



**A Meeting of Trust Board / AGM to be held on Thursday,  
6 August 2015 at 2.00pm, Boardroom, NIAS Headquarters, Knockbracken  
Healthcare Park, Saintfield Road, Belfast. BT8 8SG**

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

| <b>Welcome, Introduction and Format of Meeting</b> |   | <b><u>Paper Enclosed</u></b> | <b><u>Timing Guide</u></b> |
|--|---|------------------------------|----------------------------|
| <b>1.0</b>   | <b><u>Apologies</u></b>   |                              | 14:00                      |
| <b>2.0</b>   | <b><u>Procedure:</u></b>  |                              |                            |
|  | Declaration of potential Conflict of Interest/Pecuniary Interest:   |                              |                            |
|  | Quorum:   |                              |                            |
|  | <b><u>Suspension of Standing Orders</u></b>   |                              | 14:05                      |
|  | <b><u>ANNUAL GENERAL MEETING</u></b>  |                              |                            |
| <b>3.0</b>   |   |                              |                            |
|  | i. <b>Presentation of Annual Report 2014/15</b>   | TB/1/ 6/08/2015              |                            |
|  | ii. <b>Presentation of Annual Accounts 2014/15</b>  | TB/2 06/08/2015              |                            |
|  | iii. <b>Question and Answer Session</b>   |                              |                            |
|  | <b><u>FINISH</u></b>  |                              |                            |
|  | <b><u>Re-instate Standing Orders</u></b>  |                              | 15:00                      |
| <b>4.0</b>   | <b><u>Minutes of the previous meeting of the Trust Board held 4 June 2015</u></b><br>(for approval and signature) | TB/3/06/08/2015              |                            |
| <b>5.0</b>   | <b><u>Matters Arising</u></b><br><b>Action Log from 4 June 2015</b>   | TB/4/06/08/2015              | 15:05                      |
| <b>6.0</b>   | <b><u>Chairman's Business</u></b>   |                              | 15:10                      |
|  | 6.1 Chairman's Update   |                              |                            |
| <b>7.0</b>   | <b><u>Chief Executive's Business</u></b>  |                              | 15:15                      |
|  | 7.1 Chief Executive's Update  |                              |                            |

**8.0     Performance Report as at 30 June 2015**

15:20

8.1     Highlight Reports by each Director:  
Operations, Finance, Human Resources, Medical.

TB/5   06/08/2015

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

TB/6   06/08/2015

15:50

**9.0     Items for Approval**

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

TB/7   06/08/2015

16:00

9.2     Assurance Committee Terms of Reference

TB/8   06/08/2015

**10.0    Items for Information**

No items

**11.0    Items for Noting**

16:15

11.1    Minutes of Assurance Committee held 18 May  
2015

TB/9   06/08/2015

11.2    Minutes of Audit Committee held 18 May 2015  
and 12 June 2015

TB/10 06/08/2015

11.3    Emergency Preparedness & Response Annual  
Report

TB/11 06/08/2015

11.4    Patient Experience Annual Report 2014/15

TB/12 06/08/2015

**12.0    Application of Trust Seal**

16:30

**13.0    Forum for Questions**

16:35

**14.0    Any Other Business**

16:40

**15.0    Forward Agenda**

16:45

**Total Time  
Approx****2 hrs 45  
mins**

**Next meeting of Trust Board will be held on Thursday, 1 October 2015 in the Northern Division (venue to be confirmed).**

## **Standing Orders**

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

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

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

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

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

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

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

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

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

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

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

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





Northern Ireland Ambulance Service  
Health and Social Care Trust



# **TRUST BOARD**

***Meeting and AGM to be held on Thursday, 6 August 2015 at 2.00 pm NIAS  
HQ, Site 30, Knockbracken Healthcare Park, Saintfield Road,  
Belfast, BT8 8SG***



**TB/1 06/08/15**

**PRESENTATION OF ANNUAL REPORT 2014/15**

**REFER TO IPAD**





**TB/2 06/08/15**

**PRESENTATION OF ANNUAL ACCOUNTS 2014/15**

**REFER TO IPAD**



**TB/3 06/08/15**





***Minutes of a Trust Board Meeting held on  
Thursday, 4 June 2015 at 2.00pm, in the Boardroom, NIAS Headquarters, SITE  
30 Knockbracken Healthcare park, Saintfield Road, Belfast, BT8 8SG***

**Present:**

|               |                           |
|---------------|---------------------------|
| Mr P Archer   | Chairman                  |
| Mr L McIvor   | Chief Executive           |
| Mr N McKinley | Non-Executive Director    |
| Mr W Abraham  | Non-Executive Director    |
| Mrs S McCue   | Director of Finance & ICT |
| Mr D McManus  | Medical Director          |

**In Attendance**

|                |                             |
|----------------|-----------------------------|
| Miss K Baxter  | Executive Administrator (T) |
| Mrs J Pattison | Senior Secretary (T)        |

**Welcome and Format of the Meeting**

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

**1.0 Apologies**

Ms R O'Hara, Director of Human Resources & Corporate Services  
Mr B McNeill, Director of Operations  
Professor M Hanratty, Non-Executive Director  
Mr T Haslett, Non-Executive Director  
Dr J Livingstone, 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 2 April 2015.**

The Members accepted the minutes as a true reflection of discussions held on the proposal of Dr D McManus, seconded by Mrs S McCue.

**Action:** Approved

**4.0 Action Log**

**4.1 Update on Appointment of Non-Executive Directors**

The Chairman advised Members that three new Non-Executives had

been appointed to the Board. Mr William Abraham and Mr Trevor Haslett commenced their appointment from 18<sup>th</sup> May 2015 and that Mr Alan Caldwell would commence his appointment from 1<sup>st</sup> August 2015 once Professor M Hanratty's term expires.

## **4.2 Industrial Action Update**

The Chief Executive gave the Board an Overview on Industrial Action and highlighted the following.

It was a challenging two week period with staff working to rule from 27 April to 12 May 2015 inclusive and with Unite the Union having a full day Industrial Action on 6<sup>th</sup> May 2015.

Comparing 27/4/15 – 10/05/15 with previous two week period:

- There was an increase in Cat A responses
- There was little change in total volume of responses
- Cat A response within 8 minutes was down on previous two weeks.
- Cat A calls conveying response within 21 minutes was down on the previous two weeks.
- A&E shifts covered were down compared with the previous two weeks
- RRV shifts covered were down compared with the previous two weeks.

Comparing 27/4/15 – 10/05/15 with previous year period:

- There was an increase in Cat A responses
- There was a small reduction in overall volume of responses
- Cat A responses within 8 minutes was down
- Cat A calls conveying within 21 minutes was down
- A&E shifts covered were down
- RRV shifts covered were down

## **5.0 Chairman's Business**

### **5.1 Workshop**

As the Trust Board meeting today was held in NIAS Headquarters the Members did not attend a Station Visit. Instead a Trust Board Workshop was held in which the Trust Delivery Plan was discussed.

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

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

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

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

The Chief Executive highlighted to members that Industrial Action Planning had taken priority and that lessons learned from this period would be implemented in future planning. He also highlighted that work had commenced on the Annual Report/Governance Statement. This is now complete.

## **7.0 Performance Report as at 30 April 2015**

### **7.1 Operations**

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

As at the 31<sup>st</sup> March 2015

- Category A Performance (Page 57) - it was highlighted that Cat A calls had increased by 12% compared to the same timeframe of last year. This averaged out at around 18 more calls per day.
- Introduced revised management of rest periods is amber, however revised management directive is in place for control officers to manage Emergency Ambulance Rest Periods. Future work is ongoing through Ops JCG.
- It was reported that the timeliness to 999 calls, including Cat A calls remains a concern
- Recruitment Programme - all paramedic vacancies have been filled and a schedule is in place for remaining vacancies.

A highlight report for the month of April 2015 performance was provided indicating continuing issues with delivering timely response exacerbated by industrial action. Plans to address response performance are in development within the operations directorate, alongside efforts to secure additional investment in response capacity.

### **Finance and ICT**

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

As at the 31<sup>st</sup> March 2015:

- The Board were directed to Page 74 which relates to Financial Performance. The Director of Finance & ICT indicated that the financial position at the end of March 2015 was a small surplus of £22k and the Trust is currently forecasting breakeven. This position and all risks and assumptions are subject to the

completion of final accounts and review by External Audit. The Chairman congratulated the Finance Team on meeting the tight time deadlines

- The Board were directed to Page 75 which relates to capital spend. The Director of Finance & ICT indicated that the Trust had received a revised Capital Resource Limit (CRL) of £5.703m (previously £5.665m). The increase was in respect of small variances against the forecasted 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 sales of fixed assets towards capital expenditure. The Director highlighted that all figures are subject to the completion of final accounts and review by External Audit.
- The Board were directed to Page 78 which relates to Prompt Payment of Invoices. The Director of Finance & ICT highlighted to the Board that the target of 95% of invoices paid within 30 days was not achieved in 2014/15. This was largely due to the days of processing lost during preparation for and implementation of the new Finance, Procurement and Logistic (FPL) System. However the established ten working day target of 40% had been achieved.
- The Board were directed to Page 83 which relates to Freedom of Information. The Director of Finance & ICT indicated that 76.7% of requested had been processed within 20 working days as at the end of March 2015 and that there has been an increase in Fol requests of 37%.
- The Board were directed to Page 86 which relates to Data Protection (14/15 –PRF patients Numbers Comparison). The Director of Finance & ICT highlighted that there are 191K paper records in storage and that the e-PRP Business Case recognises the value of moving from these multiple paper records to electronic format.

The Director of Finance & ICT did not give a verbal update on April 2015 performance but it was noted.

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

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

As at the 31 March 2015

- The Board were directed to Page 87 which related to Sickness Absence. The Director of HR&CS previously reported that Sickness Absence was a challenge regionally. 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.

- The Board were directed to Page 107 which related to Annual Mandatory Training Workbook. The Chief Executive highlighted that this remains red as the Operational Directorate were unable to release staff due to workforce pressures to complete these workbooks.
- The Board were directed to Page 119 which related to Complaints. The Chief Executive highlighted to the Board that complaints had increased. Comp/840 was noted which had a learning outcome on where work would commence to revise local policies to deal with second calls and requests for 'estimated time of arrival'. The Chief Executive directed the Board to Page 124 in relation to Compliments. It was noted that Compliments are received even when there has not been a positive outcome for the patient.

An update on April 2015 performance was not given but was noted.

### **Medical**

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

As at 31 March 2015:

- Emergency Planning Report (Page 135)
- The Medical Director advised the Board that the Emergency Planning Annual Report was currently in draft form and was being reviewed by the Public Health Agency (PHA) prior to completion. The final report will be presented at the next Trust Board Meeting on the 6 August 2015.

**ACTION:** Medical Director to present completed Emergency Planning Annual Report at the next Trust Board Meeting on the 6 August 2015.

- The Medical Director provided an explanation to Trust Board of the percentages of patients who suffered an Out- of-Hospital Cardiac Arrest who have a Return of Spontaneous Circulation (ROSC) on arrival at Hospital following resuscitation. While the overall ROSC rate had fallen in keeping with response performance, the percentage of patients with ROSC in the so-called Utstein subgroup, that is those with a witnessed cardiac arrest with bystander CPR and a heart rhythm amenable to defibrillation, had significantly increased and was comparable to other UK ambulance services.
- 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 targets

for transportation within the agreed timeframes to hospitals that can provide stroke assessment and lysis if appropriate.

The Medical Director commented to the Board that the format of his report going forward would evolve to reflect Trust objectives and strategic priorities with the development of appropriate performance measures.

## **7.2 Chief Executive Report**

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

- The Board were referred to page 14 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 57.7% against the target of 72:5%. The Chief Executive highlighted that we reached 57.7% for the year and there was a clear impact on service and that this would be given priority going forward.
- The Board was referred to page 16 of the report which outlined AfC Harmonisation. It was highlighted that harmonisation is included on the JCNC Terms and Conditions Sub Group work plan and that progress had been delayed by resource issues and service pressures, however proposals are being reviewed by Management. Trade Unions have highlighted concerns in respect of this area.
- The Board was referred to page 25 of the report with outlined Saving Proposals. It was highlighted that steps to maintain financial balance are being progressed where appropriate and that contingency measures have been implemented.
- The Board was directed to Page 26 which relates to Prompt Payment of Invoices. The Director of Finance & ICT highlighted to the Board that the target of 95% of invoices paid within 30 days was not achieved in 2014/15 and this was largely due to the days of processing lost during preparation for and implementation of the new Finance Procurement and Logistic (FPL) System. However the established ten working day target of 40% had been achieved.

The Chief Executive referred the Board to the Corporate Risk Register (Page 143) and the following issues / recommendations were made.

- Trade Unions “Notice to Employer” of an official ballot for Industrial Action – Risk ID 220  
Recommendation: The Chief Executive highlighted to the Board that this remains a high level risk and should remain on the Corporate Risk register. This was agreed by all.

**ACTION:** Trade Unions “Notice to Employer” of an official ballot  
Industrial Action remain on the Corporate Risk

Register.

- Financial Stability – Achieving Financial Balance 2014/15 – Risk ID 253

Recommendation: The Chief Executive highlighted that this risk is indicated at a high/medium level and should remain on the Corporate Risk Register. This was agreed by all.

**ACTION:** The Financial Stability – Achieving Financial Balance 2014/15 should remain on the Corporate Risk Register.

- Organisational Cohesion – Risk ID 241

Recommendation: Risk is now closed as it has met its target level following Trust Board and should be removed from Corporate Risk Register. This was agreed by all

**ACTION:** Remove Organisational Cohesion from Corporate Risk Register

- Balancing Statutory Responsibilities – Risk ID 243

Recommendation: It was noted that this presents as a low risk, however the Chief Executive would recommend to the Board that this risk remains on the Corporate Risk Register. This was agreed by all.

**ACTION:** Balancing Statutory Responsibilities remain on the Corporate Risk Register.

- Public Perception – Risk ID 245

Recommendation: The Chief Executive highlighted to the Board that this risk should be removed from the Corporate Risk Register and added onto the Local Risk Register with the opportunity to reframe. This was agreed by all.

**ACTION:** Remove the Public Perception Risk from the Corporate Risk Register and add onto the Local Risk Register with the opportunity to reframe.

- Linking Funding to Demand – Risk ID 246

Recommendations: The Chief Executive highlighted that in the absence of the Director of Operations this risk should remain on the Corporate risk Register with the opportunity to reframe. This was agreed by all.

**ACTION:** Linking Funding to Demand risk remain on the Corporate Risk Register with the opportunity to reframe.

The Chief Executive highlighted that the Performance report going forward will re-formatted and key indicators will be presented in a new way.

## **8.0 Items for Approval**

No Items.

## **9.0 Items for Information**

### **9.1 Patient Stories – Belfast Division**

Dr McManus presented Patient Stories from NIAS users to the Board from the Belfast HSC Trust as part of the 10,000 Voices campaign. It was noted that most, but not all, of the service-users' experiences of NIAS reported in the stories were positive.

### **9.2 NIAS Disciplinary Procedures & Trusts Disciplinary Rules**

The Chief Executive presented the Disciplinary Procedures to the Board and explained that the purpose was to encourage all employees to achieve and maintain appropriate standards of conduct, performance and behaviour. Both documents have been prepared by the regional Human Resources Policy Group. It was noted that there was a typing mistake on Page 5, second line. NMC should read HCPC.

### **9.3 Capability Procedures**

This was presented to the Board and explained that the purpose was to provide guidance and protocols through which managers can address employee capability concerns with a fair, appropriate and consistent approach.

## **10.0 Items for Noting**

### **10.1 Application of Trust Seal**

The Trust Seal has not been used since the Enniskillen Project on the 9 March 2015.

### **10.2 Senior Level Recruitment**

Noted

### **10.3 Review of Commissioning**

Noted

### **10.4 Patient Experience Annual report 2014/15**

Noted

## **10.5 HSC Trust's response to Donaldson Report**

Noted

### **11.0 Forum for Questions**

No questions were received.

### **12.0 Any other Business**

None

### **13.0 Forward Agenda**

No Items

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

The 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.

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

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

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



**TB/4 06/08/15**







### Trust Board Public Meeting - Action Log

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

| Date of Meeting | No | Minute Reference | Agenda Item (topic)                         | Allocated To                  | Action  |
|-----------------|----|------------------|---|-------------------------------|---|
| 4 June 2015     | 1  | 7.1              | Performance Report Medical Directorate      | Medical Director              | Medical Director to present Emergency Planning Annual Report at the next Trust Board Meeting on the 6 August 2015.                                      |
|                 | 2  | 7.2              | Performance Report - Chief Executive Report | Medical Director/Risk Manager | <b>Risk ID 241 – Organisational Cohesion</b><br>Risk now closed. Remove from Corporate Risk Register  |
|                 | 3. | 7.2              | Performance Report – Chief Executive Report | Medical Director/Risk Manager | <b>Risk ID 245 – Public Perception</b><br>Remove from the Corporate Risk Register and add onto the Local Risk Register with the opportunity to reframe. |



**TB/5 06/08/15**



**TB/05 06/08/15**

**PERFORMANCE REPORT AS AT  
30 JUNE 2015**



# **NORTHERN IRELAND AMBULANCE SERVICE**

## **TRUST BOARD REPORT**

---

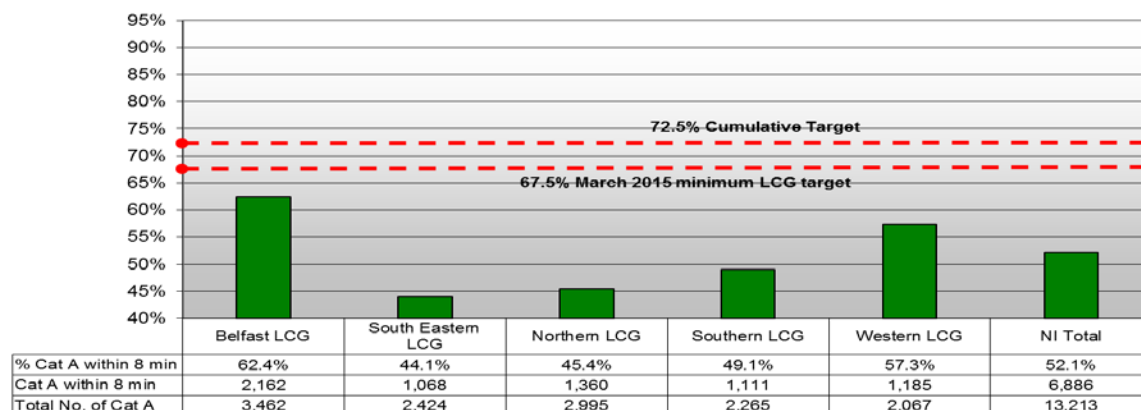
## **OPERATIONS DIRECTORATE**

Director of Operations

2015 / 07 / 23

## CATEGORY A PERFORMANCE: POSITION AS AT JUNE 2015

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

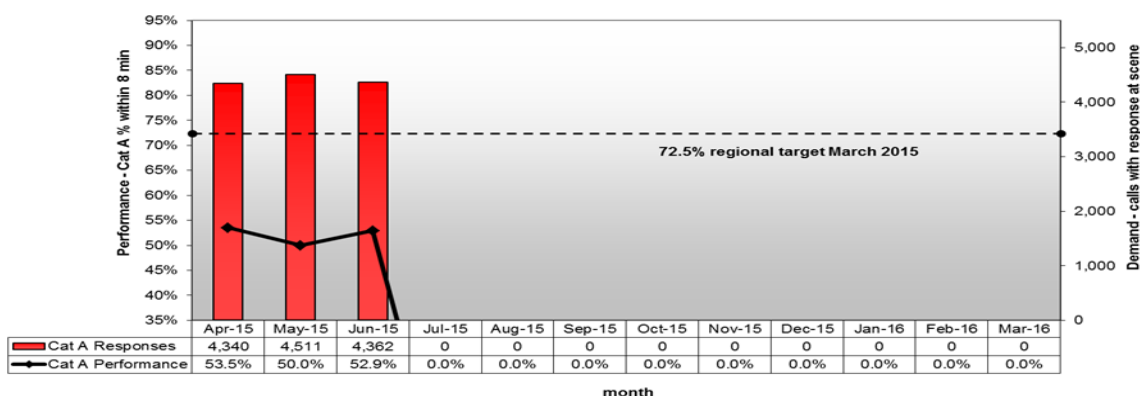


By March 2016, 72.5% of Category A (life threatening) calls responded to within eight minutes, 67.5% in each LCG area (Draft - This target is yet to be confirmed).

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

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

NI  
Cat A Emergency



|                 | Apr 15 | May 15 | Jun 15 | Jul 15 | Aug 15 | Sep 15 | Oct 15 | Nov 15 | Dec 15 | Jan 16 | Feb 16 | Mar 16 | Year  |
|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| <b>Regional</b> | 53.5%  | 50.0%  | 52.9%  |        |        |        |        |        |        |        |        |        | 52.1% |
| Belfast         | 64.7%  | 58.7%  | 63.8%  |        |        |        |        |        |        |        |        |        | 62.4% |
| South East      | 46.3%  | 43.5%  | 42.5%  |        |        |        |        |        |        |        |        |        | 44.1% |
| North           | 46.7%  | 42.0%  | 47.7%  |        |        |        |        |        |        |        |        |        | 45.4% |
| South           | 48.9%  | 51.1%  | 47.0%  |        |        |        |        |        |        |        |        |        | 49.1% |
| West            | 57.5%  | 53.8%  | 61.2%  |        |        |        |        |        |        |        |        |        | 57.3% |

Regional Target: 72.5%

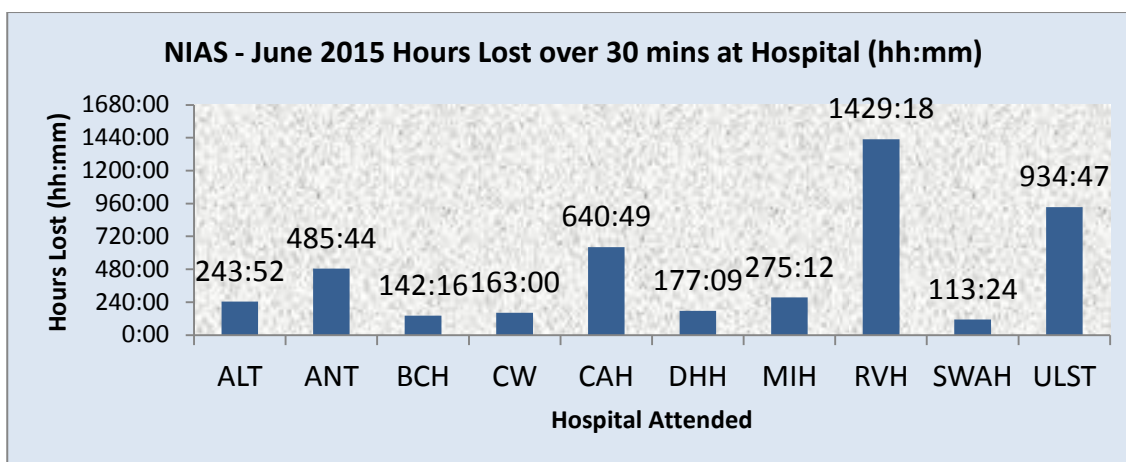
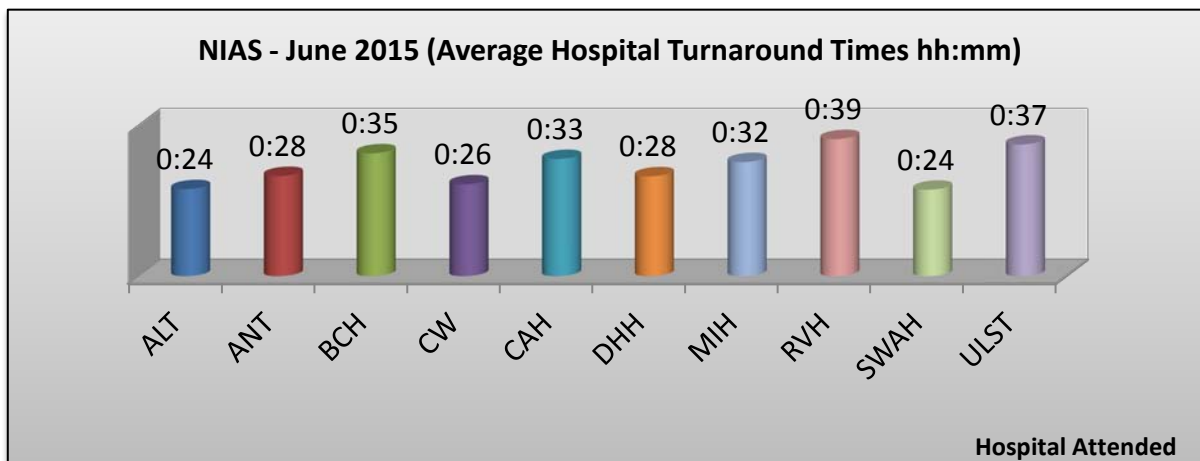
LCG target 67.5%

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





## AMBULANCE TURNAROUND TIMES



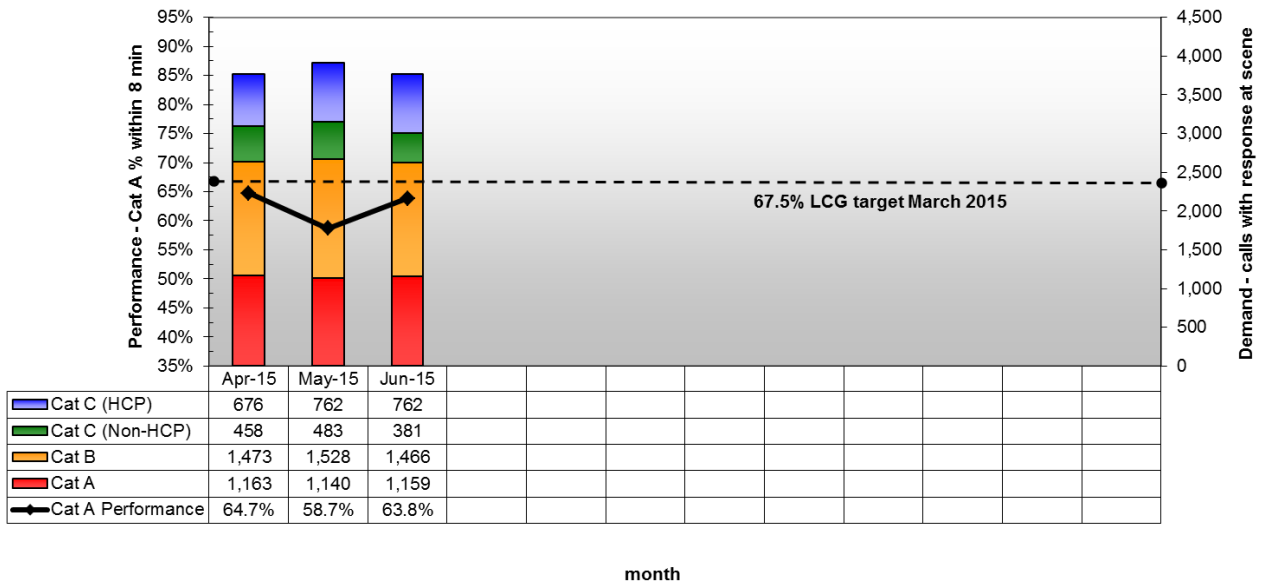
- There was a moderate (7.6%) increase in the total number of NIAS ambulance turnaround times at hospital between June 2015 and June 2014.
- 48.4% of all ambulance turnaround times in June 2015 were in standard (i.e. completed within 30 mins) compared to 51.1% in June 2014 and 53.5% in May 2014.
- The above chart shows the average ambulance turnaround time in June 2015 across the main Emergency Departments regionally.
- There was little variance in the proportion of lengthy ambulance turnaround times (greater than 1 hour) across the main EDs regionally in June 2015 (4.8%) when compared to the same time last year (4.5%) or the previous month (4.7%).
- The total loss of production hours for NIAS has increased slightly by 3.5% compared to same time last year, with an additional 167 hrs lost during June 2015 compared to June 2014.
- This loss of production hours equates to 6.6 ambulances each day compared to 6.3 in June 2014

### **Actions for improvement:**

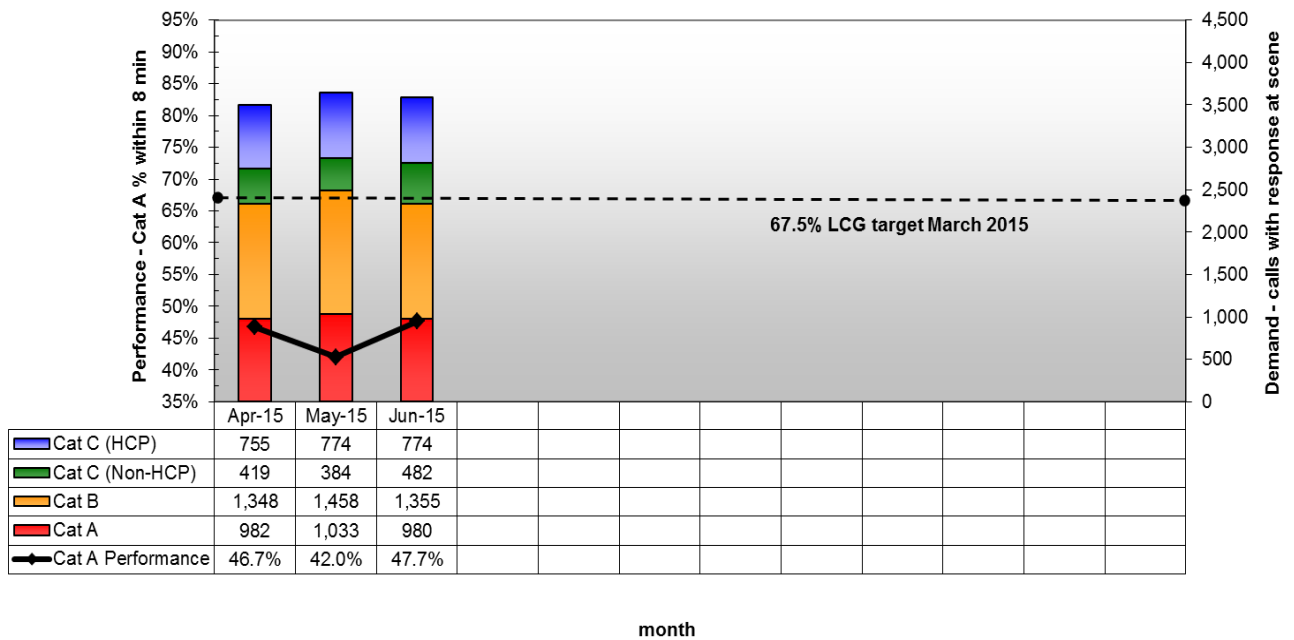
- Development of Performance Improvement Plan for 2015/6 which includes immediate, short and medium term tasks to complete.
- Recruitment programme to stabilize workforce and increase shift cover. (Currently 9.5% vacancy at Operational level; Projecting 3.1% by Feb 2016)
- Adopt and adapting improved practices such as models being piloted in RVH in advance of new ED opening
- Improving monitoring and reporting of performance of ambulance turnaround times
- Stabilization of the workforce through engagement at senior management level and local level on key issues affecting ambulance turnaround times including late finishes, meal breaks and casual leave
- Reviewing HALO model and modernising to maximise contribution to local operational needs
- Seeking recurrent funding to support revised HALO role.
- Use of Voluntary Ambulance Services at times of pressure (weekends and statutory holidays) in full compliance with procurement process following contract tender. Three organisations have been awarded the contract as of June 2015.

## PERFORMANCE REVIEW BY DIVISION:

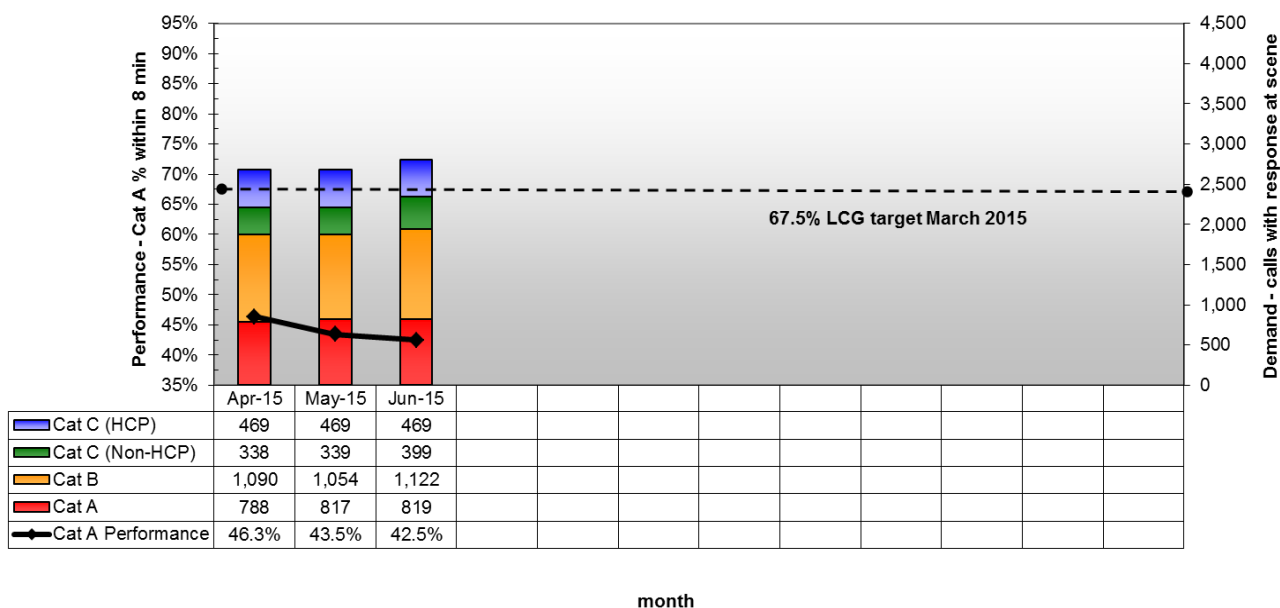
**Monthly Cat A Performance -v- Demand 2015-16**  
**Belfast LCG**  
 Emergency by Category & Cat C HCP



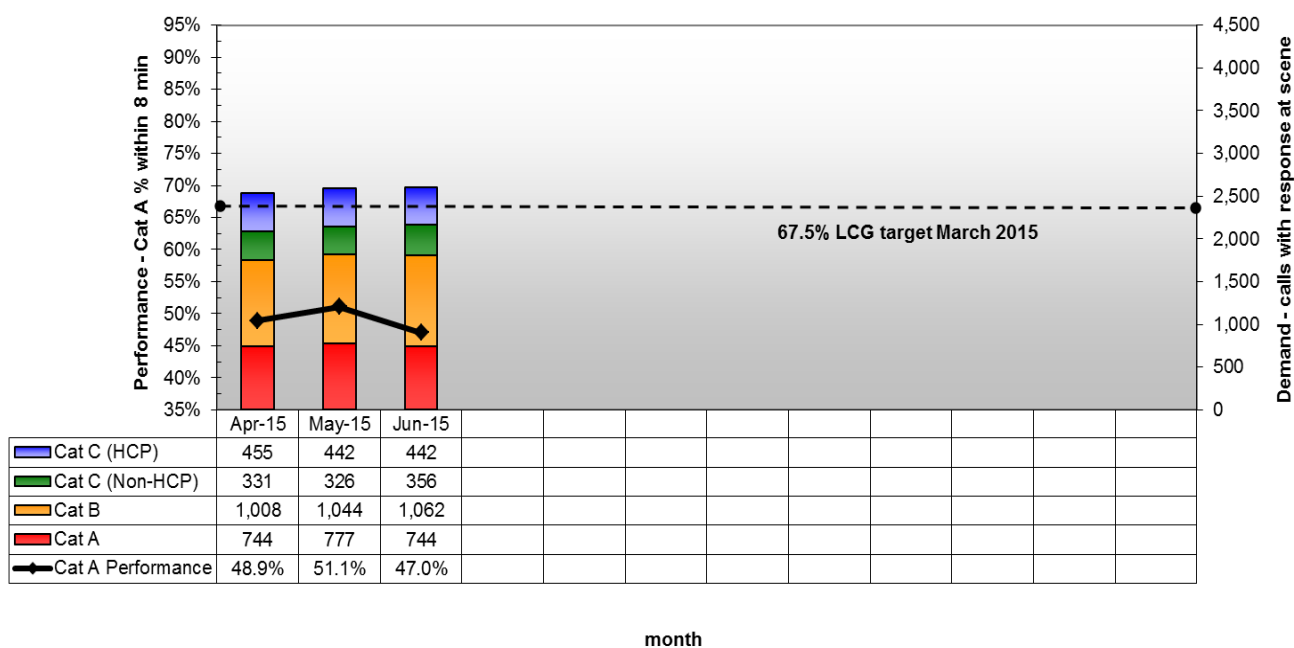
**Monthly Cat A Performance -v- Demand 2015-16**  
**Northern LCG**  
 Emergency by Category & Cat C HCP



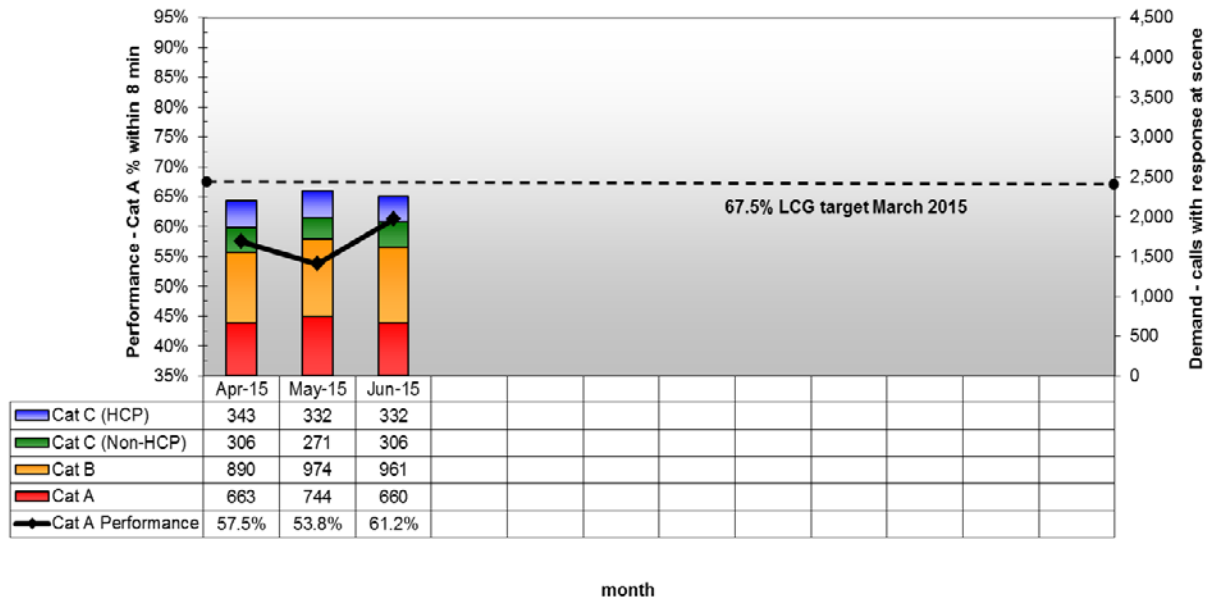
**Monthly Cat A Performance -v- Demand 2015-16**  
**South Eastern LCG**  
**Emergency by Category & Cat C HCP**



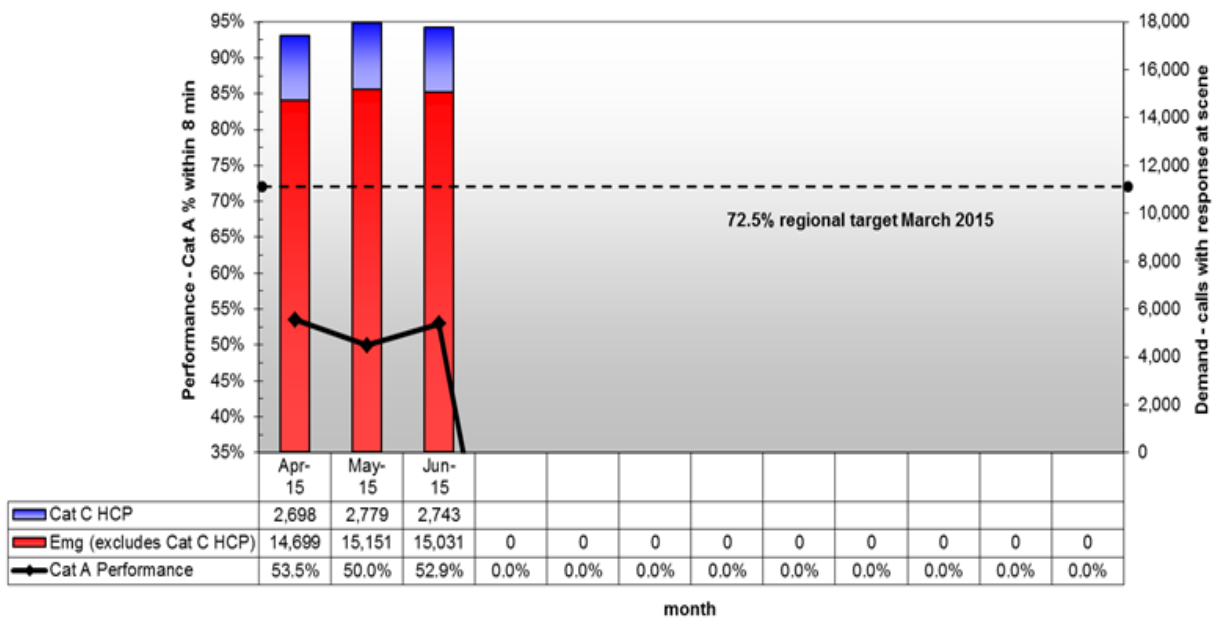
**Monthly Cat A Performance -v- Demand 2015-16**  
**Southern LCG**  
**Emergency by Category & Urgent / Cat C HCP**



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



**Monthly Cat A Performance -v- Demand 2015-16**  
**NI**  
Emergency & 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><br>All achieved greater than 75% in all criteria. Buildings and land achieved substantive after further evidence provided to audit. |            |                                     |                   |

### **FLEET PROFILE:**

| <b>% Fleet Profile<br/>(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       | 78.4       | 78.4       |            |            |            |            |            |            |            |            |            |
| Non-Emergency Ambulances                           | 94.3       | 94.3       | 87.7       |            |            |            |            |            |            |            |            |            |
| Rapid Response Vehicles                            | 73.8       | 73.8       | 73.8       |            |            |            |            |            |            |            |            |            |
| Support Vehicles                                   | 36.7       | 36.7       | 36.7       |            |            |            |            |            |            |            |            |            |
|  |            |            |            |            |            |            |            |            |            |            |            |            |

|  |
|--|
| <p><b>PERFORMANCE COMMENTARY:</b></p> <p>Additional Vehicles retained not in Establishment: 9, over 5 years old.</p> <p>Commissioning of <b>2013/14</b> vehicles is complete.</p> <p><b>2014/15</b></p> <p>Commissioning is ongoing.</p> <p>PCS vehicles have been delayed due to production delays with the converter.</p> <p>All A&amp;E with NI dealer.</p> <p>8/11 cars through first stage of commissioning</p> |
|--|

***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.

Initial training delivered to CSOs

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

West tender closed beginning of May

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

Fleet Bodywork contract awarded.

2015/16

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

A&E and PCS conversion quotations are out to supplier.

Potential to award for 3 years and initial delivery dates brought forward from year end.

**ESTATE CAPITAL PROGRAMME**

***BALLYMENA:***

Roofing on garage and station 90% complete

Delay in programme due to weather and holidays have extended programme into January 2016.

Design team to review reasons for delay    Photos as at 30 June 2015





***ENNISKILLEN:***

NIAS site investigations have commenced, some contamination discovered awaiting full report.

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 reached to progress replacement station as part of overall business case.

***ARDS/BANGOR:***

Request to be allowed to progress to business case to be submitted to the department - ongoing.

***BELFAST:***

Strategic Outline Case to be submitted to request Feasibility funding.

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

**OTHER**

**Uniform** – National contract due to complete in July 2015. Meeting in July has been postponed

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

NIAS excluded but now included for future meetings.

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

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

– E -car charging points installed at HQ and Ballymacarret Ambulance Station

**Project Manager** - post filled, July 2015

# **NORTHERN IRELAND AMBULANCE SERVICE**

## **TRUST BOARD REPORT**

---

## **FINANCE DIRECTORATE**

Director of Finance and ICT  
2015 / 07 / 23

## FINANCIAL PERFORMANCE

### Financial Breakeven 2015/16

The Trust is currently forecasting a breakeven position at year end (31 March 2016), subject to a number of key risks and assumptions. These include, in particular, the assumption that the level of savings will remain as advised (£1.2M) and that the required level of investment will be provided to support delivery and developments. In addition, Accident & Emergency staff are currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS.

The position at the end of June 2015 (Month 3) is a small surplus of £9k.

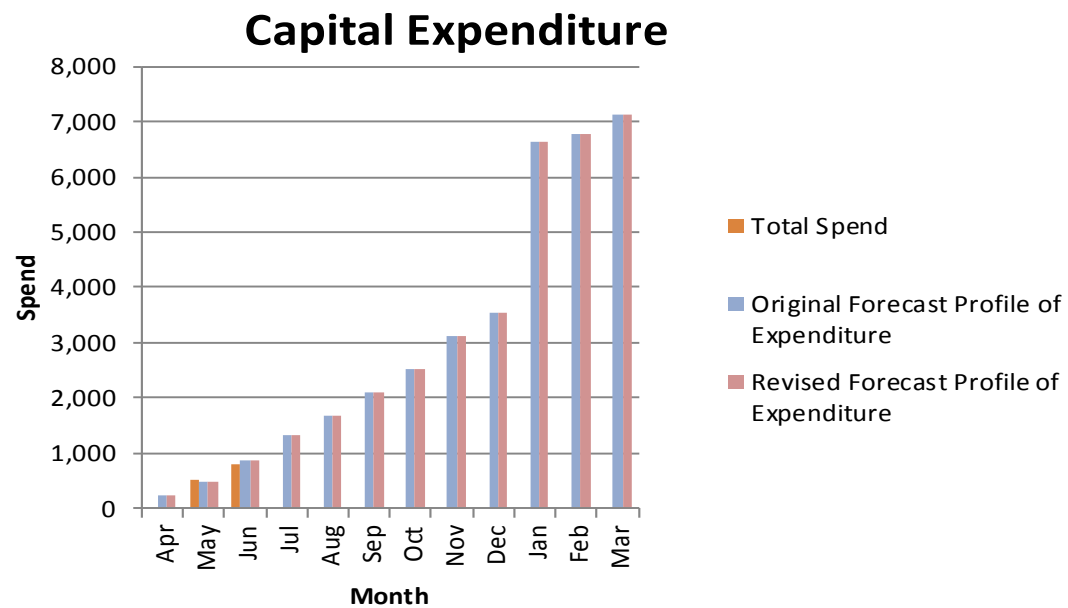
| Financial Breakeven Assessment (£k) | Apr | May   | Jun    | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|-------------------------------------|-----|-------|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Staff Costs                         |     | 8,090 | 12,193 |     |     |     |     |     |     |     |     |     |
| Other Expenditure                   |     | 1,651 | 2,593  |     |     |     |     |     |     |     |     |     |
| Expenditure Total                   |     | 9,741 | 14,786 |     |     |     |     |     |     |     |     |     |
| Income                              |     | 73    | 110    |     |     |     |     |     |     |     |     |     |
| Net Expenditure                     |     | 9,668 | 14,676 |     |     |     |     |     |     |     |     |     |
| Net Resource Outturn                |     | 9,668 | 14,676 |     |     |     |     |     |     |     |     |     |
| Revenue Resource Limit (RRL)        |     | 9,668 | 14,685 |     |     |     |     |     |     |     |     |     |
| Surplus/(Deficit) against RRL       |     | 0     | 9      |     |     |     |     |     |     |     |     |     |

## Capital Spend

The Trust has received a Capital Resource Limit (CRL) of £7.236m for 2015/16. This has been allocated against Fleet Replacement, Estate, IT and General Capital. The Trust has made a formal request for a further £0.7m to complete the planned fleet replacement programme for 2015/16.

Cumulative capital spend at the end of June 2015 (Month 3) is shown in the table overleaf together with an initial forecast of capital spend for 2015/16 year. The capital forecast is reviewed and submitted to DHSS on a monthly basis to reflect regular consideration and prioritisation of capital requirements on a Trust wide basis.

| Cumulative Capital Spend (£k)            | Apr | May | Jun | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar   |
|--|-----|-----|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Fleet                                    |     | 0   | 114 |       |       |       |       |       |       |       |       |       |
| Estate                                   |     | 490 | 670 |       |       |       |       |       |       |       |       |       |
| Medical Equipment                        |     | 0   | 0   |       |       |       |       |       |       |       |       |       |
| IT Equipment                             |     | 0   | 0   |       |       |       |       |       |       |       |       |       |
| General Capital                          |     | 12  | 0   |       |       |       |       |       |       |       |       |       |
| Total Spend                              |     | 502 | 784 |       |       |       |       |       |       |       |       |       |
| Original Forecast Profile of Expenditure | 242 | 490 | 869 | 1,323 | 1,674 | 2,085 | 2,526 | 3,137 | 3,538 | 6,624 | 6,779 | 7,116 |
| Revised Forecast Profile of Expenditure  | 242 | 490 | 869 | 1,323 | 1,674 | 2,085 | 2,526 | 3,137 | 3,538 | 6,624 | 6,779 | 7,116 |



## Prompt Payment of Invoices

The target of 95% of invoices paid within 30 days was missed in 2014/15 largely due to the days of processing lost during preparation for and implementation of the new Finance, Procurement and Logistic (FPL) system. All payment processing functions transferred to Accounts Payable Shared Service Centre in mid December 2014. For 2015/16 plans have been developed to identify trends and most frequent breaches of the target with actions to improve performance during the rest of the year.

Performance by number of invoices paid for each of these measures is shown below. Some issues in relation to performance and reporting have been identified and the figures below are provisional only and will be updated. This is expected to give a marginal improvement, though performance will remain below the target at this stage of the year.

| Number  | Apr   | May   | Jun   | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Cumulative |
|---|-------|-------|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| Total bills paid  | 1,411 | 1,162 | 1,900 |     |     |     |     |     |     |     |     |     | 4,473      |
| Total bills paid within 30 calendar days of receipt of undisputed invoice | 1,100 | 772   | 1,418 |     |     |     |     |     |     |     |     |     | 3,290      |
| % bills paid on time  | 78.0% | 66.4% | 74.6% |     |     |     |     |     |     |     |     |     | 73.6%      |
| Total bills paid within 10 working days (14 calendar days)                | 674   | 551   | 908   |     |     |     |     |     |     |     |     |     | 2,133      |
| % bills paid on time  | 47.8% | 47.4% | 47.8% |     |     |     |     |     |     |     |     |     | 47.7%      |

## ***Information Technology Systems - System Availability***

Robust procedures are in place to confirm ongoing availability of Trust systems. Any system failures are reported in this section.

### **12 May 2015 – Digital Trunk Radio (DTR)**

The DTR system was off line for two hours to enable the providers (PSNI) to carry out essential maintenance to the microwave radio network. Contingency systems were activated with no disruption to service.

### **07 June 2015 - Integrated Communication Control System (ICCS) Telephony fault on South/West Desk**

The South/West despatch desk lost telephone communications and the dispatcher could not make or receive telephone calls. Following extensive diagnostics by IT out of hours in liaison with support providers (BT) the fault could not be identified and required a BT engineer to visit site. On site the BT engineer identified a problem with the BT Symposium server communicating with the South/West despatch desk and required a complete server reboot. Only one desk was affected during the outage, but all phones were affected during the reboot exercise. This interruption to phones was approximately 11 hours for South/West Desk and 5 minutes for all desks during server reboot. South/West operator moved to alternative desk during down time with no disruption to service.

### **15 June 2015 – Resource Management System Fault**

Users were prevented from logging into the GRS system for 2 hours due to a server software fault. NIAS ICT identified the problem as a fault on the Virtual server, the space allocated to the GRS server had filled up. ICT deleted an out of date backup and cleared down cache files and the server started to operate normally again.

### **24 June 2015 – BT Telephone House Fire**

All data connectivity to Ambulance stations was unavailable for a period of six hours due to a fire in BT Telephone House. Systems affected were file and print, email and internet access.

### **27 June 2015 – Digital Trunk Radio (DTR)**

There was a failure on a zone of the DTR network resulting in users on that zone not able to use the radio system. Those users were immediately switched to an alternative zone by IT out of hours with minimum disruption to service. The fault was identified as a core system fault and was managed by providers PSNI with a down time of six hours.



## Information Technology Systems - Developments

System developments are reported in this section.

Work is ongoing on a project to upgrade the Network infrastructure between NIAS HQ and the 51 remote Ambulance stations and outposts across Northern Ireland. A number of circuits are installed and pilot sites are preparing to go live within the next 4 weeks with an overall target date for completion of end October 2015. 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.

### ICT Help Desk Performance

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

|                          | May         |             |        | June        |             |        |
|--------------------------|-------------|-------------|--------|-------------|-------------|--------|
| Target to Respond to 95% | No of Calls | Within time | Actual | No of Calls | Within time | Actual |
| Immediate                | 16          | 16          | 100%   | 16          | 15          | 94%    |
| Urgent                   | 11          | 11          | 100%   | 10          | 10          | 100%   |
| High                     | 31          | 31          | 100%   | 33          | 32          | 97%    |
| Medium                   | 258         | 250         | 97%    | 391         | 381         | 97%    |
| Low                      | 653         | 651         | 100%   | 707         | 706         | 100%   |
| Total                    | 969         |             |        | 1157        |             |        |

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

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

### ICT Planned Maintenance May 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.<br>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         | 186          | 4 Hours           | 0      | No                         |   |
| File Server    | 186          | 4 Hours           | 0.15   | No                         |   |
| Virtual Server | 188          | 2 Hours           | 0      | No                         |   |
| BlackBerry     | 186          | 4 Hours           | 0      | No                         |   |
| Promis         | 186          | 4 Hours           | 0      | No                         |   |

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

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

### ICT Planned Maintenance June 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.<br>It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded. |
|----------------|--------------|-------------------|--------|----------------------------|---|
| E-mail         | 216          | 4 Hours           | 0      | No                         |   |
| File Server    | 216          | 4 Hours           | 0.15   | No                         |   |
| Virtual Server | 218          | 2 Hours           | 0      | No                         |   |
| BlackBerry     | 216          | 4 Hours           | 0.15   | No                         |   |
| Promis         | 216          | 4 Hours           | 1.5    | No                         |   |



## **Information Governance - Developments**

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

- Information Department supported Operations and Gold Command with predictive analysis and forecasting and analysis of operational shift trends and monitoring relating to Industrial Relation matters
- Development of monthly report to monitor attendances to NI Prison facilities on behalf of the South Eastern Trust and the Director responsible for Prison Healthcare
- Development and design of new Patient Report Form in conjunction with other Directorate areas
- Analysis of historical clinical datasets held in Command and Control systems for support for service development of Mental Health indicators under the remit of Transforming your Care and profiling of service users by demographics
- Analysis of 2005 to 2015 datasets for Road Traffic Collisions to support Road Traffic Strategy and work ongoing by DHSSPS
- Analysis of performance datasets 2010 to 2015 held in Command and Control systems to support Operations Directorate and Commissioning bid
- Analysis of 2014/15 performance and activity across emergency and non-emergency datasets for provision to internal and external stakeholders including DHSSPS Hospital Information Branch and HSCB
- Input to reconfiguration of Mobile Data Terminal codes to support improved data quality and information analysis for required monitoring under Transforming your Care
- Ongoing work on policy and procedures to support Information Governance across the Trust including Information Markers, Patient Report Form Policy. In addition a wide range of IG policies and procedures are planned for review and amendment in 2015/16.

The Information Team has developed a suite of reports to support performance management which includes daily, weekly, monthly analysis of operational performance; hospital turnaround times; non-emergency transportation etc.etc. These are shown in Operations Report. Clinical indicators are available in the Medical Directorate's section. Assurance in the area of IG is sought through the

Information Governance Steering Group, chaired by DOF&ICT as SIRO with Medical Director as Caldicott Guardian. Minutes are reported to Assurance Committee.

In addition Freedom of Information, Data Protection (Subject Access) and Departmental requests are shown below :

**REPORT FOR FREEDOM FOR INFORMATION PROCESSING FOR THE PERIOD OF 01/04/2015 to 30/06/2015**

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 15 – June 15</b> | <b>Apr – June 15</b> |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------------------|----------------------|
| Number of Requests Received                             | 4          | 11         | 11         |            |            |            |            |            |            |            |            |            | 26                      | 26                   |
| Number of Questions Received                            | 20         | 32         | 64         |            |            |            |            |            |            |            |            |            | 116                     | 71                   |
| Completed Requests processed within 20 days or less     | 4          | 8          | 8          |            |            |            |            |            |            |            |            |            | 20                      | 20                   |
| Completed Requests exceeding 20 days                    | 0          | 3          | -          |            |            |            |            |            |            |            |            |            | 3                       | 6                    |
| Requests still being processed in line with 20 days*    | 0          | 0          | 0          |            |            |            |            |            |            |            |            |            | 0                       |                      |
| Questions still being processed in line with 20 days*   | 0          | 0          | 0          |            |            |            |            |            |            |            |            |            | 0                       |                      |
| Requests still being processed <b>exceeding</b> 20 days | 0          | 0          | 3          |            |            |            |            |            |            |            |            |            | 3                       |                      |
| Question still being processed <b>exceeding</b> 20 days | 0          | 0          | 13         |            |            |            |            |            |            |            |            |            | 13                      |                      |
| Number of Questions/Answers Fully Disclosed             | 20         | 25         | 51         |            |            |            |            |            |            |            |            |            | 96                      |                      |
| Vexatious Requests                                      | 0          | 0          | 0          |            |            |            |            |            |            |            |            |            | 0                       |                      |
| Number of Questions/Answers which records not held      | 0          | 0          | 0          |            |            |            |            |            |            |            |            |            | 0                       |                      |
| Questions where exemptions wholly/partially applied     | 0          | 7          | 0          |            |            |            |            |            |            |            |            |            | 0                       |                      |
| Referrals for Independent Review                        | 1          | 1          | 0          |            |            |            |            |            |            |            |            |            | 2                       |                      |
| Appeals to the Information Commissioner                 | 0          | 0          | 0          |            |            |            |            |            |            |            |            |            | 0                       |                      |

- **From 01/04/2015 to 30/06/2015 - 76.9 % of requests have been processed within 20 working days**
- **For the same period of monitoring, there was an additional 45 questions received than in 2014/15**

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

### **REPORT FOR DPA PROCESSING (SUBJECT ACCESS) FOR THE PERIOD OF 01/04/2015 to 30/06/2015**

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 15 – Jun 15</b> |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------------------|
| Number of Requests Received   | 2          | 4          | 2          |            |            |            |            |            |            |            |            |            | 8                      |
| Completed Requests processed within 40 days or less                 | 2          | 2          | 1          |            |            |            |            |            |            |            |            |            | 5                      |
| Completed Requests exceeding 40 days                                | 0          | 1          | 0          |            |            |            |            |            |            |            |            |            | 1                      |
| Identity Not Confirmed and therefore could not be further processed | 0          | 2          | 1          |            |            |            |            |            |            |            |            |            | 3                      |
|   |            |            |            |            |            |            |            |            |            |            |            |            |                        |
| Patient   | 0          | 1          | 1          |            |            |            |            |            |            |            |            |            | 2                      |
| NIAS Staff Member   | 2          | 2          | 1          |            |            |            |            |            |            |            |            |            | 5                      |
| External Agency   | 0          | 1          | 0          |            |            |            |            |            |            |            |            |            | 1                      |
| Relative of Patient   | 0          | 0          | 0          |            |            |            |            |            |            |            |            |            | 0                      |

- **From 01/04/2015 to 30/06/2015 80% of Subject Access Requests processed within 40 calendar days**  
(this is based on this requests that were fully processed i.e. identity and fee received)

## **POLICE SERVICE OF NORTHERN IRELAND REQUESTS – Police Acts, Common Law for the Period of 01/04/2015 to 30/06/2015**

### **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 relate 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> | <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 15 – June 15</b> | <b>Apr 14- June 15</b> |
| Number of Requests Received (based on receipt of correspondence date)   | 25         | 18         | 28         |            |            |            |            |            |            |            |            |            | 71                      | 85                     |

## **SOLICITOR ENQUIRIES for the Period of 01/04/2015 to 30/06/2015**

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

|   |            |            |            |            |            |            |            |            |            |            |            |            |                         |                         |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------------------|-------------------------|
|   | <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 15 – June 15</b> | <b>Apr 14 – June 14</b> |
| Number of Requests Received (based on receipt of correspondence date) | 45         | 36         | 29         |            |            |            |            |            |            |            |            |            | 110                     | 133                     |

## **DEPARTMENT OF HEALTH AND SOCIAL SERVICES – REQUEST FOR INFORMATION for Period of 01/04/2015 to 30/06/2015**

| <b>DHSSPS/AQ's/CORs/TOF's/INV's</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>April 15 – June 15</b> |
|-------------------------------------|------------|------------|------------|----------------------------|------------|------------|------------|------------|------------|------------|------------|------------|---------------------------|
| Assembly Questions (Oral)           | 0          | 0          | 0          | R<br>E<br>C<br>E<br>S<br>S |            |            |            |            |            |            |            |            | 0                         |
| Assembly Questions (Written)        | 3          | 9          | 4          |                            |            |            |            |            |            |            |            |            | 16                        |
| CORs Received                       | 2          | 0          | 2          |                            |            |            |            |            |            |            |            |            | 4                         |
| TOFs Received                       | 0          | 0          | 0          |                            |            |            |            |            |            |            |            |            | 0                         |
| INVs Received                       | 0          | 0          | 0          |                            |            |            |            |            |            |            |            |            | 0                         |

# **NORTHERN IRELAND AMBULANCE SERVICE**

## **TRUST BOARD REPORT**

---

### **HUMAN RESOURCE AND CORPORATE SERVICES DIRECTORATE**

**Director of Human Resources and Corporate Services**

**2015 / 08 / 06**





## Section 1: Human Resources & Corporate Services

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

#### Workforce Information

| March 2015<br>Position                     | Trust Total        | CX/Board | Finance &<br>ICT | HRCS            | Medical        | Operations        |
|--|--------------------|----------|------------------|-----------------|----------------|-------------------|
| Funded WTE                                 | 1256.54            | 7.00     | 30.63            | 68.15           | 7.00           | 1143.76           |
| Substantive-in-<br>Post WTE<br>Perm (Temp) | 1086.65<br>(45.38) | 5.00     | 25.63<br>(2.00)  | 61.91<br>(2.58) | 7.00<br>(1.00) | 987.11<br>(39.80) |
| Staff-in-Post<br>Headcount                 | 1158               | 5        | 29               | 88<br>(97*)     | 9              | 1027<br>(1041*)   |
| Vacancy<br>Levels                          | -124.51            | -2.00    | -3.00            | -3.66           | 1.00           | -116.85           |

#### Commentary:

The Trust's Workforce Information Report is produced on a quarterly basis by the HR Department. Information is extracted from the HRPTS system and reconciled between the HR, Finance and Operations Departments for validation purposes. NIAS funded establishment on 31 March 2015 was a total of 1256.54 WTE. At this date NIAS total Substantive in post (permanent & temporary contracts) was 1132.03 WTE including 72.03 WTE made up of 97 part-time staff (Headcount). The total Staff in Post (Headcount) figure was 1158. In addition, there are currently 52 seconded staff 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, as required. These individuals have been included in Headcount figures (in brackets) in the respective Directorates.

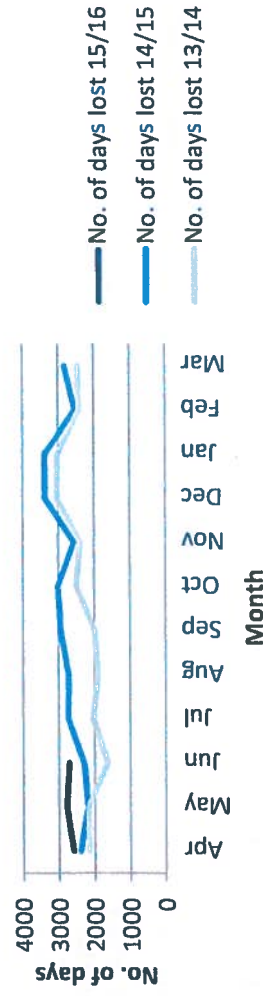
## Section 1: Human Resources & Corporate Services

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

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

|                  | A    | M    | J    | J    | A    | S    | O    | N    | D    | J    | F    | M    |
|------------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Days lost 15/16  | 2616 | 2797 | 2729 |      |      |      |      |      |      |      |      |      |
| Employees ½ pay  | 14   | 17   | 16   |      |      |      |      |      |      |      |      |      |
| Employees no pay | 8    | 7    | 11   |      |      |      |      |      |      |      |      |      |
| 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

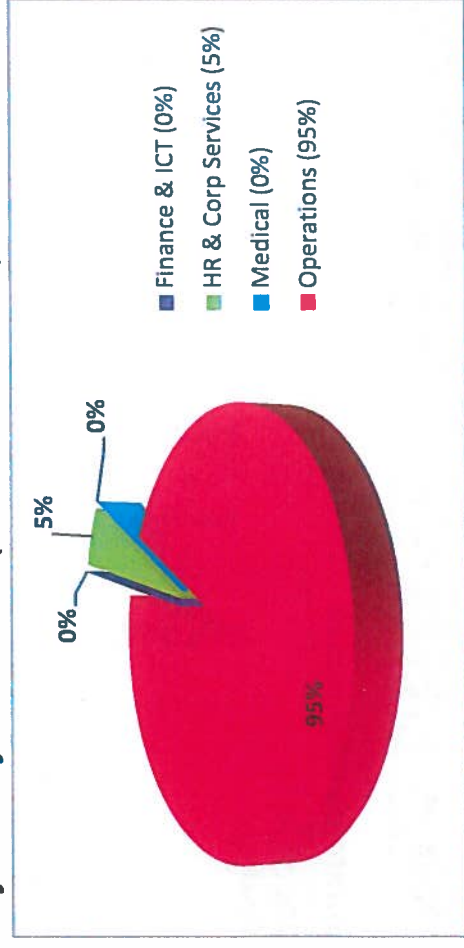


#### Commentary:

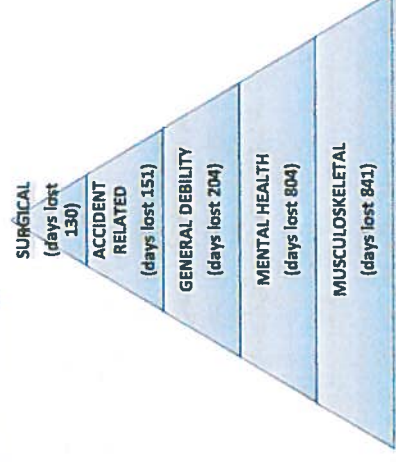
Following implementation of HRPTS, an issue has been identified regionally regarding the configuration of the % absence calculation within HRPTS. A fix has been identified, which is now being tested and a regional workshop has been arranged for 17 September 2015 to discuss absence reporting. Furthermore, work is ongoing to support good practice and to address identified weaknesses in HRPTS sickness reporting functionality

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

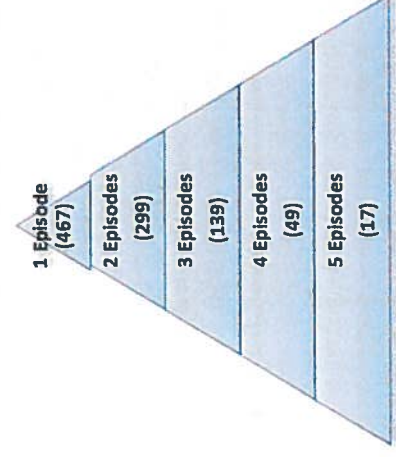
#### Days lost by Directorate (as at 30 June 2015)



#### (Top 5) Reasons for Absence (Jun- 2015)



#### No. of Episodes of Absence (1-Jul-14 – 30-Jun-15)





## 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 June 2015  | TRUST TOTAL | Patient Care | Willful Damage | Criminal Conduct | Fraud | Failure to comply | Policy / Procedure |
|---------------------------|-------------|--------------|----------------|------------------|-------|-------------------|--------------------|
| <b>New Cases</b>          | 0           |              |                |                  |       |                   |                    |
| HCPC Referrals            | 0           |              |                |                  |       |                   |                    |
| Suspensions               | 0           |              | 3              |                  |       |                   |                    |
| <b>Total Active Cases</b> | 11          | 3            | 3              | 3                | 2     | 3                 |                    |

### Grievance Cases:

| Position as at June 2015  | TRUST TOTAL | Transfer | Application of T&C | Recruitment | Job Evaluation | Equal Opts | Employee Relations | Promotion | Pay |
|---------------------------|-------------|----------|--------------------|-------------|----------------|------------|--------------------|-----------|-----|
| <b>New Cases</b>          | 3           | 1        |                    | 1           | 1              |            |                    |           |     |
| Informal Stage            | 15          | 1        | 9                  | 1           | 1              | 1          | 2                  |           |     |
| Formal Stage 1            | 8           | 1        | 3                  | 2           | 1              |            | 1                  |           |     |
| Formal Stage 2 (Appeal)   | 5           |          |                    | 3           |                |            |                    | 1         | 1   |
| <b>Total Active Cases</b> | 28          | 2        | 12                 | 6           | 2              | 1          | 3                  | 1         | 1   |

### Working Well Together / Harassment Cases:

| Position as at June 2015        | TRUST TOTAL |
|---------------------------------|-------------|
| <b>New Cases</b>                | 1           |
| Informal Resolution / withdrawn | 1           |
| Inv Ongoing                     | 2           |
| Formal Stage 1                  |             |
| Formal Stage 2 (Appeal)         |             |

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

NIAS continued to face significant industrial relations issues and challenges following on from the day of industrial action, which took place on 13 March 2015, which resulted in discontinuous action up to and including the withdrawal of labour. The issues of dispute, as advised in the Trade Union Notice of Industrial Action and which remain ongoing, related to regional/national concerns in areas such as pensions and pay. Further industrial action (comprising of an overtime ban) took place 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 Industrial Action Management Team managed this industrial action via its Management Guidance and associated Industrial Action Contingency Plans.

### Case File Closures:

| Position as at June 2015 | April | May | June | July | August | Septemb | October | Novemb | Decemb | January | February | March |
|--------------------------|-------|-----|------|------|--------|---------|---------|--------|--------|---------|----------|-------|
| <b>Grievance</b>         | 11    | 4   | 1    |      |        |         |         |        |        |         |          |       |
| <b>Disciplinary</b>      | 2     | 0   | 0    |      |        |         |         |        |        |         |          |       |
| <b>Harassment</b>        | 0     | 0   | 0    |      |        |         |         |        |        |         |          |       |
| <b>Total</b>             | 13    | 4   | 1    |      |        |         |         |        |        |         |          |       |
| <b>Grievance</b>         | 0     | 0   | 2    | 3    | 1      | 1       | 0       | 0      | 2      | 0       | 0        | 0     |
| <b>Disciplinary</b>      | 1     | 0   | 0    | 0    | 1      | 0       | 0       | 0      | 0      | 0       | 0        | 0     |
| <b>Harassment</b>        | 1     | 0   | 1    | 0    | 0      | 0       | 0       | 0      | 0      | 0       | 0        | 0     |
| <b>Total</b>             | 2     | 0   | 3    | 3    | 2      | 1       | 0       | 0      | 2      | 0       | 0        | 0     |

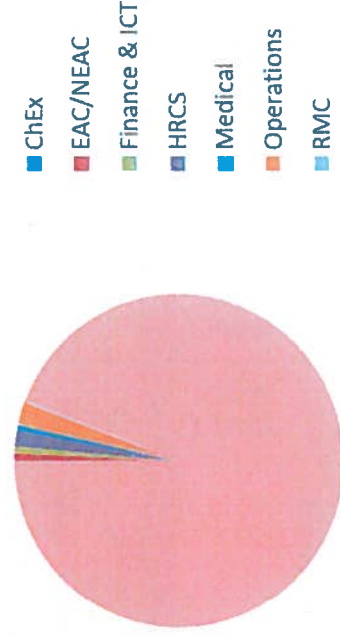
## Section 1: Human Resources & Corporate Services

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

#### HRPTS Deployment Within NIAS:

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

#### % of Staff with ESS access



#### BSTP UPDATE

##### HRPTS:

The HRPTS system was implemented within NIAS on 18 February 2014 in line with the NIAS HRPTS Deployment Plan. The Deployment Plan recognised that deployment of HRPTS within NIAS would be significantly limited due to IT infrastructure issues and that it would only be possible to deploy Employee Self Service (ESS) to 18.9% of NIAS workforce. Currently 14% of NIAS employees, as at June 2015, are able to access ESS with 82% of NIAS Managers having access to MSS. We continue to work to deploy ESS/MSS in line with NIAS HRPTS Deployment Plan and the regionally agreed Implementation Framework. Deployment within NIAS however remains significantly hampered due to ongoing IT Infrastructure limitations particularly at station level where a substantial majority of NIAS employees are based. Work is currently ongoing to explore alternatives to provide for full deployment.

##### BENEFITS REALISATION:

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

##### SHARED SERVICES

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



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

**Complaints / Compliments Report**

| June 2015<br>Position                         | Trust Total | A&F | PCS | Control & Comms | Other | VCS |
|---|-------------|-----|-----|-----------------|-------|-----|
| Number of Complaints                          | 34          | 13  | 4   | 17              | 0     | 0   |
| Complaints Responded<br>to within 20 Days (%) | 0           | 0   | 0   | 0               | 0     | 0   |
| Compliments Received                          | 48          | 40  | 2   | 6               | 0     | 0   |

**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 ELD Plan reflects the Trust-wide changes in service delivery and has a specific focus on clinical priorities. The content and timescales has been agreed with clinical stakeholders and will be approved at SEMT and presented to Assurance Committee. It prioritises the provision of accredited training to support external and internal recruitment of emergency and non-emergency staff; a revised post-qualification assessment, training and development programme that maintains and updates clinical skills as well as introduces new topics to support the implementation of TYC-led initiatives and embed these into standard practice.

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

Each Directorate has responsibility for ensuring staff within their remit have the opportunity to undertake an annual individual KSF PDCR and to monitor compliance. 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. Overall Trust compliance will be reported on by the KSF management side lead on a 6 monthly basis i.e at 30/09/2015 and 31/03/16.

|                        | A   | M   | J   | J | A | S | O | N | D | J | F | M |
|------------------------|-----|-----|-----|---|---|---|---|---|---|---|---|---|
| Operations Directorate | N/A | N/A | N/A |   |   |   |   |   |   |   |   |   |
| Medical Directorate    | N/A | N/A | N/A |   |   |   |   |   |   |   |   |   |
| Finance & ICT          | N/A | N/A | N/A |   |   |   |   |   |   |   |   |   |

#### ELD Highlight report:

- 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 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.
- The Trust's current Paramedic in Training programme achieved HCPC annual re-approval in May 2015
- The RATC achieved a successful IHCD External Verification visit in June 2015
- The RATC is rolling out an ambitious core clinical training programme during 2015/16 to train up to 72 ACA learners and up to 72 EMT learners
- The priority for the Clinical Support Officer workstream for 2015/16 is to combine a quality improvement audit





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

|   |   |
|---|---|
| <p><b>Equality Scheme implementation</b></p> <p>In line with the Trust's Equality Scheme policy screening for potential impact on 9 Section 75 categories is undertaken for policies across directorate areas. Screening outcomes are provided in quarterly reports.</p> <p>The Trust has a statutory duty, outlined within its Equality Scheme to submit an annual progress report to the Equality Commission for Northern Ireland for the previous fiscal year by 31 August. Work is underway to produce this report for the 2014-15 period and the submitted report will be provided to Trust Board thereafter.</p>  | <p><b>Key Work Streams</b></p> <ul style="list-style-type: none"> <li>• The Trust continues to participate in work streams led by the DHSSPS Equality and Human Rights steering Group. This includes a collaborative approach across HSC to statutory requirements. Current regional discussions include focus on procurement processes and implementation of Equality Commission guidance.</li> <li>• Equality, PPI and Patient Experience staff continue to support the Trust's Medical Director in the delivery of the Personal and Public Involvement and Patient Client Experience agendas. This includes implementation of statutory and departmental priorities in respect of a methodology for the measurement off and learning from patient experience and systems of service user engagement and involvement. The Trust has worked to main stream equality and PPI/Patient experience elements within policy development in the Trust.</li> </ul> |
| <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. The Trust's contribution to this was led by the Equality, PPI and Patient Experience section.</li> <li>• The Inquiry report, was published in May 2015. This report largely focused on Emergency Departments within Acute Trusts. However NIAS was referenced and the learning from the Inquiry and related recommendations is relevant across HSC.</li> <li>• NIAS will work in partnership with other HSC organisations to consider appropriate action as a result of this Inquiry.</li> </ul> | <p><b>Supporting Trust policy</b></p> <ul style="list-style-type: none"> <li>• The Equality, PPI and Patient Experience team support the Trust in respect of statutory obligations associated with strategic policy development. This includes Equality and Human Rights and PPI and Patient Experience considerations.</li> </ul> <p>Within the reporting period this has included work to support policy development in respect of Information Markers, Budget plans, shift planning and Transformation and Modernisation initiatives. Outcomes of the teams involvement have included service user engagement in policy development and feedback, patient experience questionnaires designed for Alternative Care Pathways and the development of an equality and human rights framework within which to plan the Trust's policy for the placement of Information Markers.</p>   |



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

| <b>NIAS Responses to Consultations May/June 2015</b> |  |  |   |
|--|--|--|---|
| <b>Date of Response</b>                              | <b>Consultation Title &amp; Summary</b>                          | <b>Summary of NIAS Response</b>  | <b>Link to Consultation</b>   |
| 22/5/2015  | DHSSPSNI – Donaldson Enquiry Review                              | <p>The Minister for Health, Social Services and Public Safety asked that HSC Trusts' work together on a collaborative response to the consultation. In common with the other Trusts, NIAS conducted a survey of staff views on the outcome of the Donaldson Enquiry using Survey Monkey software.</p> <p>A total of 121 members of staff responded to the survey (56.1% were paramedics, 4.9% ACAs, 7.3% Emergency/Non-emergency Control, 24.4% Management/administration and 7.3% other). Key findings were that 87.8% of respondents did not believe that the public understand the pressures on healthcare, 90.6% agreed with the introduction of an organisational duty of candour and 36.6% believed the organisation is committed to safety and quality.</p> <p>The results of the NIAS survey were included in a collaborative regional HSC Trusts' response to the consultation.</p> | <a href="http://www.dhsspsni.gov.uk/showconsultations?txtid=76505">http://www.dhsspsni.gov.uk/showconsultations?txtid=76505</a>   |
| 22/5/2015  | NHS England – Introduction of Independent Prescribing Paramedics | <p>Consultation response expressed support for the proposal to change legislation to enable paramedics to prescribe independently in order to support the continuing growth of this role.</p> <p>Changes to broaden the scope of practice for</p>  | <a href="https://www.engage.england.nhs.uk/consultation/independent-prescribing-paramedics">https://www.engage.england.nhs.uk/consultation/independent-prescribing-paramedics</a> |

|           |   |   |   |
|-----------|---|---|---|
|           |   | <p>advanced paramedics would add value to Transforming Your Care patient pathways. It would also provide an opportunity to enhance how NIAS works with Health and Social Care Trusts to support services in primary and secondary care.</p> <p>It is essential that a robust framework is in place to support those paramedics who extend their roles with a clear strategy for under-graduate and post-graduate education to develop the skills sets for these advanced roles. Structures and processes are required for those paramedics to access the patient's health records to inform their prescribing decisions and support safe prescribing. It is also essential that paramedics in Northern Ireland are recognised as Allied Health Professionals to facilitate this. It is essential that prescribing paramedics have access to specialist medical advice in complex cases.</p> |   |
| 26/6/2015 | HCPC – Revised Standards of Conduct, Performance & Ethics | <p>Standards are clear, specific and relevant to paramedic practice and can be related to a range of settings. Support the inclusion of a standard that promotes openness and honesty when things go wrong. This will help create a culture of learning from mistakes and improve care. Suggest that the standards make it clear that paramedics will access personal information only as required and relevant and relevant to the care being provided to the patient.</p>   | <a href="http://www.hcpc-uk.org/aboutus/consultations/index.asp?id=188">http://www.hcpc-uk.org/aboutus/consultations/index.asp?id=188</a> |



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

#### HRCS KPI: Supporting Trust Priorities; Transformation and Modernisation; Equality and Human Rights; Partnership & Employee Engagement

##### Press Activity – May and June

|                                       |    |
|---------------------------------------|----|
| Daily Media Requests                  | 80 |
| Responded to on same day              | 80 |
| Weekly Media Requests                 | 10 |
| Responded to within 3 days            | 10 |
| Responses resulting in media coverage | 89 |

##### Key Themes in press coverage

- Responding to press enquiries in relation to industrial action formed a significant element of media activity during May. This included coverage in broadcast and print media.
- Assault on Crew in Cookstown formed a significant element of media activity during this period. This included coverage in broadcast and print media.
- NIAS was approached by Nolan Show in relation to a Cancer patient who had a fall in her nursing home and, at Antrim Area Hospital lay for more than 10 hrs for treatment. The claim was that we should have left her at the nursing home for her to be assessed the following day. As a result of information provided by us we were not included in the story when it was aired except for Northern Trust rep to agree that our staff had dealt with the call appropriately.
- Media coverage continued on an ongoing basis in respect of ambulance activity and particular incidents.
- The Trust continues to engage with the public through social media which includes the Trust Facebook and Twitter platforms.

##### Community Education – May and June

|                                      |    |
|--------------------------------------|----|
| Number of Community Education Visits | 82 |
|--------------------------------------|----|

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

##### General Media and Communication Work Streams

- The Trust website has been redeveloped which provides a more modern and accessible format for users. This will also enable greater ownership to maintain currency within directorate areas.
- Ongoing engagement with regional and national communications groups has continued. Nationally this has involved work in line with priorities agreed by the Association of Ambulance Chief Executives (AACE) and regionally is linked to departmental objectives.
- 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 4: Transformation and Modernisation – Transforming Your Care

### HRCS KPI: Modernisation and Reform

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>NIAS Transformation and Modernisation Programme Board meet monthly and is chaired by the Director of HR&amp;CS. In relation to TYC the Programme structure has identified key deliverables and related process through the Project Initiation Document. The Programme Management includes consideration of related risks and progress on priority action plans. The Programme engages with key stakeholders, including Commissioners and Users on an ongoing basis.</li> <li>The projects include:             <ul style="list-style-type: none"> <li>Implementation of a range of Appropriate Care Pathways</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> </ul> <p>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.</p> | <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/Palliative Care</b><br/>These pathways continue to be used for referral in the Trusts/areas in which they are available.</li> <li><b>Falls:</b> A 'Treat and Leave and Refer' pathway for patients who have suffered a Falls was relaunched in Southern Trust and went 'live' in Northern and South-Eastern areas on 1<sup>st</sup> of June, 2015. There have been over 60 referrals to date. Feedback has been positive and thanks are due to Operational staff and Clinical Support Officers for their support with implementation.</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.</li> <li><b>Frail Elderly services:</b> Appropriate patients in the Belfast area are conveyed to BCH Direct Unit and in the Southern Area are referred to the Acute Care at Home Team. There have been 157 paramedic referrals to BCH Direct to date. NIAS are on the project teams for similar initiatives in all other LCG areas.</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. A range of very positive local and regional meetings have been held in relation to progressing these.</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> |
|---|--|

### Engagement

- 2 very successful PPI events were held in Belfast and Derry in June with over 25 people in attendance giving their feedback and input to the modernisation programme.
- A review meeting with the Deputy Chief Medical Officer and other stakeholders was held to give input and feedback to the NIAS Transformation and Modernisation team on progress so far. The feedback was constructive and is being incorporated into plans for 15/16.

# **NORTHERN IRELAND AMBULANCE SERVICE**

## **TRUST BOARD REPORT**

---

### **Medical DIRECTORATE**



## Medical Directorate Performance Report for Trust Board (May-June 2015)

| <b>Emergency Planning &amp; Business Continuity</b> |   |
|---|---|
|   | <p>Please refer to attached Emergency Planning Report for May-June 2015. Of note NIAS responded to an incident that received extensive media coverage nationally, where twenty-six people were in the River Foyle for a prolonged period following the capsizing of several canoes. NIAS established and managed a rendez-vous point and casualty clearing station providing assessment and treatment in conjunction with rescue services and PSNI.</p> <p>Work has commenced on the review of the Trust's Major Incident Plan as part of an ongoing cycle of regular review.</p> <p>Arrangements are currently being made for a facilitated workshop with Directors and Trust Directorate business continuity leads to undertake a business impact analysis. This will inform the development of new and review of existing business continuity plans during 2015/16. This will include a review of current escalation plans and the outcome of debriefs in relation to recent industrial action.</p> <p>During 2015/16 a review of on call arrangements to support emergency planning incident response and business continuity will be undertaken and recommendations brought forward by Q4.</p> |
| <b>Risk Management</b>                              |   |
| <b><i>Corporate Risk Register</i></b>               | Please refer to the Corporate Risk Register to end June 2015.   |
| <b><i>Incident Reporting Procedures</i></b>         | <p>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.</p> <p>A joint Human Resources &amp; Corporate Services and Medical Directorate</p>  |

|   |  |
|---|--|
|   | programme is to be developed in year to introduce systems and processes to further enhance and support individual and organisational learning from events such as untoward incidents, disciplinary investigations, claims, compliments, Serious Adverse Incidents (SAIs) etc. This will include the establishment of a scrutiny committee.   |
| <b><i>Outcomes from Reports, Alerts, etc.</i></b>       | Regular reports on complaints, compliments, adverse incidents including SAIs involving NIAS, Coroner's reports, medication and device alerts continue to be provided to the Assurance Committee. National Institute for Health and Care Excellence (NICE) guideline for medicines optimisation with potential relevance to NIAS has been received and is currently being reviewed for implementation if appropriate.   |
| <b>Clinical Care</b>                                    |  |
| <b><i>Regional Community Resuscitation Strategy</i></b> | <p>The Regional Community Resuscitation Strategy Implementation Group chaired by the NIAS Medical Director met as scheduled in June 2015. Progress reports from various sub-groups, including CPR training, automatic external defibrillators / public access defibrillation, communication and data and information sub-groups, were received and considered. Progress to date has been slow and further meetings of sub-groups and the Regional Implementation Group have been scheduled for September 2015. In advance of this arrangements are being made to engage with specific key stakeholders such as voluntary organisations, e.g. St John Ambulance, Red Cross, Chest Heart &amp; Stroke, British Heart Foundation, as well as defibrillator suppliers. Meetings have been arranged with local business groups regarding the further development of public access defibrillation schemes, and an electronic form for the "registration" of defibrillators has been developed and is currently being amended for placement on the NIAS website for use by members of the public. Work is ongoing to enhance the mapping of defibrillators locations in Emergency Ambulance Control with agreement in June 2015 to participate in the development of a national Automatic External Defibrillator (AED) register and out of hospital cardiac arrest outcome study.</p> <p>NIAS Medical Director attended the Department of Culture, Arts &amp; Leisure</p> |

|   |   |
|---|---|
|   | <p>(DCAL) Committee at Stormont on 21 May 2015 regarding public access defibrillation in public and government buildings following a related debate in the Assembly. Initiative received unanimous support with DCAL and Department of Education now engaged in Strategy implementation.</p> <p>Significantly, confirmation of recurrent funding for Community Resuscitation Development Officers (CRDOs) from the Health &amp; Social Care Board (HSCB) / Public Health Agency (PHA) is still awaited. Existing funding to support current training initiatives to end September 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 regarding recurrent funding. Decision by HSCB/PHA regarding recurrent funding anticipated September 2015. Implementation of the Strategy will potentially be significantly curtailed if funding not agreed.</p> |
| <b><i>Patient Report Form (PRF)</i></b>             | <p>A revised Patient Report Form (PRF) to reflect new clinical guidelines, referral pathways and regional physiological early warning scores has been finalised and will be introduced on 1 August 2015. Procedure for PRF completion has been completed and circulated. An associated revised policy for PRF completion is currently being drafted. Information regarding the new PRF is being provided to staff by the Clinical Support Officers prior to its introduction.</p>   |
| <b><i>Electronic Patient Report Form (ePRF)</i></b> | <p>Further meetings with PHA and HSCB took place in June 2015 in relation to Commissioner support for revenue funding to allow progression to full business case. Following further engagement with the Commissioner, an updated outline business case was formally submitted to the Commissioner incorporating a number of amendments to reflect comments from DHSSPS and the Commissioner. A decision regarding support for revenue funding is anticipated by end July 2015 in order to comply with proposed timescales and deadlines if support is agreed.</p> <p>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> <p>During 2015/16 a joint Finance and Medical Directorate programme will be established to publish and communicate clinical performance information at levels of organisation, division, team and individual. In the meantime, an infographic has been developed for circulation to staff regarding elements of NIAS clinical performance and other data.</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 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>A Falls Referral pathway was introduced on 1 June 2015 in the Northern, Southern and South Eastern Trust areas. This brings the number of appropriate care pathways established to six.</p> <p>The software for a Directory of Services and decision support software for the pilot of a Clinical Support Desk (CSD) within Ambulance Control has been procured. The establishment of the CSD in Emergency Ambulance Control (EAC) has been delayed pending the outcome of the Job Evaluation and Job Specification process. It is envisaged that the recruitment process will commence by the end of July 2015 with a potential commencement date for the</p> |

|  |   |
|--|---|
|  | pilot in October 2015. Work is continuing in preparing Ambulance Control systems and operational protocols for the CSD. |
|--|---|

| <b>Personal Public Involvement / Patient Client Experience</b> |  |
|--|--|
| <b><u>Patient and Client Experience Standards (PCES)</u></b>   | <p>The Trust continues to be represented in regional work streams around the Minister's standards; Respect, Attitude, Behaviour, Communication and Privacy and Dignity.</p> <p>During May and June the Trust has reviewed systems for undertaking this methodology in order to mainstream the standards within core clinical practice. This includes reviewing systems of observations of clinical practice to include monitoring of the standards going forward.</p> <p>A key focus in respect of this work is improved practice informed by learning outcomes. A report detailing this work for the period 2014-15 is provided for Trust Board under separate cover.</p>   |
| <b><u>Personal and Public Involvement (PPI)</u></b>            | <p>The Trust's Personal and Public Involvement (PPI) Strategy outlines its commitment to involving key stakeholders such as service users, carers and their representatives in the development of services. Within this framework, during the reporting period a key priority was engagement around Transforming Your Care (TYC) and related Alternative Care Pathways. Service user workshops were held in Belfast and Derry during June 2015. These provided an opportunity to outline the Trust's progress to date and future plans in respect of this agenda and to obtain feedback from those with experience of ambulance services. This feedback will be used to inform further development of TYC work streams. Those who participated were largely supportive of the Trust's direction of travel and provided constructive ideas for progressing the work and engaging further with the public around it. This will help inform a public awareness campaign for TYC specifically and NIAS's services generally.</p> |



**EMERGENCY PLANNING REPORT for May and June 2015 period**

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

**Potential Major Incident**

On 4 May 2015 at 08:16 NIAS received a call to a sheltered dwelling, Knocknagoney, Holywood for a report of a fire. Three A&E crews and five Officers were tasked to the scene. The staff for the Emergency Equipment Vehicle and Mobile Control Vehicles were mobilised from home but were stood down. Two hospitals were alerted to the potential major incident. The incident was stood down by NI Fire & Rescue Service (NIFRS) at 08:28. No NIAS resources arrived on scene prior to the stand down.

No incident report available as no officer was at scene.

### **Major Incidents**

On 6 June 2015 at 14.04 NIAS received a call with initial reports of 20 persons in capsized canoes approximately two miles from Craigavon Bridge on the River Foyle. Five A&E crews, one Intermediate Care Vehicle crew, three Rapid Response Vehicles, six Officers and one Doctor were tasked to the scene from NIAS. The Republic of Ireland National Ambulance Service provided one A&E crew, one Patient Care Service crew and one Officer. One A&E crew and one Officer crew were tasked to the scene on behalf of the Voluntary Ambulance Services.

A rendezvous point and a casualty clearing station were established. A total of 26 patients were removed from the water, 21 patients were assessed at the casualty clearing station and five patients were taken directly by air to hospital.

### **Airport Alerts**

On 6 June 2015 at 15.30 NIAS received an airport alert to the Belfast International Airport for a military aircraft making an emergency landing with an engine failure. Five A&E crews, one Intermediate Care Vehicle, two Rapid Response Vehicles, four Officers and two Doctors, the Mobile Control Vehicle and the Emergency Equipment Vehicle were tasked to the scene. The plane landed safely and the incident was stood at 15.52.

On 11 June 2015 at 13.02 NIAS were called to the Belfast International Airport for an alert to a C130 military aircraft making an emergency landing. Five A&E crews, three Patient Care Service crews, one Rapid Response Vehicle, nine Officers, two Doctors and the Mobile Control Vehicle & the Emergency Equipment Vehicle were tasked to the scene. The plane landed safely and the incident was stood down at 13.34.

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

41 = Deployments with Breathing Apparatus skills/ HAZMAT deployments

3 = Restricted space

3 = Incidents at height



---

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

## Response Time By Category

### October 2013 - June 2015

#### Direct Admissions

|             | RVH Cath Lab |          |          |          | ALT Cath Lab |          |          |        |
|-------------|--------------|----------|----------|----------|--------------|----------|----------|--------|
| Month       | Cat A        | Cat B    | Cat C    | Urgent   | Cat A        | Cat B    | Cat C    | Urgent |
| Oct 2013    | 00:07:58     | 00:06:22 | 00:05:10 | 02:21:21 |              |          |          |        |
| Nov 2013    | 00:07:10     | 00:08:32 |          |          |              |          |          |        |
| Dec 2013    | 00:08:59     | 00:08:27 |          |          | 00:06:27     |          |          |        |
| Jan 2014    | 00:07:40     | 00:06:54 |          |          |              |          |          |        |
| Feb 2014    | 00:06:59     | 00:13:12 |          |          |              |          |          |        |
| Mar 2014    | 00:10:57     | 00:10:35 |          |          |              |          |          |        |
| Apr 2014    | 00:09:08     | 00:05:28 |          | 00:53:10 | 00:09:08     | 00:11:32 |          |        |
| May 2014    | 00:08:48     | 00:08:32 | 00:02:54 | 00:43:18 | 00:06:55     | 00:04:35 |          |        |
| Jun 2014 *  | 00:10:12     | 00:12:45 | 00:14:20 |          | 00:06:45     | 00:03:43 |          |        |
| Jul 2014    | 00:08:09     | 00:18:34 |          |          | 00:15:51     |          |          |        |
| Aug 2014    | 00:06:58     | 00:07:45 |          |          | 00:16:00     | 00:06:59 |          |        |
| Sep 2014    | 00:11:15     | 00:17:57 | 00:28:44 |          | 00:10:40     |          |          |        |
| Oct 2014 ** | 00:10:09     | 00:05:35 | 00:04:40 |          | 00:04:47     | 00:07:34 |          |        |
| Nov 2014    | 00:10:20     | 00:13:28 |          |          | 00:10:51     |          |          |        |
| Dec 2014    | 00:10:14     | 00:20:49 | 00:20:02 |          | 00:08:29     | 00:08:59 |          |        |
| Jan 2015    | 00:09:38     | 00:05:50 |          |          | 00:06:28     | 00:11:59 |          |        |
| Feb 2015    | 00:12:36     | 00:27:46 | 00:05:18 |          | 00:10:54     | 00:01:57 | 00:02:39 |        |
| Mar 2015    | 00:16:12     | 00:10:49 | 01:28:29 |          | 00:13:46     | 00:09:23 |          |        |
| Apr 2015    | 00:09:37     | 00:08:16 |          |          |              |          |          |        |
| May 2015    | 00:09:40     | 00:16:25 |          |          |              | 00:15:15 |          |        |
| Jun 2015    | 00:09:56     | 00:07:16 |          |          |              |          |          |        |
| Cumulative  | 00:09:40     | 00:10:24 | 00:21:12 | 01:19:16 | 00:10:04     | 00:08:07 | 00:02:39 |        |

Average times are based on the best response time. This could be an RRV, Conveying resource, or an AED.

#### Data Disclaimer

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

**STEMI Totals**  
**October 2013 - June 2015**

**Direct Admissions**

|             | RVH Cath Lab |       |       |        |        | ALT Cath Lab |       |       |        |        | Direct Cath Total |       |       |        |        |
|-------------|--------------|-------|-------|--------|--------|--------------|-------|-------|--------|--------|-------------------|-------|-------|--------|--------|
| Month       | Cat A        | Cat B | Cat C | Urgent | Totals | Cat A        | Cat B | Cat C | Urgent | Totals | Cat A             | Cat B | Cat C | Urgent | Totals |
| Oct 2013    | 27           | 6     | 1     | 1      | 35     |              |       |       |        | 0      | 27                | 6     | 1     | 1      | 35     |
| Nov 2013    | 19           | 10    |       |        | 29     |              |       |       |        | 0      | 19                | 10    | 0     | 0      | 29     |
| Dec 2013    | 25           | 6     |       |        | 31     | 1            |       |       |        | 1      | 26                | 6     | 0     | 0      | 32     |
| Jan 2014    | 30           | 10    |       |        | 40     |              |       |       |        | 0      | 30                | 10    | 0     | 0      | 40     |
| Feb 2014    | 19           | 7     |       |        | 26     |              |       |       |        | 0      | 19                | 7     | 0     | 0      | 26     |
| Mar 2014    | 24           | 15    |       |        | 39     |              |       |       |        | 0      | 24                | 15    | 0     | 0      | 39     |
| Apr 2014    | 20           | 6     |       | 1      | 27     | 3            | 3     |       |        | 6      | 23                | 9     | 0     | 1      | 33     |
| May 2014    | 23           | 10    | 1     | 1      | 35     | 3            | 3     |       |        | 6      | 26                | 13    | 1     | 1      | 41     |
| Jun 2014 *  | 21           | 4     | 1     |        | 26     | 8            | 1     |       |        | 9      | 29                | 5     | 1     | 0      | 35     |
| Jul 2014    | 27           | 1     |       |        | 28     | 6            |       |       |        | 6      | 33                | 1     | 0     | 0      | 34     |
| Aug 2014    | 19           | 3     |       |        | 22     | 4            | 1     |       |        | 5      | 23                | 4     | 0     | 0      | 27     |
| Sep 2014    | 20           | 1     | 1     |        | 22     | 7            |       |       |        | 7      | 27                | 1     | 1     | 0      | 29     |
| Oct 2014 ** | 24           | 1     | 1     |        | 26     | 3            | 2     |       |        | 5      | 27                | 3     | 1     | 0      | 31     |
| Nov 2014    | 32           | 3     |       |        | 35     | 10           |       |       |        | 10     | 42                | 3     | 0     | 0      | 45     |
| Dec 2014    | 16           | 3     | 1     |        | 20     | 6            | 1     |       |        | 7      | 22                | 4     | 1     | 0      | 27     |
| Jan 2015    | 20           | 7     |       |        | 27     | 8            | 1     |       |        | 9      | 28                | 8     | 0     | 0      | 36     |
| Feb 2015    | 25           | 4     | 1     |        | 30     | 9            | 1     | 1     |        | 11     | 34                | 5     | 2     | 0      | 41     |
| Mar 2015    | 24           | 5     | 1     |        | 30     | 5            | 1     |       |        | 6      | 29                | 6     | 1     | 0      | 36     |
| Apr 2015    | 24           | 2     |       |        | 26     |              |       |       |        | 0      | 24                | 2     | 0     | 0      | 26     |
| May 2015    | 34           | 6     |       |        | 40     |              | 1     |       |        | 1      | 34                | 7     | 0     | 0      | 41     |
| Jun 2015    | 26           | 3     | 1     |        | 30     |              |       |       |        | 0      | 26                | 3     | 1     | 0      | 30     |
| Cumulative  | 499          | 113   | 9     | 3      | 624    | 73           | 15    | 1     | 0      | 89     | 572               | 128   | 10    | 3      | 713    |

\* RVH Cath Lab opened June 2014

\*\* Alt Cath Lab opened October 2014

Via Hospital includes patients previously conveyed to hospitals without a cath lab, Hospital referrals and self presenters.

This sheet incorporates all call categories.

There is an assumption that Altnagalvin Cath Lab referrals will be under reporting

**Data Disclaimer**

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

| Risk ID | Risk Title  | Risk Level Initial | Risk Level Current | Risk Level Target | Review Date | Comment   |
|---------|---|--------------------|--------------------|-------------------|-------------|---|
| 220     | Trade Unions 'Notice to Employer' of an official ballot for Industrial Action | High               | High               | Low               | 21/07/2015  | A series of debriefs have been conducted following the IA and recommendations and action plans have been developed.<br>Recommendation and action plans will be used to inform a planned workshop to conduct Business Continuity Impact Analysis.<br>Ongoing engagement with Trade Unions continuing through a variety of groups and forums.<br>Recommendations from debriefs following IA will be incorporated into Business Continuity processes |
| 253     | Financial Stability – Achieving Financial Balance 2014/15                     | High               | Low                | Medium            | 21/07/2015  | The Trust has been confirmed to have reached 'break even' by the NI Audit Office and the accounts were laid before the NI Assembly on 26th June 2015.<br>It is proposed that this closed. A new risk for the current financial year will be developed for the year 15/16.   |
| 246     | Linking Funding to Demand   | Medium             | High               | Low               | 21/07/15    | It was agreed that this risk would be closed following Trust Board on 4th July and replaced by a new risk 'Safe Care for the Public'. As this has not yet been developed and the decision regarding the Investment Proposal is still awaited. It is recommended that this risk remains at present.<br>D OPS to develop a new risk in relation to 'Safe care to the Public'.   |

| Risk ID | Risk Title  | Risk Level Initial | Risk Level Current | Risk Level Target | Review Date | Comment   |
|---------|---|--------------------|--------------------|-------------------|-------------|---|
| 273     | Financial Stability – Achieving Financial Balance 2015/16 | High               | High               | Low               | 30/6/15     | 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 which are detailed in the full risk assessment. |



|   |   |
|---|---|
| <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. □<br>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. □<br>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. □<br>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. □<br>4. IAMT will engage with TU's before and during IA. □<br>5. Escalation to NIAS BC Plans as appropriate. □<br>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>21/07/2015</b>   |
| <b>Action Plan to Address /Mitigate Risk</b>          | 1. Chair and Chief Executive to engage with DHSSPS at Permanent Secretary level to address issues of dispute that are out with NIAS Trust influence. □<br>2. A series of debriefs have been conducted following the IA and recommendations and action plans have been developed. □<br>3. Recommendation and action plans will be used to inform a planned workshop to conduct Business Continuity Impact Analysis. □<br>4. Ongoing engagement with Trade Unions continuing through a variety of groups and forums. □<br>5. Recommendations from debriefs following IA will be incorporated into Business Continuity processes. □  |

| 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><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 fulfilment of any statutory consultation requirements.</p> |                               |                                  |     |                               |   |                   |                               |                                  |   |                 |             |                                 |   |                   |                               |                                  |   |                   |                               |                                  |   |                         |             |                                 |  |                           |      |                                 |
| Opened  | 30/06/2014   |                               |                                  |     |                               |   |                   |                               |                                  |   |                 |             |                                 |   |                   |                               |                                  |   |                   |                               |                                  |   |                         |             |                                 |  |                           |      |                                 |
| Review Date                                   | 21/07/2015   |                               |                                  |     |                               |   |                   |                               |                                  |   |                 |             |                                 |   |                   |                               |                                  |   |                   |                               |                                  |   |                         |             |                                 |  |                           |      |                                 |
| Action Plan to Address /Mitigate Risk         | <p>(i) Ongoing application of controls A to E above.<input type="checkbox"/></p> <table><thead><tr><th>CONTROL</th><th>ADDITIONAL ACTIONS REQUIRED</th><th>WHO</th><th>WHEN<input type="checkbox"/></th></tr></thead><tbody><tr><td>A</td><td>Monthly Reporting</td><td>Assistant Director of Finance</td><td>Monthly<input type="checkbox"/></td></tr><tr><td>B</td><td>Approval of TDP</td><td>DHSSPS/HSCB</td><td>Aug-14<input type="checkbox"/></td></tr><tr><td>C</td><td>Monthly Reporting</td><td>Assistant Director of Finance</td><td>Monthly<input type="checkbox"/></td></tr><tr><td>D</td><td>Monthly Reporting</td><td>Assistant Director of Finance</td><td>Monthly<input type="checkbox"/></td></tr><tr><td>E</td><td>Savings Plans Finalised</td><td>Trust Board</td><td>Jul-14<input type="checkbox"/></td></tr><tr><td></td><td>Savings Plans Implemented</td><td>SEMT</td><td>Sep-14<input type="checkbox"/></td></tr></tbody></table> <p><input type="checkbox"/></p> <p>(i) Ongoing application of controls A to E above.<input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>It is recommended as part of the review of this risk on 21/07/2015 that this risk be CLOSED. By this date NIAS's financial statements have been audited by NIAO, approved by Trust Board, submitted to DHSSPS and laid before the NI Assembly to show a breakeven position.</p>  | CONTROL                       | ADDITIONAL ACTIONS REQUIRED      | WHO | WHEN <input type="checkbox"/> | A | Monthly Reporting | Assistant Director of Finance | Monthly <input type="checkbox"/> | B | Approval of TDP | DHSSPS/HSCB | Aug-14 <input type="checkbox"/> | C | Monthly Reporting | Assistant Director of Finance | Monthly <input type="checkbox"/> | D | Monthly Reporting | Assistant Director of Finance | Monthly <input type="checkbox"/> | E | Savings Plans Finalised | Trust Board | Jul-14 <input type="checkbox"/> |  | Savings Plans Implemented | SEMT | Sep-14 <input type="checkbox"/> |
| CONTROL                                       | ADDITIONAL ACTIONS REQUIRED  | WHO                           | WHEN <input type="checkbox"/>    |     |                               |   |                   |                               |                                  |   |                 |             |                                 |   |                   |                               |                                  |   |                   |                               |                                  |   |                         |             |                                 |  |                           |      |                                 |
| A   | Monthly Reporting  | Assistant Director of Finance | Monthly <input type="checkbox"/> |     |                               |   |                   |                               |                                  |   |                 |             |                                 |   |                   |                               |                                  |   |                   |                               |                                  |   |                         |             |                                 |  |                           |      |                                 |
| B   | Approval of TDP  | DHSSPS/HSCB                   | Aug-14 <input type="checkbox"/>  |     |                               |   |                   |                               |                                  |   |                 |             |                                 |   |                   |                               |                                  |   |                   |                               |                                  |   |                         |             |                                 |  |                           |      |                                 |
| C   | Monthly Reporting  | Assistant Director of Finance | Monthly <input type="checkbox"/> |     |                               |   |                   |                               |                                  |   |                 |             |                                 |   |                   |                               |                                  |   |                   |                               |                                  |   |                         |             |                                 |  |                           |      |                                 |
| D   | Monthly Reporting  | Assistant Director of Finance | Monthly <input type="checkbox"/> |     |                               |   |                   |                               |                                  |   |                 |             |                                 |   |                   |                               |                                  |   |                   |                               |                                  |   |                         |             |                                 |  |                           |      |                                 |
| E   | Savings Plans Finalised  | Trust Board                   | Jul-14 <input type="checkbox"/>  |     |                               |   |                   |                               |                                  |   |                 |             |                                 |   |                   |                               |                                  |   |                   |                               |                                  |   |                         |             |                                 |  |                           |      |                                 |
|   | Savings Plans Implemented  | SEMT                          | Sep-14 <input type="checkbox"/>  |     |                               |   |                   |                               |                                  |   |                 |             |                                 |   |                   |                               |                                  |   |                   |                               |                                  |   |                         |             |                                 |  |                           |      |                                 |

| ID   | 273   |                             |                               |                                  |  |         |                             |     |                               |   |                          |  |                               |                                  |   |                 |  |             |                                 |   |                                  |  |                               |                                  |   |                                  |  |                               |                                  |   |                         |  |             |                                 |  |                           |  |      |                                 |
|--|---|-----------------------------|-------------------------------|----------------------------------|--|---------|-----------------------------|-----|-------------------------------|---|--------------------------|--|-------------------------------|----------------------------------|---|-----------------|--|-------------|---------------------------------|---|----------------------------------|--|-------------------------------|----------------------------------|---|----------------------------------|--|-------------------------------|----------------------------------|---|-------------------------|--|-------------|---------------------------------|--|---------------------------|--|------|---------------------------------|
| Principal Aim, Objective, Value                | To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective  |                             |                               |                                  |  |         |                             |     |                               |   |                          |  |                               |                                  |   |                 |  |             |                                 |   |                                  |  |                               |                                  |   |                                  |  |                               |                                  |   |                         |  |             |                                 |  |                           |  |      |                                 |
| Risk Type                                      | CORP  |                             |                               |                                  |  |         |                             |     |                               |   |                          |  |                               |                                  |   |                 |  |             |                                 |   |                                  |  |                               |                                  |   |                                  |  |                               |                                  |   |                         |  |             |                                 |  |                           |  |      |                                 |
| Title  | Financial Stability - Achieving Financial Balance 2015/16   |                             |                               |                                  |  |         |                             |     |                               |   |                          |  |                               |                                  |   |                 |  |             |                                 |   |                                  |  |                               |                                  |   |                                  |  |                               |                                  |   |                         |  |             |                                 |  |                           |  |      |                                 |
| Description                                    | There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance. <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. Increases to Savings Target given significant emerging pressures across NI public sector such as welfare reforms. The Trust has been advised at this date (July 2015) of a savings requirement of £1.2m in 2015/16.</p> <p>2. Overspending against core budget.</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>Given the challenging financial position for the public sector in Northern Ireland NIAS will continue to actively engage with Commissioners and DHSSPS to track emerging financial pressures and their impact on NIAS. Any changes in these assumptions will result in further contingency measures which are likely to impact directly on the delivery of front line services.<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 any emerging financial implications for HSC in the context of NI public sector budgets to be reflected in NIAS Trust Delivery Plan. Ongoing monitoring, review and engagement with stakeholders.<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 2015/16 in conjunction with Trust Board. Engagement with staff and patient representatives and fulfilment of any statutory consultation requirements."<input type="checkbox"/></p> |                             |                               |                                  |  |         |                             |     |                               |   |                          |  |                               |                                  |   |                 |  |             |                                 |   |                                  |  |                               |                                  |   |                                  |  |                               |                                  |   |                         |  |             |                                 |  |                           |  |      |                                 |
| Opened   | 30/06/2015  |                             |                               |                                  |  |         |                             |     |                               |   |                          |  |                               |                                  |   |                 |  |             |                                 |   |                                  |  |                               |                                  |   |                                  |  |                               |                                  |   |                         |  |             |                                 |  |                           |  |      |                                 |
| Review Date                                    |   |                             |                               |                                  |  |         |                             |     |                               |   |                          |  |                               |                                  |   |                 |  |             |                                 |   |                                  |  |                               |                                  |   |                                  |  |                               |                                  |   |                         |  |             |                                 |  |                           |  |      |                                 |
| Action Plan to Address /Mitigate Risk          | <p>i) Ongoing application of controls A to E above.<input type="checkbox"/></p> <table><thead><tr><th></th><th>CONTROL</th><th>ADDITIONAL ACTIONS REQUIRED</th><th>WHO</th><th>WHEN<input type="checkbox"/></th></tr></thead><tbody><tr><td>A</td><td>Monthly Budget Reporting</td><td></td><td>Assistant Director of Finance</td><td>Monthly<input type="checkbox"/></td></tr><tr><td>B</td><td>Approval of TDP</td><td></td><td>DHSSPS/HSCB</td><td>Jul-15<input type="checkbox"/></td></tr><tr><td>C</td><td>Monthly Trust Monitoring Returns</td><td></td><td>Assistant Director of Finance</td><td>Monthly<input type="checkbox"/></td></tr><tr><td>D</td><td>Monthly Trust Monitoring Returns</td><td></td><td>Assistant Director of Finance</td><td>Monthly<input type="checkbox"/></td></tr><tr><td>E</td><td>Savings Plans Finalised</td><td></td><td>Trust Board</td><td>Jul-15<input type="checkbox"/></td></tr><tr><td></td><td>Savings Plans Implemented</td><td></td><td>SEMT</td><td>Jul-15<input type="checkbox"/></td></tr></tbody></table>  |                             |                               |                                  |  | CONTROL | ADDITIONAL ACTIONS REQUIRED | WHO | WHEN <input type="checkbox"/> | A | Monthly Budget Reporting |  | Assistant Director of Finance | Monthly <input type="checkbox"/> | B | Approval of TDP |  | DHSSPS/HSCB | Jul-15 <input type="checkbox"/> | C | Monthly Trust Monitoring Returns |  | Assistant Director of Finance | Monthly <input type="checkbox"/> | D | Monthly Trust Monitoring Returns |  | Assistant Director of Finance | Monthly <input type="checkbox"/> | E | Savings Plans Finalised |  | Trust Board | Jul-15 <input type="checkbox"/> |  | Savings Plans Implemented |  | SEMT | Jul-15 <input type="checkbox"/> |
|  | CONTROL   | ADDITIONAL ACTIONS REQUIRED | WHO                           | WHEN <input type="checkbox"/>    |  |         |                             |     |                               |   |                          |  |                               |                                  |   |                 |  |             |                                 |   |                                  |  |                               |                                  |   |                                  |  |                               |                                  |   |                         |  |             |                                 |  |                           |  |      |                                 |
| A  | Monthly Budget Reporting  |                             | Assistant Director of Finance | Monthly <input type="checkbox"/> |  |         |                             |     |                               |   |                          |  |                               |                                  |   |                 |  |             |                                 |   |                                  |  |                               |                                  |   |                                  |  |                               |                                  |   |                         |  |             |                                 |  |                           |  |      |                                 |
| B  | Approval of TDP   |                             | DHSSPS/HSCB                   | Jul-15 <input type="checkbox"/>  |  |         |                             |     |                               |   |                          |  |                               |                                  |   |                 |  |             |                                 |   |                                  |  |                               |                                  |   |                                  |  |                               |                                  |   |                         |  |             |                                 |  |                           |  |      |                                 |
| C  | Monthly Trust Monitoring Returns  |                             | Assistant Director of Finance | Monthly <input type="checkbox"/> |  |         |                             |     |                               |   |                          |  |                               |                                  |   |                 |  |             |                                 |   |                                  |  |                               |                                  |   |                                  |  |                               |                                  |   |                         |  |             |                                 |  |                           |  |      |                                 |
| D  | Monthly Trust Monitoring Returns  |                             | Assistant Director of Finance | Monthly <input type="checkbox"/> |  |         |                             |     |                               |   |                          |  |                               |                                  |   |                 |  |             |                                 |   |                                  |  |                               |                                  |   |                                  |  |                               |                                  |   |                         |  |             |                                 |  |                           |  |      |                                 |
| E  | Savings Plans Finalised   |                             | Trust Board                   | Jul-15 <input type="checkbox"/>  |  |         |                             |     |                               |   |                          |  |                               |                                  |   |                 |  |             |                                 |   |                                  |  |                               |                                  |   |                                  |  |                               |                                  |   |                         |  |             |                                 |  |                           |  |      |                                 |
|  | Savings Plans Implemented   |                             | SEMT                          | Jul-15 <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. □<br>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. □<br>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. □<br>3. NIAS financial planning prioritises provision of front-line resources. □<br>4. NIAS has established Resource Management Centre (RMC) to align available resources with priority locations and times. □<br>5. NIAS has identified priority locations and times for shift cover. □<br>6. Financial resource and activity/performance are issues discussed with HSCB at PMSI meetings. □<br>7. Financial resource and activity/performance are issues discussed at Trust Board. □<br>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). □<br>9. Introduce measures to manage demand which reduces demand for ambulance attendance and transportation. □<br>9.1. NIAS Modernisation programme established □<br>10. Introduce measures to manage demand which result in an alternative outcome which is more appropriate for the patient and better for NIAS/HSC. □<br>10.1. NIAS Modernisation programme established                                     |
| <b>Opened</b>  | <b>30/04/2013</b>   |
| <b>Review Date</b>                                   | <b>21/07/2015</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. □<br>1.1. Dir Operations has engaged with Lead Ambulance Commissioner and secured support to progress □<br>2. Establish metrics to show correlation/relationship between planned resource - demand - performance support bid for additional resources. □<br>2.1 HSCB proposal to link planned budget to demand analysis to HSCB. □<br>E124 advance of completing demand/capacity review NIAS has sought to secure share of Demography funding in recognition of demand/activity growth (attempt to establish principle of funding growth) IPTG scheduled for submission to Trust Board in August 2015. □<br>provide Call Prioritisation and Dispatch procedures to protect capacity to respond to & transport highest priority patients. □<br>provide Categorisation of HCPC calls to address 14% growth in-year and ensure call prioritisation is appropriate. □<br>didn't Clinical Decision Support desk in Ambulance Control to provide additional means of managing calls. □<br>3. This risk to be closed following Trust Board in August 2015. It was agreed that this risk would be closed following Trust Board on the 7th July and replaced by a new risk 'Safe Care for the Public'. As this has not yet been developed and the decision regarding the Investment Proposal is still awaited. It is recommended that this risk remains at present. □<br>4. D OPS to develop a new risk in relation to 'Safe care to the Public' □ |

**TB/6 06/08/15**



# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

**6 August 2015**

|                        |   |
|------------------------|---|
| <b>Title:</b>          | Trust Delivery Plan Report on Commissioning Priorities 2015-16  |
| <b>Purpose:</b>        | Update Trust Board  |
| <b>Content:</b>        | Report highlighting Commissioning Plan Direction, Commissioner Proposals, NIAS response and Current Position. |
| <b>Recommendation:</b> | Noting  |
| <b>Previous Forum:</b> | None  |
| <b>Prepared by:</b>    | Chief Executive   |
| <b>Presented by:</b>   | <b>Chief Executive</b>  |





## TRUST DELIVERY PLAN REPORT ON COMMISSIONING PRIORITIES 2015-16

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

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

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



**TB/7 06/08/15**



# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

**6 August 2015**

|                        |  |
|------------------------|--|
| <b>Title:</b>          | Draft Annual Business Plan and Trust Delivery Plan (TDP) 2015-16   |
| <b>Purpose:</b>        | Set out NIAS plans for 2015-16 particularly in response to HSCB/PHA Commissioning Plan   |
| <b>Content:</b>        | Programme of action for NIAS for financial year 2015-16 taking into account direction set by the Minister through priorities and the HSC Commissioning Plan. |
| <b>Recommendation:</b> | For Approval   |
| <b>Previous Forum:</b> | Trust Board Workshop   |
| <b>Prepared by:</b>    | Chief Executive  |
| <b>Presented by:</b>   | <b>Chief Executive</b>   |





NORTHERN IRELAND AMBULANCE  
SERVICE

# Annual Business Plan & Trust Delivery Plan

---

2015-2016



## **Purpose**

“The Northern Ireland Ambulance Service is highly valued by the people of Northern Ireland. It exists to improve their health and well being, and applies the highest levels of human knowledge and skill to preserve life, prevent deterioration and promote recovery. The Ambulance Service touches lives at times of basic human need, when care and compassion are what matter most.”

## **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”

## **Vision**

“Improved health and well being for the Northern Ireland community through safe, effective, high-quality care and services provided by the Northern Ireland Ambulance Service as an integral part of the whole healthcare system”

## **Values**

**Respect & Dignity**

**Commitment to Quality of Care**

**Compassion**

**Improving Lives**

**Working Together for Patients**

**Everyone Counts**

## Contents

|  |    |
|--|----|
| Introduction .....   | 4  |
| Local Context .....  | 4  |
| Review of 2014/15.....   | 5  |
| NIAS Response to HSCB Commissioning Plan Direction.....                    | 8  |
| Resource Utilisation .....   | 12 |
| Financial Strategy.....  | 12 |
| Capital Investment Plan .....  | 13 |
| Workforce Strategy.....  | 14 |
| Staff Retention & Vacancy Management .....                                 | 15 |
| Managing Attendance.....   | 15 |
| Education, Training & Staff Development .....                              | 16 |
| Performance Management and Appraisal .....                                 | 18 |
| Governance .....   | 20 |
| Promoting Wellbeing, PPI, & Patient/Client Experience.....                 | 21 |
| NIAS Priorities for 2015-16 .....  | 22 |
| Appendix 1: Northern Ireland Ambulance Service Savings Proposals 2015-16.. | 25 |
| Executive Summary .....  | 25 |
| Introduction .....   | 27 |
| Service Profile .....  | 27 |
| Performance Targets & Service Development .....                            | 27 |
| Financial Environment.....   | 28 |
| Immediate Conclusions .....  | 29 |
| Savings Proposals Summary .....  | 31 |

## Introduction

This document sets out a programme of action for the Northern Ireland Ambulance Service (NIAS) for the financial year 2015-16, which seeks to take full account of and recognise the direction set by the Minister through his stated priorities and the Health and Social Care Commissioning Plan. The plan builds on our efforts to date to improve and modernise the service. At its core is a desire to provide high-quality, safe, effective care to the people of Northern Ireland, and to secure improved health and well-being for the whole community as a result.

It is designed to be of value and use to the recipients of ambulance services as well as the ambulance personnel who provide the service, along with those who commission services and the whole community which relies on ambulance services being there when they are needed. This plan has been developed at a time of significant challenge in health and social care as a consequence of increased demand for our services and a difficult financial environment. In these challenging times it is imperative that Health and Social Care organisations work together to improve patient experiences and outcomes, and to promote equality of opportunity and address health inequalities. We are committed to engaging with service users, our staff, trade union representatives, HSC colleagues and other stakeholders as we strive to meet the challenges before us. Progress in the delivery of this work will be contingent on NIAS working effectively in partnership with our colleagues throughout the Northern Ireland healthcare system, and success will be dependent upon all stakeholders working together in an integrated healthcare system.

## Local Context

The Northern Ireland Ambulance Service (NIAS) faces a range of significant challenges and major issues over the period covered by this plan. Chief among these is the need to deliver safe, high-quality care, improved performance and service modernization (in terms of both speed of response and quality and efficacy of clinical treatment provided) in line with Ministerial priorities within ever-tighter financial requirements, in particular the need to balance income and expenditure year on year.

NIAS provides a range of ambulance response and transportation resources dealing with emergency calls, urgent and non-urgent calls and maintaining emergency preparedness for major incidents. All emergency calls are assigned to a category reflecting clinical urgency: Category A (life threatening), Category B (non-life threatening but serious) or Category C (neither life threatening or serious but requiring some form of clinical intervention). This differentiation of 999 calls on the basis of clinical urgency allows NIAS to assign priority for response, care, treatment and transportation to those patients in greatest need, and, where appropriate, redeploy ambulances from less serious to more serious calls. A significant proportion of NIAS workload arises from transportation to

hospital of patients referred by GPs and other healthcare professionals (HCPs) working outside hospitals on both a scheduled and unscheduled basis. While this activity is generally less clinically urgent than the 999 emergency activities, it remains a core element of our total activity and meeting the requirements of the patients is no less demanding or important.

NIAS has engaged fully and proactively with the review of healthcare initiated by the Minister in 2011, reflected in the final document which makes specific reference to the future role and contribution of the ambulance service in Transforming Your Care. We are fully committed to responding positively to the challenges and opportunities presented by the implementation of Transforming Your Care, and welcome the engagement to date at both local and regional level. NIAS has engaged directly with all the local population planning teams, sharing corporate plans and contributing to debate as local population plans were developed, and is represented on the Implementation Programme Board and other key fora such as Integrated Care Partnerships (ICPs).

### **Review of 2014/15**

This has been a very challenging year for NIAS. We have worked hard over recent years to improve our response to Category A 999 calls, and in 2011-12 we exceeded the target set. Regrettably, however, we have not been able to sustain that high level percentage performance of life threatening calls responded to in less than eight minutes during 2014-15 due to the pressures on the unscheduled healthcare system in general and the ambulance service in particular.

During 2014-15 NIAS experienced an increase in emergency/urgent calls received of 4.6% (8,761 calls), resulting in our dealing with an average of 545 emergency/urgent calls per day. Overall there was a decrease of 1.5% in ambulance journeys undertaken as we transported 362,809 patients (equivalent to one person in five of the population of Northern Ireland). This is an indication of our success in relation to offering and providing alternatives to patients which enable them to avoid emergency department attendance. The full impact is masked by the overall demand growth referenced previously. The changes to the configuration of acute services over the years, with the closure of emergency units and the changes to location of some specialist services, means that these patients are also spending more time in ambulances in the care of ambulance professionals as a direct result of the longer journeys required. The call volume increase was absorbed, as in previous years, without additional investment, an issue which we wish to tackle and address with HSCB commissioners for 2015-16 and beyond.

For the first time this year we saw a decrease in the absolute number of Category A calls responded to within 8 minutes, responding to 1,560 (4.5%) less calls within 8 minutes during 2014-15 than in the previous year. However, we experienced an overall increase in demand for response to Category A calls of 11.5%, (an additional 6,288 calls) which reduced our capacity to provide timely

response. This translated into our responding to 57.7% of all Category A calls within 8 minutes, which was a reduction of 9.9% from last year.

There has been a 11.5% increase in the number of category A calls recorded this year and we have not been able to absorb this growth and sustain ambulance response within 8 minutes. A key factor impacting on Category A performance this year was a revision to the management of health care professional calls (HCP) from general practice, district nurses et cetera. NIAS identified concerns in relation to the relative prioritisation of these calls against low acuity 999 calls, and changes were made to address these concerns. One consequence of the change was an increase in the volume of calls being classified as category A, the highest priority response.

In addition to the increase in activity, emergency department congestion is still resulting in ambulance response capacity being lost. Despite some improvement in ambulance turnaround times, turnaround times for ambulances at hospitals and longer journey times as patients in ambulances are diverted past the nearest hospital to one appropriate to deal with their need are presenting as significant issues in relation to Category A performance and staff management. Extended turnaround times reduce our capacity to manage rest periods/meal breaks effectively, and impact negatively on staff shift finish times. We are working with the whole of the healthcare system to resolve these complex issues to ensure that ambulances are available to provide more timely response and transportation for patients in the community rather than being delayed at hospital or on their way to hospital. A key initiative in this regard is the HSCB support for the appointment of Hospital Ambulance Liaison Officers at RVH, Ulster, Craigavon and Antrim Emergency Departments to assist with patient flow and reduce ambulance turnaround times. This development has been particularly well-received at hospital level and strengthens the interface between ambulance and hospital services, and we hope that it will be translated into recurrent funding to support permanent appointments.

We continue to make a major contribution to the ongoing management of acute service change, particularly in relation to emergency department closures both temporary and permanent, such as that at Belfast City Hospital. This contribution has been recognised and commended by our partners in the process such as HSCB.

The Patient Care Service undertook 198,198 patient Journeys of which 111,790 were provided by the Patient Care Service and 86,408 by our Voluntary Car Service. Each of these journeys were taken and planned by our Non-Emergency Control Room based at our Altnagelvin Control Centre. Our Ambulance Care Attendants in the Patient Care Service have responded and adapted to these changes in the patient profile.

Expenditure on ambulance services this year was of the order of £62m (including non-cash items). We have deployed our finances to support change and consolidate service delivery. We have also reduced expenditure in key areas over the period to create greater efficiency and secure value for money. We have achieved our savings without recourse to compulsory redundancy and have sought to manage and minimise the impact on our staff through meaningful engagement with them and their representatives and the appropriate application of investment funds. Once again, however, the uncertainty arising from sustained year on year budget reductions and non-recurring financial support for acute service changes creates tension and concern which is not conducive to sustaining high performance in a pressurised work environment. We will continue to work with staff and their representatives to prevent direct job losses where possible and to take account of their issues and aspirations as far as is possible in delivering high-quality ambulance services within available financial resources. We will continue to critically review our expenditure to drive further efficiencies which we hope will continue to be used to improve patient care.

Demand growth has been a feature of normal business for NIAS and all other UK ambulance services over many years and, with an ageing population and greater social isolation alongside other factors, shows no sign of abating in the near future. Comparing 2014-15 outturn with 2005-06 outturn illustrates this with 81% increase in emergency calls, 97% increase in emergency responses, and 60% increase in response within 8 minutes. In recent years, while demand continues to increase, the absolute number of calls responded to within 8 minutes remains relatively constant while the proportion of calls responded to within 8 minutes has fallen. It is worth noting that demand for emergency ambulance response and transportation has increased by 35% since 2011-12, which would equate to an increase of 5 Emergency Ambulances and 3 Rapid Response Paramedic units if funding were applied pro-rata.

A failure to make financial provision for demand growth places an increased burden on existing resources. In an environment where finances are fixed or falling and demand for the service is increasing, quality is compromised, as manifested in longer times to respond to calls and more frequent instances of ambulance non-availability at times of peak pressure. NIAS will continue to provide a clinically safe service in that ambulance personnel will be trained and equipped to provide safe care and our systems and procedures will be geared toward providing timely, safe and appropriate response to those in need with the highest priority attached to the most clinically urgent cases. However, growth in demand which is not matched by additional ambulance resources to meet that demand reduces our capacity to respond promptly to requests for assistance. This continual narrowing of the gap between supply of ambulances and demand for ambulances reduces, in particular, our capacity to deal with surges in demand such as hospital Emergency Department (ED) congestion, Major Incidents, etc, all of which in turn restricts our capacity to respond promptly to emergency and non-emergency calls.

## **NIAS Response to HSCB Commissioning Plan Direction**

The Commissioning Plan highlights challenges facing NIAS which are recognised by the commissioner, and goes on to indicate measures of support to address demographic change and the difficult operating environment (see below for extract from Commissioning Plan)

*Meeting emergency ambulance response times, regionally and at LCG level, is challenging in the face of increasing demand and a constrained financial environment.*

*The number of emergency calls received by NIAS in 2013/14 was 154,755, a rise of 3.1% on the previous year. Category A response (within 8 minutes) also fell from 68.3% in 12/13 to 67.6% in 13/14. Particular challenges were evident in meeting the Category A target in Northern, Southern and South-Eastern areas. The HSCB is committed to ensure the necessary ambulance capacity is in place during 2015/16 to achieve the Ministerial target, either through additional investment or re-profiling existing capacity.*

*The HSCB is supporting NIAS to respond to this demand by delivering alternative care pathways, which avoid transporting patients to hospital, where appropriate. These pathways provide NIAS with options to 'hear and advise', thereby avoiding a response to a 999 call which is not an emergency or urgent; to 'see and treat or refer', where a paramedic can provide the appropriate medical response without requiring transport of the patient to hospital; and to transport to an appropriate facility other than an Emergency Department, such as a Minor Injury Unit. (Which after a period of improvement, turnaround times at some major acute hospitals have begun to lengthen with loss of ambulance response capacity due to crews waiting longer to handover patients to Emergency Departments).*

*The Board has supported a pilot of Hospital Ambulance Liaison Officers which it intends to mainstream in 2015/16 in a drive to reduce handover times to no more than 30 minutes.*

*The Board has been working with NIAS to develop an eligibility criteria for non-emergency transport. NIAS provided over 205,000 non-emergency patient journeys in 2013/14. 55.4% of journeys (i.e. 113,623 journeys) were provided by NIAS Patient Care Service (PCS) which is a direct service provided by NIAS staff. 44.6% of journeys (i.e. 91,489 journeys) were provided by the Voluntary Care Services (VCS), which is a NIAS coordinated service delivered by volunteer drivers. Eligibility criteria, based on patient mobility, would serve to limit non-emergency transport to those in greatest need and release capacity to support intermediate care, such as inter-hospital transport and timely hospital discharge.*



| Commissioning Plan Direction  | Commissioner Proposal  | NIAS Response   |
|---|--|---|
| Commissioner will put in place plans to ensure meeting Ministerial emergency ambulance response targets by March 2016.  | Commissioner, in collaboration with NIAS, will review demand for an emergency ambulance response against available commissioned capacity and in light of alternative care pathways.  | Submit Proposal for Demand/Supply Analysis to HSCB in Q2.   |
| Commissioner will support NIAS to continue to put in place alternative care pathways which avoid unnecessary hospital attendances.  | Commissioner will seek to evaluate alternative care pathways with a view to maintaining where successful. The introduction of related, NIAS-managed Directory of Services with support from the 5 HSC Trusts will be essential in taking forward the pathways. | Provide Information to enable evaluation of Alternative Care Pathways (ACPs) in line with HSCB requirements.<br>Introduce NIAS Directory of Services by Q3.<br>Embed ACPs as Business as Usual.   |
| Commissioner will mainstream Hospital Ambulance Liaison Officers (HALOs) at the major acute hospitals to support patient flow and ambulance turnaround.   | Commissioner will seek a proposal from NIAS to maintain HALOs at major acute hospitals   | Review utilisation of HALOs to inform proposal.<br>Submit proposal for HALOs by Q2.   |
| Commissioner, in partnership with NIAS, will, by November 2015, complete a public consultation on the future provision of non-urgent patient transport services. This will include the proposed introduction of eligibility criteria for non-emergency transport which seeks to prioritise mobility need in the face of limited capacity. | Commissioner will work with NIAS to take forward recommendations following the review and public consultation of non-urgent patient transport services, including the implementation of eligibility criteria.  | Work with HSCB in development of consultation document and in engagement process.<br>NIAS will seek to ensure through this process that resource constraints are managed to prioritise provision of non-emergency ambulance transport based on clinical need. |
| Healthcare Associated Infections (HCIs).  | Trusts, supported by PHA will develop and deliver improvement plans to reduce infection rates. This will be monitored via PHA surveillance programmes for HCIs.  | NIAS will continue to monitor HCIs in the ambulance operating environment and report on an exception basis.   |

|   |   |  |
|---|---|--|
| Flu immunisation  | Trusts and Primary Care to increase uptake of flu immunisation among healthcare workers.  | NIAS will review 2014-15 activity and measures taken in order to maximise effectiveness of staff vaccination programme in 2105-16.   |
| Hazardous Area Response Team  | HART in NI is a well-established specialist response team in NIAS that provides essential paramedic level care to casualties within the hazardous area of a CBRN:HAZMAT incident. PHA works closely with HART in training for and responding to CBRN:HAZMAT incidents and as such will continue to work with HSCB colleagues to ensure that the present capability of this vital service is maintained. | NIAS will use resources assigned to HART to maintain and develop capability in this area.  |
| The continued roll out of a range of measures to identify earlier and better meet patients' needs in community settings and to avoid the need for patients to attend hospital. These measures include:  |   |  |
| The establishment of Acute Care at Home models and other rapid response arrangements.   |   | NIAS will support these developments through the Alternative Care Pathways programme already established.  |
| The establishment of a range of alternative care pathways, linked to the NI Ambulance Service, to provide alternatives for both patients and staff to hospital attendance.  |   | NIAS will continue to develop and progress Alternative Care Pathways in line with the proposals previously endorsed and funded by HSCB through the Transforming Your Care Programme. |
| The establishment on a pilot basis of an alcohol recovery centre in Belfast.  |   | NIAS will support these developments through the Alternative Care Pathways programme already established.  |
| The reform of palliative care services, facilitating people to die in their place of choice – typically their own home - rather than a hospital bed. During 2015/16 this will include:<br>The implementation of advance care planning arrangements across Northern Ireland to allow |   | NIAS will support these developments through the Alternative Care Pathways programme already established.  |

|  |  |  |
|--|--|--|
| the needs and wishes of palliative care patients to be identified and planned for. |  |  |
|--|--|--|

DRAFT

## Resource Utilisation

### Financial Strategy

The over-riding priority for NIAS is to deliver high-quality, safe care. We seek to do this within budget, making most effective use of the potential for additional capital and revenue funds to support service development priorities and the achievement of Ministerial targets. The HSC Board has advised that 2015-16 will be a difficult financial period for Health and Social Care. NIAS has consistently delivered services on a sound financial footing in spite of significant pressures arising from increased demand and other pressures, and met the tests of financial performance required by DHSSPS.

Acute Service reconfiguration in response to specific hospital risk issues has impacted upon planned ambulance provision in those areas. NIAS seeks to be engaged at an early stage in the planning for change to effectively respond and manage the impact on ambulance services. We anticipate further change associated with the implementation of Transforming your Care and welcome the references to supporting change through improved ambulance services specifically referenced in this document. In particular, we anticipate investment in ambulance resources to support demographic changes in Northern Ireland.

NIAS has secured non-recurrent financial support through the TYC bidding process to develop and implement a range of new service delivery models designed to provide safe, suitable and appropriate alternatives to immediate Emergency Department (ED) attendance for patients calling 999 who meet specific criteria. This builds on initiatives introduced already for falls and diabetes patients, and signals our commitment to supporting the safe, effective and appropriate management of patients in their home/local community setting for as long as possible and desirable.

The Trust will liaise with Commissioners to fund the effect of unavoidable cost pressures which emerge in-year. In the first instance, NIAS will continue to examine current expenditure and seek to identify opportunities for further cost savings through value for money analysis.

Work continues across DHSSPS to establish the full cost of Agenda for Change. NIAS continues to embed the Agenda for Change pay structure across all grades in partnership with Trade Union colleagues. NIAS will seek to bring the outstanding elements to conclusion as soon as possible, and will continue to engage with HSCB and DHSSPS to identify and address any financial implications arising from resolution of those issues.

NIAS continues to engage directly with HSC Board colleagues to establish and maintain a clear understanding of the specific impact of savings on NIAS. At this point, the additional recurrent savings required in 2015-16 are £1.2 million; this builds on recurrent savings requirements of £3.044 million for the three-year

period 2012-2015. We have developed a series of proposals for revenue savings in 2015-16 which are designed to enable us to maintain financial balance. The plans have been shared with commissioners for consideration and approval to enable us to progress elements of the proposals. Further contingency plans will be developed as appropriate to maintain financial balance. We have a structure in place to allow us to share, discuss and address emerging cost pressures with HSC Board and DHSSPS.

NIAS has now set out, in response to the above targets, proposals to outline how the savings requirement set by HSCB and DHSSPS will be achieved. These proposals describe how we will address the immediate requirement to maintain financial stability during 2015-16.

The summary of the savings proposed for 2015-16 are:

- Reconfiguration of planned levels of resources to better match supply with demand
- Reduction in administration/management spend
- Reduction in training spend
- Miscellaneous savings associated with non-pay spend

The summary of the savings previously introduced during 2012-14 are:

- Reduction in the planned number of non-emergency ambulance operating to realise greater efficiency in the use of those resources accompanied by review of eligibility criteria to match supply with clinical need.
- Reduction in expenditure associated with unplanned staff absence
- Reduction in expenditure associated with harmonisation of Agenda for Change Terms & Conditions
- Reduction in training spend
- Reduction in administration/management spend

The detail for the 2015-16 proposals is available in the appendices to this document.

### **Capital Investment Plan**

NIAS priorities for capital investment have been reviewed with DHSSPS and Commissioners. NIAS has established a strong foundation for service delivery through our investment in the infrastructure necessary to deliver effective ambulance care and response. To date we have prioritised investment in our call taking, call management and the communications technology alongside investment in the fleet and clinical equipment necessary to deliver safe and

effective care. We anticipate during 2015-16 that we will continue to make major investment in our estate infrastructure in Ballymena and Enniskillen.

The immediate priorities for the period are:

1. Investment in Ambulance Estate Development and Renewal (Necessary to maintain existing estate contributing to ambulance response performance in safe and appropriate condition, and develop deployment locations to improve ambulance response performance):
  - a. Ballymena
  - b. Enniskillen
2. Replacement of Emergency and Non-Emergency Ambulance Fleet (Essential to maintain current response performance and provide stable platform for safe future service delivery)
3. Investment in Technology and Communications (Essential to maintain existing capacity to provide 999 communications and control systems in a robust and safe environment and provide a platform for future development)

We will continue to work closely with DHSSPS in relation to estate management, particularly the development and evaluation of business cases, and the wider agenda of environmental management. In our recently submitted Property Asset Management Plan NIAS did not identify any surplus estate or vacant assets for which there is no deliverable foreseeable need.

### **Workforce Strategy**

NIAS has a Human Resources (HR) Strategy covering the period 2010-2015 which is underpinned by the Workforce Plans, Recruitment and Training Plans and various action plans which include managing attendance priorities and Equality.

Continually developing and delivering a regional ambulance service for the people of Northern Ireland presents unique challenges and opportunities for HR management in delivering safe patient care through the provision of committed, professional and dedicated staff working for the benefit of service users. The Human Resource Strategy will continue to operate during a period of key challenges that include reduced finances; increasing public expectation regarding service delivery; structural reform and service modernisation; reduced job security in public sector organisations, maintaining skills and motivation during a period of public sector workforce reduction; the need for leadership in re-organisation and change; developing and maintaining high quality employment practice; supporting employees and maintaining NIAS as an employer of choice.

The HR vision is to develop NIAS as an organisation that is more adaptive and flexible, and better able to embrace change with a real focus on patient care and safety, service modernisation and reform, clinical excellence, ethical and fair employment practices. It will enhance the Trust leadership and management capacity and capability to support, empower, and lead staff in the achievement of NIAS strategic aims, and will ensure NIAS influences and shapes professional HR management practice in the wider healthcare environment. Robust performance management and assurance structures are in place. These include regular performance and accountability meetings to review progress and risks.

### **Staff Retention & Vacancy Management**

Annual turnover analysis would indicate that NIAS is not experiencing a workforce retention problem. However, there are staff filling posts which have non-recurrent funding or are temporary and this creates an internal flow of staff with an impact throughout each level. As previously stated, temporary non-recurrent funding of staff posts presents issues in relation to sustained service delivery and achievement of objectives. It has proved difficult to maintain planned levels of ambulance response cover at times of high pressure, sickness absence and holiday leave. NIAS will prioritise the application of recurrent funding to address these issues while also exploring and developing internal workforce solutions to address this issue.

Having secured Commissioner support for current investment to manage the impact of acute change, NIAS will seek to fill vacancies during 2015-16. This is designed to stabilise our workforce as a foundation for service change and improvement linked to the Transforming Your Care (TYC) agenda and our wider strategic aims. We expect during 2015-16 to recruit additional permanent staff to our core accident and emergency service and to our intermediate and patient care service which supports accident and emergency with non emergency transportation.

The use of Agency staff within NIAS is minimal. Agency staff are primarily used to cover hard to recruit, non-recurrent funded and short-term temporary administrative posts. The use of recruitment agencies remains under scrutiny. The number and proportion of administrative workforce within NIAS is significantly lower than other HSC Trusts, indicating that the ratio of administrative staff to operational staff within the Trust is well-managed and controlled.

### **Managing Attendance**

In tandem with this we aim to prioritise the management of attendance to reduce hours lost to unscheduled absence and associated costs. The management of absence within NIAS is challenging, but provides opportunities to improve overall health and wellbeing in the workplace, which ultimately boosts organisational productivity and supports service improvements for patients. Ongoing review of Attendance Management is undertaken to identify improvements to policy,

processes and procedures which may be required, with a view to reducing absence levels. The Trust provides a range of services to all staff to promote health and well-being which include; flu vaccinations; staff counselling service.

The Trust will also continue to build on other initiatives currently in place including improved collaborative working between local management, Human Resources and Occupational Health; the provision of improved management information; investment in management training; and building upon its system of performance management which will target management of absence as a priority linked to improving response capacity and ensuring delivery of departmental targets. The Trust will ensure that a stringent system of monitoring is applied to this. The Trust will also continue to work with its Trade Union colleagues in the management of absence. NIAS will seek to minimise absence and thereby reduce expenditure associated with the cost of servicing absence to ensure effective utilisation of public funds. Additional resources arising from this process will be directed at supporting investment in front-line provision of services, either directly or indirectly by off-setting savings requirements.

We recognise that growing pressures on our service have impacted on our capacity to meet staff expectations in respect of scheduled leave, planned finish times and rest period management. We will work with staff and their representatives to address these issues through recruitment of additional personnel, review of rosters and work practices and the continuing harmonisation of Agenda of Change Terms and Conditions.

### **Education, Training & Staff Development**

The Trust firmly believes that effective education, learning and development makes a major contribution to the provision of a committed, professional and competent workforce and, ultimately, to the delivery of safe and effective patient care. Each year an annual Education, Learning & Development Plan (ELDP) is produced within the framework of the Trust's Education, Learning & Development 5-year Strategy (2012-2017). The ELDP takes account of the purpose, mission, vision, values and strategic objectives of the Trust. It is developed in light of new pressures in terms of changes in service provision and delivery that are as a result of organisational reform within NIAS and the wider Health and Social Care arena. It addresses the need for increasing workforce levels where appropriate, maintaining a safe skill mix and improving the skills and competencies of ambulance professionals to meet the challenges of the future. The plan is carefully developed to take account of financial constraints within Health and Social Care whilst ensuring appropriate and effective education, learning and development interventions are delivered to meet statutory, mandatory and governance compliance requirements.

The key strategic themes that underpin each annual ELDP are:

- Ensuring competence
- Promoting clinical excellence



- Developing leadership capability
- Supporting organisational development
- Flexibility and innovation
- Effective prioritisation and equity of access
- Delivering excellence in education, learning & development

The plan is designed to support the Trust in achieving its corporate objectives by developing and maintaining the competence and capabilities of its staff, both clinical and non-clinical, and empowering them to deliver optimum patient care and effective support services. It will do this through the timely delivery of high quality education, learning and development interventions, which are responsive to the identified needs of staff, and through the promotion of lifelong learning principles within the workplace.

The plan describes the accredited clinical education programmes to be delivered within the training year for emergency and non-emergency frontline staff. The clinical training team ensures the Trust maintains ongoing approval to deliver its accredited clinical education programmes during annual external verification events conducted by the Health & Care Professions Council (HCPC) for paramedic education and Edexcel/BTEC for ambulance care assistant training. The plan also describes the non-clinical education, learning and development opportunities and interventions for Trust staff within the EL&D Department's remit.

The Trust will ensure all mandatory requirements are fulfilled as set by the Health Care Professions Council (HCPC), and other regulatory bodies, and will ensure statutory and legislative training obligations are met. This will include maintaining HCPC relevant accreditation and Continuous Professional Development. The Trust will prioritise core, mandatory and refresher training which enhances the quality of care provided for patients and meets the changing needs of acute services. The training provided will continue to support the introduction of new equipment to the Service by taking a flexible approach to ensuring training is developed and delivered as the need arises.

Training for the non-emergency Patient Care Services (PCS) tier of the Service has historically been accredited through the national ambulance awarding body, the Institute of Health Care Development's (IHCD) Ambulance Care Assistant Award. As the IHCD has ceased to provide this accreditation, given the national move towards higher education for ambulance education, the Trust has secured and will maintain accreditation to deliver the replacement BTEC Award.

Paramedics are professionally registered with the HCPC, and the Trust will participate in an HCPC Approvals process to demonstrate it meets the HCPC Standards of Proficiency for Paramedics and Standards of Education and Training for the delivery of current IHCD modules of Paramedic training. The Trust will develop and maintain accredited clinical supervision and mentorship

programmes that adhere to HCPC requirements. The development of appropriate alternatives to our existing processes for securing professionally qualified paramedic staff will be a priority action for 2014-15. We will continue to engage with partners and stakeholders in the UK and Republic of Ireland to ensure that we can maintain our supply of a paramedic workforce.

The Trust will ensure that management development and best practice programmes are sourced, developed and delivered to relevant individuals in order to equip them with effective managerial skills to strengthen leadership, heighten awareness of and help contribute to organisational values, goals and objectives, and meet ministerial targets.

The Trust will promote and support the continuous professional development of all staff through the application of life-long learning principles within the working environment and through the implementation of the Knowledge and Skills Framework (KSF) and Personal Development Reviews (PDRs). A learning culture will be encouraged where staff learn from past experience, ensuring reflective practice, and transfer of learning, thereby making an important contribution to the DHSSPS Quality 2020 strategic goal of strengthening the workforce. The Trust will support personal development of all staff by developing sound systems for managing performance and under-performance issues effectively and constructively, establishing clear relationships between organisational and individual standards and objectives. NIAS will continue to provide training in other priority areas as part of a structured training plan. This will be supported by the introduction of measures to communicate clinical performance information at Organisation/Locality/Team/Individual levels to facilitate clinical performance monitoring, review and improvement

### **Performance Management and Appraisal**

Through the Trust Performance Management Framework the Trust measures and assesses:

1. Performance against Corporate objectives and targets.
2. The competence and capability of NIAS staff to discharge their duties safely and effectively and identifies the systems available to identify and address related issues,

NIAS has secured partnership agreement to attaching an annex to the KSF Process in order to enable an assessment of personal contribution to achieving Corporate Objectives and related Development Review Process, effectively providing an opportunity to appraise the employee on knowledge, skills and contribution. This annex will be made available as part of the KSF Process from 01/04/13. Accordingly all NIAS staff will receive a Personal Development Review and Personal Contribution Review on an annual basis and an implementation programme will be developed to deliver the DHSSPS target in respect of staff appraisal.

In relation to some non-frontline posts that require professional regulation, processes are in place to ensure fitness for practice and adherence to CPD requirements.

For frontline staff additional measures, processes and practice are in place to ensure safe and effective patient care and on- going assessment of clinical practice:

- NIAS Trust Medical Staff are contractually obliged to participate in Medical Appraisal and Revalidation processes. The Trust is fully compliant in this regard.
- NIAS Trust Paramedics undertake and must successfully complete the Trust's Paramedic in Training programme which meets the Health Care Professions Council (HCPC) Standards of Education and Training and Standards of Proficiency for Paramedics to enable them to apply for registration as a Paramedic with the HCPC. Once registered the Paramedic is required to ensure Continuous Personal Development is complied with. As referred to earlier in this paper, NIAS Trust, in its annual Education, Learning and Development Plan, prioritise the mandatory clinical training. This includes agreeing and providing elements of mandatory Clinical Professional Development for the Paramedic workforce.
- NIAS Trust Ambulance Care Attendants undertake and must successfully complete a nationally accredited training programme, currently in the form of an Edexcel/BTEC qualification.
- All NIAS Trust frontline staff are required to undertake mandatory annual reassessment of essential clinical skills.
- All NIAS Trust frontline staff are required to undergo regular work-based observational assessments by Clinical Support Officers. The assessments will identify any areas of practice that require improvement or development. This provides an important element of Clinical Supervision for the Trust. The actions will then be prioritised and training or education provided if appropriate.
- The Clinical Support Officers also carry out clinical audits on priority aspects of clinical practice for frontline staff. For example hand hygiene, patient experience, completion of Patient Report Forms. These audits again are an important element of Clinical Supervision for the Trust and the outcomes can be prioritised to ensure continuous improvement in the associated practice.

## Governance

The Board of the NIAS HSC Trust is accountable for internal control. The Chief Executive of NIAS has responsibility for maintaining a sound system of internal control that supports the achievement of the policies, aims and objectives of the organisation, and for reviewing the effectiveness of the system.

The system of internal control in NIAS accords with Department of Finance and Personnel guidance, and in developing a Governance Statement for 2015-16, NIAS will maintain consistency with guidance and direction. The Board exercises strategic control over the operation of the organisation through a system of corporate governance which includes:

- A schedule of matters reserved for Board decisions;
- A scheme of delegation, which delegates decision making authority within set parameters to the Chief Executive and other officers;
- Standing orders and standing financial instructions;
- The establishment of an Audit Committee;
- The establishment of a Remuneration Committee;
- The establishment of an Assurance Committee.

NIAS recognises that effective risk management is an essential component of good management and that it must be utilised if the NIAS is to achieve its strategic aims as identified within its Corporate Plan 2011-2014. NIAS has established an Assurance Framework incorporating a comprehensive risk management strategy based on the Australian Standard AS/NZS 4360:2004, which was revised during 2013-14. This strategy brings together and standardises all of the risk identification and management processes as well as prompting the development of new risk assessment and management tools and appropriate structures and processes.

The Trust is committed to ensuring that good risk management processes are adopted at all levels and for all activities and that these processes will support initiative and innovation whilst enabling the organisation and its employees to learn from mistakes and take responsibility. The Trust is committed to fostering an open and honest culture where people are prepared to challenge and be challenged about why and how they do things in the interest of their patients, staff, the Trust and the public. 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.

This approach is consistent with, and makes an important contribution to, the DHSSPS Quality 2020 strategic goal in relation to Transforming the Culture. Having completed a Trust Board Assessment of Governance during 2013, this

will be used as the basis for developing an action plan for improvement, supplemented by ongoing annual assessment of governance.

### **Information Governance**

NIAS will continue to embed information governance principles throughout the Trust. This will include training to increase awareness of staff across the organisation, highlighting their role and responsibilities in the area of information governance'. The introduction of a new Information Governance Controls Assurance Standard presents particular specific challenges for NIAS, not least a significantly increased workload for a small busy department. We will continue to develop our information base in support of effective decision making to enhance patient care with a particular emphasis on our clinical information in support of reporting on clinical outcomes and using this information to improve clinical care.

### **Promoting Wellbeing, PPI, & Patient/Client Experience**

The Trust is committed to continuing to promote a patient-centred service by improving the quality and effectiveness of user and public involvement as an integral part of its governance arrangements and in accordance with the Statutory Duty of Involvement. In this regard the Trust will work to implement DHSSPS guidance on Personal and Public Involvement (PPI). Leadership in this area will be provided by the Trust's Medical Director. Appropriate arrangements have been established within the Trust, contingent on available resources, to drive this agenda and implementation will be monitored through the Trust's Assurance Committee.

NIAS will build on the work undertaken in previous years to embed a PPI agenda within NIAS. This will involve implementation of the PPI Action Plan including the establishment of systems to garner and respond to feedback from key stakeholders in respect of the planning, delivery and evaluation of ambulance services.

The Trust will continue to work with community representatives to facilitate the representation of the public and user and provide access to key decision makers within NIAS. Senior managers will continue to attend meetings with public representatives such as Health Councils, Local Councils, and specific interest groups as a means of gauging the views of users and their representatives to inform policy development and implementation.

The Trust has developed an education programme focusing on raising awareness within selected community groups, in particular schoolchildren and local communities; the aim is to roll this out to all secondary and primary school children. Issues around securing sufficient funding have constrained implementation to date. We will also continue to engage with the Public Health

Agency in developing and exploiting the “high-visibility” of ambulance vehicles as an effective communications medium for health-related messages such as FAST and Choose Well.

There is also the opportunity of NIAS providing external training to various groupings that would have a major impact on the understanding and first response to accidents/incidents where human life is at risk. At present no funding is in place to support this work, so we continue to work in support of the voluntary sector in this area.

The Trust is committed to the promotion of Equality, Good Relations and Human Rights. It will continue to implement its Equality Scheme and work to mainstream equality within the organisation. A comprehensive programme of work in this regard will be monitored by the Trust’s Equality and PPI Steering Group. In addition the Trust will work alongside other HSC organisations to implement the DHSSPS Equality, Good Relations and Human Rights Strategy.

Work will continue within the Trust to promote positive attitudes towards disabled people and encourage participation by disabled people in public life, in keeping with its obligations under the Disability Discrimination Order (DDO) 2006. In this regard the Trust will continue to implement its Disability Action Plan and progress of this will be monitored by the Trust Equality Steering Group. The Trust has also established links with other emergency services and health service providers, and will seek to work collaboratively with these services where possible, to take forward work in relation to these duties. In addition the Trust will give specific attention to these duties when planning new initiatives such as Personal and Public Involvement (PPI) which is also outlined within this document.

NIAS will continue to implement good practice reviews and the related action plans devised from the agreed framework. NIAS will continue to collate information on complaints and compliments, highlighting learning at organisational and individual level from these interactions, and report publicly to Trust Board on these as a measure of user experience. In addition the Trust will continue to engage with regional colleagues to develop and implement methodologies to implement Patient and Client Experience Standards work streams and is committed to demonstrating subsequent learning and service improvement.

### **NIAS Priorities for 2015-16**

The key requirement is to contribute fully to, and deliver/achieve maximum benefit from the implementation of a range of Government and DHSSPS strategies and standards including:

- Achievement of Ministerial standards/targets 2014/15

- The Executive's Programme for Government, Economic Strategy and Investment Strategy
- Transforming Your Care (TYC)
- Quality 2020
- Public Health Strategic Framework: Fit and Well Changing Lives 2012-22.

We remain committed to simplifying and enhancing access to unscheduled care services, in particular the improvement of the timeliness of our response to potentially life-threatening calls. We are anxious to engage positively with Integrated Care Partnerships and use shared opportunities to improve health and social care at a local level. We believe that NIAS should play a primary role in the identification, development and consistent application of regional protocols.

We recognise also that the transformation and modernization agenda in health and social care is much bigger than any single component of the healthcare system, and that we must remain alert to the wider system change and in particular its impact on NIAS. We must retain relationships and processes which recognise the consequences of change and resource them appropriately. We intend through the appropriate programme and project management arrangements to contribute fully.

We continue to be concerned that the imposition of further efficiency savings on organisations, applied as a percentage of income, rather than engaging in whole system change designed to remove the need for expenditure, will further erode capacity to provide safe and sustainable services. Resilience and capacity of the system to respond quickly and effectively to sporadic pressures arising from the normal distribution of activity has been eroded by two rounds of generic efficiency savings and is threatened by adopting a similar approach in the future.

NIAS priorities for 2015-16 can be summarised and presented as follows:

#### Key Priorities

- Develop and Implement Performance Improvement Action Plan to improve Response to Emergency 999 Calls (especially Cat A, potentially life-threatening calls) in line with Commissioner expectations.
- Address workforce issues including: management/provision of rest periods; management of late finishes; Agenda for Change Band Evaluation; management/provision of non-rostered annual leave.
- Stabilise Workforce by recruiting staff to fill vacancies.

#### Subsidiary Priorities

- Undertake Demand/Supply analysis with HSCB to establish resource requirements and utilisation to achieve/exceed service delivery targets including Cat A response.

- Submit proposals for additional funding in 2015-16 linked to demography/demand growth to HSCB.
- Maintain financial controls and implement savings plans to achieve financial balance.
- Complete Ballymena Station replacement and commence Enniskillen build programme.
- Introduce revised attendance management procedure and processes to reduce absence levels.
- Develop proposals to ensure continued provision of paramedic and non-paramedic training in NIAS.
- Embed current Alternative Care Pathways as part of normal business, and introduce additional pathways in line with modernisation proposals.
- Review and revise complaints management to address timeliness of response
- Introduce revised processes to enhance and support individual and organisational learning from untoward incidents and events.
- Introduce measures to communicate clinical performance information at Organisation/Locality/Team/Individual levels.
- Introduce measures to improve prompt payment of invoices.
- Develop plans to embed Information Governance across the Trust through the review of key IG policies and the development of Information Governance Action Plans to provide an Information Asset Register and Information Governance Risk Register
- Develop and introduce measures to improve the monitoring of Trust contracts for goods and services
- Review and revise Resource Escalation Action Plan
- Develop and introduce measures to improve engagement with staff at Individual/Team/Organisation level.



## **Appendix 1: Northern Ireland Ambulance Service Savings Proposals 2015-2016**

### **Executive Summary**

Health & Social Care Board requires NIAS to make Cash-Release Savings of £1.2m in 2015-16. NIAS revenue expenditure in 2014-15 was in the order of £62m, indicating a savings requirement of circa 2%.

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

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

A particular concern is that the commissioning and financial planning processes may not be able to make sufficient provision for funding annual growth in demand for ambulance service response and transportation. This growth has been a feature of normal business for NIAS and all other UK ambulance services over many years and, with an ageing population and greater social isolation alongside other factors, shows no sign of abating in the near future. Comparing 2014-15 outturn with 2005-06 outturn illustrates this with 81% increase in emergency calls, 97% increase in emergency responses, and 60% increase in response within 8 minutes. In recent years, while demand continues to increase, the absolute number of calls responded to within 8 minutes remains relatively constant while the proportion of calls responded to within 8 minutes has fallen.

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

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

DRAFT

## Introduction

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

## Service Profile

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

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

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

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

## Performance Targets & Service Development

The key indicator of performance for Northern Ireland Ambulance Service (NIAS) is to deliver timely response to Category A calls within 8 minutes for Northern Ireland. This target is a broadly accepted performance target which recognises

that faster ambulance response times can lead to improved clinical outcomes especially for cardiac arrest and for severe trauma.

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

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

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

### **Financial Environment**

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

The immediate requirement for NIAS is to deliver safe, high-quality care within a reducing budget, making most effective use of the potential for additional capital and revenue funds to support service development priorities and the achievement of Ministerial targets. The Health and Social Care Board (HSCB) has acknowledged that based on this budget 2015-16 represents an extremely difficult financial period for Health and Social Care. In line with these budget arrangements HSCB requires NIAS to make Cash-Release Savings of £1.2m in 2015-16. The Trust's revenue expenditure in 2014-15 was in the order of £62m, indicating a savings requirement of circa 2%. The proposals contained within this

document equate to this £1.2m requirement and the Trust will continue to work with HSCB in respect of any in year pressures or additional savings requirements.

Critical and extensive examination of both pay and non-pay areas of the budget has confirmed that delivery of cash release of the scale required will necessitate reconfiguration of ambulance service delivery. Expenditure has been analysed to identify prospective areas for efficiency savings. It is apparent from the exercise that the bulk of NIAS spend remains in payroll (approx. 80%). There is relatively little scope to deliver further efficiency savings from non-payroll as it is predominately demand-driven and heavily influenced by activity related to direct patient interaction.

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

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

### **Immediate Conclusions**

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

The savings proposals outlined represent NIAS' analysis and assessment of the most appropriate and effective way of maintaining existing ambulance service provision within a reduced revenue budget. The issues and risks highlighted in

this document reflect the ongoing concerns of NIAS Trust Board as it seeks to balance appropriately the competing statutory duties of maintaining financial control and stability with the statutory duties to provide safe, high-quality healthcare services.

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

DRAFT

## Savings Proposals Summary

NIAS has now set out, in response to the above targets, proposals to outline how the cash release element of the savings requirement set by HSCB and DHSSPS will be achieved. In line with these budget arrangements HSCB requires NIAS to make Cash-Release Savings of £1.2m in 2015-16. The Trust's revenue expenditure in 2014-15 was in the order of £62m, indicating a savings requirement of circa 2%.

**Summary Table**

| <b>Ref</b> | <b>NIAS Savings Requirement 2015-16 (£000's)</b> | <b>Current Year Effect (£000's)</b> | <b>Comment</b>  |
|------------|--|-------------------------------------|---|
| <b>01</b>  | <b>Non-Emergency Patient Transportation</b>      | 200                                 | NIAS spends c. £10Million p.a. on the direct cost of non-emergency services. This proposed saving of £200,000 represents 2%. NIAS does not propose to reduce the number of patients transported by PCS rather to increase the number of patients transported per journey, where appropriate, thereby increasing the efficiency and productivity of the PCS service. |
| <b>03</b>  | <b>Administration/Management Costs</b>           | 100                                 | Reduction in expenditure derived from further scrutiny and streamlining/re-provisioning of support services.  |
| <b>04</b>  | <b>Non-Pay</b>                                   | 100                                 | Reduction in expenditure derived from further scrutiny and streamlining/re-provisioning of non-pay expenditure.   |

| <b>Ref</b> | <b>NIAS Savings Requirement<br/>2015-16 (£000's)</b>  | <b>Current Year Effect<br/>(£000's)</b> | <b>Comment</b>   |
|------------|---|---|--|
| <b>05</b>  | <b>Reduction in expenditure<br/>associated with training and<br/>development</b>                              | 300                                     | NIAS spends in the order of £2 Million p.a. on training. This proposed saving of £300,000 represents 15%. A review of training focused on mandatory training requirements has identified opportunities for more cost-effective provision without impacting on delivery of mandatory clinical training. |
| <b>06</b>  | <b>Fuel Savings</b>   | 100                                     | Specific saving associated with reduced price of fuel.   |
| <b>07</b>  | <b>Constraining expenditure<br/>on<br/>minor schemes for estates.</b>   | 200                                     | Continued restraint to be exercised on estate repair, maintenance and refurbishment.   |
| <b>08</b>  | <b>Constraining expenditure<br/>on<br/>replacement/introduction of<br/>non-critical medical<br/>equipment</b> | 200                                     | Continued restraint to be exercised on replacement/introduction of non-critical medical equipment.   |



| Ref | NIAS Savings Requirement<br>2015-16 (£000's) | Current Year Effect<br>(£000's) | Comment   |
|-----|--|---------------------------------|---|
|     | <p><b>Savings Proposals – TOTAL</b></p>      | <p>1,200</p>                    | <p>These savings proposals must be considered in the context of a continuum of savings required and delivered over an extended period, totalling in excess of £8million. Throughout this period NIAS has sought to protect front-line delivery of services and will continue to do so.</p> <p>The quest for ever-greater efficiency reduces resilience and the capacity to deal with demand above the norm. There is potential for negative impact on response performance and ultimately quality and safety as a result of the pressure on front-line resources arising from increased demand and reduced funding. We will continue to prioritise rapid response to the most clinically urgent patients to manage this risk and prioritise safety and quality of services.</p> |

DRAFT

## INFORMATION FOR TRUST DELIVERY PLANS 2015/16

Trust

|  |
|--|
|  |
|--|

Table No.

FP1

### **Forecast Financial Position**

This should reflect both the planned 2015/16 in -year and full year projected financial position.

FP2

### **Reconciliation of Income**

This table should be used to indicate income assumptions by reconciling current RRL to planned income anticipated from HSCB and PHA.

FP3

### **Cash Releasing Savings Plans 2015/16**

These tables are to indicate the plans to achieve the 2015/16 Cash Releasing Targets. As appropriate, a commentary can be included against planned measures together with a RAG status. Where non-recurrent measures are required these should also be detailed. Additional rows can be inserted as required.

Table 3 (a) summaries the individual projects as detailed in Savings Plans submissions.

FP4

### **Workforce Planning - Indicative Impact on WTE**

Trusts should provide estimate of staffing impact of the cash releasing and indicative allocations/investments on paid WTE.

FP5

### **Workforce Planning - Total Staff**

This should, across staff groups, indicate the projected paid WTE for the Trust analysed between Trust's staff and Agency/Locum staff.

FP6

### **Summary of Trust Financial Savings Plans – Cash Release 2015/16**

This summaries the 2015/16 cash releasing targets to be addressed and plans to deliver savings including any non recurrent measures.

FP7

### **Summary of Trust Financial Position**

If a deficit is forecast this analyses the factors contributing to the position.

### ***TYC Financial Planning 2015/16 - 2017/18***

Further financial planning information will be communicated to Trusts on the financing of and benefits realisation from the transformation programme.

C:\Users\Lexadm\AppData\Local\Microsoft\Windows\Temporary Internet  
Files\Content.Outlook\Q5KE9RCQ\20150618TDPFinanceTemplates2015-16\_v2  
0NIAS.xls]FP1

Version discussed LMc/SMc/PN 26.06.15.

INFORMATION FOR TRUST DELIVERY PLANS 2015/16

FP1

TRUST:

The Northern Ireland Ambulance Service HCS Trust

Contact Name: Paul Nicholson

Position: Assistant Director of Finance

Phone No: 02890400999

Note: This table excludes all Provisions, Depreciation, Impairment Expenditure.

Date Completed: June 2015

| TABLE 2<br>FINANCIAL POSITION                              | 2015/16        |                  |
|--|----------------|------------------|
|  | In Year Effect | Full Year Effect |
|  | £'000          | £'000            |
| <b>Expenditure:</b>  |                |                  |
| 1.1 Staff costs  | 50,649         | 50,383           |
| 1.2 Other expenditure                                      | 12,662         | 12,596           |
| 1.3 Total expenditure                                      | 63,311         | 62,978           |
| <b>Income:</b>   |                |                  |
| 2.1 Income from activities                                 |                |                  |
| 2.2 Other income   | 440            | 440              |
| 2.3 Total income   | 440            | 440              |
| <b>3 Net expenditure</b>                                   | <b>62,871</b>  | <b>62,538</b>    |
| add: RRLs agreed for services provided by other HSC bodies |                |                  |
| 4.1 BSO  |                |                  |
| 4.2 Other (specify)  |                |                  |
| 4.3 Other (specify)  |                |                  |
| 4.4 Total RRLs agreed                                      | -              | -                |
| <b>5 Net resource outturn</b>                              | <b>62,871</b>  | <b>62,538</b>    |
| <b>Calculation of Revenue Resource Limit (RRL)</b>         |                |                  |
| 6.1 Allocation from HSCB (as per FP2)                      | 62,871         | 62,538           |
| 6.2 Allocation from PHA (as per FP2)                       | -              | -                |
| 6.3 Total Allocation from HSCB/PHA                         | 62,871         | 62,538           |
| 6.4 NIMDTA   |                |                  |
| 6.5 RRL agreed with other HSC bodies (specify)             |                |                  |
| 6.6 RRL agreed with other gov't departments (specify)      |                |                  |
| <b>6.7 Revenue Resource Limit</b>                          | <b>62,871</b>  | <b>62,538</b>    |
| <b>7.1 Surplus / (Deficit) against RRL</b>                 | <b>0</b>       | <b>0</b>         |
| <b>7.2 % Surplus / (Deficit) against RRL</b>               | <b>0.00%</b>   | <b>0.00%</b>     |

Notes:

|  |
|--|
|  |
|--|

## Name of Trust:

The Northern Ireland Ambulance Service HCS Trust

## RECONCILIATION OF RRL TO PLANNED INCOME

Date Completed: June 201

| INCOME FROM COMMISSIONERS                    | 2015/16        |                  |
|--|----------------|------------------|
|  | In-Year Effect | Full Year Effect |
| 1. HSCB                                      | £'000          | £'000            |
| RRL as at 29 May 2015                        | 58,659         | 58,659           |
| <u>Assumed Allocations:</u>                  |                |                  |
| <i>Residual Demand - Winter Pressures</i>    | 100            | 100              |
| <i>Residual Demand - NIAS A&amp;E</i>        | 358            | 358              |
| <i>TYC - Alternative Care Pathways</i>       | 495            |                  |
| <i>TYC - backfill</i>                        | 65             |                  |
| <i>ED Capacity - HALO's</i>                  | 150            | 150              |
| <i>Demography</i>                            | 775            | 1,077            |
| <i>Non-Pay</i>                               | 387            | 387              |
| <i>Pay</i>                                   | 227            | 227              |
| <i>Trust Recurrent Pressures</i>             | 1,667          | 1,667            |
| <i>Trust Savings</i>                         | (1,200)        | (1,200)          |
| <i>EPRF OBC Development</i>                  | 50             |                  |
| <i>Infrastructure Implementation Support</i> | 10             |                  |
| <i>CCIO</i>                                  | 10             |                  |
| <i>Clinical Input Pathway to Paperless</i>   | 5              |                  |
| <i>Employer Superannuation Increase</i>      | 1,113          | 1,113            |
| <b>Total Assumed Allocations</b>             | <b>4,212</b>   | <b>3,879</b>     |
| <b>HSCB Income as per FP1</b>                | <b>62,871</b>  | <b>62,538</b>    |
| 2. PHA                                       | £'000          | £'000            |
| RRL as at xxxx                               | 0              | 0                |
| <u>Assumed Allocations:</u>                  |                |                  |
| <b>Total Assumed Allocations</b>             | <b>0</b>       | <b>0</b>         |
| <b>PHA Income as per FP1</b>                 | <b>0</b>       | <b>0</b>         |

# INFORMATION FOR TRUST DELIVERY PLANS 2015/16

Name of Trust:

The Northern Ireland Ambulance Service HCS Trust

FP3

## Cash Releasing Proposals 2015/16

Date Completed: June 2015

| Service Area  | 2015/16 Plan<br>for in year<br>target | Plans for<br>Prior Years<br>Targets<br>Undelivered | Total        | RAG<br>Status | Commentary |
|---|---------------------------------------|--|--------------|---------------|------------|
|   | £'000                                 | £'000  | £'000        |               |            |
| Reduce GP Referrals   |                                       |  | 0            |               |            |
| Application of SBA New to Review ratio                                    |                                       |  | 0            |               |            |
| Reduce DNA New  |                                       |  | 0            |               |            |
| Reduce DNA Review   |                                       |  | 0            |               |            |
| Reduce Excess Bed days relating to Non-elective Inpatients                |                                       |  | 0            |               |            |
| Pre-op LOS reduction / Reduce Elective Excess Bed days                    |                                       |  | 0            |               |            |
| Reduce Cancelled Operations   |                                       |  | 0            |               |            |
| Basket of 24 daycase procedures from Inpatients                           |                                       |  | 0            |               |            |
| Reduce Readmission Rate   |                                       |  | 0            |               |            |
| Establish Ambulatory Care patient management rather than admission        |                                       |  | 0            |               |            |
| Reduction of Admissions relating to Asthma, COPD, Diabetes, Heart failure |                                       |  | 0            |               |            |
| <b>Acute Reform Sub-Total</b>   | <b>0</b>                              | <b>0</b>   | <b>0</b>     |               |            |
| Reducing Demand Social Care Reform (FYE)                                  |                                       |  | 0            |               |            |
| Reablement  |                                       |  | 0            |               |            |
| Shift to Lower cost Provision Social Care                                 |                                       |  | 0            |               |            |
| <b>Social Care Reform Sub-Total</b>                                       | <b>0</b>                              | <b>0</b>   | <b>0</b>     |               |            |
| Staff Productivity  |                                       |  | 0            |               |            |
| Non Emergency Patient Transportation                                      | 200                                   | 0  | 200          | G             |            |
| Training Release  | 300                                   | 0  | 300          | G             |            |
| <b>Staff Productivity Sub-Total</b>                                       | <b>500</b>                            | <b>0</b>   | <b>500</b>   |               |            |
| Administration/Management Costs   | 100                                   | 0  | 100          | A             |            |
| Non Pay Expenditure   | 100                                   | 0  | 100          | G             |            |
| Fuel Savings  | 100                                   | 0  | 100          | G             |            |
| Minor Schemes   | 200                                   | 0  | 200          | G             |            |
| Non Critical Medical Equipment  | 200                                   | 0  | 200          | G             |            |
| <b>Misc/Other Sub-Total</b>   | <b>700</b>                            | <b>0</b>   | <b>700</b>   |               |            |
| <b>Non-Recurrent Measures (detail)</b>                                    |                                       |  |              |               |            |
|   |                                       |  |              |               |            |
|   |                                       |  |              |               |            |
|   |                                       |  |              |               |            |
| <b>Overall Total</b>  | <b>1,200</b>                          | <b>0</b>   | <b>1,200</b> |               |            |

## INFORMATION FOR TRUST DELIVERY PLANS 2015/16

**Name of Trust:**

**FP3 (a)**

The Northern Ireland Ambulance Service HCS Trust

## Cash Releasing Proposals 2015/16 - Project Summary (from Savings Plans)

[illegible]



Trust

Ham Ireland Ambulance Service

Date Completed: June 2015

## 2015/16 Gross Planned Workforce Reductions (Savings Plans)

(Show Reductions as Negatives)

|                                      | Admin       | AHP         | Support Services | Nursing / Midwifery | Social Work | Professional / Technical | Medical / Dental | Ambulance   | Totals      |
|--------------------------------------|-------------|-------------|------------------|---------------------|-------------|--------------------------|------------------|-------------|-------------|
|                                      | WTE         | WTE         | WTE              | WTE                 | WTE         | WTE                      | WTE              | WTE         | WTE         |
| Permanent Staff                      | 0.00        | 0.00        | 0.00             | 0.00                | 0.00        | 0.00                     | 0.00             | 0.00        | 0.00        |
| Temporary Staff                      | 0.00        | 0.00        | 0.00             | 0.00                | 0.00        | 0.00                     | 0.00             | 0.00        | 0.00        |
| Decreases in Overtime & ADH Payments | 0.00        | 0.00        | 0.00             | 0.00                | 0.00        | 0.00                     | 0.00             | 0.00        | 0.00        |
| Agency/Bank Staff (Equivalent)       | 0.00        | 0.00        | 0.00             | 0.00                | 0.00        | 0.00                     | 0.00             | 0.00        | 0.00        |
| Independent Sector Staff             | 0.00        | 0.00        | 0.00             | 0.00                | 0.00        | 0.00                     | 0.00             | 0.00        | 0.00        |
| <b>Totals</b>                        | <b>0.00</b> | <b>0.00</b> | <b>0.00</b>      | <b>0.00</b>         | <b>0.00</b> | <b>0.00</b>              | <b>0.00</b>      | <b>0.00</b> | <b>0.00</b> |

This table is expected to capture the WTE (or WTE Equivalents) of all Reductions incorporated in the Trust Savings Plan

## 2015/16 Planned Increases due to Backfill (Increases due to Re-Provision to facilitate Savings Plans)

|  | Admin       | AHP         | Support Services | Nursing / Midwifery | Social Work | Professional / Technical | Medical / Dental | Ambulance    | Totals       |
|--|-------------|-------------|------------------|---------------------|-------------|--------------------------|------------------|--------------|--------------|
|  | WTE         | WTE         | WTE              | WTE                 | WTE         | WTE                      | WTE              | WTE          | WTE          |
| Permanent Staff                        | 0.00        | 0.00        | 0.00             | 0.00                | 0.00        | 0.00                     | 0.00             | 79.00        | 79.00        |
| Temporary Staff                        | 0.00        | 0.00        | 0.00             | 0.00                | 0.00        | 0.00                     | 0.00             | 0.00         | 0.00         |
| Increases in Overtime & ADH Payments   | 0.00        | 0.00        | 0.00             | 0.00                | 0.00        | 0.00                     | 0.00             | 0.00         | 0.00         |
| Agency/Bank Staff (Equivalent)         | 0.00        | 0.00        | 0.00             | 0.00                | 0.00        | 0.00                     | 0.00             | 0.00         | 0.00         |
| Independent Sector Staff/foster carers | 0.00        | 0.00        | 0.00             | 0.00                | 0.00        | 0.00                     | 0.00             | 0.00         | 0.00         |
| <b>Totals</b>                          | <b>0.00</b> | <b>0.00</b> | <b>0.00</b>      | <b>0.00</b>         | <b>0.00</b> | <b>0.00</b>              | <b>0.00</b>      | <b>79.00</b> | <b>79.00</b> |

This table is expected to capture the WTE (or WTE Equivalents) of increases due to re-provision to facilitate savings (e.g. Skill mix adjustments) in the Trust Savings Plan

## 2015/16 Planned Workforce Increases (New Investments)

|                                      | Admin       | AHPs        | Support Services | Nursing / Midwifery | Social Work | Professional / Technical | Medical / Dental | Ambulance   | Totals      |
|--------------------------------------|-------------|-------------|------------------|---------------------|-------------|--------------------------|------------------|-------------|-------------|
|                                      | WTE         | WTE         | WTE              | WTE                 | WTE         | WTE                      | WTE              | WTE         | WTE         |
| Permanent Staff                      | 0.00        | 0.00        | 0.00             | 0.00                | 0.00        | 0.00                     | 0.00             | 0.00        | 0.00        |
| Temporary Staff                      | 0.00        | 0.00        | 0.00             | 0.00                | 0.00        | 0.00                     | 0.00             | 0.00        | 0.00        |
| Increases in Overtime & ADH Payments | 0.00        | 0.00        | 0.00             | 0.00                | 0.00        | 0.00                     | 0.00             | 0.00        | 0.00        |
| Agency/Bank Staff (Equivalent)       | 0.00        | 0.00        | 0.00             | 0.00                | 0.00        | 0.00                     | 0.00             | 0.00        | 0.00        |
| Independent Sector Staff             | 0.00        | 0.00        | 0.00             | 0.00                | 0.00        | 0.00                     | 0.00             | 0.00        | 0.00        |
| <b>Totals</b>                        | <b>0.00</b> | <b>0.00</b> | <b>0.00</b>      | <b>0.00</b>         | <b>0.00</b> | <b>0.00</b>              | <b>0.00</b>      | <b>0.00</b> | <b>0.00</b> |

This table is expected to capture the WTE (or WTE Equivalents) of increases due to indicative HSCB Investment (e.g. Demography and other Service Development)

## 2015/16 Net Planned Workforce Increases (Decreases)

|                                      | Admin       | Estates     | Support Services | Nursing / Midwifery | Social Work | Professional / Technical | Medical / Dental | Ambulance    | Totals       |
|--------------------------------------|-------------|-------------|------------------|---------------------|-------------|--------------------------|------------------|--------------|--------------|
|                                      | WTE         | WTE         | WTE              | WTE                 | WTE         | WTE                      | WTE              | WTE          | WTE          |
| Permanent Staff                      | 0.00        | 0.00        | 0.00             | 0.00                | 0.00        | 0.00                     | 0.00             | 79.00        | 79.00        |
| Temporary Staff                      | 0.00        | 0.00        | 0.00             | 0.00                | 0.00        | 0.00                     | 0.00             | 0.00         | 0.00         |
| Increases in Overtime & ADH Payments | 0.00        | 0.00        | 0.00             | 0.00                | 0.00        | 0.00                     | 0.00             | 0.00         | 0.00         |
| Agency/Bank Staff (Equivalent)       | 0.00        | 0.00        | 0.00             | 0.00                | 0.00        | 0.00                     | 0.00             | 0.00         | 0.00         |
| Independent Sector Staff             | 0.00        | 0.00        | 0.00             | 0.00                | 0.00        | 0.00                     | 0.00             | 0.00         | 0.00         |
| <b>Totals</b>                        | <b>0.00</b> | <b>0.00</b> | <b>0.00</b>      | <b>0.00</b>         | <b>0.00</b> | <b>0.00</b>              | <b>0.00</b>      | <b>79.00</b> | <b>79.00</b> |



# INFORMATION FOR TRUST DELIVERY PLANS 2015/16

FP5

Name of Trust:

The Northern Ireland Ambulance Service HCS Trust

## Workforce Planning

Date Completed: June 2015

| Staff Group              | Actual WTE as at 31 March 2015 |              | Staff on Payroll        | Agency/Locum Staff      | Total                   |
|--------------------------|--------------------------------|--------------|-------------------------|-------------------------|-------------------------|
|                          | On Payroll                     | Agency/locum |                         |                         |                         |
|                          |                                |              | Projected WTE 31-Mar-16 | Projected WTE 31-Mar-16 | Projected WTE 31-Mar-16 |
| Admin & Clerical         | 88.24                          | 20.03        |                         |                         |                         |
| Estate Services          | 0.00                           | 0.00         | 88.00                   | 20.00                   | 108.00                  |
| Support Services         | 3.00                           | 0.00         | 0.00                    | 0.00                    | 0.00                    |
| Nursing & Midwifery      | 0.00                           | 0.00         | 3.00                    | 0.00                    | 3.00                    |
| Social Services          | 0.00                           | 0.00         | 0.00                    | 0.00                    | 0.00                    |
| Professional & Technical | 0.00                           | 0.00         | 0.00                    | 0.00                    | 0.00                    |
| Medical & Dental         | 2.00                           | 0.00         | 0.00                    | 0.00                    | 0.00                    |
| Ambulance Service        | 1,024.82                       | 6.90         | 2.00                    | 0.00                    | 2.00                    |
|                          |                                |              | 1,103.82                | 7.00                    | 1,110.82                |
| <b>Total</b>             | <b>1,118.06</b>                | <b>26.93</b> | <b>1,196.82</b>         | <b>27.00</b>            | <b>1,223.82</b>         |

## INFORMATION FOR TRUST DELIVERY PLANS 2015/16

TRUST: The Northern Ireland Ambulance Service HCS Trust

Date Completed: June 2015

## Summary of Trust Financial Savings Plans – Cash Release 2015/16

|            | Cash Releasing Target  | £'000<br>In Year Effect | £'000<br>Full Year<br>Effect |
|------------|--|-------------------------|------------------------------|
|            | 2015/16 Target as notified by HSCB   | 1,200                   | 1,200                        |
|            | Other- please specify  |                         |                              |
| <b>A</b>   | <b>Total savings to be delivered in 2015/16</b>  | <b>1,200</b>            | <b>1,200</b>                 |
|            | Delivered by   |                         |                              |
|            | Acute Reform   | 0                       | 0                            |
|            | Social Care Reform   | 0                       | 0                            |
|            | Staff Productivity   | 500                     | 500                          |
|            | Other  | 700                     | 700                          |
| <b>B</b>   | <b>Total planned savings 2014/15</b>   | <b>1,200</b>            | <b>1,200</b>                 |
| <b>C</b>   | <b>Gap</b>   | <b>0</b>                | <b>0</b>                     |
| <b>D</b>   | <b>Value of Savings expected in 2015/16 but yet to be fully identified (e.g. non recurrent measures)</b> | <b>0</b>                | <b>0</b>                     |
| <b>E</b>   | <b>Cash Release Gap</b>  | <b>0</b>                | <b>0</b>                     |
| <b>B+D</b> | <b>Total savings planned + expected savings yet to be identified</b>                                     | <b>1,200</b>            | <b>1,200</b>                 |

## INFORMATION FOR TRUST DELIVERY PLANS 2015/16

**TRUST:**

The Northern Ireland Ambulance Service HCS Trust

Date Completed: June 2015

## Summary of Financial Position - Analysis

|   | 2015/16        | 2015/16          |
|---|----------------|------------------|
|   | £'000          | £'000            |
|   | In Year Effect | Full Year Effect |
| <b>Gap in Cash Release Plans</b>                    |                |                  |
|   |                |                  |
| Acute   | 0              | 0                |
| Social Care   | 0              | 0                |
| Staff Productivity                                  | 0              | 0                |
| Misc  | 0              | 0                |
|   |                |                  |
| <b>Total Cash Release Gap (agrees to FP7 Row E)</b> | <b>0</b>       | <b>0</b>         |
|   |                |                  |
| <b>Pressures (please list)</b>                      |                |                  |
|   |                |                  |
| Agenda for Change - From 1 October 2004             | TBC            | TBC              |
| Demand Growth                                       |                |                  |
|   |                |                  |
|   |                |                  |
|   |                |                  |
|   |                |                  |
|   |                |                  |
|   |                |                  |
|   |                |                  |
|   |                |                  |
|   |                |                  |
|   |                |                  |
|   |                |                  |
|   |                |                  |
|   |                |                  |
| <b>Total Pressures</b>                              | <b>0</b>       | <b>0</b>         |
|   |                |                  |
|   |                |                  |
| <b>TOTAL GAP (to agree to FP1)</b>                  | <b>0</b>       | <b>0</b>         |

Accident & Emergency staff 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.



**TB/8 06/08/15**



# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

**6 August 2015**

|                        |  |
|------------------------|--|
| <b>Title:</b>          | Assurance Committee Terms of Reference |
| <b>Purpose:</b>        | For review and approval                |
| <b>Content:</b>        |  |
| <b>Recommendation:</b> |  |
| <b>Previous Forum:</b> |  |
| <b>Prepared by:</b>    | Medical Director                       |
| <b>Presented by:</b>   | Jim Livingstone                        |





# **TERMS OF REFERENCE**

## **ASSURANCE COMMITTEE**

### **1.0 CONSTITUTION**

- 1.1 The Board hereby resolves to establish a Committee of the Board to be known as the Assurance Committee (The Committee).
- 1.2 The Committee is a non-executive Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.
- 1.3 All procedural matters in respect of conduct of meetings of the Committee shall be in accordance with the Trust's Standing Orders.

### **2.0 MEMBERSHIP OF THE COMMITTEE**

- 2.1 The Committee shall be appointed by the Board from amongst the Non-Executive Directors of the Trust and shall consist of not less than three members.
- 2.2 A Non-Executive Member of the Committee will be appointed Chair of the Committee by the Board.
- 2.3 The Chairman of the Trust Board shall not be a member of the Committee.
- 2.4 In the absence of the Chair another Non-Executive Member may be appointed to that role by agreement of the Non-Executive Directors.
- 2.5 One member of the Committee shall be the Chair of the Audit Committee.
- 2.6 One member of the Committee should have a clinical background.
- 2.7 A quorum shall be two members including the Chair.

### **3.0 ATTENDANCE AT MEETINGS**

- 3.1 The Medical Director, Director of Operations, Director of Finance & ICT and Director of Human Resources & Corporate Services shall normally attend meetings.
- 3.2 The Chairman, Chief Executive and other Officers of the Trust may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Officer.

- 3.3 The Medical Director shall attend to the minutes of the meeting and provide appropriate support to the Chairman and Committee members.

#### **4.0 FREQUENCY OF MEETINGS**

- 4.1 Meetings shall be held not less than three times a year.

#### **5.0 AUTHORITY**

- 5.1 The Committee will be responsible for assuring the NIAS Board that effective and regularly reviewed arrangements are in place to support the implementation, maintenance and development of Governance (clinical and non clinical) and risk management and that such matters are properly considered and communicated to the Board.
- 5.2 The Board will always retain responsibility for such control and will act after taking account of the recommendations and assurances of the Committee. The Committee, therefore, does not have the executive authority of the Board, but does have sufficient membership, authority and resources to perform its role independently and effectively.
- 5.3 The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- 5.4 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

#### **6.0 DUTIES**

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

##### **6.2 Governance, Risk Management and Internal Control**

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

- 6.3 In particular the Committee will:

- 6.3.1 Provide assurance that adequate systems and processes are in place to support the achievement of the organisation's objectives and strategically manage clinical and non-clinical risks.

6.3.2 Provide assurance that adequate systems and processes are in place for the delivery of high quality patient care that is safe, effective and patient focused through the review and monitoring of:

- clinical activities;
- professional self-regulation;
- development and implementation of national standards of care and practice;
- clinical audit activity;
- professional and clinical performance standards;
- continuing professional development for all staff;
- adverse incidents and complaints with a clinical component;
- infection prevention and control arrangements;
- clinical research and development activity;
- Personal and Public Involvement (PPI) arrangements and activities;
- corporate social responsibility.
- emergency planning and business continuity;
- information governance;
- compliance with the relevant DHSSPS Controls Assurance Standards and associated action plans.

6.3.3 Review the Trust's Assurance Framework and the Trust's Risk Register and to make recommendations to Trust Board for action as required to ensure high quality patient care.<sup>1</sup>

6.3.4 Report and review the outcome of Serious Adverse Incidents (SAI) including Serious Clinical Adverse Incidents in line with DHSSPS guidance and to ensure that appropriate remedial action has been taken including measures to prevent recurrence.<sup>2</sup>

6.3.5 Receive reports from other Committees and Working Groups in relation to areas of risk and governance.

6.3.6 Provide Trust Board with regular reports on the management of risk and quality of patient care and an annual report on clinical governance.

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

---

<sup>1</sup> Safety First – A framework for sustainable Improvement in the HPSS (March 2006)

<sup>2</sup> Procedure for reporting and follow up of SAI (April 2010)

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

**6.6 Other Assurance Functions**

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

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

**6.8 Governance Statement**

The Committee shall review the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee.

**7.0 REPORTING**

- 7.1 The Minutes of Committee meetings shall be formally recorded and submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.
- 7.2 The Committee will report to the Board annually on its work in support of the Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against the Quality Standards and Controls Assurance Standards.

**8.0 OTHER MATTERS**

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

**DATE OF ISSUE: August 2015**

**DATE OF REVIEW: August 2016**

**TB/9 06/08/15**





***Minutes of a Meeting of the Assurance Committee held on Monday 18 May 2015 at 1.00pm, Boardroom, NIAS Headquarters, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG***

|                      |  |  |
|----------------------|--|--|
| <b>PRESENT</b>       | Prof M Hanratty<br>Dr J Livingstone  | Non-Executive Director (Chair)<br>Non-Executive Director   |
| <b>IN ATTENDANCE</b> | Mr T Haslett<br>Dr D McManus<br>Mr B McNeill<br>Mrs S McCue<br>Mrs R O'Hara<br>Dr N Ruddell<br>Mr T McGarey<br>Miss M Lemon<br><br>Ms L Gardner<br><br>Mrs J McSwiggan | Non-Executive Director<br>Medical Director<br>Director of Operations<br>Director of Finance & ICT<br>Director of HR & Corporate Services<br>Assistant Medical Director<br>Risk Manager<br>Assistant Director of HR – Equality, PPI & Patient Experience (deputising for Director of Human Resources & Corporate Services)<br>Assistant Director of HR – Employment, Performance & Corporate Services<br>Senior Secretary |

**1.0 Apologies**

An apology was received from Mr N McKinley.

**2.0 Procedure**

**2.1 Declaration of Potential Conflicts of Interest**

No potential conflicts of interest were declared.

**2.2 Quorum**

The Committee was confirmed as quorate.

**2.3 Confidentiality of Information**

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

**3.0 Minutes of the Assurance Committee Meeting held on 19 January 2015**

The Minutes were presented for noting by the Assurance Committee. The Minutes had been previously circulated, agreed and signed by the Committee Chair and had been presented to Trust Board on 2 April 2015.

**4.0 Matters Arising**

No matters arising that were not covered in the Agenda.

## **5.0 Chairman's Business**

The Chair welcomed the newly appointed Non-Executive Director Trevor Haslett to the meeting in an observational capacity.

### **5.1 Assurance Committee Self Assessment Outcomes**

### **5.2 Assurance Committee Terms of Reference**

Recommendations arising from the Assurance Committee self assessment exercise were reviewed and the Terms of Reference have been amended to reflect these.

Item 2.6 of the Terms of Reference, which states that one member of the Committee should have a clinical background, was discussed. It was noted that from July 2015 no Non-Executive Directors with a clinical background have been appointed by the Minister. This discussion and related concerns will be raised at the Trust Board meeting on 6 August when the Terms of Reference will be reviewed and ratified.

## **6.0 Standing Items**

### **6.1 Assurance Framework as at 31 March 2015**

Noted. This document continues to evolve and its value to the Committee was acknowledged.

### **6.2 Local Risk Register Review as at 31 March 2015**

The local Risk Register for Human Resources & Corporate Services was presented and noted. Risk relating to industrial action has now been moved to the Corporate Risk Register.

The Committee agreed to remove the following risks:

242 – Workforce Flexibility

22 – Ambulance Periodic Driving Assessment and/or Remedial Training

212 – Pathway Management (to be moved to Transforming Your Care local Risk Register)

234 – Business Continuity in Employee Relations Department due to impact of BSTP in Staff Resources

The Committee thanked the Director of HR & Corporate Services and the Risk Manager for the work involved in preparing this comprehensive local Risk Register for presentation.

### **6.3 Controls Assurance Standards**

The self-assessment relating to four controls assurance standards have yet to be completed, but will be presented to the Committee at its next meeting. Substantive compliance has been achieved for all other controls assurance standards except Information Management which was self-assessed as moderate.

### **6.4 Untoward Incidents as at 31 March 2015**

Noted.



**6.4.1 Clinical Incidents as at 31 March 2015**

Noted. The level of self-reporting continues to increase and it was noted that no serious clinical incidents involving harm have been reported. The increased level of reporting was welcomed, with the Committee encouraged that potential risks are being identified and reported for learning across the Service.

**6.5 Serious Adverse Incidents as at 31 March 2015**

Noted. The significantly increased workload in this area was noted.

**6.6 Coroner's Reports**

No reports relevant to NIAS have been received within the reporting period.

**6.7 Medical Device Alerts**

The Trust had generated an alert for the first time following an incident where an intraosseous needle sheered at the housing head during use. This did not adversely impact on the care of the patient and the crew acted appropriately at all times. The batch was immediately removed from use and a full investigation was carried out by the manufacturer who was satisfied that this was an isolated incident and plans no further action. NIAS will purchase a stabilising device for the needles which will resolve the issue. No further action is required.

**6.8 Pharmacy & Medicines Management Update**

Ongoing inspections continue and reports remain satisfactory. An issue raised during one recent inspection will be reported to the next Assurance Committee meeting as it occurred outside the reporting period.

**6.9 Reports from Groups and Committees**

**6.9.1 Health & Safety Committee – Notes of Meeting 11 September 2014**

Noted.

**6.9.2 Health & Safety Committee – Notes of Meeting 26 January 2015**

Noted. A further Management Summary for a meeting held on 23 April was circulated to the Committee.

**6.9.3 Fire Compliance Group – Notes of Meeting 29 September 2014**

Noted.

**6.9.4 Fire Compliance Group – Draft Notes of Meeting 28 January 2015**

Noted.

**6.9.5 Medical Equipment Group – Notes of Meeting 11 February 2015**

Noted.

**6.9.6 Infection Prevention & Control Group – Notes of Meeting 16 January 2015**

Noted. The Committee noted that following this meeting, progress has been made with the issue of recording vehicle cleaning.

**6.9.7      NIAS Infection Prevention & Control Policy & Procedures**

Minor amendments to the document were noted.

**6.9.8      Emergency Preparedness & Business Continuity – Notes of Meeting 20 February 2015**

Noted.

**6.9.9      Information Governance Steering Group – Notes of Meeting 1 April 2015**

Noted. Page 3, Agenda Item 4.3 – the contact point for BSTP ICT infrastructure discussion is now L Gardner (Assistant Director of Human Resources for Employment, Performance & Corporate Services).

**6.9.10     Information Governance Steering Group – Terms of Reference**

Noted. The Audit Committee will consider in more depth.

**7.0      Progress Report on Equality and Recruitment**

An amended version of the Progress Report was circulated to the Committee.

The report had been requested by the Assurance Committee and provided an analysis of recruitments during 2011-2013 by gender and community background throughout all stages of the recruitment process.

The Committee was reminded of the extensive controls the Trust has in place to ensure fair and equitable recruitment.

The consistency of effect was noted, and a presentational suggestion was made regarding use of terminology. The Committee expressed its thanks for a useful initial report and looked forward to a further more detailed report in the future.

**8.0      Any Other Business**

As this was her last meeting as Chair, Professor Hanratty extended her thanks to the Committee for their support in providing assurance to the Trust Board. Particular thanks was extended to Dr McManus and Jane McSwiggan for their assistance.

Jim Livingstone expressed his thanks and the thanks of the Committee to Professor Hanratty for an excellent job as Chair and wished her well.

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

The next meeting will take place on **Thursday 10 September 2015 at 1100hrs.**

Signed: Mary Hanratty  
(Professor Hanratty, Chairman)

Date: 6 July 2015

**TB/10 06/08/15**



## NORTHERN IRELAND AMBULANCE SERVICE

**Minutes of a meeting of the Audit Committee held on Monday 18 May 2015 at 9.00am**  
**in the Board Room, Ambulance Headquarters,**  
**Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG**

|                       |  |  |
|-----------------------|--|--|
| <b>PRESENT:</b>       | Mr N McKinley<br>Professor M Hanratty  | Non Executive Director (Chair)<br>Non Executive Director   |
| <b>IN ATTENDANCE:</b> | Mr Liam McIvor<br>Mrs S McCue<br>Mr P Nicholson<br>Mr A Phillips<br>Mr M Magill<br>Mr C Morrow<br>Mrs C McKeown<br>Ms E Mullan<br>Miss J Dickson | Chief Executive<br>Director of Finance & ICT<br>Assistant Director of Finance<br>Financial Accounts Manager<br>KPMG External Audit<br>NIAO External Audit<br>BSO Internal Audit<br>HSC Leadership Centre Associate<br>Senior Secretary |

### **Welcome and Introduction to the Meeting**

Mr McKinley welcomed everyone and thanked all members for their flexibility regarding the date and time of the meeting.

#### **1.0 Apologies**

Apologies were received from John McKeown (DHSSPS) and Fiona Hamill (DHSSPS).

#### **2.0 Declaration of Potential Conflict of Interest & Confirmation of Quorum**

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

#### **3.0 Minutes of Previous Meeting of the Audit Committee held on 19 January 2015 (for noting)**

The minutes of the previous meeting were noted by the committee. These had previously been agreed and had been presented to Trust Board on 2 April 2015.

#### **4.0 Matters Arising**

There were no matters arising that were not covered in the Agenda.

#### **5.0 Chairman's Business**

##### **5.1 Audit Committee Annual Report**

Arising from the self-assessment checklist, the Chairman committed to produce this report. Mr McKinley welcomed feedback from internal and external audit before providing a draft for consideration by Audit Committee at the next meeting on Friday 12 June 2015.

#### **6.0 Internal Audit**

##### **6.1 Progress Report**

Mrs McKeown introduced this paper highlighting that it includes a summary of findings from the following:

1. Operations Directorate Risk Audit – Ambulance Marked Cars
2. Verification of Compliance with Controls Assurance Standards
3. Review of Management of Contracts
4. Stocktaking Report
5. Information Governance
6. Management of ICT Contracts

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

## 1. Operations Directorate Risk Audit – Ambulance Marked Cars

Limited assurance provided on the basis that there are currently no documented arrangements for management, control and oversight of Ambulance Service Marked Cars. However, Internal Audit acknowledges that in many instances allocation of marked cars to individuals may be appropriate to meet the business needs of the organisation. Three priority one weaknesses were identified in this area. No priority two or three weaknesses were identified.

Mr McIvor responded stating that the organisation showed a proactive approach by asking for this area of business to be audited. He also suggested that a work programme needs to be produced to deal with the audit recommendations. Professor Hanratty agreed with this statement and stated that this audit requested by NIAS demonstrates a high degree of openness and transparency. Mrs McCue concluded by explaining that a mid-year assurance and year-end follow up will be carried out.

## 2. Verification of Compliance with Controls Assurance Standards

NIAS has met the DHSSPS requirement for substantive compliance with all five of the applicable standards that were subject to review by Internal Audit (Governance, Financial Management, Risk Management, Infection Control, and Buildings, Land, Plant & Non-Medical Equipment). The action plans prepared by Management to improve compliance against the standards reviewed are reasonable.

## 3. Review of Management of Contracts

Limited assurance was provided over the Management of Contracts in 2011/12, 2012/13 and 2014/15. Limited assurance was provided on the basis of a lack of robust controls over procurement and contract management. Work has been on-going within the Trust to address the recommendations. Of the 33 recommendations, 21 (64%) were fully implemented, a further 10 (30%) were partially implemented and 2 (6%) were not yet implemented at the time of review.

## 4. Stocktaking Report

Satisfactory level of assurance provided on stocktaking processes within NIAS. Satisfactory assurance was provided on the basis that the count was properly controlled. No discrepancies were noted from a sample recount of forty items.

## 5. Information Governance

Limited assurance was provided on the system of internal control within Information Governance. Limited assurance was provided on the basis that there has been no comprehensive data flow exercise carried out to identify instances where data has been transferred to third parties. There is no asset register retained of information held by NIAS and an assessment of Information Governance risks has not been performed. Development of a risk register and information asset register cannot be done until completion of the data flow exercise. Three priority one weaknesses and six priority two weaknesses were identified. No priority three weaknesses were identified.

Ms Mullan asked the committee to clarify why recommendations made in 2011/12, 2013/14 and 2014/15 haven't yet been addressed by NIAS. Mrs McCue explained that a small team and many conflicting priorities present a significant challenge. Nevertheless she agreed that focus must be placed on this and at present work is ongoing to address these issues. However, she did explain that although progress is being made, and will continue to be made, the Trust wide data flow exercise is still a long way off at present. Mr McIvor stated that his interpretation of the data flow exercise is that it should focus on information flowing only outside of the organisation rather than internally. This could make the task much more achievable. Mrs McKeown confirmed that assurance is needed for information travelling both internally and externally and needs to be officially presented in the form of a register. Mrs McCue highlighted that NIAS do have control measures in place but agreed that policies and procedures need to be finalised and approved. Mr McIvor suggested creating an action plan for the year ahead to enable audit or assurance committee to track progress against this plan.

## **6. Management of ICT Contracts**

Limited assurance provided on the basis that a central register of ICT contracts is not maintained and formal arrangements for monitoring of ICT spend against specific contracts have yet to be established. The supporting records and audit trail around the use of TPA contracts also require strengthening and formalising. Three priority one and two priority two weaknesses were identified. No priority three weaknesses were identified.

Mr McKinley thanked Mrs McKeown for the extensive report.

### **6.2 Follow Up Report On Outstanding Internal Audit Recommendations 2014/15**

Mrs McKeown provided a summary of year end follow up report on outstanding Internal Audit recommendations 2014/15. At the time of the review 103 (75%) of 137 recommendations examined were fully implemented, a further 28 (20%) were partially implemented and 6 (5%) were not yet implemented.

Mr McKinley expressed his opinion that a 75% follow up rate is pleasing and very reassuring. He also stated that he would like to compare this to last year's figures. Mrs McKeown was asked to provide this comparison at a later date.

### **6.3 Shared Services Report – March 2015**

Mrs McKeown provided an update on BSO Internal Audit Shared Service audits as part of audit plan. The payments shared service audit report as at March 2015 showed an improved position and assurance level compared to the earlier audit undertaken as at September 2014. However limited assurance is still provided around the management of duplicate payments. A significant number of priority one findings and recommendations remained in the Payroll Shared Service Centre (PSSC) audit as at February 2015 and therefore limited assurance was still provided.

Mrs McKeown also tabled another paper of additional Shared Services audits for information purposes. This confirmed that the following reports have been finalised:

Business Services Team – Satisfactory Assurance (September 2014)  
Governance – Satisfactory Assurance (November 2014)

Professor Hanratty questioned if the whole BSO Shared Service system has settled yet in terms of functionality. Mrs McKeown responded that improvements have been made but in her opinion the control environment still needs further development. Mrs McCue added that NIAS are still experiencing a number of issues regarding payroll. She reassured the committee that this area is being closely monitored using the services of NIAS Payroll Manager. Mr McIvor agreed that there have been problems but highlighted that NIAS's transfer to Shared Services had fewer issues than other Trusts in the first tranche which attracted significant media attention. Mr Nicholson added that there has been regular engagement with Shared Services to resolve any issues and he praised the way in which NIAS Managers have responded to the situation.

Mr McKinley questioned BSO performance levels. He expressed his concern that NIAS are 'tied' to BSO despite unsatisfactory results thus far. Ms McMullan agreed that a monopoly situation with BSO means that NIAS can't take their custom elsewhere despite limited assurance being provided. Mrs McKeown stated that she has seen an improvement in performance since her last audit and informed the committee that Internal Audit will be conducting further audits twice next year. She also suggested inviting representatives from BSO to an Audit Committee meeting to voice any concerns directly. Mr McKinley and Professor Hanratty both agreed that this would be useful.

### **6.4 Head of Internal Audit Annual Report – Year Ended 31 March 2015**

Mrs McKeown provided a summary of her annual report for the year ended 31 March 2015. She stated that her overall opinion was there is a satisfactory system of internal control designed to meet the organisation's objectives. However, limited assurance was provided in a number of areas:

Finance Audits

Financial Review – Satisfactory Assurance  
Asset Management - Satisfactory Assurance  
Management of ICT Contracts – Limited Assurance  
Year-End Stocktake - Satisfactory Assurance

#### Corporate Risk Audits

Operations Directorate Risk Based Audit (Ambulance Service Marked Cars) – Limited Assurance  
Information Governance – Limited Assurance

#### Governance Audits

Risk Management - Satisfactory Assurance  
Complaints, Incidents & Claims Management - Satisfactory Assurance

Mrs McKeown also verified that NIAS has met the DHSSPS requirement for substantive compliance with all five of the applicable standards that were subject to review by Internal Audit (Governance, Financial Management, Risk Management, Infection Control, and Buildings, Land, Plant & Non-Medical Equipment).

### **6.5 Internal Audit Charter**

Mrs McKeown explained that the Internal Audit Charter document was last reviewed and approved by NIAS Audit Committee in May 2013. The committee were asked to note paper AC/06/18/05/15 - an updated IA Charter document for 2015. Mrs McKeown pointed out that the new version is largely unchanged from the original because the Internal Audit standards, purpose, authority and responsibility all remain the same. All changes were minor in nature, the main one relating to the Status of Internal Audit paragraph reflecting new line management arrangements within BSO.

Mrs McKeown sought approval of the IA Charter and the Audit Committee granted approval.

### **6.6 Internal Audit Strategy Incorporating Proposed Internal Audit Plan 2014/15 – 2016/17**

Mrs McKeown provided a summary of this report. She stated that Internal Audit are in year two of a three year strategy. She also highlighted the proposed Internal Audit Annual Plan for 2015/16. She explained that the plan includes 135 audit days allocated between individual planned assignments, management time, follow up time and contingency. Professor Hanratty questioned whether the 135 allocated days was an increase on last year's figures or if it remained the same. Mrs McKeown confirmed that the number of days has remained consistent. Mr McKinley asked if this figure is likely to reduce or increase moving forward. Mrs McKeown responded that it is a rolling three year plan and difficult to predict. Mr McIvor suggested reviewing five year trend and building on this to project future figures. Mrs McCue emphasised the importance of NIAS having the opportunity to review and refresh the plan. Mr McIvor agreed and noted that the key to this is the committees and boards coming together to review the assurance framework.

The Internal Audit Plan for 2015/16 was approved and accepted by the committee.

## **7.0 External Audit**

### **7.1 Submission Letter and Draft, Unaudited, Uncertified, Exchequer and Consolidated Charitable Trust Fund Accounts 2014/15 (Including Annual Report, Remuneration Report and Governance Statement)**

Mrs McCue began by noting how much this document has changed over the last number of years. Most notably the fact that it is now combined into one single document and covers the corporate remit rather than focusing solely on financial matters. She also pointed out that the document at present is still unaudited and uncertified. Mrs McCue gave an overview of the document, paying particular reference to 'Management Commentary' section on page 14 and 'Developing and Improving Clinical Services' section on page 17.

The document was discussed by the committee at length. Mr McKinley expressed his concern



that some parts of the Annual Report may be too opaque for the general public reading it. He asked if there was still time available to put some of the narrative in 'layman's terms' and suggested this use of more sub-headings to make it more reader friendly. Mr Mclvor responded that the stipulation of content comes from the Department and we must adhere to this. Mr Magill noted that KPMG and NIAO will be making some recommendations to improve the content prior to approval from Audit Committee. Mr Morrow added that at present, the document is still in draft format and therefore changes can still be made. Mrs McCue suggested waiting until all comments have been received from auditors and Department then making necessary amendments. She summarised that the committee appeared to consider the current document a reasonable draft but that there are some formatting issues to consider in conjunction with External Audit. Mr McKinley stressed that the key themes and messages should be clear and easily understood in order to make the document as accessible as possible to the wider population. He also suggested creating more links between the Annual Report and the Governance Statement, without duplicating information. Mr Morrow pointed out that at this point other organisations are not as advanced as NIAS in terms of overall completeness and consistency within various parts of the document. He stated that the content of the draft document is of a good standard and that any changes necessary are minor issues. The committee agreed that the discussed changes to the document would be made and reviewed again at the next meeting on Friday 12 June 2015.

Mrs McCue continued with her summary of the document, pausing at regular intervals to allow for any questions or suggested amendments. She highlighted 'Principle Risks and Uncertainties' section on page 33, 'Remuneration Report for the Year Ended 31 March 2015' section on page 36 and provided a summary of the Annual Governance Statement 2014/15 on page 44. Mrs McCue then continued on to page 85 and gave an overview of staff numbers and related costs. Professor Hanratty suggested some narrative to address the movement of staff internally and recruitment drive to fill the gap from Ambulance Care Assistants progressing to Emergency Medical Technicians. Mr Mclvor confirmed that this narrative is present in the Annual Report. Mrs McCue also drew the committee's attention to 'Trust Management Costs' section on page 87 and pointed out that narrative has been included to explain 0.1% increase this year. Mr Mclvor noted that the denominator in the calculation of the management cost percentage is total income and other Trusts have much more significant incomes than NIAS. Mrs McCue resumed her report with a summary of prompt payment policy (page 104). It was noted that in 2014/15 88.48% of bills were paid within 30 day target or under agreed payment terms.

Mr Phillips provided a summary of provisions for liabilities and charges 2014/15. He explained that provisions have been made for six types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, Injury Benefit, Procurement and Industrial Tribunal. At 31 March 2015 the provision in respect of other liabilities and charges comprises £1,934k for Employer's and Occupier's Liability, £15k for Procurement, £4k for Industrial Tribunal and £2,467k for Injury Benefit. At 31 March 2014 the provision in respect of other liabilities and charges comprises £3,470k for Employer's and Occupier's Liability and £2,433k for Injury Benefit. Mr Mclvor then referred the committee to 'Analysis of Losses and Special Payments' section on page 113. He noted that whilst NIAS recognise the need to be open and transparent, in note 26.1, the importance of preserving confidentiality by aggregating cases is essential.

Mrs McCue concluded the report by referring to 'Financial Performance Targets' section on page 111. She explained that the Trust is given a Capital Resource Limit (CRL) which it is not permitted to overspend. Mrs McCue reported a £1k underspend against CRL which is in compliance with the requirement..

Mr Nicholson suggested bringing forward item 9.2 Losses and Special Payments while it was already being discussed. He confirmed that in 2014/15 there were 8 cases of compensation payments and 4 cases of ex-gratia payments. These 12 cases equated to £33,573.

## **7.2 Submission Letter and Draft, Unaudited, Uncertified, Charitable Trust Fund Accounts and Trustee's Annual Report 2014/15**

Mrs McCue provided an overview of paper AC/09/18/05/15. She reported the overall balance of the Charitable Trust Funds decreased by £2,250 to £5,880 as at 31 March 2015 (2014 £8,130). As at 31 March 2015, the General Fund has a balance of £1,527 (2014 £2,337) and restricted

funds have a combined balance of £4,353 (2014 £5,793). Donations received in year totalled £694 (2014 £1,852) to the General Fund. Mr Phillips informed the group that NIAS need to register with the Charity Commission. He explained that the relevant paperwork has been submitted and NIAS are currently awaiting a response.

## **8.0 For Approval**

There were no other specific items for approval.

## **9.0 For Noting**

### **9.1 Single Tender Actions 2014/15**

Mrs McCue explained that Single Tender Actions are the procedures applied when the full tendering process is not undertaken. Eight such instances have occurred in the financial year 2014/15 and all have been approved by the Chief Executive. She highlighted that five of these STA's relate to additional operational support via St John's Ambulance Service, Red Cross and Order of Malta Ambulance Service. Mr Nicholson advised that a procurement exercise was currently underway to address this matter. He also highlighted that one of the STA's relates to a BioCell Unit purchased in response to the high profile Ebola outbreak. Mr Nicholson concluded by informing the committee that all STA information is now available to the public via the NIAS website.

### **9.2 Losses and Special Payments**

The Audit Committee had considered all Losses and Special Payments earlier in meeting.

## **10.0 Closed Meeting**

At this point, Mr McIvor, Mrs McCue, Mr Nicholson, Mr Phillips and Miss Dickson left the meeting to allow the Audit Committee members to meet independently with the Internal and External Auditors. Mr McKinley invited Ms Mullan to remain for the closed meeting.

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

Mr Nicholson confirmed that all agreed changes to Annual Report, Governance Statement and Annual Accounts will be actioned along with any further changes required either as a result of the audit of by DHSSPS. The revised document will be discussed at next Audit Committee meeting on the morning of Friday 12 June 2015, before being presented to Trust Board that afternoon.

## **11.0 Any Other Business**

### **11.1 Fraud Update**

Mr Nicholson provided a brief update to the Committee in respect of ongoing cases. He stated that a number of existing cases continue to progress and confirmed no additional cases have presented.

### **11.2 Business Services Transformation Programme (BSTP)**

This matter was discussed previously in the meeting but Mr Nicholson provided a summary of paper AC/11/18/05/15. Mr Nicholson reported that with the exception of those areas highlighted in this paper, BSO Shared Services have provided NIAS with an assurance that Finance and HR Shared Services have been delivered in accordance with SLA obligations. BSO have also given NIAS an assurance that they are fully focused on improving performance in all areas which have fallen below agreed KPI level as well as implementing recommendations made by internal audit in their review of Shared Services carried out in 2014/15 and discussed earlier in this meeting.

## **12.0 Date, Time and Venue of Next Meetings**

Friday 12 June 2015, 10am, NIAS Boardroom

Thursday 10 September 2015, 2pm, NIAS Boardroom

Thursday 10 December 2015, 2pm, NIAS Boardroom

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

**Signed**

A handwritten signature in blue ink, appearing to read 'Norman MacKinnon', is written over a horizontal line.

**(Chairman)**

**Date**

**12 June 2015**



**Minutes of a meeting of the Audit Committee held on Friday 12<sup>th</sup> June 2015 at 10.00am  
in the Board Room, Ambulance Headquarters,  
Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG**

|                       |                      |                                 |
|-----------------------|----------------------|---------------------------------|
| <b>PRESENT:</b>       | Mr N McKinley        | Non Executive Director (Chair)  |
|                       | Professor M Hanratty | Non Executive Director          |
| <b>IN ATTENDANCE:</b> | Mrs S McCue          | Director of Finance & ICT       |
|                       | Mr P Nicholson       | Assistant Director of Finance   |
|                       | Mr A Phillips        | Financial Accounts Manager      |
|                       | Mrs C McKeown        | BSO Internal Audit              |
|                       | Ms E Mullan          | HSC Leadership Centre Associate |
|                       | Mr D McAleese        | BSO Internal Audit              |
|                       | Mr J Poole           | KPMG External Audit             |
|                       | Mr T Wilkinson       | NIAO External Audit             |
|                       | Miss J Dickson       | Senior Secretary                |

**Welcome and Introduction to the Meeting**

Mr McKinley welcomed everyone and thanked all members for their attendance.

**1.0 Apologies**

No apologies were noted.

**2.0 Declaration of Potential Conflict of Interest & Confirmation of Quorum**

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

**3.0 Minutes of Previous Meeting of the Audit Committee held on 19 January 2015 (for noting)**

The minutes of the previous meeting were noted by the committee. Ms Mullan pointed out a small typo on page 6 of the minutes. These were then agreed by the committee.

**4.0 Matters Arising**

Follow Up Report on Internal Audit Recommendations - Mrs McCue confirmed that an action point from the previous meeting had been followed up. Mrs McKeown provided a summary of progress on the implementation of internal audit recommendations for 2013/14 versus 2014/15.

**5.0 Chairman's Business**

Mr McKinley reminded the committee that this was Professor Hanratty's last Audit Committee meeting and her tenure as Non-Executive Director, member of Audit Committee and Chair of Assurance Committee has now come to an end. He paid special thanks to her commitment and hard work and wished her all the best for the future.

**6.0 For Noting**

**6.1 External Audit Draft Report to Those Charged With Governance 2014/15**

Mr Poole began by thanking NIAS for all their help and support during the audit process. He confirmed that there is very little outstanding at this stage and proceeded to provide a summary of the key matters arising from the audit of the 2014/15 financial statements. He reported that the audit is now complete subject to the receipt of the following items:

- Receipt of signed management representation letter
- Receipt and review of final signed 2014/15 financial statements
- Receipt of final signed 2014/15 annual report
- Completion of subsequent events review prior to finalisation of the financial statements

Mr Poole went on to discuss Public Funds and Charitable Trust Funds. He anticipated that NIAO will recommend to the Comptroller and Auditor General (C&AG) that he certifies the 2014/15 financial statements with an unqualified audit opinion, without modification. No additional reports on the accounts is required. Mr Poole explained that in reaching their opinion, NIAO have made the following key audit judgements:

- Agenda for Change – as the final outcome of this process remains uncertain for three groups of staff: Rapid Response Vehicle Paramedics (RRV's), Paramedics and Emergency Medical Technicians (EMT's), given the level of continued uncertainty, the most appropriate accounting treatment is to recognise a "contingent liability" in respect of the cost of Agenda for Change, in line with the criteria outlined in international accounting standard (IAS) 37 'Provisions, contingent liabilities and contingent assets'.

Mr Poole continued to report that no significant issues were identified in respect of the quality, effectiveness or transparency of financial reporting and accounting. He confirmed that the accounting policies adopted for the Public Fund Accounts are in accordance with 2014/15 Government Financial Reporting Manual (FREM). Likewise, those adopted for the Charitable Trust Fund Accounts are in accordance with the Statement of Recommended Practice "Accounting and Reporting by Charities".

Mr Poole explained that four Priority 1 issues and one Priority 2 issue were identified during the course of the audit. These were in relation to:

- Agenda for Change (Priority 1)
- Impact on NIAS of weaknesses within BSO Payroll Shared Services (Priority 1)
- Procurement and contract management issues (Priority 1)
- Use of voluntary ambulance services (Priority 1)
- Non-compliance with the Departmental prompt payment policy (Priority 2)

Mr Poole noted that whilst NIAO consider these issues to be important, they do not consider them so significant to require a qualification of their regularity audit opinion in the current year.

Professor Hanratty asked Mr Poole's opinion regarding reported levels of Trust spend on Voluntary Ambulance Services. Mr Poole replied that while there was a risk of the Trust failing to comply with accepted procurement guidelines, the clinical nature of the expenditure and the amount of spend did not warrant a qualified audit opinion.

Mr Poole summarised the adjustment to the accounts in relation to provisions. This adjustment had no effect on the Trust's net expenditure. There were no other unadjusted misstatements identified during the course of the audit of the Trusts Public Funds or Charitable Trust Funds accounts.

Mr McKinley thanked Mr Poole for his report and referred the committee to the NIAO recommendation on page 11 of the report in relation to impact on NIAS of weaknesses within BSO Payroll Shared Service Centre (PSSC). He asked the question "How can we check how well these processes are being embedded?" Mrs McCue advised that this was a significant issue for all HSC organisations and that it has taken time to embed processes and new ways of working. In the interim, a number of processes that were unique to NIAS had remained with the Trust and functional expertise had also been retained to facilitate the transition and maintain control in this area.

Mrs McKeown advised that the effectiveness of the Shared Services control processes will be tested again as part of the annual audit plan, but agreed that finer details of understanding exactly who does what and where each control is continues to develop as HSC organisations and the PSSC learn and evolve.

The Audit Committee endorsed the approach of the Trust in the controlled transfer to Shared Services and the maintenance of appropriate skills within the Trust for as long as deemed necessary, subject to the normal budgetary considerations. The Committee also thanked the staff involved in the implementation of the new systems, the transition to Shared Service Centres and the ongoing work and commitment post transfer.

Mr Kinley referred the committee to management response to procurement and contract management issues on page 12 of the report which states: "The Trust will continue to implement all recommendations made by Internal Audit within operational and financial constraints". He asked management to confirm what is meant by this. Mrs McCue explained that the Trust intend to address all Internal Audit recommendations within current budgets and focus on these alongside daily roles/tasks. She noted that balance is needed and the Trust may need to rearrange resources and restructure priorities to carve out time for this. Mr McKinley thanked Mrs McCue for this explanation.

Mr McKinley asked Mr Wilkinson if he had anything to add to the report. Mr Wilkinson noted that the next stage is for the accounts to be signed by NIAS and forwarded to NIAO. Following this the accounts should be certified within the next 10 days.

Mr McKinley thanked KPMG and NIAO for all their work carried out during the auditing of accounts.

## **7.0 For Approval**

### **7.1 Draft, Unaudited, Uncertified, Exchequer and Consolidated Charitable Trust Fund Accounts 2014/15 (Including Annual Report, Remuneration Report and Governance Statement)**

Mrs McCue reported that comments regarding the Annual Report were welcomed from the Audit Committee at the previous meeting, External Audit, Internal Audit and the Department. Mrs McCue provided a summary of these comments. She explained that most changes were to the presentation of the report rather than the content, with the aim of making it more readable to the end user.

Professor Hanratty commented on paragraph 7 at the bottom of page 53. She pointed out that the Assurance Committee no longer reviews the Corporate Risk Register. This is now reviewed by Trust Board. The Assurance Committee now reviews the Local Risk Register. Mrs McCue thanked Professor Hanratty for this comment and agreed that this change should be reflected in the report. Ms Mullan added that the Corporate Risk Register information could be included in the narrative on page 47. Again this comment was welcomed.

Mr Nicholson suggested adding the following at the end of the financial position section on page 63 and 64: *"The current political and economic environment, both nationally and locally, has the potential to add significantly to the financial challenges ahead"*. There was a discussion that given this current uncertainty, there may be a requirement for other mandatory wording with the accounts ahead of certification.

Mr McKinley concluded that the Annual Report is now a much clearer document with all suggested amendments incorporated.

### **7.2 Draft, Unaudited, Uncertified, Charitable Trust Fund Accounts and Trustee's Annual Report 2014/15**

Mr Phillips reported that a few minor amendments had been made from the draft, unaudited version of the accounts previously considered by Audit Committee and changes to the Governance Statement are also reflected in this document. He explained the process in respect of Charitable Trust Fund Accounts and Trustee's Annual Report.

### **7.3 Closed Meeting**

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

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

#### **7.4 Audit Committee Annual Report 2014/15**

Mr McKinley tabled paper AC/05/12/06/15. He explained that this is a draft report to be presented to Trust Board later today. He referred to it as a stock take of what Audit Committee had done and needed to do to improve performance. He welcomed any feedback from Internal and External Audit based on their experience from other committees. Mr Poole stated that he had nothing to add to the report, but did comment that some organisations invite BSO to attend their meetings. Mr McKinley noted that Mrs McKeown had also suggested this at the previous meeting and it is something worth considering. Ms Mullan also suggested that her title is amended from "Independent Financial Advisor" to "Associate for Independent Advice". Again this comment was welcomed by the committee.

#### **7.5 Resolution to Trust Board**

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

Public and Consolidated Charitable Trust Funds Accounts for 2014/15 including:

- Annual report
- Remuneration Report
- Governance Statement
- Annual Accounts
- Letter of Representation

Charitable Trust Funds 2014/15 including:

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

Mr Nicholson advised that the documents and resolution had previously been reviewed and signed by Dr McManus, Medical Director.

#### **8.0 Any Other Business**

Mr McKinley again thanked Professor Hanratty for her commitment and dedication to Audit Committee throughout her tenure and wished her well in the future.

He also thanked Ms Mullan for her valued contribution from the beginning of the year, in this her last Audit Committee meeting.

Mr Nicholson reminded the committee of the dates for the remaining 2015 Audit Committee meetings. He also noted that there is likely to be another date added in October 2015. Details of this will be circulated in due course.

#### **9.0 Date, Time and Venue of Next Meetings**

Thursday 10 September 2015, 2pm, NIAS Boardroom  
Thursday 10 December 2015, 2pm, NIAS Boardroom

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





**Signed**

**(Chairman)**

**Date**

**20 July 2015**



**TB/11 06/08/15**



# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

**6 August 2015**

|                        |   |
|------------------------|---|
| <b>Title:</b>          | Emergency Preparedness & Response – Annual Report |
| <b>Purpose:</b>        | For noting  |
| <b>Content:</b>        |   |
| <b>Recommendation:</b> |   |
| <b>Previous Forum:</b> |   |
| <b>Prepared by:</b>    | Emergency Planning Officer                        |
| <b>Presented by:</b>   | Medical Director                                  |



|             |                                    |
|-------------|------------------------------------|
| TRUST NAME: | Northern Ireland Ambulance Service |
|-------------|------------------------------------|

## Emergency Preparedness & Response

### Annual Report to PHA/HSCB

|       |            |     |            |
|-------|------------|-----|------------|
| From: | April 2014 | To: | March 2015 |
|-------|------------|-----|------------|

|                      |                            |
|----------------------|----------------------------|
| Report Completed by: | W Newton                   |
| Position in Trust:   | Emergency Planning Officer |
|                      |                            |

## 1. Introduction

This report reflects the activity of the Northern Ireland Ambulance Service for the period April 2014 to March 2015. The Northern Ireland Ambulance Service responded to two declared major incidents and sixteen potential major incidents. This is similar to the number of incidents responded to in 2013/2014. In addition, there were seven airport alerts this year. This was a decrease on the number of airport alerts received last year. On one occasion NIAS were called to assist the National Ambulance Service in the Republic of Ireland when they were dealing with a major incident.

Training remained a high priority during the year. This included taking part in twenty four exercises to test the Major Incident Plan and also included specific training for areas such as, chemical personal protective suits and decontamination equipment.

The Hazardous Area Response Team (HART) in Northern Ireland have continued to embed into the service and were deployed to 416 incidents with seven pre-planned Hazardous Area Response Team deployments for special events.

The Emergency Planning function is a responsibility within the Medical Directorate.

The lines of responsibility are:

Chief Executive

Medical Director

Emergency Planning Officer

Three Assistant Emergency Planning Officers

One Emergency Planning Support Officer

Two administrative support staff

The Trust has an Emergency Planning & Business Continuity Group who meet to review Emergency Planning issues or incidents and where necessary report to the Assurance Committee with recommendations. They will also review the Major Incident Plan when it is due. The Emergency Planning & Business Continuity Group is made up of a number of representatives from Emergency Planning (chair), Operations, Finance, Human Resources & Training and Emergency Ambulance Control departments.

The Emergency Planning Officer provides a monthly report to the Medical Director which includes all monthly emergency planning activity.

The Medical Director compiles a report for Trust Board bi-monthly.



Emergency Planning & Business Continuity is a standing item on the agenda for the Assurance Committee who meet quarterly and report directly to Trust Board.

## 2. Notification of Incidents to Trust

The number of incidents alerted to the Trust shows a decrease on the same period last year.

Table 1 identifies the incidents that were alerted in the time period April 2014 to March 2015 via the 999 system or by direct line with Airports, Police Service of Northern Ireland (PSNI) or the Northern Ireland Fire and Rescue Service (NIFRS).

Table 1

| Date          | Time  | Incident  | Level of Response Activated/Outcome   |
|---------------|-------|---|---|
| 11 April 2014 | 11:08 | Explosion in a boiler house - Belfast                             | Activated = Potential Major Incident<br><br>Procedures worked well and the incident was stood down at 11:33   |
| 5 May 2014    | 15:56 | Airport Alert at George Best Belfast City Airport-Belfast         | Activated = Airport Alert , NIAS received reports of a passenger plane returning to land with problems with the door not closed properly<br><br>The incident was stood down at 16:12      |
| 2 June 2014   | 19:12 | Airport Alert at Belfast International Airport (BIAL)- Aldergrove | Activated = Airport Alert<br><br>Reports were received for an Airbus aircraft landing with steering difficulties.<br><br>The plane landed safely and the incident was stood down at 21:24 |
| 6 June 2014   | 12:04 | Airport Alert at George Best Belfast City Airport-                | Activated = Airport Alert<br><br>The plane landed safely.   |

|               |       |  |   |
|---------------|-------|--|---|
|               |       | Belfast  | There were no patients and the incident was stood down  |
| 15 June 2014  | 23:32 | Report of a block of flats on fire -Belfast                    | Activated = Potential Major Incident  |
| 3 July 2014   | 19:50 | Fire in the Ulster Hospital, Dundonald                         | Activated = Potential Major Incident<br><br>The Emergency department was closed to new patients until 21:30<br><br>The incident was stood down at 21:57 |
| 5 July 2014   | 13:07 | Airport Alert at George Best Belfast City Airport-Belfast      | Activated = Airport Alert<br><br>Report of a plane landing with decompression issue.<br><br>The incident was stood down at 14:14                        |
| 9 July 2014   | 23:11 | CO2 alarm sounding in a property with 9 residents- Londonderry | Activated = Potential Major Incident<br><br>No persons required hospital treatment<br><br>The incident was stood down at 23:47                          |
| 23 July 2014  | 19:22 | Road Traffic Collision-Portrush                                | Activated = Potential Major Incident<br><br>6 adults and 4 children taken to hospital<br><br>Incident stood down at 20:09                               |
| 1 August 2014 | 16:01 | Fire in a private nursing home with 36 residents-Enniskillen   | Activated = Potential major Incident<br><br>No patients required transport to hospital  |

|                   |       |   |  |
|-------------------|-------|---|--|
|                   |       |   | Incident stood down at 16:17   |
| 11 August 2014    | 14:13 | East Down Yacht Club-Killyleagh   | <p>Activated = Declared Major Incident</p> <p>Reports of a large number of young persons (approx. 96) in the water after multiply boats capsized</p> <p>The incident was stood down at 15:59</p> |
| 17 September 2014 | 15:25 | Airport Alert at Belfast International Airport (BIAL)- Aldergrove                 | <p>Activated = Airport Alert</p> <p>There were no patients at scene</p> <p>The incident was stood down at 15:40</p>  |
| 22 September 2014 | 13:50 | Road Traffic Collision involving a large number of potential patients-Londonderry | <p>Activated = Potential Major Incident</p> <p>5 patients were taken to Altnagelvin hospital</p> <p>Incident was stood down at 14:47</p>   |
| 22 September 2014 | 08:22 | Road Traffic Collision involving school bus-Drumquin                              | <p>Activated = Declared Major Incident</p> <p>51 patients were transported to the South West Acute Hospital and Altnagelvin Hospital</p> <p>The incident was stood down at 11.32</p>             |
| 20 November 2014  | 19:52 | Unexploded bomb in a residential area-Dungannon                                   | <p>Activated = Potential Major Incident</p> <p>Residents were evacuated to a place of safety, one patient was taken to</p>   |

|                  |       |   |   |
|------------------|-------|---|---|
|                  |       |   | <p>Craigavon Hospital</p> <p>The incident was stood down at 20:42</p>   |
| 3 December 2014  | 09:51 | Road Traffic Collision involving a lorry and a car -M2 Moneynick        | <p>Activated = Potential Major Incident</p> <p>The call was stood down by the first Rapid Response Vehicle who arrived on scene</p> <p>The incident was stood down at 10:07</p>   |
| 16 December 2014 | 18:41 | Airport Alert at Belfast International Airport (BIAL)- Aldergrove       | <p>Activated = Airport Alert</p> <p>Plane landed with one engine on fire. One patient was taken to Antrim Area Hospital several others were treated at scene for minor injuries</p> <p>The incident was stood down at 20:10</p> |
| 30 December 2014 | 17:48 | Airport Alert at George Best Belfast City Airport- Belfast              | <p>Activated = Airport Alert</p> <p>Report of a plane landing with smoke in the cab.</p> <p>The incident was stood down at 18:36</p>  |
| 6 January 2015   | 16:20 | Reports of a Road Traffic Collision involving a school bus- Londonderry | <p>Activated = Potential Major Incident</p> <p>25 children were assessed at scene none required to be transported to hospital</p> <p>The incident was stood down at 16:40</p>   |
| 26 January 2015  | 15:27 | Report of a person with hand grenades in a                              | Activated = Potential Major Incident  |

|                  |       |  |  |
|------------------|-------|--|--|
|                  |       | block of flats-<br>Londonderry   | HART staff were deployed<br>in Ballistic Personal<br>Protection Equipment<br>(PPE)to escort disabled<br>persons out of the area<br><br>Incident stood down at<br>20:20                                     |
| 6 February 2015  | 17:26 | Reports of a multiple car<br>Road Traffic Collision<br>Aughnacloy            | Activated = potential Major<br>Incident<br><br>All patients were taken to<br>Craigavon Area Hospital<br><br>Incident stood down at<br>19:45  |
| 11 February 2015 | 13:03 | Reports of a multiple<br>shooting incident-<br>Newtownbutler                 | Activated = Potential Major<br>Incident<br><br>Reports of a small fire arms<br>incident, two patients were<br>transport to the South West<br>Acute Hospital<br><br>The incident was stood<br>down at 14:56 |
| 3 March 2015     | 19:08 | Road Traffic Collision<br>Multiple vehicles-<br>Londonderry                  | Activated = Potential Major<br>Incident<br><br>There were 10 patients<br>assessed at the scene and<br>transported to Altnagelvin<br>Hospital<br><br>The incident was stood<br>down at 19:45                |
| 20 March 2015    | 09:55 | Road Traffic Collision<br>Involving a health<br>service bus-<br>Castlewellen | Activated = Potential Major<br>Incident<br><br>Five patients were taken to<br>the Down Hospital in their<br>own vehicle<br><br>The incident was stood  |

|               |       |   |   |
|---------------|-------|---|---|
|               |       |   | down at 10:03   |
| 28 March 2015 | 15:09 | Request from The National Ambulance Service, Ballyshannon for assistance at a Road Traffic Collision involving a bus- Pettigo | <p>Activated = Potential Major Incident</p> <p>NIAS set up and ran the casualty clearing station at the Termon Centre</p> <p>The incident was stood down at 16:21</p> |

The Trust is represented on all the Emergency Planning groups for the airports and as such participates in regular reviews of recent incidents at the airfields. Any issues that have been identified have been minor and any issues raised by the Trust are always acted upon by the airport management.

The Trust alerts the other Health & Social Care Trusts when incidents as listed above are happening in their area.

### 3. Incidents responded to by Trust

The Police Service of Northern Ireland GOLD Command room was opened for civil disturbance during the year. The Trust supported this with the senior officer on call being present.

### 4. Emergency Preparedness Training

Annual Training Summary:

| Session            | Total Staff | Details  |
|--------------------|-------------|--|
| Emergency Planning | 41          | <p>Major Incident Medical Management and Support (MIMMS) refresher course</p> <p>Hospital Major Incident Medical Management Support (HMIMMS) course</p> <p>Emergency Planning awareness for foundation year doctors</p> <p>Train the trainer sessions for Powered Respirator Protective Suit (chemical</p> |

|                                     |   |   |
|-------------------------------------|---|---|
|                                     |   | PPE)<br><br>Train the trainer sessions for the new mobile decontamination tents   |
| HART- Hazardous Areas Response Team | All HART staff attended some area of the training | Safe Working At Heights(SWAH) workshops<br><br>Introduction of Inter-Operability Response (IOR) training<br><br>Breathing Apparatus(BA) refresher training<br><br>Rope Technician Refresher Course<br><br>Mountain rescue assessments<br>Mountain rescue training (NWMRT)<br><br>Mountain rescue training Tullymore<br>Port-a-count with PSNI<br><br>NIAS received delivery and training on two Ramses units (for Ebola transportation of confirmed cases). |
| Business Continuity                 | 5   | Business continuity training was held with all Business Continuity Planning leads   |

#### Individual Specialised Training

7 April 2014, One Officer attended the BSI Lead Auditors Course in England

2 May 2014, Emergency Planning staff trained on the Employee Self Service (ESS)

2 May 2014, The Emergency Planning Officer attended the Manager Self Service Training.

9 June 2014, two officers attended Managing the Development of staff, training in Ambulance HQ

June 2014, one officer attended an Aircraft Post Crash Management seminar

4 November 2014, two officers attended a HSE on site Co-Ordinator course

13 November 1, two Assistant Emergency Planning Officers attended a labour relations training workshop held by HR in relation to investigations

4 December 2014, three Emergency Planning Officers attended their Post Proficiency course in Whiteabbey Ambulance Station.

18 & 19 February 2015 two senior managers attended a Bond Solon Public Inquiry Course.

5 March 2015 one Emergency Planning Officer attended a Risk Assessment Training day

5 March 2015 one officer attended a seminar entitled 'An Overview of the changes to the HSC Pension Scheme'.

#### Group Trust Staff Training

11 April 2014, a "show and tell" was held for the Head of Operational Response Policy, CBRNe unit the three Emergency services took part.

8 May 2014 four officers received training on the Gas Monitoring equipment for HART

09 June 2015 control staff visited Gold command at PSNI HQ

9 September 2015 six officers attended a JESIP train the trainer session at Garnerville

10 November 2014, HART staff attended a Powered Respirator Protective Suit (PRPS) initial training programme.

14 November 2014, 14 Clinical support officers attended an Ebola information day

21 November 2014, 16 clinical Support Officers attended an Ebola information day

27 & 28 November 2014 20 NIAS staff attended a MIMMS recertification course.

21 January 2015 14 HART staff attended the FIO Swiftwater & Flood First Responder Initial Training course

12 & 13 February 2015 nine senior managers attended a Business Continuity Training held by the Emergency Planning College.

12 & 13 February 2015 HART staff attended the FIO Swiftwater & Flood First Responder Initial Training course

2 March 2015 an EPO gave a presentation on Emergency Planning and Business continuity for staff on a Corporate Induction day

19 March 2015 The HART advisors received training on the Ramses patient isolation units



26 March 2015 HART staff received Public Order training in conjunction with the PSNI

Training provided to outside Agencies

|                       |   |
|-----------------------|---|
| 4 April 2014          | Emergency Planning presented a presentation for the Foundation Year Doctor Programme  |
| 7 May 2014            | Emergency Planning presented a presentation for the Foundation Year Doctor Programme  |
| 23 & 28 May 2014      | Emergency Planning presented a presentation for the Foundation Year Doctor Programme  |
| 11 & 12 June 2014     | Generic Instructor Course held in conjunction with Belfast Trust  |
| 28 October 2014       | PRPS instructor course for Trust representatives  |
| 11 November 2014      | Managing Police assistance to Health, an Ebola cases workshop.  |
| 11 December 2014      | HAZMAT / IOR training for the Regional Registrar teaching group.  |
| 8 January 2015        | An Emergency Planning Officer gave a presentation for this year's medical students  |
| 2 February 2015       | An Emergency Planning Officer gave a presentation for the Foundation Year Doctor Programme  |
| 25 February 2015      | An Emergency Planning Officer gave a presentation for the Foundation Year Doctor Programme  |
| 26 & 27 February 2015 | Twenty students successfully completed a Hospital Major Incident Medical Management Support course held in the Royal Victoria Hospital Clinical training centre |
| 12 & 13 March 2015    | Twenty two students successfully completed a Hospital Major Incident Medical Management Support course held in the Templeton Hotel.                             |
| 16 March 2015         | An Emergency Planning officer gave a presentation for the Foundation Year Doctor Programme  |
| 31 March 2015         | Decontamination Tent, Train the Trainer session organised and held in Lissue.   |

## 5. Exercises

Trust staff participated in 24 exercises throughout the year this was a combination of live” and “table-top” and officers “observed” on four exercises. (Some examples are listed below)

|                   |  |
|-------------------|--|
| 03 April 2014     | Ulster University Jordonstown exercise- an exercise to confirm interagency response in a Hazardous environment.                  |
| 10 June 2014      | OSEP exercise – a paper exercise to ensure the correct communications and information passing within a multi-agency environment. |
| 11 June 2014      | Road Traffic collision exercise- a live exercise to validate multi-agency working at Road traffic collisions.                    |
| 21 June 2014      | Exercise Satellite – a live exercise to confirm the SEHSCT mass casualty plan  |
| 21 August 2014    | Walk through exercise – to test the Trust Ebola plans in conjunction with Belfast Trust Ward 7 Royal Victoria Hospital           |
| 2 September 2014  | Walk through exercise – to test Trust Ebola plans in conjunction with Belfast Trust.   |
| 11 September 2014 | Breathing Apparatus Exercise – a multi-agency exercise testing HART equipment.   |
| 18 September 2014 | Ebola walk through exercise Craigavon Area Hospital  |
| 18 September 2014 | Breathing Apparatus Exercise – a multi-agency exercise testing HART equipment.   |
| 20 September 2014 | Exercise Falcon - a multi-agency exercise to assist the George Best Belfast City Airport to prepare for emergencies.             |
| 22 September 2014 | HYDRA Exercise – an multi-agency exercise to test command and control between emergency responders                               |
| 27 September 2014 | Exercise Raven – a multi-agency exercise to assist the City of Derry Airport for emergencies                                     |
| 06 October 2014   | Exercise DLOG 10– a NIAS internal communications exercise  |
| 15 October 2014   | Exercise OCCAE – a test of the On Call Officers Communications and Availability.   |

|                  |   |
|------------------|---|
| 19 October 2014  | Davagh Forest Exercise – a live exercise to confirm the interagency working requirements for a multi-agency rescue from the mountain bike trails. |
| 19 October 2014  | Exercise Falcon part 2 – a table-top exercise to follow on from the end of play at Exercise falcon part.  |
| 20 October 2014  | Exercise Whale – A live exercise to test the deployment of the Health Countermeasures.  |
| 23 October 2014  | Exercise Gueckedo – a table top exercise of the regional Ebola plans for NI.  |
| 29 October 2014  | Exercise Dynamo – a live exercise to validate the connection of a generator to the HSCB contingency room.   |
| 18 November 2014 | Exercise at Belfast International Airport – this was a multi-agency table-top exercise planning for post-crash management.                        |
| 18 December 2014 | Exercise in Craigavon Hospital – a walk through exercise to prepare the Trust for a “self-presenter” Ebola patient.                               |
| 16 January 2015  | Level 3 Public service exercise. A table top exercise carried out to ensure multi-agency working at the scene of a Major Incident.                |
| 12 February 2015 | Exercise KOLOBENGU –a table top exercise held in conjunction with the Belfast Trust to exercise their Ebola plan                                  |
| 18 March 2015    | Exercise regional outbreak – a table-top multi-agency exercise for an outbreak of a wide spread disease   |

## **6. Controls Assurance Standards**

The Trust achieved substantive completion with the Emergency Planning Controls Assurance Standard with a self-assessment of 91% in compliance with the requirements of DHSSPSNI.

## **7. Business Continuity Management progress**

NIAS introduced Business Continuity training and a programme of work for the year the existing plans require to be reviewed against the Business Continuity Policy and the Business Continuity Strategy during the next phase of the programme which will run throughout the next financial year.

## **8. Emergency Preparedness & Response Audit**

NIAS Major Incident Plan was due to be reviewed in 2013/14 however this was postponed to 2015/16.

## **9. Areas of additional risk in relation to emergency preparedness &**

The Queens baton relay for the Commonwealth games was held in Northern Ireland during May 2014. This necessitated the opening of the Gold Command Room

The International Giro d'Italia was held in Northern Ireland during August this brought 400k people to spectate over a three day period. The medical cover was provided by a private ambulance company. NIAS were involved in the planning stage and in supplying an officer for the silver command room and an officer in the event control room as well as officers on the ground. Additional ambulance cover was also in place for the large numbers of public traveling.

The introduction of Inter-Operability Response (IOR) and the role out of the training took place this year through the annual post proficiency course.

## **10. Action plan for the next 12 months to manage identified risks and areas of concern raised during responses to actual incidents.**

The Emergency Planning Department will carry out a review of emergency preparedness within the service.

Appendix to annual report

Where relevant or appropriate this should include fuller reports on significant exercises / training; audits or incidents responded to.

**TB/12 06/08/15**



# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

**6 August 2015**

|                        |  |
|------------------------|--|
| <b>Title:</b>          | Patient Experience Annual Report 2014/15                                     |
| <b>Purpose:</b>        | For noting   |
| <b>Content:</b>        |  |
| <b>Recommendation:</b> |  |
| <b>Previous Forum:</b> |  |
| <b>Prepared by:</b>    | Assistant Director of Human Resources – Equality, PPI and Patient Experience |
| <b>Presented by:</b>   | Medical Director   |







# **Patient Client Experience Standards**

## **Annual Report**

### **2014 – 2015**



**July 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 included 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.

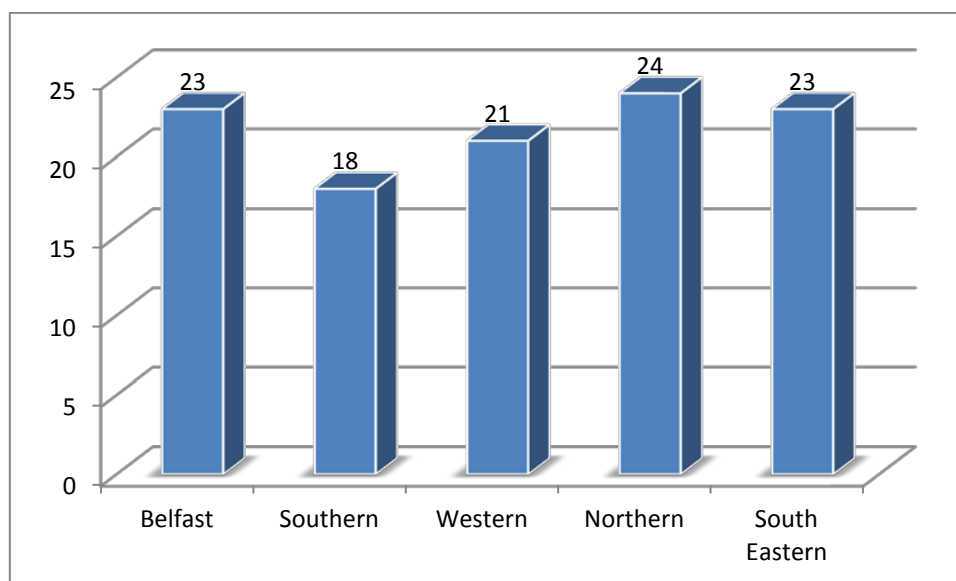
4.3 Patient stories have continued to be gathered through the 10,000 Voices which asks patients, families and carers to share their experiences of using the services we provide. NIAS is working with the Public Health Agency and service users on the evaluation of the stories in order to ensure learning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

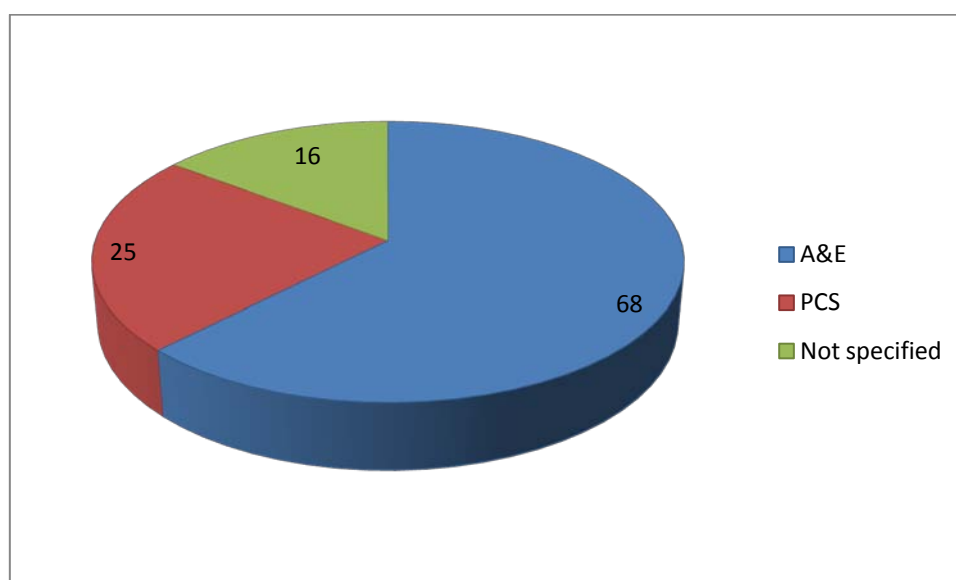
4.6 Between April and December 2014, a total of 109 patient stories related to ambulance services were collected. Of these, 23 were in the Belfast Trust, 18 in Southern Trust, 21 in Western Trust, 24 in Northern Trust and 23 in South Eastern Trust.

Table 1: Patient Stories by Trust Area



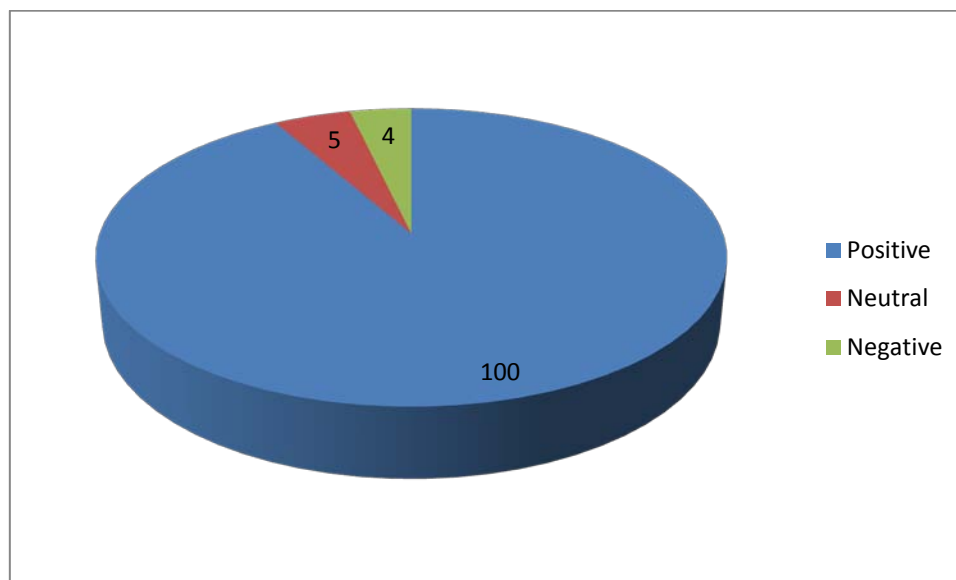
4.7 Of the patient stories collected, the majority, 68, were related to Accident & Emergency services and 25 were about the Patient Care Service (the remainder were not specific about which NIAS service they had used).

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 supernumerary 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.

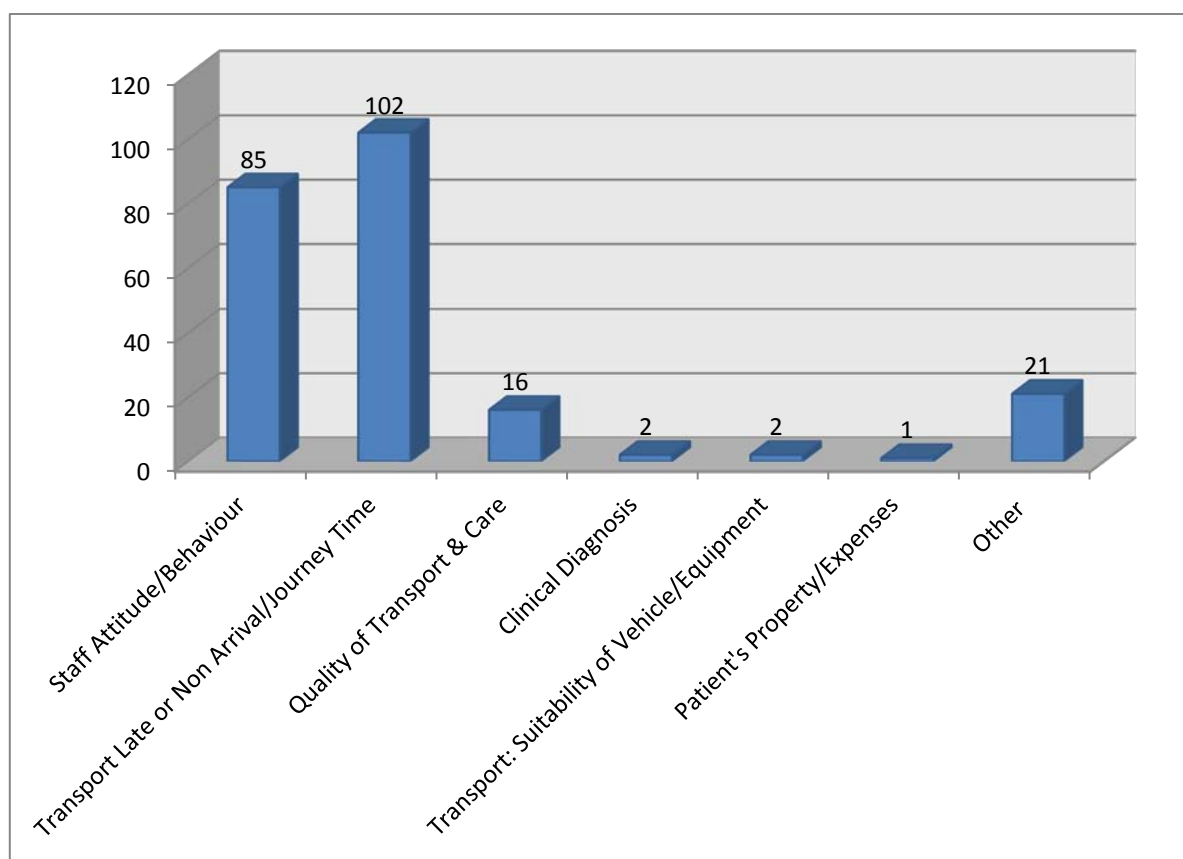
## **6 Complaints**

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.