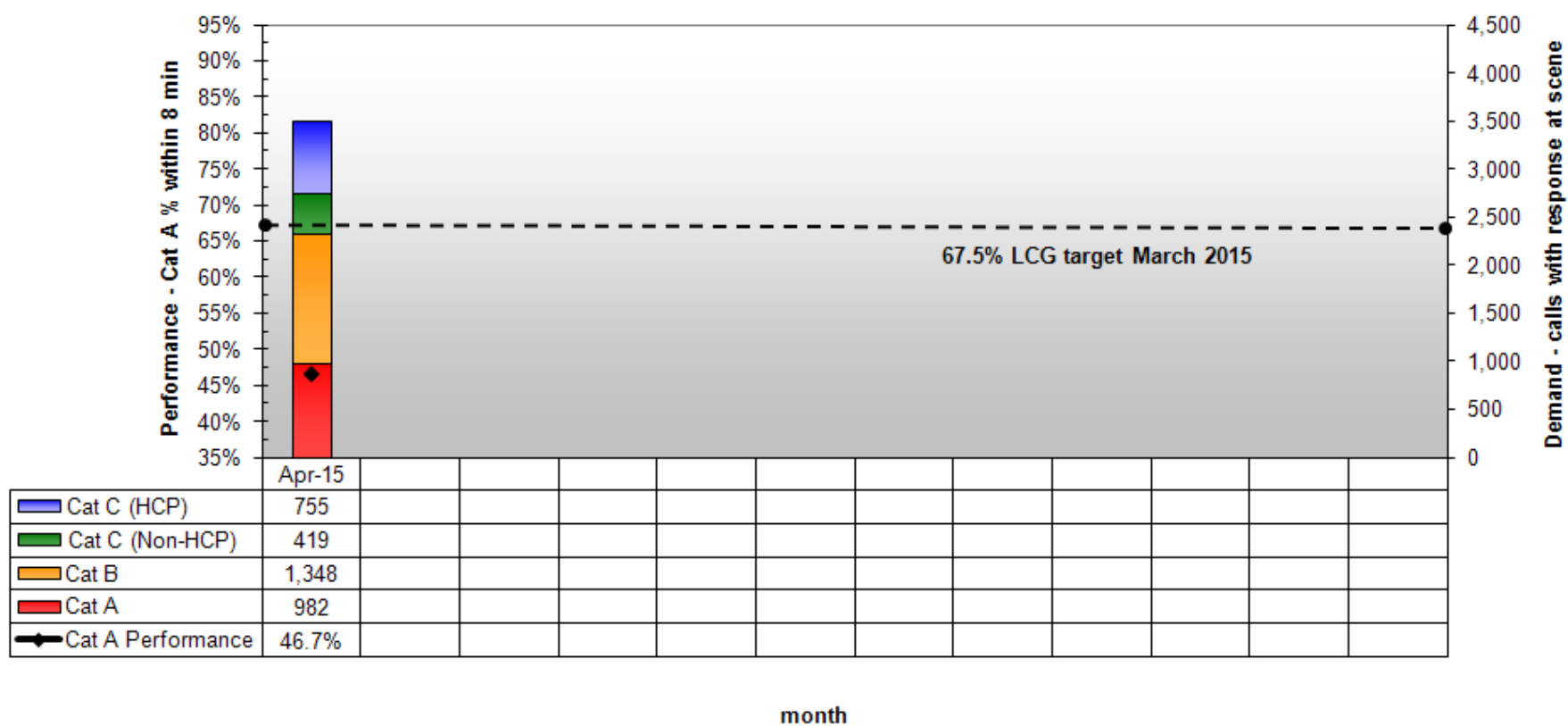
## PERFORMANCE REVIEW BY DIVISION: SOUTH EASTERN

### Monthly Cat A Performance -v- Demand 2015-16 South Eastern LCG Emergency by Category & Cat C HCP



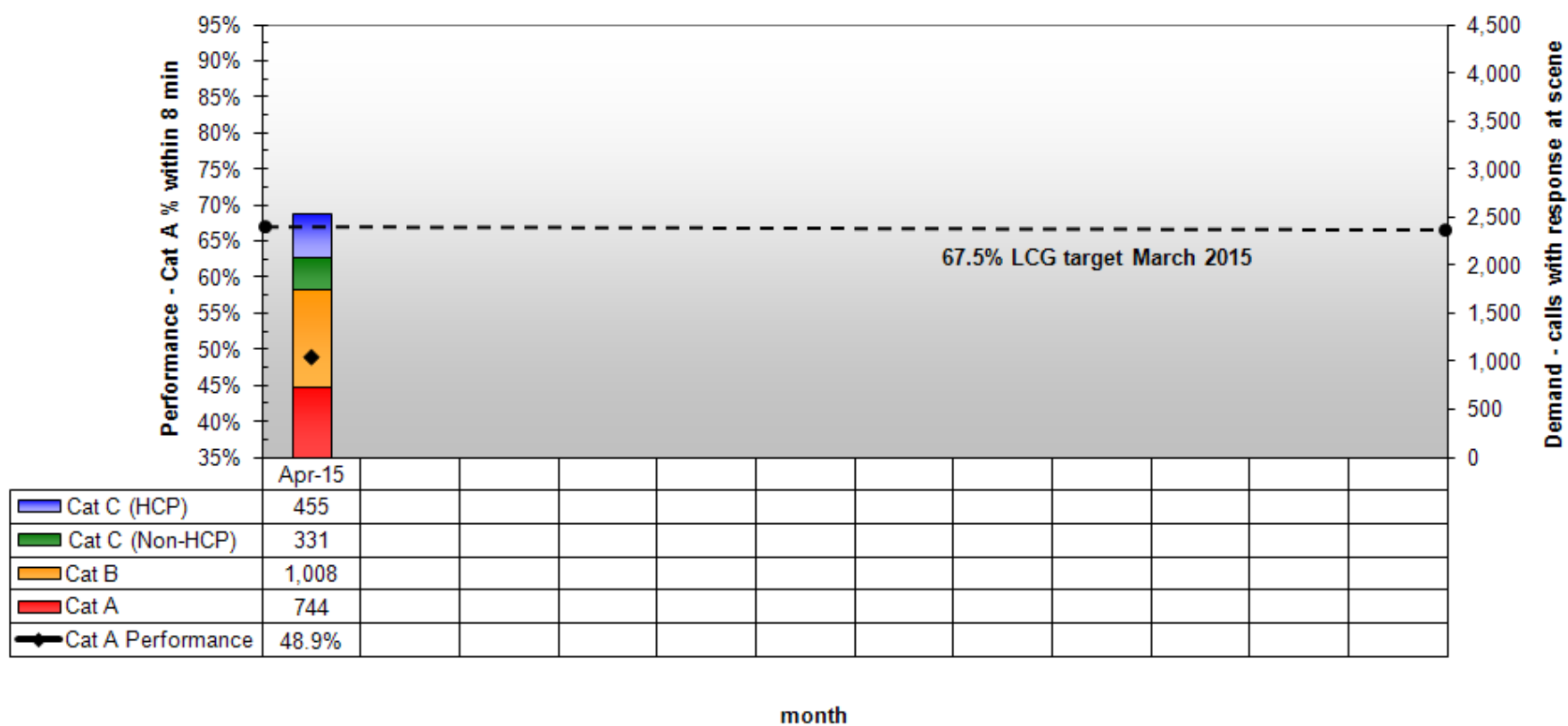
## PERFORMANCE REVIEW BY DIVISION: NORTHERN

**Monthly Cat A Performance -v- Demand 2015-16**  
**Northern LCG**  
 Emergency by Category & Cat C HCP



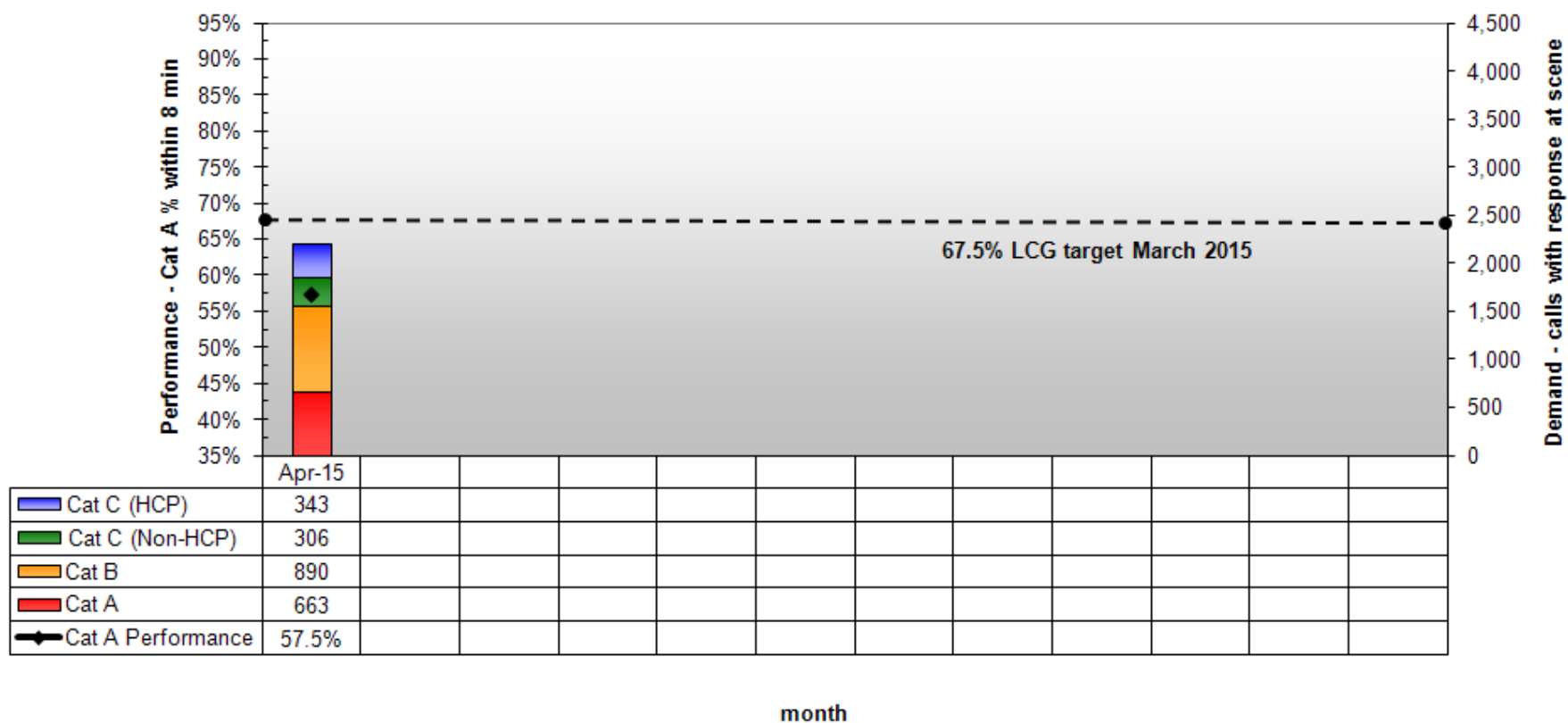
## PERFORMANCE REVIEW BY DIVISION: SOUTHERN

**Monthly Cat A Performance -v- Demand 2015-16**  
**Southern LCG**  
 Emergency by Category & Urgent / Cat C HCP



## PERFORMANCE REVIEW BY DIVISION: WESTERN

**Monthly Cat A Performance -v- Demand 2015-16**  
**Western LCG**  
 Emergency by Category & 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:**

	<b>RAG</b>	<b>Rating (75% in all criteria)</b>	<b>Comment</b>
Buildings & Land	80.0%	Substantive	Agreed with Audit
Environmental Mgt	79.5%	Substantive	Self Assessed
Fire Safety	89.7%	Substantive	Self Assessed
Fleet & Transport	83.8%	Substantive	Self Assessed
Security	83.3%	Substantive	Self Assessed.
Waste Management	84.0%	Substantive	Self Assessed
<b>PERFORMANCE COMMENTARY:</b>			

All achieved greater than 75% in all criteria. Buildings and land achieved substantive after further evidence provided to audit.

### **FLEET PROFILE:**

<b>% Fleet Profile (less than 5 years old)</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Emergency Ambulances	78.4											
Non-Emergency Ambulances	94.3											
Rapid Response Vehicles	73.8											
Support Vehicles	36.7											
<b>PERFORMANCE COMMENTARY:</b> Additional Vehicles retained not in Establishment: 9, over 5 years old.  Commissioning of <b>2013/14</b> vehicles is complete. <b>2014/15</b> Commissioning is ongoing following end of year status checks. PCS vehicles have been delayed due to production delays with the converter. Change in Defib Bracket to be resolved for A&E build.												

***FLEET IMPROVEMENT PROPOSALS FOR 2015/2016:***

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

Introduction of new carry chair with clip-on tracks to aid descent of stairs will be rolled out with new vehicles.

Fleet Maintenance contract has been awarded for all areas except West.

Court case on 14/15 April 2015, settled out of court in NIAS favour.

West tender closes beginning of May

Fleet recovery contract issued quarterly pending tender, expires 31 May 2015.

Fleet Bodywork contract awarded to start June 2015.

2015/16

Purchase of chassis for A&E and PCS conversion in 2015/16 completed

Intention is to award a 3 year conversion contract if possible to allow conversion away from year end period.

## **ESTATE CAPITAL PROGRAMME**

### ***BALLYMENA:***

Steel Work progressed

Brickwork and roofing started.

Delay in programme due to weather and holidays have extended programme into January 2016. Design team to review reasons for delay

### ***ENNISKILLEN:***

Demolition contractor to clear site by end of March 2015, delayed into April

NIAS site investigations have commenced.

NIEA have requested contamination survey as part of planning approval.

Stage D presentation scheduled for 8 June 2015

### ***CRAIGAVON:***

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

General agreement to progress replacement station as part of overall business case.

### ***ARDS/BANGOR:***

Request to be allowed to progress to business case to be submitted to the department. Ongoing.

### ***BELFAST:***

Strategic Outline Case to be submitted to request Feasibility funding.

Minor Works Consultancy Framework award has been suspended due to legal challenge. Ongoing.

## **OTHER**

**Uniform** – National contract due to complete in July 2015.

**MoU** – MoU re bariatric patients signed with NIFRS

**Estates** – NIAS to participate with regional Estates Service & Maintenance group, first meeting June 2015

**Fire** – fire audit visits scheduled over summer months

**Energy** – NIAS participating in Regional CAG re energy contracts for 2016

- E -car charging points to be installed at HQ and Ballymacarrat Ambulance Station

## **DIRECTOR OF FINANCE & ICT**

### **REPORT FOR TRUST BOARD DATED 4 JUNE 2015**

#### **FINANCE**

##### Financial Management

The focus is currently on determining the out turn for the financial year ended 31 March 2015. Audit Committee were presented by DOF with draft, unaudited financial statements showing an under-spend of £22,000 on 18<sup>th</sup> May 2015. These are currently being audited by KPMG on behalf of NIAO for presentation to Audit Committee on 12<sup>th</sup> June 2015. In addition the Trust's annual report and remuneration report are being considered as part of the suite of documents for 2014/15.

##### Capital Expenditure Programme

The Trust received a capital resource limit of £5,703,000 for 2014/15 and has recorded actual spend of £5,702,000 (subject to audit). Hence it has managed its capital expenditure within required limits. NIAS has submitted a plan and negotiated with DHSSPS for a capital resource limit of £7,158,000 for 2015/16. Discussions are ongoing to increase this to £7,825,000 to accommodate the purchase of fleet and general capital of £3,704,000 and estate £4,121,000. All capital expenditure is subject to appropriate business case approval and procurement routes.

##### Prompt Payment

All payment processing functions transferred to accounts payable shared services centre in mid-December 2014. The target of 95% of agreed invoices to be paid within 30 days is proving challenging across HSC. 77.96% of invoices were paid within 30 calendar days and 47.77% within 10 working days for April 2015. Engagement is ongoing between Trust and BSO shared services centre to define processes, responsibilities and opportunities to improve performance in this area.

#### **ICT**

##### Information Technology

Ongoing engagement takes place between NIAS and HSC colleagues to contribute to the developing e-Health agenda. Director of Finance and ICT is a member of the ICT Programme Board which is currently focused on developing an HSC-wide strategic plan using technology to support information for safe patient care. Initiatives such as centralising patient information using a Health and Care number unique to each patient and (specifically for NIAS) a bid for an electronic patient record will contribute to a more accessible, transferrable interaction between patients and HSC.

The IT Team in NIAS has responsibility for maintaining, supporting and integrating new systems across the Trust. Corporate systems in HQ and ambulance stations and increasingly supporting workers through a range of mobile devices presents particular challenges for a small IT team. Arrangements are also in place to support the Ambulance Control Centres, taking calls from the public on a 24/7, 365 basis.

Communications between Ambulance Control and Ambulance crews is critical to the delivery of safe pre-hospital care and NIAS has in partnership with the other emergency services invested in improvements to the TETRA Digital Radio network giving improved resilience and extending usable life of the system for a further 10 – 15 years. Work commenced in mid-February 2015 to migrate both NIAS EAC and NEAC to the new TETRA infrastructure. Work on this project is ongoing and contingency Radio systems are in place in both control centres until the new system is live. There is minimum disruption to delivery of service during the migration period.

Work has commenced on a project to upgrade the Network infrastructure between NIAS HQ and the 51 remote Ambulance stations and outposts across Northern Ireland. The overall aim of the project is to provide a robust NIAS network provision fit for purpose to meet the current and future requirement that can sustain the demands placed upon it by both the needs of managers at remote sites and operational users.

## **INFORMATION GOVERNANCE/MANAGEMENT**

The Director of Finance and ICT is the Senior Information Responsible Owner (S.I.R.O.) and leads the Information Governance and risk management processes throughout the Trust. The Trust has in place information governance policies and procedures to support this area and is working on recommendations from internal audit to review and update. The Trust's Information Governance Steering Group enables the SIRO and Medical Director (as Caldicott Guardian) to review the management of all information risks and information governance arrangements and report to the Assurance Committee. Requirements have been extended in this area to a new controls assurance standard. Work continues to formally evidence compliance in this area.

Activity continues to grow in the area of Freedom of Information requests, showing a 37%% increase from 2013/14 and a 74% increase in the number of questions and their complexity. Some highlights of work carried during April in the information department:

- Supported operations and the Industrial Action Management Team with daily predictive analysis of operational shift trends
- Liaised with director responsible for prison healthcare to develop information highlighting NIAS's attendances at NI prison facilities
- Analysed 2005-2015 datasets for road traffic collisions to support Road Traffic Strategy for DHSSPS
- Analysed 2014/15 performance and activity data for internal and external stakeholders including DHSSPS Hospital Information Branch and HSCB
- Provided information governance support to a range of policies including information markers and patient report form policy
- Analysed performance and activity information 2010-2015 held in command and control systems to support Operations Director and commissioning bid
- Designed and developed new patient report form in conjunction with other NIAS colleagues
- Input to reconfiguration of data capture to support Transforming Your Care



## HUMAN RESOURCE AND CORPORATE SERVICES (HRCS) PERFORMANCE REPORT APRIL 2015

The HRCS Directorate comprises of 4 functional areas that are reflected on the Performance report in the corresponding sections

1. Employment, Performance and Corporate Services
2. Education, Learning and Development
3. Equality, Human Rights, Patient Experience, PPI, Media and Communications
4. Transformation and Modernisation

The HR Strategy 2011-2016 was approved by Trust Board and identified the HRCS Key Performance Indicators (KPI's) that are reflected in each reporting section. The KPI's consist of the following themes:

- Support Trust Priorities
- Modernisation and Reform
- Shaping and developing future workforce
- Supporting staff to achieve high quality performance
- Education, Training and Development
- Equality and Human Rights
- Partnership and Employee Engagement
- Development HR Directorate Capacity and Capability
- HR Governance

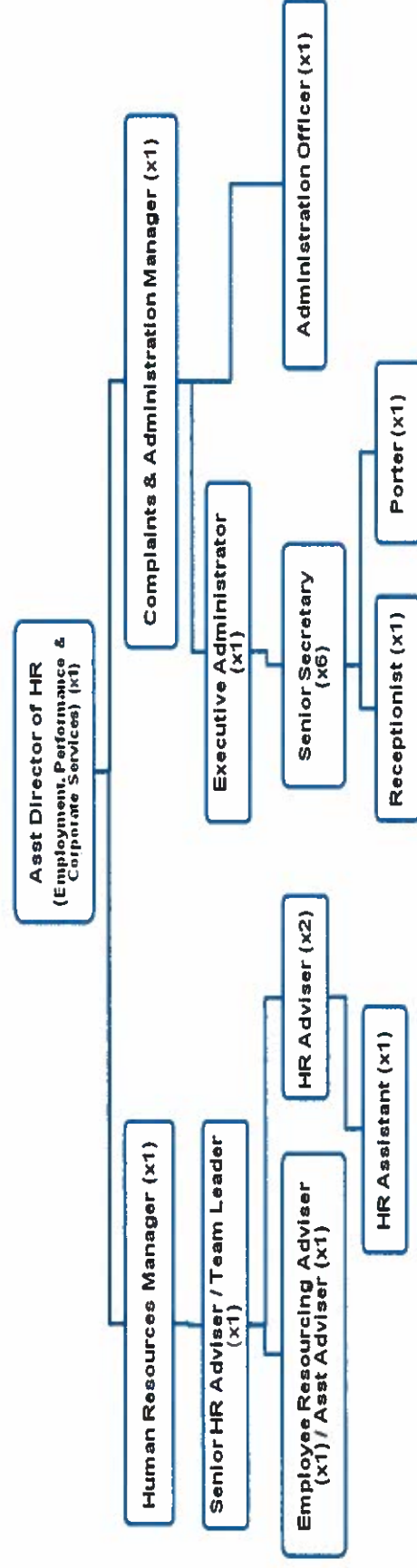
## Section 1: Human Resources & Corporate Services

HRCS KPI: Supporting Trust Priorities (to ensure an appropriate HR structure is in place to deliver Trust priorities)

### Human Resources Department

RECRUITMENT	ATTENDANCE MANAGEMENT	EQUAL OPPORTUNITIES
DISCIPLINARIES	GRIEVANCES	TERMS & CONDITIONS
RETIREMENTS	GOVERNANCE	WORKING WELL TOGETHER
CONTRACTS OF EMPLOYMENT	WORKFORCE/ MANAGEMENT INFORMATION	ORGANISATIONAL CHANGE
INDUSTRIAL RELATIONS	JOB EVALUATION	BSTP
WORK LIFE BALANCE	COMPLAINTS/ COMPLIMENTS	ADMINISTRATION
EMPLOYERS LIABILITY CLAIMS	MEDICAL NEGLIGENCE CLAIMS	CHAIRMAN/CX OFFICE

The Human Resources & Corporate Services Department currently employs a total of 19 members of staff. 8 staff are employed within the HR Department and 11 staff are employed in Corporate Services, which includes the CX office, Trust Administration, Complaints Management and Claims Management. Over the last number of years the stability of, and continuity within, the HR Department has been compromised due to a number of factors including a number of secondments of core staff to the BSTP project together with long term leave of staff members. In addition increasing activity levels and the introduction of new workstreams have added to the pressures within the department e.g. mainstreaming of Agenda for Change including job evaluations; residual work from the BSTP project and related workstreams; increased Industrial Relations activity and increase in information requests including FOI, DPA, MLA, AQWs. A Corporate Risk workshop is being held the objective of which is to redefine HR priority workstreams in the context of Manager/Staff expectations of the role of HR and the role of an HR Professional. The outputs from this workshop will feed into the revised HR Strategy (2016-2021) and will help inform role clarity and prioritisation of HR Professional work priorities to support the function in achieving its key aims.



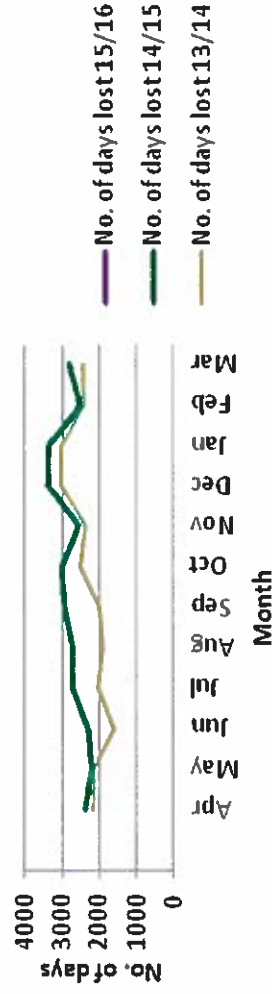
## Section 1: Human Resources & Corporate Services

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

#### Total number of days lost due to Sickness Absence in NIAS

	A	M	J	J	A	S	O	N	D	J	F	M
Days lost 15/16	2616											
Emp/ees ½ pay	14											
Emp/ees no pay	8											
Days lost 14/15	2400	2191	2299	2731	2725	2943	3019	2560	3374	3388	2595	2828

Total Number of Days Lost Due to Sickness Absence in NIAS

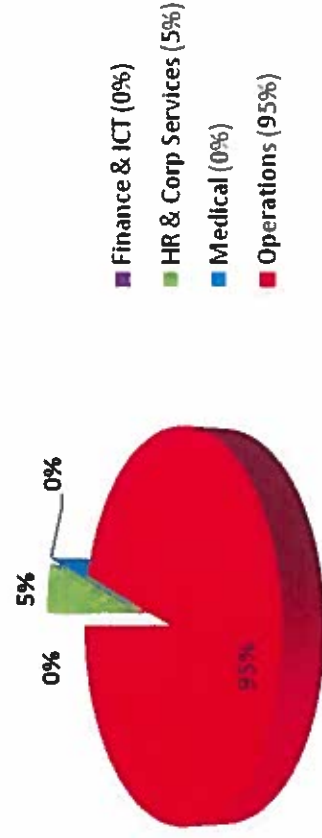


#### Commentary:

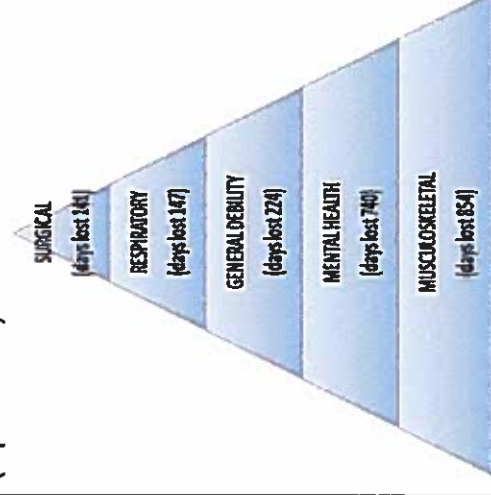
Following implementation of HRPTS, an issue has been identified regionally regarding the configuration of the % absence calculation within HRPTS. A solution is currently being sought regionally in that a Change Request (CR) is being progressed with HCL Axon. At this time there is no definitive timeframe for resolution. Sickness absence reporting therefore continues to be undertaken on the information available from HRPTS.

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

#### Days lost by Directorate (pie chart)



#### (Top 5) Reasons for Absence (April 2015)



#### Episodes of Absence

It is intended for future reports that information on numbers of staff and episodes of absence will be reported.

## Section 1: Human Resources & Corporate Services

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

### Disciplinary Cases:

Position as at April 2015	TRUST TOTAL	Patient Care	Willful Damage	Criminal Conduct	Fraud	Failure to comply with duties of position
New Cases	0					
HCPC Referrals	0					
Suspensions	0					
Total Active Cases	11					

### Grievance Cases:

Position as at April 2015	TRUST TOTAL	Transfer Procedure	Application Of T&C		
New Cases	0				
Informal Resolution / withdrawn	0				
Formal Stage 1	-				
Formal Stage 2 (Appeal)	-				
Total Active Cases	-				

### Working Well Together / Harassment Cases:

Position as at April 2015	TRUST TOTAL				
New Cases	0				
Informal Resolution / withdrawn	-				
Formal Stage 1	-				
Formal Stage 2 (Appeal)	-				
Total Active Cases	-				

### Commentary (Employee Relations/Industrial Relations):

NIAS continues to face significant industrial relations issues and challenges following on from 2014-15 when a vote of no confidence was received from a particular Trade Union and discontinuous action up to and including the withdrawal of labour took place on 13 March 2015. The issues of dispute that remain ongoing relate to regional/national concerns in areas such as pensions and pay. Further industrial action (comprising of an overtime ban) is planned from 1 May 2015 for 2 weeks, with 3 of the 4 Recognised Trade Unions taking part. On 6 May 2015, 1 of the Trade Unions took action up to and including withdrawal of labour. NIAS has developed its Management Guidance on Industrial Action and associated Industrial Action Contingency Plans to manage all Industrial Action under. NIAS continues to engage with staff and Trade Unions via its industrial relations structures of JCNC (last meeting held on 20 April 2015 and JCNC Sub Groups.

### Case File Closures:

Position as at April 2015	April	May	June	July	August	Septemb	October	Novemb	Decemb	January	February	March
Grievance	1											
	1											
Disciplinary	2											
Harassment	0											
	1											
<b>Total</b>	<b>3</b>											
Grievance (14/15)	0	0	2	3	1	1	0	0	2	0	0	0
Disciplinary (14/15)	1	0	0	0	1	0	0	0	0	0	0	0
Harassment (14/15)	1	0	1	0	0	0	0	0	0	0	0	0
<b>Total (14/15)</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Section 1: Human Resources & Corporate Services

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

#### Workforce Information

March 2015 Position *	Trust Total	CX/Board	HRCS	Finance & ICT	Medical	Operations
Funded WTE (@31/03/15)	1255.54	7.00	68.15	30.63	7.00	1142.76
Headcount WTE (@31/03/15)	1159	5	88 (95)	29	9 (23)	1028
Vacancy Levels		-2.00	-1.21	-3.00	2.00	-111.33

\* Taken from last Quarterly Workforce Information Report dated 31 March 2015, still to be verified by Finance

#### Commentary:

The Trust's Workforce Information Report is produced on a quarterly basis by the HR Department. Information is extracted from the HRPTS system and reconciled between the HR, Finance and Operations Departments for validation purposes. The workforce information provided if at 31 March 2015 and remains to be reconciled with the Finance Department and as such may be subject to amendment NIAS funded establishment on 31 March 2015 was a total of 1255.54 WTE. At this date NIAS total Substantive in post (permanent & temporary contracts) was 1136.54 WTE including 50.82 WTE made up of 72 part-time staff (Headcount). The total Staff in Post (Headcount) figure was 1159. There are currently 46 seconded posts i.e staff working temporarily in posts other than their substantive posts.

**NB:** Figures do not include Sessional GP's who constitute 0.14 WTE nor does it include individuals who support ELD clinical programmes, who constitute 0.07 WTE. These individuals have been included in Headcount figures (in brackets) in the respective Directorates.

#### Recruitment Activity

During 2014/15 and April 2015, extensive recruitment activity has taken place within the HR Department, to support the delivery of the trusts Workforce Planning Objective, in particular the filling of vacancies with the Operations Directorate. This recruitment activity has led to the appointment of 23 Ambulance Care Attendants; 21 Trainees Emergency Medical Technicians; 31 Qualified Emergency Medical Technicians and 48 HCPC Paramedics. Further appointments to Ambulance Care Attendants and Emergency Medical Technicians are scheduled to take place in May and July 2015 respectively.

#### Job Evaluation for Paramedics, RRV Paramedics and EMTs

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

## Section 1: Human Resources & Corporate Services

### HRCS KPI: Modernisation & Reform (BSTP)

#### HRPTS Deployment Within NIAS:

April 2015 Position	Trust Total	Operations	EAC/NEAC	RMC	HRCS	Finance & ICT	Medical
% staff with access to ESS/HRPTS as at end April 2015	13 %	3.36 %	0.78 %	0.95 %	5.26 %	2.16 %	0.69 %
% Managers with access to MSS/HRPTS	5.95 %	2.24 %	0.69 %	0.17 %	1.55 %	0.69 %	0.52 %

#### BSTP UPDATE

##### HRPTS:

The HRPTS system was implemented within NIAS on 18 February 2014 in line with the NIAS HRPTS Deployment Plan. The Deployment Plan recognised that deployment of HRPTS within NIAS would be significantly limited due to IT infrastructure issues and that it would only be possible to deploy Employee Self Service (ESS) to 18.9% of NIAS workforce. Currently 13% of NIAS employees are able to access ESS with 6% of those being Managers who now also have access to MSS. We continue to work to deploy ESS/MSS in line with NIAS HRPTS Deployment Plan and the regionally agreed Implementation Framework. Deployment within NIAS however remains significantly hampered due to ongoing IT Infrastructure limitations particularly at station level where a substantial majority of NIAS employees are based. Work is currently ongoing to explore alternatives to provide for full deployment.

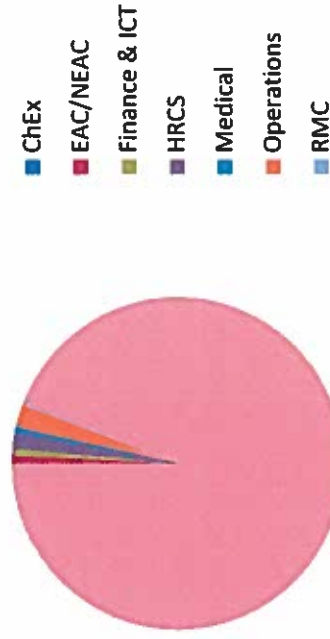
##### BENEFITS REALISATION:

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

##### SHARED SERVICE

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

#### % of Staff with ESS access



**Section 1: Human Resources & Corporate Services**  
**1.0 Support Trust Priorities**

**Complaints/Compliments Report**

<b>April 2015 Position</b>	<b>Trust Total</b>	<b>A&amp;F</b>	<b>PCS</b>	<b>Control &amp; Comms</b>	<b>Other</b>	<b>VCS</b>
<b>Number of Complaints</b>	*	*	*	*	*	*
<b>Complaints Responded to within 20 Days (%)</b>	*	*	*	*	*	*
<b>Compliments Received</b>	211	197	4	3	6	1

**\* Complaints information presented one month in arrears and it is therefore unavailable.**

**Main Issues Raised Through Complaints**

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

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

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

**Section 2: Education, Learning & Development / HRCS**

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

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

- The Trust has received formal notification of withdrawal of IHCD Modules by 31.3.16. This will result in the Trust's current 2 year Paramedic in Training Programme becoming defunct. The Trust has planned for this and the associate risk has been considered, with appropriate controls in place, on the HRCS local risk register. Should the Trust need to recruit Paramedics after 31.3.16 an alternative programme of delivery will be required. DHSSPS and Commissioners have been engaged in this development.

- NIAS hosted a meeting with DHSPS Education and

- NIAS hosted a meeting with DHSSPS Education and AHP Leads, Commissioners and Health Education England on key issues for the paramedic education and scope of practice. Topics covered included; NI response to PEEP report; NI response to paramedic prescribing; NI position on AHP status for paramedics; and DHSSPS education strategy for paramedics.
- Clinical Training Manager currently leading the NIAS response to the consultation on paramedic prescribing.
- The priority for the CSO workstream for 2015/16 is to combine a clinical audit with observation of practice to reinforce and evaluate the delivery of new clinical pathways into paramedic practice

## Section 3 Equality & Human Rights/Personal and Public Involvement/ Patient Experience/Media and Communication

### HR&CS KPIs: Supporting Trust Priorities; Transformation and Modernisation; Equality and Human Rights; Partnership & Employee Engagement

#### April 2015 Position:

##### Press Activity

Daily Media Requests	72
Responded to on same day	72
Weekly Media Requests	6
Responded to within 3 days	6
Responses resulting in media coverage	72

##### Community Education:

Number of Community Education Visits	28
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- The Trust has continued to attend schools and community groups.
- Key messages have included the impact of hoax calls, inappropriate use of the service and violence against staff.
- Work is underway to develop a public awareness campaign in respect of the changing face of the service linked to Transforming Your Care and the Trust's modernisation agenda.

#### Key Themes in press coverage:

- Responding to press enquiries in relation to industrial action formed a significant element of media activity during this period. This included coverage in broadcast and print media.
- Media coverage continued on an ongoing basis in respect of ambulance activity and particular incidents.
- Particular focus during this month also related to coverage of training provided to a group of staff who volunteered for public order training.
- The Trust continues to engage with the public through social media which includes the Trust Facebook and Twitter platforms.

#### General Media and Communication Work Streams:

- The Trust website has been redeveloped which provides a more modern and accessible format for users. This will also enable greater ownership to maintain currency within directorate areas.
- Ongoing engagement with regional and national communications groups has continued. Nationally this has involved work in line with priorities agreed by the Association of Ambulance Chief Executives (AACE) and regionally is linked to departmental objectives. Having completed a term as chair of the National Ambulance Communications Group (sub-group of AACE) the Trust's Media and Communications Manager handed over the role of chair, however continues to participate in the group and its work streams.
- The Trust's Equality and Patient Experience and Communication functions support delivery of the Transformation and Modernisation agenda through leadership of a programme of Engagement and Communications. This includes systems of communication and engagement with staff, service users, the public and other key stakeholders to inform development of the work streams within this framework.

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

<p><b>April 2015 Position</b></p> <p><b>Screening and EQIA Activity:</b></p> <table border="1" data-bbox="395 1559 435 2163"> <tr> <td>Policies Screened</td> <td>1</td> </tr> </table> <ul style="list-style-type: none"> <li>Ongoing activity related to supporting screening of Trust policy including consideration of data, engagement with key stakeholders and consideration of potential implications associated with Trust policies and procedures</li> </ul>	Policies Screened	1	<p><b>Key Work Streams:</b></p> <ul style="list-style-type: none"> <li>Contribution to Regional work streams through the DHSSPS Equality and Human Rights Steering Group. This has included work on a regional Trans* Policy and a focus on the equality statutory requirements associated with procurement processes.</li> <li>The Trust continues to mainstream equality considerations in service delivery elements including for example in respect of engagement and consultation processes and provision of telephone interpreting services.</li> <li>Equality and Patient Experience staff support the Trust's Medical Director in the delivery of the Personal and Public Involvement and Patient Client Experience agendas. This includes implementation of statutory and departmental priorities in respect of a methodology for the measurement off and learning from patient experience and systems of service user engagement and involvement.</li> </ul>
Policies Screened	1		
<p><b>Human Rights:</b></p> <ul style="list-style-type: none"> <li>The Trust participated in the Northern Ireland Human Rights Commission Public Inquiry on Emergency Healthcare. Equality and Patient Experience staff led this associated work stream. In this reporting period the Trust continued to engage with the Commission in respect of the finalisation of this work which we are advised will be published in May 2015.</li> <li>Human Rights considerations are mainstreamed within the Trust's policy screening template.</li> </ul>	<p><b>Consultation Responses:</b></p> <ul style="list-style-type: none"> <li>The Equality and Patient Experience staff continues to led the Trust response to significant Regional and National consultations in order to ensure appropriate ambulance input.</li> <li>Equality and Patient Experience staff led the work which was undertaken by the Trust during this month to develop a methodology for the involvement of staff in the provision of a composite HSC response to the Donaldson Review. This work included communication with NIAS staff on the recommendations of the review, provision of an email address to provide comments to and work to develop a staff survey in respect of these issues and a methodology for analysis and feedback.</li> </ul>		

## Section 4 - Transformation and Modernisation

### HRCS KPI: Modernisation and Reform

<p><b>Transforming your Care:</b></p> <ul style="list-style-type: none"> <li>NIAS Transformation and Modernisation Programme Board meets monthly and is chaired by the Director of HR&amp;CS. In relation to Transforming Your Care (TYC) the Programme structure has identified key deliverables and related process through the Project Initiation Document. The Programme Management includes consideration of related risks and progress on priority action plans. The Programme engages with key stakeholders, including Commissioners and Users on an ongoing basis.</li> <li>The projects include:             <ul style="list-style-type: none"> <li>Implementation of a range of Appropriate Care Pathways (previously referred to as Alternative)</li> <li>Pilot of a Clinical Support Desk in Ambulance Control</li> <li>Implementation of a NIAS Directory of Services</li> </ul> </li> <li>Performance against key deliverables for NIAS Trust and the benefits realisation to the wider HSC is reported at each Programme Board and Trust Board.</li> <li>User and Staff Engagement and Communication are a critical element of effective delivery of TYC priorities. This is led through the Equality and Patient Experience function working with the TYC team and is reported on accordingly.</li> <li>Priority TYC Education, Learning and Development, (ELD) elements are address through the Trust ELD plan, and agreed through Clinical Stakeholders, SEMT and presented at Assurance Committee.</li> <li>The evaluation of the new Alternative care pathways has been mainstreamed into the CSO 15/16 workplan. CSOs will carry out the clinical audits to support the evaluation.</li> </ul>	<p><b>Appropriate Care Pathways Highlight Report:</b></p> <ul style="list-style-type: none"> <li><b>Diabetes Treat, Leave and Refer/Minor Injury Units/Falls</b> These pathways continue to be used for referral in the Trusts/areas in which they are available.</li> <li><b>Cardiac:</b> NIAS crews continue to convey patients with acute STEMI directly to the RVH and Altnagelvin Hospitals Cath Labs for PPCI. From April 2014 to March 2015, 328 Patients were transported directly.</li> <li><b>Frail Elderly services:</b> There have been over 800 patients taken to the BCH Direct Unit following GP urgent referral or Paramedic Referral; The Lurgan based, consultant geriatrician led, rapid response assessment service has now extended its catchment area for paramedic referrals across the Craigavon area and to all appropriate patients instead of those in nursing homes. Paramedics began to refer patients to the team in February and appropriate patients are assessed by the hospital team and potentially treated in their own home.</li> <li><b>Palliative Care:</b> the new Palliative Care Appropriate Care Pathway commenced on 20<sup>th</sup> April in conjunction with Marie Curie, GP OOH, HSCB and the other 5 Trusts. Feedback from patients and their relatives has been extremely positive. This new pathway means that appropriate patients can access palliative support at home and are not taken to the ED unless required.</li> <li><b>Other Pathways:</b> development in progress for mental health, Respiratory, alcohol related issues, district nursing and callers who contact the Trust frequently either for clinical or non-clinical issues.</li> </ul> <p><b>Clinical Support Desk Highlight Report:</b></p> <ul style="list-style-type: none"> <li>NIAS T&amp;M Programme Board agreed to pilot a Paramedic-led Clinical Support desk. This will enable and extension of "Hear &amp; Refer" and "Hear &amp; Treat" pathways. There are some delays in implementation and plans are being developed to address this.</li> </ul> <p><b>Directory of Services Highlight Report:</b></p> <ul style="list-style-type: none"> <li>Procurement is underway for a Directory of Services for NIAS to support the implementation of the Appropriate Care Pathways.</li> </ul>
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## Medical Directorate Performance Report for Trust Board – April 2015

<b>Emergency Planning</b>	
	<p>Please refer to attached Emergency Planning Report for April 2015.</p> <p>Business continuity and escalation plans currently being reviewed following the recent industrial action.</p> <p>The Trust Major Incident Plan will be reviewed as part of ongoing cycle of regular review during 2015/16.</p>
<b>Risk Management</b>	
<b><i>Corporate Risk Register</i></b>	Corporate Risk Register for this period is as appended to previous report (to end March 2015).
<b><i>Incident Reporting Procedures</i></b>	The incident reporting procedure is currently being reviewed to enhance the reporting of patient-related incidents. This review is taking place in parallel with Departmental review of regional serious adverse incident reporting procedure, the outcome of which is anticipated in Q3 2015/16. NIAS is participating in the regional review.
<b><i>Outcomes from Reports, Alerts, etc.</i></b>	Regular reports on complaints, compliments, adverse incidents including SAls involving NIAS, Coroner's reports, medication and device alerts continue to be provided to the Assurance Committee. NICE guideline for medicines optimisation with potential relevance to NIAS has been received and is currently being reviewed for implementation if appropriate.
<b>Clinical Care</b>	
<b><i>Regional Community Resuscitation Strategy</i></b>	Regional Community Resuscitation Strategy Implementation Group is scheduled to meet at NIAS on 5 June 2015. Progress reports from various sub-groups will be submitted and considered including CPR training, automatic external defibrillators / public access defibrillation, communication and data and information sub-groups. Confirmation of recurrent funding for Community Resuscitation Development Officers (CRDOs) from HSCB / PHA still awaited. Confirmation of existing funding to support current training initiatives to end

	<p>September 2015 received end March 2015. Prior to this a number of Trust CRDOs redeployed to normal roles. Current initiatives, particularly within Northern Trust area continue but planning beyond September 2015 significantly curtailed until decision re: recurrent funding. NIAS Medical Director will attend the DCAL Committee at Stormont on 21 May 2015 regarding public access defibrillation in public and government buildings.</p>
<b><i>Patient Report Form (PRF)</i></b>	<p>Final version of revised Patient Report Form (PRF) to reflect new clinical guidelines, referral pathways and regional physiological early warning scores has been agreed and is currently being printed. Associated policy and procedure for PRF completion has been drafted and circulated for comment. Initial comments have been received and are being incorporated. Introduction still anticipated by end Q1 2015/16.</p>
<b><i>Electronic Patient Report Form (ePRF)</i></b>	<p>The electronic PRF (ePRF) business case has been amended to reflect comments from DHSSPS and Commissioner and resubmitted. Further meeting with PHA and HSCB scheduled for 20 May and 5 June respectively in relation to revenue funding. Commissioner support for revenue funding is not yet agreed given current financial constraints. It is hoped that Commissioner support can be obtained for progressing to procurement and full business case, subject to review and confirmation of revenue support at that stage. NIAS continues to receive support from the eHealth Strategic Programme Board and DHSSPS in relation to business case.</p>
<b><i>Annual Quality Report</i></b>	<p>Meetings with DHSSPS in relation to the 2014/15 Annual Quality Report as part of Quality 2020 have taken place. The Trust 2014/15 Annual Quality Report will be completed by September 2015 for review by Trust Board and DHSSPS and publication in November 2015.</p>
<b><i>Alternative Care Pathways</i></b>	<p>An appropriate transport / referral policy and guideline has been approved by Trust Board in March 2015 and has been disseminated during April 2015 with implementation anticipated in July 2015.</p> <p>A number of policies are in the final stages of development and will be circulated for consultation and comment within the Trust. These include information</p>

	<p>markers and frequent callers.</p> <p>During the reporting period the Southern Trust Acute Care at Home referral pathway was extended and a palliative care referral pathway was implemented regionally with the exception of the Southern sector of the Western Trust.</p> <p>The software for a Directory of Services and decision support software for the pilot of a Clinical Support Desk within Ambulance Control has been procured. The outcome of the job matching process is awaited following which recruitment of staff for the pilot will commence.</p>
<b>Personal Public Involvement / Patient Client Experience</b>	
<b><u>Patient and Client Experience Standards (PCES)</u></b>	<p>The Health Minister has requested that the Chief Nursing Officer lead the development of a framework for Patient Experience. NIAS is fully involved in the regional mechanisms which implement a collaborative HSC approach to the Patient and Client Experience Standards including the PCES Steering Group and Working Group.</p> <p>The Trust has liaised directly with the Public Health agency in the development and implementation of an ambulance specific methodology. In line with this, NIAS is working to mainstream PCES in areas such as observations of practice and clinical audit.</p> <p>A factor of this work is a focus on opportunities for improvement informed by the learning from the results of patient experience systems. In this regard patient stories obtained from the 10, 000 Voices project are shared with Trust Board and work is underway to develop an analysis workshop with service users.</p>
<b><u>Personal and Public Involvement (PPI)</u></b>	<p>The Trust is continuing to apply systems of engagement and involvement of service users in respect of key Trust policy developments. Current plans include a focus on Transforming Your Care and the changing face of the ambulance service. Public service user workshops are in the process of being scheduled in the west and east of the province. These will enable service users to hear about the developments within the Trust and to provide feedback and suggestions to ensure effective planning in respect of alternative care pathways and other TYC</p>

	<p>initiatives.</p> <p>In addition NIAS is involved in the PHA PPI Forum. Work within this is designed to ensure a HSC wide approach to PPI across health care organisations. A key element of this work which the Trust is in the process of implementing is the development of a set of PPI standards. These five standards relate to:</p> <ul style="list-style-type: none"> <li>• Leadership</li> <li>• Governance</li> <li>• Opportunities and support for involvement</li> <li>• Knowledge and skills</li> <li>• Measuring Outcomes</li> </ul> <p>Please also refer to attached Patient Client Experience Standards Annual Report and 10,000 Voices – Patient Stories (Belfast Area).</p>
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**EMERGENCY PLANNING REPORT**  
**Report for April 2015 period**

KPI No		April
<b>2</b>	<b>No of Potential Major Incidents</b>	<b>1</b>
	<b>No of Declared Major Incidents</b>	<b>1</b>
	<b>No of Airport alerts</b>	
	Belfast International Airport	
	Belfast City Airport	
	City of Derry Airport	
	St Angelo Airport	
	Newtownards Airfield	<b>1</b>
	Other airfields	
	<b>Business Continuity</b>	<b>2</b>
	<b>Hazardous Material Incidents (HART calls)</b>	<b>38</b>
	<b>HART pre-planned deployments</b>	
<b>4</b>	<b>Training sessions</b>	<b>2</b>
	Emergency Planning	<b>2</b>
	HART	<b>6</b>
	Business Continuity	
<b>5</b>	<b>Exercises</b>	
	Live	<b>2</b>
	Tabletop	<b>1</b>
	Observer	
<b>6</b>	<b>Updates or amendments to MIP</b>	

**Potential Major Incident**

On 27 April 2015 at 22.56hrs NIAS received a call for a report of an explosion in Londonderry. Three A&E crews, one Rapid Response Vehicle and one officer were tasked to the scene. An additional five officers were available but not deployed to the scene. One hospital was put on alert to receive patients. The incident was stood down at 23.14hrs when the first crew arrived on scene and found that there were no persons injured.

### **Major Incidents**

On 4 April 2015 at 20.53hrs NIAS received a call to Augher for a Road Traffic Collision involving three cars. At 21.17hrs the control officer escalated the call to a Major Incident due to the number of ambulance resources required and the lack of vehicles in the area that were available to dispatch. Six A&E crews and two officers were tasked to the scene. Six patients were taken to the South West Acute Hospital and three were later transferred to other hospitals. One patient was assessed and discharged at scene by a doctor. The incident was stood down 22.55hrs.

### **Airport Alerts**

On 7 April 2015 at 11.23hrs NIAS received a 999 call to the Newtownards Airfield following a report of a light aircraft that had crashed. Two Rapid Response Vehicles and three A&E crews were tasked to the scene. One casualty with serious injuries was treated at scene and taken to the Ulster Hospital Dundonald. During the post-incident review it was identified that no automatic airport alert was generated on the paging system. The fault has been identified and rectified.

### **HAZMAT / Hazardous Area Response Team (HART) deployments**

34 = deployments with Breathing Apparatus skills

2 = HAZMAT deployments

1= restricted space

1= Inland water operation



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**William Newton**  
**EMERGENCY PLANNING OFFICER**

**TB04 04/06/15**





# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

**04 June 2015**

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





## **Belfast Area**

**March – December 2014**

### **No title**

Quite happy with the Ambulance Service.

### **Saved by the ambulance crew**

I was in the odyssey arena watching the ice hockey I noticed my chewing gum roll out of my mouth for some reason then I couldn't find my right arm or see out of my right eye in fact my right side of my body was completely numb I realised I had had a stroke but was able to poke my friend in the side and get the word stroke out. My friend ran to the medics and fortunately an ambulance was in the car park (due to the world police and fire games) they recognised my symptoms got me to the ambulance gave me oxygen and drove me to the Royal with sirens going a.s.a.p there I got world class attention and this I'm sure saved my life I have got all my facilities back now but will be eternally grateful to that ambulance crew and the staff at the Royal

### **No title**

I experience severe chest pains first thing in the morning – then cold sweat, pains down into my elbow- my wife called the ambulance service, within a very short time the cardiac Ambulance arrive. The crew were very efficient and kept me calm.

After doing a number of health checks I was taken to the causeway hospital. The crew kept me informed of my condition and when I reached the hospital got me admitted and spoke to the medical staff re my condition – very impressed with the crew.

### **No title**

The service was excellent and very quick and could not do with out these ambulance men & women

### **No title**

Overall experience was positive one - reassured and appropriate information given

### **No title**

I took an ambulance from Lagan Valley out of hours to the Royal. I had taken an overdose and the staff on the ambulance couldn't have been nicer. They put me at ease as I was quite agitated and made me feel comfortable.



### **No title**

Ambulance was called by the GP wards for my mother I met them in the car park where they had waited for me to be able to come abroad and re-assure mother that I would be following them to hospital the crew were very helpful & understanding as she can become most anxious & confused with short term memory loss all in all her experience was made stress free as possible

### **No title**

The service we got from the ambulance crew was very good my wife had taken a seizure and we did not know what was going on. They made us feel at ease and were able to relax

THANK YOU

### **The quick call that fixed it all.**

The ambulance arrived very quickly. They explained everything to myself. They were very respectful to myself and my family members that were with me. I have no complaints about the ambulance service because they were wonderful, they kept me calm and explained everything clearly.

### **No title**

An ambulance was called to Elms Village when I had an asthma attack. The paramedics were very helpful and acted quickly when I fainted in the corridor.

In the ambulance, I feel like they could have reassured me more as I was quite panicky, but other than this it was fine.

### **The height of professionalism.**

An elderly woman who had fallen to the living room floor. Found by the home help who called for the ambulance. An RRV arrived quickly and carefully carried out a full examination checking for physical injuries, monitored heart and blood sugar as well as blood pressure. Due to identifying an irregular heart beat the RRV called for an ambulance who also arrived quickly. The 3 ambulance staff continued their appraisal and removed me to the hospital with good humour but always professional.

### **No title**

Very quick response



### **Lack of ambulance crews**

Delay in ambulance to arrive on an 8 min response call.....crews change over time!!  
Crew and care given were great.

### **No title**

The both members of ambulance crew were more than helpful:

### **No title**

I was very pleased with the ambulance crew

### **No title**

The Ambulance Service was fantastic

They save my life

### **No title**

Ambulance came for a resident to be admitted to A+E - Two crew members were very friendly + spoke to the resident as an individual person. Was treated with dignity + respect - Involved with all that was going on.

As a senior person in charge I felt that all care aspects where carried out to a high degree Involved resident at all times. Crew members stayed until resident was booked in and taken to cubicle. Talked to resident at all times.

### **Indifferent response**

My wife called an ambulance for me around 5:45am on Saturday 6th September 2014 as I was in excruciating pain. (It turned out that I had a gallstone which had moved and was causing the pain.) A crew arrived shortly afterwards. As I was unable to talk for groaning in agony the paramedics spoke mainly to my wife. I could barely breathe normally during the worst of the pain and was begging for pain relief. In fact I didn't even see the crew myself as my eyes were closed throughout the pain.

During their assessment of me I was asked if I had been drinking alcohol the previous evening. I explained with quite some difficulty that I had been out the previous evening for a meal with work colleagues, had eaten lobster and drank wine. At this point my wife and I noticed that the consumption of wine seemed to be of great interest to the paramedic asking the questions. Whilst he had a noticeably low level of charisma to start with, this now seemed to increase to an obvious indifference to my plight. I was given Entonox once I was able to get into the ambulance which eased my pain a little. I am concerned that there was no sense of compassion shown towards a fellow human being who was very obviously in a great



degree of pain, as described above. Whilst I didn't expect therapeutic counselling, I do expect to be treated with some empathy rather than indifference.

I accept that this is only the experience of my wife and I and perhaps it is not the norm. However I do worry that the paramedic who asked the questions will treat others in such an unhelpful and cold fashion. He was most certainly a very poor advert for NIAS.

### **No title**

The men were very nice

### **HELPING HAND**

The ambulance came for me on 15/10/14 the staff were so caring and professional I felt well looked after.

### **A VERY LONG WAIT**

Our first call was to gp out of hours who arranged for an ambulance time given within 1 hour - 3 hours later no ambulance. So we called 999 as our elderly mother started to get worse. Ambulance operator went through details and gave an approximate time of arrival. When they arrived we were told it would be a very long wait at the hospital (rvh) and implied that our case may not have been urgent. Our mum turned out with an infection and possible loss of limbs due to her health.

### **No title**

An ambulance was rang for a serious laceration to an arm. Arterial bleeding involved. Ambulance late to arrive no 99 rang again. Still no ambulance came. Eventually family member had to be put in car and rushed to A+E. More ambulances required.

### **No title**

I collapsed in Church on Sunday night (23/2/2014). The vicar called for an ambulance and a paramedic arrived very quickly. After an examined she contacted her central room and requested an ambulance to transport me to the Royal Victoria Hospital. After a long delay and no sign of the ambulance she phoned her control centre and was advised that my ambulance had to be diverted to another emergency. Another ambulance eventually arrived which I understand came from Downpatrick. I was quite sick at the time and it seemed a very long time I had to wait for an Ambulance. However I must say the treatment I received from the Paramedic and the Ambulance crew was first class, but there did seem to be a long delay from the original call until I arrived at the Royal Victoria Hospital.

**TB05 04/06/15**



# **NORTHERN IRELAND AMBULANCE SERVICE**

## **TRUST BOARD MEETING**

**04 June 2015**

<b>Title:</b>	Disciplinary Procedure
<b>Purpose:</b>	To encourage all employees to achieve and maintain appropriate standards of conduct, performance and behaviour
<b>Content:</b>	NIAS Disciplinary Procedure & Trust's Disciplinary Rules
<b>Recommendation:</b>	For Information
<b>Previous Forum:</b>	JNF
<b>Prepared by:</b>	Regional Human Resources Policy Group
<b>Presented by:</b>	Roisin O'Hara, Director of Human Resources and Corporate Services





# DISCIPLINARY PROCEDURE

<b>Author</b>	Regional HR Policy Group
<b>Directorate responsible</b>	Human Resources & Corporate Services
<b>Date</b>	1 <sup>st</sup> April 2015
<b>Review date</b>	1 <sup>st</sup> April 2017

## 1. INTRODUCTION

This procedure is designed to help and encourage all employees to achieve and maintain appropriate standards of conduct, performance and behaviour. The aim of the procedure is to ensure:

- The Trust can operate effectively as an organisation.
- Disciplinary action taken is fair, appropriate and consistent and all who are involved in the process are treated with dignity and respect
- Managers, employees and their representatives are aware of their rights and obligations in matters relating to disciplinary and appeals procedure.

This Procedure applies to all Trust staff. It should be noted that in relation to Medical and Dental staff issues of general/professional misconduct are dealt with under this procedure. Further relevant procedures are contained in circular HSS (TC8) 6/2005 "Maintaining High Professional Standards in the Modern HPSS – a framework for the handling of concerns about doctors and dentists employed in the HPSS".

This disciplinary procedure should be read in conjunction with the Trust's Disciplinary Rules, which are set out in Appendix 1 of this Procedure.

Issues of competence and job performance will be dealt with under the Trust's Capability Procedure.

## 2. GUIDANCE AND DEFINITIONS

**"Trust Employee"** is anyone employed by the Trust.

**"Investigating Officer"** is any person authorised to carry out an investigation into alleged breaches of discipline to establish the facts of the case.

**"Presenting Officer"** is usually the investigating officer and presents the evidence to the Disciplinary Panel

**"Employee Representative"** is any employee of the Trust who is an accredited representative of a trade union, professional organisation or staff organisation or a full time official of any of the above organisations or a fellow Trust employee. Legal Representation will not be permitted at any stage of this Disciplinary Procedure.

**"Disciplinary Panel"** is the person or persons authorised to take disciplinary action.

**"Misconduct"** is a breach of discipline which is considered potentially serious enough to warrant recourse to formal disciplinary action (please refer to Disciplinary Rules).

**"Gross Misconduct"** is a serious breach of discipline which effectively destroys the employment relationship, and/or confidence which the Trust must have in an employee or brings the Trust into disrepute (please refer to Disciplinary Rules).

### **3. PRINCIPLES**

The following general principles are applicable to all disciplinary cases:

- a. Employees are directed by their contract of employment to ensure they familiarise themselves with these procedures and the consequences of breaching the Trust's Disciplinary Rules
- b. In cases where an investigation is necessary, disciplinary action will not be taken against an employee until such an investigation is completed. However, the Trust reserves the right to proceed with disciplinary action where an employee fails to co-operate with an investigation.
- c. Where a case is being investigated under this Disciplinary Procedure, the employee will be provided with a copy of this procedure as soon as possible. At every stage in the procedure the employee will be advised of the nature of the complaint, and will be given the opportunity to state their case before any decision is made.
- d. At all stages during the Disciplinary Procedure, the employee will have the right to be accompanied and/or represented by an employee representative.
- e. No employee will be dismissed for a first breach of discipline except in the case of gross misconduct where the disciplinary action may be summary dismissal.
- f. An employee will have the right to appeal against any disciplinary action imposed.
- g. In deciding upon appropriate disciplinary action, consideration will be given to the nature of the offence, any mitigating circumstances and previous good conduct.
- h. The Trust will collect information from relevant witnesses. Trust employees who are witnesses to alleged misconduct will be required to give evidence and may be required to attend disciplinary meetings and/or hearings.
- i. At all stages disciplinary proceedings will be completed as quickly as practicable.

- j. Any disciplinary action will be appropriate to the nature of the proven misconduct.

#### **4. ARRANGEMENTS FOR MEETINGS/HEARINGS**

Employees are expected to participate fully with the disciplinary process. If a Trust employee cannot attend a meeting/hearing through circumstances outside her/his control and unforeseeable at the time the meeting/hearing was arranged they must notify the HR Department and provide reasons. The Trust will arrange one further meeting/hearing. Failure to attend this rearranged meeting/hearing may result in the disciplinary process continuing in their absence based on the information available.

#### **5. ACTION IN PARTICULAR CASES**

- a. **Disciplinary action in the case of an employee representative, who is an accredited representative of a Trade Union, Professional Organisation or Staff Organisation,**

Although normal disciplinary standards apply to the conduct of an employee representative, no disciplinary action beyond the informal stage should be taken until the matter has been discussed with a full-time official of the employee's trade union, professional organisation or staff association.

- b. **Police enquiries, legal proceedings, cautions and criminal convictions not related to employment**

Police enquiries, legal proceedings, caution or a conviction relating to a criminal charge shall not be regarded as necessarily constituting either a reason for disciplinary action or a reason for not pursuing disciplinary action. Consideration must be given as to the extent to which the offence alleged or committed is connected with or is likely to adversely affect the employee's performance of duties, calls into question the ability or fitness of the employee to perform his or her duties or where it is considered that it could bring the Trust into disrepute. In situations where a criminal case is pending or completed the Trust reserves its right to take internal disciplinary action.

- c. **Trust's duty to make referrals**

The Trust is required, where appropriate under the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, to make a referral if a person working with children or vulnerable adults has been dismissed, would have been dismissed, or considered for dismissal had he/she not resigned, or has been suspended, or transferred from a Child Care or vulnerable adults position.

Further, the Trust has a duty to make referrals to relevant professional bodies e.g. NMC, GMC, NI Social Care Council, HPC and also to the Police Service of Northern Ireland (PSNI) in appropriate cases and share relevant information.

In cases of alleged theft, fraud or misappropriation of funds, action should include consultation with the Director of Finance, DHSSPS and the PSNI as appropriate.

d. **Suspension from Work**

Management reserves the right to immediately suspend an employee with pay. Precautionary suspension must be authorised by the appropriate senior manager or suitable deputy.

The reason for suspension should be made clear to the employee and confirmed in writing. When the reason for suspension is being conveyed to the employee, where possible, he or she should be accompanied by an employee/trade union representative. Suspension is not disciplinary action, and as a consequence carries no right of appeal. The appropriate senior manager should consider other alternatives, for example transfer of employee, restricted or alternative duties if considered feasible and appropriate.

Any decision to precautionary suspend from work, restrict practice, or transfer temporarily to other duties must be for the minimum necessary period of time. The decision must be reviewed, by the appropriate senior manager, every 4 weeks.

6. **DISCIPLINARY PROCEDURE**

This section sets out the steps which may be taken following a breach of the Trust's Disciplinary Rules.

6.1 **COUNSELLING AND INFORMAL WARNINGS**

- a. The manager has the discretion to address minor issues through either counselling or the issue of an informal warning. At this informal stage matters are best resolved directly by the employee and line manager concerned.
- b. Counselling does not constitute formal disciplinary action. Counselling should be conducted in a fair and reasonable manner and the line manager should ensure that confidentiality is maintained. This should take the form of pointing out any shortcomings of conduct or performance and encouraging improvement and may include an agreed training or development plan. It is the line manager's

responsibility to ensure that notes of the counselling meeting are shared with the employee, are stored securely and that the situation is monitored. This counselling does not in any way prevent the line manager from instigating formal disciplinary action if appropriate. If the faults are repeated, or the conduct does not improve, the formal disciplinary procedure may be instigated

- c. The line manager has the discretion to issue an informal warning. If this is applicable, the manager will follow these steps:
  - Manager investigates matter
  - Manager meets with employee
  - Manager issues informal warning
  - Informal warning is confirmed to employee in writing and is deleted from their record after 6 months
  - Employee has right to appeal to the next line manager
  - Appeal request should be submitted within 7 working days
- d. The right to be accompanied by an employee representative will apply throughout the informal process.
- e. In the event that issues cannot be resolved with counselling or informal warnings the Formal Disciplinary Procedure should be invoked.

## **FORMAL DISCIPLINARY PROCEDURE**

### **6.2 INVESTIGATION**

- a. The Investigating Officer is responsible for establishing the facts of the case. The investigation will be conducted as quickly as is reasonable taking account of the extent and seriousness of the allegations. The Investigating Officer should meet with the employee who may be accompanied and/or represented by an employee representative and ensure that they are given a copy of the procedure. The Investigating Officer should explain the alleged misconduct to the employee. The Investigating Officer should ensure that any witnesses are interviewed and that all relevant documentation is examined before a decision is made on the appropriate course of action.
- b. It should be noted that, if an issue has already been investigated under another agreed investigatory procedure and disciplinary action has been recommended, then there is no requirement to reinvestigate under this Disciplinary Procedure.

### 6.3 HEARING

- a. If it is considered that there is a case to be answered, the employee should be called to attend a disciplinary hearing before the appropriate Disciplinary Panel. A copy of this Disciplinary Procedure should accompany the letter advising of the hearing. The employee should be informed in writing of the allegation and the right to be represented. Any documentation intended for use by either party at the Disciplinary Hearing should be exchanged no later than five working days prior to the hearing.
- b. The Disciplinary Panel is made up of 2 managers at an appropriate level - Appendix 2 outlines the minimum level.
- c. Where an employee's professional competence/conduct is in question the Disciplinary Panel may, if needed, invite a suitably qualified experienced person from the same profession to attend the Hearing as an expert adviser. The adviser does not have a decision-making role.
- d. In cases of professional misconduct involving medical or dental staff, the Disciplinary Panel must include a member who is medically qualified (in the case of doctors) or dentally qualified (in the case of dentists) who is not currently employed by the Trust (see Maintaining High Professional Standards in the Modern HPSS (Nov 2005) Section III Para 1). The advice of the appropriate local representative body should be sought.
- e. The employee shall normally be present during the hearing of all the evidence put before the Panel; however the employee may choose not to attend the hearing. It should be made clear that the hearing will proceed in his or her absence. Any submission by the employee in writing or by his or her representative will be considered. The Trust reserves the right to proceed to hear a disciplinary case in the absence of the employee where no adequate explanation is provided for the employee's absence.
- f. Any witnesses required to attend the hearing should be granted the appropriate time off from their work. The employee representative cannot be a witness or potential witness to the disciplinary process.
- g. At the Hearing, the case against the employee and the evidence should be detailed by the Presenting Officer and the employee should set out his/her case and answer the allegations.
- h. Witnesses may be called by either party and can be questioned by the other party and/or by the Disciplinary Panel. The Presenting Officer and the employee/representative will have the opportunity to make a final submission to the

Disciplinary Panel at the end of the Hearing with the Presenting Officer going first. The Disciplinary Panel has the right to recall any witnesses but both sides and their representatives have the right to be present.

#### **6.4 DISCIPLINARY DECISION**

- a. The Disciplinary Panel will review all the evidence presented before taking its decision. The Disciplinary Panel will determine on a balance of probability whether the allegations were or were not proven. Before deciding on the appropriate disciplinary action, the Disciplinary Panel should consider any mitigating circumstances put forward at the hearing and take account of the employee's record.
- b. The decision should be communicated in writing to the employee normally within 7 working days of the date of the hearing or as soon as reasonably practicable. In the case of formal or final written warnings, the timescale of any sanction should be specified. The employee should be advised of the consequences of further breaches of discipline and informed of the right and method of appealing the decision.
- c. In the case of dismissal, the employee should be advised that the decision of the Disciplinary Panel will be fully implemented pending appeal.
- d. The appeal hearing should be organised in a timescale which allows proper representation to occur, consistent with principles of natural justice. In all circumstances an appeal hearing shall be organised within 12 weeks of the original hearing.
- e. Pay pending appeal will only be paid in circumstances where management alone have failed to convene an appeal hearing within the aforementioned timescale. In this circumstance payment will be recommenced from the point in time that the notice period ends.
- f. Pay pending appeal will not apply in circumstances where the employee was summarily dismissed.

#### **6.5 DISCIPLINARY ACTION**

The Disciplinary Panel may impose one or more of the following disciplinary sanctions / actions

- a. **Formal Warning** - a formal warning may be given following misconduct or where misconduct is repeated after informal action has been taken. A formal warning will remain on the employee's record for a period of one year. The warning should be

accompanied by advice to the employee on the consequence of any repetition or continuance of the misconduct that has given rise to the disciplinary sanction / action.

- b. **Final Warning** - a final warning may be given when the misconduct is considered more serious or where there is a continuation of misconduct which has led to previous warnings and/or informal action. A final warning will remain on the employee's record for a period of 2 years. The warning should be accompanied by advice to the employee on the consequence of any repetition or continuance of the misconduct that has given rise to the disciplinary sanction/action.
- c. **Transfer and/or Downgrading** - the Disciplinary Panel may decide that the most appropriate course of action should be either transfer, downgrading or both. These disciplinary actions may be imposed in addition to either a formal warning or a final warning as appropriate.
- d. **Dismissal** – Dismissal will apply in situations where previous warnings issued have not produced the required improvement in standards or in some cases of Gross Misconduct.
- e. **Summary Dismissal** – in some cases where Gross Misconduct has been established, an employee may be summarily dismissed i.e. without payment of contractual or statutory notice.

NOTE: If the misconduct is proven the Disciplinary Panel may recommend that any associated financial loss should be recouped from the employee. This should be referred to the Director of Finance for further consideration.

## 7. **DISCIPLINARY APPEALS**

- a. An employee wishing to appeal disciplinary action should write to the Director of Human Resources stating the grounds of their appeal within 7 working days of receipt of the letter containing the disciplinary decision. The appeal hearing will be arranged as early as practicable and the employee will have the right to be represented. The employee will normally receive 7 working days notice of the date of the appeal hearing.
- b. The Appeal Panel, will comprise 2 managers from the Trust who have had no previous involvement in the case and who are normally at a more senior level than the Disciplinary Panel. In professional misconduct appeals involving medical staff and/or dentists, the Appeal Panel will comprise one additional medically/dentally qualified panel member who is not employed by the Trust or has not been previously involved in the disciplinary case. Where the employee's professional competence/conduct is in question, the Appeal Panel may invite a suitably qualified

and experienced senior officer in the same profession from the trust or outside the Trust to attend the hearing as an assessor. The assessor has no decision making role. The Appeal Panel will permit additional evidence not available or provided at the Disciplinary Hearing to be considered only if it is considered relevant to the original allegation.

- c. The Appeal hearing will be a full rehearing of the case.
- d. The Appeal Panel will have the authority to confirm, set aside, or reduce the decision of the Disciplinary Panel. It will not have the right to increase the decision of the Disciplinary Panel. Where the decision of the Appeal Panel involves a variation of the original disciplinary decision, it should state the reasons and any operative date. The decision of the Appeal Panel is final and will be conveyed in writing to the appellant within seven working after the hearing. In the event of delay a written explanation will be provided.
- e. In the event of reinstatement following an appeal the appropriate back payment will be made.

## 8. REVIEW OF THE PROCEDURE

This procedure should be reviewed periodically in consultation with recognised staff side representatives via the HSC (NI) Joint Negotiation Forum.

**Signed on behalf of Trade Union Side**



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**Anne Speed**  
**Joint Secretary**

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**Date**

**Signed on behalf of Management**



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**Roisin O'Hara**  
**Director of Human Resources and**  
**Corporate Services**

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**Date**

**This procedure is effective from 1<sup>st</sup> April 2015**

## APPENDIX 1 TRUST DISCIPLINARY RULES

In accordance with paragraph 1 of the Trust's Disciplinary Procedure, Disciplinary Rules are set out below. Conduct is categorised under the headings of “**Misconduct**” and “**Gross Misconduct**”. This list should not be regarded as exhaustive or exclusive but used simply as a guide.

In determining the appropriate heading, managers are required to carefully consider the circumstances and seriousness of the case.

### MISCONDUCT

Listed below are examples of offences of misconduct, other than gross misconduct, which may result in disciplinary action and/or counselling/informal warning in the light of the circumstances of each case. Where misconduct **is** repeated this may lead to dismissal.

- **Inappropriate or unacceptable conduct or behaviour towards employees, patients, residents, clients, relatives or members of the public.**
- **Abuse of employment position and/or authority.**
- **Absenteeism**
- **Unauthorised Absence**
- **Insubordination.**
- **Poor Time-keeping.**
- **Dishonesty.**
- **Unsatisfactory Performance and Conduct.**
- **Failure to adhere to contract of employment.**
- **Failure to comply with the responsibilities and duties of employment position.**
- **Failure to comply with Trust Rules and Procedures, Policies and Practices.**
- **Failure to declare outside Employment/Activities** – Failure to declare any outside activity which would impact on the full performance of contract of employment.
- **Failure to conform with safety, hygiene, security rules and regulations**
- **Misuse of Trust Resources-** internet, e-mail, telephone etc (see Trust policies)
- **Misuse of Trust Property-**neglect, damage, or loss of property, equipment or records belonging to the Trust, clients, patients, residents or employees
- **Use of foul language.**
- **Gambling on Trust Premises**
- **Dangerous horseplay.**
- **Discrimination, victimisation, harassment or bullying on any grounds**
- **Breach of confidentiality.**
- **Alcohol/Drugs misuse.**
- **Being an accessory to a disciplinary offence**

## GROSS MISCONDUCT

The following are examples of Gross Misconduct offences which are serious breaches of contractual terms which effectively destroy the employment relationship, and/or the confidence which the Trust must have in an employee. Gross misconduct may warrant summary dismissal without previous warnings.

- **Theft** - Theft from the Trust, its employees, patients, clients, residents or the public including other offences of dishonesty.
- **Fraud** - Falsification of documentation or records pertaining to patients, clients, staff, or other persons. Misrepresentation which results, or could result in financial gain (e.g. applications for posts, pre-employment medical forms, time-sheets, clock-cards, subsistence and expenses claims etc.)
- **Being under the influence or misuse of Alcohol or Drugs** – Being under the influence of alcohol, unauthorised consumption while on duty or during working hours. Reporting for duty smelling of alcohol. Misuse of drugs e.g. through misappropriation or being under the influence of drugs.
- **Breaches of safety, hygiene, security rules and regulations endangering one's own or another's physical well-being or safety.**
- **Issues of probity.**
- **Physical violence / assault or other exceptionally offensive behaviour.**
- **Criminal Conduct**- including failure to notify the Trust of a criminal offence either at work or outside of work. Consideration will be taken of criminal conduct/convictions and relevance to the employee's position.
- **Breaches of Confidentiality.**
- **Discrimination, victimisation, harassment or bullying on any grounds**
- **Serious Breaches of Trust Rules, Policies, Procedures and Practices**
- **Malicious or vexatious allegations or intimidation against another employee.**
- **Serious Insubordination.**
- **Ill-treatment or wilful neglect of patients, clients, residents.**
- **Negligence.**
- **Breaches of contract of employment and/or Professional Codes of Conduct.**
- **Some outside Employment/Activities**-Engaging in outside employment/activities that would prevent the efficient performance of duties, adversely affect health, bring into question loyalty and reliability or in any way weaken confidence in the Trust's business. Engaging in outside employment when contracted to work for the Trust unless otherwise agreed or where outside work is undertaken in competition with the Trust.
- **Abuse of sick pay provisions.**
- **Bringing the Trust into Disrepute.**
- **Misuse or unauthorised use of Property.** - Unauthorised use or removal of Trust property. Damage caused maliciously or recklessly to property, equipment or records belonging to the Trust, clients, patients, residents or employees
- **Misuse of Trust resources, including IT resources (see IT policies), or misuse of Trust name.**
- **Serious professional misconduct or negligence**
- **Unauthorised sleeping on duty**

## APPENDIX 2 – PANELS FOR HEARINGS AND APPEALS

<b>Misconduct</b>		
	<b>Hearing</b>	<b>Appeal</b>
Staff below 5 <sup>th</sup> level	Level 5	Level 4
Staff at 5 <sup>th</sup> Level	Level 4	Level 3
Staff at 4 <sup>th</sup> Level	Level 3	Level 2
Staff at 3 <sup>rd</sup> Level	Level 2	Level 2
Staff at 2 <sup>nd</sup> Level	Level 1 / Level 2	Chair / Level 1 / Level 2
<b>Gross Misconduct</b>		
	<b>Hearing</b>	<b>Appeal</b>
Staff below 5 <sup>th</sup> level	Level 5	Level 4
Staff at 5 <sup>th</sup> Level	Level 4	Level 3
Staff at 4 <sup>th</sup> Level	Level 3	Level 2
Staff at 3 <sup>rd</sup> Level	Level 2	Level 2
Staff at 2 <sup>nd</sup> Level	Level 1 / Level 2	Chair / Level 1 / Level 2

Level 1 – Chief Executive

Level 2 – Director

Level 3 – Assistant / Co-Director

Level 4 – Senior Manager

Level 5 – Service Manager



**TB06 04/06/15**



# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

04 June 2015

<b>Title:</b>	Capability procedure
<b>Purpose:</b>	To provide guidance and protocols through which managers can address employee capability concerns with a fair, appropriate and consistent approach
<b>Content:</b>	Procedures and Processes for addressing capability concerns
<b>Recommendation:</b>	For information
<b>Previous Forum:</b>	JNF
<b>Prepared by:</b>	
<b>Presented by:</b>	Roisin O'Hara, Director of Human Resources and Corporate Services





Northern Ireland Ambulance Service  
Health and Social Care Trust



# CAPABILITY PROCEDURE

<b>Author</b>	Regional HR Policy Group
<b>Directorate responsible</b>	Human Resources & Corporate Services
<b>Date</b>	1 <sup>st</sup> April 2015
<b>Review date</b>	1 <sup>st</sup> April 2017

# **CAPABILITY PROCEDURE**

## **1. INTRODUCTION**

In order to deliver a high quality service, all employees are expected to perform the duties of their post to an acceptable standard in accordance with the nature and banding of their role. These standards may be laid down in the Job Description for the post and/or are determined in accordance with the employee's contractual obligations.

It is the aim of the Northern Ireland Ambulance Service (NIAS) to ensure that all employees are treated in a fair and equitable manner.

Capability in relation to this Procedure is defined by the Employment Rights (NI) Order 1996 as '*capability assessed by reference to skill, aptitude, health or any other physical or mental quality*'. Ignoring unsatisfactory performance can have an impact on the quality of service provided, the employee's own sense of satisfaction and enjoyment in their work and that of the team in which they work.

Where an employee is not performing in accordance with the required standards, they will be offered support, encouragement, guidance and, if necessary, training to improve their work performance.

The Procedure applies where there is a genuine lack of capability, rather than a deliberate failure on the part of the employee to perform to the required standard. In the event of deliberate failure by the employee to perform to the required standard the matter will be dealt with as a conduct matter under the NIAS's Disciplinary Procedure.

Nothing in this procedure is intended to prevent the normal process of supervision, allocation of work by management, monitoring of performance, drawing attention to errors and, as importantly, highlighting work done well.

This policy is not intended to cover concerns that arise in connection with an employee's ill health, which are addressed under the NIAS Sickness Absence Procedures.

The Trust is also aware of its obligations under the Disability Discrimination Act 1995 (as amended) in the implementation of this procedure.

## **2. PURPOSE AND AIMS**

This Procedure is intended to underpin the normal process of supervision, support and control where managers allocate work, monitor performance, draw attention to

errors and poor quality and, as importantly, highlight work well done. This continuing day-to-day process may include informal assistance in achieving improvement to the required standard, in addition to regular KSF development reviews.

This Procedure is designed to deal with those cases where the employee is lacking in some area of knowledge, skill or ability, resulting in a failure to be able to carry out the required duties of their role to an acceptable standard.

The aims of the procedure are to ensure that:

- the employee is assisted to improve their performance and that there is on-going monitoring and assistance afforded to them to support them to reach the expected performance standard
- the Trust operates effectively as an organisation
- there is guidance and a protocol through which managers can address employee capability concerns
- capability concerns are dealt with fairly, appropriately and consistently and all who are involved in the process are treated with dignity and respect
- managers, employees and their representatives are aware of their rights and obligations in dealing with matters of capability under this procedure.

### **3. SCOPE**

This procedure applies to all Trust staff (excluding Medical & Dental Staff who are the subject of separate agreed procedures).

### **4. DEFINING CAPABILITY CONCERNS**

Concerns about an employee's capability may arise from a number of factors, including:

- lack of competence, proficiency, poor organisation
- lack of aptitude, skill or experience
- the re-organisation or redefinition of the person's role, which causes performance / problems e.g. organisational change or technology changes
- changes in the nature or allocation of work, including changes to employment such as promotional position which the individual may not be able to undertake to standards required
- an individual being unable to satisfactorily complete their probationary period
- external factors such as personal/family difficulties, work life balance

### **5. PRINCIPLES**

- It is expected that if issues arise around an employee's performance, these should be addressed at the earliest opportunity by the employee's direct line

manager. The employee should be issued with a copy of this Procedure at the time. Early intervention when poor performance is identified should be encouraged enabling a supportive approach to be taken. In cases such as these the employee needs to be fully aware of the performance issues and the standards that need to be met. Line managers should seek to establish the type of support that can be offered to assist the employee in reaching the desired performance level. The following types of support may be considered useful:

- shadowing other members of staff
  - training / development
  - time out to concentrate on specific areas of work which require improvement
  - mentoring
  - increased supervision
- 
- It is expected that in the first instance issues are dealt with between the line manager and the individual.
  - It is expected that in many cases, informal discussions will resolve most difficulties.
  - At all formal stages during this process the employee will have the right to be accompanied and/or represented by an employee representative.
  - Accurate records should be kept of all meetings.
  - The same principles of natural justice inherent in the Trust's Disciplinary Procedure should be demonstrated when dealing with an employee's capability.

## **6. PROCESS FOR ADDRESSING CAPABILITY CONCERNS**

This process consists of three stages:

- 6.1 Informal Process
- 6.2 Formal Process – Stage One and Two Meetings with Employee
- 6.3 Appeal

### **6.1. INFORMAL PROCESS**

- 6.1.1 Unsatisfactory performance should be discussed with the individual and line manager in an informal advisory session. The line manager will remind the employee of the expected standards of performance required.
- 6.1.2 It should be outlined by the line manager how the individual's performance is unsatisfactory and unacceptable in view of that standard. The problems being caused by the unacceptable performance should be referred to.

- 6.1.3 It is important that managers do not only focus on the performance concerns during these discussions but that areas of good performance should be highlighted and complimented.
- 6.1.4 At this session the line manager will try to identify any factors contributing to the poor performance and will identify assistance that may lead to improved performance including the provision of additional training or mentoring.
- 6.1.5 During the discussion an agreed action plan should be drawn up to include details of the improvements expected, with timescales and any support that is to be provided and to also include review periods to assess performance. The individual should be informed that their performance will continue to be monitored over a review period – normally one to three months.
- 6.1.6 Where an improvement is achieved the individual should be advised in writing by the line manager that required standards have now been met and should continue to be met. In cases of performance there should be a return to normal performance reviews in line with the Knowledge and Skills Framework process. The line manager should inform the employee that any lapse to previous unacceptable levels within six months from the date of the first informal meeting may result in further steps being taken in accordance with this procedure.
- 6.1.7 In the event that there has been insufficient improvement and there is evidence to support this then the employee should be advised in writing that the formal procedure will be used.

## **6.2 FORMAL PROCESS – STAGE 1**

In cases where capability issues have not been resolved through the informal procedure, the line manager, following a discussion with an HR representative, will write to the employee inviting the employee to attend a formal meeting. This notification should include:

- Date, time and venue,
- Confirmation that this is a formal meeting in accordance with the formal steps within the Capability Procedure
- An outline of the issues to be discussed
- Advice that the employee has the right to be accompanied and / or represented by an employee representative and
- Who will be in attendance

This letter should give the employee at least seven days' notice of the meeting and should be sent to the employee as soon as practicable after the conclusion of the informal stage. The employee should be issued with a copy of the Capability Procedure with this letter.

### 6.2.1 FORMAL MEETING

- 6.2.1(a) The continued unacceptable performance should be discussed with the individual by the line manager, in a formal meeting. However, it should be made clear it is not a disciplinary interview. The individual should be informed that the continuation of unacceptable performance cannot be accepted.
- 6.2.1 (b) Reference should be made to the fact that there has been a failure to improve despite a previous informal meeting.
- 6.2.1 (c) The reasons attributing to the continued unacceptable performance along with any associated difficulties the individual may be experiencing should be discussed. The problems being caused by the unacceptable performance should be referred to.
- 6.2.1 (d) An indication of the improvement required should be given with an agreed action plan. This action plan should contain objectives, change of behaviour/agreed ways of working that is required, with timescales and clear measurable tasks that can be monitored against the action plan. The individual will also be informed of when this will be reviewed, how often and what the criteria for improvement are within the agreed timescales. Any additional support needed, such as further training or mentoring should be agreed.
- 6.2.1 (e) An indication should be given that further action will be taken if the improvement required is not forthcoming within the agreed timescales.
- 6.2.1 (f) A formal record will be made of the meeting. A copy of the record should also be issued to the employee.
- 6.2.1(g) Timescales will be agreed by all parties and they will not be longer than 3 months.

**Review meeting:** - The purpose of this will be to have a formal review meeting between manager and the employee to discuss progress and determine if the requirements and objectives have been fully achieved.

If after review and discussion the capability improves and is maintained this will be confirmed in writing to the employee, with no further requirements. In cases of improvement in performance there should be a return to normal performance reviews in line with the Knowledge and Skills Framework process. If there is a

relapse within 6 months the matter will be dealt with at the appropriate point within the formal process.

If after review and discussion the capability concern remains and the objectives have not been achieved the employee would be informed of this and the need for the matter to be referred to step 2 in the process.

The outcome of the review meeting should be notified in writing to the employee.

### **6.2.2 STAGE 2**

A formal hearing should be arranged with the next level manager as set out in Appendix 1 and in accordance with the guidance in 6.2 above. A member of HR staff may be in attendance. Furthermore the employee must receive notification in writing as to the purpose of the meeting, informed of the capability issues to be discussed, and of the possible outcomes of the hearing, e.g. redeployment/alternative employment, downgrading or termination of employment.

The purpose of this hearing will be to

- a) Discuss the continuing capability concern and the failure to achieve agreed objectives.
- b) Consider the employee's response to the capability concerns. (The individual's line manager may attend if required).
- c) Reach a decision on appropriate action.
  - Redeployment / alternative employment
  - Downgrading
  - Termination of employment

The employee will be advised of the decision in writing within 7 days and their entitlement to seek an appeal.

### **6.2.3 STAGE 3 - APPEAL**

If dissatisfied with the outcome the employee will be entitled to appeal against the decision. The purpose of any appeal would be to consider whether the decision reached was fair and reasonable under the circumstances.

The employee who wishes to lodge an appeal should write to Director of Human Resources stating the grounds of their appeal within 7 working days of receipt of the letter informing them of the decision.

The Appeals Panel, set up in accordance with Appendix 1, will comprise 2 members from the Trust who have had no previous involvement in the case.

The employee will be entitled to be represented at this appeal. The manager will be present during the appeal to advise on the management action taken to assist the employee reach the required standards of performance.

The decision of the appeal panel will be confirmed in writing to the individual within 7 days of the decision being taken.

## **7. REFERRAL TO PROFESSIONAL BODY / DISCLOSURE & BARRING SERVICE**

Where appropriate, the employee will be advised that in accordance with the requirements of their regulatory body / Disclosure & Barring Service, a referral will be made by the relevant Director for consideration.

## **8. EQUALITY AND HUMAN RIGHTS**

The NIAS's equality and human rights statutory obligations have been considered during the development of this procedure.

## **9. REVIEW OF THE PROCEDURE**

This procedure should be reviewed periodically in consultation with recognised Trade Union side representatives via the HSC (NI) Joint Negotiation Forum.

**Signed on behalf of Trade Union Side**

**Signed on behalf of Management**



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**Anne Speed**  
**Joint Secretary**

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**Roisin O'Hara**  
**Director of Human Resources and**  
**Corporate Services**

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**Date**

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**Date**

**These procedures are effective from 1<sup>st</sup> April 2015**

## APPENDIX 1

### MANAGEMENT LEVELS FOR STAGES 2 AND 3

	<b>Step 2</b>	<b>Step 3</b>
Staff below 5 <sup>th</sup> level	Level 5	Level 4
Staff at 5 <sup>th</sup> Level	Level 4	Level 3
Staff at 4 <sup>th</sup> Level	Level 3	Level 2
Staff at 3 <sup>rd</sup> Level	Level 2	Level 2
Staff at 2 <sup>nd</sup> Level	Level 1 / Level 2	Chair / Level 1 / Level 2

Level 1 – Chief Executive

Level 2 – Director

Level 3 – Assistant / Co-Director

Level 4 – Senior Manager

Level 5 – Service Manager



**TB07 04/06/15**



# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

**4 June 2015**

<b>Title:</b>	Senior Level Recruitment
<b>Purpose:</b>	For Noting
<b>Content:</b>	Letter from DHSSPS
<b>Recommendation:</b>	For noting
<b>Previous Forum:</b>	None
<b>Prepared by:</b>	Richard Pengelly, Permanent Secretary
<b>Presented by:</b>	Liam McIvor, Chief Executive



**From the Permanent Secretary  
and HSC Chief Executive**



Chief Executives of all Arms Length  
Bodies

Castle Buildings  
Stormont Estate  
BELFAST  
BT4 3SQ

Tel: 028 90 520559  
Fax: 028 90 520573  
Email:  
[Richard.pengelly@dhsspsni.gov.uk](mailto:Richard.pengelly@dhsspsni.gov.uk)

Our Ref: RP346

Date: 14 May 2015

Dear Colleagues

## **SENIOR LEVEL RECRUITMENT**

As you will be aware, the public sector is going through a period of unprecedented financial challenge and nowhere is this more evident than in relation to the HSC.

Currently, a number of reviews are being progressed, including the Department's consultation on Donaldson and the review of administrative structures. An exercise has also been underway to develop plans to implement a voluntary exit scheme, subject to the availability of funds.

It is within this context, and the prevailing climate of financial uncertainty combined with a clear need for change, that I am writing to ask you not to proceed with any recruitment exercises to fill vacant or new senior positions in your organisations (at Director or Assistant Director level) until further notice, except, of course where there are exceptional circumstances which have been agreed by the Department in advance. Any such requests for Departmental approval should be routed through the Director of Workforce Policy.

Whilst the Department would not expect to be involved directly in approvals for positions below this level, I would expect that the leadership team in your organisations would ensure that the same principle is applied to ensure that we are taking all necessary steps to avoid creating long term commitments, until we have greater clarity as regards the future.

Yours sincerely



**RICHARD PENGELLY**

cc: Chairs of Arms Length Bodies



**TB08 04/06/15**



# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

**4 June 2015**

<b>Title:</b>	Review of Commissioning
<b>Purpose:</b>	For noting
<b>Content:</b>	Letter from DHSSPS
<b>Recommendation:</b>	For noting
<b>Previous Forum:</b>	None
<b>Prepared by:</b>	Deborah McNeilly, Deputy Secretary
<b>Presented by:</b>	Liam McIvor, Chief Executive



*From the Deputy Secretary of*  
**HealthCare Policy Group**



Department of  
**Health, Social Services  
and Public Safety**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

Room C5.13, Castle Buildings  
Stormont Estate  
Belfast  
BT4 3SQ

Tel: 02890 522667  
Fax: 02890 523425  
E-mail:  
[Deborah.mcneilly@dhsspsni.gov.uk](mailto:Deborah.mcneilly@dhsspsni.gov.uk)

Your Ref:  
Our Ref:  
Date: 22 April 2015

**BY EMAIL**

To: Trust Chief Executives

Dear Colleagues

**REVIEW OF COMMISSIONING**

You will be aware that the Minister recently announced a review of the arrangements for commissioning health and social care services in Northern Ireland. The purpose of this letter is to provide more information on the review and the input that may be required from your organisations.

The review will be delivered by a small project team, led by the Director of Healthcare Transformation in the department and including representation from the Health and Social Care Board and the Public Health Agency. The department is also seeking an experienced commissioner of services from elsewhere in the UK to participate in the project team.

The work of the project team will be overseen by a steering group chaired by Richard Pengelly, with membership from the Department's top management group as well as senior management from across the HSC. The steering group will also have access to advice from external experts with knowledge of different health systems.

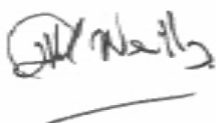
The Minister has indicated that he expects the review to be complete by the summer and as such we are planning to produce a draft report in July.

The review will have three broad elements: evidence gathering; structured interviews and assessments; and conclusions. As part of the evidence gathering phase, the Department has asked OECD to undertake a case study that will examine how effectively the health and social wellbeing needs of the population of Northern Ireland are assessed through the commissioning process; the use of strategic planning to prioritise those assessed needs within available resources; and how well the system incentivises high quality, value for money service provision to meet the assessed and prioritised needs of the population. It is likely that the OECD team will wish to meet with key stakeholders to discuss the commissioning process in Northern Ireland. The Department will endeavour to minimise the demands on staff time and has asked OECD to limit its stakeholder meetings to key individuals or teams only. However, you may wish to alert your teams to this work, and advise that OECD may be in touch to arrange a discussion with them over the coming weeks.

Following completion of the evidence gathering phase, the departmental-led project team will also undertake structured interviews with colleagues across the HSC to probe the initial findings in more detail. Again, while we will strive to minimise the demands on people's time and seek to avoid unnecessary duplication with OECD's work, we believe this approach is necessary to ensure that the outcomes and recommendations of the review will have been based on a thorough and balanced process. As providers of commissioned services, Trusts' input to this process will be essential.

I would be very grateful for your cooperation as we move forward with this review, and the project team will be in contact with you and your teams shortly to arrange a convenient time for a more detailed discussion.

**Yours sincerely**



**DEBORAH McNEILLY**  
**Deputy Secretary, Healthcare Policy Group**

**TB09A 04/06/15**



# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

**04 June 2015**

<b>Title:</b>	Patient Client Experience Standards Annual Report
<b>Purpose:</b>	To provide an overview of work to implement Ministerial Patient and Client Experience Standards during 2014-15
<b>Content:</b>	Detail of implementation of regionally agreed methodology within NIAS including learning outcomes
<b>Recommendation:</b>	For noting
<b>Previous Forum:</b>	Equality and PPI Steering Group
<b>Prepared by:</b>	Mrs Michelle Lemon, Assistant Director of Human Resources; Equality, PPI and Patient Experience
<b>Presented by:</b>	Dr David McManus, Medical Director





# **Patient Client Experience Standards**

## **Annual Report**

### **2014 – 2015**



**May 2015**

## **1 Introduction**

1.1 In April 2009, the DHSSPS published the 'Improving the Patient & Client Experience' document. The document set out the following five core standards:

- Respect
- Attitude
- Behaviour
- Communication
- Privacy and Dignity

1.2 All Trusts adopted these standards during 2009/10 and arrangements were put in place to develop methodologies through a regional working group to allow the standards to be monitored.

1.3 Priorities for Action 2010/11 includes the following target:

*'Following the adoption of the Patient and Client Experience Standards in 2009, Trusts should extend the clinical care areas monitored and increase the range of monitoring tools, ensure appropriate reporting and follow up consistent with direction from the Public Health Agency'*

## **2 Regional Work streams**

2.1 The Regional Patient Client Experience Working Group has developed a work plan in agreement with the Public Health Agency and HSC Board to further develop the methodologies for monitoring compliance against the five core standards. The additional monitoring tools which have been developed and tested include:

- Patient/client stories (10,000 Voices)
- Review of compliments and complaints
- Observations of practice
- Staff Feedback
- Audit of organisational arrangements

2.2 A regional Patient Client Experience Steering Group provides strategic direction for the implementation of the Patient and Client Experience Standards and agrees the annual work plan reflecting the commissioning plan direction. A regional Patient and Client Experience

Working Group leads and co-ordinates a work programme which is agreed and approved by the Regional PCE Steering Group and also provides operational support to HSC Trusts. NIAS is represented on both the Steering and Working Groups. NIAS provides a monitoring and progress report to the HSC Board on the activities undertaken during each quarter.

### **3 NIAS Methodology**

3.1 NIAS remains committed to complying with the Ministerial Standards for Improving the Patient and Client Experience and to enhancing the quality of care it delivers through continuous learning and changing practice where required. The Trust has continued to implement the regional methodology on the five standards and work with other Health and Social Care organisations to implement systems to assess patient and client experience including undertaking surveys, completion of observations of practice and gathering patient stories as part of the 10,000 Voices project.

3.2 Progress against the patient experience standards is monitored by the Trust's Equality and Personal and Public Involvement (PPI) Steering Group and the Trust Board. We have analysed the results in conjunction with an analysis of complaints to identify where we can make improvements. Results from this work have generally been positive, but where the potential for improvement has been identified, we have taken remedial action through training, review of policies or individual engagement with staff.

3.3 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. The Trust continued to work in partnership with other Health and Social Care organisations and representative groups such as Disability Action to ensure a collaborative approach which avoids duplication. This included work on the development of a revised booking procedure for those accessing non-emergency ambulance services, workshops with service users on the prioritisation of emergency and urgent calls.

## 4 10,000 Voices Patient Stories



4.1 10,000 Voices is a regional project commissioned by the Public Health Agency to engage with and gather stories from patients, clients and staff so that improvements can be made to the delivery of care. Patient experience is recognised as a key element in the delivery of quality healthcare. The aim of the initiative is to enable patients and staff to contribute to improving care and redesigning services.

4.2 The PHA is carrying out the 10,000 Voices project across all HSC Trusts with the aim of introducing a more patient-focused approach to provision of services and shaping future healthcare. The project commenced in October 2012.

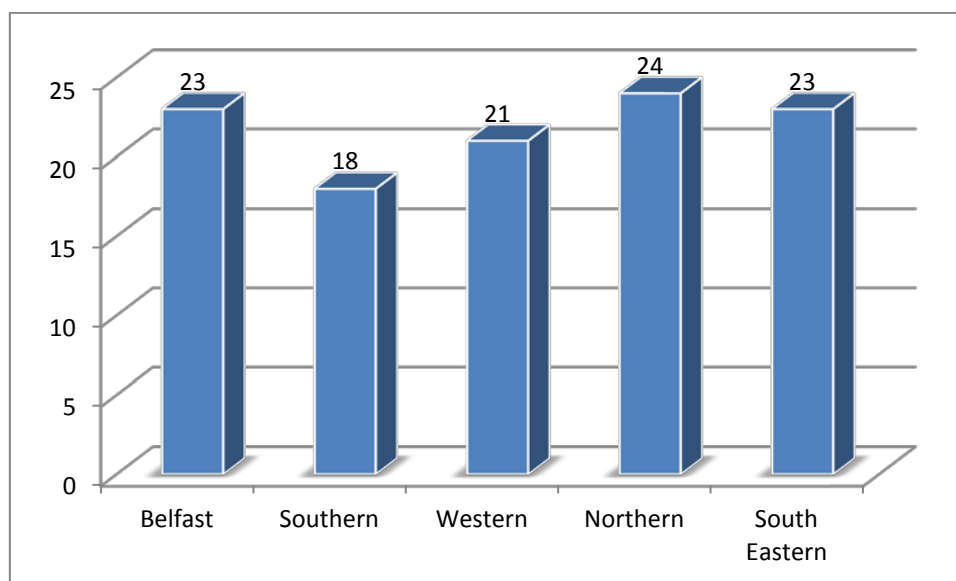
4.3 Patient stories have continued to be gathered through the 10,000 Voices which asks patients, families and carers to share their experiences of using the services we provide. NIAS is working with the Public Health Agency and service users on the evaluation of the stories in order to ensure learning from these leads to improved outcomes in terms of delivery of our services.

4.4 Patient stories are being gathered by the Hospital Trusts and Ambulance Service related comments are passed on to NIAS. 10,000 Voices uses an evidence based methodology to analyse survey results.

4.5 Phase 1 of the project focussed on a survey of patients accessing unscheduled care services. It was recognised that the unscheduled care survey was not appropriate to collect information relating to NIAS patients. A bespoke survey was therefore developed for NIAS to reflect patient experiences and data collection began in March 2014.

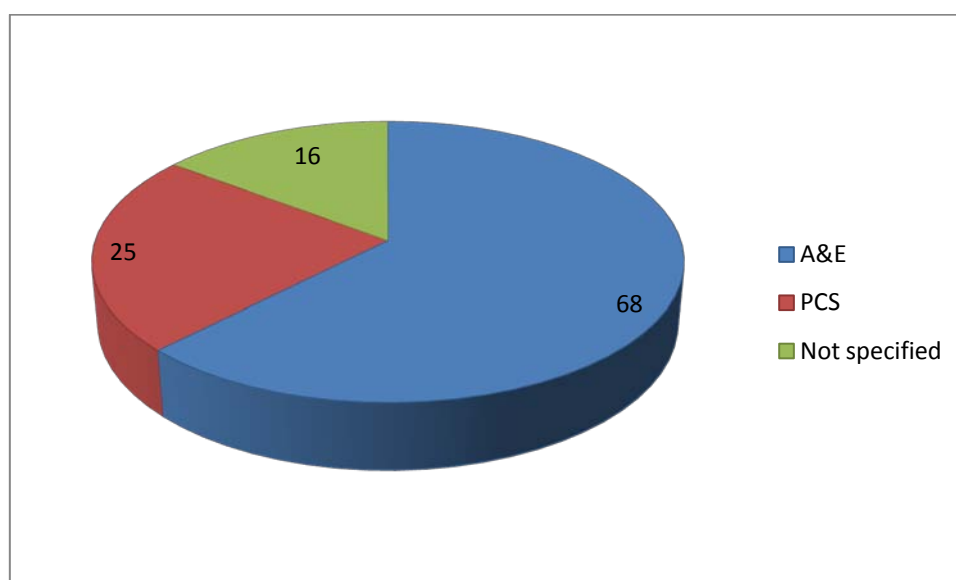
4.6 Between April and December 2014, a total of 109 patient stories related to ambulance services were collected. Of these, 23 were in the Belfast Trust, 18 in Southern Trust, 21 in Western Trust, 24 in Northern Trust and 23 in South Eastern Trust.

Table 1: Patient Stories by Trust Area



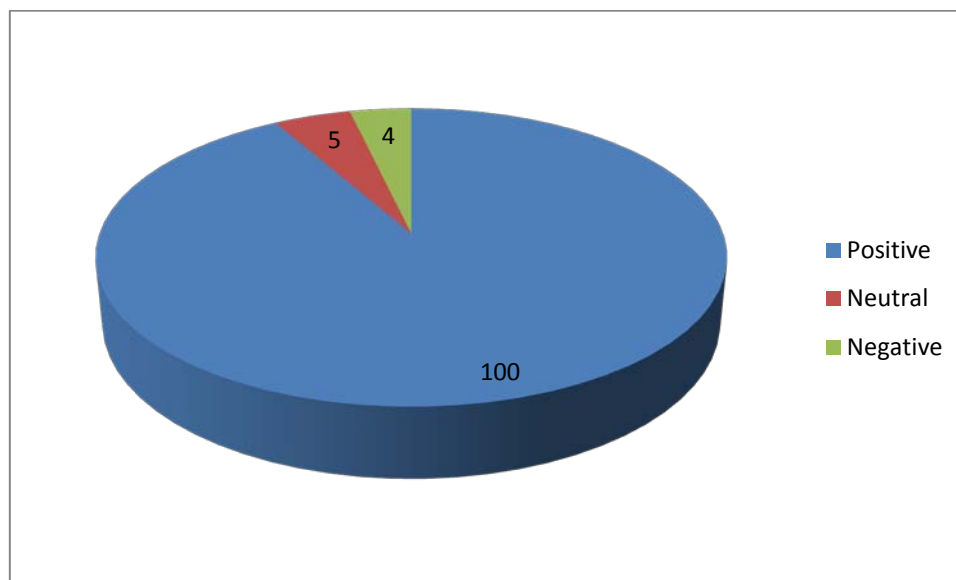
4.7 Of the patient stories collected, the majority, 68, were related to Accident & Emergency services and 25 were about the Patient Care Service (the remainder were not specific about which NIAS service they had used).

Table 2: Patient Stories by Service



4.8 The vast majority of patient stories received by the Trust (100) were positive, 4 contained specific adverse comments (3 of which concerned delayed A&E responses) and 5 were neutral.

Table 3: Nature of Patient Stories



4.9 A further 122 stories were attributed to NIAS before the development of the NIAS-specific survey.

4.10 Promoting the 10,000 Voices survey questionnaire among our patients has proved a challenge, but the responses so far have generally been positive. A workshop with the PHA and service users was held on 16 June 2014 with the aim of reviewing the themes emerging from patient stories collected up to that point. While it was recognised that emergency response times are critical, the importance a caring and compassionate approach, proper introductions and the need to keep patients informed were highlighted as major issues for our service users.



NIAS staff and service users at the 10,000 Voices workshop on 16 June 2014

4.11 The next phase of the 10,000 Voices project is to carry out a survey of staff on how they are able to deliver patient experience. A pilot of the staff survey was carried out in NIAS (and the other HSC Trusts) during December 2014. The aim of the pilot was to test the proposed survey questionnaire among a representative group of staff. The results of the pilot and survey responses from the other Trusts were used to develop the final version of the survey questionnaire.

## **5 Observation of Practice**

5.1 Observation of practice is one of a number of patient and client experience methodologies which has been developed and tested regionally. They form part of the regional programme of work to measure progress against the Patient/Client experience standards and to engage with patients and carers about their experiences of health and social care services.

5.2 The purpose of observing practice is to assess if care or practice observed is patient-centred and adheres to the Patient/Client Experience Standards. During observation, patient care (rather than the patient) is observed against the five patient experience standards. The intention is

to mainstream observation of practice as part of NIAS core business with other activities such as clinical observation.

5.3 NIAS has developed a methodology for undertaking observations of practice which is relevant to an ambulance environment.

Observations of practice against the patient experience standards are undertaken by Clinical Support Officers who are supernumery to the staff they are observing. They are in a position to observe the care and treatment patients receive and support staff in the delivery of best practice and high quality care. Feedback is given to the member of staff observed to inform practice and further enhance the patient experience.

5.4 During 2014/15, observations of practice were carried out by staff in the Southern Area. Observers were trained in carrying out observations. A total of 33 observations of practice were carried out during the period in a wide range of emergency situations.

5.5 The Ambulance Service's circumstances are unique in that it is a single-profession organisation (Paramedic/medical emergency) which trains its own staff. Patients and services users use our services often for a short period of time, for a single episode and in very traumatic situations. The environment in which NIAS operates is, by its nature, less controlled than hospital-based care and it would not be appropriate to set specific criteria for selecting calls/patients to be observed. Rather, it has been left to the professional judgement and discretion of the individual observer to determine when it is appropriate to carry out observation. The observer is not part of the care or practice being observed. However, there may be some circumstances, for instance major incidents such as road traffic collisions, where the observer may have to intervene in care, and this would again be a matter of judgement for the observer.

5.6 Observations of practice continue to highlight the challenging environment in which ambulance crews operate. Observations reveal that, in the often challenging environment in which ambulance crews operate, generally good practice was observed in relation to the Patient Experience standards.

5.7 The observations carried out during the period provide further evidence of positive patient experience as well as identifying areas for improvement. Observers have reported that patients are being treated in a way which is in keeping with the patient and client experience standards. Evidence from the observations indicates that patients were

treated as individuals, their wishes were respected and taken into consideration and they were made to feel safe and secure. Communication with patients and relatives was appropriate and sensitive to their needs.

5.8 The information gathered from observation of practice is used to compliment that obtained through the use of other tools and methodologies such as the review of compliments and complaints. The outcomes of observations will help managers and staff to identify gaps and put in place arrangements to improve practice and deliver more person-centred care.

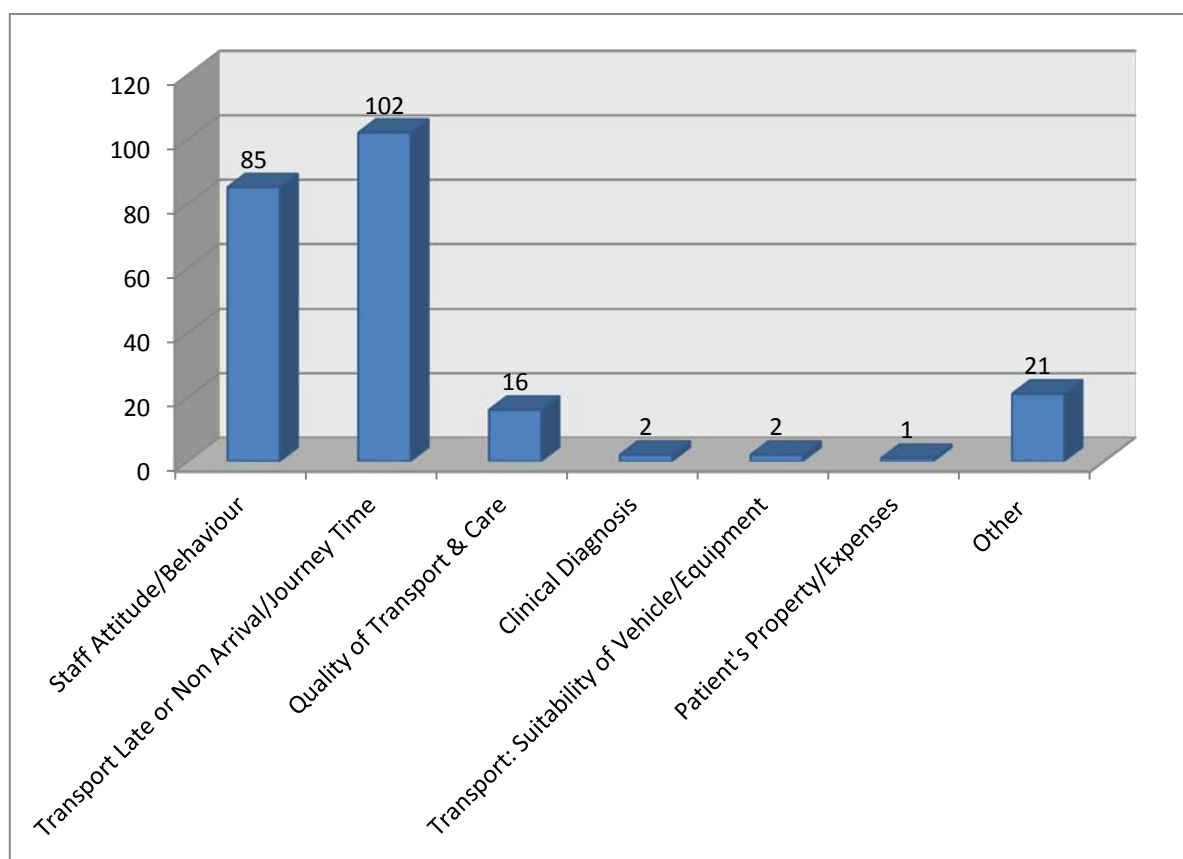
## **6 Complaints**

6.1 Complaints and compliments continue to be a valuable source of feedback to the Trust and its staff on the delivery of health care to patients and service users. We have processes in place to learn from complaints and compliments and apply that learning positively to improve the service we provide.

6.2 The Trust has a well-established complaints policy and appropriate processes in place to both answer complaints as well as identifying areas where lessons can be learnt.

6.3 During 2014/15, when the Trust carried out a total of approximately 150,000 emergency and 200,000 non-emergency patient transports, there were 229 complaints compared with 136 in the previous year. As table 4 below shows, most complaints (102) concerned delayed transport. Staff attitude and behaviour was the source of 85 complaints.

Table 4: Complaints by Subject



6.4 NIAS has established a system to ensure action is taken in respect of issues identified within complaints and patient and client experience work streams. Regular reports including emerging themes and actions taken to demonstrate learning from this feedback are provided to the Trust's Senior Executive Management Team. The outcomes and recommendations from complaints are reviewed by the Executive Directors on a quarterly basis to identify learning and to introduce service improvements. Complaints are discussed with the staff concerned to review how our services can be improved. Action taken as a result of complaints has included individual counselling, review of policy or training or, in serious circumstances, referral to the Trust's disciplinary procedure. The Trust is aware that attitude, behaviour and communication are key issues reflected in complaints and are working to address this through internal processes including training.

## 7 Learning and Taking Action

7.1 NIAS will focus on implementing an ambulance specific survey and methods of engaging patients in completion of these. NIAS will include

the data from the 10,000 voices initiative that is relevant to patient experience standards so the Trust can analyse, learn from and develop actions to address practice.

7.2 In respect of the inclusion of complaints and compliments in this methodology the Trust continues to be mindful that the coding of complaints is not currently directly linked to the standards. This is an area of work to progress to ensure relevant data against each standard is mapped.

## **8 Learning from Results**

8.1 The Trust acknowledges the positive feedback received from patients and will continue to focus on the relevant regional priorities:

- Staff Introductions
- Patient centred communication skills

8.2 In addition NIAS have prioritised addressing staff attitude and will raise awareness of and communicate the patient experience standards across all staff groups highlighting this area through:

- Corporate Induction Resource Pack
- Contribute to the development of the HSC-wide Putting People First training
- Clinical training programmes and annual refresher days

8.3 With support from the Public Health Agency, we intend to continue to promote 10,000 Voices within NIAS during 2015/16, reviewing progress and learning from results with service users. We will also consider conducting a 10,000 Voices staff survey.

8.4 NIAS is working to promote the standards and 10,000 Voices project through training, social media and engagement with managers and staff. NIAS is also working with the PHA to develop a multi-disciplinary group which includes service users to analyse results and identify learning and action required.

8.5 A system is in place to ensure action is taken in respect of issues identified within complaints and patient and client experience work streams. Regular reports on emerging themes and actions taken to demonstrate learning from this feedback continue to be provided to the Senior Executive Management Team and Trust Board. The Trust is

aware that attitude, behaviour and communication are continuing themes reflected in complaints and continue to work to address this through internal processes including training.

8.6 Direct observations of practice enables individual feedback to be provided in a timely manner to crews, promoting learning and reflective practice. This is further enhanced by individual tutorials with staff to address practice issues promoting learning and a patient centred approach.

**TB09B 04/06/15**



# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

**4 June 2015**

<b>Title:</b>	HSC Trusts' Collaborative Response to Donaldson Report Consultation
<b>Purpose:</b>	To make Trust Board aware of the collaborative response to the Department of Health, Social Services and Public Safety's consultation on the Donaldson Report
<b>Content:</b>	HSC Trusts' collaborative response to the Donaldson Report Consultation, to which NIAS contributed.
<b>Recommendation:</b>	For noting
<b>Previous Forum:</b>	
<b>Prepared by:</b>	John Gow, Equality & PPI Officer
<b>Presented by:</b>	Liam McIvor Chief Executive



# ***The Right Time, The Right Place***

An expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland

## **Collaborative Response from the staff of Six Health and Social Care Trusts**

*This document reflects the views of over 2,000 Health and Social Care staff*

*“It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is most adaptable to change.”*

*Charles Darwin*

22 May 2015

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2.0	Feedback on Recommendations	17
3.0	Conclusion	36

## Appendix 1 Trust Composite Survey Monkey results

## **i. Introduction**

The “**The Right Time, The Right Place**” is an expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland. The review was led by Professor Sir Liam Donaldson and was published on 27 January 2015.

The then Health Minister Jim Wells asked the six Trusts to work with each other to engage with health and social care staff and other stakeholders to develop a combined response to the review findings.

This document provides a collaborative response from the six Trusts and reflects the voice of over 2,000 staff working within Health and Social Care in Northern Ireland. It sets out a strong message from staff. This review is considered to be a fundamental opportunity to influence the transformation and implementation of essential change in our Health and Social Care services.

## **ii. Methodology**

### **Background**

There are a total of six Health and Social Care (HSC) Trusts in Northern Ireland. Five HSC Trusts provide integrated health and social care services. They include Belfast HSC Trust, Northern HSC Trust, Southern HSC Trust, South Eastern HSC Trust and Western HSC Trust.

The sixth Trust is the Northern Ireland Ambulance Service (NIAS), which operates a single Northern Ireland-wide service to people in need and aims to improve the health and well-being of the community through the delivery of high quality ambulance services.

The Health and Personal Social Services (Northern Ireland) Order 1991 Article 10(1) defines the nature and function of the Trusts as a major employer and provider of health and social care services.

The Trusts provide a wide range of hospital, community and primary care services. Working in collaboration with GPs and other agencies, staff deliver locally based services in Trust premises, in people’s own homes and in the community. Delivering safe and effective services which are accessible and responsive to the needs of patients, clients and carers is central to the role of Trusts. Trusts also purchase some services from the independent and community/voluntary sectors.

## Staff and stakeholder engagement process

In response to *The Right Time, The Right Place*, Trusts were committed to seeking the views of a range of staff and other stakeholders to ensure the collaborative response was reflective of the views of front line staff, who are key to delivering on the change which is needed.

To ensure that our staff and other stakeholders were aware of Sir Liam Donaldson's recommendations and the opportunities available to them for providing views, the Report and Minister's statement were posted on all Trust websites (i.e. available to the public) and intranets (i.e. available to Trust staff). We also made proactive use of social media by linking our Facebook and Twitter pages to the Report on our Website. In addition, a briefing/engagement pack was cascaded via Trust Directorate communication processes. Articles relating to the Donaldson Report were also placed in staff newsletters.

The approach adopted included the range of engagement processes detailed below and included a survey of staff across all six Trusts, facilitated staff workshops and involvement through established engagement processes and existing structures.

### Staff survey

A survey monkey questionnaire was disseminated via email by all Trusts and global emails and messages helped to encourage staff to complete the survey. The survey was completed by **1834** health and social care staff across Northern Ireland. The table below illustrates the percentage in each employment group who completed the survey.

Employment Group	Percentage %
<b>Admin &amp; Clerical</b>	<b>25%</b>
<b>Estates</b>	<b>2%</b>
<b>Medical &amp; Dental</b>	<b>17%</b>
<b>Nursing &amp; Midwifery</b>	<b>27%</b>
<b>Professional &amp; Technical</b>	<b>16%</b>
<b>Social Services</b>	<b>13%</b>

Results of the survey can be seen in detail in appendix 1. It is important to note that the feedback from staff was very detailed and consistent across all Trusts.

## **Information events and engagement workshops**

Trusts held a number of information events and engagement workshops with staff which provided the opportunity for staff to both hear Sir Liam Donaldson's recommendations and to provide face to face feedback. These events were well attended by staff and Trusts received comprehensive feedback which has been thematically analysed and included within this response.

## **Engagement with Trade Unions**

Trusts engaged with local trade union representatives to ensure that employees' voices were heard on the issues that matter most to them and that local trade union views were integral to the collaborative response. The feedback received from local trade union representatives was consistent with the messages in the survey feedback and face to face engagement with staff.

## **Engagement with professional staff groups**

The views of professional staff groups including medical, nursing, social work and allied health professionals were gathered from existing professional forums and established networks. This information is not detailed separately in the response as the feedback received was consistent with that gathered through other methods.

## **Engagement with other stakeholders**

To continue the established dialogue and engagement with those who have an interest in how we provide services a range of external stakeholders were engaged through a number of User Forums. The Report's recommendations were shared and stakeholders had the opportunity to provide feedback. The views expressed were again consistent with messages from staff and are integral to this collaborative response.

## **Trust Board involvement**

In recognition of Trust Boards' leadership and governance responsibilities, Trusts held workshops with their Trust Boards to both share the views of Trust staff already gathered and collate feedback from Directors and Non-Executive Directors for inclusion in the collaborative response, but with no added weight.

It is important to note that this collaborative response includes the feedback received through all the methods of engagement detailed above. Feedback has been analysed under each of the key themes and recommendations in the

Donaldson Report. It is important to note that this report has not been filtered by Trust Boards, this content reflects the views of staff engaged with the process.

## ACKNOWLEDGEMENT

We would like to take this opportunity to thank all our staff and other stakeholders who provided feedback on the Donaldson Report. Without their valuable contribution, this collaborative response to highlight the views of front line staff would not have been possible.

FINAL DRAFT

## 1.0 Executive Summary

Key messages expressed by 1834 staff who responded to the regional survey are outlined below:

Key messages from regional staff survey
84% of staff respondents believe the public do not understand the pressures facing health and social care
77% of staff respondents agreed that a panel of experts should be appointed to make recommendations on the configuration of Health and Social Care.
82% stated they would be prepared to travel to ensure best quality of care in response to Donaldson's recommendations on the reconfiguration of hospitals in Northern Ireland
Opportunities for Standardisation - 91% of survey respondents stated they would support increasing standardisation and 88% felt that the Trusts could work better together
Among those who understood how commissioning works, 86% of staff surveyed felt that the current commissioning model is not working effectively
There is strong support for the vision and principles in Transforming Your Care, the pace of implementation needs to improve
87% agreed that Northern Ireland should consider introducing an organisational duty of candour

### What staff would change in health and social care

- Greater focus on safety and quality, in how we judge success
- Implement TYC and give it time to work
- Educate and work with the political system to ensure a stronger, positive influence - to allow for stability and a long-term health and social care strategy
- More clinical staff engagement and involvement
- Increase funding
- Less hospitals, better services
- Centralise services for emergencies/specialist care
- Improve service provision at weekends – seven day service
- Speed up the use of modern technology
- Improve public education

Trusts considered the themes as a key element of deliberating on the recommendations outlined in the Donaldson Review.

## A System under the Microscope

### Staff Comments:

*“ the good work of staff is not highlighted – only bad”*

*“ health is a political football – an easy target for cheap headlines”*

*“ need to educate the public what goes on elsewhere - travelling 20 miles for care is nothing in England”*

*“politicians and the media have a major influence on public perceptions”*

*“best quality of care must consider community and social care. The discussion seems to centre only on acute care “*

Staff concurred with Donaldson's assessment that health and social care is the subject of intense media and political scrutiny. 84% of staff respondents believe the public do not understand the pressures facing health and social care. Particular issues highlighted in respect of how this manifests itself in the delivery of services are as follows:

- **Media coverage**
  - Media is often negative and does not reflect the quality and value of many services, eg some staff referenced the 'nolanisation' of our health service and concern that this has a more prominent place in public mindsets than any good news stories about health and social care.
  - Many staff commented that health and social care should engage more proactively and positively with the media to explain to the public the changes that are required and the risks which come with spreading resources too thinly and to share positive experiences of what is possible.
- **Public Education / engagement**
  - Staff emphasised the need to educate the population using clinical evidence and experience/ outcomes from other health systems to inform the public for example- what is 'local', what is a long distance in clinical terms etc.
  - Donaldson also referenced the striking number of major investigations / inquiries in Northern Ireland and how this plays into media coverage/ public engagement.
- **Political Influence**
  - The political system uses the health service to 'score points'. Staff expressed frustration at the disconnect between decisions made at health committee level to changes at local level.

- Staff referred to difficulties in getting decisions made and action taken due to local politics.
- This theme was highlighted as the key rationale for why some form of external / international panel is required to recommend the future configuration of services. Local clinical expertise is considered available and key to clinical decision making but unlikely to be successful alone in the context of current level of political scrutiny.

A common understanding of this approach was the perceived inertia, and political and vested interest to progress, which has thus far characterised the debate on reconfiguration. Other comments associated with this response clearly show a belief that this pressure adversely affects the ability to do the right thing.

- **The design of the system hinders high quality, safe care**

**Staff Comments:**

*“There is a discrepancy in commissioning as it does not weigh the complexity of cases appropriately. There needs to be a better engagement with the Commissioners and clinical teams to ensure a clearer understanding of work”*

“We need clarity as to which model we are implementing and how we need to work with other statutory bodies e.g. councils in determining population health needs. We are too small perhaps for a tariff model but we can commission effectively if we resource the agreed model”

*“TYC requires an amount of pump priming OR prioritisation which is currently lacking”*

*“Fund it properly”*

“Political buy in and an agreement that funding is required to start implementation [of TYC] - difficult to achieve when there is no additional funding in the system”

Trust staff recognise that the current system is configured in a way that does not offer optimal care and quality.

Two key structural issues that were commented on were

- Commissioning
- Transforming Your Care

## Commissioning

86% of respondents felt that the current commissioning model is not working effectively.

It was presented that it is important that the functions of the commissioning system are carried out effectively within the HSC. These functions must include areas such as understanding the population need, planning, service improvement and resource allocation.

Given the size and nature of the HSC within Northern Ireland it is the view of those consulted that a strong tariff system would not be the preferred model for Northern Ireland. The reasons given for this view included that the size of Northern Ireland does not allow for a level of choice which would be required to ensure a smooth functioning tariff system. In addition the overheads required to run a detailed tariff system within Northern Ireland would be disproportionate to the benefit generated.

It is also the view that the functions of commissioning must be informed by clinical experts with the engagement of service users. It is suggested that the current systems are not successful in finding this balance.

## **Transforming Your Care 'TYC'**

Trust staff responded strongly around two key themes in this area. Firstly the principles of TYC are broadly accepted however the TYC brand is tainted by the lack of robust progress. Secondly it was strongly recommended that proper investment to implement and full engagement with public/service users is required if we are to deliver real reform.

The strong message is that reform is required and supported, let's fund it appropriately and get on with it.

Over and above the two structural design issues of commissioning and TYC Trust staff presented many system design issues that in their view hindered the delivery of safe high quality care.

The Trust staff view is that it is unacceptable to offer a two-tier service and feel that the system is set up in such a way that this is the case. Options to improve include extended access to GPs 7 day and OOH and extended hours in hospital systems.

Trust staff felt strongly that the health service should be offered whenever people need it, although views vary on how this can be most safely delivered. Some staff commented that this depends on whether this reference is about acute or

elective/non-elective care. The Centre of Excellence Model is supported by staff as a way of assuring quality services locally.

82% of staff surveyed indicated they would be willing to travel to receive the best quality of care. Staff believe that people would be more willing to travel if informed of the likelihood of a better outcome by doing so.

However, staff commented that poor road infrastructure hinders access to care; consequently, rural populations and areas of high social deprivation require attention to consider how to configure the system to meet need and assure quality.

FINAL DRAFT

- **Insufficient focus on key ingredients of quality and safety improvement**

#### **Staff comments**

*“Safety is often viewed as a negative concept whereas it should be a positive ideal to strive for: safety for service users, systems and staff.”*

*“From a commissioning perspective, very often the focus is about accountability and outcomes and not about the experience and safety of service users.”*

*“Sometimes it can be difficult to implement recommended changes without regional support.”*

Trust staff believe that the key ingredients of quality and safety improvement are known and understood. 81% of Trust staff who responded to the survey believe that Trusts are committed to safety and quality. However, only 49% of Trust staff who responded to the survey, feel there is enough attention paid to safety and quality in Health and Social Care (HSC). There is too much system focus on meeting performance targets and financial issues, which divert attention from quality and safety.

Trust staff also recognised that implementing quality and improvement measures may be hindered by increased activity, lack of resources, lack of medical staff at weekends, and other pressures which prevent staff from delivering the highest quality of care. Dependency on agency staffing to fill gaps can detrimentally impact service quality.

Staff surveyed believe that Trusts could work together better and that this would lead to greater efficiency, better practice and improved outcomes for patients. Trust staff support standardisation (91%) with common care pathways within and across Trusts and the same percentage of staff also believe that Trusts could work together better. Trusts employ numerous programmes to improve safety and quality, but feel that there are barriers at present which impede progress. In particular, Trust staff believe that there must be a balance between reducing variation and risk, while continuing to support and encourage innovation.

Staff suggestions for improving safety and quality include:

- Learning from adverse incidents and Mortality & Morbidity reviews needs greater focus
- Serious Adverse Incidents (SAIs) process should focus on outcomes and regional and local learning
- Ensure that Quality and Safety indicators are a fundamental part of the Accountability structures

- Embed quality and safety improvement in professional training
  - Standardisation of common care pathways across the region and greater use of available data
  - Implementation of a common ICT system
  - Greater collaboration and learning across the HSC.
  - Ensure appropriate staffing levels to respond to demand to the changing safety and quality requirements
  - Listen to patients and focus on person-centredness
  - Learning from patient stories - how safety impacts on practice may improve public and patient confidence in HSC
- **Extracting full value from incidents and complaints**

#### **Staff comments**

*"The process needs to be seen as a positive means of improving care and illustrating to the public that we take any adverse event seriously and are willing to learn."*

*"Ensure investigations are carried out in a non-threatening manner with a culture of learning rather than one of blame... effective communication not just with patients and relatives, but also with staff involved in the process."*

"When dealing with SAls there is a culture of blame which needs to be changed. We need to learn to work together from the senior managers to the workers on the ground to build a safe and confident health service and allow staff to be open and honest about their limitations and training needs"

"At present the perception is that it is the person "on trial" rather than the system"

"One standard approach needed, and this would include training."

Staff are committed to extracting full value from complaints and incidents by putting learning into practice and making improvements to services.

Staff shared the frustrations outlined in the Donaldson Review and believe that recommendations from Serious Adverse Incidents are often complicated and numerous, which can make sharing across services challenging. Staff felt that there has been too much focus regionally on the SAI process, resulting in SAls becoming process driven rather than focussing on local review and learning. While this regional control of the SAI process has led to more bureaucracy, staff felt that regional overview is required to share learning from SAls and identify high level

trends. Staff agreed that the primary focus of the SAI process must be improving quality within the health and social care system.

*“The process needs to be seen as a positive means of improving care and illustrating to the public that we take any adverse event seriously and are willing to learn.”*

A number of respondents found that SAI guidelines and processes were helpful and it was a beneficial learning experience. Staff emphasised the importance of adequate training and support through the SAI process and felt that the involvement with service users and families should be carried out sensitively, appropriate to their needs and should not be a bureaucratic exercise. Staff suggested that it is important the public are made aware that the SAI process is carried out to identify learning and is not about blame.

*“Ensure investigations are carried out in a non-threatening manner with a culture of learning rather than one of blame... effective communication not just with patients and relatives, but also with staff involved in the process.”*

Trust staff fully support the recommendation that deaths of children from natural causes should only be reported when they meet the SAI criteria and on the whole agreed with the recommendations made in relation to the SAI process relating to the suicide of mental health patients.

Staff suggested that the following would help to increase confidence and improve skills to make SAI investigations more effective.

- Provision of mediators or patient / family advocates
- Better communication
- Standardised approach and clear policy
- Training on SAI process for chair of investigations and practical skills for staff dealing with incidents
- Less blame culture and more learning

*“When dealing with SAIs there is a culture of blame which needs to be changed. We need to learn to work together from the senior managers to the workers on the ground to build a safe and confident health service and allow staff to be open and honest about their limitations and training needs”*

- **The benefits and challenges of being open**

**Staff comments**

*“Less blame culture needed”*

*“Greater sharing of good outcomes for service users”*

*“Engage more proactively with media and explain to the public the changes that need to be made and why.”*

*“Political pressure is a challenge - Strong leadership is required to bite the bullet and stand up for our health service”*

Trusts aspire to be open and transparent and to be learning organisations.

87% of respondents to the staff questionnaire agreed that NI should consider introducing an organisational Duty of Candour. (1459 respondents, 1280 in favour). This was borne out in the direct feedback sessions and workshops held by Trusts with their staff, with staff feeling that greater transparency could help to build confidence in open, honest working relationships with patients, families and carers.

This would also benefit organisational learning, improving care with the benefit of a full view of patient experience and outcomes. While there was strong support for this approach, a range of concerns were raised about how such a Duty would be put into practice.

In particular, Trust staff were concerned that staff would need to be supported, the fear of increased litigation and increased media scrutiny were cited as issues of concern and that the Duty of Candour might lead to a disproportionate increase in bureaucracy.

- The voices of patients, families and clients are too muted

#### Staff comments

*"If patients were confident that when they speak out their voice is heard, and they could see evidence of change, this would make the patients more confident in the service"*

*"It is too muted with regard to overall strategy, but not individual care."*

*"A stronger patient voice can only be promoted when it becomes part of outcomes based accountability within local population planning."*

*"Don't agree!"*

*"Patient groups should be given more power to challenge decisions and to able to take action."*

*"I don't believe it is muted.....there are those who do get heard for shouting the loudest...it is those who cannot find a voice I would be concerned for."*

*"Listen to patients, clients and staff."*

In broad terms, Trust staff felt that the changes to Patient Client Council (PCC) recommended in the Donaldson report were the right direction of travel, however staff felt there was further work to do to determine how best to include the patient voice in the health and care system in particular in the planning and commissioning of services, and shaping improvement areas and approaches. Some staff felt that Trusts own internal systems could be further developed to gather information from patients and service users, staff also strongly agreed that patients and clients with chronic diseases should be given a more influential role within the commissioning process. Trust staff also felt that it was equally important to explore greater involvement and influence of patients and clients in other relevant areas eg cancer services

Feedback from staff showed a limited awareness of PCC, and those who were aware were concerned about its effectiveness.

Trust staff felt that the PCC is overly focussed on the complaints system rather than the broader voice of patients, clients, families and carers, reflecting the full range of their experiences and acting as a channel to contribute to needs assessment and shape service planning.

Finally, Trust staff felt that patient experience feedback was a valuable tool in monitoring service quality and driving improvement, and systems and processes for

collecting feedback need to recognise good/exemplar service delivery, as well as areas which require improvement and change. Staff felt that the current complaints processes needed to be simplified, and recognised the difficulty of providing feedback, especially in a real time environment. The 10,000 voices approach was particularly cited as a helpful approach to securing feedback from service users, carers and families.

*“Let whoever is in charge keep this simple question in her head [not, how can I always do this right thing myself, but] how can I provide for this right thing to be always done?”*

Florence Nightingale

## 2.0 Feedback on recommendations

### Recommendation 1

**We recommend that all political parties and the public accept in advance the recommendations of an impartial international panel of experts who should be commissioned to deliver to the Northern Ireland population the configuration of health and social care services commensurate with ensuring world-class standards of care.**

The Report states that 'A proportion of poor quality, unsafe care occurs because local hospital facilities in some parts of Northern Ireland cannot provide the level and standard of care required to meet patients' needs 24 hours a day, 7 days a week. Proposals to close local hospitals tend to be met with public outrage, but this would be turned on its head if it were properly explained that people were trading a degree of geographical inconvenience against life and death. Finding a solution should be above political self-interest.'

The process of creating these recommendations will entail Personal and Public Involvement (PPI) on behalf of the panel and consultation with all relevant stakeholders.

**Q1. Do you agree that a panel of experts should be appointed to make recommendations on the configuration of Health and Care services in Northern Ireland? If so, should this panel be made up of international experts?**

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

77% of respondents agreed that a panel of experts should be appointed; clinical groups also support this recommendation.

60% of those who agreed with the setting up of a panel indicated that this panel should include, but not be exclusive to international experts, but include local clinical expertise. This was seen as critical as, without it, progress will not be made.

A common rationale of this approach was the inertia and political and vested interest vetoes which have thus far characterised the debate on reconfiguration. Local clinical expertise was needed to work alongside the international expertise to ensure joint local support involvement and supported by a clear evidence base.

Given the feedback, staff are of the view that the Review is fundamental and should be undertaken without delay. In the absence of this, Trusts will continue to struggle to provide the quality, safety and performance of the acute hospital system that as professionals we aspire to, which is cost-effective.

**Q2. If such a panel is appointed, should political representatives have the final say in accepting any recommendations?**

Strongly agree

Agree

**Neither**

Disagree

Strongly disagree

Comments:

Trust staff identified that politicians have a mandate to lead and effect change for the improved health and well-being of our population.

The vast majority of Trust staff agreed with the Donaldson assertion that political and media pressure acts to resist change. The Trust received clear feedback from staff that they did not have confidence that our political system takes a strong leadership role in taking difficult decisions.

Staff believe that the political system must commission, endorse and enable the Review to move ahead, supported by local clinical expertise. This will include political leadership and involvement in shaping the scope, principles and terms of reference. This will present choices and consequences to enable the political system to make much needed, realistic and informed decisions.

Staff feel strongly that political representatives have a duty to show strong leadership and to explain to the public the necessity of taking difficult decisions to rationalise resources to ensure best outcomes for patients, within the available resource, even when these are unpopular.

**Q3. Are there alternative ways for Northern Ireland to determine a configuration of health and social care services commensurate with ensuring world-class standards of care?**

If you consider there is, please complete the box below

Comments:

No, staff did not identify any single, alternative, structured model or approach.

**Recommendation 2**

**We recommend that the commissioning system in Northern Ireland should be redesigned to make it simpler and more capable of reshaping services for the future. A choice must be made to adopt a more sophisticated tariff system, or to change the funding flow model altogether.**

The Report states that 'The provision of health and social care in Northern Ireland is planned and funded through a process of commissioning that is currently tightly centrally-controlled and based on a crude method of resource allocation. This seems to have evolved without proper thought as to what would be most effective and efficient for a population as small as Northern Ireland's. Although commissioning may seem like a behind-the-scenes management black box that the public do not need to know about, quality of the commissioning process is a major determinant of the quality of care that people ultimately receive.'

**Q1. Do you agree with this recommendation?**

☒ Strongly agree
 ☐ Agree
 ☐ Neither
 ☐ Disagree
 ☐ Strongly disagree

**Comments:**

Trust staff are supportive of the commissioning review which is underway. There is a broad consensus that functions of commissioning need to exist. We should be commissioning for integrated services.

All are in agreement that a new system should be simplified, demonstrate greater transparency and critically involve clinical experts and service users.

Approximately half of staff reported that they understand how commissioning works. Of those staff, 86% responded that they felt the current commissioning model is not working effectively.

Staff commented that there are too many layers and too many agencies involved in discrete parts, which does not offer a holistic view and leads to duplication and confusion.

A number of staff identified that there should be an increase in patient and clinical involvement, so that decisions are based on quality, efficiency and patient need, citing that commissioning is more than just a business decision.

Comments associated with this response were critical of the lack of support they perceive from local commissioning and that power and decision making are located remotely in Health and Social Care Board (HSCB).

There is a belief that regional commissioning has not kept pace with demand, and that short term fixes have exacerbated the problem.

Commissioners were also perceived to hide behind Trusts when there is public criticism of the failure to commission services.

Several respondents also indicated that Commissioners fail to understand the unique pressures facing the Trusts.

It is important that the functions of the commissioning system are carried out

effectively within the HSC. These functions must include areas such as understanding the population need, planning, service improvement and resource allocation.

Given the size and nature of the HSC within Northern Ireland, it is the view of those consulted that a strong tariff system would not be the preferred model. The reasons given for this view included that the size of Northern Ireland does not allow for a level of choice which would be required to ensure a smooth functioning tariff system. In addition, the overheads required to run a detailed tariff system within Northern Ireland would be disproportionate to the benefits generated.

### Recommendation 3

**We recommend that a new costed, timetabled implementation plan for Transforming Your Care should be produced quickly. We further recommend that two projects with the potential to reduce the demand on hospital beds should be launched immediately: the first, to create a greatly expanded role for pharmacists; the second, to expand the role of paramedics in pre-hospital care. Good work has already taken place in these areas and more is planned, but both offer substantial untapped potential, particularly if front-line creativity can be harnessed. We hope that the initiatives would have high-level leadership to ensure that all elements of the system play their part.**

The Report states that 'The demands on hospital services in Northern Ireland are excessive and not sustainable. This is a phenomenon that is occurring in other parts of the United Kingdom. Although triggered by multiple factors, much of it has to do with the increasing levels of frailty and multiple chronic diseases amongst older people together with too many people using the hospital emergency department as their first port of call for minor illness. High-pressure hospital environments are dangerous to patients and highly stressful for staff. The policy document Transforming Your Care contains many of the right ideas for developing high quality alternatives to hospital care but few believe it will ever be implemented or that the necessary funding will flow to it. Damaging cynicism is becoming widespread.'

In his presentation to the Health Committee on 28 January 2015 Sir Liam stated that he had highlighted paramedics and pharmacists as examples of areas where innovations could take place to improve the quality of care whilst potentially releasing some of the pressure on hospitals.

**Q1. Do you agree with the recommendation for a new Transforming Your Care implementation plan?**

Strongly agree

☒ Agree

Neither

Disagree

Strongly disagree

Comments:

The response from Trust staff has reflected Donaldson's findings.

The 'TYC brand' has been tainted by a lack of support and comprehensive, realistic and resourced implementation planning.

The reform programme needs to be embedded in the new model of commissioning. Notwithstanding that, the Programme will require infrastructure and resources to realise the vision in Transforming Your Care.

Trust staff continue to be committed and are strongly supportive of the vision and principles of TYC.

**Q2. Do you agree that alternative models of working for healthcare professionals, including pharmacists and paramedics, should be examined to help address the pressure on hospital services? If so, which staff groups do you feel could have an expanded role?**

Strongly agree

☒ Agree

Neither

Disagree

Strongly disagree

Comments:

This is an area which should form part of the review of the configuration of services. The staff would agree that healthcare professionals including pharmacists and paramedics should have an expanded role, but this would need greater exploration of how this could be enabled.

Trust staff highlighted a need for clear support for the future training and education of paramedics.

Need a review of the commissioning model to support the healthcare professionals' contribution to the implementation of alternative care pathway models.

A clear workforce plan to support reform is urgently required, not only for these two groups, but across the entire service.

#### Recommendation 4

**We recommend that a programme should be established to give people with long-term illnesses the skills to manage their own conditions. The programme should be properly organised with a small full-time coordinating staff. It should develop metrics to ensure that quality, outcomes and experience are properly monitored. It should be piloted in one disease area to begin with. It should be overseen by the Long Term Conditions Alliance.**

The Report states that 'Many people in Northern Ireland are spending years of their lives with one or more chronic diseases. How these are managed determines how long they will live, whether they will continue to work, what disabling complications they will develop, and the quality of their life. Too many such people are passive recipients of care. They are defined by their illness and not as people. Priority tends to go to some diseases, like cancer and diabetes, and not to others where provision remains inadequate and fragmented. Quality of care, outcome and patient experience vary greatly. Initiatives elsewhere show that if people are given the skills to manage their own condition they are empowered, feel in control and make much more effective use of services.'

This supports the delivery of the Programme for Government which makes a commitment to enrol people who have a long-term (chronic) condition, and who want to be enrolled, in a dedicated chronic condition management programme. Between 2011/12 – 2012/13 there was a 13% increase in the number of people enrolled in such programmes and a 25% increase in the frequency of such programmes.

**Q1. Do you agree with the proposed focus on enabling people with long term conditions with the skills to manage their conditions?**

☒ Strongly agree      ☐ Agree      ☐ Neither      ☐ Disagree      ☐ Strongly disagree

Comments:

It must be recognised that chronic conditions are not just a health issue.

Staff acknowledged that there is an appetite for patients to self-manage and emphasised the importance of listening to patients to find out what they need to manage their condition successfully in terms of skills and motivation.

A strong role for health promotion and early intervention is key to ensuring the success of self-management programmes.

The role of peer support is also recognised as helpful to encourage patients for emotional and practical support.

An issue has been identified regarding which agency would take the lead to develop and promote self-management programmes. It is also recognised

that while a framework is useful, locally tailored information would also be necessary.

A number of staff recognised the importance of technology and social media to users of health and social care. Ensuring patients have access to consistent, accurate messages is critical to showing the benefits of self-management, as well as offering an opportunity to educate and support.

Some of the issues related to chronic conditions result from the way in which services are currently structured. For example, built-in reviews may not be the most effective use of time for patients who cannot access care when they need it and are a blunt tool. Clinicians support an examination of whether outpatient reform could ameliorate this particular issue. Strengthening primary care in the community was identified as an issue.

To enable this to happen, appropriate recognition for the valuable role of home care to make it as a viable career choice would be essential.

#### **Recommendation 5**

**We recommend that the regulatory function is more fully developed on the healthcare side of services in Northern Ireland. Routine inspections, some unannounced, should take place focusing on the areas of patient safety, clinical effectiveness, patient experience, clinical governance arrangements, and leadership. We suggest that extending the role of the Regulation and Quality Improvement Authority is tested against the option of outsourcing this function (for example, to Healthcare Improvement Scotland, the Scottish regulator). The latter option would take account of the relatively small size of Northern Ireland and bring in good opportunities for benchmarking. We further recommend that the Regulation and Quality Improvement Authority should review the current policy on whistleblowing and provide advice to the Minister.**

The Report states that 'The regulation of care is a very important part of assuring standards, quality and safety in many other jurisdictions. The Review Team was puzzled that the regulator in Northern Ireland, the Regulation and Quality Improvement Authority, was not mentioned spontaneously in most of the discussions with other groups and organisations. The Authority has a greater role in social care than in health care. It does not register, or really regulate, the Trusts that provide the majority of healthcare and a lot of social care. This light touch role seems very out of keeping with the positioning of health regulators elsewhere that play a much wider role and help support public accountability. The Minister for Health, Social Services and Patient Safety has already asked that the regulator start unannounced inspections of acute hospitals from 2015, but these plans are relatively limited in extent.'

**Q1. Do you agree that the regulatory role of RQIA should be expanded to focus more upon the services delivered by acute hospitals in Northern Ireland?**

Strongly agree

Agree

☒ Neither

Disagree

Strongly disagree

Comments:

RQIA's role should focus on acute hospitals. The focus should be outcome based and focus on improvement, work in partnership with Trusts to achieve the improvement and align with regional priorities, including the Health and Social Care Board, the Public Health Agency and the Department of Health, Social Services and Public Safety.

Staff responses indicate a belief that CQC (Care Quality Commission) type inspection encourages data collection, diverts from quality, does not promote learning or reflection and is more likely to bring blame, criticism and media cynicism and does not drive improvement.

**Q2. Do you agree that the functions of RQIA should be tested against the option of outsourcing this function?**

Strongly agree

Agree

☒ Neither

Disagree

Strongly disagree

Comments:

Functions and services should be subject to appraisal on effectiveness and value for money and market testing is one vehicle to review this.

Within the existing arrangement, consideration should be given to working with other organisations doing similar roles in the UK or beyond. This would maximise learning for the organisations reviewing and being reviewed, enable benchmarking wider than NI, utilise best practice from regulation authorities, tools and improvement focus and widen the net for access to the experts required for service specific reviews.

The view is that additional agencies may add to the bureaucracy that already exists, whereas the focus should be on quality and safety.

**Q3. Do you agree that the current policy on whistleblowing needs to be examined? If yes, are there any comments you wish to make on how the review is conducted or its scope?**

Strongly agree

☒ Agree

Neither

Disagree

Strongly disagree

Comments:

All policies should be subject to regular review to ensure they are effective.

### **Recommendation 6**

**We recommend that the system of Serious Adverse Incident and Adverse Incident reporting should be retained with the following modifications:**

- **deaths of children from natural causes should not be classified as Serious Adverse Incidents;**
- **there should be consultation with those working in the mental health field to make sensible changes to the rules and timescales for investigating incidents involving the care of mental health patients;**
- **a clear policy and some re-shaping of the system of Adverse Incident reporting should be introduced so that the lessons emanating from cases of less serious harm can be used for systemic strengthening (the Review Team strongly warns against uncritical adoption of the National Reporting and Learning System for England and Wales that has serious weaknesses);**
- **a duty of candour should be introduced in Northern Ireland consistent with similar action in other parts of the United Kingdom;**
- **a limited list of Never Events should be created**
- **a portal for patients to make incident reports should be created and publicised**
- **other proposed modifications and developments should be considered in the context of Recommendation 7.**

The Report states that 'The system of incident reporting within health and social care in Northern Ireland is an important element of the framework for assuring and improving the safety of care of patients and clients. The way in which it works is falling well below its potential for the many reasons explained in this report. Most importantly, the scale of successful reduction of risk flowing from analysis and investigation of incidents is too small.'

The Minister has announced that he will be instructing the HSCB and PHA to prioritise changes to the Serious Adverse Incident (SAI) system. He has also announced that a Never Events list will be developed for Northern Ireland and that he is beginning the process for creating a statutory duty of candour Northern Ireland.

An Adverse Incident is defined as ‘Any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation.’ Particular criteria will then be used to determine whether an adverse incident constitutes a Serious Adverse Incident (SAI). More information on the background and procedure for the management of SAI’s can be found at: <http://www.dhsspsni.gov.uk/saibackground>

Never Events are a sub-set of Serious Incidents and are defined as ‘serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers. For more information about the system of Never Events in England, please see: <http://www.england.nhs.uk/ourwork/patientsafety/never-events/>

**Q1. Do you agree with the proposed changes to the Serious Adverse System (SAI) in Northern Ireland?**

☒ Strongly agree

☐ Agree

☐ Neither

☐ Disagree

☐ Strongly disagree

**Comments:**

Comments were received in support of Donaldson’s assertion that the inclusion of anticipated neonatal deaths had been unhelpful, should be reversed, that the timescale for investigation of suicides and the level of family participation in this group required a different approach.

There were also comments from those who believe SAI systems in Northern Ireland are too process driven and that learning is often seen as an afterthought, with little regional learning being shared, and a focus on blame, driving a defensive response.

All HSC Trusts would wish to work together to improve the system for the benefit of our patients, clients and staff.

**Q2. Do you agree with the creation of a list of Never Events for Northern Ireland? If so, what do you consider as Never Events?**

Strongly agree

☒ Agree

Neither

Disagree

Strongly disagree

Comments:

Yes. Trusts need to collaborate to design a list of never events which reflect our health and social care system.

The initial list should be small and should be built on from learning and the work from other healthcare systems.

This short list could be developed rapidly and endorsed by the system and promptly adopted.

**Q3. Do you agree with the introduction of a Duty of Candour in Northern Ireland?**

☒ Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

87% of Trust staff who completed the Regional survey strongly agree and would welcome an organisational duty of candour.

Greater transparency would be a key benefit.

This is qualified by comments about how staff would be supported and whether this duty would lead to a disproportionate increase in bureaucracy. It is recognised that there are risks and disadvantages, however these are clearly outweighed by the benefits.

## **Recommendation 7**

**We recommend the establishment of a Northern Ireland Institute for Patient Safety, whose functions would include:**

- carrying out analyses of reported incidents, in aggregate, to identify systemic weaknesses and scope for improvement;
- improving the reporting process to address under-reporting and introducing modern technology to make it easier for staff to report, and to facilitate analysis;

- instigating periodic audits of Serious Adverse Incidents to ensure that all appropriate cases are being referred to the Coroner;
- facilitating the investigation of Serious Adverse Incidents to enhance understanding of their causation;
- bringing wider scientific disciplines such as human factors, design and technology into the formulation of solutions to problems identified through analysis of incidents;
- developing valid metrics to monitor progress and compare performance in patient safety;
- analysing adverse incidents on a sampling basis to enhance learning from less severe events;
- giving front-line staff skills in recognising sources of unsafe care and the improvement tools to reduce risks;
- fully engaging with patients and families to involve them as champions in the Northern Ireland patient safety program, including curating a library of patient stories for use in educational and staff induction programmes;
- creating a cadre of leaders in patient safety across the whole health and social care system;
- initiating a major programme to build safety resilience into the health and social care system.

The Report states that 'There is currently a complex interweaving of responsibilities for patient safety amongst the central bodies responsible for the health and social care system in Northern Ireland. The Department of Health, Social Services and Public Safety, the Health and Social Care Board, and the Regulation and Quality Improvement Authority all play a part in: receiving Serious Adverse Incident Reports, analysing them, over-riding local judgments on designation of incidents, requiring and overseeing investigation, auditing action, summarising learning, monitoring progress, issuing alerts, summoning-in outside experts, establishing inquiries, checking-up on implementation of inquiry reports, declaring priorities for action, and various other functions. The respective roles of the Health and Social Care Board and the Public Health Agency are clearly specified in legal regulations but seem very odd to the outsider. The Department of Health, Social Services and Public Safety's role on paper is limited to policy-making but, in practice, steps in regularly on various aspects of quality and safety. We believe action is imperative for two reasons: firstly, the present central arrangements are byzantine and confusing; secondly, the overwhelming need is for development of the present system to make it much more successful in bringing about improvement. Currently, almost all the activities (including those listed above) are orientated to performance management not development. There is a big space for a creative, positive and enhancing role.

**Q1. Do you agree that a National Institute for Patient Safety should be introduced in Northern Ireland?**

Strongly agree

☒ Agree

Neither

Disagree

Strongly disagree

**Comments:**

72% of staff who responded to the survey agree that a Northern Ireland Institute for Patient Safety should be introduced.

There is a strong feeling that existing structures should be utilised to establish such an Institute.

Another layer of bureaucracy in an over managed system would create duplication of existing bodies.

**Q2. Do you agree with the suggested functions which should be included?**

**Do you feel there are additional functions relevant to the proposed institute?**

Strongly agree

☒ Agree

Neither

Disagree

Strongly disagree

**Comments:**

Trust staff would suggest an assessment of what functions are proposed against the functions of other organisations in the first instance. This would allow a comparison of what exists at present, and would inform consideration of what further functions are required.

There needs to be considerable debate on the role, function and inter-dependencies. There is a clear need for it to be connected to adverse incident reporting and learning.

**Recommendation 8**

**We recommend the establishment of a small number of systems metrics that can be aggregated and disaggregated from the regional level down to individual service level for the Northern Ireland health and social care system. The measures should be those used in validated programmes in North America**

**(where there is a much longer tradition of doing this) so that regular benchmarking can take place. We further recommend that a clinical leadership academy is established in Northern Ireland and that all clinical staff pass through it.**

The Report states that 'The Northern Ireland Health and Social Care system has no consistent method for the regular assessment of its performance on quality and safety at regional-level, Trust-level, clinical service-level, and individual doctor-level.

This is in contrast to the best systems in the world. The Review Team is familiar with the Cleveland Clinic. That service operates by managing and rewarding performance based on clinically-relevant metrics covering areas of safety, quality and patient experience. This is strongly linked to standard pathways of care where outcome is variable or where there are high risks in a process.'

**Q1. Do you agree that systems metrics should be introduced so that regular benchmarking can take place from regional level down to individual service level?**

☒ Strongly agree

☐ Agree

☐ Neither

☐ Disagree

☐ Strongly disagree

**Comments:**

The measurement of quality indicators should be for improvement and not performance.

A focused strategy eg Quality 2020 is needed across the HSC family on what are the key priorities for quality improvement and how they can be addressed.

The strategy should be supported with realistic objectives and a focus on building a culture where improvement can flourish through open and transparent sharing of work, building capability for Quality Improvement and Innovation work, including learning and sharing the challenges and successes.

The lack of real measurement of quality within social care remains a challenge and there is an opportunity to explore and develop quality measures and metrics for the provision of social care services across children's and adult services.

Concerns were expressed that there were too many operational targets and measures with an associated burden of data collection, which absorbs resources. Any new system metrics should be an alternative to the current measurement framework. There is a need for more regional benchmarks to evidence areas of good practice and to inform improvement work within Trusts. This work should be reflected in annual Trust Quality reports.

**Q2. Do you agree with the establishment of a Clinical Leadership Academy in Northern Ireland?**

Strongly agree

Agree

Neither

Disagree

strongly disagree

Comments:

Yes, a co-ordinated approach to building capability and support for leadership, safety and quality improvement would be welcomed. This academy should support all professions and disciplines and represent the region nationally and internationally.

There is an expectation and requirement in the whole reform agenda that clinicians will be enabled to take clear leadership roles in service change, delivery and improvement.

This proposal will not happen unless it is adequately prioritised, resourced and embedded within development programmes.

**Recommendation 9**

**We recommend that a small Technology Hub is established to identify the best technological innovations that are enhancing the quality and safety of care around the world and to make proposals for adoption in Northern Ireland. It is important that this idea is developed carefully. The Technology Hub should not deal primarily with hardware and software companies that are selling products.**

**The emphasis should be on identifying technologies that are in established use, delivering proven benefits, and are highly valued by management and clinical staff in the organisations concerned. They should be replicable at Northern Ireland-scale. The overall aim of this recommendation is to put the Northern Ireland health and social care system in a position where it has the best technology and innovation from all corners of the world and is recognised as the most advanced in Europe.**

The report states that 'The potential for information and digital technology to revolutionise healthcare is enormous. Its impact on some of the longstanding quality and safety problems of health systems around the world is already becoming evident in leading edge organisations. These developments include: the electronic medical record, electronic prescribing systems for medication, automated monitoring of acutely ill patients, robotic surgery, smartphone applications to manage workload in hospitals at night, near-patient diagnostics in primary care, simulation training, incident reporting and analysis on mobile devices, extraction of real-time information to assess and monitor service performance, advanced telemedicine, and even smart kitchens and talking walls in dwellings adapted for people with dementia. There is no organised approach to seeking out and making maximum use of technology in the Northern Ireland care system. There is evidence of individual Trusts making their own way forward on some technological fronts, but this uncoordinated development is inappropriate - the size of Northern Ireland is such that there should be one clear, unified approach.'

**Q1. Do you agree that Northern Ireland should seek to put itself in a position where it has the best technology and innovation from all corners of the world and is recognised as the best in Europe? Should this include the development of a technology hub to identify the best technological innovations?**

**Strongly agree**

**Agree**

**Neither**

**Disagree**

**Strongly disagree**

Comments:

Trust staff strongly agree with the development of systems which work across Trusts. 91% of respondents stated they would support standardisation.

Northern Ireland is well placed to develop itself as an exemplar Hub for the development and adoption of innovation and technology and this will need to be adequately resourced in line with industry benchmarks for this to be achieved.

Trust staff support the development of a technology hub although further clarification is required of the role and function of a Technology Hub as there are different interpretations of what this would comprise and how this would operate.

Staff emphasise that patients want a seamless service, including an easily transferrable and easily accessible electronic single patient record. Therefore, any system should be driven by patient need. This may include the development of apps which patients could access.

In addition to developing new innovation, linking existing systems and maximising the technology already available to Trusts is essential.

## **Recommendation 10**

**We recommend a number of measures to strengthen the patient voice:**

- **more independence should be introduced into the complaints process; whilst all efforts should be made to resolve a complaint locally, patients or their families should be able to refer their complaint to an independent service. This would look again at the substance of the complaint, and use its good offices to bring the parties together to seek resolution. The Ombudsman would be the third stage and it is hoped that changes to legislation would allow his reports to be made public;**
- **the board of the Patients and Client Council should be reconstituted to include a higher proportion of current or former patients or clients of the Northern Ireland health and social care system;**
- **the Patients and Client Council should have a revised constitution making it more independent;**

- the organisations representing patients and clients with chronic diseases in Northern Ireland should be given a more powerful and formal role within the commissioning process, the precise mechanism to be determined by the Department of Health, Social Services and Public Safety;

- one of the validated patient experience surveys used by the Centers for Medicare and Medicaid Services in the USA (with minor modification to the Northern Ireland context) to rate hospitals and allocate resources should be carried out annually in Northern Ireland; the resulting data should be used to improve services, and assess progress. Finally and importantly, the survey results should be used in the funding formula for resource allocation to organisations and as part of the remuneration of staff (the mechanisms to be devised and piloted by the Department of Health, Social Services, and Public Safety).

The Report states that ‘In the last decade, policy-makers in health and social care systems around the world have given increasing emphasis to the role of patients and family members in the wider aspects of planning and delivering services. External reviews – such as the Berwick Report in England - have expressed concern that patients and families are not empowered in the system. Various approaches have been taken worldwide to address concerns like these. Sometimes this has been through system features such as choice and personally-held budgets, sometimes through greater engagement in fields like incident investigation, sometimes through user experience surveys and focus groups, and sometimes through direct involvement in the governance structures of institutions. In the USA, patient experience data now forms part of the way that hospitals are paid and in some it determines part of the remuneration of individuals. This change catalysed the centrality of patients to the healthcare system in swathes of North America. Observers say that the big difference was when dollars were linked to the voice of patients. Northern Ireland has done some good work in the field of patient engagement, in particular the requirement to involve patients and families in Serious Adverse Incident investigation, the 10,000 voices initiative, in the field of mental health and in many aspects of social care. Looked at in the round, though patients and families have a much weaker voice in shaping the delivery and improvement of care than is the case in the best healthcare systems of the world.’

The Minister has announced that a framework to strengthen the voice of patients at every level will be designed applying the best available worldwide evidence on measuring patient/client experience.

**Q1. If you are unhappy with the response of a care provider regarding your care, do you agree that the substance of it should be looked at by people who are genuinely independent?**

Strongly agree

Agree

☒ Neither

Disagree

Strongly disagree

Comments:

No comment.

**Q2. Do you agree with the proposed changes to the Patient and Client Council?**

Strongly agree

☒ Agree

Neither

Disagree

Strongly disagree

Comments:

There is agreement that the proposed changes are the right direction of travel.

Staff believe that further work is required to determine how best to include the patient voice in the health and social care system with a view to contributing to further improvement. The expert panel should contribute to this.

The PCC at this time is overly focused on the complaints system, rather than the broader voice of patient and client experience. The patient voice must be embedded into the heart of commissioning and service planning.

Staff believe that they should further develop their own internal systems to gather information from patients and service users.

Feedback from staff indicated that there is limited awareness of the PCC, and where there was awareness, there was concern over the effectiveness of the PCC.

**Q3. Do you agree that the organisations representing patients and clients with chronic diseases should be given a more powerful and formal role within the commissioning process? If so, do you have any comments on how this could be best achieved?**

☒ Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

Staff strongly agree that patients and clients with chronic diseases should be given a more powerful role within the commissioning process.

Staff are aware that the Long-Term Conditions Alliance may not be resourced or have the capacity to take on the role as outlined in the Review. If an organisation is to take on this role, this will require funding and support to ensure this can be delivered effectively.

Staff believe that there should be a better way to involve the voice of patient and client users to shape delivery and outcomes. This should be closely allied to the expert, objective panel, and that this does not necessarily need to be provided by an organisation representing patients / clients.

Although staff understand the emphasis on long term conditions, it is equally

important to explore greater provision and need in other clinical conditions, such as cancer.

**Q4. Do you agree that patient experience surveys should be used to rate hospitals and allocate resources accordingly?**

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

Patient experience is a valuable tool in monitoring and driving improvement.

Staff believe that feedback should be collected from patients and clients on their experience, as is currently the case in a number of areas. This enables Trusts to recognise positive experiences and to make improvements and efficiencies in areas which are not performing as well.

Staff strongly believe that resources should be allocated on the basis of demand, need and clinical outcomes, and not on patient experience.

### 3.0 Conclusion

Trusts have worked collaboratively and engaged as many staff as possible in preparing this response to the Donaldson Review. A variety of methodologies were implemented to engage with and capture the voice of staff working in Health and Social Care.

It is critical that decisions are made swiftly so that plans can be developed and implemented as a matter of urgency. Leadership and brave decision making are needed. The absence of clear decision-making will only lead to further pressures within the Health and Social Care system.

Staff who responded to the survey clearly value the Health and Social Care service, believing it to be vitally important to our population. The principles of the NHS, free at the point of need to those who need it, are a pillar of our society. The opportunity for politicians to exercise their power to shape and reform a Health and Social Care service that is fit for the future can best be achieved by appointing an independent expert panel. Staff highlighted that all politics are local and short term. The future of a sustainable HSC system requires strategic decisions that are long term, visionary and which create the best outcomes for patients, service users, clients and their families, wherever they are may live.

“The NHS will last as long as there are folk left with the faith to fight for it.”  
Nye Bevan

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