# Northern Ireland Ambulance Service Health and Social Care Trust

*A Meeting of Trust Board to be held on Thursday, 31 July 2014 at 2.00pm*
*The Clarion Hotel, 75 Belfast Road, Carrickfergus,*
*Co Antrim, BT38 8PH*

# A G E N D A

| | | |
|---|---|---|
| **Welcome, Introduction and Format of Meeting** | | Paper Enclosed |
| **1.0** | **Apologies** | |
| **2.0** | **Procedure:** | |
| | Declaration of potential Conflict of Interest/Pecuniary Interest Quorum: | |
| **3.0** | **Minutes of the previous meeting of the Trust Board held 29 May 2014** (for approval and signature) | TB/1/31/07/14 |
| | 3.1 Action Log | TB/2/31/07/14 |
| **4.0** | **Matters Arising** | |
| **5.0** | **Chairman's Business** | |
| | 5.1 Chairman's Update | |
| **6.0** | **Chief Executive's Business** | |
| | 6.1 Chief Executive's Update | |
| | 6.2 Transforming Your Care Update | |
| **7.0** | **Performance Reports** | |
| | 7.1 Performance Report 2014-15 as at 30 June 2014 | TB/3/31/07/14 |
| **8.0** | PCS Eligibility | |
| **9.0** | HSC Framework Document | TB/4/31/07/14 |
| **10.0** | **Items for Approval** | |
| | 10.1 Equal Opportunities Policy | TB/5/31/07/14 |
| | 10.2 Working Well Together Policy | TB/6/31/07/14 |
| **11.0** | **Items for Noting** | |
| | 11.1 Emergency Preparedness & Response Annual Report | TB/7/31/07/14 |

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|---|---|
| 11.2     Assurance Committee Minutes – 5 June 2014 | TB/8/31/07/14 |
| 11.3     Audit Committee Minutes – 29 May 2014 and 10 June 2014 | TB/9/31/07/14 |

**12.0**    <u>**Application of Trust Seal**</u>

**13.0**    <u>**Forum for Questions**</u>

**14.0**    <u>**Any Other Business**</u>

**15.0**    <u>**Forward Agenda**</u>

**Next meeting of Trust Board & AGM will be held on Thursday, 25 September 2014 in NIAS Headquarters.**

# <u>Standing Orders</u>

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

**Admission of Public and the Press**

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

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

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

**3.18** *Observers at Board meetings*

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

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

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

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

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

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

Northern Ireland Ambulance Service
Health and Social Care Trust

# *TRUST BOARD*

*Meeting to be held on Thursday 31 July 2014 at 2.00pm*
*The Clarion Hotel, 75 Belfast Road,*
*Carrickfergus, Co Antrim, BT38 8PH*

**TB/1/31/07/14**

**Northern Ireland Ambulance Service Health and Social Care Trust**

*Minutes of a Trust Board Meeting held on*
*Thursday 29 May 2014 at 1.00 pm at NIAS Headquarters,*
*Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG*

**Present:**

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

**In Attendance:**

| | |
|---|---|
| Ms P Burn | Executive Administrator (Temp) |
| Miss K Baxter | Senior Secretary |

**Welcome and Format of the Meeting**

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

**1.0 Apologies**

No apologies were received.

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

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

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

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

**Action**: Approved

3.1 **Action Log**

The Chairman presented the Action Log and confirmed that a log would be presented at each meeting.

In relation to action point 5.2 the Chairman confirmed that a letter had been sent to NEAC in appreciation of the role Non Emergency Control plays and thanking them for their hospitality.

In relation to action 9.2, the Director of Finance confirmed that the manual had been presented at the last Trust Board meeting and confirmed that she would follow up on the action of the manual being placed on the intranet.

## 4.0     Matters Arising

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

## 5.0     Chairman's Business

### 5.1     Chairman's Update

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

## 6.0     Chief Executive's Business

### 6.1     Chief Executive's Update

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

- The Chief Executive, Director of Finance and ICT and Robin Mullan had a teleconference on 3 April 2014 to scope the task as assigned on Trust Board quorum. This will be presented to Trust Board
- The Chief Executive had a teleconference on 24 April with The NHS Confederation Forum Project Manager. The Chief Executive confirmed that he would be the representative for Northern Ireland on the Urgent and Emergency Care Forum Steering Group
- The Chief Executive attended a meeting regarding Air Ambulance with local businessmen from Enniskillen who presented their proposal on 22 May 2014 for providing an air ambulance. Ministers Poots and Arlene Foster attended this presentation.
- The Chief Executive attended a Masterclass for Health Service Managers & Leaders on 15 and 16 of May. The Chief Executive commented that the exercises were very interesting and he plans to use some of the information in future Trust Board workshops.

### 6.2     Transforming Your Care Update

An update was provided by the Chief Executive who confirmed that he had attended TYC Transformation Programme Board meeting on Friday 02 May and was due to attend the next meeting on Friday 30 May 2014. He reported that the programme is still at amber as per previous update given.

The Chief Executive reported that Dr Rose Sharkey delivered a presentation on the Western ICP Respiratory Pathway. The presentation looked at how the pathway fits in with the TYC model of care, along with key aims of the

Integrated Respiratory Community Team. It was noted that NIAS have a number of new ambulance care pathways in place and are planning to implement more.  It was hoped to establish a plan for unscheduled care and managing care at home looking to self-care and closer engagement with patients own GP's in order to manage patients' conditions that could be dealt with via another way.

The Chief Executive advised the Board that the Transformation & Modernisation Programme Manager, Sarah Williamson has now taken up post.

**7.0     7.1     Performance Report 2013/14 as at Year End 30 March 2014**
**         7.2     Performance Report 2014/15 as at 2014/15 as at 30 April 2014**

Two separate reports were presented today, one for year ending 31 March 2014 and the other for the month of April 2014.

The Chief Executive referred members to page 6 on of the 2013/14 report which outlined an overview of the Strategic Aims and Objectives.

The Chief Executive reported that the Trust was unable to achieve the Cat A call target, but assured members that the Trust was working with HSCB on this and TYC issues.

**Operations**

Year ending 30 March 2014:

The Director of Operations updated members. He referred to (page 85) the performance charts showing monthly cumulative position of Cat A calls.

The following issues were discussed:

o     There has been a rise in 999 activity of 2.7% which is an additional 4,062 calls
➤     Belfast and Western region have achieved regional target
o     1.5% (535 calls) extra Cat A calls have been responded to in less than 8 minutes

Board members remarked on the presentation of the statistics commenting that they did not reflect the hard work that the Service was achieving regarding increasing activity.  It was suggested that the targets could be weighted which may be a truer reflection of the situation.

The Director of Operations agreed with these comments and said that he would discuss with the Commissioners.  The Chief Executive agreed and reported that he would also be happy to be involved in discussion with Commissioners.  The Director of Finance and ICT stated that she would like to be involved in the meeting to ensure that the Information Department is appropriately engaged.

**Action:**  Chief Executive, Director of Operations and Director of Finance and ICT to discuss a different way of presenting Cat A performance.

Month ending 30 April 2014:

The Director of Operations referred to (page 48) the monthly figure for Cat A for April 2014.

The following issues were discussed by the Director of Operations:

- 67.0% of Cat A calls were responded to within eight minutes
- Southern Division had the lowest response time of 59.3%
- Upgrade of CAS C3 system
- TYC is going to reduce the amount of patients transferred to hospitals but it will result in longer time spent of calls.

It was asked if there was a reduction in crew time in A&E Departments following the introduction of Hospital Ambulance Liaison Officers (HALOs).and it was confirmed that in Antrim, Craigavon, RVH and Ulster Hospitals patient flow has improved since HALO's have been introduced.

## Finance & ICT

Year ending 30 March 2014:

The Director of Finance & ICT highlighted that the Trust was reporting a surplus of £16k (subject to audit), which is recognised as a break-even position for 2013/14. She also reported that Capital Spend of £4,246k had been allocated and that NIAS has spent this in the financial year. NIAS has therefore matched its Capital Resource Limit – a key target for the Trust.

The Board was directed to page 104 which dealt with the prompt payment of invoices. Director of Finance confirmed that, although >90% of invoices had been paid within 30 days each month since November, the cumulative target of 95% has not been reached by year end (it shows 89.0%). She drew the Trust Board's attention to the days of processing which had been lost whilst the new finance system had been installed and embedded.

Board members commented on the various media reports re staff receiving underpayments within a number of Trusts and the question was asked if NIAS was affected.

The Director of Finance replied that most of the issues reported in the press related to staff with multiple contracts being paid, weekly, fortnightly, monthly etc. As all staff from NIAS are paid monthly the effect on NIAS has been minimal at this stage.

The Director of Human Resources & Corporate Services paid tribute to staff working on the new systems.

The Chairman asked why all the Capital Spend in Fleet was spent in March.

It was confirmed that a regional contract was not accessible during the year and spending had to be delayed due to legal challenges.

The Director of Finance pointed to the high level of Freedom of Information requests

for the year (117).  This has resulted in non-compliance with the 20 days target for 16.3% of requests.

## Human Resources & Corporate Services

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

Month ending 30 April 2014

The following issues and comments were raised:

o   Members were referred to page 28 and it was stated that JCNC Terms and Conditions Sub Group are engaging with local trade unions but they have highlighted concerns in this area
➢   Page 83 should have been "red" as the department had an absence of 8.28%
o   In Conjunction with the Department NIAS are proposing an absence target of 7%, this was based on benchmarking other HSC Trusts through HRMS.
➢   HRPTS System went live on 14 February and absence figures have increased regionally by 2%.  This issue is being investigated on a regional basis and the proposed absence target may need to be revised in this context.
o   A member queried (page 80) the permanent vacancies figure of 188.83.  It was asked what was the strategy for recruitment to these positions which would take pressure off existing staff with less overtime etc.  Trust Board is aware that a number of these vacancies were being held until organisational change had taken place.  However, a recruitment plan was now in place.
➢   Page 126 illustrated that Job Evaluation for three AfC jobs are still outstanding.

**Action:**
Director of HR & CS to validate absence figures with other Trusts, review absence target and report back to Trust Board.

## Medical

The Medical Director presented his report.  The following issues and comments were made:

Year ending 30 March 2014

o   Page 82 shows the Clinical Audit Report for NIAS Out-of-Hospital Cardiac Arrest Audit Data 2009-2013.  This report allows NIAS to benchmark with other Ambulance Services
➢   The Medical Director confirmed that NIAS played a key role in developing the Regional Community Resuscitation Strategy and advised that he chaired the Regional Working Group
o   It was confirmed that call takers in Emergency Ambulance Control provide advice to callers on how to perform CPR if required
➢   A member asked if figures on page 133 regarding Community Education Visits included raising the importance of CPR.  It was confirmed that current visits were focused on schools and appropriate use of the Ambulance Service making 999 calls etc and do not currently include CPR. However it was agreed that when the Community Resuscitation Strategy  was implemented, this aspect of community education by NIAS  could change to include CPR

Dr Livingstone left the meeting at 16.05

**8.0     Items for Approval**

**8.1     Board Governance Self-Assessment Submission 2013/14**

Chairman presented paper 5 to Trust Board members seeking approval.

Chairman confirmed that Dr Livingstone had prepared this paper.  It was confirmed that the paper had already been circulated to members for comment  and no comments were received.

It was advised that there were no red flags as they have now changed to amber/red or amber/green.

It was agreed that the Self Assessment would be submitted to the Department along with the rolling action plan.

Board approval was given on the proposal of Professor Hanratty and seconded by Mr McKinley.

**Action:**  Approved

**8.2     Terms of reference – Assurance Committee**

Paper 6 Terms of Reference for the Assurance Committee was presented by Medical Director for Board approval.

It was confirmed that this paper had been presented and discussed at Assurance Committee on 24 March 2014.  The changes that had been requested at this meeting have been incorporated to this paper.

Board approval was given on the proposal of Mr McKinley and seconded by Chairman.

**Action:** Approved

**9.0     Items for Noting**

**9.1     Patient Client Council – HSC Online User Feedback System**

The Chief Executive advised that this paper is being presented to Trust Board for noting.

The briefing paper was produced by PCC to outline the context and aims of the project.

It was questioned why the Trust was not receiving any additional resources to support this work and could the Trust raise concerns?

The Chief Executive confirmed that the covering letter has asked the Trusts to note the PCC paper and he responded that there was nothing to stop the

Trust sending their comments.

The Chief Executive recommended that the Chairman write to PCC raising the Trust's concerns.

**Action:**  Chairman to write to PCC.

### 9.2    NIAS Management Statement and Financial Memorandum

The Chief Executive advised that this paper is presented to Trust Board for noting each year.  He added that there has been no significant change to the document since it was presented last May.

### 9.3    Minutes of Assurance Committee held on 06 March 2014

Paper 9 was noted.

### 9.4    Minutes of Assurance Committee held on 24 March 2014

Paper 10 was noted.

### 9.5    GP Out of Hours – Ministerial Announcement

Paper 11 was noted.

## 10.0    Application of Trust Seal

The Trust Seal has not been used since the last Trust Board meeting.

## 11.0    Forum for Questions

No questions were received.

## 12.0    Any Other Business

### 12.1    Resignation of Non – Executive Director

The Chairman stated that Robin Mullan, Non Executive Director had resigned  from the Board on 30 April 2014 to accept an appointment to the Board of RQIA. The Chairman has requested that the recruitment for the post be commenced soon.

## 13.0    Forward agenda

The Chairman introduced this new agenda item and said that it would become a standing agenda item. He asked if the Board had any items they wished to bring forward at this stage.

## Date, Time and Venue of Next Meeting

The next meeting of the Trust Board will be held on Thursday 31 July 2014 in the Northern

Division (venue to be confirmed).

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

**Signed:** _____

**Date:** _____
                    **Chairman**

**TB/2/31/07/14**

# Northern Ireland Ambulance Service Health and Social Care Trust

## Trust Board Meeting - Action Log

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

| Date of Meeting | Minute Reference | Agenda Item (topic) | Allocated To | Action |
|---|---|---|---|---|
| 29 May 2014 | 7.0 | Performance Report | Chief Executive, Director of Operations and Director of Finance and ICT | Discussion to take place regarding the presenting of information. |
| | 7.0 | Performance Report | Director of HR & CS and Director of Finance | Absence figures to be validated with other Trusts and report back to Trust Board. |
| | 9.1 | Patient Client Council – HSC Online User Feedback System | Chairman | Chairman to write to PCC highlighting the concerns of the Board. |

**PERFORMANCE REPORT 2014-15 as at 30 JUNE 2014**

# NORTHERN IRELAND AMBULANCE SERVICE

# PERFORMANCE REPORT 2014-2015

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

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

## INTRODUCTION

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

## DELIVERING SAFE, HIGH-QUALITY CARE

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

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

This Corporate Plan sets the strategic direction for the Trust in line with the stated purpose, mission and vision of the organisation, aligned to the relevant principles and values, which direct action consistent with Ministerial priorities. Key strategic aims are identified through this process which leads to the development of strategic objectives which contribute to delivery of those aims. The Corporate

Plan is supported by an annual Trust Delivery Plan which is developed to take account of available resources and outline Trust priorities in terms of actions and activity to secure objectives.

## STRATEGIC AIMS & OBJECTIVES

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

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

The Strategic Aims are as follows:

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

2. To achieve best outcomes for patients using all resources while ensuring high quality corporate governance, risk management and probity

3. To engage with local communities and their representatives in addressing issues which affect their health, and participate fully in the development and delivery of responsive integrated services

The Strategic Objectives underpinning these aims are as follows:

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

2. Review and develop operational systems and processes to support the service delivery model and provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.

3. Build and maintain a high-performing, appropriately skilled and educated workforce, suitably equipped and fit for the purpose of delivering safe, high-quality ambulance services.

4. Promote and develop an open, transparent and just culture focussed on patients and patient safety.

5. Establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients to identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.

6. Review existing resources and ensure resource utilisation is aligned with delivery of agreed outcome-based quality indicators for patients and high quality corporate governance, risk management and probity.

7. Establish processes, built around our Personal and Public Involvement (PPI) strategy, to enable effective communication and engagement with all our communities and their representatives.

8. Use those PPI processes to clarify the ambulance role, function and resource with the community and agencies responsible for setting policy and commissioning ambulance services, and test this against their perceived/assessed needs and expectations.

9. Work with all stakeholders, in particular regional and local commissioners and providers of services, to establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services.

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

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

## STRATEGIC AIMS: PERFORMANCE & RISK REPORT

| Ref | Strategic AIM | Performance Commentary | RAG Rating | Risk Assessment |
|---|---|---|---|---|
| SA1 | To deliver a safe, high-quality ambulance service providing emergency and non-emergency clinical care and transportation which is appropriate, accessible, timely and effective | NIAS continues to provide safe high quality ambulance services. The model of service delivery has demonstrated effectiveness in the past and remains valid; however, it has proved sensitive to loss of response and patient transportation capacity presently linked to rising demand and Emergency Department pressures. NIAS is leading the development of the Community Resuscitation Strategy and recognises the significant role played by community resuscitation initiatives in the UK in respect of response to Cat A 999 calls. | A | The timeliness of response to 999 calls, including Cat A calls remains a major concern at this point. We have identified this concern to commissioner through established channels and are working to resolve. A commissioner-led capacity analysis is planned as part of a system wide review. NIAS is keen to participate fully in the analysis and the identification of action to address current issues and restore timeliness of response. In the interim, we continue to review opportunities to improve Cat A performance within existing resources reflected in Performance Improvement Plan developed during 2013-14 which will be refreshed for 2014-15. |
| SA2 | To achieve best outcomes for patients using all resources while ensuring high quality corporate governance, risk management and probity | NIAS continues to meet statutory requirements and deliver appropriate patient outcomes within the resource constraints identified. We continue to target calls on the basis of clinical urgency. Systems of corporate governance, risk management and probity have been maintained, and are subject to ongoing review and revision to identify and address weaknesses and deficiencies. Savings plans implementation is subject to delay and measures to maintain financial balance are being reviewed. | G | Increasingly stringent requirements particularly in areas such as procurement, pose issues due to regional configuration and mobile workforce. Approval, consultation and implementation of plans have caused delays in the amount of savings that can be delivered in 2014/15 compared to that set out in the Trust Delivery Plan which has, as yet (end 22 July) not been approved by Commissioners. Recurrent measures are being developed to address £950,000 savings in 2014/15. We continue to work with HSCB/DHSSPS to address the full range of savings required of NIAS. |
| SA3 | To engage with local communities and their representatives in | NIAS has a programme of engagement in place which meets requirements within the limited resources available in this area. | G | The Trust has a system in place to engage with service users in respect of key policy areas. Resource constraints continue to impact on our |

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

| | | | | |
|---|---|---|---|---|
| | addressing issues which affect their health, and participate fully in the development and delivery of responsive integrated services | | | capacity to pursue all aspirations and opportunities. |

RAG Rating:
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| SUMMARY CORPORATE RISK REGISTER | | | | |
|---|---|---|---|---|
| Ref | Title | Description | Initial rating | Current rating |
| 4 | Business Continuity | There is a risk to the Trust from the failure to review, update and test the internal disaster management plans. | High | Med |
| 232 | Business Services Transformation Programme (BSTP) | "There are three distinct projects within BSTP that represent various risks to NIAS: Finance, Procurement, Logistics (FPL) Human Resources, Payroll, Travel and Subsistence (HRPTS) Shared Services (SS). Each of these projects present risks across three broad areas - Business as Usual:  The ability to maintain core business requirements prior to and during implementation of BSTP Implementation:  Lack of human and physical resources to undertake work required leading to non delivery/delay in completion of elements of BSTP Benefits Realisation: The project is unable to realise anticipated benefits (financial and non financial)" | High | Med |
| 239 | Achieving Financial Balance 2013/14 & 2014/15 | There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance. The Trust has returned a break-even financial position for the last ten years and has a sound understanding of cost / income with an embedded authorization framework and controls in place to manage spend. There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely: 1. Overspending against core budget; 2. Increases to Savings Target.  Current estimate for savings is £2.245M in 2013/14; £3.047M in 2014/15. 3. Cost Pressures and Service changes (including Transforming Your Care) not fully | High | High |

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| | | 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.<br>4. Accident & Emergency staff are currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS<br>5. The Trust is also assuming that £415,000 bridging funding as identified in the June 2013 RRL to achieve breakeven at year end is still available.<br>6. 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 £585k in 2013/14. Any changes in these assumptions will result in further contingency measures which are likely to impact directly on the delivery of front line services. | | |
|---|---|---|---|---|
| 241 | Organisational Cohesion | There is a risk to the effective governance of the organisation if the Trust Board is unable to maintain cohesion and capacity to fulfil its function. | Low | Low |
| 242 | Workforce Flexibility | There is a risk that NIAS workforce strategy will not be sufficiently flexible to respond effectively to the challenges/opportunities of TYC and other strategic change. | Low | Low |
| 243 | Balancing Statutory Responsibilities | There is a risk that that excessive focus on achieving the statutory duty to deliver financial balance and specific targets could compromise other statutory duties and organisational priorities, in particular our duty of care to service users and staff. | Low | Low |
| 244 | TYC Implementation | There is a risk that the implementation of TYC will impact negatively on NIAS in respect of its core activity and responsibilities and service development aspirations. | Med | Med |
| 245 | Public Perception | There is a risk that public perception of the ambulance service is inconsistent with the aspirations of the service. | Med | Med |
| 246 | Linking Demand to Funding | There is a risk that increasing demand for ambulance response and transportation will outstrip capacity and compromise delivery of safe, high quality care due to the | Med | Med |

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

| | | absence of a means of linking planned/approved budget to demand. | | |
|---|---|---|---|---|
| 247 | Prioritising Core Activity | There is a risk that unscheduled care services will develop in an uncoordinated manner in HSC without reference to NIAS, leading to disconnect in service provision.  This could result in a risk of compromise of core NIAS activity. | Low | Low |
| 248 | TYC Developments | There is a risk that the further development of TYC may lead to a retraction of ambulance services to core 999 response and transportation only | Low | Low |
| 249 | Staffing Structure in respect of Equality, PPI and PC Experience | There is risk to the Trust that NIAS staffing structure in respect of Equality, PPI and Patient Client Experience is not sufficiently resourced to support the Trust in ensuring compliance across all related statutory requirements and Ministerial priority work streams. | Med | Med |

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

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

**NIAS Strategic Objectives Report 2013-14**

| **Objective:** | | | |
|---|---|---|---|
| **Further develop the service delivery model for scheduled and unscheduled care and transportation to address rural issues and exploit partnership opportunities.** | | | |
| **Assessment of Progress;** | | | |
| | | | |
| **Risks/Concerns:** | | | |
| | | | |
| Specific Action | Report Lead | RAG Rating | Comment |
| Introduce revised Operational Dispatch model to target RRV and A&E ambulances more effectively on Cat A over Cat B/C /Urgent calls to prioritise delivery of Cat A response targets | Ops | G | Revised directive issued to Control Team providing guidance on deployment of RRV to prioritise delivery of Category A response targets. |
| Realign Emergency Ambulance Control to operational priorities to prioritise delivery of fast, clinically effective, patient-centred ambulance response | Ops | G | An alternative dispatch and management of HCP calls using HCPC Protocol 35 have been implemented. ( 6th June ) |
| Use the Community Resuscitation Strategy as a vehicle to develop service delivery model and address rural issues | Med | G | NIAS Medical Director appointed by CMO as Chair of the Regional Working Group for the development of Community Resuscitation Strategy during 2013/14. NIAS CEO appointed to Steering Group. Consultation on draft Strategy concluded in February 2014, with consultation responses incorporated into Strategy and agreed by Steering Group in March 2014. Ministerial |

RAG Rating;
Green: Fully on track for delivery.
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| | | | launch of the Strategy 2 July 2014. Medical Director continues to participate in development of arrangements for Strategy implementation. It is anticipated that NIAS will chair and facilitate a Regional Strategy Implementation Group. NIAS continues to engage with a number of community first responder schemes including the development of MOUs. These groups are predominantly in rural areas. This work will now be incorporated into the implementation of the Community Resuscitation Strategy with developments in improved access by the community to automatic external defibrillators and uptake of training in CPR. As part of the Strategy implementation, NIAS has been asked to lead on introduction of a team of Community Resuscitation Development Officers by HSCB. |
|---|---|---|---|
| Pursue and (subject to HSC support) implement, proposals for the introduction of "111" non-emergency, unscheduled care service | CX | A | This is scheduled to be taken forward in Phase 2 TYC by HSCB. HSCB have signalled that NIAS will be asked to take a lead role in development of simplified access to unscheduled care (111 or equivalent) and Directory of Services. |
| **Review and develop operational systems and processes to support the service delivery model and provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.** | | | |
| **Assessment of Progress;** | | | |
| **Risks/Concerns:** | | | |
| Specific Action | Report Lead | RAG Rating | Comment |
| Deliver Cat A Response performance in line with HSC targets | Ops | R | Current Cat A performance 65% against 72.5% target. The introduction of revised arrangements for the triage of HCP |

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

| Specific Action | Report | RAG | Comment |
|---|---|---|---|
| | | | ambulance requests has resulted in an increase in Cat A calls. Performance has suffered due to this and issues impacting on resource availability. Cat A Performance improvement measures have been implemented and continue to be reviewed and revised in light of changing circumstances to ensure fastest response possible to the most urgent calls. |
| Introduce revised management of rest periods | Ops | G | Revised management directive in place for Control officers to manage Emergency Ambulance rest periods. Further work on going through Ops JCG. |
| Introduce revised management of hospital turnaround | Ops | G | HALO in place at Antrim, Craigavon, RVH, UH, for 2014 -15 non-recurrent. Protocols on place to improve performance against the 30 minute turnaround KPI. Improved turnaround against previous year performance is being maintained. |
| Implement Business Services Transformation Programme(BSTP) in line with agreed timeframes and processes | Fin | G | Implementation progressing in line with revised timescales. Relevant issues highlighted to Programme Board. |
| Introduce new models of service delivery consistent with Transforming Your Care investment priorities and funding secured | Ops | A | New Models scoped and approved through Project Team. Funding to support new models secured. Plans are in development for further rollout throughout 2014-15. |

**Build and maintain a high-performing, appropriately skilled and educated workforce, suitably equipped and fit for the purpose of delivering safe, high-quality ambulance services.**

**Assessment of Progress;**

**Risks/Concerns:**

| Specific Action | Report | RAG | Comment |
|---|---|---|---|

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

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

RAG Rating;
Green: Fully on track for delivery.
Amber: Some adjustment required to bring back on track for delivery.
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| | Lead | Rating | |
|---|---|---|---|
| Deliver initiatives for safer patient care in conjunction with HSC Safety Forum | Med | G | NIAS is represented at the Regional Safety Forum and has identified a number of areas for joint co-operation and development. These include:<br>• the benchmarking of clinical performance indicators;<br>• regional application of falls protocol following pilot in SHSCT;<br>• nursing home collaborative, specifically ambulance transfers;<br>• the inclusion of physiological early warning scores in review of Patient Report Form;<br>• potential participation in quality and safety training for Trust Boards;<br>• spinal immobilisation protocols;<br>• pre-alert and patient handover in Emergency Departments.<br>NIAS presentation of proposals for spinal immobilisation protocols, pre-arrival alerts and formal patient handover to the Regional Emergency Department Advisory Group scheduled for Q1/Q2 2014/15 postponed due to regional pressures in EDs. Patient outcome and clinical quality performance measures for NIAS in relation to out of hospital cardiac arrest and the management of stroke have been agreed by DHSSPS for inclusion in the 2014/15 Commissioning Directions. Initial reports on these measures will be available from end of Q1 and will include benchmarking with other UK ambulance services and presented to Trust Board in Q2.<br>New call prioritisation system to improve responsiveness to urgent calls received from GPs and other healthcare professionals implemented 1 July 2014. |

RAG Rating;
Green: Fully on track for delivery.
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| Implement Quality 2020, Mid Staffordshire Review Action Plan and other relevant guidance to embed and improve quality and safety | Med | G | Medical Director participates in Regional Quality 2020 Implementation Team. NIAS represented on a further two Quality 2020 task groups. Public Health Agency (PHA)/Regional Health & Social Care Board (RHSCB) have agreed that NIAS can develop a Trust-specific template. Elements for inclusion in quality report by NIAS and other non-acute Trusts and HSC organisations issued by DHSSPS during Q1 2014/15. First annual quality report will be published by September 2014 in keeping with agreed regional timescales. Action plan for Francis Report recommendations insofar as relevant to NIAS has been developed and updates provided to Assurance Committee. Regular reports on SAIs involving NIAS, Coroner's Rule 43 reports, Coroner's letters, medical device alerts provided to Assurance Committee. Medical Director participates in regular meetings with NICE facilitator and systems are in place for dissemination of relevant NICE guidance. JRCALC UK Ambulance Services National Clinical Practice Guidelines 2013 introduced throughout NIAS during 2013/14 in advance of April 2014 national deadline. Medical Director attends meetings of JRCALC which review Clinical Practice Guidelines. |
|---|---|---|---|
| Develop our processes and capacity to learn from complaints, compliments, adverse incidents and all other source to improve services | Med | G | Regular reports on complaints, compliments, adverse incidents including SAIs involving NIAS, Coroner's reports, medication and device alerts provided to Assurance Committee and Trust Board. Systems in place to collate and disseminate learning from relevant NICE guidelines, Safety & Quality Learning Letters, etc. An oversight group will be established incorporating representation from all Trust directorates to co-ordinate and |

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| | | | |
|---|---|---|---|
| | | | oversee learning within Trust from all sources such as reports, complaints, incidents, litigation etc. |

**Establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients to identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.**

**Assessment of Progress;**

**Risks/Concerns:**

| Specific Action | Report Lead | RAG Rating | Comment |
|---|---|---|---|
| Publish Quality Reports incorporating Clinical Indicators of Performance | Med | G | As part of the implementation of Regional Quality 2020, the Public Health Agency (PHA)/Regional Health & Social Care Board (RHSCB) have agreed that NIAS can develop a Trust-specific template for an annual quality report. Elements for inclusion in quality report by NIAS and other non-acute Trusts and HSC organisations issued by DHSSPS during Q1 2014/15. First annual quality report will be published by September 2014 in keeping with agreed regional timescales. Patient outcome and clinical quality performance measures for NIAS in relation to out of hospital cardiac arrest and the management of stroke have been agreed by DHSSPS for inclusion in the 2014/15 Commissioning Directions. Initial reports on these measures will be available from end of Q1 and will include benchmarking with other UK ambulance services and be presented to Trust Board from Q2 2014/15. Clinical performance indicators for a range of conditions will be updated in accordance with recently issued updated national clinical practice guidelines. |

RAG Rating;
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| | | | Revision of clinical performance indicator for diabetic hypoglycaemia completed in Q1. Work on updating the Trust Patient Report Form to comply with the new guidelines and other clinical developments ongoing. The timeliness of clinical information continues to be constrained by the capacity of the Trust's Information Department. Timely and effective monitoring of clinical quality would be significantly enhanced through the introduction of an electronic clinical record.  An initial proposal regarding was approved by the regional ICT Programme Board on 24 June 2014 with approval to develop a business case by November 2014. Market scoping exercise currently being undertaken. |
|---|---|---|---|
| Demonstrate effectiveness of initiatives to manage people closer to home to prevent unnecessary and inappropriate hospital attendance | Med | G | A "treat and leave" protocol relating to acute hypoglycaemia is already in place. The application of this protocol will continue to be monitored by the Trust's Clinical Support Officers and further activity data will be provided in future reports. This protocol and associated activity data presented by Medical Director to lead diabetologists and specialist nurses from the five acute Trusts in Q1 to facilitate development of a regional "treat and refer" protocol for implementation in July 2014.<br>A pilot of a "treat and refer" protocol for falls occurring in the elderly population in the SHSCT area is ongoing. Further work is being undertaken with NIAS staff, NIAS clinical support team and SHSCT to improve compliance and outcomes. Discussions have commenced with a number of other acute Trusts regarding the regional roll-out of the pilot. |

RAG Rating;
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| | | | Currently a number of "treat and leave" protocols are being developed for a range of other conditions as part of implementation of TYC and it is anticipated that these will be introduced on a phased basis during 2014/15. Protocols for NIAS to take patients with minor injuries to minor injuries units as an alternative to ED attendance successfully developed and introduced in year in Western Trust area and have been provided to other acute Trusts for consideration. Engagement is still ongoing with other agencies both at a regional and a local level in regard to the development of "treat and refer" protocols for a range of other conditions, for example mental health, frequent callers, blocked catheters and COPD. Progress in these areas is constrained by the degree of engagement by mental health service providers and other agencies. Meetings have now taken place between NIAS and the Chairs of a number of integrated care partnerships to progress these initiatives. NIAS representatives have now been appointed to the ICPs to facilitate ongoing engagement. |
| | | | Work is being commenced as part of TYC on the development of a clinical support desk for Category C calls to enhance clinical triage and proactive call-back to avoid unnecessary and inappropriate ambulance responses and hospital attendance. |
| **Review existing resources and ensure resource utilisation is aligned with delivery of agreed outcome-based quality indicators for patients and high quality corporate governance, risk management and probity.** | | | |
| **Assessment of Progress;** | | | |
| **Risks/Concerns:** | | | |

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

| Specific Action | Report Lead | RAG Rating | Comment |
|---|---|---|---|
| Deliver Financial Breakeven | All | A | Savings proposals developed but Commissioning Plan/Trust Delivery Plan approval process delayed. Steps to maintain financial balance are being progressed where appropriate and contingency measures continue to be explored in the event of shortfall. Overall HSC financial position and potential impact on NIAS continues to be monitored and NIAS position expressed. |
| Make recommendations to Commissioner to reflect demand pressures in core budgets | Fin | A | Normal process applies. Pressures have been highlighted and funding is being pursued. |
| Implement Savings Plans to achieve financial breakeven | Fin | A | Savings proposals developed but approval process delayed. Steps to maintain financial balance are being progressed where appropriate and contingency measures continue to be explored in the event of shortfall. Overall HSC financial position and potential impact on NAIS continues to be monitored and NIAS position expressed. |
| Secure funding associated with emerging cost pressures | Fin | A | Normal process applies. Pressures have been highlighted and funding is being pursued. Some recurrent funding has been secured. |
| Implement BSTP staffing changes | HR | G | Ongoing. |
| Implement DHSSPS Business Planning Requirement priorities | Fin | G | Ongoing. |
| Re-establish effective prompt payment regime | Fin | A | Improvement noted with establishment and bedding in on new systems and processes. |
| **Establish processes, built around our Patient and Public Involvement (PPI) strategy, to enable effective communication and engagement with all our communities and their representatives.** | | | |
| **Assessment of Progress;** | | | |

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

| | | | |
|---|---|---|---|
| **Risks/Concerns:** | | | |
| Specific Action | Report Lead | RAG Rating | Comment |
| Implement PPI Strategy | Med | A | Work continues to implement including through service user workshops for key policy areas, however progress remains restricted by limited resources. |
| Participate in regional patient experience/involvement initiatives | Med | G | The Trust continues to participate in regional PPI and Patient Client Experience work streams. |
| **Use those PPI processes to clarify the ambulance role, function and resource with the community and agencies responsible for setting policy and commissioning ambulance services, and test this against their perceived/assessed needs and expectations.** | | | |
| **Assessment of Progress;** | | | |
| **Risks/Concerns:** | | | |
| Specific Action | Report Lead | RAG Rating | Comment |
| Ensure NIAS is represented on relevant PPI forums | Med | G | Ongoing participation in PHA Regional PPI Forum, Patient Client Experience & 10,000 Voices work streams. |
| Review and enhance NIAS web presence and communication | Fin | A | Measures being developed but impact unlikely before Q3/4. |
| Introduce tools to enhance public presentation of NIAS information | Fin | A | Measures being developed but impact unlikely before Q3/4. |
| **Work with all stakeholders, in particular regional and local commissioners and providers of services, to establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health** | | | |

RAG Rating;

Green: Fully on track for delivery.

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| **services.** | | | |
|---|---|---|---|
| **Assessment of Progress;** | | | |
| **Risks/Concerns:** | | | |
| Specific Action | Report Lead | RAG Rating | Comment |
| Use NIAS engagement with Integrated Care Partnerships(ICP) to maximise opportunities to influence development of local health and social care solutions | Ops | G | Operations Managers represent NIAS on all 17 ICP Partnership Groups throughout NI. Director Operations represent NIAS on the Regional ICP Implementation Project Board.(RIIP) |
| Use NIAS engagement with TYC Unscheduled Care work stream to maximise opportunities to influence development of local and regional health and social care solutions | Ops | G | Limited progress to date in work stream |
| Ensure NIAS is represented on relevant TYC forums | Ops | G | Operations Managers represent NIAS on all 17 ICP Partnership Groups throughout NI. Director Operations represent NIAS on the Regional ICP Implementation Project Board.(RIIP). NIAS TYC project Manager engaging with relevant for a in relation to NIAS specific TYC objectives and potential contribution's that BIAS could make to other external proposals. |

RAG Rating;
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**HSC Commissioning Objectives Report 2014-15  (NIAS – Specific)**

| MINISTERIAL PRIORITY: | | To improve the quality of services and outcomes for patients, clients and carers, through the provision of timely, safe, resilient and sustainable services in the most appropriate setting |
|---|---|---|
| | **Area** | |
| 8 | Unscheduled Care | By March 2015, 72.5% of Category A (life threatening) calls responded to within eight minutes, 67.5% in each LCG area. |

| HSCB Commentary. |
|---|
| The Board will continue to work with NIAS to achieve further improvement in this standard, progressing the work on see and treat/treat and leave to improve the turnaround times at emergency departments, and in developing a dashboard of indicators to facilitate the effective flow of ambulance borne patients to ED department ensuring 999 can be responsive to emergency calls. |

| NIAS Response. |
|---|
| Given current levels in investment coupled with increasing demand for ambulance response and transportation on a base level of performance below target levels, this will be an exceptionally challenging target for NIAS. |
| NIAS has experienced significant growth and demand for emergency 999 response calls over recent years and 999 activity has more than doubled since 1999-2000. In addition to the 140,367 emergency calls responded to in 2012/13 ambulance staff also transported 35,492 patients for GP's and other clinical professionals and undertook 211,164 non-emergency patient transports. In total the ambulance service undertook 363,006 patient transports during the course of 2012/13. |
| To set the performance in context there has been a 10.5% increase in the volume of 999 calls responded to in the first two years of the CSR period (2011-13), which amounts to 13,860 extra responses per year – 38 extra 999 responses on average each day.  If investment by the commissioner were linked to demand, this would equate to increasing our resources by approximately 5 |

RAG Rating;
Green: Fully on track for delivery.
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emergency A&E ambulances and 3 RRV.  The level of investment outlined has not been provided to address demand increases.

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

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

NIAS Assessment

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

Performance Update

The timeliness of response to 999 calls, including Cat A calls remains a major concern at this point. We have identified this concern to commissioner through established channels and are working to resolve. A commissioner-led capacity analysis is planned as part of a system wide review. NIAS is keen to participate fully in the analysis and the identification of action to address current issues and restore timeliness of response. In the interim, we continue to review opportunities to improve Cat A performance within existing resources reflected in Performance Improvement Plan developed during 2013-14 which will be refreshed for 2014-15.

Current Cat A performance 65% against 72.5% target. The introduction of revised arrangements for the triage of HCP ambulance requests has resulted in an increase in Cat A calls. Performance has suffered due to this and issues impacting on resource availability. Cat A Performance improvement measures have been implemented and continue to be reviewed and revised in light of

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changing circumstances to ensure fastest response possible to the most urgent calls.

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

RAG Rating;
Green: Fully on track for delivery.
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| MINISTERIAL PRIORITY: | | **To improve the management of long term conditions in the community with a view to improving the quality of care provided and reducing the incidence of acute hospital admissions for patients with one or more long term conditions** |
|---|---|---|
| | **Area** | |
| 21 | Unplanned admissions | By March 2015, reduce the number of unplanned admissions to hospital by 5% for adults with specified long term conditions (using 2012/13 data as the baseline). |

Performance has been strong in this area in 2013/14 and progress is on track to achieve the target to reduce the number of unplanned admissions to hospital by 10% for adults with specified long term conditions by end of March 2014.

In relation to securing a further reduction by March 2015, Integrated Care Partnerships will be central in ensuring integration among primary and secondary care providers to meet patient needs with clear arrangements for dealing with patients with long term conditions, multi-morbidity and complex medication regimes, and access to specialist medical or nursing advice. The HSCB/PHA will ensure the provision of one-to-one and group education programmes to support self-management that have agreed content and arrangements for patients to receive regular updates.

Moreover, the introduction of risk-stratification, provision of integrated community teams and enhancements to remote telemonitoring during 2014/15 will all contribute to a reduction in ED attendances, emergency admissions, and length of stay and/or bed days.

NIAS Response.

NIAS has established a strong local ambulance presence on Integrated Care Partnerships to support and facilitate the initiatives which are key to achieving this target. NIAS will work with the Health and Social Care Board (HSCB), Public Health Agency (PHA) and other Trusts to implement new service delivery models designed to prevent unnecessary and inappropriate hospital attendance via ambulance.

NIAS Assessment

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

| | | |
|---|---|---|
| Material risk to full or substantial delivery. | | |
| Performance Update | | |
| NIAS contribution has been welcomed by ICP leads and Trusts. No information currently available on performance across HSC. | | |

| | | |
|---|---|---|
| **MINISTERIAL PRIORITY:** | **To improve the design, delivery and evaluation of health and social care services through the involvement of individuals, communities and the community, voluntary and  independent sector** | |
| | **Area** | |
| 26 | Integrated Care Partnerships | By March 2015, 95% of patients within the four ICP priority areas [frail elderly, diabetes, stroke, respiratory] will have been identified and will be actively managed on the agreed Care Pathway. |

The implementation of this target will involve risk stratification at primary care level of medium or high risk hospital admission and ensuring they are case managed in line with care pathways.  This will be achieved through the on-going process for the overall implementation of ICPS.

NIAS Response.

NIAS has established a strong local ambulance presence on Integrated Care Partnerships to support and facilitate the initiatives which are key to achieving this target.  NIAS will work with the Health and Social Care Board (HSCB), Public Health Agency (PHA) and other Trusts to implement new service delivery models designed to prevent unnecessary and inappropriate hospital attendance via ambulance.

NIAS Assessment

No material risk to full or substantial delivery.

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

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

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

**Delivery of Savings Plans**

NIAS has plans in place which are designed to deliver efficiency savings and achieve financial breakeven.  It is anticipated at this stage of the year (end June 2014) that the Trust is on target to achieve financial breakeven by year end however this is subject to a series of assumptions as follows:

1.  Accident & Emergency staff is currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process.  The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS.

2.  Income levels for prior year developments, new service developments and other unavoidable pressures have been highlighted to HSCB /DHSSPS colleagues and the Trust is assuming that these costs will be met in full.

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

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

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

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

| | Proposal – Acute Productivity | Revised Estimate of Savings 2014/15 | Commentary | Report Lead | RAG Rating | Progress Report |
|---|---|---|---|---|---|---|
| 1. | **Patient Care Service (PCS) - Non-Emergency Patient Transportation.**<br><br>Review activity levels, current service provision models and eligibility criteria for non-emergency patients in conjunction with HSCB. Develop proposals to more effectively utilise NIAS PCS and Voluntary Car Service (VCS) thereby effecting savings in the order of | 797,000 | The objective is to review productive use of available resources to deal with demand for patient care services using fewer vehicles, thereby reducing requirement for staff. The review will also consider and explore increasing use of alternatives to traditional non-emergency ambulance transport.  There may be opposition especially in rural areas.  HSCB involvement and support is key. | Ops | G | PCS resource realignment to support Emergency Ambulance service established in 2013-14 has been maintained. |

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| | Proposal – Acute Productivity | Revised Estimate of Savings 2014/15 | Commentary | Report Lead | RAG Rating | Progress Report |
|---|---|---|---|---|---|---|
| 2. | Reduction in expenditure associated with unplanned staff absence and cost of overtime cover. | 100,000 | In addition to targeting a reduction in sickness absence, NIAS has been reviewing abstractions for working time in areas such as carers leave, court leave and other non-sickness related absence. All will be tested to identify potential for contribution to reducing expenditure in this area. NIAS also anticipates associated positive impact from recruitment planned for 2014-15 to fill vacant and temporary posts. | Ops | A | Measures linked to non-sickness related absence are being pursued in parallel with stringent application of attendance management procedures.<br><br>Proposals to enhance operational front-line supervisor support to enhance processes are being developed.<br><br>Savings from this area are planned to be delivered no earlier than quarter 4 to accommodate consultation and planning. |

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| | Proposal – Acute Productivity | Revised Estimate of Savings 2014/15 | Commentary | Report Lead | RAG Rating | Progress Report |
|---|---|---|---|---|---|---|
| 3 | Reduction in expenditure associated with harmonisation of Agenda for Change Terms & Conditions | 150,000 | Joint Consultative Groups have been established with staff representatives to address a range of issues including harmonisation of Agenda for Change issues. Key areas being pursued which contribute to delivery of savings include further realignment of payments for meal breaks, and expenditure associated with overtime payments. | HR | A | Harmonisation is included on the JCNC Terms and Conditions Sub Group work plan.  Trade Unions have highlighted concerns in respect of this area.  Savings from this area are planned to be delivered no earlier than quarter 4 to accommodate consultation and planning. |
| | Proposal – Acute Productivity | Revised Estimate of | Commentary | Report Lead | RAG Rating | Progress Report |

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| | | Savings 2014/15 | | | | |
|---|---|---|---|---|---|---|
| 4 | Admin overheads | 100,000 | | | | |
| 5 | Contingency | 950,000 | Plans are being developed to contribute to these proposals. | | | |
| | Total | 2,097,000 | | | | |

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

Key Areas requiring additional action/new processes in-year are listed below. A full assessment of NIAS response in respect of both new and existing requirements is provided in Appendix 2.

| Theme/Domain 1: Governance | | | | | | |
|---|---|---|---|---|---|---|
| Objective: To maintain and work to strengthen governance, risk management and control systems | | | | | | |
| Milestone | Performance Standard /Actions/Events | NIAS Response | Lead | Progress Report | RAG | Risk & Remedial Action Planned |
| **1.2**<br><br>**Full compliance with the** | **1.2b**<br><br>By 31 March 2015 achieve substantive | 1.2b<br><br>NIAS will establish processes necessary | Fin | | G | |

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| Department's governance requirements and specified timescales. | compliance with the Information Management Controls Assurance Standard. | to scope requirements and identify measures necessary to achieve compliance. | | | | |
|---|---|---|---|---|---|---|
| | **1.2c**<br><br>By 31 March 2015, carry out an independent evaluation of the Board governance arrangements. | 1.2c<br><br>NIAS awaits guidance from DHSSPS on the process to be followed. | | | G | |

| **Theme/Domain 2A: Financial Resources** |
|---|

| **Objective: To promote the efficient, economic and effective use of staff, monies, equipment, estates and other resources** |
|---|

| **Milestone** | **Performance Standard/Actions/Events** | **NIAS Response** | **Lead** | **Progress Report** | **RAG** | **Risk & Remedial Action Planned** |
|---|---|---|---|---|---|---|
| **2A.1 Deliver on key Departmental and Executive financial commitments/** | **2A1.a**<br><br>Achieve the financial breakeven target of 0.25% or £20k (whichever is the greater) of revenue | 2A1.a<br><br>NIAS will introduce Savings Plans consistent with delivery of this challenging target. | Fin | Commissioning Plan Delays impacting on NIAS plan approval and implementation. | A | Financial position monitored and contingency plans being developed. |

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| requirements: | allocation by March 2015. | | | | | |
|---|---|---|---|---|---|---|
| | **2A1.b** Achieve/maintain the minimum standard of paying 95% of undisputed invoices within 30 days throughout 2014/15. | 2A1.b NIAS will review existing systems and processes to identify measures to achieve the target. | Fin | Improvement noted for April 2014, but dip in performance April and May due to competing pressures. | A | Clarity on target required. Previous target of 95% of invoices within 30 days or other agreed terms. |
| | **2A1.c** Reflecting on the 10 day target set for 2013/14, establish and deliver a realistic 10 day prompt payment target for the organisation, expressed as a percentage of invoices to be paid within 10 working days. | 2A1.c NIAS will review existing systems and processes to identify measures to set and achieve a realistic target. | Fin | Benchmarking exercise underway. | A | |
| **2A.3 Improve Efficiency and** | **2A 3.a** Delivering | 2a 3.a NIAS will present | Fin | Trust Delivery 2014/15 remains to be considered by | A | Financial position monitored and contingency plans |

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| Value for Money | productivity and cash releasing efficiencies as set out in 2014/15 Savings Plans, by March 2015. | Efficiency Savings Plans through the established processes and compliance monitoring will be through Financial Stability Programme Board (FSPB) in the first instance. | | Commissioners. NIAS expenditure being reviewed to develop savings which will contribute to NIAS Savings Plans. | | being developed. |
|---|---|---|---|---|---|---|
| | **2A 3.b**<br><br>Developing plans to deliver efficiencies (productivity and cash releasing) in 2015/16 by 30 June 2014. | 2a 3.b<br><br>NIAS will develop plans in line with the timeframe specified upon receipt of relevant guidance on requirements from DHSSPS/HSCB. | | NIAS continues to work with DHSSPS/HSCB to consider 2015/-16. | A | Financial position monitored and contingency plans being developed. |
| | **2A 3.c**<br><br>For capital, external consultancy/revenue business cases, ensure that submission to the Department is in line | 2a3.c<br><br>NIAS will continue to seek to comply with submission requirements of DHSSPS for Business Cases. | | | G | |

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| | | | | | | |
|---|---|---|---|---|---|---|
| | with agreed timeframes. | | | | G | |
| | **2A 3.d** Ensure that a suitable skills base is maintained/ developed to develop business cases and provide written assurance to your Board by March 2015. | 2a3.d NIAS recognises that as a small organisation with very limited management resource, the skill base currently established, which is suitable to develop Business Cases, necessarily has a degree of fragility associated with the limited number of personnel involved. We will continue to explore opportunities to address this weakness. | | | G | |
| **2A.4 Ensure compliance with public procurement** | **2A 4.a** Ensure STAs >£30k are publicly published on a monthly basis in | 2A.4a NIAS will establish a process to comply with requirements by | Fin | | G | |

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| policy | line with CPD requirements. | June 2014. | | | G | |
|--------|------|------|------|------|------|------|
| | **2A 4.b**<br><br>Establish a process by June 2014 to provide assurance to your Board that your organisation has adopted and maintained good procurement practice, as specified in the Department's Review of Procurement, or as separately promulgated by the Department. Report to the Board in September 2014 and March 2015 on this matter. *(This should include consideration of DFP and Departmental requirements/guidance such as* | 2A.4.b<br><br>NIAS currently offers the necessary assurances in this regard through the Audit committee. Current arrangements will be reviewed with the Trust Board to determine assurance requirements in this area. | Fin | | G | |

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| Milestone | Performance Standard/Actions/Events | | Lead | Progress Report | RAG | Risk & Remedial Action Planned |
|---|---|---|---|---|---|---|
| | *Procurement Guidance Notes as set out in HSC Finance circulars, Procurement Estates Letters (PELs) and the Ministerially approved recommendations in the Department's Review of Procurement).* | | | | | |

| Theme/Domain 2B: Health Estates | | | | | | |
|---|---|---|---|---|---|---|
| **Objective: To promote the efficient, economic and effective use of resources** | | | | | | |
| **Milestone** | **Performance Standard/Actions/Events** | | **Lead** | **Progress Report** | **RAG** | **Risk & Remedial Action Planned** |
| **2B.1**<br><br>**Assets & Estate Management** | **Ensure property costs demonstrate value for money: 2B.1 (a)**<br><br>Submit a Property Asset Management Plan, in line with Department | 2B.1 a<br><br>NIAS will take the necessary steps to submit a Property Asset Management | | Delayed due to competing priorities | A | NIAS will submit Property Asset Management Plan as soon as possible. |

RAG Rating;
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| Milestone | Performance Standard/Actions/Events | | Lead | Progress Report | RAG | Risk & Remedial Action Planned |
|---|---|---|---|---|---|---|
| | requirements, to the Department on 30<sup>th</sup> April 2014. | plan in line with requirements by the due date. | | | | |
| **2B.2 Sustainable Development** | **To support the DHSSPS Sustainable Development Duty:** **2B.1 (a)** To submit a Sustainable Development Report, in line with Department requirements, by 30 April 2014. | 2B.2 NIAS will take the necessary steps to submit a Sustainable Development Report in line with requirements by the due date. | | Delayed due to competing priorities | A | NIAS will submit Sustainable Development Report as soon as possible. |
| **Theme/Domain 2C: Human resources** | | | | | | |
| <u>**Objective:**</u> **To promote the efficient, economic and effective use of resources** | | | | | | |
| **Milestone** | **Performance Standard/Actions/Events** | | **Lead** | **Progress Report** | **RAG** | **Risk & Remedial Action Planned** |
| **2C.1** **Staff Sickness Absence** | **2C.1 (a)** Reduce or maintain staff absence rates to proposed target of | 2C.1a NIAS will build on existing policies and procedures and seek | DHR CS | In light of issues arising in relation to the sickness absence figures produced | R | There is on-going liaison regionally to validate HRPTS sickness absence |

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| | | | | | | |
|---|---|---|---|---|---|---|
| | 7% | to identify additional measures appropriate to our circumstances which deliver absence rates at target levels.<br><br>(NIAS has engaged with DHSSPS in the setting of target rates in an effort to ensure that rates set reflect the specific operating environment of the organisation rather than a non-specific over-achieving target.) | | following the implementation of HRPTS, it was necessary to review the proposed target of 7% once the figures had been validated. However, the 7% target has now been agreed with DHSSPS based on benchmarked data taken from HRMS. HRPTS appears to have increased the percentage of sickness by approximately 2%. | | figures. A health and well being action plan for 2014-17 is in draft form. |
| **2C.2**<br><br>**Staff appraisal/devel opment** | **2C.2 (a)** by 30th June 2014 90% of staff to have had an annual appraisal of their performance during 2013/14 and an agreed personal development plan for | 2C.2 a NIAS implemented revised arrangements in 2013 and will report on progress in line with requirements. | | Progress reported by directorate. | G | |

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| Milestone | Performance Standard/Actions/Events | | Lead | Progress Report | RAG | Risk & Remedial Action Planned |
|---|---|---|---|---|---|---|
| | | 14/15. | | | | |
| **Theme/Domain 3: Quality** | | | | | |
| <u>Objective:</u> **To Provide High Quality Services** | | | | | |
| **3.1**<br>**Quality 2020** | **3.1a**<br>By September 2014, to publish an individual ALB 2013/14 Annual Quality Report. | 3.1 a<br>NIAS will develop a Quality Report for 2013-14.<br>(Under existing arrangements NIAS is not one of the organisations required to produce the Quality Report within this timeframe.) | Med | Public Health Agency (PHA)/Regional Health & Social Care Board (RHSCB) have agreed that NIAS can develop a Trust-specific template. Elements for inclusion in quality report by NIAS and other non-acute Trusts and HSC organisations issued by DHSSPS during Q1 2014/15. First annual quality report will be published by September 2014 in keeping with agreed regional timescales. | G | |

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| 3.4 | 3.4b | 3.4 b | Med | Regular reports on complaints, compliments, adverse incidents including SAIs involving NIAS, Coroner's reports, medication and device alerts provided to Assurance Committee and Trust Board. Systems are in place to collate and disseminate learning from relevant NICE guidelines, Safety & Quality Learning Letters, etc. An oversight group will be established in Q2/Q3 2014/15 incorporating representation from all Trust directorates to co-ordinate and oversee learning within Trust from all sources such as reports, | G | |
|---|---|---|---|---|---|---|
| **Patient Safety** | During 2014/15 promote the effective reporting and management of, and implement the learning from, serious adverse incidents/adverse incidents, near misses, complaints, and provide evidence to the HSCB/PHA that these requirements are being met. | NIAS will build on existing systems to improve the process for reporting, managing and learning in these areas. Reports will be presented to Trust Board/Assurance committee to provide confirmation of effectiveness. | | | | |

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| | | | | complaints, incidents, litigation etc. | <span style="background-color:#8DC63F"> </span> | |
|---|---|---|---|---|---|---|

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# Appendix: Supporting data

<span style="font-variant: small-caps;">**Strategic Aim:** To deliver a safe, high-quality ambulance service providing emergency and non-emergency clinical care and transportation which is appropriate, accessible, timely and effective</span>

*Strategic Objective*
Establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients to identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.

**EMERGENCY PLANNING REPORT MAY TO JUNE 2014**

| KPI No | | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2 | **No of Potential Major Incidents** | 1 | 0 | 1 | | | | | | | | | |
| | **No of Declared Major Incidents** | | | | | | | | | | | | |
| | **No of Airport alerts** | 0 | | | | | | | | | | | |
| | Belfast International Airport | | 0 | 1 | | | | | | | | | |
| | Belfast City Airport | | 1 | 1 | | | | | | | | | |
| | City of Derry Airport | | | | | | | | | | | | |
| | St Angelo Airport | | | | | | | | | | | | |
| | Newtownards Airfield | | | | | | | | | | | | |
| | Other airfields | | | | | | | | | | | | |
| | **Business Continuity** | 4 | 5 | 1 | | | | | | | | | |
| | **Hazardous Material Incidents** (HART calls) | 37 | 36 | 28 | | | | | | | | | |
| | **HART pre-planned deployments** | 3 | 0 | 0 | | | | | | | | | |
| 4 | **Training sessions** | | 1 | 1 | | | | | | | | | |
| | Emergency Planning | 2 | 2 | 3 | | | | | | | | | |
| | HART | 6 | 4 | 1 | | | | | | | | | |
| | Business Continuity | 4 | 0 | 0 | | | | | | | | | |
| 5 | **Exercises** | | | | | | | | | | | | |
| | Live | 1 | 1 | 1 | | | | | | | | | |
| | Tabletop | 0 | 0 | 1 | | | | | | | | | |
| | Observer | 0 | 0 | 0 | | | | | | | | | |
| 6 | **Updates or amendments to MIP** | | | | | | | | | | | | |

### *Potential Major Incident*
On 15 June 2014 at 2332hrs NIAS received a call to a block of flats on fire. Three A&E crews, one Intermediate Care Vehicle crew, one Rapid Response Vehicle, seven officers, one doctor, the Emergency Equipment Vehicle and the Mobile Control Vehicle were tasked to the scene. One patient was taken to Antrim Hospital. The incident was stood down at 2349hrs.

### *Major Incidents*
There were no declared major incidents this month.

### *Airport Alerts*
On 5 May 2014 at 1556hrs NIAS received a call to the George Best Belfast City Airport for a plane returning to land for problems with the front door not closed properly. Six A&E crews, two Intermediate Care Vehicle crews, one Rapid Response Vehicle, the Hazardous Area Response Team manager, three officers, one doctor, the Emergency Equipment Vehicle and the Mobile Control Vehicle were tasked to the scene. The incident was stood at 1612hrs prior to arrival of any officers. No patients were treated at scene.

On 2 June 2014 at approximately 1912hrs NIAS received a call to Belfast International Airport for an airbus landing with difficulty with the steering. The report stated that there was 125 souls on board. Eight A&E crews, four Intermediate Care Vehicle crews, one Rapid Response Vehicle, one doctor, eight officers, the Emergency Equipment Vehicle and the Mobile Control Vehicle were tasked to the scene. The officer in charge held a small number of crews at the airport whilst the passengers were evacuated from the plane on the runway and transported to the terminal building. No patients were treated at the scene and the incident was given the official stand down at 2124hrs.

On 6 June 14 at 1204hrs NIAS received an airport alert to the George Best Belfast City Airport for a plane on the runway with reports of an engine fire. There were seven passengers removed from the aircraft by the Northern Ireland Fire and Rescue Service. One Rapid Response Vehicle, one A&E crew, one Intermediate Care Vehicle crew, one doctor, two officers, the Emergency Equipment Vehicle and the Mobile Control Vehicle were tasked to the scene. The plane landed safely and the incident was stood down after 43 minutes.

### **Incidents of Note**
The Giro d'Italia took place during 9–11 June 2014. This event required a significant amount of planning and also required NIAS to have senior officers available in the event control room in Police Headquarters

The Queens Baton Relay for the Commonwealth Games took place form 20-24 June 2014. This event required the opening of the multi-agency gold command room.

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

| Date of Call | Call Number | HART Capability | Partner Agency | Description |
|---|---|---|---|---|
| 1 May | 2462864 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 2 May | 2463524 | Restricted Space | NIFRS | Child stuck in bannister – Hazardous Area Response Staff deployed to scene |
| 3 May | 2464242 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 3 May | 2464249 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 4 May | 2465282 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 6 May | 2466793 | Breathing Apparatus | NIFRS | Carbon Monoxide Incident - Hazardous Area Response Team with Breathing Apparatus skills tasked to scene |
| 7 May | 2467125 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 8 May | 2467941 | Breathing Apparatus | NIFRS | Carbon Monoxide Incident - Hazardous Area Response Team with Breathing Apparatus skills tasked to scene |
| 8 May | 2467490 | Breathing Apparatus | NIFRS | Carbon Monoxide incident - **Hazardous Area Response Team Advisor Only** |
| 9 May | 2468119 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 10 May | 2468798 | Breathing Apparatus | NIFRS | Carbon Monoxide Incident - Hazardous Area Response Team with Breathing Apparatus skills tasked to scene |
| 10 May | 2468913 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 10 May | 2468997 | Rope tech | Her Majesty's Coastguard | Person reported fallen of Cliff – Hazardous Area Response Team advisor tasked to scene. Person rescued by Royal National Lifeboat *Institution.* NIAS stood down. |
| 13 May | 2470833 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 14 May | 2471929 | Breathing Apparatus | NIFRS | House fire - **Hazardous Area Response Team Advisor Only.** |
| 15 May | 2472151 | HAZMAT | NIFRS / PSNI | Road traffic accident – **Hazardous Area Response Team Advisor Only.** |
| 16 May | 2472824 | Breathing Apparatus | NIFRS / Maritime & Coastguard Agency | Fire on a ship of shore – Hazardous Area response Team advisor and staff deployed to scene. Staff deployed on to the ship in Breathing apparatus. |
| 17 May | 2473879 | Breathing Apparatus | NIFRS | Carbon Monoxide incident - **Hazardous Area Response Team Advisor Only** |

| 18 May | 2473974 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
|---------|---------|---------------------|-------|-------------------------------------------------------------------|
| 18 May | 2474007 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 18 May | 2474287 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 19 May | 2474881 | Breathing Apparatus | NIFRS | Carbon Monoxide Incident - Hazardous Area Response Team with Breathing Apparatus skills tasked to scene |
| 19 May | 2475242 | Incident at Height | NIFRS | Person stuck in a tree- Hazardous Area Response Team with working at height skills tasked to scene |
| 20 May | 2475523 | Incident at Height | NIFRS | Person trapped in fence - **Hazardous Area Response Team Advisor Only.** |
| 21 May | 2475962 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 22 May | 2476967 | Breathing Apparatus | NIFRS | Fire in a block of flats - Hazardous Area response Team advisor and staff deployed to scene. Staff deployed on to the ship in Breathing apparatus |
| 23 May | 2477685 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 24 May | 2477974 | Breathing Apparatus | NIFRS | Carbon Monoxide incident - **Hazardous Area Response Team Advisor Only** |
| 24 May | 2478180 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 25 May | 2478845 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 27 May | 2480013 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 28 May | 2480558 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 28 May | 2480681 | Breathing Apparatus | NIFRS | Carbon Monoxide Incident - Hazardous Area Response Team with Breathing Apparatus skills tasked to scene |
| 28 May | 2481045 | Breathing Apparatus | NIFRS | Carbon Monoxide Incident - Hazardous Area Response Team Advisor and staff with Breathing Apparatus skills tasked to scene |
| 28 May | 2481100 | Breathing Apparatus | NIFRS | Carbon Monoxide Incident - Hazardous Area Response Team with Breathing Apparatus skills tasked to scene |
| 31 May | 2482963 | Restricted Space | NIFRS | Persons stuck in a lift - **Hazardous Area Response Team Advisor Only.** |
| 2 June | 2484447 | Incident at height | PSNI / NIFRS | Person collapsed inside machine in Quarry - Hazardous Area Response Team Advisor and staff with working at height skills tasked to scene |
| 3 June | 2503230 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 4 June | 2485517 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |

| 5 June | 2486590 | Breathing Apparatus | NIFRS | Carbon Monoxide Incident - Hazardous Area Response Team Advisor and Hazardous Area Response Team tasked to scene |
|---|---|---|---|---|
| 5 June | 2486574 | Breathing Apparatus | NIFRS | Small scale HAZMAT Incident - **Hazardous Area Response Team Advisor Only.** |
| 6 June | 2486804 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 7 June | 2487609 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 9 June | 2488850 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 10 June | 2489621 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 10 June | 2491491 | Breathing Apparatus | NIFRS | Carbon Monoxide incident - **Hazardous Area Response Team Advisor Only** |
| 12 June | 2490143 | Breathing Apparatus | NIFRS | Carbon Monoxide incident - **Hazardous Area Response Team Advisor Only** |
| 12 June | 2491351 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 12 June | 2491205 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 15 June | | Rope Tech | Maritime and Coastguard Agency | Mountain and remote access incident - Hazardous Area Response Team with Mountain Rescue and Coastguard Rope technician skills deployed to incident |
| 15 June | 2493248 | MIMMS | PSNI | Fire reported in Hospital part of a Prison with persons reported- Hazardous Area Response Team deployed to the scene |
| 17 June | 2494842 | Mountain rescue | NIFRS | Mountain and remote access incident - Hazardous Area Response Team with NIFRS deployed to incident |
| 17 June | 2494957 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 17 June | 249868 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 18 June | 2495612 | Breathing Apparatus | NIFRS | Carbon Monoxide Incident - Hazardous Area Response Team with Breathing Apparatus skills tasked to scene |
| 19 June | 2495848 | Breathing Apparatus | NIFRS | Carbon Monoxide incident - **Hazardous Area Response Team Advisor Only.** |
| 20 June | 2496904 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |

| 20 June | 2496934 | HAZMAT | NIFRS | HAZMAT Incident - Hazardous Area Response Team with Breathing Apparatus skills tasked to scene |
|---------|---------|--------|-------|----------------------------------------------------------------------------------------|
| 23 June | 2499002 | Rescue | NIFRS | Person reported stuck in sand – Hazardous Area Response Team deployed to the scene in conjunction with Coastguard staff |
| 24 June | 2499677 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 25 June | 2499702 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |
| 27 June | 2501435 | Breathing Apparatus | NIFRS | Carbon Monoxide incident - **Hazardous Area Response Team Advisor Only.** |
| 28 June | 2502129 | Restricted space | NIFRS | Person trapped down manhole - Hazardous Area Response Team deployed to the scene |
| 30 June | 2503230 | Breathing Apparatus | NIFRS | Smoke inhalation - **Hazardous Area Response Team Advisor Only.** |

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

# Clinical Audit Report

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

**Data provided is based on review of Patient Review Forms for period of 01/01/2014 to 30/03/2014**

*INDICATOR 1 (see explanation below)*          *INDICATOR 2 (see explanation below)*

| Month | Cardiac Arrests | Resus attempts | ROSC at Hospital | Cardiac Arrests | Resus attempts | ROSC at Hospital | No of at hospital ROSCs that had initial VF/VT + Bystander Witnessed |
|---|---|---|---|---|---|---|---|
| Jan 2014 | 127 | 79 | 6 | 127 | 79 | 6 | 3 |
| Feb 2014 | 128 | 82 | 13 | 128 | 82 | 13 | 3 |
| Mar 2014 | 123 | 75 | 11 | 123 | 75 | 11 | 4 |
| Apr 2014 | | | | | | | |
| May 2014 | | | | | | | |
| Jun 2014 | | | | | | | |
| Jul 2014 | | | | | | | |
| Aug 2014 | | | | | | | |
| Sep 2014 | | | | | | | |
| Oct 2014 | | | | | | | |
| Nov 2014 | | | | | | | |
| Dec 2014 | | | | | | | |
| Totals | 378 | 236 | 30 | 378 | 236 | 30 | 10 |
| % | | 62.43% | 12.71% | | 62.43% | 12.71% | 33.33% |

---

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

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

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

**KPI1. ROSC at Arrival at Hospital (Overall)**
Calculation: Number of patient with a recorded ROSC on arrival at hospital / All patients who had a resus commenced (CPR/ALS etc)

**KP2. ROSC at Arrival at Hospital (Utstein comparator group)**
Calculation: Number of patient with a recorded ROSC on arrival at hospital / All patients who had a resus commenced (CPR/ALS etc) where the patient a recorded shockable rhythm (VF or VT) where the arrest was witnessed also by a bystander

51

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

**Patient Client Experience Standards**
**Monitoring Report**
**Quarter 4**
**January - March 2014**

## 1.   Background

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

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.

Priorities for Action 2010/11 include 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.   Development of monitoring tools and extension of monitoring to additional clinical areas

The use of patient satisfaction surveys was tested during the third and fourth quarters of 2009/10. The surveys were tested in acute medical wards, non-acute rehabilitation wards and acute mental health inpatient wards. Questionnaires have been revised to reflect the learning from the surveys undertaken.

During 2012/13, the surveys continued to be carried out in other wards within these areas and were also extended to other clinical areas including acute surgical wards and learning disability services.

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 to be developed and tested include the following:

- Patient/Client stories
- Review of compliments and complaints
- Observations of practice
- Staff Feedback
- Audit of organisational arrangements

Trusts will provide a monitoring report to the HSC Board on the activities undertaken each quarter. Currently a number of Trusts have developed their own questionnaire and others are not carrying them out, but focusing on the outcome areas identified in previous quarters to improve those aspects. In the current quarter no results relevant to the ambulance service were provided to NIAS. The methodologies need to be revisited and will be an item for a regional workshop to discuss current challenges and priorities for the next 2 year cycle.

The patient experience survey methodology has been reviewed and, having initially been based on questions included in the other Trusts surveys, NIAS has, through discussion with the PHA and benchmarking the approach taken by other ambulance services, developed a NIAS-specific survey questionnaire to focus the patient experience questions from the time patients contact NIAS control via 999, through to the treatment and management by crews, to the handover at hospital. This will allow full patient stories and journeys to be received for NIAS to analyse and action where appropriate. It is hoped that this survey can be accessed directly by patients through NIAS website. This will be a priority item to progress for NIAS and roll out will need to avoid duplication with the 10,000 Voices survey, the results of which are reflected in the report.

## PATIENT SATISFACTION SURVEYS

**Trust:**    Northern Ireland Ambulance Service  HSC Trust    **Ward:**    Variety of wards across HSC Trusts.

**Quarter Ending:**    31 March 2014

| Return of Questionnaire: | Two options for return of questionnaires were provided:<br>• Via freepost return envelope to the Safe &Effective Care Department<br>• Placed in a sealed envelope on the ward on day of discharge and then forwarded to the Safe &Effective Care Department |
|---|---|
| Response Rate: | No returns from other Trusts were received by NIAS. |

**Patient and Carer Comments**

In this quarter no comments made by patients or carers were forwarded to NIAS.

**Issues identified**

Nothing to report.

## COMPLIMENTS AND COMPLAINTS

Figures for compliments and complaints have been collected for the quarter and are presented in the table below. A total of 24 compliments and 46 complaints were received by the Trust during the period compared with 81 and 39 respectively in the previous quarter. Compliments and complaints have been attributed to the five patient experience standards, but coding of compliments and complaints is not currently directly linked to the standards. All compliments are dealt with via the Chief Executive's Office.

| **COMPLIMENTS and COMPLAINTS FOR PERIOD : JANUARY 2014 – MARCH 2014** | | |
|---|---|---|
| **Total number of compliments received: 24** | | |
| **Total number of complaints received: 46 (NB 21 only related to patient experience standards)** | | |
| **COMPLIMENTS received through the Chief Executive's office**<br><br>Recorded over same timespan that questionnaires are being distributed and themed as per Standards | **RESPECT** | **0** |
| | **ATTITUDE** | **0** |
| | **BEHAVIOUR**<br><br>1. ' Forward our deepest thanks for the wonderful care provided for my dear Dad on the night he died'.<br><br>2. 'The staff were the ones who showed great care and compassion for the welfare of the patient'.<br><br>3. 'impressed with the efficient, professional and very courteous approach by all the staff with whom I came in contact'. | **21** |

| | | |
|---|---|---|
| | 4. 'reassured by their kindness and compassion to Mum''. | |
| | 5. 'The off duty crew member was most helpful and a great comfort to me until the ambulance arrived following a serious car accident'. | |
| | 6. 'The staff were caring and attentive to our late father'. | |
| | 7. 'Staff were professional and comforted us in the knowledge from the moment 999 call was made, nothing more could be done by the medical professionals to help my father'. | |
| | 8. 'prompt, courteous and efficient response to the call out, especially the reassurance and professional manner given to my family'. | |
| | 9. 'Treatment given was exceptional – first class while treating my husband and myself'. | |
| | 10. 'You make it happen' and the family appreciated all you did. | |
| | 11. 'The staff responded immediately and their quick reaction to what turned out be meningococcal meningitis gave this horrible experience a happy ending'. | |
| | **COMMUNICATION** | **3** |
| | **PRIVACY AND DIGNITY** | **0** |

| COMPLAINTS received | RESPECT | 0 |
|---|---|---|
| Previous 3 months to commencement of PSQ distribution and themed as per Datix categories (refer to Complaints Mapping Proforma) | **ATTITUDE**<br><br>1.  Complaint regarding the attitude of staff and the questioning of the GP on the destination hospital. Concern regarding poor treatment of mother as patient had suffered cut and bruising to her hand on arrival at hospital. Complaint upheld. Investigation found that the crew should not have questioned the destination hospital when it was agreed by the GP. There was no evidence of mistreatment by the crew to the patient and crew apologised if they inadvertently caused the injury. Letter of apology and explanation issued. Crew to be counselled to accept request for a particular hospital when agreed by the GP.<br><br>2.  Staff attitude which caused delay in treatment of daughter who was seriously ill. Complaint upheld. Investigation found that staff acted inappropriately and the matter has been referred for further investigation under Trust's Disciplinary Procedure. Letter of apology and explanation issued. Matter referred to HR to be dealt with under disciplinary procedure. | 14 |
| | **BEHAVIOUR**<br><br>1.  Staff accused of behaving aggressively towards patient which resulted in the PSNI arresting the patient.  Complaint not upheld. Investigation found that staff acted appropriately and should not be subjected to aggression or abuse. Letter of explanation issued.<br><br>2.  Behaviour and attitude of a crew member where he had commented that the family could have 'popped the patient into a car and brought her to hospital' making the patient feel she was wasting their time. Complaint upheld. Investigation found that staff acted inappropriately. Letter of apology and explanation issued. Staff to be counselled regarding their behaviour. | 32 |

| | | |
|---|---|---|
| | 3.  Crew member observed smoking at back of vehicle which was parked outside the main entrance of the City Hospital.  It was noted that three elderly patients were in the vehicle at the time.<br><br>4.  When ambulance crew arrived they refused to take the patient as they had no chair to transport him and would not use the patient's travel chair.  Complaint not upheld.  Investigation found that the request for transport was incorrectly booked and there was insufficient space within the vehicle to accommodate another wheelchair. Letter of explanation issued. | |
| | **COMMUNICATION** | **0** |
| | **PRIVACY AND DIGNITY** | **0** |

**PATIENT STORIES**

Patient stories are being gathered by the Hospital Trusts and Ambulance Service related comments are passed on to NIAS.  No comments were reported about the Ambulance Service in patient stories during this quarter. Through NIAS's engagement in the 10000 voices initiative over the last quarter 105 patient stories were received. Initial analysis and a sample of patient stories relevant to the standards are shown below;

**10,000 Voices Patient Experience Feedback**

| |
|---|
| 81%    Staff introduced themselves.<br><br>7.1%  didn't know who was looking after them. |
| 91%    felt that Ambulance Crews who attended to them were respectful. |

| | |
|---|---|
| 50% | felt fully involved and respected. |
| 17% | told how it was going to be. |
| 5% | felt they were not listened to. |
| This may be a reflection of the emergency nature of the service.  Overall patient stories report that crews explain all care as it is provided. | |
| 88% | report the information they were given was relevant and easy to understand. |
| 81% | understood what would happen next. |
| 73% | felt the staff were aware of the need for privacy. |
| 12% | felt others could hear what was going on. |
| At times patients feel their privacy is compromised (this could be due to how the service responds ie in public areas /in the home with family and neighbours present) however the majority report that they do know that the crew are aware of this and try their best to maintain privacy. | |

**Patient Stories Exemplars**

***Brilliant 2***
I couldn't breathe, when I lay down.  I thought I was smothering.  My husband rang Dal Doc.  Dal doc wanted to speak with me.  When he spoke to me I could barely talk, I was so short of breath.  Dal doc ordered ambulance and spoke with NIAS control.  Ambulance crew arrived and were very good.  Couldn't get better people.  They make you feel at ease.  Journey to hospital was ok. Comfortable.  Too unwell to notice if staff introduced themselves, but I'm confident they did.  I have had previous experience a few years ago, when I was unwell again.  I had to go to hospital, and when ambulance was attended, I was very distressed about leaving my disabled daughter.  A member of their staff reassured my daughter and stayed with her until my son arrived, as I was being looked after in the ambulance.  Once my son arrived, we left for the hospital.

*__Extremely Efficient__*
I took cramp in my right leg which quickly developed to loss of power in my whole right side.  I called my wife who immediately dialed 999.  The guy was very good and asked her lots of questions and stayed on the line until the ambulance arrived at our house and kept asking my wife about changes in my condition.

They introduced themselves by name – which I felt was very important and examined me and asked a lot of questions to assess my condition, checked my B/P and blood sugar.  They explained they needed to bring me to hospital and told my wife what she needed to bring.  They reassured us that the vital signs were all good.  As I was able, by this point, to walk to the ambulance – the crew were very protective and supportive.

They also looked after my wife – continually reassuring her.
They put me on a monitor and monitored my condition for the whole journey.
My wife says she doesn't think the guy on the switchboard introduced himself but says other that he was marvellous.

*__Getting relief__*
I was pretty poorly when my GP called the ambulance and when they arrived the paramedic was excellent and I was violently sick in the ambulance and they had to pull in and give me an anti-sickness via a line and during the journey they were excellent talking the whole way down the road.  And when I got to A&E they wheeled me in and it all kind off became a bit of a blur.  I felt I was there for a while but I can't say how long it was and I was attended to very well by all doctors and nurses.  My daughters were with me in A&E so I was looked after by them as well.

After an analysis workshop it was recognized that the PHA questionnaire tool was not meeting NIAS needs in relation to patient stories as the emphasis was on their experience of emergency departments. NIAS in collaboration with the 10000 voices project leads developed a NIAS specific survey which has been disseminated through a number of means into the public domain. A further analysis workshop of these results will be planned for the end of April.


## OBSERVATION OF PRACTICE

NIAS has developed a methodology for undertaking observations of practice which is relevant to an ambulance environment.  Observations of practice against the patient experience standards are undertaken by Clinical Support Officers who are supernumery to the staff. They are in a position to observe the care and treatment patients receive and support staff in the delivery of best practice and high quality care. Through this tier feedback will be given to the member of staff observed to inform practice and further enhance the patient experience.

Within this quarter observations of practice continue to highlight the challenging environment in which ambulance crews operate. Overall very good practice in the context of the standards was observed. Some examples of this are:

- **Observation 1** Terminally ill female patient being moved home from hospital. Family were upset as there was a delay in the patient being brought home. Crew consulted with both family and hospital staff to establish the best method of transfer, acting in the best interests of the patient and relatives. The crew spoke to staff at ward level in private in order to discuss prognosis and care required.

- **Observation 2** A/E crew responding to an older female patient with shortness of breath. Consent was obtained before treatment began. Patient was reluctant to attend hospital but crew took time to reassure the patient and explain that this was the best option. The crew were mindful of the presence of a child and avoided anything too sensitive in her presence.

- **Observation 3** A/E crew responding to a road traffic collision involving more than one patient. Patients were reassured and made to feel secure by crew. Each step was explained by the crew and an explanation was given for each procedure.

- **Observation 4** A/E crew responding to a female patient with chest pain. The crew acted to calm and reassure the patient, carried out examinations privately and sensitively and explained that the best option was for the patient to attend hospital.

- **Observation 5** A/E crew responding to a female patient with headaches. The crew made the patient aware that she would require hospital care and further tests. Time was taken to explain the need to attend hospital. This was done in a tactful and polite manner, involving the patient and relatives.

- **Observation 6** PCS crew responding to a Doctor's Urgent Call for an older male patient with gastroenteritis. The crew established a good rapport with the patient and delivered care in a compassionate and professional manner.

- **Observation 7** A/E crew responding to an older female patient. After introducing themselves, the crew explained the treatment and care in terms the patient could understand. The crew made sure they had consent prior to treatment and the patient's wishes were considered. The staff worked in a structured and efficient manner and made sure that the patient was fully informed when any new exam or procedure was to be carried out.

- **Observation 8** A/E crew responding to an older male patient. The crew demonstrated a calm and efficient approach and displayed a positive and professional attitude at the scene of the call and at the receiving unit. The patient's dignity was preserved and conversations regarding the patient were kept private.

- **Observation 9** A/E crew responding to a female patient. The patient was reassured and questions were answered in detail. Good use of body language was demonstrated in getting down to the patient's level and carrying out examinations in a calm and relaxed manner. The patient was appropriately wrapped in a blanket before being moved to the ambulance. Care was taken to ensure that the patient was content to discuss issues in front of other family members.

**LEARNING AND TAKING ACTION**

**Methodology**

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.

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.

**Learning from Results**

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

1. Staff Introductions
2. Patient centred communication skills

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

NIAS is working to promote the standards and 10,000 Voices project through training, social media and engagement with managers and staff involved. 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.

NIAS will also be disseminating in a communiqué patient experience comments and stories to staff to acknowledge and feedback positive comments and to help enhance the focus on the importance placed on staff attitudes. 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.

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 centered approach.

**APPENDIX: <u>LEARNING OUTCOMES FROM OBSERVATION OF PRACTICE  JANUARY – MARCH 2014</u>**
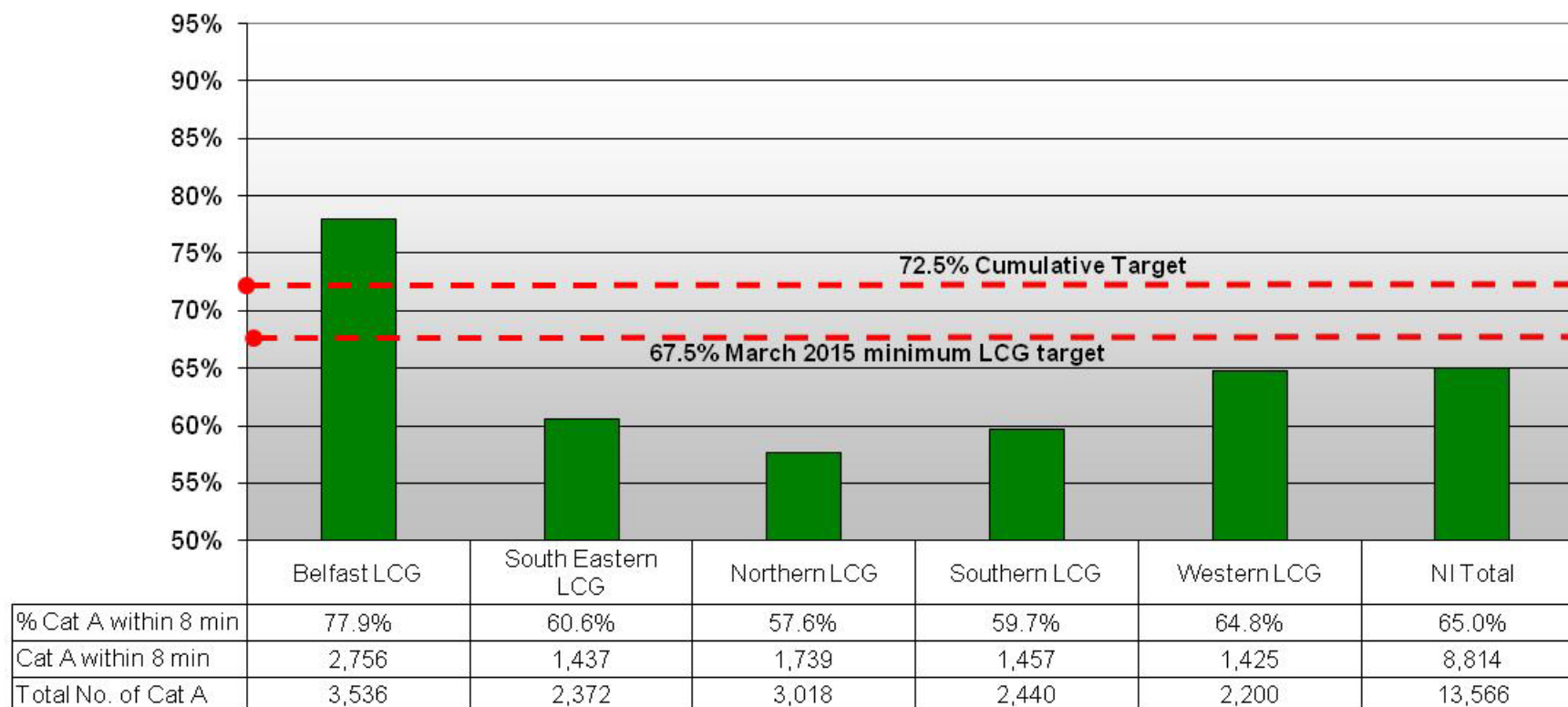
The requirement to carry out observations of practice was passed from Belfast Area to Southern Area with effect from 1 March 2014.  Observations in January and February were carried out by Belfast Area staff and those for March by Southern Area staff who have been trained in carrying out observations. The observations carried out during the quarter reveal that, in the often challenging environment in which ambulance crews operate, generally good practice was observed in relation to the patient experience standards. Following observation of practice, individual feedback is provided to crews and has been reported in an article in the Trust's in-house magazine.

| Report Name | Observer Name | Learning Outcomes | Summary |
|---|---|---|---|
| January 2014 observation 1 | (Clinical Support Officer) NIAS | The crew assured the family that there would be no further delays or problems in establishing the best method of transfer to get the patient home as quickly and comfortably as possible. | The patient and her family were treated with empathy and compassion. |
| January 2014 observation 2 | (Clinical Support Officer) NIAS | Patient was reluctant to attend hospital but crew took time to reassure the patient and explain that this was the best option. | The crew took into consideration the presence of a child and avoided sensitive issues in her presence. |
| January 2014 observation 3 | (Clinical Support Officer) NIAS | Each step was explained by the crew and an explanation was given for each procedure. | Road Traffic Collision with a number of patients. Patients were reassured and made to feel secure by crew. |
| February 2014 observation 4 | (Clinical Support Officer) NIAS | Patient was initially reluctant to attend hospital. Crew explained that the best option was for the patient to attend hospital. | The crew acted to calm and reassure the patient, carried out examinations privately and sensitively. |
| February 2014 observation 5 | (Clinical Support Officer) NIAS | Patient was reluctant to attend hospital. Crew took time to explain the need to attend hospital in a tactful and polite manner, involving the patient and relatives. | The crew made the patient aware that she would require hospital care and further tests. |

| February 2014 observation 6 | (Training Officer) NIAS | No questions arising | The crew established a good rapport with the patient and delivered care in a compassionate and professional manner. |
|---|---|---|---|
| March 2014 Observation 7 | (Clinical Support Officer) NIAS | The crew explained the treatment and care in terms the patient could understand.  The crew made sure they had consent prior to treatment and the patient's wishes were considered. | The staff worked in a structured and efficient manner and made sure that the patient was fully informed when any new exam or procedure was to be carried out. |
| March 2014 Observation 8 | (Clinical Support Officer) NIAS | The patient's dignity was preserved and conversations regarding the patient were kept private. | The crew demonstrated a calm and efficient approach and displayed a positive and professional attitude at the scene of the call and at the receiving unit. |
| March 2014 Observation 9 | (Clinical Support Officer) NIAS | The patient was reassured and questions were answered in detail. | Care was taken to ensure that the patient was content to discuss issues in front of other family members. |

**CATEGORY A PERFORMANCE – CUMULATIVE FROM 1 APRIL - 30 JUNE 2014**

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



72.5% Cumulative Target

67.5% March 2015 minimum LCG target

|  | Belfast LCG | South Eastern LCG | Northern LCG | Southern LCG | Western LCG | NI Total |
|---|---|---|---|---|---|---|
| % Cat A within 8 min | 77.9% | 60.6% | 57.6% | 59.7% | 64.8% | 65.0% |
| Cat A within 8 min | 2,756 | 1,437 | 1,739 | 1,457 | 1,425 | 8,814 |
| Total No. of Cat A | 3,536 | 2,372 | 3,018 | 2,440 | 2,200 | 13,566 |

By March 2015, 72.5% of Category A (life threatening) calls responded to within eight minutes, 67.5% in each LCG area.

"*Please note the Ambulance Response Times for 2014/2015 are provisional"

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

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

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

| | Apr 14 | May 14 | Jun 14 | Jul 14 | Aug 14 | Sep 14 | Oct 14 | Nov 14 | Dec 14 | Jan 15 | Feb 15 | Mar 15 | Year |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Regional** | 67.0% | 66.3% | 65.0% | | | | | | | | | | |
| Belfast | 81.6% | 79.6% | 77.9% | | | | | | | | | | |
| South East | 63.5% | 61.8% | 60.6% | | | | | | | | | | |
| North | 60.7% | 58.9% | 57.6% | | | | | | | | | | |
| South | 59.3% | 61.0% | 59.7% | | | | | | | | | | |
| West | 63.9% | 65.0% | 64.8% | | | | | | | | | | |

Key:

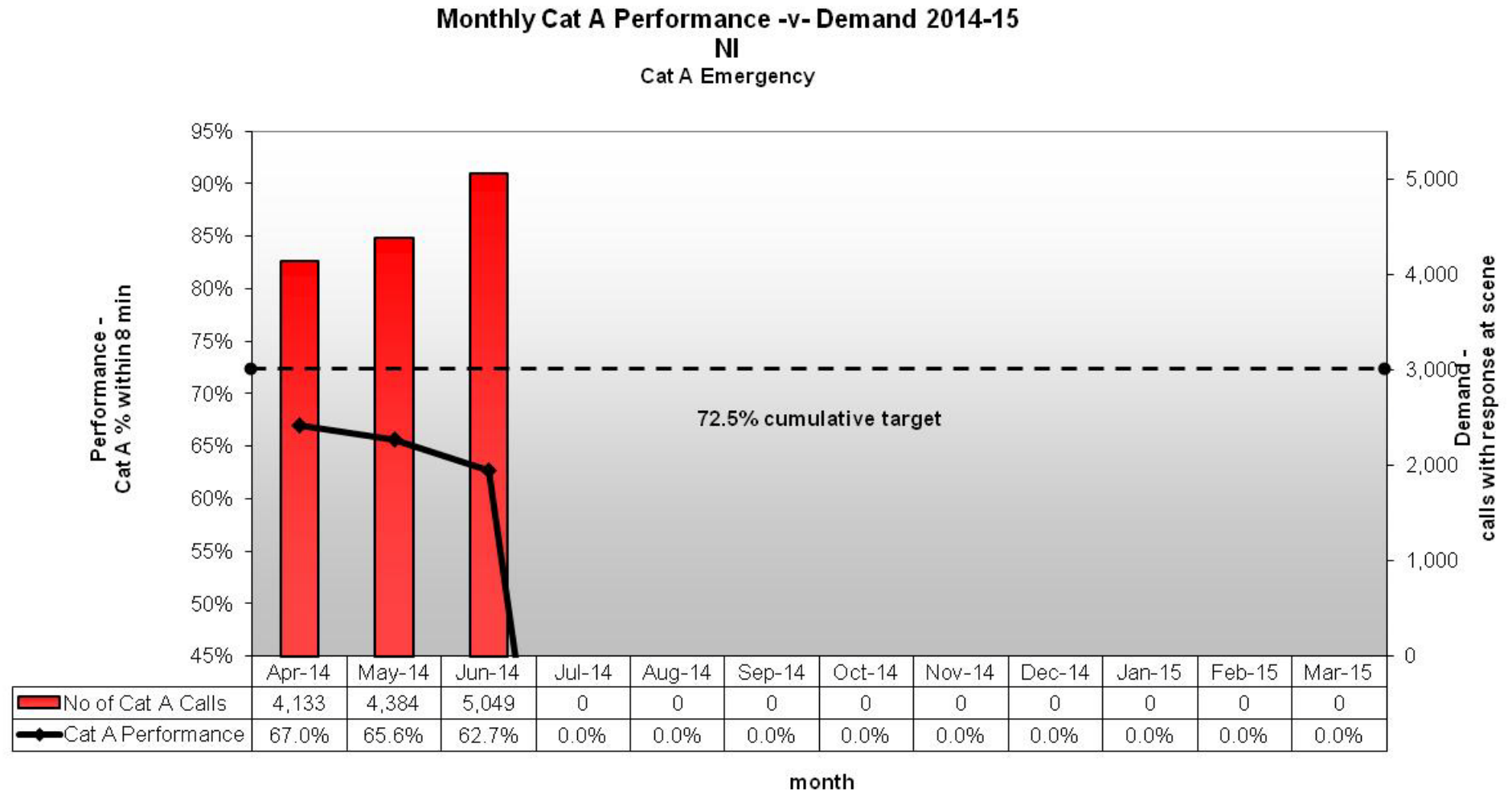| | |
|---|---|
| (green) | Target Achieved |
| (orange) | Target Substantially achieved    (within 1% variance) |
| (yellow) | Target Partially achieved    (within 2.5% variance) |
| (red) | Target Not Achieved    (greater than 2.5% variance) |

*PERFORMANCE COMMENTARY:*

- **CATEGORY A PERFORMANCE – MONTHLY REGIONAL POSITION 2014/15 AS AT JUNE 2014**

Monthly Cat A Performance -v- Demand 2014-15
NI
Cat A Emergency



| | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No of Cat A Calls | 4,133 | 4,384 | 5,049 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cat A Performance | 67.0% | 65.6% | 62.7% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

month

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

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

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

| | Apr 14 | May 14 | Jun 14 | Jul 14 | Aug 14 | Sep 14 | Oct 14 | Nov 14 | Dec 14 | Jan 15 | Feb 15 | Mar 15 | Year |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Regional** | 67.0% | 65.6% | 62.7% | | | | | | | | | | |
| Belfast | 81.6% | 77.8% | 74.9% | | | | | | | | | | |
| South East | 63.5% | 60.2% | 58.6% | | | | | | | | | | |
| North | 60.7% | 57.4% | 55.5% | | | | | | | | | | |
| South | 59.3% | 62.8% | 57.5% | | | | | | | | | | |
| West | 63.9% | 66.0% | 64.3% | | | | | | | | | | |

Key:

| | |
|---|---|
| 🟩 | Target Achieved |
| 🟧 | Target Substantially achieved  (within 1% variance) |
| 🟨 | Target Partially achieved  (within 2.5% variance) |
| 🟥 | Target Not Achieved  (greater than 2.5% variance) |

**PERFORMANCE REVIEW YTD :  June 2013 V  June 2014 (CUMULATIVE DATA)**

| Activity | June  2013 | June 2014 | Variance (%) |
|---|---|---|---|
| Emergency  *\* Calls with response arriving at scene* | 11,582 | 14,003 (figure may be subject to change due to Card 35) | +20.9% |
| Urgent (Card 35 Implementation)  *\* Patient journeys* | 2,722 | 2,791 | +2.5% |
| Non Urgent | 16,944 | 16,776 | --0.1% |
| Total | 32,553 | 32,370 | -0.7% |

## PERFORMANCE COMMENTARY:

## CATEGORY A: % CONVEYANCE RESOURCE RESPONSE ARRIVING WITHIN 21 MINUTES

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

### Regional Target: 95%          LCG target 95%

| | Apr 14 | May 14 | Jun 14 | Jul 14 | Aug 14 | Sep 14 | Oct 14 | Nov 14 | Dec 14 | Jan 15 | Feb 15 | Mar 15 | Year |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Regional** | 83.6% | 82.4% | 79.1% | | | | | | | | | | |
| Belfast | 86.0% | 82.3% | 80.0% | | | | | | | | | | |
| South East | 80.9% | 78.3% | 74.2% | | | | | | | | | | |
| North | 86.5% | 83.0% | 79.5% | | | | | | | | | | |
| South | 79.1% | 82.1% | 77.4% | | | | | | | | | | |
| West | 84.4% | 86.5% | 84.6% | | | | | | | | | | |

Key:

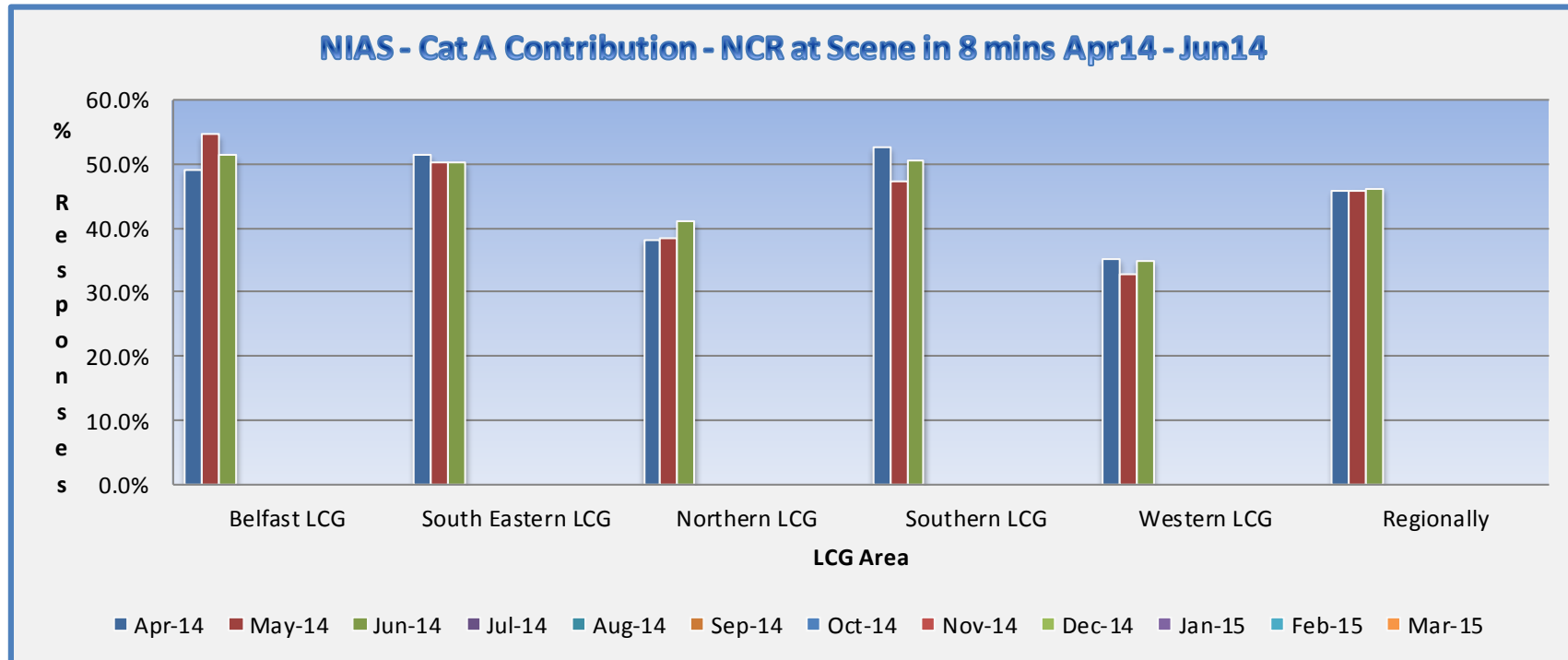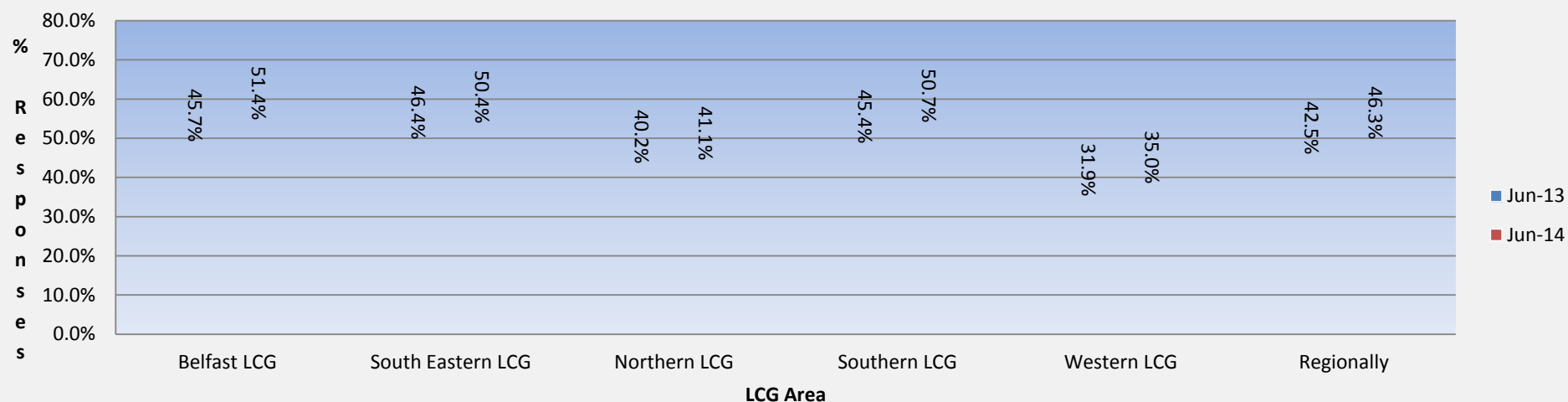| | |
|---|---|
| 🟩 | Target Achieved |
| 🟧 | Target Substantially achieved (within 1% variance) |
| 🟨 | Target Partially achieved (within 2.5% variance) |
| 🟥 | Target Not Achieved (greater than 2.5% variance) |

**NON-CONVEYING RESOURCE (RRV ETC) – CONTRIBUTION TO CAT A DATA APRIL TO JUNE 2014**

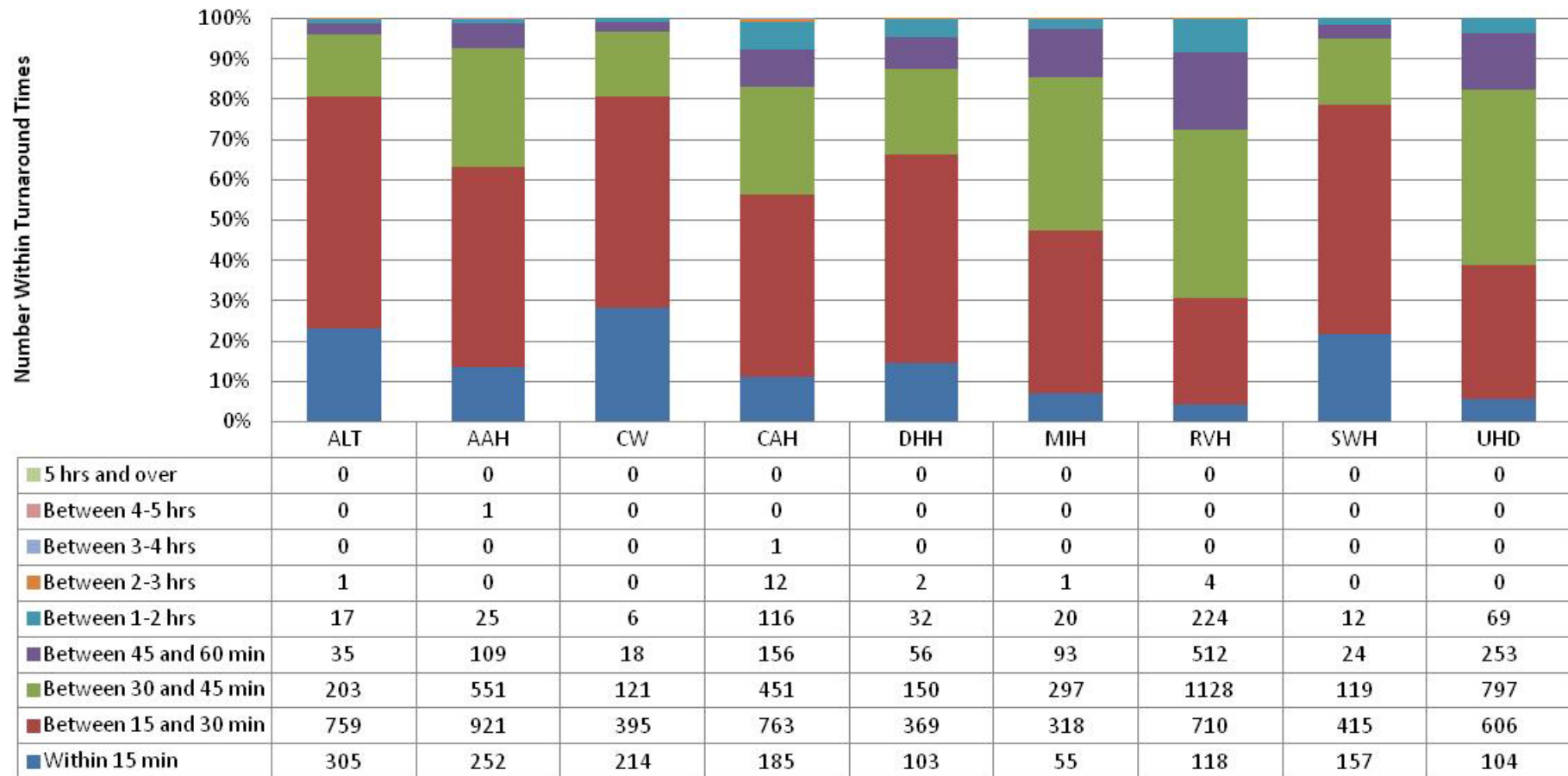NIAS - Cat A % Contribution - NCR at Scene in 8 mins Jun13 & Jun14

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

| | | Apr 14 | May 14 | Jun 14 | Jul 14 | Aug 14 | Sep 14 | Oct 14 | Nov 14 | Dec 14 | Jan 15 | Feb 15 | Mar 15 | Year |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Regional** | N | 1,274 | 1,324 | 1467 | | | | | | | | | | |
| | % | 46.0% | 46.0% | 46.3% | | | | | | | | | | |
| Belfast | N | 442 | 494 | 491 | | | | | | | | | | |
| | % | 49.3% | 54.7% | 51.4% | | | | | | | | | | |
| South East | N | 230 | 232 | 267 | | | | | | | | | | |
| | % | 51.5% | 50.3% | 50.4% | | | | | | | | | | |
| North | N | 202 | 216 | 268 | | | | | | | | | | |
| | % | 38.3% | 38.6% | 41.1% | | | | | | | | | | |
| South | N | 250 | 223 | 260 | | | | | | | | | | |
| | % | 52.7% | 47.4 | 50.7% | | | | | | | | | | |
| West | N | 150 | 159 | 181 | | | | | | | | | | |
| | % | 35.3% | 32.9% | 35.0% | | | | | | | | | | |

## NIAS - Ambulance Turnaround Times - Main Hospitals June 2014



| | ALT | AAH | CW | CAH | DHH | MIH | RVH | SWH | UHD |
|---|---|---|---|---|---|---|---|---|---|
| 5 hrs and over | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Between 4-5 hrs | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Between 3-4 hrs | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Between 2-3 hrs | 1 | 0 | 0 | 12 | 2 | 1 | 4 | 0 | 0 |
| Between 1-2 hrs | 17 | 25 | 6 | 116 | 32 | 20 | 224 | 12 | 69 |
| Between 45 and 60 min | 35 | 109 | 18 | 156 | 56 | 93 | 512 | 24 | 253 |
| Between 30 and 45 min | 203 | 551 | 121 | 451 | 150 | 297 | 1128 | 119 | 797 |
| Between 15 and 30 min | 759 | 921 | 395 | 763 | 369 | 318 | 710 | 415 | 606 |
| Within 15 min | 305 | 252 | 214 | 185 | 103 | 55 | 118 | 157 | 104 |

**URGENT CALLS (NON-LIFE-THREATENING)**

## Monthly Cat A Performance -v- Demand 2014-15
### NI
#### Emergency & Urgent



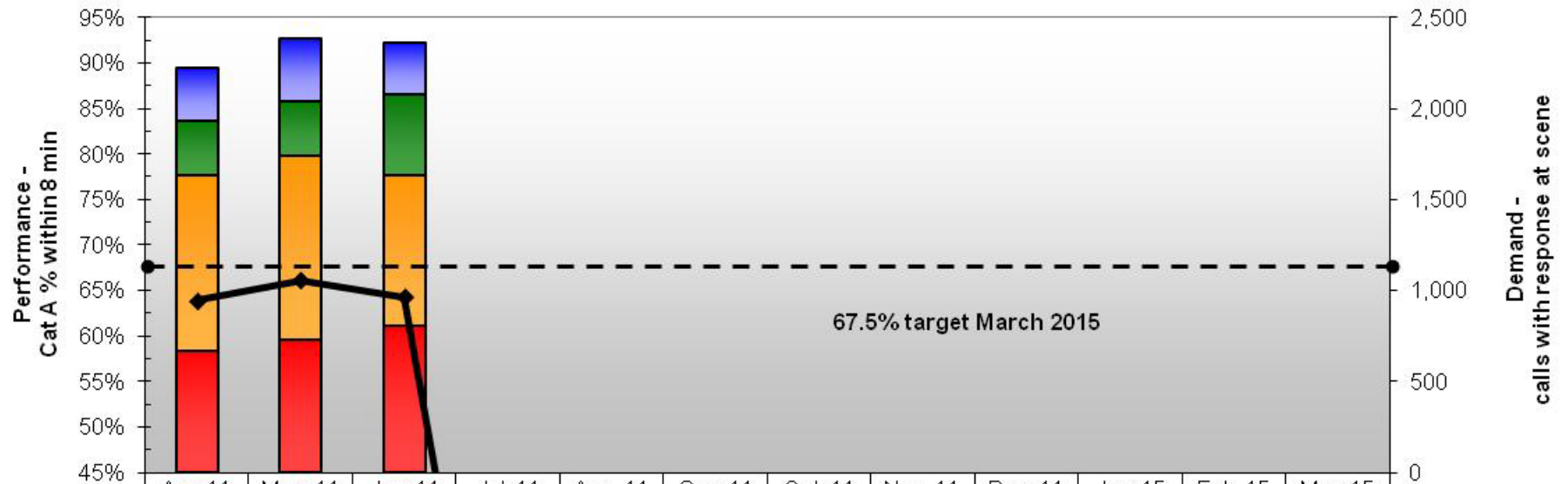| | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No of Urgent Calls | 3,017 | 3,128 | 2,791 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No of Emergency Calls | 11,963 | 12,403 | 14,004 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cat A Performance | 67.0% | 65.6% | 62.7% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
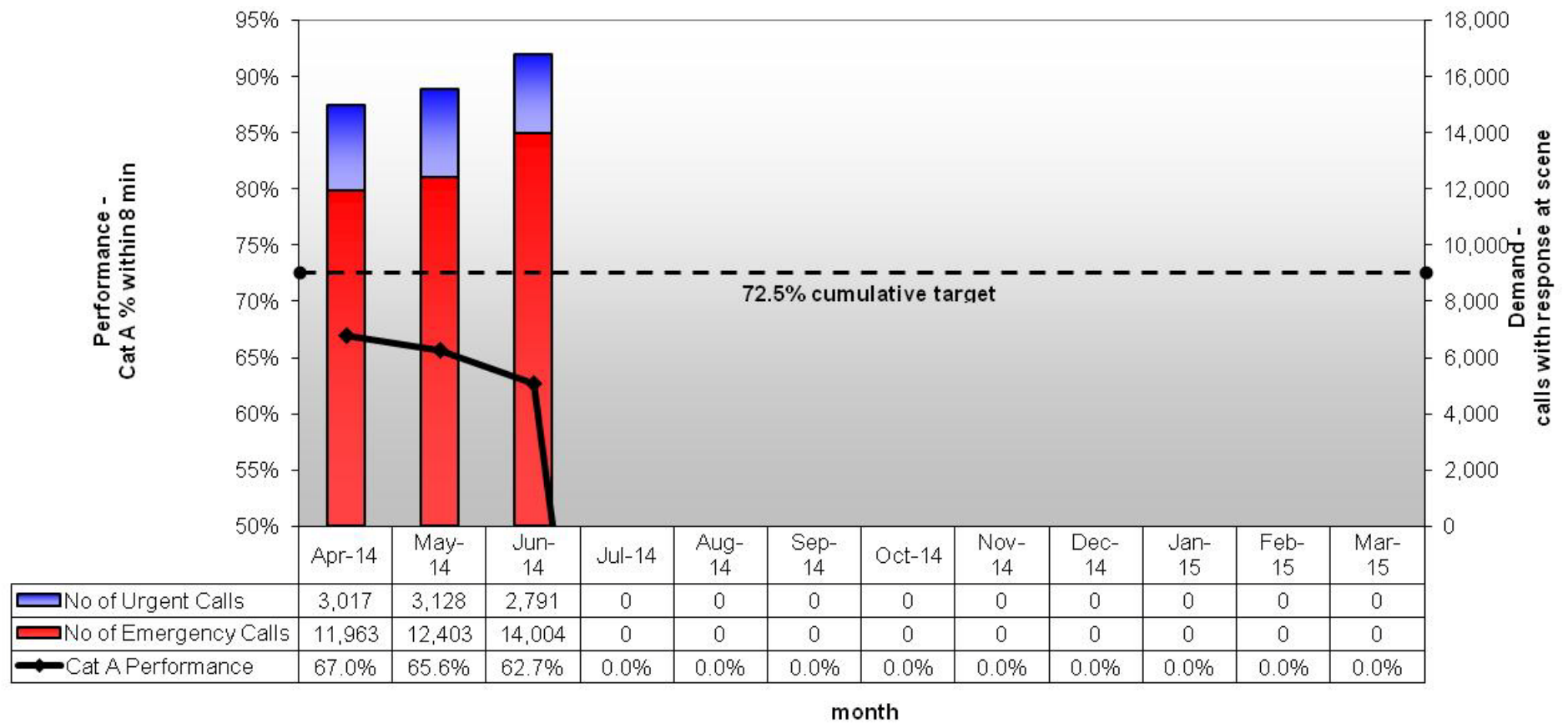
month

## PERFORMANCE REVIEW BY DIVISION: BELFAST

## Monthly Cat A Performance -v- Demand 2014-15
### Belfast LCG
### Emergency by Category & Urgent



| | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No of Urgent Calls | 925 | 941 | 814 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No of Cat C Calls | 501 | 541 | 968 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No of Cat B Calls | 1,335 | 1,389 | 1,396 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No of Cat A Calls | 1,099 | 1,162 | 1,275 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cat A Performance | 81.6% | 77.8% | 74.9% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
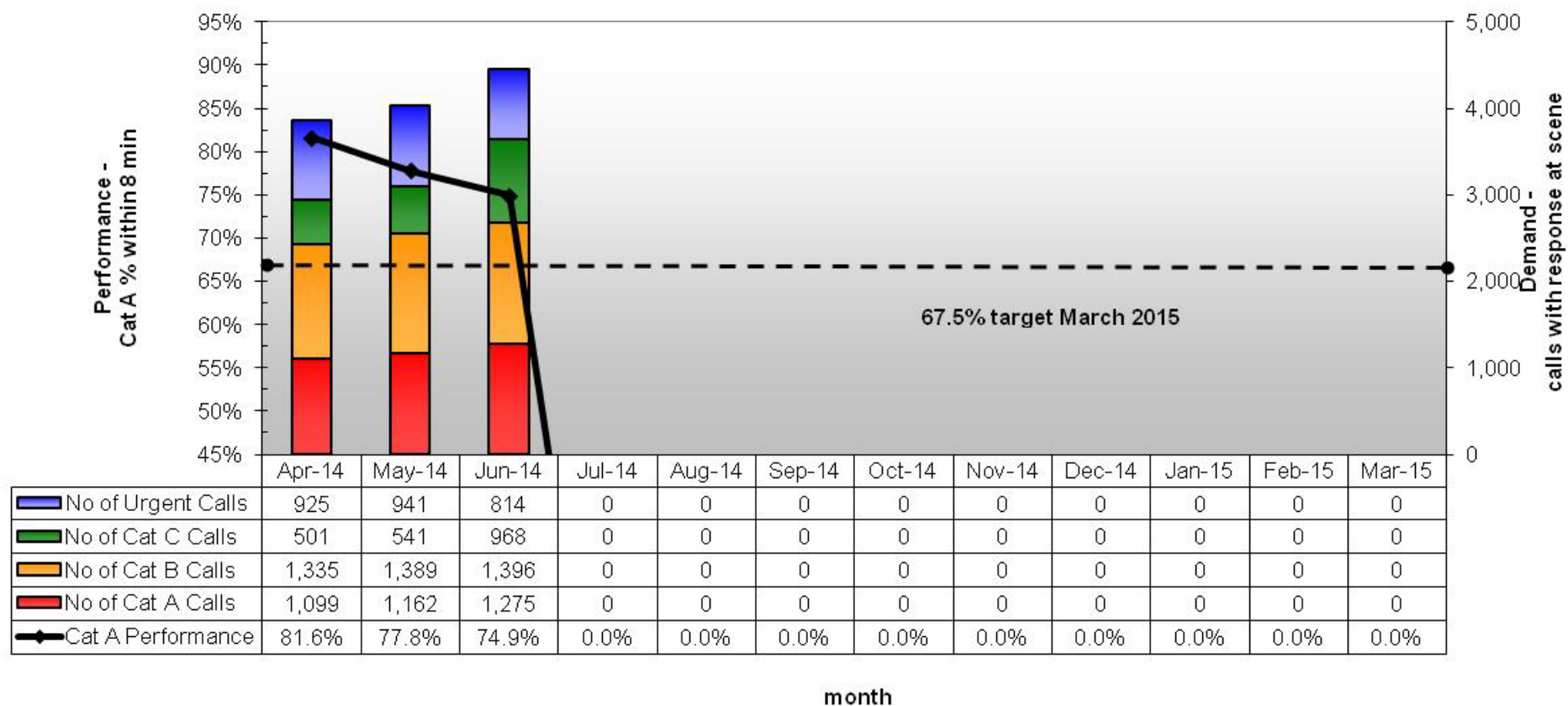
month

**PERFORMANCE REVIEW BY DIVISION: SOUTH EASTERN**

## Monthly Cat A Performance -v- Demand 2014-15
## South Eastern LCG
### Emergency by Category & Urgent



| | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No of Urgent Calls | 523 | 548 | 506 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No of Cat C Calls | 386 | 377 | 621 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No of Cat B Calls | 1,119 | 1,115 | 1,036 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No of Cat A Calls | 702 | 766 | 904 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cat A Performance | 63.5% | 60.2% | 58.6% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

month

76
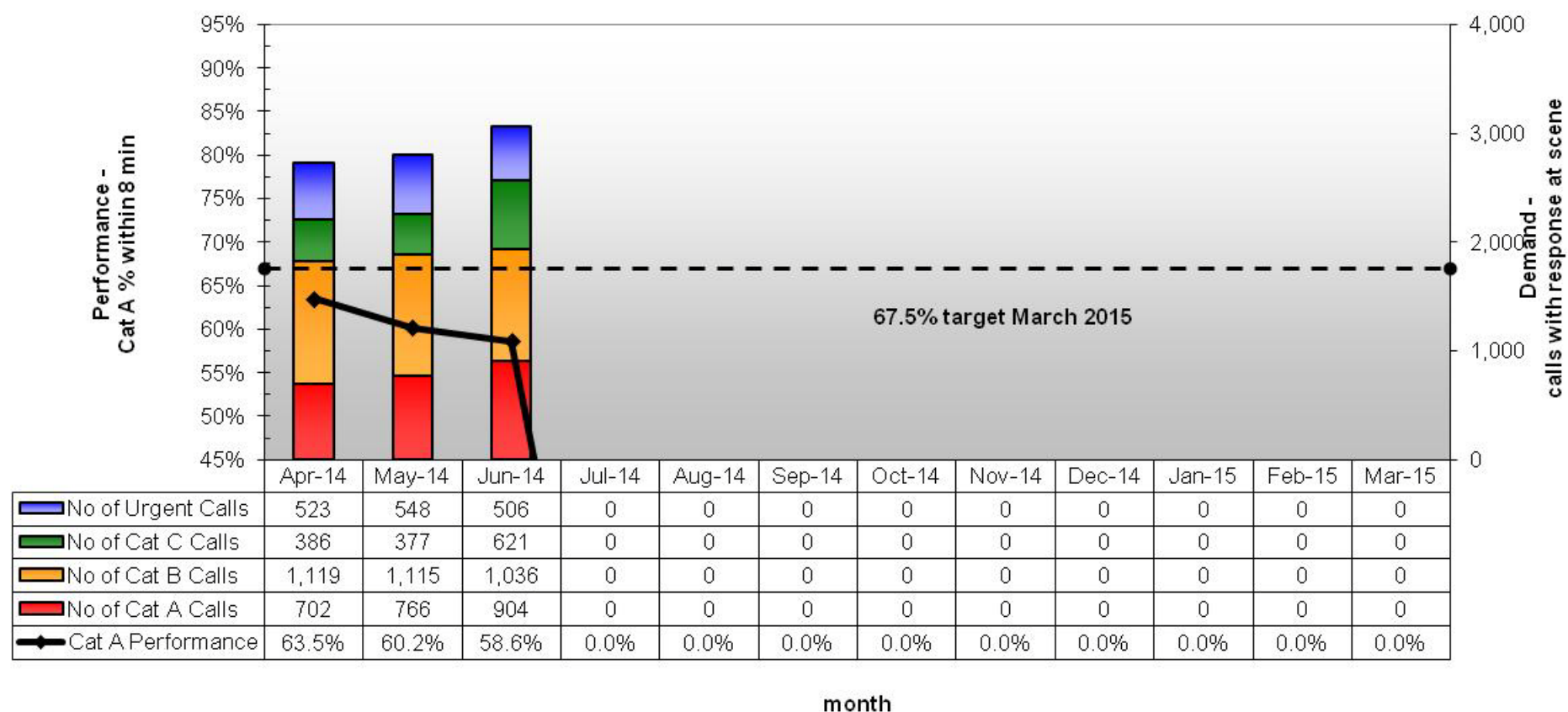
**PERFORMANCE REVIEW BY DIVISION: NORTHERN**

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



| | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No of Urgent Calls | 759 | 832 | 750 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No of Cat C Calls | 416 | 394 | 830 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No of Cat B Calls | 1,385 | 1,469 | 1,280 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No of Cat A Calls | 868 | 976 | 1,174 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cat A Performance | 60.7% | 57.4% | 55.5% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
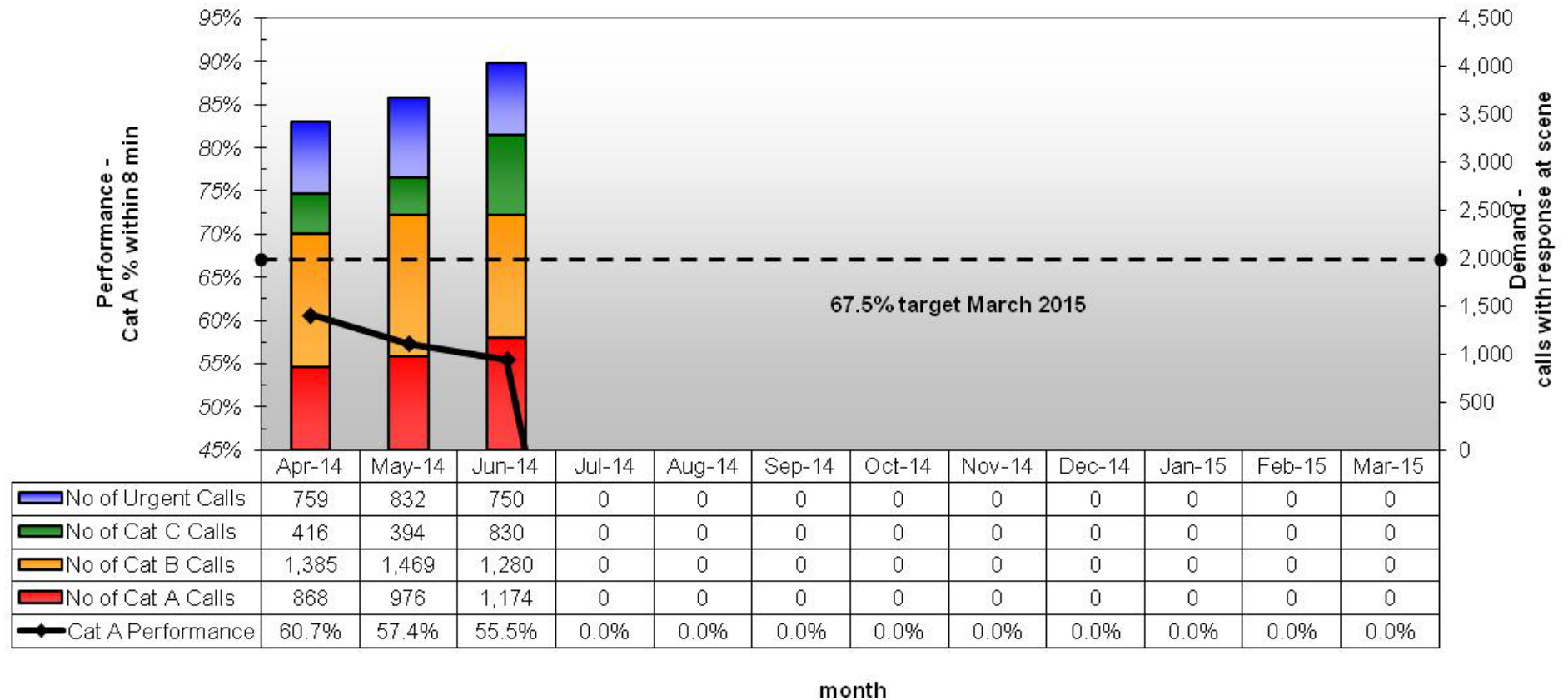
month

**PERFORMANCE REVIEW BY DIVISION: SOUTHERN**

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



| | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No of Urgent Calls | 512 | 469 | 437 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No of Cat C Calls | 362 | 367 | 554 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No of Cat B Calls | 1,063 | 1,056 | 997 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No of Cat A Calls | 799 | 749 | 892 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cat A Performance | 59.3% | 62.8% | 57.5% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
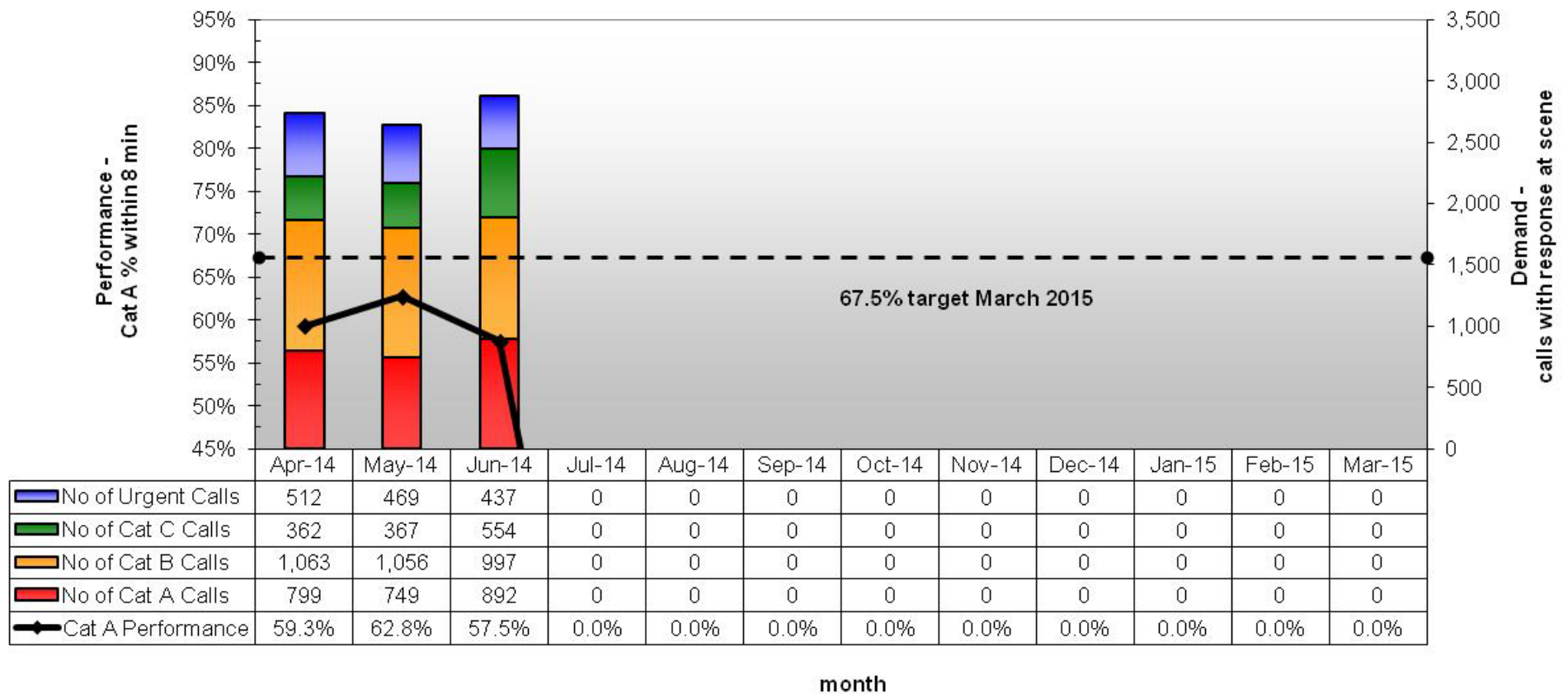
month

**PERFORMANCE REVIEW BY DIVISION: WESTERN**

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



| | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No of Urgent Calls | 298 | 338 | 284 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No of Cat C Calls | 297 | 303 | 443 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No of Cat B Calls | 966 | 1,008 | 830 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No of Cat A Calls | 665 | 731 | 804 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cat A Performance | 63.9% | 66.1% | 64.3% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

month

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# SECURING THE INFRASTRUCTURE – FLEET ESTATE

*OBJECTIVES*

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

*CONTROLS ASSURANCE PROGRESS REPORT*

Controls Assurance standards are continually reviewed in NIAS and in Operations the following are maintained:

i. Buildings and land
ii. Environmental Management
iii. Fire Safety
iv. Fleet and Transport
v. Security
vi. Waste Management

## CONTROLS ASSURANCE PROGRESS:

| | RAG | Rating (75% in all criteria) | Comment |
|---|---|---|---|
| Buildings & Land | | Substantive | Self Assessed |
| Environmental Mgt | | Substantive | Self Assessed & Internal Audit |
| Fire Safety | | Substantive | Self Assessed |
| Fleet & Transport | | Substantive | Self Assessed |
| Security | | Substantive | Self Assessed. |
| Waste Management | | Substantive | Self Assessed |
| **PERFORMANCE COMMENTARY:** All achieved greater than 75% in all criteria, subject to audit | | | |

## FLEET PROFILE:

| % Fleet Profile (less than 5 years old) | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Emergency Ambulances | 81.9 | 80.2 | 81.9 | | | | | | | | | |
| Non-Emergency Ambulances | 79.2 | 79.2 | 79.2 | | | | | | | | | |
| Rapid Response Vehicles | 69.0 | 69.0 | 69.0 | | | | | | | | | |
| Support Vehicles | 40.0 | 40.8 | 40.8 | | | | | | | | | |
| | | | | | | | | | | | | |
| **PERFORMANCE COMMENTARY:** Additional Vehicles retained not in Establishment: 10, over 5 years old.<br><br>Commissioning of **2013/14** vehicles is ongoing and dip in percentage over 5yrs old will be corrected when new vehicles go into service.<br>**A&E** 5 vehicles issued for training | | | | | | | | | | | | |

### *IMPROVEMENT PROPOSALS FOR 2014/2015:*

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

Fleet Maintenance is undergoing legal challenge, award has been delayed.

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

## ESTATE CAPITAL PROGRAMME

### *BALLYMENA:*
Cable issues clarified with NIE and transfer of land should be completed by 31 July 2014.
Tender scheduled for issue early August 2014

***ENNISKILLEN:***

Station has been decanted to Temporary accommodation on the Erne Site, pending construction of new station.

IPR Gateway 2 is being initiated.

PAD meeting requested.

Archaeological consultant has been engaged to provide report for NIEA

***CRAIGAVON:***

Confirm availability of site

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

**ARDS/BANGOR:**

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

***BELFAST***:

Strategic Outline Case to be submitted to request Feasibility funding.

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

# FINANCIAL PERFORMANCE

Financial Breakeven

The Trust is currently forecasting a breakeven position at year end, subject to key risks and assumptions in particular in respect of required savings and the levels of investment to support service delivery and developments.  The position at the end of June 2014 (Month 3) is a small deficit of £15k.

| Financial Breakeven Assessment (£k) | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Staff Costs | | 8,442 | 12,403 | | | | | | | | | |
| Other Expenditure | | 1,846 | 2,533 | | | | | | | | | |
| Expenditure Total | | 10,288 | 14,936 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Income | | 118 | 160 | | | | | | | | | |
| Net Expenditure | | 10,170 | 14,776 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Net Resource Outturn | | 10,170 | 14,776 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Revenue Resource Limit (RRL) | | 10,170 | 14,761 | | | | | | | | | |
| Surplus/(Deficit) against RRL | | 0 | (15) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

The Audit Committee recently reviewed and approved a revised format of reporting to Trust Board. The revised format at the end of June 2014 (Month 3) is as follows:

| | Current Period (Month 3) £k | | | Cumulative Year to Date (2014/15) £k | | | Projected Outturn £k | | |
|---|---|---|---|---|---|---|---|---|---|
| Expenditure | Budget | Actual | Variance | Budget | Actual | Variance | Budget | Actual | Variance |
| Pay | 3,935 | 3,961 | (26) | 12,377 | 12,403 | (26) | 49,738 | 49,738 | 0 |
| Non Pay | 699 | 688 | 11 | 2,544 | 2,533 | 11 | 10,917 | 10,917 | 0 |
| Total | 4,634 | 4,649 | (15) | 14,921 | 14,936 | (15) | 60,655 | 60,655 | 0 |
| | | | | | | | | | |
| Income | Budget | Actual | Variance | Budget | Actual | Variance | Budget | Actual | Variance |
| Income from Activities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 42 | 42 | 0 | 160 | 160 | 0 | 508 | 508 | 0 |
| : | 42 | 42 | 0 | 160 | 160 | 0 | 508 | 508 | 0 |

Capital Spend

The Trust has received an initial Capital Resource Limit (CRL) Allocation of £6m. This has been increased by £35k in respect of energy efficieny initiatives at ambulance locations and the Trust has also received notification of £455k to support investment in information technology. The initial forecast of capital expenditure of £7.6m against Fleet Replacement £3.3m, Estate £4.0m and General Capital (Including IT Equipment) £0.3m is being revised in conjunction with the DHSSPS and a revised forecast profile of expenditure is being developed.

| Cumulative Capital Spend (£k) | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fleet | | 0 | 0 | | | | | | | | | |
| Estate | | 5 | 8 | | | | | | | | | |
| Medical Equipment | | 0 | 0 | | | | | | | | | |
| IT Equipment | | 0 | 0 | | | | | | | | | |
| General Capital | | 12 | 17 | | | | | | | | | |
| Total Spend | | 17 | 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Original Forecast Profile of Expenditure | 101 | 202 | 357 | 466 | 637 | 1,124 | 1,444 | 1,879 | 2,488 | 3,603 | 5,308 | 7,589 |
| Revised Forecast Profile of Expenditure | | | | | | | | | | | | |
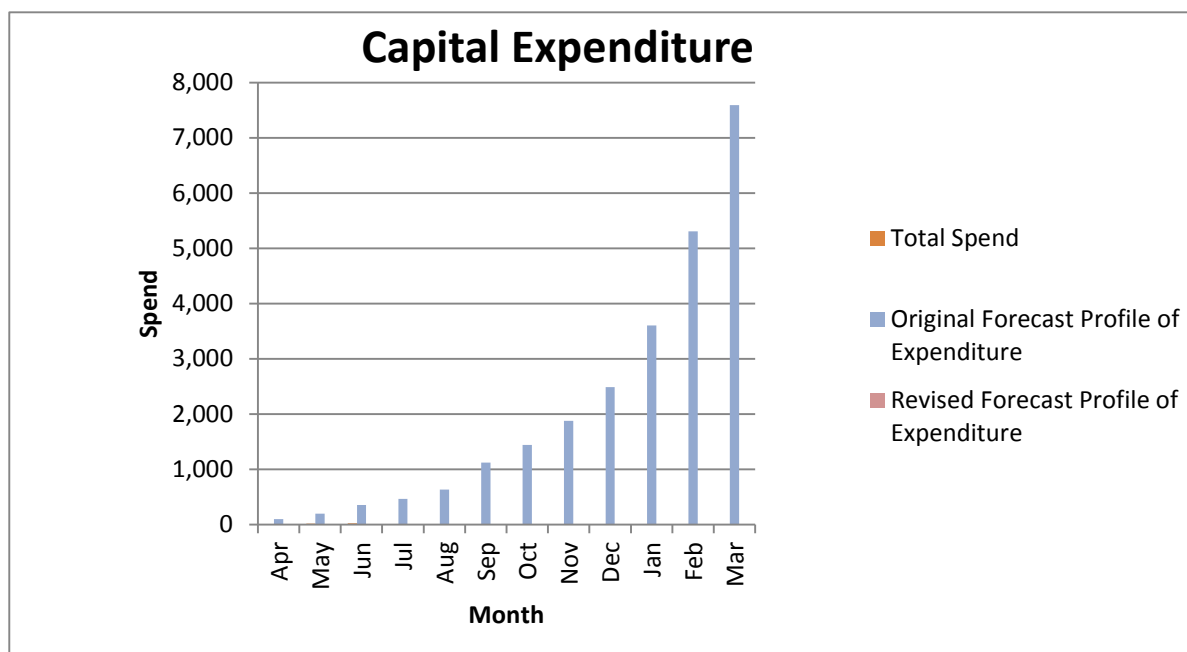
Asset Disposals

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

| Asset Disposals (£k) | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Proposed Disposals | | 0 | 3 | | | | | | | | | |
| Actual Disposals | | 0 | 3 | | | | | | | | | |

Prompt Payment of Invoices

The target of 95% of invoices paid within 30 days, or other agreed terms, was narrowly missed in 2013/14 largely due to the days of processing lost during preparation for and implementation of the new Finance, Procurement and Logistic (FPL) system. Reporting structures continue to be developed with a view to improving performance. The reporting of performance in this area is now against a range of measures. Performance by number of invoices paid for each of these measures is shown below. Performance in May and June dipped primarily due to the demands of year end accounts and the new systems.

| Number | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Cum |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total bills paid | 1,123 | 890 | 1,547 | | | | | | | | | | 3,560 |
| Total bills paid on time (within 30 days or under other agreed terms) | 1,046 | 740 | 1,327 | | | | | | | | | | 3,113 |
| % bills paid on time (within 30 days or other agreed terms) | 93.1% | 83.1% | 85.8% | | | | | | | | | | 87.4% |
| Total bills paid within 30 calendar days of receipt of undisputed invoice | 965 | 592 | 1,070 | | | | | | | | | | 2,627 |
| % bills paid on time | 85.9% | 66.5% | 69.2% | | | | | | | | | | 73.8% |
| Total bills paid within 10 working days (12 calendar days) | 385 | 104 | 306 | | | | | | | | | | 795 |
| % bills paid on time within 10 working days (12 calendar days) | 34.3% | 11.7% | 19.8% | | | | | | | | | | 22.3% |
| Total bills paid within 10 working days (14 calendar days) | 480 | 190 | 438 | | | | | | | | | | 1,108 |
| % bills paid on time | 42.7% | 21.3% | 28.3% | | | | | | | | | | 31.1% |

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

The Business Services Organisation provides a range of services to The Trust, including Procurement and Logistics Services (PaLS), Legal Services, Technology Services and Internal Audit.  New reporting arrangements for the Service Level Agreements have identified Key Performance Indicators (KPIs) in respect of Purchasing and Supply.

| Key Performance Indicator | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Average Processing Time Per Requisition Days (Target 5 Days) | 6.22 | 5.98 | 3.64 | | | | | | | | | |
| Percentage of Products Supplied on First Request % (Target 95%) | 94.69 | 98.38 | 98.47 | | | | | | | | | |
| Number of Lines Issued  (Stock and Non Stock Line) | 769 | 792 | 936 | | | | | | | | | |
| Value of Spend £k (Stock and Non Stock) | 198 | 117 | 193 | | | | | | | | | |

## *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.

**2 June 2014 - Telephony 999 Service to Emergency Ambulance Control failed – System down for over 2 hours**

At 16:55 hrs a faulty power supply on the NIAS Telephone switch caused the switch to send unusual, hardware interrupt messages that were bombarding the processer. The system attempted to failover to the secondary processor, but the messages continued. The system tried to fail back and crashed during this process due to data corruption. BT engineers replaced the faulty power supply and the system was restored fully operational and without errors at 19:30 hrs.

- **Note:** NIAS immediately invoked contingency arrangements during the interruption and routed 999 calls to Scottish Ambulance Service under the terms of an agreed 'buddy arrangement' between the two emergency services . All 999 calls were answered by Scottish Ambulance service and relayed to contingency mobile phones in NIAS. All incidents were responded to by NIAS with minimal disruption to service.

**ICT Help Desk Performance**

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

| Target to Respond to 95% | May | | | June | | |
|---|---|---|---|---|---|---|
| | No of Calls | Within time | Actual | No of Calls | Within time | Actual |
| Immediate | 15 | 15 | 100% | 31 | 31 | 100% |
| Urgent | 22 | 22 | 100% | 47 | 47 | 100% |
| High | 6 | 6 | 100% | 12 | 12 | 100% |
| Medium | 270 | 268 | 99% | 503 | 494 | 98% |
| Low | 471 | 470 | 100% | 939 | 937 | 100% |
| Total | 784 | | | 1532 | | |

## ICT Planned Maintenance May 2014 – system upgrades Critical Systems

| | Availability | Maximum down time | Actual | Exceeded Maximum Down Time | These are business critical systems which manage front line resources and need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded. |
|---|---|---|---|---|---|
| C3 A&E | 740 | 4 Hours | 3 | Yes | |
| C3 PCS | 740 | 4 Hours | 0 | No | |
| Pro-QA | 740 | 4 Hours | 0 | No | |
| ICCS A&E | 740 | 4 Hours | 0 | No | |
| ICCS PCS | 740 | 4 Hours | 0 | No | |
| DTR | 740 | 4 Hours | 0 | No | |
| Voice Recorder | 740 | 4 Hours | 0 | No | |
| Mobile Data | 740 | 4 Hours | 0 | No | |

## +ICT Planned Maintenance May 2014 – system upgrades Corporate Systems

| | Availability | Maximum down time | Actual | Exceeded Maximum Down Time | These are business support systems which need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded. |
|---|---|---|---|---|---|
| E-mail | 206 | 4 Hours | 0 | No | |
| File Server | 206 | 4 Hours | 0 | No | |
| Virtual Server | 208 | 2 Hours | 0 | No | |
| BlackBerry | 206 | 4 Hours | 0 | No | |
| Promis | 206 | 4 Hours | 0.45 | No | |

**ICT Planned Maintenance June 2014 – system upgrades Critical Systems**

There was no planned maintenance scheduled for this period

**ICT Planned Maintenance June 2014 – system upgrades Corporate Systems**

| | Availability | Maximum down time | Actual | Exceeded Maximum Down Time | |
|---|---|---|---|---|---|
| E-mail | 206 | 4 Hours | 0 | No | These are business support systems which need to be available on a 24/7 365 basis. |
| File Server | 206 | 4 Hours | 0 | No | 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. |
| Virtual Server | 208 | 2 Hours | 0 | No | |
| BlackBerry | 206 | 4 Hours | 0 | No | |
| Promis | 206 | 4 Hours | 0.5 | No | |

# INFORMATION GOVERNANCE

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

**FREEDOM OF INFORMATION ACT 2000**

**REPORT FOR FREEDOM FOR INFORMATION PROCESSING FOR THE PERIOD OF 01/04/2014 to 30/06/2014**

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

| Freedom of information | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr – Jun 14 | Apr – June13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Requests Received | 15 | 2 | 9 | | | | | | | | | | 26 | 42 |
| Number of Questions Received | 41 | 2 | 28 | | | | | | | | | | 71 | 90 |
| Completed Requests processed within 20 days or less | 10 | 2 | 8 | | | | | | | | | | 20 | 41 |
| Completed Requests exceeding 20 days | 5 | 0 | 0 | | | | | | | | | | 5 | 1 |
| Requests still being processed in line with 20 days* | - | - | 1 | | | | | | | | | | 1 | |
| Questions still being processed in line with 20 days* | - | - | 5 | | | | | | | | | | 5 | |
| Requests still being processed **exceeding** 20 days | - | - | 0 | | | | | | | | | | 0 | |
| Question still being processed **exceeding** 20 days | - | - | 0 | | | | | | | | | | 0 | |
| Number of Questions/Answers Fully Disclosed | 39 | 2 | 22 | | | | | | | | | | 63 | 78 |
| Vexatious Requests | 0 | 0 | 0 | | | | | | | | | | 0 | 0 |
| Number of Questions/Answers which records not held | 2 | 1 | 0 | | | | | | | | | | 3 | 2 |
| Questions where exemptions wholly/partially applied | 0 | 0 | 0 | | | | | | | | | | 0 | 19 |
| Referrals for Independent Review | 0 | 0 | 0 | | | | | | | | | | 0 | 0 |
| Appeals to the Information Commissioner | 0 | 0 | 0 | | | | | | | | | | 0 | 0 |

| Freedom of information | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr – Jun 14 | Apr – June13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Requestor Type** | | | | | | | | | | | | | | |
| Member of Public | 2 | 1 | 3 | | | | | | | | | | 6 | 9 |
| Whatdotheyknow.com | 9 | - | - | | | | | | | | | | 9 | 20 |
| Media | 2 | 1 | 2 | | | | | | | | | | 5 | 4 |
| PSNI | 1 | - | - | | | | | | | | | | 1 | 0 |
| NIAS Member of Staff | 1 | - | 4 | | | | | | | | | | 5 | 6 |
| | | | | | | | | | | | | | | |
| Requests received that have been stood down following discussion with requestor | 4 | 0 | 2 | | | | | | | | | | 6 | 7 |

*The Trust did not comply with the legislative requirement of 20 working days for 33% of requests as at 16th July 2014.*

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

**REPORT FOR DPA PROCESSING (SUBJECT ACCESS) FOR THE PERIOD OF 01/04/2014 to 30/06/2014**

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

| Data Protection Act 1998 – Section 7, Subject Access | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr - June 14 | Apr – June 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Requests Received | 2 | 1 | 1 | | | | | | | | | | 4 | 11 |
| Completed Requests processed within 40 days or less | 2 | 1 | 1 | | | | | | | | | | 4 | 6 |
| Completed Requests exceeding 40 days | 0 | 0 | 0 | | | | | | | | | | 0 | 4 |
| Identity Not Confirmed and therefore could not be further processed | 0 | 0 | 0 | | | | | | | | | | 0 | 1 |
| | | | | | | | | | | | | | | |
| **Requestor Type** | | | | | | | | | | | | | | |
| Patient | 1 | 0 | 0 | | | | | | | | | | 1 | 2 |
| NIAS Staff Member | 1 | 1 | 1 | | | | | | | | | | 3 | 6 |
| External Agency | 0 | 0 | 0 | | | | | | | | | | 0 | 2 |
| Relative of Patient | 0 | 0 | 0 | | | | | | | | | | 0 | 1 |

**POLICE SERVICE OF NORTHERN IRELAND REQUESTS – Police Acts, Common Law for the Period of 01/04/2014 to 30/06/14**

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

| Requests will relates and include the release of call incident logs, 999 call, staff names and shift patterns, Patient Report Form, staff witness statements in line with legislative requirements to assist with PSNI investigations for example, investigation of fatal road traffic collisions, murder enquiries, alleged assaults etc | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr - June 14 | Apr – June 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Requests Received (based on receipt of correspondence date) | 29 | 27 | 29 | | | | | | | | | | 85 | 90 |

**SOLICITOR ENQUIRIES for the Period of 01/04/2014 to 30/06/2014**

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

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr - June 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Requests Received (based on receipt of correspondence date) | 46 | 42 | 47 | | | | | | | | | | 135 |

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES – REQUEST FOR INFORMATION**

| DHSSPS/AQ's/CORs/TOF's/INV's | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | April – Jun 14 | April – Jun 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Assembly Questions (Oral) | 0 | 0 | 0 | R | | | | | | | | | 0 | 1 |
| Assembly Questions (Written) | 1 | 2 | 2 | E | | | | | | | | | 5 | 15 |
| CORs Received | 0 | 1 | 1 | C | | | | | | | | | 2 | 2 |
| TOFs Received | 0 | 1 | 0 | E | | | | | | | | | 1 | 0 |
| INVs Received | 0 | 0 | 0 | S S | | | | | | | | | 0 | 0 |

NIAS budgeted establishment on 31 March 2014 was a total of **1237.54** WTE. At this date NIAS total Substantive in Post (permanent & temporary contracts) was **1164.1**[1] WTE including 69.1 WTE made up of 93 part-time staff (Headcount). The total Staff In Post (Headcount) figure was **1191**. In addition there are currently **45** seconded posts (i.e. staff working temporarily in posts other than their substantive posts.)

| Directorate | Budgeted Est (WTE) | Substantive In Post (WTE) | | Staff In Post (Headcount) | | | Permanent Vacancies (WTE) | Staff in Post Vacancies (WTE) |
|---|---|---|---|---|---|---|---|---|
| | | **Perm** | **Temp** | **Perm** | **Temp** | **Seconded** | | |
| CX/Board | 7 | 7 | 0 | 7 | 0 | 0 | 0.00 | 0.00 |
| Finance | 30.63 | 25.63 | 4[2] | 21 | 4 | 6 | -5.00 | -1.00 |
| HR | 68.15 | 65.16 | 2.58[3] | 54 (62)[1] | 3 | 12 | -2.99 | -1.41 |
| Operations | 1125.76 | 934.93[5] | 117.8[4] | 931 (945)[1] | 119 | 25 | -190.86 | -74.03 |
| Medical | 6 | 6 | 1[6] | 6 | 1 | 2 | 0.0 | 3.00 |
| **TOTAL** | **1237.54** | **1164.1** | | **1191** | | | | |

Note 1:  *Substantive In Post (WTE): Does NOT include Sessional GPs, who constitute 0.14 WTE nor does it include individuals who support education, learning & development clinical programmes as required, who constitute 0.08 WTE.  These individuals have been included in the Staff In Post (Headcount), figures (in brackets) in the respective Directorates.*

Note 2:  *Finance Directorate: Included in the Substantive In Post (WTE) Temp figure, is **2** temporary Finance Administrators (B4), **1** temporary BSTP ICT Project Support Officer (B4) and **1** temporary Management Accounts Officer.*

*Note 3:* <u>HR & CS Directorate:</u> *Included in the Substantive In Post (WTE) Temp figure, is* **1** *temporary Snr Learning & Development Officer (B6),* **1** *temporary Receptionist (B2) and* **1** *temporary Clinical Training Manager (B8a), who are covering secondments / long term sickness.*

*Note 4:* <u>Operations Directorate:</u> *Included in the Substantive In Post (WTE) Temp figure, are* **30** *temporary Paramedics,* **30** *temporary PiTs,* **50.8** *temporary ACAs,* **4** *temporary EMDs,* **2** *temporary Non-Emergency Call Takers and* **1** *temporary Project Manager.*

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

*Note 6:* <u>Medical Directorate:</u> *Included in the Substantive In Post (WTE) Temp figure, is* **1** *temporary HART Administrative Officer who is employed on a temporary contract.*

*Note 7:* <u>Permanent Vacancies:</u> *Calculated by subtracting WTE Budgeted Est figure from*

*Substantive WTE in post (perm) figure.*

NB Data sourced from HR Management System (HRMS)- Information is valid on the date of publication only

| HR 12 | TAKE STEPS TO MINIMISE SICKNESS ABSENCE DURING 2014/15 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TOTAL YEAR ABSENCE 2013/14 = 8.93% PROPOSED ABSENCE TARGET 2014/15 = 7.00% NIAS % ABSENTEEISM | | | | | WTE:1157.22 | | | | | | | YEAR TO DATE ABSENCE = 9.02% | | |
| MONTH | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| **Absence Target 14/15 (7%)** | 7.00 | 7.00 | 7.00 | | | | | | | | | |
| % short term cumulative absence | 2.37** | 2.13** | 2.26** | | | | | | | | | |
| % long term cumulative absence | 7.69** | 6.71** | 6.76** | | | | | | | | | |
| No. of employees on half pay | 14 | 17 | 20 | | | | | | | | | |
| No. of employees on no pay | 4 | 1 | 4 | | | | | | | | | |
| Cumulative absence (%)14/15 | 10.06** | 8.84** | 9.02** | | | | | | | | | |
| Performance Assessment | R | R | R | | | | | | | | | |
| Estimated Cumulative Cost of absence* (£'000) | £401,433 | £726,903 | £1,118,711 | | | | | | | | | |
| % absence 13/14 (cumulative) | 7.85 | 7.60 | 7.33 | 7.35 | 7.25 | 6.67 | 6.77 | 7.00 | 7.25 | 7.48 | 8.80 | 8.93 |

*Absence costs have been estimated by expressing the % absence figure as a % of the total staff costs within the Trust.  As such, this figure is a broad approximation of the cost of absence.

**The Trust implemented its replacement system for HR, Payroll, Travel & Subsistence (HRPTS) on 18 February 2014 and consequently, the Trust is undergoing a transitional period between the former HRMS and HRPTS Systems.

Whilst there is an increase in the absence figures for February and March 2014, regional trends seem to indicate a similar pattern.  Work is currently ongoing regionally in respect of recording and reporting of absence, therefore the Trust reserves the right to amend these figures retrospectively during the transition period as the as the verification process continues.

*** In light of issues arising in relation to the sickness absence figures produced following the implementation of HRPTS, it was necessary to review the proposed target of 7% once the figures had been validated. However, the 7% target has now been agreed with DHSSPS based on benchmarked data taken from HRMS. HRPTS appears to have increased the percentage of sickness by approximately 2%.

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

| Attendance Management | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **NIAS TOTAL YEAR TO DATE ABSENCE 2014/15 = 9.02%** | | | | | | | | | | | | |
| **PROPOSED NIAS ABSENCE TARGET 2014/15 = 7.00%** | | | | | | | | | | | | |
| **OPERATIONS DIRECTORATE % ABSENTEEISM 2014/15** | | | | WTE: 1048.12 | | | | | | YEAR TO DATE ABSENCE = 9.32% | | |
| Proposed Target absenteeism 2014/15 | 7.00 | 7.00 | 7.00 | | | | | | | | | |
| Cumulative absence (%) | 10.46 | 9.11 | 9.32 | | | | | | | | | |
| No. of employees on half pay | 13 | 15 | 19 | | | | | | | | | |
| No. of employees on no pay | 1 | 1 | 2 | | | | | | | | | |
| **MEDICAL DIRECTORATE % ABSENTEEISM 2014/15** | | | | WTE: 9.0 | | | | | | YEAR TO DATE ABSENCE = 3.59% | | |
| Proposed Target absenteeism 2014/15 | 7.00 | 7.00 | 7.00 | | | | | | | | | |
| Cumulative absence (%) | 0.00 | 0.00 | 3.59 | | | | | | | | | |
| No. of employees on half pay | 0 | 0 | 0 | | | | | | | | | |
| No. of employees on no pay | 0 | 0 | 0 | | | | | | | | | |
| **FINANCE & ICT DIRECTORATE % ABSENTEEISM 2014/15** | | | | WTE: 26.63 | | | | | | YEAR TO DATE ABSENCE = 3.51% | | |
| Proposed Target absenteeism 2014/15 | 7.00 | 7.00 | 7.00 | | | | | | | | | |
| Cumulative absence (%) | 3.33 | 3.42 | 3.51 | | | | | | | | | |
| No. of employees on half pay | 0 | 0 | 1 | | | | | | | | | |
| No. of employees on no pay | 0 | 0 | 0 | | | | | | | | | |
| **H R AND CORPORATE SERVICES DIRECTORATE % ABSENTEEISM 2014/15** | | | | WTE: 68.47 | | | | | | YEAR TO DATE ABSENCE = 7.52% | | |
| Proposed Target absenteeism 2014/15 | 7.00 | 7.00 | 7.00 | | | | | | | | | |
| Cumulative absence (%) | 8.28 | 8.26 | 7.52 | | | | | | | | | |
| No. of employees on half pay | 1 | 2 | 0 | | | | | | | | | |
| No. of employees on no pay | 0 | 0 | 1 | | | | | | | | | |

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

# ABSENCE COMPARISON WITH NHS AMBULANCE TRUSTS

**(Comparison of Monthly Absence Statistics (%)\* Across English Ambulance Services and NIAS Jan 13 – Dec 13)**

| NHS TRUST | Jan 13 | Feb 13 | Mar 13 | April 13 | May 13 | June 13 | July 13 | Aug 13 | Sep 13 | Oct 13 | Nov 13 | Dec 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| N/East Ambulance Service | 6.81% | 5.70% | 5.65% | 5.34% | 5.82% | 5.80% | 5.73% | 5.84% | 5.33% | 5.16% | 5.46% | 6.71% |
| N/West Ambulance Service | 7.20% | 6.98% | 6.53% | 6.48% | 6.65% | 6.80% | 6.57% | 6.68% | 5.96% | 5.7% | 5.82% | 6.85% |
| Yorkshire Ambulance Service | 7.28% | 6.47% | 6.14% | 5.61% | 5.50% | 5.54% | 5.55% | 5.67% | 5.62% | 5.48% | 5.50% | 6.20% |
| E/Midlands Ambulance Service | 6.46% | 5.80% | 5.98% | 5.17% | 5.48% | 5.45% | 5.37% | 5.28% | 5.44% | 5.34% | 5.35% | 6.73% |
| W/Midlands Ambulance Service | 6.54% | 6.08% | 5.79% | 6.05% | 5.43% | 4.86% | 4.97% | 5.22% | 4.85% | 4.83% | 4.76% | 5.43% |
| East of England Ambulance Service | 8.87% | 8.09% | 7.20% | 6.59% | 5.54% | 5.83% | 5.81% | 5.64% | 5.66% | 5.86% | 5.89% | 7.39% |
| London Ambulance Service | 6.77% | 6.11% | 5.59% | 6.08% | 5.90% | 5.59% | 5.58% | 5.61% | 5.56% | 6.25% | 6.23% | 6.01% |
| S/East Coast Ambulance Service | 5.58% | 5.11% | 5.73% | 5.83% | 5.87% | 4.99% | 5% | 5.36% | 5.06% | 5.05% | 4.77% | 6.15% |
| S/Central Ambulance Service | 7.75% | 6.57% | 5.80% | 5.51% | 5.40% | 5.38% | 5.13% | 4.78% | 4.63% | 4.93% | 5.07% | 6.19% |
| Gt Western Ambulance Service | 5.08% | - | - | - | - | - | - | - | - | - | - | - |
| S/Western Ambulance Service | 6.47% | 5.47% | 5.26% | 5.20% | 5.01% | 5.12% | 4.88% | 5.16% | 5.1% | 4.73% | 5.15% | 5.92% |
| **NIAS monthly** | **9.49%** | **8.13%** | **9.09%** | **7.85%** | **7.28%** | **6.46%** | **7.08%\*\*** | **6.87%\*\*** | **7.76%\*\*** | **7.53%\*\*** | **8.31%\*\*** | **9.58%\*\*** |
| **NIAS\*\*** | **7.31%** | **7.32%** | **7.50%** | **7.85%** | **7.60%** | **7.33%** | **7.35%** | **7.25%** | **6.67%** | **6.77%** | **7.00%** | **7.25%** |

\*Source - The Information Centre for Health and Social Care    \*\* NIAS cumulative figures

\*\* A review has been conducted of the NIAS monthly figures above. The monthly figures from July 2013 to October 2013 have been amended to correct a clerical error.

| REPORTING PERIOD | 2009/10 | | 2010/11 | | 2011/12 | | 2012/13 | | 2013/14 |
|---|---|---|---|---|---|---|---|---|---|
| ABSENCE TARGET | DHSSPS PFA Target 5.5% | | DHSSPS PFA Target 5.2% | | NIAS Target 6.85% | | NIAS Target 6.7% | | NIAS Target 6.7% |
| | | | | | | | | | |
| | % Absence (2009/10) | % Variance (2008/09) | % Absence (2010/11) | % Variance (2009/10) | % Absence (2011/12) | % Variance (2010/11) | % Absence (2012/13) | % Variance (2011/12) | % Absence (2013/14) |
| REGIONAL HSC TRUSTS | 5.49% | -2.8% | 5.46% | -0.55% | 5.36% | -1.87% | 5.71% | +6.13 | * |
| NI AMBULANCE SERVICE TRUST | 6.72% | -3.9% | 6.87% | +2.23% | 7.18% | +4.32% | 7.50% | +4.27 | 8.93% |

*Figure not yet available

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

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

| Staff Group | No. of staff in group as at Q2 (01/07/13) | Staff Group as % of Workforce as at Q2 | | 2009-10 Q3&4 | 2010-11 Q1&2 | 2010-11 Q3&4 | 2011-12 Q1&2 | 2011-12 Q3&4 | 2012-13 Q1&2 | 2012-13 Q3&4 | 2013-14 Q1&2 | 2013-14 Q3&4 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Regulated** | | | | | | | | | | | | |
| Station Supervisors & Clinical Support Officers | 47 | 3.98 | **NIAS** | 6.36 | 5.93 | 4.67 | 7.98 | 8.32 | 8.41 | 12.57 | 4.73 | * |
| Paramedics | 473 | 40.09 | **NIAS** | 8.23 | 6.87 | 6.76 | 5.18 | 7.94 | 6.46 | 8.31 | 7.30 | * |
| Nursing & Midwifery (formerly TC5) | N/A* | N/A* | **HSC** | 6.25 | 5.97 | 6.26 | 5.90 | 6.41 | 6.16 | 6.59 | * | * |
| Social Services (formerly TC6) | N/A* | N/A* | **HSC** | 6.57 | 5.98 | 6.42 | 5.89 | 6.23 | 6.09 | 6.53 | * | * |
| **Non-Regulated** | | | | | | | | | | | | |
| Admin & Clerical** | 102 | 8.65 | **NIAS** | 4.88 | 3.48 | 2.67 | 3.78 | 5.23 | 3.57 | 4.97 | 5.30 | * |
| | N/A* | N/A | **HSC** | 4.83 | 4.16 | 4.26 | 3.91 | 4.40 | 4.17 | 4.86 | * | * |
| Estate Services (formerly TC3) | 3 | 0.25 | **NIAS** | 50.0 | 50.0 | 9.57 | 1.28 | 0.00 | 0.00 | 0.00 | 2.55 | * |
| | N/A* | N/A | **HSC** | 5.06 | 4.89 | 6.25 | 3.78 | 4.82 | 4.67 | 5.60 | * | * |
| ACA's | 266 | 22.55 | **NIAS** | 6.09 | 5.10 | 6.57 | 6.83 | 7.94 | 6.39 | 8.12 | 6.44 | * |
| EMT's | 186 | 15.77 | **NIAS** | 11.16 | 8.44 | 8.91 | 8.84 | 8.74 | 6.76 | 8.59 | 11.30 | * |
| Control Staff | 123 | 10.43 | **NIAS** | 8.48 | 10.27 | 13.81 | 7.74 | 9.52 | 10.21 | 12.52 | 8.46 | * |
| Support Services (formerly TC4) | 1 | 0.08 | **NIAS** | 6.54 | 0.00 | 3.85 | 0.38 | 11.11 | 0.38 | 11.54 | 7.69 | * |
| | N/A | N/A | **HSC** | 7.78 | 6.99 | 7.16 | 6.09 | 7.84 | 6.91 | 7.85 | * | * |

*Figures not available from DHSSPS
**Includes Management and Senior Management grades
NB Data sourced from HR Management System (HRMS) and HR, Payroll, Travel & Subsistence (HRPTS). - Information is valid on the date of publication only

**EMPLOYEE RELATIONS**

| Grievance Standards | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No. of Grievances received | 0 | 0 | 3 | | | | | | | | | | |
| Grievances acknowledged within 2 days | 0 | 0 | 3 | | | | | | | | | | |
| Grievances at Informal Stage | 0 | 0 | 3 | | | | | | | | | | |
| Grievances resolved informally / withdrawn | 0 | 0 | 0 | | | | | | | | | | |
| Grievance at Formal Stage | 0 | 0 | 0 | | | | | | | | | | |
| Stage 1 hearing arranged within 15 working days | N/A | N/A | N/A | | | | | | | | | | |
| Stage 1 Grievance Hearing heard | N/A | N/A | N/A | | | | | | | | | | |
| Stage 1 outcome conveyed within 7 working days of hearing | N/A | N/A | N/A | | | | | | | | | | |
| No. of cases appealed | N/A | N/A | N/A | | | | | | | | | | |
| Stage II hearing arranged within 15 working days of notification | N/A | N/A | N/A | | | | | | | | | | |
| Stage II outcome conveyed within 7 working days of hearing | N/A | N/A | N/A | | | | | | | | | | |
| Grievance Cases Closed | 0 | 0 | 0 | | | | | | | | | | |
| **Number of active Grievance Cases (2014/15)** | | | | | | | | | | | | | **3** |
| **Total number of active Grievance Cases** | | | | | | | | | | | | | **30** |

*NB Data sourced from HR Management System- Information is valid on the date of publication only

| Discipline Standards | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of disciplinary cases | 4 | 1 | 0 | | | | | | | | | | **5** |
| Number of HCPC referrals | 0 | 1 | 0 | | | | | | | | | | **1** |
| Withdrawal of Professional Registration. | 0 | 0 | 0 | | | | | | | | | | **0** |
| Number of suspensions | 0 | 0 | 0 | | | | | | | | | | **0** |
| Decision to suspend reviewed every 4 weeks | N/A | N/A | N/A | | | | | | | | | | **0** |
| Formal investigations ongoing | 4 | 1 | N/A | | | | | | | | | | **5** |
| Formal investigations completed as soon as is reasonable | 0 | 0 | N/A | | | | | | | | | | **0** |
| Informal Recommendations Made | 0 | 0 | N/A | | | | | | | | | | **0** |
| Formal hearing recommended | N/A | N/A | N/A | | | | | | | | | | **0** |
| Document disclosure exchanged 5 working days prior to disciplinary hearing | N/A | N/A | N/A | | | | | | | | | | **0** |
| Decision of Stage I Panel conveyed within 7 working days of date of hearing | N/A | N/A | N/A | | | | | | | | | | **0** |
| No. of appeals of Stage 1 outcome received | N/A | N/A | N/A | | | | | | | | | | **0** |
| Employee given 7 working days notice of appeal hearing | N/A | N/A | N/A | | | | | | | | | | **0** |
| Decision of Stage II Appeal panel conveyed within 7 working days of date of hearing | N/A | N/A | N/A | | | | | | | | | | **0** |
| Disciplinary Cases Closed | 0 | 0 | 0 | | | | | | | | | | **0** |
| **Number of active suspensions** | | | | | | | | | | | | | **2** |
| **Number of active Disciplinary Cases (2014/15)** | | | | | | | | | | | | | **5** |
| **Total number of active Disciplinary Cases** | | | | | | | | | | | | | **20** |

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

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

\* NB Data sourced from HR Management System- Information is valid on the date of publication only

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

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

**IMPLEMENT KNOWLEDGE AND SKILLS FRAMEWORK (KSF) REQUIREMENTS
TAKE STEPS TO ENSURE THAT 90% OF STAFF WILL HAVE HAD AN ANNUAL APPRAISAL OF THEIR
PERFORMANCE DURING 2014/15**

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

*The second annual cycle commenced on 1 April 2014-31 March 2015. Each directorate has responsibility to report on compliance of completion of KSF PDCR's for all staff within their remit. This will be monitored and reported on by the KSF management side lead on a 6 monthly basis. i.e. at 30/09/14 and 31/03/15.*

| Key Actions | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Operations Directorate** | | | | | | | | | | | | |
| Control | A | A | A | | | | | | | | | |
| Operations | A | A | A | | | | | | | | | |
| Fleet & Estate | A | A | A | | | | | | | | | |
| **Medical Directorate** | | | | | | | | | | | | |
| Medical & Risk Mgmt | A | A | A | | | | | | | | | |
| Emergency Planning | A | A | A | | | | | | | | | |
| **Finance Directorate** | | | | | | | | | | | | |
| Finance | A | A | A | | | | | | | | | |
| ICT & Information | A | A | A | | | | | | | | | |
| Stores & Courier | A | A | A | | | | | | | | | |
| **HR Directorate** | | | | | | | | | | | | |
| HR | A | A | A | | | | | | | | | |
| Equality & PPI | A | A | A | | | | | | | | | |
| Corporate Services | A | A | A | | | | | | | | | |

| RATC | | | A | A | A | | | | | | | | | | |
|------|--|--|---|---|---|--|--|--|--|--|--|--|--|--|--|

**RATC ACTIVITY REPORT**

*Work is ongoing in consultation with key stakeholders to develop the Education, Learning and Development Plan for 2014-2015. This section will be reported on once the plan has been ratified through due process.*

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | | | | | | | | |
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**JOB EVALUATION FOR PARAMEDICS, RRV PARAMEDICS & EMERGENCY MEDICAL TECHNICIANS**

*The joint chairs of the Regional Joint Negotiating Forum (JNF) have referred all 3 jobs to the full Regional Quality Assurance (RQA) team, with a request for resolution at the earliest opportunity. The full RQA team met to undertake the work on 6th and 7th February 2014. The team have developed a number of questions in relation to all 3 jobs. Answers for the RRV job have been agreed by the Manager and post-holder rep and returned to the RQA Team. A number of meetings between the Paramedic and EMT post-holder reps and the Manager have been held to progress responses to the questions. Progress has been delayed due to the absence of one of the post-holder reps. The Trust has written to the joint chairs of the JNF for their advice in this regard.*

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Paramedic Job** | | | | | | | | | | | | |
| Trust notified of JE outcome | N/A | N/A | N/A | | | | | | | | | |
| Notify post-holders of JE Outcome | N/A | N/A | N/A | | | | | | | | | |
| Notify Payroll of JE Outcome | N/A | N/A | N/A | | | | | | | | | |
| **RRV Paramedic Job** | | | | | | | | | | | | |
| Trust notified of JE outcome | N/A | N/A | N/A | | | | | | | | | |
| Notify post-holders of JE Outcome | N/A | N/A | N/A | | | | | | | | | |
| Notify Payroll of JE Outcome | N/A | N/A | N/A | | | | | | | | | |
| **EMT Job** | | | | | | | | | | | | |
| Trust notified of JE outcome | N/A | N/A | N/A | | | | | | | | | |
| Notify post-holders of JE Outcome | N/A | N/A | N/A | | | | | | | | | |
| Notify Payroll of JE Outcome | N/A | N/A | N/A | | | | | | | | | |

## CLAIMS MANAGEMENT

| Claim Type | Carried Over | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Employers Liability** | **32** | | | | | | | | | | | | | |
| Cases Received | | 2 | 0 | 4 | | | | | | | | | | **6** |
| Cases Settled | | 0 | 0 | 0 | | | | | | | | | | **0** |
| **Cases Ongoing** | | | | | | | | | | | | | | **38** |
| **Clinical Negligence** | **7** | | | | | | | | | | | | | |
| Cases Received | | 0 | 0 | 0 | | | | | | | | | | **0** |
| Cases Settled | | 0 | 0 | 0 | | | | | | | | | | **0** |
| **Cases Ongoing** | | | | | | | | | | | | | | **7** |
| **Public Liability** | **5** | | | | | | | | | | | | | |
| Cases Received | | 0 | 0 | 2 | | | | | | | | | | **2** |
| Cases Settled | | 0 | 0 | 0 | | | | | | | | | | **0** |
| **Cases Ongoing** | | | | | | | | | | | | | | **7** |

# COMPLAINTS MANAGEMENT

Total (to date)

Total complaints received to date **49**

| HANDLING TIMES OF COMPLAINTS | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total | % | 2013-14 | |
| Complaints Received | 22 | 27 | | | | | | | | | | | **49** | | **152** | *100%* |
| *Total A&E & PCS Activity* | *30108* | *30606* | | | | | | | | | | | *60714* | | | |
| *% Complaints/Activity* | *0.07%* | *0.09%* | | | | | | | | | | | *0.00%* | | | |
| Acknowledged within 2 working days | 22 | 27 | | | | | | | | | | | **49** | *100%* | **151** | *99%* |
| Acknowledged after 2 working days | 0 | 0 | | | | | | | | | | | **0** | *0%* | **1** | *1%* |
| Response within 20 working days | 5 | 5 | | | | | | | | | | | **10** | *20%* | **46** | *30%* |
| Response after 20 working days | 9 | 6 | | | | | | | | | | | **15** | *31%* | **49** | *30%* |
| Complaints Investigations ongoing | 8 | 16 | | | | | | | | | | | **24** | *49%* | **50** | *36%* |
| **Average Response Time (Working days)** | | | | | | | | | | | | | **25** | | **24** | |
| Cases referred to NI Ombudsman (cases ongoing) | 1(3) | 1(4) | | | | | | | | | | | **5** | *10%* | 3 | *1%* |

| SERVICE AREA OF COMPLAINTS | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total | % | 2013-14 | |
| Accident & Emergency | 5 | 10 | | | | | | | | | | | 15 | *31%* | **53** | *35%* |
| Patient Care Service | 4 | 2 | | | | | | | | | | | 6 | *12%* | **25** | *16%* |
| Control & Communications | 11 | 11 | | | | | | | | | | | 22 | *45%* | **69** | *45%* |
| Other | 2 | 4 | | | | | | | | | | | 6 | *12%* | **5** | *3%* |
| Voluntary Car Service | 0 | 0 | | | | | | | | | | | 0 | *0%* | **0** | *0%* |
| **TOTAL** | **22** | **27** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **49** | *100.0%* | **152** | *100%* |

| NATURE OF COMPLAINTS RECEIVED | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2014-15 | % | 2013-14 | |
| Staff Attitude | 9 | 13 | | | | | | | | | | | 22 | 44.9% | 52 | 34% |
| Ambulance Late/No Arrival | 8 | 8 | | | | | | | | | | | 16 | 32.7% | 70 | 46% |
| Clinical Incident | 1 | 1 | | | | | | | | | | | 2 | 4.1% | 15 | 10% |
| Suitability of Equip/Vehicle | 0 | 0 | | | | | | | | | | | 0 | 0.0% | 5 | 3% |
| Other | 4 | 5 | | | | | | | | | | | 9 | 18.4% | 8 | 5% |
| Patient Property | 0 | 0 | | | | | | | | | | | 0 | 0.0% | 1 | 1% |
| TOTAL | 22 | 27 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 49 | | 151 | |

**COMPLIMENTS RECEIVED**

| COMPLIMENTS RECEIVED | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2014-15 | 2013-14 |
| RECEIVED | 16 | 21 | 16 | | | | | | | | | | 53 | 192 |

| SERVICE AREA OF COMPLIMENTS RECEIVED | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2014-15 | % | 2013-14 | |
| Accident & Emergency | 14 | 21 | 15 | | | | | | | | | | 50 | 94.3% | 172 | 90% |
| Control | 0 | 0 | 0 | | | | | | | | | | 0 | 0.0% | 4 | 2% |
| Patient Care Service | 1 | 0 | 0 | | | | | | | | | | 1 | 1.9% | 15 | 8% |
| Voluntary Car Service | 0 | 0 | 0 | | | | | | | | | | 0 | 0.0% | 0 | 0% |
| Other | 1 | 0 | 1 | | | | | | | | | | 2 | 3.8% | 1 | 1% |
| TOTAL | 16 | 21 | 16 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 53 | | B3/ | |

**COMPLAINTS CLOSED - OUTCOME / LEARNING REPORT: MAY 2014**

| Ref | Summary of Complaint | Outcome | Action Required/Learning Points |
|---|---|---|---|
| COMP/642 | Unacceptable staff attitude and behaviour. Paramedic would not wait for patient and interrupted nurse on phone. | Complaint upheld. Crew member's behaviour was not appropriate. | Letter of apology and explanation issued. Crew member to be counselled on the importance of behaving in a professional manner at all times. |
| Comp/659 | Complaint regarding a paramedic entering premises without permission. | Complaint not upheld. Incident was in relation to family matter and staff member was not in uniform or representing NIAS | Letter of explanation issued. No further action identified. |
| Comp/665 | Complainant alleges that ambulance crew member was asking inappropriate personal questions not relevant to the patient's condition. The patient found the crew member to be rude. | Complaint partially upheld. Unable to establish tone or context of crew member's comments. | Letter of explanation issued. Crew member to be reminded to remain professional at all times. |
| Comp/667 | Complaint regarding the manner of a female non-emergency attendant on two separate occasions where she refused to use the side door to transfer the patient. | Complaint upheld. Investigation found that the side door would have been easier to transport patient. | Letter of apology and explanation issued. Staff member to be counselled and advised that they should always take on board the advice of the home owner before carrying out their own risk assessment. |
| Comp/681 | Complainant alleges that a non-emergency ambulance vehicle stopped outside her house to let a patient vomit and then drove off. | Complaint partially upheld. The crew member was not aware that a relative had been sick outside the vehicle, otherwise he would have cleaned it up. | Letter of apology and explanation issued. No further action identified. |
| Comp/690 | Complaint regarding the time taken for an ambulance to reach the patient who suffered a cut to the head which was bleeding, allegedly took ambulance over an hour to reach them. | Complaint upheld. Control room extremely busy on this day. | Letter of apology and explanation issued. No further action identified. |

| Comp/693 | Complaint had requested non-emergency transport but no one confirmed this would be available, on day of treatment he made his own way to hospital but crew arrived at his home and entered his daughter bedroom looking for him, which frightened his daughter. | Complaint not upheld. It is normal practice for a crew to check on a patient when there is no response as it may indicate that the patient is unwell or in distress. | Letter of explanation issued. No further action identified. |
|---|---|---|---|
| Comp/701 | Complaint regarding the driving of an emergency ambulance overtaking on a blind corner. | Complaint upheld. Although the driver seen the other car and believed they undertook the manoeuvre safely it was a frightening experience for the complainant and his family. | Letter of apology and explanation issued. Staff to be counselled on driving within the limits of the road and anticipating the actions of other road users. |

# COMPLIMENTS RECEIVED – APRIL & JUNE 2014

| Description |
| --- |
| My wife had a cardiac arrest at our home. I would like to complement the 999 operator and the crew on their quick response and their efficient and tireless efforts to resuscitate Anna. They undoubtedly saved her life. |
| To the staff working on St Patricks day, thank you for taking Conleth to hospital. |
| The Staff of Newcastle Ambulance Station, My Family would like to extend our appreciation for the wonderful care and attention you gave to our late Mother. Thank you for your kindness. |
| Just a brief note of gratitude to the two female paramedics who attended our Mother. We are indebted to you for your swift intervention in stabilising mum for her onward journey to hospital. |
| I suffered a heart attack, my partner carried out CPR until the paramedic in the rapid response vehicle arrived and the two of them worked hard to revive me. I wanted to take this opportunity to say a huge thank you to the female paramedic. To all the other staff members from the Control room who took the initial call and the ambulance crew who also attended to me, once again thank you. |
| Chocolates left as a thank you to staff for all their help. |
| Thanks you to the call handlers who took daddy's' call, The paramedics who came in the big ambulance and Gerald in the lighting fast jeep. Thanks to you, I got to go to the park with my cousins after choking on a bit of plastic (Jack 9months old) |
| Belated thank you, my son, rang 999 to ask for help. His brother then 24 had just discovered their lovely dad dead. I should be grateful if you would convey our sincere thanks to them we greatly appreciated their kindness and professionalism. |
| A huge thank you to those who attended my Son, at an RTA. Thank you so much for your vigilant and proficient service, we owe you guys a lot. |
| I am a support worker and I take care of adults with challenging behaviour. One of my residents had seizure, the response was so quick. He was very vocal and scared but I want to commend the staff who helped make the journey a very calm one. |
| I want to express my gratitude to the staff that attended my mother, my mother's situation was a very intense one and I found their approach and management calming, non-judgemental. I cannot thank them enough for the patience and kindness shown. |
| The first paramedic on scene was so wonderful. We are keen to say thank you personally as we feel that the traumatic experience of my father's death must also have been upsetting for him but he helped us through it, he worked so hard on what we later found out was an already traumatic shift. |
| I am pleased to pass on the thanks of one our colleague, who were impressed by the way in which you managed the care of his later father during occasions where NIAS were called during his period of illness |
| Just a card to thank you for the way you dealt with my dad the night he needed an ambulance, it meant a lot to me and my mum. Thank you so much |
| To extend our heartfelt appreciation to all the ambulance personnel who attended my parents on this occasion. We will be forever indebted to their professionalism and kindness. |
| My purpose in writing is to say thank you to the two ambulance men, who were very efficient, understanding and most helpful. |
| I wish to acknowledge the professionalism & dignity with which the paramedic dealt with a patient who had fallen. |
| Letter of appreciation and acknowledgement in regard to a recent visit to our church. |

| |
|---|
| I want to say a big thank you for your help and kindness. You are an invaluable member of the ambulance service and your approach towards me was faultless |
| Thank you for your care & attention to my granny. I am sad to report that she died. The family would like to say thank you to you both. |
| I would like to thank the staff who saved my life. |
| Great thanks given to how crew managed the situation. |
| I would like to express sincere thanks to the crew who came so promptly to my home to take my husband to hospital. They were so kind and comforting. |
| The call handler immediately put my husband's friend through CPR The paramedics who were taking over within 11mins after running from the ambulance onto the golf course. They remained calm and did their very best to bring my husband back. Once again thank you for the best care possible. |
| Patients mother visited Strabane station and left a box of chocolates as thanks to the crew who helped her child |
| Thank you so much for all your help and consideration. I am only just recovered I damaged the soft tissue of the base of pelvic bone. Thanks Again |
| I was in a RTA. The two men were absolutely lovely to me, so friendly and nice, and I just wanted to be able to pass on my thanks to them. |
| To the wonderful paramedics who treated me. |
| Firstly the two paramedics who attended me were so patient, reassuring and professional. |
| I would like to show my sincere appreciation to the crew that attended my RTC. The crew were a credit to NIAS, they showed a very professional approach and their calming influence showed great interpersonal skills to me. I would be very grateful if my thanks could be recorded on the Officers service records. |
| I wish to thank the ambulance staff who attended my wife's call after I fell. They both performed their duties to the best possible manner. I wish to personally thank them both for such a high standard of attention. |
| Just a note to say thank you for all your hard work and emotional support after the accident on the M1. I am indebted to you both. |
| A belated thank you, most sincerely from a grateful patient who was in such distress. You will always be remembered for your wonderful care and concern; for I really thought I was going crazy. Your attention to detail and for my comfort was excellent and I want to say thank you so very much. |
| Standard of care and advice given to myself and my family was priceless. I cannot commend crew who attended me enough. |
| I wish to thank crew who attended me, they are brilliant and doing an amazing job. |
| I would like to pass on my heartfelt thanks to you and your team for the excellent help you provided to 502 (Ulster Squadron for our Launch event on Friday. The use of your medical equipment helped immensely with supporting our demonstration. |
| I broke my ankle on the outskirts of Broughshane, The first paramedic to arrive was great he gave me medication to relieve intense pain. I cannot praise all of the ambulance crew enough. They were all so reassuring. |

## SECTION 75

| Section 75 Policy Screening | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Completed Policy S75 Screenings | 0 | 0 | 0 | | | | | | | | | | 0 |
| Whilst completed Equality Screenings have not been signed off in the 1st quarter, a number of screenings are underway in key policy areas. Progress has been limited due to capacity and competing priorities. | | | | | | | | | | | | | |

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

## MEDIA MANAGEMENT

| Media Responses | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Daily Media - Response within same day | | | | | | | | | | | | | |
| Number of enquiries received | 28 | 31 | 22 | | | | | | | | | | 81 |
| Number of responses issued on day of receipt | 28 | 31 | 22 | | | | | | | | | | 81 |
| Weekly media - Response within three days | | | | | | | | | | | | | |
| Number of enquiries received | 14 | 3 | 6 | | | | | | | | | | 23 |
| Number of responses issued within 3 days of receipt | 14 | 3 | 6 | | | | | | | | | | 23 |
| | | | | | | | | | | | | | |
| Number of responses resulting in Media Coverage | 39 | 33 | 28 | | | | | | | | | | 100 |

## COMMUNITY EDUCATION

| Community Education | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of visits delivered | 30 | 32 | 42 | | | | | | | | | | 104 |

**CONSULTATION RESPONSES MAY & JUNE**

| Date of Response | Consultation Title & Summary | Summary of NIAS Response | Link to Consultation |
|---|---|---|---|
| 16/05/14 | DOJNI – Consultation on the Future of Vehicle Immobilisation on Private Land | NIAS acknowledge the exemption to the clamping of emergency vehicles and have no comments other than to add that any clamping or immobilisation of vehicles does not further compound the problem of emergency access or blocking of routes. | www.dojni.gov.uk |
| 24/06/14 | PHA – Consultation on the Lifeline Crisis Response Service | NIAS believe that the Lifeline Crisis Response Service has significant merit, however are unable to comment definitively in the absence of formal outcome data. | http://www.publichealth.hscni.net/consultations |

| ID | 232 |
|---|---|
| Principal Aim,Objective.Value | Build and maintain a high performing, appropriately skilled and educated workforce, suitability equipped and fit for purpose |
| Risk Type | CORP |
| Title | Business Services Transformation Programme (BSTP) |
| Description | "There are three distinct projects within BSTP that represent various risks to NIAS: <br><br> ☐ <br> Finance, Procurement, Logistics (FPL) <br> ☐ <br> Human Resources, Payroll, Travel and Subsistence (HRPTS) <br> ☐ <br> Shared Services (SS). <br> ☐ <br> Each of these projects present risks across three broad areas - <br> ☐ <br> Business as Usual:  The ability to maintain core business requirements prior to and during implementation of BSTP☐ <br><br> Implementation:  Lack of human and physical resources to undertake work required leading to non delivery/delay in completion of elements of BSTP <br> Benefits Realisation: The project is unable to realise anticipated benefits (financial and non financial)"☐ |
| Risk level (initial) | HIGH |
| Risk level (Target) | LOW |
| Risk level (current) | MEDIUM |

| Lead Director | FINDIR |
|---|---|
| Initial Action Taken to Control/ Mitigate Risk | Representation on HRPTS, FPL, and SS Boards and Groups regionally and locally.<br>☐<br>Establishment of Project Management Infrastructure and Project Team.<br>Recruitment of Project Manager, Implementation Managers and Functional Specialists with backfill as appropriate.<br>☐<br>Targeting of capacity to core business and critical issues as appropriate.<br>Participation in Change Impact Assessment Workshops.<br>☐<br>Engagement and communication with stakeholders.<br>☐<br>Pilot IT infrastructure audit and engagement with Regional ICT leads.<br>☐<br>Inventory of existing system contracts.<br>"☐ |
| Opened | 01/04/2012 |
| Review Date | 01/07/2014 |
| Action Plan to Address /Mitigate Risk | 2.Continue prioritisation of core business requirements.☐<br>2.2 Ongoing and reviewed monthly by NIAS Project Board.☐<br>3.Continue to review priorities, engaging with other HSC Trusts ☐<br>3.1 Weekly/monthly by HRPTS TDG / FPL TG☐<br>5.Continue to work with BSTP Central Team and suppliers as appropriate within existing resources.☐<br>5.1 Weekly/monthly by HRPTS TDG / FPL TG☐<br>6.Focus on resolution of critical issues, for example rostering interfaces, multiple employment, Collaborative Planning, IT Infrastructure.☐<br>6.1 Ongoing and reviewed monthly by NIAS Project Board.☐<br>7.Further development of business continuity, recovery and contingency measures☐<br>7.1 Ongoing and reviewed monthly by NIAS Project Board.☐<br>8.Development of Deployment and Training Strategy☐<br>8.1 Ongoing and reviewed monthly by NIAS Project Board.☐<br>9. Ongoing review of key financial controls☐<br>9.1 Ongoing. Reviewed by IA Q3☐<br>10.Further development of NIAS Change Network and Change Action Plan.☐<br>10.1.Ongoing and reviewed monthly by NIAS Project Board.☐<br>11.Refresh ICT audit in line with FPL and HRPTS deployment plans.☐<br>11.1 Ongoing and reviewed monthly by NIAS Project Board.☐<br>12. Ongoing engagement with Trade Unions at regional and local level.☐<br>12.1 Ongoing and reviewed monthly by NIAS Project Board. |
| Closed | |

| ID | 249 |
|---|---|
| Principal Aim,Objective.Value | Engage with local Communitees and their representatives in addressing isssues which affect their health and participate fully in the development and delivery of responsive integrated services |
| Risk Type | CORP |
| Title | Staffing Structure in respect of Equality, PPI and PC Experience |
| Description | There is risk to the Trust that NIAS staffing structure in respect of Equality, PPI and Patient Client Experience is not sufficiently resourced to support the Trust in ensuring compliance across all related statutory requirements and Ministerial priority work streams. |
| Risk level (initial) | MEDIUM |
| Risk level (Target) | LOW |
| Risk level (current) | MEDIUM |

| Lead Director | DIRHR |
|---|---|
| Initial Action Taken to Control/ Mitigate Risk | 1. At the inception of its Equality Scheme the Trust created a role which was dedicated to discharging S75 duties. Current staff structures includes delegation of responsibility for S75 DDO (further new legislation since this time ) and the Human Rights Act however these responsibilities are in addition to other areas of responsibility, therefore diluting related time associated with theses work streams.☐<br>2. Equality Scheme and Disability Action Plan have been develop, consulted on and approved. However, implementation requires significantly time in terms of developing appropriate structures, statutory processes and mainstreaming.☐<br>3. Responsibility for PPI was delegated to HRCS Directorate Equality Section. However, responsibility for these work streams are in addition to other areas of responsibility therefore diluting related time associated with these work stream.☐<br>4. PPI Strategy has been developed, consulted on and approved. However, implementation requires significant time in terms of developing appropriate structures and systems and mainstreaming in order to effect required cultural change.☐<br>5. Responsibility for PCE was del;delegated to the HRCS Directorate Equity Section, however, however, was no additional investment to support the additional workload. However, responsibility for these work streams are in addition to other areas of responsibility therefore diluting related time associated with these work |
| Opened | 03/07/2013 |
| Review Date | 01/07/2014 |
| Action Plan to Address /Mitigate Risk | 1. Development of proposal for appropriate staffing structure and related business cases for presentation to SEMT.☐<br>2. Consideration of budgetary priorities in this context.☐<br>3. Development of proposal for appropriate staffing structure and related business cases for presentation to SEMT.☐<br>4. Consideration of budgetary priorities in this context.☐<br>5. Development of proposal for appropriate staffing structure and related business cases for presentation to SEMT.☐<br>6. Consideration of budgetary priorities in this context. |
| Closed | |

| ID | 4 |
|---|---|
| Principal Aim,Objective.Value | To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessable, timely and effective |
| Risk Type | CORP |
| Title | Business Continuity pFa 1.2. |
| Description | There is a risk to the Trust from the failure to review, update and test the internal disaster managament plans. |
| Risk level (initial) | HIGH |
| Risk level (Target) | MEDIUM |
| Risk level (current) | HIGH |

| Lead Director | MEDDIR |
|---|---|
| Initial Action Taken to Control/ Mitigate Risk | - There are a number of  Business Continuity Plans in place within the Trust requiring review.<br>- Amended plans were presented to the SEMT for comment in Q4 2010<br>- An AEPO has been appointed to develop Business Continuity Strategy, Policy and Action Plans to review existing plans.<br>- A number of local BCP's were implemented successfully due to civil disturbances and adverse weather.<br>- All existing plans captured and identified whether in draft, tested or implemented.<br>- Four 'Critical' activities identified<br>  Call Taking<br>  Information Processing<br>  Ambulance Despatch<br>Clinical Care<br>-Existing plans reviewed to ensure that the areas which directly influence these 'critical' activities have been tested, activated and reviewed or debriefed: including: REMDC, Operational Divisions, and specific ICT Infrastructures. |
| Opened | 30/12/2010 |
| Review Date | 01/07/2014 |
| Action Plan to Address /Mitigate Risk | 1.  Draft Strategic Business Continuity Strategy/ Policy completed for submission to SEMT during Q2 2011/12<br>1.1 Completed - Presented to Trust Board 17th November 2011<br><br>2.  Action plan for review of Directorate and local BCP agreed and presented to SEMT Q1 2011/12<br>2.1Completed - Approved by SEMT  and Trust Board 17th November 2011<br><br>3. EAC evacuation plan amended and retested based on learning outcomes for evacuation exercise in September 2010<br>3.1 This was completed  August 2012  and retested  9/9/12.<br>3.2. The EAC BCP activated successfully on two occasions during March 2013<br><br><br>4.  All other areas will be captured during the next phase of the programme which is under the control of the Emergency Planning Officer.<br>4.1Emeregecy Preparedness  and Business Continuity Planning Group to oversee the process established June 2012<br>4.2 Terms of Reference and Schedule of Meetings submitted to the Assurance Committee Oct 2012<br>:Completed October 2012<br><br> 5. A significant delay in the process occurred during 2013 due to competing pressures on the EP Team from planning for a number of significant events for example  G8 World Police and Fire Games etc.<br> |
| Closed | |

| ID | 244 |
|---|---|
| Principal Aim,Objective.Value | To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessable, timely and effective |
| Risk Type | CORP |
| Title | Transforming Your Care Implementation |
| Description | There is a risk to the Trust in that the implementation of TYC will impact negatively on NIAS in respect of its core activity and responsibility and service development aspirations. |
| Risk level (initial) | MEDIUM |
| Risk level (Target) | LOW |
| Risk level (current) | MEDIUM |

| Lead Director | CEO |
|---|---|
| Initial Action Taken to Control/ Mitigate Risk | 1. Membership of TYC Programme Board.<br>2. Membership of TYC Workforce Planning Group<br>3. Membership of TYC Advisory and Assurance Group.<br>4. Response to TYC consultation and ongoing engagement |
| Opened | 30/04/2013 |
| Review Date | 01/07/2014 |
| Action Plan to Address /Mitigate Risk | 1. Submit bids to HSCB TYC Project for service developments.<br>2. Assess Service developments from other bodies for risks to NIAS.<br>3. Establish process for highlighting risks in appropriate for a for treatment.<br>4. Identify requirement for and establish contingency arrangements to manage risks.<br><br>7/11/13 - Following SEMT it was noted that a review of this risk will completed at the Trust Board Workshop on the 27/2/14 |
| Closed | |

| ID | 245 |
|---|---|
| Principal Aim,Objective.Value | Engage with local Communitees and their representatives in addressing isssues which affect their health and participate fully in the development and delivery of responsive integrated services |
| Risk Type | CORP |
| Title | Public Perception |
| Description | There is a risk to the Trust that public perception of the ambulance service is inconsistent with the aspirations of the service. |
| Risk level (initial) | MEDIUM |
| Risk level (Target) | LOW |
| Risk level (current) | MEDIUM |

| | |
|---|---|
| **Lead Director** | CEO |
| **Initial Action Taken to Control/ Mitigate Risk** | 1. Public Trust Board meetings☐<br>2. Annual Reports☐<br>3. Community engagement programme☐<br>Social Media |
| **Opened** | 30/04/2013 |
| **Review Date** | 01/07/2014 |
| **Action Plan to Address /Mitigate Risk** | 1. Establish as key element for inclusion in communications strategy.☐<br>2. Explore further opportunities to influence public perception.☐<br>3. Present action plan to Trust Board☐<br>☐<br>7/11/13 - Following SEMT it was noted that a review of this risk will completed at the Trust Board Workshop on the 27/2/14. |
| **Closed** | |

| ID | 246 |
|---|---|
| Principal Aim,Objective.Value | To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessable, timely and effective |
| Risk Type | CORP |
| Title | Linking Demand to Funding |
| Description | There is a risk to the Trust that increasing demand for ambulance response and transportation will outstrip capacity and compromise delivery of safe, high quality care due to the absence of a  means of linking planned / approved budget to demand. |
| Risk level (initial) | MEDIUM |
| Risk level (Target) | LOW |
| Risk level (current) | MEDIUM |

| Lead Director | DIROPS |
|---|---|
| Initial Action Taken to Control/ Mitigate Risk | 1. Both financial resource and activity/performance are issues discussed with HSCB at PMSI meetings.☐<br>2. Both are discussed at Trust Board☐<br>3. Process in place to secure additional funds linked to service change which could potentially be extended. |
| Opened | 30/04/2013 |
| Review Date | 01/07/2014 |
| Action Plan to Address /Mitigate Risk | 1. Submit proposal to link planned budget to demand analysis to HSCB☐<br>2. Establish metrics to show correlation/relationship between planned resource - demand - performance. |
| Closed | |

| ID | 247 |
|---|---|
| Principal Aim,Objective.Value | To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessable, timely and effective |
| Risk Type | CORP |
| Title | Prioritising Core Activity |
| Description | There is a risk to the Trust that unscheduled care services will develop in an unco-ordinated manner in HSC without reference to NIAS, leading to disconnect in service provision. This could result in a risk of compromise of core NIAS activity. |
| Risk level (initial) | LOW |
| Risk level (Target) | LOW |
| Risk level (current) | LOW |

| Lead Director | DIROPS |
|---|---|
| Initial Action Taken to Control/ Mitigate Risk | 1. Differentiation of urgent from emergency activity on basis of clinical need.☐<br>1.1 Call prioritisation system differentiates 999 activity from Urgent ☐<br>    Work in progress through Card 35 to build on this ie changing Urgents to        Category C1 to C4☐<br>☐<br>2. Membership of governing structures, in particular TYC programme board, GPOOH.☐<br>2.1  Representation on all ICPS at local level☐<br>☐<br>☐<br>3. Development of awareness of taking account of consequences of change on NIAS in HSCB, HSC Trusts and DHSSPS.☐<br>3.1  Working in collaboration with HSCB in implementation of projects such as pPCI.☐ |
| Opened | 30/04/2013 |
| Review Date | 01/07/2014 |
| Action Plan to Address /Mitigate Risk | 1. Consolidate 'same day' ambulance urgent management in EAC☐<br>2. Embed management of consequences of change in relevant HSC structure e.g. TYC Programme Board, Financial Stability Programme.☐<br>☐<br>7/11/13 - Following SEMT it was noted that a review of this risk will completed at the Trust Board Workshop. |
| Closed | |

| ID | 248 |
|---|---|
| **Principal Aim,Objective.Value** | To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessable, timely and effective |
| **Risk Type** | CORP |
| **Title** | Transforming Your Care - Developments |
| **Description** | There is a risk to the Trust that further development of TYC may lead to a retraction of ambulance services to core 999 response and transportation only. |
| **Risk level (initial)** | LOW |
| **Risk level (Target)** | LOW |
| **Risk level (current)** | LOW |

| Lead Director | CEO |
|---|---|
| Initial Action Taken to Control/ Mitigate Risk | 1. Separate emergency and non-emergency control structures and tiers established☐<br>2. Separation of emergency and non-emergency control personnel. |
| Opened | 30/04/2013 |
| Review Date | 01/07/2014 |
| Action Plan to Address /Mitigate Risk | 1. Monitor TYC developments at TYC Development Board and other for a to pre-alert to any change in risk.☐<br>2. Further differentiate ambulance activity where possible to ease management of any retraction.☐<br>☐<br>7/11/13 - Following SEMT it was noted that a review of this risk will completed at the Trust Board Workshop on the 27/2/14. |
| Closed | |

| ID | 241 |
|---|---|
| Principal Aim,Objective.Value | To Achieve the best outcomes for patients whilst Ensuring High Quality Corporate Governace, Risk Management and probity |
| Risk Type | CORP |
| Title | Organisational Cohesion |
| Description | There is a risk to the Trust to the effective governance of the organisation if the Trust Board is unable to maintain cohesion and capacity to fulfil its function |
| Risk level (initial) | LOW |
| Risk level (Target) | LOW |
| Risk level (current) | LOW |

| Lead Director | CHAIR |
|---|---|
| Initial Action Taken to Control/ Mitigate Risk | 1. All Board positions filled☐<br>2. Membership of Trust Board Committees clearly established and terms of reference in place☐<br>3. Cover arrangements for Chair in place☐<br>4. Cover arrangements of CX in place☐<br>5. Corporate Plan agreed and in place☐<br>6. Structures and processes established to promote a professional approach by Trust Board members. |
| Opened | 30/04/2013 |
| Review Date | 01/07/2014 |
| Action Plan to Address /Mitigate Risk | 1. Board effectiveness assessment planned☐<br>☐<br>7/11/13 - Following SEMT it was noted that a review of this risk will completed at the Trust Board Workshop on the 27/2/14. |
| Closed | |

| ID | 243 |
|---|---|
| Principal Aim,Objective.Value | To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, accessable, timely and effective |
| Risk Type | CORP |
| Title | Balancing Statutory Responsibilities |
| Description | There is risk to the Trust that the excessive focus on achieving the statutory duty to deliver financial balance and specific targets could compromise other statutory duties and organisational priorities, in particular our duty of care to service users and staff |
| Risk level (initial) | LOW |
| Risk level (Target) | LOW |
| Risk level (current) | LOW |

| Lead Director | CEO |
|---|---|
| Initial Action Taken to Control/ Mitigate Risk | 1. Corporate Plan identifying purpose, mission, vision and values directs strategic aims and objectives and counter measures to balance competing priorities☐<br>2. Governance Structures ( Audit Committee, Assurance Committee, Remuneration Committee) provide balance in pursuit of objectives and reporting structure to Trust Board.☐<br>3.HSC Governance structure and accountability processes provide balance on competing priorities.☐<br>4. NIAS Assurance Framework provides balance of competing priorities. |
| Opened | 04/07/2013 |
| Review Date | 01/07/2014 |
| Action Plan to Address /Mitigate Risk | 7/11/13 - Following SEMT it was noted that a review of this risk will completed at the Trust Board Workshop on the 27/2/14 |
| Closed | |

**TB/4/31/07/14**

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

To: Chief Executives of HSC Organisations

Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

Tel:      028 90 520559
Fax:      028 90 520573
Email:
andrew.mccormick@dhsspsni.gov.uk

Our Ref:     AMCC 4930

Date:    2 7    June 2014

Dea colleague,

**HSC FRAMEWORK DOCUMENT**

In 2011 the Department published the HSC Framework Document in accordance with the statutory duty set out in Section 5 (1) of the Health & Social Care (Reform) Act (NI) 2009.  This section of the Reform Act requires the Department to produce a Framework Document setting out the roles and functions of the various health and social care bodies and the systems that govern their relationships with each other and the Department.

Each Health and Social Care body is required to have regard to the Framework Document in carrying out its functions.  It is designed to provide a clear, high level framework within which the HSC bodies must operate.  It is supported by more detailed governance mechanisms including the management statements and financial memoranda for each HSC body.

The Framework Document is a living document and, in line with the Reform Act, the Department must keep it under review.  The Department is required to consult the HSC about any significant changes it proposes to make to the document.

The Framework Document has been recently reviewed and updated to reflect developments in the system, to correct minor factual inaccuracies and to reflect the general passage of time.

We are mindful that a review of Post Registration Education and Training across all HSC professions is underway and that this may have some future minor implications for the Framework Document.  These will be addressed proportionately when the outcome of the review is known.

Consultation with the HSC on the revised Framework Document will last around 8 weeks.  It is important that each organisation considers the document as a whole in terms of its application to them.

Comments on the revised Framework Document should be forwarded by post or e-mail by **Friday 22 August 2014** to:

Joanne Elliott
Strategic Management Branch
Room C4.15
Castle Buildings
Stormont
BT4 3SQ
Joanne.elliott@dhsspsni.gov.uk
028 90522472

Any queries about the consultation should be directed to Joanne in the first instance.

**ANDREW McCORMICK**

Cc:    Departmental Executive Board Members

# DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

# FRAMEWORK DOCUMENT

**Index**

## 1.    INTRODUCTION

1.1.  The Department has produced this Framework Document to meet the statutory requirement placed upon it by the Health and Social Care (Reform) Act (NI) 2009.  The Framework Document describes the roles and functions of the various health and social care (HSC) bodies and the systems that govern their relationships with each other and the Department.

**Background**

1.2.  The current structure of the health and social care system in Northern Ireland has its origins in the Review of Public Administration (RPA) which was initiated by the Northern Ireland Executive in June 2002.  The purpose of RPA was to review Northern Ireland's system of public administration with a view to putting in place a modern, citizen-centred, accountable and high quality system of public administration.

1.3.  The structure was designed to be more streamlined and accountable and aimed at maximising resources for front-line services and ensuring that people have access to high quality health and social care.  Another key feature is the placement of public health and wellbeing firmly at the centre of the system, with a greater emphasis on prevention and support for vulnerable people to live independently in the community for as long as possible.

1.4.  The Health and Social Care (Reform) Act (Northern Ireland) 2009 ("the Reform Act") provides the legislative framework within which the health and social care structures operate.  It sets out the high level functions of the various HSC bodies.  It also provides the parameters within which each body must operate, and describes the necessary governance and accountability arrangements to support the effective delivery of health and social care in Northern Ireland.

**Framework Document**

1.5.  The Health and Social Care (Reform) Act (NI) 2009, Section 5(1), requires the Department of Health, Social Services & Public Safety ('the Department') to produce a 'Framework Document' setting out, in relation to each HSC body:

i       the main priorities and objectives of the body in carrying out its functions and the process by which it is to determine further priorities and objectives;

ii      the matters for which the body is responsible;

iii     the manner in which the body is to discharge its functions and conduct its working relationship with the Department and with any other body specified in the document; and

iv      the arrangements for providing the Department with information to enable it to carry out its functions in relation to the monitoring and holding to account of HSC bodies.

1.6.  Section 1 (5) of the Reform Act defines "health and social care bodies" as:

i       Regional Health and Social Care Board (known as Health and Social Care Board);

ii      Regional Agency for Public Health and Social Well-being (known as Public Health Agency);

iii     Regional Business Services Organisation (known as Business Services Organisation);

iv      HSC Trusts;

v       Special Agencies (i.e. Northern Ireland Blood Transfusion Service, Northern Ireland Medical and Dental Training Agency and Northern Ireland Guardian ad Litem Agency);

vi      Patient and Client Council; and

vii     Health and social Care Regulation and Quality Improvement Authority (known as Regulation and Quality Improvement Authority)

1.7. The focus of the Framework Document is the health and social care system in Northern Ireland and, although not covered by the Reform Act, the Northern Ireland Practice and Education Council (NIPEC) and the Northern Ireland Social Care Council (NISCC) are included in the document for completeness. The Northern Ireland Fire and Rescue Service (NIFRS) is outside the scope of the Framework Document.

1.8. All of the HSC bodies referred to above remain ultimately accountable to the Department for the discharge of the functions set out in their founding legislation. The changes introduced by the Reform Act augment, but do not detract from, that fundamental accountability.

1.9. Independent family practitioners (GPs, dentists, pharmacists and optometrists) also play a significant role in the delivery of health and social care. Health and social care objectives can only be achieved with the engagement of a high quality primary care sector that is accessible, accountable and focused on the needs of patients, clients and carers.

## 2. STRUCTURES, ROLES AND STATUTORY RESPONSIBILITIES

2.1. This section outlines the roles, responsibilities and relationships between the Department and health and social care (HSC) bodies. The diagram below shows the structure of the health and social care system.
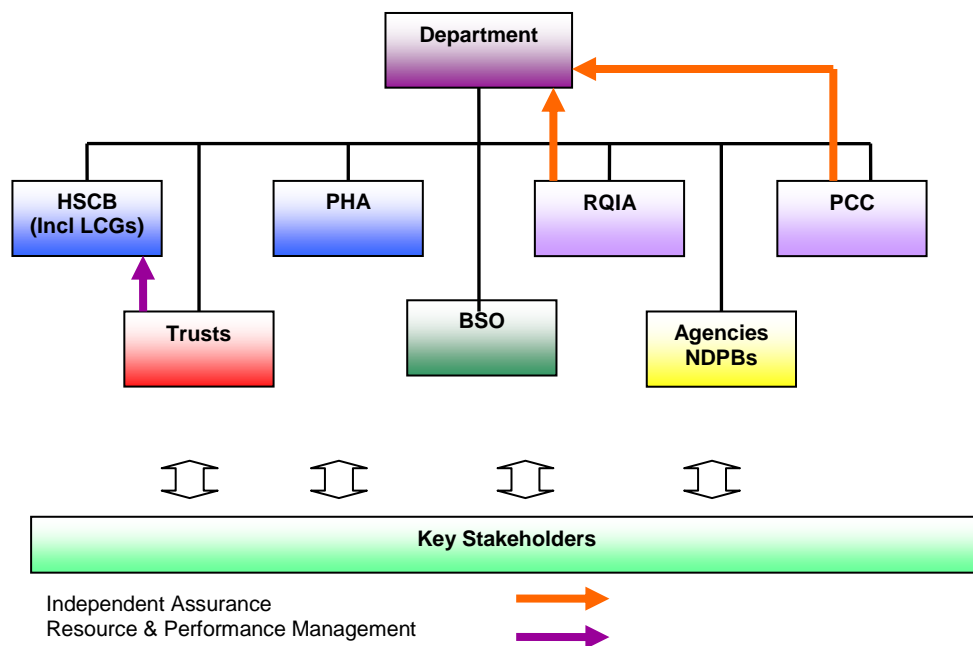


Key: HSCB = Health and Social Care Board

LCGs = Local Commissioning Groups

PHA= Public Health Agency

BSO = Business Services Organisation

RQIA = Regulation and Quality Improvement Authority

PCC = Patient and Client Council

Agencies/NDPBs = Special Agencies (Northern Ireland Blood Transfusion Service, Northern Ireland Medical and Dental Training Agency and Northern Ireland Guardian ad Litem Agency), Northern Ireland Social Care Council and Northern Ireland Practice and Education Council.

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

2.2. Section 2 of the Reform Act places on the Department a general duty to promote an integrated system of:

    i     health care designed to secure improvement:

- in the physical and mental health of people in Northern Ireland, and
- in the prevention, diagnosis and treatment of illness; and

    ii    social care designed to secure improvement in the social well-being of people in Northern Ireland.

2.3. Under the direction of the Minister, the Department discharges this duty by developing policies and associated legislation, determining priorities, allocating resources and setting standards.

2.4. In terms of service commissioning and provision, the Department discharges the duty primarily by delegating the exercise of its statutory functions to the Health and Social Care Board (HSCB) and the Public Health Agency (PHA) and to a number of other HSC bodies created to exercise specific functions on its behalf. All these HSC bodies are accountable to the Department which in turn is accountable, through the Minister, to the Assembly for the manner in which this duty is performed.

2.5. In addition, the Department retains the normal authority and responsibilities of a parent Department as regards direction and control of an Arm's Length Body (ALB). The main principles, procedures etc are set out in the Department of Finance and Personnel (DFP) guidance *Managing Public Money Northern Ireland* and are reflected in each body's Management Statement/Financial Memorandum (MSFM), in the letter appointing its chief executive as Accounting Officer for the body, and in the letters appointing its chair and other non-executive board members. The functioning of the bodies covered by this Framework

Document is to be viewed in the context of, and without prejudice to, the Department's overriding authority and overall accountability.

2.6. Professional leadership is absolutely critical to improving the health and social well-being of people in Northern Ireland and to developing and to delivering high quality[1] health and social care services to meet their needs. Professional leaders discharge their corporate responsibilities in this regard at different levels within the overall health and social care system. They do so in full accordance with the statutory functions of their employing organisations and the professional duties and responsibilities prescribed by their respective regulatory bodies.

2.7. Chief Professionals within the Department provide leadership through their advice and input to the development of policy, legislation, standards and the governance arrangements for ALBs. Professional Executive Directors within the HSCB and the PHA provide professional leadership for, and input to, the commissioning and associated performance and resource management functions of those organisations. Professional Executive Directors in Health and Social Care Trusts provide leadership to the wide range of clinical and social care professionals involved directly in meeting the needs of patients, clients carers and communities across Northern Ireland.

2.8. The formal lines of accountability within and between organisations in the HSC system are, however, a matter for Accounting Officers within the statutory arrangements described in this Framework Document.

**Health & Social Care Board**

2.9. The HSCB, which is established as the Regional Health & Social Care Board, under Section 7(1) of the Health & Social Care (Reform) Act (Northern Ireland) 2009, has a range of functions that can be summarised under three broad headings.

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[1] The term quality is defined in section 6 of this document.

2.10. **Commissioning** – this is the process of securing the provision of health and social care and other related interventions that is organised around a "commissioning cycle" from assessment of need, strategic planning, priority setting and resource acquisition, to addressing need by agreeing with providers the delivery of appropriate services, monitoring delivery to ensure that it meets established quality standards, and evaluating the impact and feeding back into a new baseline position in terms of how needs have changed.  The discharge of this function and the HSCB's relationship with the PHA are set out in sections three and four of this document.

2.11. **Performance management and service improvement** – this is a process of developing a culture of continuous improvement in the interests of patients, clients and carers by monitoring health and social care performance against relevant objectives, targets and standards; promptly and effectively addressing poor performance through appropriate interventions; service development; identifying and promulgating best practice; and, where necessary, the application of sanctions.  Working with the PHA, the HSCB has an important role to play in providing professional leadership to the HSC.

2.12. **Resource management** – this is a process of ensuring the best possible use of the resources of the health and social care system, both in terms of quality, accessible services for users and value for money for the taxpayer.

2.13. The HSCB is required by the Reform Act to establish five committees, known as Local Commissioning Groups (LCGs), each focusing on the planning and resourcing of health and social care services to meet the needs of its local population.  LCGs are co-terminus with the five HSC Trusts.

**Public Health Agency**

2.14. The PHA, which is established as the Regional Agency for Public Health & Social Well-being under Section 12(1) of the Health & Social Care (Reform) Act (Northern Ireland) 2009 incorporates and builds on the work previously carried out by the Health Promotion Agency, the former Health and Social Services Boards and the Research and Development Office of the former Central Services Agency. Its primary functions can be summarised under three broad headings.

2.15. **Improvement in health and social well-being** – with the aim of influencing wider service commissioning, securing the provision of specific programmes and supporting research and development initiatives designed to secure the improvement of the health and social well-being of, and reduce health inequalities between, people in Northern Ireland;

2.16. **Health protection** – with the aim of protecting the community (or any part of the community) against communicable disease and other dangers to health and social well-being, including dangers arising on environmental or public health grounds or arising out of emergencies;

2.17. **Service development** – working with the HSCB with the aim of providing professional input to the commissioning of health and social care services that meet established quality standards and support innovation. Working with the HSCB, the PHA has an important role to play in providing professional leadership to the HSC.

2.18. In exercise of these functions, the PHA also has a general responsibility for promoting improved partnership between the HSC sector and local government, other public sector organisations and the voluntary and community sectors to bring about improvements in public health and social well-being and for participating in local government community

planning arrangements.

**Health and Social Care Trusts**

2.19. HSC Trusts, which are established under Article 10 of the Health and Personal Social Services (Northern Ireland) Order 1991, are the main providers of health and social care services to the public, as commissioned by the HSCB. There are six HSC Trusts operating in Northern Ireland. From 1st April 2015 the operational areas of HSC Trusts (excluding NIAS) will be as follows:

- Belfast Health and Social Care Trust (covering local council areas of Belfast (part) Lisburn and Castlereagh (part));
- South Eastern Health and Social Care Trust (covering local council areas of North Down and Ards, Belfast (part) and Lisburn and Castlereagh (part));
- Northern Health and Social Care Trust (covering local council areas of Antrim and Newtownabbey, Mid and East Antrim, Causeway Coast and Glens (part) and Mid Ulster (part));
- Southern Health and Social Care Trust (covering local council areas of Armagh, Banbridge and Craigavon, Newry, Mourne and Down and Mid Ulster (part));
- Western Health and Social Care Trust (covering local council areas of Derry and Strabane, Fermanagh and Omagh, Causeway Coast and Glens (part)).
- Northern Ireland Ambulance Service Trust (covering all of Northern Ireland)

2.20. The six HSC Trusts are established to provide goods and services for the purposes of health and social care and, with the exception of the Ambulance Trust (NIAS), are also responsible for exercising on behalf of the HSCB certain statutory functions which are delegated to them by virtue of authorisations made under the Health and Personal Social

Services (Northern Ireland) Order 1994.  Each HSC Trust also has a statutory obligation to put and keep in place arrangements for monitoring and improving the quality of health and social care which it provides to individuals and the environment in which it provides them (Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003).

2.21. Section 21 of the Reform Act places a specific duty on each Trust to exercise its functions with the aim of improving the health and social wellbeing of, and reducing the health inequalities between, those for whom it provides, or may provide, health and social care.

**Business Services Organisation**

2.22. The BSO, which is established as the Regional Business Services Organisation under Section 14 (1) of the Health & Social Care (Reform) Act (Northern Ireland) 2009, contributes to health and social care in Northern Ireland by taking responsibility for the provision of a range of business support and specialist professional services to other health and social care bodies, as directed by the Department in accordance with Section 15 of the Reform Act.  The Health and Social Care (Amendment) Act 2014 also allows the BSO to provide business support and specialist professional services to the Department, Northern Ireland Social Care Council (NISCC), Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) and Northern Ireland Fire and Rescue Service (NIFRS).

2.23. The BSO incorporates the majority of services previously provided by Central Services Agency.  The BSO, however, provides a broader range of support functions for the health and social care service, bringing together services which are common to bodies or persons engaged in providing health or social care.  These include: administrative support, advice and assistance; financial services; human resource, personnel and corporate services; training; estates; information technology and

information management; procurement of goods and services; legal services; internal audit and counter fraud and probity services. Such support services may be provided directly by the BSO or through a third party.

**Patient and Client Council**

2.24. The PCC, which is established under Section 16 (1) of the Health & Social Care (Reform) Act (Northern Ireland) 2009, is a regional body supported by five local offices operating within the same geographical areas covered by the five HSC Trusts and LCGs. The overarching objective of the PCC is to provide a powerful, independent voice for patients, clients, carers, and communities on health and social care issues through the exercise of the following functions:

- to represent the interests of the public by engaging with the public to obtain their views on services and engaging with HSC bodies to ensure that the needs and expectations of the public are addressed in the planning, commissioning and delivery of health and social care services;
- to promote the involvement of patients, clients, carers and the public in the design, planning, commissioning and delivery of health and social care;
- to provide assistance to individuals making or intending to make a complaint relating to health and social care; and
- to promote the provision of advice and information to the public by the HSC about the design, commissioning and delivery of health and social care services.

**Regulation and Quality Improvement Authority (RQIA)**

2.25. The RQIA was established under Article 3 of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern

Ireland) Order 2003 and re-named Health and Social Care Regulation and Quality Improvement Authority under Section 1(2)(a) of the Health and Social Care (Reform) Act (Northern Ireland) 2009.  Although accountable to the Department, it is an independent health and social care regulatory body, whose functions include:

i      keeping the Department informed about the provision, availability and quality of health and social care services;

ii     promoting improvement in the quality of health and social care services by, for example, disseminating advice on good practice and standards;

iii    reviewing and reporting on clinical and social care governance in the HSC - the RQIA also undertakes a programme of planned thematic and governance reviews across a range of subject areas, reporting to the Department and the relevant HSC bodies and making recommendations to take account of good practice and service improvements.  Such reviews may be instigated by RQIA or commissioned by the Department;

iv    regulating (registering and inspecting) a wide range of health and social care services.  Inspections are based on a new set of minimum care standards which ensures that both the public and service providers know what quality of services is expected. Establishments and agencies regulated by the RQIA include nursing and residential care homes; children's homes; independent hospitals; clinics; nursing agencies; day care settings for adults; residential family centres; adult placement agencies and voluntary adoption agencies. The Reform Act also transferred the functions of the former Mental Health Commission to the RQIA with effect from 1 April 2009.  The RQIA now has a specific responsibility for keeping under review the care and treatment of patients and clients with a mental disorder or learning disability.

2.26. The RQIA is also the enforcement authority under the Ionising Radiation and Medical Exposure (Amendment) Regulations (N.I.) 2010 [IRMER]

and is one of the four designated National Preventive Mechanisms under the United Nations Optional Protocol for the Convention against Torture [OPCAT] with a responsibility to visit individuals in places of detention and to prevent inhumane or degrading treatment. RQIA also conducts a rolling programme of hygiene inspections in HSC hospitals.

2.27. The Department can ask the RQIA to provide advice, reports or information on such matters relating to the provision of services or the exercise of its functions as may be specified in the Department's request.   The RQIA may also advise the Department about any changes which it considers should be made in the standards set by the Department.

**Special Agencies**

2.28. Special Agencies are established under the Health and Personal Social Services (Special Agencies) (Northern Ireland) Order 1990 to provide specific functions on behalf of the Department.

2.29. **Northern Ireland Blood Transfusion Service (NIBTS)** - The NIBTS is responsible for the collection, testing and distribution of blood donations each year.   The main aim of the NIBTS is to supply fully the needs of all hospitals and clinical units in Northern Ireland with safe and effective blood, blood products and other related services.  The discharge of this function includes a commitment to the care and welfare of blood donors.

2.30. **Northern Ireland Medical and Dental Training Agency (NIMDTA)** – The NIMDTA was established to ensure that doctors and dentists are trained effectively to provide the highest standards of patient care.  The NIMDTA is responsible for funding, managing and supporting postgraduate medical and dental education.  It provides a wide range of functions in the organisation, development and quality assurance of postgraduate medical and dental education and in the delivery and quality assurance of continuing professional development for general,

medical and dental practitioners.

2.31. **Northern Ireland Guardian ad Litem Agency (NIGALA)** – The NIGALA is responsible for maintaining a register of Guardians ad Litem who are independent officers of the court experienced in working with children and families. Under the Children (NI) Order 1995, a Guardian ad Litem is appointed to safeguard the interests of children who are subject to family and adoption court proceedings and to ensure that their feelings and wishes are made clear to the court. The NIGALA also has a pivotal role in ensuring that the Children (Northern Ireland) Order is implemented as intended. The provision of an effective and efficient Guardian ad Litem Service is vital if the Children Order is to operate satisfactorily. It occupies a similar role under the Adoption (Northern Ireland) Order 1987 in that it brings an independence and objectivity to the task of safeguarding the interests of the child.

**Non Departmental Public Bodies (NDPBs)**

2.32. **The Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) -** The NIPEC was established under the Health and Personal Social Services Act (Northern Ireland) 2002 as a non-departmental public body to support the development of nurses and midwives by promoting high standards of practice, education and professional development. The NIPEC also provides advice and guidance on best practice and matters relating to nursing and midwifery.

2.33. **The Northern Ireland Social Care Council (NISCC)** – Regulation of the social care workforce and social work training are devolved matters. The NISCC was established under the Health and Personal Social Services Act (Northern Ireland) 2001(The 2001 Act) to regulate the social care workforce and social work training in Northern Ireland. The NISCC is required to maintain a register of social workers and other social care workers and to determine the circumstances in which registrants should be removed or suspended from the register and to

prepare and publish codes of practice for social care workers and their employers. The NISCC is also required to approve courses for those who wish to become or who already are social workers against agreed standards of proficiency. The NISCC strengthens protection of the public and vulnerable people by registering and regulating the social workers and social care workers, setting standards for social care practice and for social work training and strengthening the professionalism of the workforce. The NISCC is also a partner in the UK Sector Skills Council for social care and early years (Skills for Care and Development) and hosts a workforce development committee for the social care workforce in Northern Ireland which is employed across the statutory, voluntary and private sectors.

**Summary of working relationships**

2.34. In common with all ALBs, on issues of governance and assurance, all HSC bodies are directly accountable to the Department. Detailed accountability arrangements are set out in section 6 of this Framework Document.

2.35. Article 67 of the Health and Personal Social Services (Northern Ireland) Order 1972 as amended by the Health and Social Care (Reform) Act (Northern Ireland) 2009 provides that "In exercising their respective functions, health and social care bodies, district councils, Education and Library Boards and the Northern Ireland Housing Executive shall co-operate with one another in order to secure and advance the health and social welfare of Northern Ireland." Following the implementation of local government reform from 1st April 2015, HSC Trusts may also become partners in the local councils' statutory duty for community planning.

2.36. Under the Reform Act, the Department has an overall duty to promote an integrated system of health and social care designed to improve the health and social well-being of the people in Northern Ireland. All health and social care bodies must work closely and co-operatively with the

Department, with each other and with organisations outside the Department, in the manner best calculated to further that overall duty. Whilst this general duty of co-operation is paramount, there are a number of specific areas where co-operative working needs to be highlighted and these are dealt with in the following paragraphs.

2.37. The Department sets the strategic context for the commissioning of health and social care services through a Commissioning Plan Direction to the HSCB. It may also direct the HSCB as to the indicators of performance it should employ in improving the performance of HSC Trusts.

**The Health and Social Care Board and the Public Health Agency**

2.38. Under Section 8 of the Reform Act, the HSCB is required to produce an annual commissioning plan in response to the Commissioning Plan Direction, in full consultation and agreement with the PHA. The form and content of the commissioning plan is directed by the Department in accordance with Section 8 of the Reform Act. This requirement is at the core of the key working relationship that translates the strategic objectives, priorities and standards set by the Department into a range of high quality, accessible health and social care services and general improvement in public health and wellbeing. In practice, the employees of the HSCB and PHA work in fully integrated teams to support the commissioning process at local and regional levels.

2.39. Developing, securing approval for and implementing the annual commissioning plan and associated service and budget agreements (SBAs) with providers is the responsibility of the HSCB. The HSCB is, however, statutorily required to have regard to advice and information provided by the PHA and cannot publish the plan unless it has been approved by the PHA. In the unlikely event that the HSCB and the PHA cannot agree on the commissioning plan, the matter is referred to the Department for resolution. The HSCB and the PHA must also work

together in a fully integrated way to support providers to improve performance and deliver desired outcomes.

2.40. Given the Department's retained responsibilities for the HSC in areas such as human resources (e.g. pay, terms and conditions, workforce planning) and estate management (e.g. strategic planning, capital project management, asset management), strategic planning for health and social services must take place in a spirit of co-operation between the Department, the HSCB, the PHA and other HSC stakeholders, notwithstanding the formal accountability arrangements described elsewhere in this Framework Document.

**Health and Social Care Board and HSC Trusts**

2.41. Trusts must provide services in response to the commissioning plan, and must meet the standards and targets set by the Minister. Service and SBAs and Trust Delivery Plans (TDPs) are the administrative vehicles for demonstrating that these obligations will be met.  SBAs are established between the HSCB and Trusts setting out the services to be provided and linking volumes and outcomes to cost.

2.42. Working with the PHA as appropriate, the HSCB is responsible for managing and monitoring the achievement by Trusts of agreed objectives and targets, including financial breakeven.  At the same time, the HSCB and PHA also work together closely in supporting Trusts to improve performance and achieve the desired outcomes.

2.43. Section 10 of the Reform Act gives the HSCB power, subject to the approval of the Department, to give guidance or direction to a Trust on carrying out a Trust function.  Before giving direction, the HSCB is required to consult with the Trust concerned except when the urgency of the matter may preclude consultation.  The HSCB must not however give any direction or guidance to a Trust that is inconsistent with this Framework Document or inconsistent with any other direction or

guidance already given to the Trust by the Department.

**Health and Social Care Board and Family Practitioner Services**

2.44. Primary care in general and family practitioner services (FPS) in particular are central to the health and social care system. Family Practitioners and those who work with them in extended primary care teams act as the first point of contact and as a gateway to a wider variety of services across the HSC. The HSCB has a key role to play in managing contracts with family practitioners, not only in terms of pay and performance monitoring but also in terms of quality improvement, adherence to standards and delivery of departmental policy. The HSCB is accountable to the Department for the proper management of FPS budgets.

**Business Services Organisation and the Wider HSC**

2.45. The role of BSO is to provide business support services, including a centre of procurement expertise, on behalf of HSC bodies as directed by the Department and on behalf of those bodies further provided in the Health and Social Care (Amendment) Act 2014. The relationships between the BSO and HSC bodies are governed by the development of SLAs between the BSO and the relevant organisation setting out the range, quantity, quality and costs of the services to be provided.

**Patient and Client Council and Wider HSC**

2.46. In addition to the overall requirement on HSC bodies to co-operate with each other to secure and advance the health and social welfare of Northern Ireland, Section 18 of the Reform Act places a specific duty on certain HSC bodies, as defined in the Act, to co-operate with the PCC in the exercise of its functions. This means that HSC bodies must consult the PCC on matters relevant to the latter's functions and must furnish the PCC with the information necessary for the discharge of its functions.

Furthermore, HSC bodies must have regard to advice provided by the PCC about best methods and practices for consulting and involving the public in health and social care matters.

2.47. The PCC's relationship with the other HSC bodies is therefore characterised by, on the one hand, its independence from these bodies in representing the interests and promoting the involvement of the public in health and social care and, on the other, the need to engage with the wider HSC in a positive and constructive manner to ensure that it is able to discharge its statutory functions efficiently and effectively on behalf of patients, clients and carers. It also has considerable influence over the manner in which consultations are conducted by the HSC.

2.48. The PCC's functions do not include a duty to consult on behalf of the HSC. Each HSC body is required to put in place its own arrangements for engagement and consultation.

**Regulation and Quality Improvement Authority, the Department and Wider HSC**

2.49. The RQIA's relationship with the Department and other HSC bodies is driven by its independent role in keeping the Department informed about the availability and quality of services, drawing on its regulatory functions, and its wider statutory responsibility to encourage improvement in the quality of services. HSC bodies look to the RQIA for independent validation of their internal arrangements for clinical and social care governance. Examples of RQIA's work in this respect can be seen within its rolling programme of special and thematic reviews within the HSC. The RQIA must also work closely with HSC Trusts in the discharge of its functions relating to regulation of independent sector providers, particularly in terms of safeguarding the interests of vulnerable people.

**Special Agencies and the Department**

2.50. Special Agencies carry out a range of discrete functions as set out above. Their primary relationship is with the Department, on behalf of which they discharge their functions. The services they deliver are largely in support of the wider health and social care system and they must therefore develop appropriate working relationships with other health and social care bodies.

**The Northern Ireland Practice and Education Council, the Department and the HSC**

2.51. The NIPEC's primary relationship is with the Department on behalf of which it discharges its functions. NIPEC also works closely with key stakeholders in the HSC system to support registered nurses, midwives and specialist community public health nurses to provide a safe and effective nursing and midwifery service to the population of Northern Ireland.

**The Northern Ireland Social Care Council (NISCC), the Department and the Wider HSC**

2.52. The NISCC's primary relationship is with the Department, on behalf of which it discharges its functions. The NISCC provides a framework for commissioners and providers to promote consistency in standards of conduct and practice throughout the social care system. The NISCC also works closely with its registrants and other key stakeholders to achieve its aims of raising the quality of social care practice.

## 3.   SETTING THE AGENDA

**Establishing the Priorities**

3.1. In terms of setting the strategic agenda for the Health and Social Care system, Section 2 of the Reform Act requires the Department to:

i      develop policies to secure the improvement of the health and social wellbeing of, and to reduce health inequalities between, people in Northern Ireland;

ii     determine priorities and objectives for the provision of health and social care;

iii    allocate financial resources available for health and social care, having regard to the need to use such resources in the most economic, efficient and effective way;

iv    set standards for the provision of health and social care;

v     formulate the general policy and principles by reference to which particular functions are to be exercised.

3.2. The Programme for Government (PfG) expresses the Northern Ireland Executive's strategic aims and policies in measurable objectives and targets.

3.3. The Department sets out the Minister's priorities for health and social care to the commissioners in the annual Commissioning Plan Direction (CPD) under Section 8 (3) of the Reform Act.  This also reflects the relevant standards and obligations that apply every year, providing a framework within which the HSCB (including its LCGs) and the PHA commission health and social care services.

3.4. Every year the HSCB is responsible for producing a Commissioning Plan in full consultation and with the approval of the PHA.  The plan must outline how they plan to deliver on the key priorities standards and performance targets detailed in the annual CPD.  This plan provides the

framework for each HSC Trust to develop its annual Trust Delivery Plan (TDP) detailing the Trust's response to the annual commissioning priorities and targets set out in the Commissioning Plan.

**Allocating the resources**

3.5. Section 2 of the Reform Act requires the Department to allocate financial resources available for health and social care, having regard to the need to use such resources in the most economic, efficient and effective way.

3.6. Resources available to the Northern Ireland Block are largely determined at the outcome of the HM Treasury Spending Review on the basis of the population based Barnett formula. This sets the overall Departmental Expenditure Limit (DEL) for Northern Ireland. Within the overall Block limits set by Treasury (i.e the NI DEL), the NI Executive establishes, in the light of local priorities, the three or four year resource allocations for all NI Departments, which cover both current expenditure and capital investment. The PfG specifies the Executive's plans and priorities for the years covered by the relevant budget period, while a separate 10 year Investment Strategy sets the context for long term capital investment across the NI Block.

3.7. It is the Department's responsibility to secure, as part of the Budget process, resources that enable the health and social care system to satisfy the population's need for high quality, accessible services.

3.8. In allocating current expenditure to HSC bodies, the Department must strike a balance between facilitating full and timely deployment of resources to the frontline and the need to ensure that appropriate control of funds is retained centrally by the Department. The aim is to channel the maximum resources to the point of service delivery at the earliest possible stage, with appropriate controls in place to ensure that they are deployed in accordance with Government priorities.

3.9. A Capitation Formula informs the Department (and, in turn, the HSCB) as to the most fair and equitable allocation of revenue funding for LCG areas. It does this by taking into account the number of people living within an area, with suitable adjustments relating to the age, sex and additional needs (largely due to deprivation) of the populations in question. The HSCB is required annually to provide the Department with an assessment of equity gaps, including the potential for re-distribution of resources across LCG populations and to demonstrate that resources have in fact benefited the populations for which they were intended. Allocation of capital expenditure to HSC Trusts is managed by the Department, with input from commissioners on the associated services needs and current expenditure funding required. The capital allocation and reporting process is described in more detail later in this section.

**Funding the Health and Social Care Board and the Public Health Agency**

3.10. The HSCB is responsible and accountable for commissioning of services, resource allocation and performance management, whilst the primary objective of PHA is to protect and improve the health and social well-being of the Northern Ireland population.

3.11. Section 8 of the Reform Act requires the HSCB, in respect of each financial year, to prepare and publish a commissioning plan in full consultation with and approved by the PHA. Each organisation holds the administrative and programme resources appropriate to their respective roles and responsibilities. Where such resources are deployed outside the context of the commissioning plan, the HSCB and the PHA submit, for Departmental approval, separate business plans in respect of those resources.

3.12. The following principles apply in relation to the funding arrangements for the HSCB and the PHA:

i   each of the bodies receives the bulk of its funding directly from the

Department and each organisation remains separately accountable for all of the funds allocated to it;

ii      in accordance with the detailed commissioning arrangements set out in section four, the funds allocated to the HSCB are:

- committed to secure the provision of health and social care services for local populations from the six HSC Trusts, Family Health Services and other providers, consistent with the approved Commissioning Plan; and
- used for staffing, goods and services associated with the discharge of its functions;

iii     the PHA directly funds initiatives related to its core roles of health improvement, screening or health protection activity, partnership working with local government, staffing and goods and services. Plans for use of the PHA's funding are incorporated within the Commissioning Plan, developed by the HSCB in consultation with and the agreement of the PHA.  Similarly, services commissioned by the PHA from HSC Trusts and independent practitioners are reflected in the Commissioning Plan as appropriate.   Whilst the payment of funds for these services is administered by the HSCB on behalf of the PHA through the Service and Budget Agreements with HSC Trusts, the PHA remains accountable to the Department for the deployment of the resources.  In the case of services commissioned from Family Health Service contractors, such as GPs, the HSCB takes primary responsibility for contract management, taking input from the PHA as appropriate.

**Funding the Patient and Client Council**

3.13. The Department directly meets the operating costs of the PCC to ensure that it operates independently from the service. The PCC produces, for

Departmental approval, an annual business plan demonstrating how these resources will be used.

**Funding the Business Services Organisation**

3.14. The BSO is funded directly by the Department in respect of those core services that it delivers to the Department and other HSC bodies. It also generates income through service level agreements (SLAs) with its customers. The SLAs determine the range, quality and cost of services to be provided.

3.15. The Health and Social Care (Reform) Act requires BSO to ensure that the arrangements which it puts in place for securing support services for its customers are the most economic, efficient and effective way of providing such services. It is required to have these arrangements approved by the Department before they are put in place. The Department approves the BSO's annual corporate business plan.

**Funding Health and Social Care Trusts**

3.16. HSC Trusts primarily access funds by means of SBAs with their commissioners. Trusts are required to submit annual Trust Delivery Plans (TDPs) to the HSCB for approval. TDPs must address both the content of the agreed SBAs with commissioners and the wider range of other corporate responsibilities. The HSCB provides assurance to the Department about the service and financial viability of TDPs. HSC Trusts also generate income directly from a range of other sources, including private patient and client contributions.

**Funding the Regulation and Quality Improvement Authority**

3.17. The RQIA is funded directly by the Department on the basis of the priorities and objectives set out in its annual business plan and 3- year corporate strategy, which are approved by the Department. RQIA

generates the balance of income through statutory fee charges for regulation of establishments and agencies.

**Funding the Northern Ireland Guardian ad Litem Agency**

3.18. NIGALA is funded directly by the Department on the basis of priorities and objectives set out in its annual corporate business plan, which is approved by the Department.

**Funding the Northern Ireland Medical and Dental Training Agency**

3.19. NIMDTA is funded directly by the Department on the basis of priorities and objectives set out in its annual corporate business plan, which is approved by the Department.

**Funding the Northern Ireland Blood Transfusion Service**

3.20. Resources are allocated initially to the HSCB and are then channelled to Trusts through their Service and Budget Agreements (SBAs). NIBTS accesses the funds through the SBAs it has with Trusts for its services.

**Funding the Northern Ireland Practice and Education Council**

3.21. NIPEC is funded directly by the Department on the basis of priorities and objectives set out in its annual corporate business plan, which is approved by the Department.

**Funding the Northern Ireland Social Care Council**

3.22. NISCC is funded substantially by the Department on the basis of priorities and objectives set out in its annual corporate business plan, which is approved by the Department. It also receives income from registration fees, Skills for Care and Development and in respect of student placements in the criminal justice sector (funded by the

Department of Justice).

**The Capital Allocation and Reporting Process**

3.23. The strategic capital planning function, together with responsibility for overseeing procurement and performance management of capital programme delivery, rests with the Department. The Investment Strategy for Northern Ireland (ISNI), managed by the Strategic Investment Board (SIB) in conjunction with OFMDFM provides an indicative 10-year funding envelope for the Department. The Department contributes to the development of the ISNI, which is approved by the NI Executive.

3.24. Resources available to the Northern Ireland Block are largely determined at the outcome of the HM Treasury Spending Review on the basis of the Barnett formula. The NI Executive establishes, on the basis of its own priorities, the spending plans for all NI departments.

3.25. To inform ministerial decisions on capital allocation, the Department conducts a biennial Capital Priorities Review, with input from HSC Trusts and the HSCB, as service commissioner. A 10-year rolling capital plan is produced as the output of these regular reviews.

3.26. The HSCB and the PHA are responsible for identifying and quantifying the services required to meet assessed needs and for commissioner endorsement of the associated current expenditure costs subject to considerations of affordability.

3.27. The Trusts and the HSCB (for ICT), are responsible for preparing and obtaining approval for business cases for the capital requirements needed to deliver the service. These business cases must have commissioner support before approval.

3.28. The Department has overall responsibility for the capital investment

programme and also acts as a Centre of Specialist Expertise (COSE) and a Centre of Procurement Expertise (COPE) for capital infrastructure and undertakes a performance management role in relation to the estate.

3.29. The HSCB, taking account of professional advice from the PHA, is responsible for confirming the appropriate models of care to deliver health and social care across Northern Ireland and the associated indicative infrastructure requirements.

3.30. BSO is the responsible Centre of Procurement Expertise for the strategic and operational procurement services covering both contracting for goods and services and, where no contract exists, negotiating and placing purchase orders on behalf of HSC bodies.

## 4. COMMISSIONING

**Introduction**

4.1. The purpose of HSC commissioning is to improve and protect the health and social well-being of the people of Northern Ireland and reduce inequalities in access to good health and quality of life.  Commissioning aims to achieve a progressive improvement in services through investment based on evidence of effectiveness, compliance with quality and efficiency standards and a focus on addressing the determinants of poor health and wellbeing.   The involvement of patients, clients, carers and communities and engagement with other partners has a central role in the commissioning process.

4.2. The Department sets the policy and legislative context for health and social care in Northern Ireland.  It also determines the standards and targets by which quality, access and outcomes should be measured and provides the strategic direction for the health and social care professions.  The commissioning process, which includes resource and performance management and is led by the HSCB, translates the agenda set by the Department into a comprehensive, integrated commissioning plan for health and social care services.  Commissioning must maintain a strong focus on identifying and prioritising the needs of patients, clients, carers and communities.  In doing so, it is the driver for continuous service improvement and provides assurance that resources are delivering the maximum benefits for users and taxpayers alike.  In management terms, the separation of commissioners and providers is designed to promote a patient and client-centred system.

**The Commissioning Cycle**

4.3. Commissioning includes the following activities:

i    assessing the health and social well-being needs of groups,

populations and communities of interest;

ii    prioritising needs within available resources;

iii    building the capacity of the population to improve their own health and social well-being by partnership working on the determinants of health and social well-being in local areas;

iv    engaging with patients/clients/carers/families and other key stakeholders and service providers at local level in planning health and social care services to meet current and emerging needs;

v    securing, through SBAs, the delivery of value for money services that meet standards and service frameworks for safe, effective, high quality care;

vi    safeguarding the vulnerable; and

vii    using investment, performance management and other initiatives to develop and reform services.

4.4.  In the context of the integrated health and social care system in Northern Ireland, commissioning should be seen as an 'end to end' process.  It organises activities around a commissioning cycle that moves through from assessing needs, strategic planning, priority setting, securing resources to address needs, agreeing with providers the delivery of appropriate services, monitoring that delivery, evaluating impact and feeding back that assessment into the new baseline position in terms of how needs have changed.  Throughout the cycle, the HSCB and its LCGs engage with stakeholders, including service providers, at regional and local level.

4.5.  Commissioners will facilitate a more integrated provider system by managing the interfaces between providers (statutory, independent and voluntary), developing capacity in those provider networks and acting as 'guardians' of the care pathway.

1. Baseline

2. Assessing the
needs of the
population

8. Checking that
services are having the
expected effect

Planning

3. Making plans,
choosing priorities.
specifying the services
and quality standards
needed

Monitoring

7. Checking that
services are
delivering what was
agreed

Procuring

4. Identifying/accessing the
money and other resources

6. Finding the
provider/s of the
service and agree
terms

5. Helping to shape the
market

## The Commissioning Plan Direction

4.6. In exercising the powers conferred on it by Section 8 (3) of the Reform
Act, the Department sets out the Minister's instructions to commissioners
in an annual Commissioning Plan Direction (CPD). The CPD sets the
framework within which the HSCB (including its LCGs) and the PHA
commission health and social care.

## The Commissioning Plan

4.7. Section 8 of the Reform Act requires the HSCB, in respect of each
financial year, to prepare and publish a Commissioning Plan in full
consultation with and approved by the PHA. The CPD specifies the form
and content of the Commissioning Plan in terms of the services to be
commissioned and the resources to be deployed. The plan may not be
published unless approved by the PHA. In the unlikely event of failure to
agree the Commissioning Plan, the matter is referred to the Department
for resolution.

**Local Commissioning**

4.8. The reformed system of commissioning introduced from 1 April 2009 established five geographically based Local Commissioning Groups (LCGs) that are co-terminus with the boundaries of the five Health and Social Care Trusts. The status of LCGs as committees of the HSCB is established in primary legislation.

4.9. LCGs have a lead role in the strategic commissioning process, in particular, having helped to shape strategic thinking, to apply it locally on behalf of their populations. They have responsibility for assessing health and social care needs in their areas, planning to meet current and emerging needs and securing the delivery of a comprehensive range of services to meet the needs of their populations. They have full delegated authority to discharge these responsibilities, including a significant ability to direct resources. The capitation formula identifies funds for the populations of each LCG area, and the HSCB is accountable for ensuring that they are used for that purpose. LCGs identify local priorities taking account of the views of patients, clients, carers, wider communities and service providers. They forge partnerships and involve a range of stakeholders in designing and reshaping services to better meet the needs of their local communities. The resources for each LCG population may be used to secure services for that population from any appropriate provider.

4.10. For the most part, the HSCB's Commissioning Plan reflects the decisions and recommendations of the LCGs in relation to the use of the capitation-based shares of the budget for their populations at local level. However, it is recognised that some services, by virtue of their specialist nature, restricted volume or statutory accountability, must be commissioned collaboratively on a regional basis, and hence the LCGs' decisions and recommendation will include contributions to the commissioning of regional services. The HSCB is responsible for establishing appropriate mechanisms for this process, which will ensure

that fair shares from the capitation-based budgets are committed to regionally commissioned services.

4.11. As committees of the HSCB, LCGs work within strategic priorities set by the Department, the HSCB, regional policy frameworks, available resources and performance targets.  Section 9 (4) of the Reform Act requires LCGs to work in collaboration with the PHA and have due regard to any advice or information provided by it.  To ensure a joint approach to commissioning, LCGs are supported by fully integrated, locally based, multi-disciplinary commissioning support teams made up of staff from the PHA and HSCB.  Professional staff from both the HSCB and PHA are included in the membership of LCGs.

4.12. Each year the HSCB determines, in consultation with LCGs, the range of services to be commissioned locally and regionally and identifies the budgets from which such services are to be commissioned.  LCGs prepare local commissioning plans, in keeping with the priorities and objectives of the HSCB.  LCG commissioning plans are incorporated within the overall commissioning plan, which must be approved by the HSCB and the PHA.

**Link between Commissioning and Performance Management**

4.13. Monitoring performance of providers against the agreements they make in relation to service delivery is a key part of the commissioning cycle, and commissioners continue to ensure that this role remains core to how they work with providers.  The HSCB and PHA must maintain appropriate monitoring arrangements in respect of provider performance in relation to agreed objectives, targets, quality and contract volumes.

4.14. The HSCB incorporating its LCGs must have appropriate monitoring arrangements to confirm that commissioned services are delivered, to benchmark comparative performance, and to ensure that quality outcomes, including positive user experience, are delivered.

4.15. Providers must have appropriate monitoring arrangements to ensure that they are meeting the requirements of commissioners and performing efficiently, effectively and economically.

4.16. The Department maintains appropriate monitoring arrangements in relation to the HSCB and the PHA to ensure that resources are used to best effect in the achievement of agreed strategic objectives and targets.

4.17. The HSCB is the lead organisation for supporting providers in relation to the delivery of a wide range of health and social care services and outcomes, with support provided by PHA professional staff.  PHA is the lead organisation for supporting providers in the areas of health improvement, screening and health protection, with support provided by the performance, commissioning, finance, primary and social care staff of the HSCB. The HSCB and PHA also work together closely in providing the necessary professional leadership in the commissioning of services to secure consistent quality and performance improvements across Northern Ireland.

**Procurement by HSC Trusts**

4.18. At the present time, it is not practical or desirable for the HSCB to contract directly with the full range of providers involved in the HSC system.  The services involved are numerous, diverse, need to be provided flexibly and often need to be arranged at short notice, to meet the needs of individuals. Therefore a wide range of services commissioned by the HSCB are sub-contracted by Trusts to independent sector providers within Government procurement guidelines.

## 5      PERSONAL AND PUBLIC INVOLVEMENT

5.1    Patients, clients, carers and communities must be put at the centre of decision making in health and social care.  This means that they must be properly involved in the planning, delivery and evaluation of their services.  HSC bodies are accountable to people and communities for the quality, accessibility and responsiveness of the services they plan and provide.

5.2    Section 19 of the Reform Act places a statutory requirement on each organisation involved in the commissioning and delivery of health and social care to provide information about the services for which it is responsible; to gather information about care needs and the efficacy of care; and to support people in accessing that care and maintaining their own health and wellbeing.

5.3    This statutory requirement extends to the development of a consultation scheme, which must set out how the organisation involves and consults with patients, clients, carers and the Patient Client Council (PCC) about the health and social care for which it is responsible.  Consultation schemes must be submitted to the Department for approval.  The Department may approve a consultation scheme, with or without amendments, after consulting with the PCC.

5.4    Section 20 of the Reform Act specifies the form that consultation schemes should take, but this is supplemented by detailed policy guidelines for the HSC on personal and public involvement and the development and approval of consultation schemes.

**Roles in Personal and Public Involvement (PPI)**

5.5    In respect of Personal and Public Involvement (PPI), the Reform Act places a specific responsibility on the PCC to promote best practice in

involvement and in the provision of information about health and social care services. HSC bodies are required by the Reform Act to co-operate fully with the PCC in the discharge of these statutory responsibilities. The Department may consult the PCC in respect of specific consultation schemes before approving them.

5.6 The Department sets the policy and standards for PPI. Working through the HSCB, the PHA has responsibility for ensuring that Trusts meet their PPI statutory and policy responsibilities and leading the implementation of policy on PPI across the HSC. A PPI Forum, chaired by the PHA and involving representatives from all HSC organisations, has been established for that purpose. This in no way detracts from the individual statutory responsibilities of organisations with regard to PPI.

5.7 The HSCB is responsible for ensuring that its LCGs establish arrangements for effective PPI which will allow the views of stakeholders to inform the development of commissioning plans. The HSCB should also ensure that Family Practitioner Services are meeting the requirements laid down in Departmental guidance on PPI.

5.8 HSC Trusts are responsible for establishing individual organisational governance arrangements, and for implementing their PPI consultation schemes, to meet their statutory duty of involvement, as well as any requirements laid down in Departmental guidance on PPI.

5.9 Special agencies also have responsibilities in respect of PPI. The NI Blood Transfusion Service (NIBTS), the NI Guardian Ad Litem Agency (NIGALA) and the NI Medical and Dental Training Agency (NIMDTA) should establish arrangements to ensure they meet their statutory duty of involvement and any requirements laid down in Departmental guidance. Each of these three special agencies will be accountable directly to the Department for the discharge of these functions.

5.10 The PCC will undertake research and conduct investigations into the most effective methods and practices for involving the public and provide advice on these to HSC organisations. The PCC also has an important challenge role for those HSC bodies prescribed in the Reform Act in respect of PPI, and will accordingly be expected to comment upon and scrutinise the actions and decisions of these bodies as they relate to PPI.

5.11 RQIA will continue to provide independent assurance to the Minister, via the Department, of the effectiveness of PPI structures in HSC organisations by continuing to monitor these as part of its programme of review of clinical and social care governance arrangements against the Quality Standards.

**6      HOLDING THE SYSTEM TO ACCOUNT**

**Introduction**

6.1.   Ultimate accountability for the exercise of proper control of financial, corporate and clinical and social care governance in the HSC system rests with the Department and the Minister.  Within a system of such magnitude and complexity, assurance about the rigour of control mechanisms can only be derived from the development and operation of robust systems and processes at all levels of decision making.

**Performance and Assurance Domains**

6.2.   This section of the Framework Document describes the various lines of accountability and how they are exercised at different levels within the HSC system.  The key performance and assurance roles and responsibilities are encompassed in the four domains of:

i      Corporate Governance – the arrangements by which the individual HSC bodies direct and control their functions and relate to stakeholders;

ii     Quality – the arrangements for ensuring that health and social care services are safe and effective and meet patients' and clients' needs, including appropriate involvement;

iii    Resources – the arrangements for ensuring the financial stability of the HSC system, for ensuring value for money and for ensuring that allocated resources are deployed fully in achievement of agreed outcomes in compliance with the requirements of the public expenditure control framework; and

iv     Service delivery/improvement – the arrangements for ensuring the delivery of ministerial targets and required service improvements.

**Key Principles**

6.3. The requirements in relation to performance and assurance roles may differ from body to body but some key principles underpin the overall approach to holding the HSC system to account:

i    the Department has ultimate accountability for the effective functioning of the HSC across the four domains;

ii    the Department will provide clear guidance across each of the four domains, specifying outputs and outcomes that are appropriate, affordable and achievable. This guidance will be developed with the involvement of the HSC bodies, consistent with their roles and responsibilities;

iii    each HSC body is locally accountable for its organisational performance across the four domains and for ensuring that appropriate assurance arrangements are in place. This obligation rests wholly with the body's board of directors. It is the responsibility of boards to manage local performance and to manage emerging issues in the first instance;

iv    the standard assurance arrangements and associated information streams within individual HSC organisations will, as far as possible, be used to meet the assurance requirements of the HSCB and PHA, and those of the Department, subject to such additional independent verification as may be deemed necessary; and

v    the Department, and in turn the HSCB and PHA (where they have a performance and assurance role in relation to one or more of the other bodies), will maintain a relationship with other HSC bodies based on openness and the sharing of information, adopting an informal, supportive approach to clarify and resolve issues as they arise, and thereby minimising the need for formal intervention.

**Corporate Governance Domain**

6.4. Corporate governance encompasses the policies, procedures, practices and internal structures which are designed to give assurance that the HSC body is fulfilling its essential obligations as a public body. Most of the requirements reflect those in place across the public sector, but a few have been instituted for reasons peculiar to the field of health and social care – notably the statutory duty of quality created by Article 34 of the HPSS (Quality, Improvement and Regulation) (NI) Order 2003. In addition to that obligation, the controls relate to: the existence of appropriate board roles, structures and capacity; corporate and business planning arrangements; risk management and internal controls; and monitoring and assurance of those processes.

6.5. All HSC bodies shall:

i     adhere to the terms of the Accounting Officer appointment letter issued by the Department. This letter specifies the governance responsibilities and duties which the body owes to the Departmental Accounting Officer;

ii    comply, in full, with the control framework requirements set out in the Management Statement/Financial Memorandum issued by the Department, in a form agreed by the Department of Finance and Personnel (DFP);

iii   submit to the Department an annual Governance Statement, signed by the Accounting Officer of the body, covering the range of issues in the standard form prescribed by DFP, augmented by the additional health and social care-specific requirements set by the Department;

iv   submit to the Department a mid-year assurance statement on control issues covering the same areas as the annual Governance Statement;

v    report as required on compliance with controls assurance and quality standards set by the Department including compliance with

the Department's requirements for implementation of a risk management strategy and evidence that guidance on an assurance framework is being followed;

vi    ensure that the appointment processes carried out by the body are demonstrably independent and free from external conflicts of interest;

vii   adopt an Assurance Framework to strengthen board-level control and assurance in general, the Governance Statement and the mid-year assurance statement;

viii  operate a board-approved scheme of delegated decision-making within the body based on systems of good practice updated by the Department;

ix    ensure compliance with accepted or prescribed standards of public administration – for example, in relation to equality, human rights, information governance, complaints, etc;

x     ensure compliance with the checklist of actions required by the sponsor Department in obtaining assurance from its ALBs covering: roles and responsibilities; business planning and risk management; governance; and internal audit;

xi    ensure compliance with Northern Ireland public procurement policy, securing value for money, economically advantageous outcomes, equality of opportunity, sustainable development, etc., in accordance with the policy framework set by the Executive and DFP, key performance indicators set by the Department, the procurement strategy led by Regional Procurement Group (supported by BSO) and procurement under the Department's Capital Programme;

xii   ensure that an Internal Audit function within each body operates to HM Treasury standards, including the requirement for external assessments, adhering to the professional qualifications, conduct and remit set out by the Department, and giving a comprehensive professional opinion from the chief internal auditor on the adequacy and effectiveness of the body's system of internal control;

xiii    ensure implementation of agreed Northern Ireland Audit Office (NIAO) and Public Accounts Committee recommendations; and

xiv    comply with the NI Executive's pay policy for the HSC e.g. arrangements for senior executive pay.

6.6. Compliance with the requirements at (i) – (x) are the subject of ongoing monitoring by the Department, and issues for resolution are resolved at bi-annual accountability reviews or through ad hoc action, if deemed appropriate by the Department.

6.7. In relation to the requirement at (xi) the Regional Procurement Group, supported by BSO, as a centre of procurement expertise, promotes and oversees implementation of the overall procurement strategy and monitors compliance with procurement policy, while the Department secures assurance on adherence to policy rules and achievement of key performance indicators.  All capital design and building infrastructure is procured in conjunction with the centre of procurement expertise within the Department, whilst ICT is procured in conjunction with the BSO Centre of Procurement Expertise.

6.8. Any issues arising from adherence to the requirement at (xii) are resolved at bi-annual accountability reviews or through ad hoc action if deemed appropriate by the Department.

6.9. Compliance with (xiii) is the subject of ongoing monitoring by the Department (or HSCB or PHA as determined by the Department), with issues for resolution resolved at bi-annual accountability reviews or through ad hoc action, if deemed appropriate by the Department. Progress in relation to the recommendations is reported by the Department to the NIAO, Public Accounts Committee and DFP.

6.10. Compliance at (xiv) is monitored by the Department, with issues for resolution addressed at bi-annual accountability reviews or through ad hoc action, if deemed appropriate by the Department.

**Quality Domain**

6.11. The quality agenda is broad and assurance to the Department and the Minister about the quality of services is provided from a number of different sources.  Quality 2020 (the ten year strategy to protect and improve quality in health and social care in Northern Ireland) defines quality under the following headings:

i       safety – avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them;

ii      effectiveness the degree to which each patient and client receives the right care (according to scientific knowledge and evidence-based assessment), at the right time in the right place, with the best outcome; and

iii     patient and client focus all patients and clients are entitled to be treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

6.12. The HSCB and the PHA are jointly responsible, through the Commissioning Plan, for ensuring that providers comply with the range of quality initiatives, endorsed NICE guidance, Service Frameworks, standards and targets issued through the Department as well as bodies such as RQIA and other professional and regulatory organisations.  This includes compliance with policies, standards and specific targets for the patient and client environment and support services including laundry and linen, catering, cleaning, portering and car parking.

6.13. More broadly, the HSCB and PHA, by providing the necessary professional leadership in the commissioning process, will drive service improvements in the HSC.

6.14. The HSCB and PHA must also ensure quality considerations are reflected in the variety of contracting arrangements in place for

independent-sector services provided to the HSC such as waiting lists initiatives and the provision of social care services. Similarly, where the Board delegates statutory functions to Trusts, there must be evaluation of the quality of the service provided.

6.15. In turn, Trusts are responsible for monitoring independent sector contracts for health and social care to ensure compliance with relevant Departmental, HSCB or Trust guidance, including clinical and social care governance, relevant quality standards and arrangements to duly safeguard children and vulnerable adults.

6.16. Compliance with training and supervision requirements in Trusts and Family Practitioner Services is monitored and reported by the HSCB and PHA as part of ensuring the quality of services delivered by all professions including Social Care, Nursing, Midwifery and Allied Health Professions.

6.17. The Department is responsible for monitoring:

i       compliance with policy, legislation and standards in respect of reusable medical devices; and

ii      compliance with policy, legislation, standards and guidance in respect of the safe operation of life-critical healthcare-specific systems and processes.

6.18. In addition to assurance processes outlined above, the RQIA has an overall responsibility to encourage continuous improvement in the quality of health and social care across the public and independent health and social care sectors, against standards set by the Department, and to provide independent assurance on the quality of that care. When asked to do so by the Department it provides advice, reports or information on such matters relating to the provision of services or the exercise of its functions as may be specified in the Department's request. It may also, at any time, advise the Department on any changes which it thinks

should be made in the minimum standards set by the Department. RQIA also undertakes a programme of planned thematic and governance reviews across a range of subject areas, examining services provided, highlighting areas of good practice, making recommendations for improvement and reporting lessons learned to the Department and the wider HSC.  Such reviews may be conducted as part of RQIA's ongoing independent assessment of quality, safety and availability of HSC services or may be commissioned by the Department.

**Resource Domain**

6.19. Appropriate financial accountability mechanisms are necessary to:

i     ensure that the optimum resources are secured from the Executive for health and social care;

ii    ensure the resources allocated by Minister/Department deliver the agreed outcomes and represent value for money;

iii   deliver and maintain financial stability, through effective operation of the financial accountability of Trusts via the HSCB to the Department;

iv    ensure that the commissioners allocate resources on a capitation basis and can be assured that financing of services is managed on the agreed and approved basis set by the HSCB, its LCGs and the PHA;

v     facilitate the delivery of economic, effective and efficient services by rewarding planned activity that maximises effectiveness and quality and minimises cost; and

vi    facilitate the development of innovative and effective models of care.

6.20. All financial resources delegated by the Department to HSC bodies remain subject to the same standards of probity and accountability irrespective of where day-to-day management and control is vested.

6.21. All organisations are ultimately accountable to the Department for the achievement of overall financial balance. The Department monitors on a monthly basis the break-even performance of each organisation and, exceptionally, bids for unanticipated and inescapable in-year pressures. The HSCB monitors the performance and financial breakeven of Trusts, measuring against Service and Budget Agreements and delivery of service targets, reporting on its monitoring to the Department.

6.22. To guard against over-spending and minimise under-spending, the Department undertakes monthly monitoring of the overall HSC (and Departmental) financial position, reporting the evolving position to DFP. The Department is also responsible for the strategic capital planning process and oversight of procurement and programme management, taking action where slippage or potential overspends become apparent. HSC Trusts are required to report on capital expenditure on a monthly basis and detailed liaison on projects is undertaken through quarterly Strategic Investment Group meetings.

6.23. The Department undertakes monitoring of the efficiency savings obligations contained in the Executive's Budget settlement. Each HSC body is required to provide such information in order to satisfy itself, and the Executive, that the conditions attached to the efficiencies are being met.

6.24. Trust Financial Returns and Strategic Resource Framework-related data, which provide essential information on expenditure on HSC services and contain cost comparisons across providers, continue to be produced under Departmental guidance. Responsibility for collation, analysis etc lies with HSCB.

6.25. The Department is responsible for keeping the counter-fraud strategy under review, and for the development and issuing of related guidance. It also approves publication of the annual fraud report and addresses performance issues relating to the counter-fraud assurance

arrangements in each HSC body. It is for the BSO to maintain and provide to the Department all monitoring information that it, DFP or NIAO may require. Each HSC body is required to comply with prescribed fraud prevention, fraud reporting, fraud investigation and other operational counter-fraud processes, availing itself of BSO support as appropriate.

6.26. The Department, informed by DFP, is the focal point for developing and cascading financial guidance, circulars and memoranda. This includes the specification of statutory and other approval and reporting requirements.

**Service delivery/improvement domain**

6.27. Performance management and service improvement arrangements are those that are necessary to ensure the achievement of Government and ministerial objectives, standards and targets.

6.28. Section 8 of the Reform Act requires that the HSCB exercise its functions with the aim of improving the performance of HSC Trusts, by reference to such indicators as the Department may direct. In determining responsibilities for performance management and service improvement, the overriding principle is that, unless there is good reason to the contrary, as in the case of capital expenditure, estate management and Human Resources, all such functions should be undertaken by the HSCB because: this is a core function of the HSCB; it minimises the lines of accountability for providers; and it maximises the 'breadth of sight' for the HSCB, allowing it to adopt a holistic view of performance taking account of all relevant factors.

6.29. Possible exceptions to this principle are areas for which the HSCB does not have lead responsibility, or where there is likely to be significant formal interaction with other Government departments, e.g. joint responsibility for the delivery of Programme for Government targets (in which case the Department would take the lead on behalf of the HSC

sector).

6.30. The HSCB is in the lead for monitoring and supporting providers in relation to the delivery of a wide range of HSC services and outcomes, with support from PHA professional staff. The PHA is in the lead for monitoring and supporting providers in the areas of health improvement, screening and health protection, with relevant support provided by the HSCB. The organisations are, therefore to establish and maintain a number of joint programme teams, consisting of relevant staff from each organisation.

6.31. In relation to the monitoring of provider performance, the resolution of any performance issues is a matter for the HSCB, in close co-operation with the PHA, escalating to the Department only if required.

6.32. With the approval of the Department, the HSCB and the PHA (where appropriate) produce detailed practical definitions for the application of targets. They also put in place arrangements to: monitor progress against targets, assess risks to achievement; hold regular performance meetings with providers; and escalate risks as appropriate. The HSCB reports on this process to the Department to enable it to maintain an overview of performance in these areas. The HSCB also resolves performance issues, escalating to the Department only where such resolution cannot be achieved. Capital, estate management and human resource targets are performance managed by Department.

6.33. The HSCB is responsible for the collection of all routine information from HSC Trusts for performance monitoring or statistical publication purposes at agreed intervals and to agreed standards, and for providing this to the Department. This minimises the potential for duplication and establishes a clear, single channel for submission and validation of information.

6.34. In pursuit of service improvements in their respective areas of

responsibility, the HSCB and the PHA must:

i      identify evidenced-based good practice and develop an annual programme of action;

ii     take account of patient, client and carer experience, including lessons learnt from complaints;

iii    lead regional reform programmes, issuing guidance and specifying required actions;

iv     provide training and support;

v      review Trust action plans;

vi     provide support to individual providers to address specific issues and manage provider-provider interfaces;

vii    review implementation of reforms and make available any reports on progress;

viii   make regular reports to the Department, as required, on their activities in this field.

6.35. The Department is responsible for the development and agreement of Programme for Government targets and for reporting progress against them to the Office of the First Minister and Deputy First Minister (OFMDFM) and DFP.

6.36. The Department sets HSC efficiency and other HR-related targets and reports to OFMDFM and DFP on progress towards their achievement. The HSCB is responsible for the regular ongoing monitoring of progress by providers, addressing issues of under-performance where they arise, escalating to the Department only where necessary;

6.37. The European Working Time Directive has put in place compliance arrangements, for which the Department sets targets for the medical workforce.  The HSCB monitors progress, addresses issues of under-performance and reports to Department on compliance and progress.  It is for the HSCB to resolve any compliance etc issues, escalating matters to the Department's attention only where necessary.

6.38. The Department is responsible for setting targets and monitoring HSC Trust performance in relation to the level of compliance with policy, legislation, standards and guidance in respect of the management of the HSC estate.  HSC Trusts are accountable for the practical application of such guidance etc, for the effective management of the associated operational risks, and for providing appropriate assurance as to the discharge of these responsibilities.  The Department has in place an appropriate review process to allow Trusts to report to the Department on a regular basis as to their overall management of the HSC estate.

**Independent Challenge**

6.39. In considering how the HSC system is held to account, special mention should be made of the RQIA and the PCC, both of which have a particular role to play.  They each provide an independent perspective on the performance of the HSC system, one which validates and challenges the system's own performance management arrangements.

6.40. The RQIA focuses on the quality and safety of services, using statutory and other standards agreed by the Department to benchmark not only the services but also the governance frameworks within which they are provided.  PCC focuses on the interests of patients, clients and carers in HSC services.  This goes beyond a straightforward information or advocacy role; it includes working with HSC bodies to promote the active involvement of patients, clients, carers and communities in the design, delivery and evaluation of services.  The RQIA and the PCC also have the power to look into specific aspects of health and social care and report their findings publicly to the Department.

6.41. Both of these organisations provide important independent assurance to the wider public about the quality, efficacy and accessibility of health and social care services and the extent to which they are focused on user needs.

## 7    Conclusion

7.1   This Framework Document is a summary of the structures, functions and processes that underpin the planning, delivery and evaluation of health and social care services in Northern Ireland.  It will be kept under continuous review in the light of emerging policy and legislation.

7.2   If you have any enquiries about the content of the Framework Document, please contact:

Office of Permanent Secretary
DHSSPS
Permanent.Secretary@dhsspsni.gov.uk

**TB/5/31/07/14**

# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

## 31 July 2014

| | |
|---|---|
| **Title:** | Equal Opportunities Policy |
| **Purpose:** | To prevent and protect against unlawful discrimination; to promote equality of opportunity and fair employment; to comply with equality obligations under the various pieces of anti-discrimination legislation. |
| **Content:** | As above |
| **Recommendation:** | Approval |
| **Previous Forum:** | T&C JCG |
| **Prepared by:** | Mrs Janette Boyle, HR Advisor |
| **Presented by:** | Ms Roisin O'Hara, Director of Human Resources and Corporate Services |

Northern Ireland Ambulance Service
Health and Social Care Trust

# EQUAL OPPORTUNITIES POLICY

| POLICY DOCUMENT – VERSION CONTROL SHEET | | | |
|---|---|---|---|
| **Title** | Equal Opportunities Policy | | |
| **Version** | 2.0 | | |
| **Purpose of Policy** | To prevent and protect against unlawful discrimination; To promote equality of opportunity and fair employment; To comply with equality obligations under the various pieces of anti-discrimination legislation. | | |
| **Directorate Responsible for Policy** | HR Directorate | | |
| **Name & Title of Author(s)** | Janette Boyle, HR Officer | | |
| **Supersedes** | Equal Opportunities Policy – EO/02 | | |
| **Staff Side Consultation** | Distributed to the Terms & Conditions Joint Consultative Group (T&C JCG) members. Agreed on 17/04/14. | | |
| **Equality Screening Date** | | | |
| **Date Presented To** | T&C JCG | Consultation between 14/10/13 – 17/04/14 | |
| | SEMT | | |
| | Trust Board | | |
| **Publication Date** | | **Review Date** | |

**Circulation List:**

This document was circulated to the following groups for consultation:
- UNISON, UNITE, NIPSA, GMB

Following approval, this Policy document was circulated to the following staff and groups of staff:

- All Trust staff
- Trust Internet / Intranet Site

## 1.0 Purpose and Aim

1.1 The Northern Ireland Ambulance Service HSC Trust (hereafter referred to as "the Trust") is committed to promoting equality of opportunity and preventing unlawful discrimination.

1.2 This Policy sets out how equal opportunities will be managed, communicated, implemented and monitored.

## 2.0 Policy Statement

2.1 The Trust recognises its obligations under the following legislation (*this list is not exhaustive*):

- The Equal Pay Act (NI) 1970 (as amended)
- The Sex Discrimination (NI) Order 1976 (as amended)
- The Disability Discrimination Act 1995 (as amended) and the requirement to consider reasonable adjustment
- The Race Relations (NI) Order 1997 (as amended)
  (NB - racial groups include Travellers, Migrant Workers, Refugees and Asylum Seekers, etc)
- Protection from Harassment Act 1997
- The Fair Employment and Treatment (NI) Order 1998 (as amended)
- Section 75 of the NI Act 1998
- The Human Rights Act 1998
- The Employment Equality (Sexual Orientation) Regulations (NI) 2003
- The Civil Partnership Act 2004
- The Employment Equality (Age) Regulations (NI) 2006

It is the Trust's intention to comply with the spirit as well as the letter of the legislation.

2.2 In recognising its statutory obligations, as above, the Trust is fully committed to providing equality of opportunity in employment and opposes all forms unlawful or unfair discrimination on the grounds of gender, including gender reassignment, age, marital or civil partnership status, sexual orientation, religious belief, political opinion, race (including colour, nationality, ethnic or national origins, being an Irish Traveller), disability, having, or not having, dependants, or trade union membership.

2.3 The Trust is committed to implementing policies to promote equality of opportunity and fair participation and will positively promote and rigorously observe the underpinning values of equal opportunities.

2.4 The Trust recognises that the provision of equal opportunities in the workplace is not only good management practice, but that it also makes sound business sense. This Equal Opportunities Policy will help all those who work for the Trust to develop their full potential and the talents and resources of the workforce will be utilised fully to maximise the efficiency of the organisation.

## 3.0 Discrimination

3.1 There must be no direct or indirect discrimination, victimisation or harassment (see Appendix 1 for definitions) against any applicant, potential applicant or employee on grounds of their sex including gender reassignment, age, marital

or civil partnership status, sexual orientation, religious belief, political opinion, race, disability, pregnancy or maternity leave, or dependants.

3.2 The Trust will promote a supportive and harmonious work environment free from material or behaviour, which is likely to be offensive, provocative, or intimidating, or in any way likely to cause apprehension to any employee. In accordance with this principle, the Harassment Policy and Joint Declaration of Protection have also been drawn up and agreed with the Trade Unions.

3.3 Managers and supervisors must remain impartial in dealing with staff and ensure their conduct at all times accords with this Equal Opportunities Policy. They must take appropriate action to deal with any difficulties arising from a lack of impartiality by any member of their staff and any other breaches of this Policy within their area of responsibility.

3.4 Care must be taken to guard against more subtle and unconscious forms of discrimination which may not be immediately obvious. This may result from generalisations about the capabilities, characteristics or interests of particular groups, which influence the treatment of individuals or groups e.g. preconceptions about their suitability for a particular post, level of management, location, training course or other development opportunity etc.

## 4.0 Scope of Policy

4.1 This policy applies to all:

- Job applicants and potential applicants
- Employees
- Agency workers
- Trainee workers
- Volunteer workers
- In relation to recruitment, promotion, training, transfer and other benefits and facilities, and
- Former employees, in relation to the provision of references.

## 5.0 Responsibilities

5.1 All employees are bound by this Policy to ensure that their behaviour at all times accords with the principles sent out in this Policy.

5.2 The Director of Human Resources and Corporate Services is responsible for monitoring, co-ordinating and developing the Policy under the direction of the Chief Executive. Directors, their management teams and line managers will ensure that staff, for whom they are responsible, are aware of, and abide by, this Policy.

5.3 This Policy will be adopted at all levels of management. All staff employed by the Trust have a responsibility to accept their personal involvement in the application of the Equal Opportunities Policy. The Trust will ensure that adequate resources are made available to fulfil the objectives of this Policy.

## 6.0 Communication

6.1 This Policy will be publicised throughout the Trust, made available to existing staff via the Trust's intranet and issued to new recruits. It will be reflected, as appropriate, in training courses and included as guidance to selection and

appointment panels. An Equal Opportunities statement will be included in careers literature, job trawls/advertisements and application forms.

6.2 Equal Opportunities information will also be incorporated into the Trust's general communications practices e.g. corporate newsletter, e-briefing, Intranet etc.

## 7.0 Monitoring and Affirmative/Positive Action

7.1 The composition of employees, applicants for employment and appointments, promotees and leavers will be monitored annually on the basis of sex and religious belief, in accordance with statutory obligations. Only information provided by employees, applicants, appointees, promotees and leavers will be monitored. In addition, the Trust will also monitor across the other protected categories, as previously listed, so that the effectiveness of this Policy can be measured and an objective view on the existence and progress of equality of opportunity can be provided.

7.2 Policies and procedures in respect of employment and advancement will be periodically reviewed to maintain a system where individuals are treated solely on the basis of merit.

7.3 The Trust will take such affirmative/positive action as is deemed lawful, appropriate and necessary to ensure equality of opportunity. Goals and timetables, where appropriate, will be set to measure progress which can reasonably be expected as a result of affirmative action.

## 8.0 Other Policies and Procedures

8.1 This Policy will be supported by the following Policies and Procedures:

- Recruitment & Selection Policy and Procedure
- Grievance Procedure
- Disciplinary Procedure
- Harassment Policy and Procedure
- Joint Declaration of Protection
- Working Well Together Policy
- Work Life Balance Policy and Procedures
- Attendance Management Policy & Procedure

## 9.0 Review

9.1 In order to assess the operational effectiveness of the Trust's Equal Opportunities Policy a review will be undertaken at regular intervals and not later than three years following implementation.

## 10.0 Equality and Human Rights Considerations

10.1 This Policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies

which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to these.

10.2    Using the Equality Commission's screening criteria, no significant equality implications have been identified. The Policy will therefore not be subject to an equality impact assessment.

10.3    Similarly, this Policy has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

## 11.0    General Information

15.1    General information may be obtained from:

**Employee Relations Team, HR Department, Trust Headquarters**


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

## Definitions

- **Direct discrimination** means treating an individual less favourably on any of the above grounds, listed in Paragraph 2.1.

- **Indirect discrimination** means placing an individual or group at a disadvantage through applying a provision, criterion or practice which cannot be justified and with which considerably fewer of that group can comply.

- **Victimisation** means treating a person less favourably because they have, or may take, a complaint or may have helped another person to assert rights under the Fair Employment, Sex Discrimination, Age, Equal Pay, Disability, Sexual Orientation or Race legislation. Individuals have a legal right to make a complaint without prejudice to their existing, potential or future employment opportunities.

  Care must be taken to guard against more subtle and unconscious forms of discrimination which may not be immediately obvious. This may result from generalisations about the capabilities, characteristics or interests of particular groups which influence the treatment of individuals or groups, for example, preconceptions about their suitability for a particular post, level of management, location, training course or other development opportunities etc.

- **Harassment** can be defined as <u>unwanted</u> conduct, deliberate or otherwise, which has the purpose or effect of violating the dignity of a person or which creates an intimidating, hostile, degrading, humiliating or offensive environment. It covers many types of behaviour such as physical, verbal, non-verbal, interfering with another's property, etc. Bullying is a form of harassment.

  There must be no discrimination in the form of harassment of any individual or group. *NB: The concept of 'reasonableness' has recently been introduced i.e. whilst the effect of the behaviour on the recipient is taken into consideration, so also is how any 'reasonable' person might feel if subjected to the same type of treatment.*

- **Failure to Comply with the Reasonable Adjustment Duty**

  Disability discrimination in employment can also occur where an employer fails to comply with a duty to make reasonable adjustments in respect of a disabled job applicant or employee.


The reasonable adjustment duty is imposed on an employer where-
  - o  a provision, criterion of practice is applied by the employer, or
  - o  the physical features of the employer's premises
  - o  places the disabled person at a substantial disadvantage compared to persons who are not disabled.

*Time Limits for Complaints*

If your complaint is about an employment matter, you have three months from the date of the incident you want to complain about to register an "originating application" with the Office of Industrial Tribunals and Fair Employment Tribunals (OITFET).

For complaints brought under the Fair Employment legislation you must register your application within three months from the date when you first knew of the act of discrimination, or within six months of when the act occurred, whichever is the earlier.

**TB/6/31/07/14**

# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

## 31 July 2014

| | |
|---|---|
| **Title:** | Working Well Together Policy |
| **Purpose:** | Sets out the responsibilities of management, staff and Trade Unions in regard to the maintenance of a harmonious, positive and enabling work environment. |
| **Content:** | As above |
| **Recommendation:** | Approval |
| **Staff Side Consultation:** | New – adopted from the regionally agreed Policy from other HSC Trust's (JNF) |
| **Prepared by:** | Fionnuala Hoy, Senior HR Advisor |
| **Presented by:** | Ms Roisin O'Hara, Director of Human Resources and Corporate Services |

Northern Ireland Ambulance Service
Health and Social Care Trust

# WORKING WELL TOGETHER POLICY

| Title: | **Working Well Together Policy** | |
|---|---|---|
| Reference Number: | NIAS/CS/GP/02/2013 | |
| Purpose of Policy: | This policy sets out the responsibilities of management, staff and Trade Unions in regard to the maintenance of a harmonious, positive and enabling work environment. It describes the informal and formal procedure for dealing with issues of conflict. | |
| Directorate Responsible for Policy: | Human Resources and Corporate Services Directorate | |
| Original Author(s): | Fionnuala Hoy, Senior HR Officer | |
| Staff Side Consultation | | |
| Equality Screened: | | |
| Date Presented to: | SEMT | |
| | Trust Board | |
| | Comments | |
| Publication Date: | | Review: |
| Version: | | |

## Circulation list:

This document was circulated to the following groups for consultation:
- UNISON, UNITE, NIPSA, GMB

Following approval, this Policy document was circulated to the following staff and groups of staff:

- All Trust staff
- Trust Internet / Intranet Site

## WORKING WELL TOGETHER POLICY

**Northern Ireland Ambulance Service**
**Health and Social Care Trust**

## 1.0 INTRODUCTION

1.1 NIAS recognises its staff are its greatest resource and aims to promote an environment for staff that is safe, productive and characterised by fair treatment, strong teamwork, open communication, personal accountability and development opportunities. This is essential to the well-being of all staff and also the patients/clients with whom staff come into contact.

1.2 The Trust is committed to ensuring that the diversity within its workforce is recognised and is committed to the principle that the dignity of all individuals is respected and that all are valued in the workplace. The organisation will continue to work towards creating a harmonious environment that is characterised by fair treatment and is free from intimidation.

## 2.0 PURPOSE AND AIMS

2.1 The purpose of the Policy and associated Procedure are:

2.1.1 To affirm that a harmonious working environment, free from conflict, is something for which **all** staff have responsibility;

2.1.2 To outline to Managers their responsibilities to create and maintain a harmonious, positive and enabling environment for all staff;

2.1.3 To provide a mechanism for promptly addressing any issues, that may arise.

## 3.0 POLICY STATEMENT

3.1 NIAS recognises the diversity within its workforce and is committed to the principle that the dignity of all staff must be respected and that all staff should feel valued within the workplace. NIAS will work towards creating a harmonious environment that is characterised by fair treatment.

3.2 It is recognised that on occasions poor working relationships between staff can develop. NIAS therefore will ensure that there are mechanisms in place to address these situations effectively and promptly.

3.3 Conflict can take many forms. It can range from adverse comments, destructive criticism, ignoring someone at work, to bullying or intimidating behaviour and can have a negative impact not only on the staff involved, but also on the wider working environment. Issues of conflict, which affect the ability of the staff to work well together, will be taken seriously and addressed. They may require formal investigation, which subsequently may result in disciplinary action being taken.

## 4.0 SCOPE

4.1 This policy applies to:

4.1.1 **All** employees of NIAS

4.1.2  Conduct both within and outside the workplace in circumstances that are considered to be work related and includes social events.

## 5.0    PRINCIPLES

5.1    Each individual member of staff is vital in making their contribution to a multi-disciplinary organisation that thrives on delivering excellence.  NIAS recognises the diversity within its workforce and is committed to the principle that the dignity of all individuals is respected and that all are valued within the workplace.

5.2    All staff need to recognise and accept that as individuals they have differences and that they can create the possibility of working well together in a harmonious environment that is characterised by fair treatment. This is essential to the wellbeing of all employees and also the patients/clients with whom staff come into contact with.

5.3    A harmonious environment free from conflict is important to all and is something for which all staff have responsibility.  Staff can embrace difference in their work colleagues and work towards achieving good team synergy.  Celebrating both individual and team success, working in a multi-disciplinary way, improving team effectiveness, enhancing open communications, enjoying social opportunities and acknowledging each other's individuality are all ways in which this goal can be achieved.

5.4    Positive interpersonal behaviour is key to working well together.  It is not a requirement to like or be friendly with work colleagues, however **it is essential that individuals behave appropriately, professionally and treat each other with respect**.  It is about fostering a climate of dignity and respect by and for all employees at and between all levels.  In other words making respect a way of life for every employee when interacting with colleagues, managers, staff, patients, clients, students, suppliers, contractors and the public.  This will help create the sort of organisation that staff want to be part of and feel proud to work in.

## 6.0 RESPONSIBILITIES

### 6.1 Director of Human Resources and Organisational Development

6.1.1  The Chief Executive has appointed the Director of Human Resources and Organisational Development as Lead Director with responsibility for monitoring the implementation and operation of this policy.

### 6.2 Managers

6.2.1  Managers and supervisors have a responsibility to develop an environment which ensures all staff respect and treat their colleagues with dignity and lead by example. They should promote a harmonious workplace that is characterised by fair treatment.

6.2.2 Opportunities for creating positive working relationships should be implemented and supported.

Examples:
- Recognition to staff for a job well done
- Implementation of the Trade Union Recognition Agreement
- Multi-disciplinary team working
- Regular team meetings
- Open, honest and transparent communications
- Encouragement and positive feedback to staff
- Celebration of achievement
- Seeking opportunities to engage and involve staff

Managers have a specific duty to be vigilant to the behaviour of individuals within their team and are responsible for addressing actions which might cause offence.

6.2.3 Individuals with responsibility for staff should do all that they can to ensure that conflict does not arise within their area of responsibility or promptly deal with it if it does. Any remedial action must be taken speedily and the issues dealt with until resolution is achieved.

6.2.4 Staff should be informed by managers of the requirement to "work well together" and be advised of their responsibilities. This will form part of the individual's induction programme at both corporate and departmental levels.

## 6.3 All Employees

6.3.1 There is responsibility on all staff to ensure that they treat their colleagues with dignity and respect and help create a harmonious environment where conflict is unacceptable.

6.3.2 Individuals should help to support their colleagues who may be experiencing conflict and alert their manager of their concerns.

6.3.3 Staff should effectively participate in the development of team working within their department/station.

6.3.4 Individuals who find themselves in a conflict situation should seek to resolve it immediately either themselves or by seeking support from their manager, work colleague or Trade Union representative. It is important that individuals seek to raise such issues at an early stage before they have an opportunity to develop further.

6.3.5 Staff should not allow situations of misunderstanding to develop into conflict and should seek assistance to address the situation.

## 6.4 Human Resources Directorate

6.4.1 To promote a culture of dignity and respect in the workplace.

6.4.2  To support managers in the facilitation of the policy into practice and provide support to managers on issues of conflict resolution.

## 6.5 Trade Union Representatives

6.5.1  Trade Union representatives will be proactive in developing a working environment where all are treated with dignity and respect and where conflict is unacceptable.

6.5.2  Representatives will continue to work with managers to contribute towards a positive and harmonious working environment.

6.5.3  Representatives will also encourage and support individuals in seeking an early resolution to a conflict.

## 7.0 COMMUNICATION

7.1 This policy will be communicated to all staff so that they:

7.1.1  Understand NIAS's commitment to eliminating unacceptable behaviour at work, and

7.1.2  Know how to make complaints and are confident that these will be handled effectively.

7.2  Copies of the policy are available from the Human Resources Department and on the NIAS intranet.

## 8.0 SUPPORT

8.1  Resolution of a complaint is likely to be a distressing experience for all concerned. Therefore, all cases will be handled with the highest degree of sensitivity.

8.2  All parties may access the 24 hour confidential staff counselling services offered by NIAS via CareCall.

8.3  All parties in any complaint may seek the help and support of a Trade Union Representative or work colleague who may be present, at the request of a member of staff, at any or all stages of the process.

## 9.0 MONITORING AND REVIEW

9.1  The Trust will monitor complaints to assess trends and the operational effectiveness of this policy. This policy will be reviewed periodically in consultation by the HSC (NI) Joint Negotiating Forum.

## 10.0 EQUALITY AND HUMAN RIGHTS COMPLIANCE

10.1  This Policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Equality Commission guidance

states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to these.

10.2   Using the Equality Commission's screening criteria, no significant equality implications have been identified. The policy will therefore not be subject to an equality impact assessment.

10.3   Similarly, this policy has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

## 11.0 ALTERNATIVE FORMATS

11.1   This document can be made available on request in alternative formats, e.g. plain English, Braille, disc, audio cassette and in other languages to meet the needs of those whose first language is not English.

## 12.0 GENERAL INFORMATION / SOURCES OF ADVICE

12.1   Further information about this policy may be obtained in the supporting procedure / guidelines or by contacting the HR Department.

**Working Well Together Policy**
**Procedure for Dealing with Issues of Conflict**

## 1.0 INTRODUCTION

1.1    The Trust affirms its commitment to ensuring that the dignity of all individuals is respected in the workplace and that a harmonious environment free from conflict is created.  It is recognised that from time-to-time working relationships can be less effective than they should be and this can lead to conflict or tension.  A process has therefore been put in place for dealing with these matters.

1.2    Where there is an equality dimension to the conflict, e.g. gender, race the issue will be dealt with under the current Harassment Procedure.

## 2.0 STAGE 1: INFORMAL PROCESS

2.1    Best practice indicates that early and informal intervention is the most effective method of dealing with issues of conflict. Usually where the employee wants the inappropriate behaviour to stop and where the behaviour has not been repeated or thought to be serious, it is preferable to deal with the issue informally, i.e. without carrying out a full investigation.  This will enable the issue to be resolved speedily with minimum upset and risk and impact on the working environment.

2.2    A **member of staff** should seek to resolve matters by considering the following:

- Approaching the other individual involved at an early stage and making it clear that their behaviour is offensive, not welcome and should stop.
- Seeking support from a colleague, Trade Union representative or manager to address the matter.
- Asking for a facilitated meeting with the other individual in order to move towards an informal resolution.

2.3    If an individual wishes to raise an issue about their immediate line manager and feels they cannot approach that person directly, they should seek advice or support from the next higher level of management in their division or the Human Resources Department. Individuals can also refer to their Trade Union Representative for advice.

2.4    **Managers** should seek to resolve matters by:

- Ensuring that they take the matters raised by the member of staff seriously and deal with them without delay, in a fair manner and to a stage of resolution.
- Facilitating discussion with the parties involved but outside of any formal action.  This may be initially through individual meetings or at a later stage in the process through a facilitated round table discussion if all are in agreement to do so. Additionally, liaison with an individual's Trade Union Representative may facilitate informal resolution.
- Retaining notes of the issues raised and how they were resolved.  This should also be put in writing to the individuals concerned so that they have a record.

- Following up with individuals after issues have been resolved to ensure that all is well.
- There may be cases where mediation may be appropriate to offer where the potential exists for the issue(s) to be resolved informally and further information is available from the Human Resources Department.

## 3.0   STAGE 2: FORMAL PROCESS

3.1   Stage 2 cannot be initiated until Stage 1 has been exhausted and the matters remain unresolved.

Where the matters remain unresolved following informal Stage 1, a formal investigation can be initiated by the complainant.

3.2   An Investigating Officer will be appointed to establish the facts relating to the conflict. The Investigating Officer will have the authority to interview all relevant persons and examine all documentation relating to the case.

3.3   The investigation should normally be completed as quickly as possible, normally within 8 – 12 weeks. If this is not possible, for any reason, both parties will be informed of the revised timetable.

3.4   Confidentiality should be maintained as far as is compatible with thorough investigation and the effective handling of the case.

3.5   Both parties may be accompanied by a work colleague or Trade Union Representative during any interviews.

3.6   If deemed necessary, appropriate action will be taken to avoid contact between the parties involved.

3.7   Where a case of serious conduct has been alleged by one party against the other, consideration may be given to a precautionary suspension, on full pay, before the investigation proceeds further.

3.8   Witnesses may be interviewed, if deemed necessary. There is no requirement for Witnesses to be accompanied by a Trade Union Representative or work colleague.

3.9   During all interviews, notes will be taken and interviewees will be given the opportunity to examine these notes and will be asked to sign them to confirm that they are an accurate reflection of the interview. Interviewees will also be asked to sign a consent form the release of their statements, as reports are released to the complainant following completion of the investigation. In addition interviewees will be made aware that under FOI / DPA legislation their statements may be subject to release at a later date.

3.10   If any of the parties involved or witnesses are absent from work due to sickness, arrangement may be made, following advice from NIAS's Occupational Health Department, to interview such persons at home or at a suitable neutral location.

This is to ensure that matters can be brought to a conclusion within a reasonable timeframe.

3.11  At every stage in the investigation, it will be stressed to all involved, that the matter must be treated in the strictest confidence.

3.12  The Investigating Officer will then prepare a full report, summarising the evidence gathered during the investigation, findings and recommendations.

3.13  The report will be considered by the relevant Senior Manager and the Human Resources Department who will consider the recommendations and decide on any appropriate action which is needed to remedy the situation.

3.14  Both parties will be advised in writing of the conclusions to the investigation and any action to be taken.

## 4.0   REQUEST FOR REVIEW

4.1  Either party may submit a request for review within 14 days of receiving the outcome of the investigation. A review will only be permitted on the grounds that it is considered by either party that the process of investigation has been unfairly or poorly carried out.

4.2  The manager considering the review should not previously have been involved in the case, and will normally be the next line manager.

## 5.0   CONSIDERATION OF REDEPLOYMENT

5.1  In the event of a total breakdown of relationships, consideration may be given to requests or the need for redeployment.

## 6.0   COUNSELLING SERVICES
During any stage of a conflict situation regardless of whether it is being handled through informal or formal processes, staff may access confidential counselling and advice.  No record is made on occupational health records.

Signed on Behalf of Management:

_____

Date:        _____

| Document Reference: | Document title: |
|---|---|
| Authorisation date: | Document type; |
| Review date: | Responsible authority |
| Signed off by | |

**TB/7/31/07/14**

# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

## 31 July 2014

| | |
|---|---|
| **Title:** | Draft Emergency Preparedness & Response Annual Report to PHA/HSCB |
| **Purpose:** | To reflect the activity of the Northern Ireland Ambulance Service for the period April 2013 to March 2014 |
| **Content:** | Report of all incidents for the year 2013 - 2014 |
| **Recommendation:** | For Approval |
| **Previous Forum:** | None |
| **Prepared by:** | Mr Billy Newton, Emergency Planning Officer |
| **Presented by:** | Dr David McManus, Medical Director |

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

**Emergency Preparedness & Response**

**Annual Report to PHA/HSCB**

| From: | April 2013 | To: | March 2014 |
|---|---|---|---|

| 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 2013 to March 2014. The Ambulance Service responded to three declared major incident and twenty Potential Major Incidents which is similar to last year. In addition, there were twelve Airport Alerts this year, double the number received last year. Furthermore on two occasions NIAS were on standby to assist the National Ambulance Service in the Republic of Ireland when they were dealing with major incidents. Training remained a high priority during the year which included taking part in twenty-nine exercises to test the Major Incident Plan and specific training for areas like chemical personal protective suits and decontamination equipment. In addition, the G8 summit in Enniskillen in 2013 required the Northern Ireland Ambulance Service to commit additional resources to planning and training for the summit for both the Ambulance Service and partner agencies.

The Hazardous Area Response Team (HART) in Northern Ireland has continued to embed into the service and deployed to 296 incidents with 5 to pre-planned Hazardous Area Response Team deployments for special events i.e.G8 summit.

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 were 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 including 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 an increase on the same period last year.

Table 1 identifies the incidents that were alerted in the time period April 2013 to March 2014 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 |
|------|------|----------|-------------------------------------|
| 10 April 2013 | 16:40 | Airport Alert at Belfast International Airport (BIAL)<br><br><br>Aldergrove | Activated = Airport Alert<br><br>Aircraft diverted to Dublin Airport<br><br><br>Procedures worked well and incident stood down at 16:48 (approx) |
| 20 April 2013 | 16:11 | Road Traffic Collision: bus verses car<br><br>Ballynahinch | Activated = potential Major Incident<br><br>40 to 50 persons on board a bus<br><br>7 patients taken to RVH<br><br>7 patients taken to LVH<br><br>Remainder of passengers discharged at scene<br><br>Incident stood down at 17:21 |
| 24 April 2013 | 21:00 | Airport Alert at Belfast International Airport (BIAL) | Activated = Airport alert<br><br>Cargo plane landing with Hydraulics difficulties<br><br>Incident stood down at |

| | | Aldergrove | 21:22 |
|---|---|---|---|
| 4 May 2013 | 12:00 midnight | Road Traffic Collision<br><br>Belfast Road, Larne | Activated = Potential Major Incident<br><br>8 patients taken to Antrim Area Hospital<br><br>Incident stood down at 12:54 |
| 1 June 2013 | 11:23 | Airport Alert at Belfast International Airport (BIAL)<br><br>Aldergrove | Activated = Airport alert<br><br>Small aircraft landing with engine difficulties.<br><br>Plane landed safely and incident was stood down at 11:55 |
| 19 June 2013 | 19:01 | Airport Alert at George Best Belfast City Airport<br><br>Belfast | Activated = airport alert<br><br>Plane landed safely no patients and incident was stood down |
| 9 July 2013 | 12:35 | Airport Alert at George Best Belfast City Airport<br><br>Belfast | Activated = Airport Alert<br><br>This was a ground incident with smoke in the Cab. All persons were evacuated safely and incident was stood down at 13:10 |
| 12 July 2013 | | Airport Alert at Belfast International Airport (BIAL)<br><br>Aldergrove | Activated = Airport Alert<br><br>Plane landed safely incident was stood down prior to any NIAS resources arriving on scene. |
| 12 July 2013 | 22:15 | Navan Ambulance Control Centre asked for Mutual aid.<br><br>Stated they would get | Activated = Mutual aid assistance with NAS<br><br>Mutual aid was made |

| | | back to us if there was any specific call they wanted NIAS to attend | available but not required<br><br>stood down before any NIAS assets were deployed |
|---|---|---|---|
| 23 July 2013 | 12:00 midnight | NIFRS request for assistance at a fire in a private Nursing Home, Newry | Activated = Potential major Incident<br><br>No persons required hospital treatment<br><br>Incident was stood down at 00.23 |
| 26 July 2013 | | Declared major Incident in Letterkenny general Hospital flooded,<br><br>Letterkenny | Activated = Mutual aid assistance<br><br>No NIAS resources deployed |
| 31 July 2013 | 18:06 | Report from Coastguard of 17 children in difficulty in boats on Lough Neagh<br><br>Antrim | Activated = Potential major Incident<br><br>10 patients taken to hospital 7 treated and discharged at scene<br><br>Incident stood down at 21:32 |
| 25 August 2013 | 19:37 | Airport Alert at George Best Belfast City Airport<br><br>Belfast | Activated = Airport Alert<br><br>Ground incident - Report of smoke from engine<br><br>All passengers evacuated from aircraft and incident was stood down at 19:46 |
| 31 August 2013 | 7:53 | Airport Alert at George Best Belfast City Airport<br><br>Belfast | Activated = Airport Alert<br><br>Report of aircraft landing with Hydraulic problems<br><br>60 souls on board<br><br>Plane landed safely and incident was stood down at 8:05 |

| | | | |
|---|---|---|---|
| 3 September 2013 | 10:00 | Gas cylinder explosion in an industrial estate<br><br>Mallusk | Activated = Potential Major Incident<br><br>No patients at scene<br><br>Incident was stood down at 11.00 |
| 4 September 2013 | 14:43 | Airport Alert at George Best Belfast City Airport<br><br>Belfast | Activated = Airport Alert<br><br>Ground incident - Report of a leak of hydraulic fluid<br><br>All passengers evacuated from aircraft and incident was stood down at 15:18 |
| 27 September 2013 | 10:21 | Road traffic collision involving multiple cars and a taxi<br><br>Falls Road, Belfast | Activated = Declared Major Incident<br><br>10 patients transported to RVH<br><br>Incident was stood down at 11.50 |
| 14 October 2013 | 22:30 | Gas cylinder explosion<br><br>Londonderry | Activated = Potential Major Incident<br><br>1 patient transported to Altnaglevin hospital<br><br>10 patients discharged at scene<br><br>Incident stood down at 23:58 |
| 23 October 2013 | 15:42 | Road Traffic Collision involving a bus<br><br>Belfast | Activated = Potential Major Incident<br><br>Call was stood down by the first RRV who arrived on scene<br><br>Incident stood down at 15:47 |
| 26 October 2013 | 21:53 | Road Traffic collision | Activated = Potential Major |

| | | involving a minibus and a taxi<br><br><br>Belfast | Incident<br><br>6 patients taken to RVH<br><br>Incident was stood down at 22:59 |
|---|---|---|---|
| 1 November 2013 | 17:26 | Road Traffic Collision involving 7 cars<br><br>Five mile town | Activated = Potential Major Incident<br><br>6 patients taken to South West Area Hospital<br><br>3 patients taken to Craigavon Area Hospital |
| 3 November 2013 | 15:11 | Fire in a prison<br><br>HMP Magaberry | Activated = Potential Major Incident<br><br>3 patients taken to Craigavon area Hospital<br><br>20 patients discharged at scene<br><br><br>Incident stood down at 16:47 |
| 8 November 2013 | 20:03 | House fire with a report of an explosion<br><br><br>Ballymena | Activated = Potential major Incident<br><br>2 patients transported to Antrim Area Hospital<br><br><br>Incident was stood down at 20:29 |
| 15 November 2013 | 16:22 | Report of a light aircraft crash landing somewhere in the Enniskillen area<br><br><br>Enniskillen | Activated = Potential major Incident<br><br>Plane landed in one of the loughs two persons on board were rescued to shore assessed by paramedics and discharged |

| | | | |
|---|---|---|---|
| | | | at scene.<br><br>Incident was stood down at 18:04 |
| 18 November 2013 | 21:01 | Airport Alert at Belfast International Airport<br><br>Belfast | Activated = Airport alert<br><br>Inbound aircraft with electrical problems<br><br>108 souls on board<br><br>No casualties as aircraft landed safely<br><br>Incident stood down at 21:21 |
| 26 November 2013 | 18:06 | Reports of a pipe bomb exploded at a private dwelling<br>Newtownabbey | Activated = Potential Major Incident<br><br>No casualties at scene<br><br>Incident stood down at 16:17 |
| 14 December 2013 | 19:47 | Fire in a private nursing Home<br><br>Londonderry | Activated = Potential major Incident<br><br>Small fire smoke coming from oven<br><br>Incident stood down at 20:09 |
| 15 December 2013 | 13:52 | Road Traffic Collision<br><br>Multiple vehicles<br><br>Portadown | Activated = Potential Major Incident<br><br>8 patients assessed at scene and transported to Craigavon area Hospital<br><br>Incident stood down at |

| | | | 14:25 |
|---|---|---|---|
| 21 December 2013 | 21:52 | Road Traffic Collision<br><br>Multiple vehicles<br><br><br>Omagh | Activated = Potential Major Incident<br><br>5 patients taken to the South West Area Hospital<br><br>Incident stood down at 22:48 |
| 25 December 2013 | 16:03 | A light Aircraft crashed landed beside flying school<br><br><br>Armagh | Activated = Potential Major Incident<br><br>No patients at scene<br><br><br>Incident stood down at 16:21 |
| 27 December 2013 | 19:06 | Reports of drugs taken at a party believed to be "Speckled Rolex"<br><br><br>Dunmurry | Activated = Potential Major Incident<br><br>4 patients taken to hospital<br><br>1 deceased at scene<br><br><br>Incident was stood down at 20:14 |
| 30 December 2013 | 15:58 | Reports of a multiple stabbing incident<br><br><br>Newtownabbey | Activated = Potential Major incident<br><br>6 patients taken to RVH including the alleged assailant<br><br><br>Incident stood down at17:41 |
| 1 January 2014 | 00:45 | Road Traffic Collision<br><br>Multiple vehicles | Activated = potential Major incident |

| | | Boa Island | Incident was stood down |
|---|---|---|---|
| 9 January 2014 | 10:57 | Road Traffic Collision<br><br>Multiple vehicles and Multiple patients with serious injuries<br><br><br>Sion Mills | Activated = Declared major Incident<br><br>8 patients taken to Altnagelvin hospital<br><br><br>Incident was stood down at 12:46 |
| 13 January 2014 | 15:36 | Airport Alert at Belfast International Airport (BIAL)<br><br><br>Aldergrove | Activated = Airport Alert<br><br>Plane landed safely incident was stood down just as NIAS resources arrived on scene.<br><br>Incident was stood down at 15:39 |
| 1 February 2014 | 14:29 | Airport Alert at Belfast International Airport (BIAL)<br><br><br>Aldergrove | Activated = Airport Alert<br><br>Plane landed safely incident was stood down before NIAS officers arrived on scene.<br><br>Incident was stood down at 14:42 |
| 6 February 2014 | 19:18 | Large number of unwell young adults at a music event<br><br><br>Odyssey, Belfast | Activated = Declared Major Incident<br><br>17 young adults taken to RVH<br><br>Incident stood down at 00:32 |

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

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

Police Service Northern Ireland GOLD and SILVER command rooms were in operation throughout the G8 conference, Enniskillen. The Trust supported Police GOLD with senior officers. The Trust had multiple Chemical, Biological, Radiological & Nuclear (CBRN) teams and additional ambulance cover on standby throughout the event and had called on mutual aid from the Scottish Ambulance Service.

## 4.    Emergency Preparedness Training

Annual Training Summary:

| Session | Total Staff | Details |
|---------|-------------|---------|
| Emergency Planning | 30 | Major Incident Medical Management and Support (MIMMS) refresher course Hospital Major Incident Medical Management Support (HMIMMS) course |
| HART- Hazardous Areas Response Team | All HART staff attended some area of the training | SWAH workshops 3rd cohort induction training Breathing Apparatus(BA) refresher training Rope Technician Refresher Course Mountain rescue assessments Mountain rescue training (NWMRT) Mountain rescue training Tullymore Port-a-count with PSNI |
| Business Continuity | 4 | Business continuity awareness session held with BCP leads |

Individual Specialised Training

11 April three emergency planning Officers attended their PP course in Whiteabbey Ambulance Station.

12 April two officers attended a decision making workshop hosted by the PSNI in conjunction with University of Liverpool.

18 April two emergency planning officers attended a health & safety training day held at Lissue.

22 April one officer attended an Initial Operational Response Workshop in Walsall, England.

26 April two officers attended a Silver Commander training day in PSNI training base, Steeple.

7 May three officers attended an IED training day in conjunction with NIFRS and PSNI.

30 May one officer attended a "driving with lights" training evening in conjunction with PSNI

25 June one officer attended a Responder Workshop hosted in the Hilton Hotel, Templepatrick.

20 July three officers attended a Main Operations Centre training day hosted by PSNI, in preparation for the World police and Fire Games.

7 August three officers attended a Train the Trainer workshop for MTFA incidents in England.

16 September one officer attended a Human Factors Champion Course held at the ALSG, England.

1 October two Officers attended a Major Incident Logs course held by Bond Solon

15 October one officer attended an Airport emergency Hydra exercise training day in conjunction with the PSNI.

16 December three officers attended a Severe weather workshop held in Ballymena Show Grounds

14 January nine officers attended a Government Decontamination Service workshop held in PSNI steeple.

19 February one officer attended the National HART trainers workshop in England

Group Trust Staff Training

10 April four officers and HART staff attended a Hazmat training day in conjunction with NIFRS

26 April emergency planning training session given to new recruits to Ambulance Care Attendant staff.

During December all officers in the emergency Planning department attended their annual Post Proficiency Course in Whiteabbey ambulance Station

31 January four officers attended a Command & control workshop held in conjunction with WHSCT.

During the year  Emergency Planning Training was delivered to Emergency Ambulance Control staff as part of their annual refresher training programme.

12 February five officers attended a train the trainer for Command & Control 3 day workshop. Training provided by the London Ambulance Service Emergency Planning Department.

27 & 28 March twenty five officers attended a MIMMS refresher course.


<u>Training provided to outside Agencies</u>

| | |
|---|---|
| 21 May 2013 | BHSCT Emergency Department MI and CBRN training days |
| 28 & 29 May | Emergency planning presentation for Foundation Year Doctor Programme |
| 3 & 10 June | Medical cover and emergency management training for the medical providers to the WP&FG |
| 14 June | Briefing for Scottish SORT on arrival for G8 summit |
| 17 October | SEHSCT emergency Department MI & CBRN training day. |
| 28 November | NIAS held a HMIMMS Course for the Public Health Agency. |
| 8&22 January 2014 | Northern Ireland Ambulance Service hosted an Emergency Planning seminar for medical students. |
| 19 February | Northern Ireland Ambulance Service hosted an Emergency Planning seminar for medical students. |
| 27 February | NIAS held a HMIMMS Course for the Public Health Agency. |
| 6 March | NIAS held a training day for PRPS suits for the WHSCT |
| 19 March | Northern Ireland Ambulance Service hosted an Emergency Planning seminar for medical students. |

## 5.    Exercises

| | |
|---|---|
| 05 April 2013 | Exercise DLOG 7 – an internal alerting / communications exercise. |
| 17 April 2013 | Lisburn City Council Exercise – multi-agency table top exercise. |
| 19 April 2013 | Exercise Press Stud – a multi-agency exercise held at the Belfast International Airport in preparation for the G8 summit. |
| 23 April 2013 | Exercise Argus Belfast – a multi-agency table top exercise to prepare the public and private sector to prepare for emergencies. |
| | A small exercise/ walk-through was held in the South West Acute Hospital – Trust, PHA and NIAS exercise in planning for G8 |
| 24 April 2013 | NW200 exercise- an exercise to look at the business continuity arrangements during the NW 200 motorcycling event. |
| 01 May 2013 | Exercise Articulus – Health table-top exercise to ensure planning for G8 |
| 09 May 2013 | Community exercise – a table-top health care exercise in preparation for the G8 summit held in conjunction with the WHSCT |
| 10 May 2013 | Exercise Amber – a live multi-agency exercise planning for a MTFA incident in the UK requiring mutual aid |
| 19 May 2013 | Exercise Erebus – a multi-agency table top exercise in validate G8 plans |
| 06 June 2013 | Sit-rep exercise – a paper exercise to ensure the correct communications and information passing within health co-ordinated by the DHSSPSNI. |
| 27 June 2013 | Cyclamen exercise- a table top exercise to validate cyclamen going live |
| 07 August 2013 | SWAH Exercise – Harland & wolf. This was a multi-agency exercise to test safe systems of work for retrieving a patient form the top of the crane to ground. |
| 03 Sept 2013 | Exercise DLOG 9 – an internal alerting / communications exercise. |

| 19 Sept 2013 | Exercise ARGUS - a multi-agency table top exercise to prepare the public and private sector to prepare for emergencies. |
| 24 Sept 2013 | Exercise FLOWERS – a business continuity exercise to test the response of the private sector providers of health in preparation for winter planning hosted by the BHSCT. |
| 02 Nov 2013 | Exercise Kilborony Mountain Bike – a multi-agency exercise to agree safe systems of work fin order to carryout rescues from the mountain bike trails. |
| 5 Nov 2013 | Exercise Winter pressures – a BHSCT exercise to confirm preparations for the winter period. |
| 07 Nov 2013 | Lumiere validation exercise – a table top exercise to confirm preperations for the Lumiere Light Spectacular Event, Londonderry. |
| 12 Nov 2013 | CoDA exercise – A table top exercise To test interagency working within the command room and on the operational airfield . |
| 19 Nov 2013 | POD activation exercise – a live deployment exercise of the National reserve stock pile. |
| 22 Nov 2013 | Enagh Lough Exercise – a table top exercise to validate the rescue plans for the NIFRS |
| 26 Nov 2013 | Exercise Eluvies – this was a multi-agency table-top exercise planning for flooding in the greater Belfast area. |
| 01 Dec 2013 | Cardiac Intensive Care evacuation exercise – this was a local exercise held within the BHSCT to confirm emergency arrangements in the event of an evacuation |
| 19 Dec 2013 | Tel-conference exercise -  a live teleconference exercise to validate the proper use of this facility during major incident / events. |
| 29 Jan 2014 | COMAH exercise – this was in the form of a site visit / walk through exercise for a COMAH site in the Belfast Harbour estate |
| 06 Feb 2014 | Exercise Golden Spiral – a live and table top exercise hosted by the Northern Ireland water Service |
| 19 Feb 2014 | Exercise Argus – a multi-agency table top exercise to prepare the public and private sector to prepare for emergencies. |

| 22 Feb 2014 | Exercise RAYNET – this was a live test of the amateur radio system (a back-up radio system to be utilised if radio system fails) across the emergency services and Northern Ireland. |
| --- | --- |
| 23 March 2014 | Exercise Trident – a live mutli-agency exercise for a crashed aircraft |

## 6. Controls Assurance Standards

The Trust achieved 91% in the self-assessment of Controls assurance standard for 2013/2014.

## 7. Business Continuity Management progress

NIAS participated in a peer review of business continuity with all the ambulance service in the UK.

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 2014/15.

## 9. Areas of additional risk in relation to emergency preparedness & response within the trust.

15 to 18 June saw the G8 summit being held in Enniskillen. The planning for this event was substantial, one officer was removed from his normal duties and dedicated to working on this one event. NIAS for the first time invoked the UK mutual aid agreement and brought a Special Operational Response Team from Scotland to assist in providing CBRN cover for the event and also brought additional major incident vehicles from England.

The World Police & Fire Games was held in Northern Ireland during July and August 2013. This brought 7000 competitors along with friends and family.  The planning for this included all the voluntary Ambulance Services and one private ambulance provider working along with NIAS to provide the medical cover. This was the first time that so many ambulance providers came to together to provide cover.

The International Fleadh 2013 was held in Londonderry during August this brought 400k people to the city over a week. 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 inn place for the large numbers of public traveling into and out of the city.

**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.

In 2014 / 15 The Northern Ireland Ambulance Service will be completing a review of Business Continuity Plans.

Appendix to annual report

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

**TB/8/31/07/14**

**Minutes of a Meeting of the Assurance Committee held on Thursday 5 June 2014 at 11.00am, Boardroom, NIAS Headquarters, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG**

| PRESENT | Prof M Hanratty | Non-Executive Director (Chair) |
|---|---|---|
| | Mr N McKinley | Non-Executive Director |
| | Miss A Paisley | Non-Executive Director |
| | Dr J Livingstone | Non-Executive Director |

| IN ATTENDANCE | Dr D McManus | Medical Director |
|---|---|---|
| | Mrs S McCue | Director of Finance & ICT |
| | Mr B McNeill | Director or Operations |
| | Ms R O'Hara | Director of Human Resources & Corporate Services |
| | Mr T McGarey | Risk Manager |
| | Mr P Nicholson | Assistant Director of Finance |
| | Mrs L Rafferty | Assistant Director of Human Resources, Education, Learning & Development |
| | Mr P Archer (ex-officio) | Chairman |
| | Mrs J McSwiggan | Senior Secretary |

## 1.0 Apologies

No apologies were received.

## 2.0 Procedure

### 2.1 Declaration of Potential Conflicts of Interest
No potential conflicts of interest were declared.

### 2.2 Quorum
The Committee was confirmed as quorate.

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

## 3.0 Minutes of the Assurance Committee Meeting held on 24 March 2014

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 29 May 2014.

## 4.0 Matters Arising

No matters arising.

**5.0    Chairman's Business**

**5.1    Assessment of Committee Performance**
It was agreed that the Non-Executive Directors will meet to discuss the collated responses to the questionnaire and will update the Committee at the September meeting.

**6.0    Standing Items**

**6.1    Assurance Framework as at 30 April 2014**
This was discussed in depth at the Trust Board meeting on 29 May. The framework continues to develop. It was noted that the introduction of Action Plans within the framework document will be helpful.

**6.2    Corporate Risk Register as at 30 April 2014**
This was discussed in depth at the Trust Board meeting on 29 May. It was noted that the Corporate Risk Register will now only be presented at Trust Board, and not at Assurance Committee.

**6.3    Local Risk Register Review as at 30 April 2014**
The Committee was assured that a process is now in place whereby the local Risk Registers are considered on a rolling basis at the Senior Executive Management Team meetings. These will also now be considered by the Assurance Committee.

The Medical Directorate local Risk Register was presented and noted.

**6.4    Controls Assurance Standards**
The Committee discussed the moderation of the Trust's scores by Internal Audit on the basis of the regional average to ensure consistency across all Trusts. It was noted that this process had the effect of reducing some of the Trust's scores.

The definition of an "agreed" score was discussed. Robust evidence is required to support the scores for each element of the standards and is used to resolve any differences in assessment by Internal Audit and the Trust. It was also noted that it is the responsibility of each Director to sign off their agreed rating with the Risk Manager.

The Committee was assured that several of the standards are agreed as not being applicable to NIAS, and that any difficulties in determining the applicability of a particular standard would be brought to the Assurance Committee.

It was noted that the recently introduced standard relating to information governance involves an extensive piece of work. An action plan has been developed and work on this has commenced.

The Committee thanked the Risk Manager for his clarification and providing reassurance.

**6.5**    **Untoward Incidents as at 30 April 2014**
The title "Communication Issues" in the Untoward Incident Report table was clarified.

The Committee discussed the complex issue of meal breaks, a pressure common to all UK ambulance services. A fuller understanding of the quantum of the problem is required in order to manage it appropriately. The Commissioners are supportive of the Trust carrying out a supply and demand analysis, including consideration of the provision of rest periods, possibly by an external organisation.

**6.5.1**    **Clinical Incidents as at 30 April 2014**
Noted.

**6.6**    **Serious Adverse Incidents as at 30 April 2014**
An updated list of Serious Adverse Incidents was circulated.

The Committee noted SAI Ref: GL. An action plan will be developed to address the recommendations relevant to NIAS, and this will be presented to the Assurance Committee meeting in September 2014. It was noted that some of these recommendations will have to be implemented jointly with other agencies.

The relationship between Serious Adverse Incidents and Clinical Incidents was clarified.

With regards SAI A2282 / UIR33303, the Committee agreed to consider this closed and remove it from the table of Serious Adverse Incidents.

The Committee noted the significant increase in numbers of Serious Adverse Incidents being raised and the reasons for this. While NIAS is fully engaged with other Trusts in the reporting and investigation of SAIs, it is causing considerable pressure, given the limited resources within NIAS as a small regional organisation.

Concern was expressed that the volume of SAIs and associated workload would have an adverse impact on the considerable progress that has been made in developing a culture where staff felt comfortable in reporting adverse incidents, and on the effectiveness of the process in improving patient safety and the quality of care. Concern was also expressed that the process could lead to wasteful effort, defensive behaviour and criticism rather than learning.

This will be discussed at the next meeting of Trust Medical Directors with the Chief Medical Officer.

It was agreed that the DHSSPS and Public Health Agency should be made aware of the Committee's serious concerns about the potential impact of the current situation and that this could be raised at the next Trust accountability meeting with the DHSSPS. The Committee offered its support in taking this forward.

It was noted that Serious Adverse Incidents and associated learning are reported to Trust Board through the Minutes of the Assurance Committee meetings.

It was also noted that DHSSPS requires all Trusts to carry out a "look back" exercise, reviewing the level of engagement with families and the Coroner relating to Serious Adverse Incidents dating back to 2008. This work is currently ongoing and is due to be completed by September 2014.

### 6.7 Coroner's Rule 43 Reports & Letters

The Committee noted that NIAS has responded to the Association of Ambulance Chief Executives (AACE) questionnaire relating to intubation by paramedics and the availability and use of end tidal $CO_2$ monitoring following concern being raised by a Coroner in England. In NIAS this technology is available on all the cardiac monitor defibrillators and is available to all paramedics undertaking this procedure. The Committee will be informed of any recommendations being made nationally through the Medical Directors Group.

### 6.8 Medical Device Alerts

Nothing to report.

### 6.9 Pharmacy & Medicines Management Update

Noted. The Committee noted that NIAS has successfully managed an ongoing global supply problem with prefilled adrenaline syringes by changing the presentation of adrenaline.

### 6.10 Reports from Groups and Committees

#### 6.10.1 Health & Safety Committee – Notes of Meeting 14 January 2014

Ongoing concerns about the storage of paper at NIAS HQ were noted and immediate action to resolve this was urged.

Work on the risk assessment log is ongoing and the Committee was assured that appropriate action will be taken.

#### 6.10.2 Health & Safety Committee – Management Summary of Meeting 24 April 2014

There were no items to be referred to the Assurance Committee.

The issue of an e-Cigarette policy remains outstanding.

#### 6.10.3 Fire Compliance Sub-Committee – Notes of Meeting 30 January 2014

#### 6.10.4 Fire Compliance Sub-Committee – Draft Notes of Meeting 8 May 2014

The Committee was advised that a fire safety report for Craigavon station had been received, and the minor issues raised have been resolved.

Ongoing concerns about the storage of paper at NIAS HQ were noted as above and the Committee was assured that the Sub-Committee continues to seek a resolution to this issue.

**6.10.5** **Medical Equipment Group – Notes of Meeting 10 April 2014**
Noted.

**6.10.6** **Infection Prevention & Control Group – Notes of Meeting 14 March 2014**
Noted.

**6.10.7** **Emergency Preparedness & Business Continuity – Notes of Meeting 3 April 2014**
Noted.

**7.0** **Business Continuity Peer Review Report**

Noted. The Committee will be appraised of progress against the action plan and recommendations at the September Assurance Committee meeting.

**8.0** **Risk Management Internal Audit Report 2013/14**

Noted. This has already been issued to Non-Executive Directors.

**9.0** **Any Other Business**

Assurance Committee members will be invited to the Audit Committee meeting on 17 June 2014 to consider the latest revised version of the Annual Report and Accounts for 2013/14 which includes the Governance Statement.

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

The next meeting will take place on **Thursday 4 September 2014 at 1100hrs**.

**Signed:** *Mary Hanratty*          **Date:** 16 July 2014
**(Professor Hanratty, Chairman)**

**TB/9/31/07/14**

**NORTHERN IRELAND AMBULANCE SERVICE**

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***Minutes of a meeting of the Audit Committee held on Thursday 29 May 2014 at 9.30am
in the Board Room, Ambulance Headquarters,
Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG***

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| | | |
|---|---|---|
| **PRESENT:** | Mr N McKinley | Non Executive Director (Chair) |
| | Professor M Hanratty | Non Executive Director |
| | Ms A Paisley | Non Executive Director |
| | | |
| **IN ATTENDANCE:** | Mr Liam McIvor | Chief Executive |
| | Mrs S McCue | Director of Finance & ICT |
| | Mr P Nicholson | Assistant Director of Finance |
| | Mr A Phillips | Financial Accounts Manager |
| | Ms D Carville | NIAO External Audit |
| | Mr M Magill | KPMG External Audit |
| | Mr J Poole | KPMG External Audit |
| | Mrs C McKeown | BSO Internal Audit |
| | Mr D Charles | BSO Internal Audit |
| | Mrs E Hamilton | Senior Secretary |

**Welcome and Introduction to the Meeting**

Mr McKinley welcomed everyone and invited introductions around the table.

**1.0    Apologies**

There were apologies from Ms Catherine O'Hagan, in whose absence Ms Carville represented NIAO.  It was noted that the DHSSPS have indicated their intention to attend the next meeting on 10 June 2014.

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

There were no expressions of potential conflict of interest and the meeting was declared to be quorate.

**3.0    Minutes of Previous Meeting of the Audit Committee held on  6 March 2014 (for noting)**

Noted.  Minutes had been previously been agreed and will be presented to Trust Board on 29 May 2014.

**4.0    Matters Arising**

**4.1    Systems Overview**

The Audit Committee had previously requested a simple diagrammatic outline of the operation of the new FPL and HRPTS systems.  It was agreed that this would be considered at agenda item 11.2 Business Services Transformation Programme.

**4.2    Board Quoracy Issue**

Ms Paisley enquired as to the latest stage of development of this issue, recognising that there had been various exchanges of materials since the last meeting.  Mr McKinley indicated that everyone had given consideration to the various options and all had seemed content that Option 1 was preferred.  He proposed that the paper be forwarded to the Trust Board with the Audit Committee's recommendation that Option 1 was adopted.  Ms Paisley expressed her compliments to the working group on their production of very clear and comprehensive options. Mr McKinley echoed her sentiments.

**5.0    Chairman's Business**

**5.1    ALB Audit & Risk Committees Chairs Forum**

Mr McKinley and Professor Hanratty both confirmed their availability for the proposed revised date of Friday 4 July 2014, which has yet to be confirmed.

**5.2 Audit Committee Self-Assessment Checklist 2013/14**

Having completed this for a number of years the Chairman felt that it would build on the learning from previous self-assessments. The deadline for submission is 26 September 2014 and will be addressed after the conclusion of year-end business.

**5.3 Audit Committee Annual Report 2013/14**

Arising from last year's Self-Assessment Checklist the Chairman had undertaken to produce this report. The draft would be updated to reflect discussions and reports from today's meeting and provided for consideration by Audit Committee at the meeting of 10 June 2014.

**6.0    Internal Audit**

**6.1 Progress Report**

Mrs McKeown introduced this paper highlighting that it included the final six audit assignment reports concluding the audit plan for 2013/14.

In respect of the final reports presented to Audit Committee today, Mr Charles advised as follows:

Board Effectiveness – Satisfactory Assurance – There was one Priority 1 finding and five Priority 2 findings. Ms Paisley stated that the Priority 1 finding and related areas requiring strengthening were issues that all Board members were fully aware of. She asked that terminology be streamlined for clarity to refer either to Senior Executives or Directors, as there is no Senior Director post. The Chief Executive asked whether, given that the Standing Orders are a DHSSPS model used by various organisations, the issue of quoracy and the related audit recommendation ought to be escalated to DHSSPS as it would not only affect NIAS. Mrs McKeown undertook to look into this also raising it with other organisations. Ms Paisley and Mr McKinley stated their awareness that the Standing Orders are not immutable and proposals for change can and should where necessary be sought by any organisation. Mrs McCue agreed that, as per the process outlined at 4.2 above, this is being done.

Stocktake 2013/14 – Satisfactory Assurance – There were no findings or related recommendations.

Verification of Controls Assurance Standards 2013/14 – Mr Charles reminded the Committee that the first three standards are core standards which are verified by audit each year with the other three being chosen by DHSSPS for review in any given year. All showed substantive compliance and action plans are being developed to take forward actions arising from the self-assessments.

Non-Pay Expenditure 2013/14 – Limited Assurance – There were three Priority 1 findings and four Priority 2 findings. Mr Charles outlined the stage of transition by NIAS to the Shared Service Centre (SSC) for Accounts Payable. Only Purchase Order Procurements (POP) had transferred and NIAS was still processing Non Purchase Order invoices. This was in contrast to other Trusts who are further into the new system implementation and transition to the SSC. Mrs McKeown advised that the findings in relation to prompt payment performance, duplicate payment reporting and supplier amendments were consistent across the whole sector and are not particular to NIAS. Mrs McCue agreed that this audit gives a snapshot during a period of transition with work continuing both in NIAS and regionally.

Ms Paisley found provision of this wider context helpful and reassuring but reiterated her conviction that an SLA with BSO is more vital than ever given their increased role, but welcomed that NIAS was able to learn lessons from other organisations experiences of the new systems and the transfer to Shared Services. Professor Hanratty asked what impact the new systems and processes were having on the limited resources within the Finance Department. Mrs McCue recognised that the new system, which is welcome given the lack of sustainability of the old system, has not yet fully bedded in and it will take time to assess the impact of retained work.

The implementation of the new system had been a significant challenge to staff and the transition to Shared Services would also be difficult for the organisation and individual staff as roles and responsibilities became clearer.

Benefits realisation is the next key piece of work being undertaken to test against the business case for the new systems. The Chief Executive further articulated the hoped for benefits not only in financial terms but in terms of mitigating current risks associated with reliance on key individuals, particularly in NIAS payroll, for the provision of services. There were also significant anticipated benefits beyond the finance function that were expected through the deployment of Employee Self Service (ESS) and Manager Self Service (MSS).

He inquired as to the stage of plans to transition to Shared Services. Mr Nicholson outlined that revised dates in respect of Accounts Payable and Payroll were to be presented to the BSTP Regional Programme Board. Mr McIvor advised that he was a member of the Regional Programme Board and informed the Committee that he has also been appointed to chair the Shared Services Forum which is being established and was due to meet the following day to finalise terms of reference. Mrs McKeown stated her hope that this forum will review all non-satisfactory findings from Internal Audit in relation to the new systems and processes for all Trusts.

Investigation of Procurement– Mrs McKeown stated that this piece of work had been carried out as a joint piece for both BSO PaLS and NIAS arising from an anonymous allegation made through the Counter Fraud & Probity Service Fraud Hotline. The investigation had been carried out during a live tender process and with limited information given by the anonymous source. From the review of information available and engagement with staff both in BSO PaLS and NIAS, Internal Audit noted that at the time of the review, proper process had been followed in respect of tendering and communication with suppliers. Based on the information available, Internal Audit did not find any evidence to support the anonymous allegation. The Audit Committee expressed their satisfaction with the investigation and outcome.

Management of Contracts 2013/14 – Limited Assurance – There were four Priority 1 findings and two Priority 2 findings. Mr Charles explained that this is an annual audit area but that the focus was on a different aspect this year, with last year's area being reviewed in the follow-up audit. There was discussion around the balance of priorities with regard to the need to decontaminate ambulances, the requirement to have ambulances and crews available to respond to emergency calls and the requirement for appropriate procurement and contract management arrangements. It was suggested that local managers not only be regularly issued with guidance on procedures but have clear face to face communication on the importance of proper controls on the use of public funds and ensuring value for money to direct funds most appropriately to support frontline services. The Chief Executive further suggested that it was important to review the processes to ensure that the necessary information was easily to hand for those being required to carry out the authorisation at local level. He inquired as to the relevance of the calculation of miles per gallon for ambulance vehicles, given the nature of the requirements to run vehicles on idle to sustain equipment for the duration of calls. Mrs McKeown explained that the checks relate primarily to ensuring that all fuel is being used in service rather than for value for money purposes. Mrs McCue and Miss Paisley were agreed that it was imperative to impart understanding of the priority of ensuring appropriate use of public funds to staff whose background and core skills are not financial. The Chairman suggested that awareness of such responsibilities be built into training and review of these staff and was assured that training in "finance for non-finance staff" has been provided. In respect of Single Tender Actions, the current process and reporting arrangements were outlined. The detail was provided to Audit Committee at Item 9.4 and this format would be used for future reporting to Audit Committee.

## 6.2 Follow Up Report

Mr Charles reported that one Priority 1 finding from an earlier period remains outstanding, which relates to Information Governance. While this remains outstanding it is in progress and completion is dependent upon a broad piece of work to provide a framework. While the progress was noted there was some concern as to whether the new September implementation date

would be achievable given the summer leave period. Miss Paisley felt that the Board should have sight of a summary of outstanding internal audit recommendations in the Audit Committee Annual Report so that all directorates could share awareness and understand the importance of implementing recommendations. She believed that follow up of internal audit recommendations should form part of the managers' performance reviews. The Chief Executive welcomed the suggestion that this be brought to the Board to enable these priorities to be considered alongside all other competing priorities and decisions to be taken in a whole organisation context. There was some discussion of how and when recommendations are viewed as complete. Mrs McKeown stated that she was happy to review any partially implemented recommendations with management to ascertain if any should be concluded if it is considered they can be taken no further. Mr Poole pointed out that the increase in Internal Audit recommendations either partially or not implemented at the end of the year were largely due to the findings in respect of the new FPL and HRPTS systems and Management of Contracts, of which everyone is aware.

**6.3    Head of Internal Audit Annual Report to Audit Committee**
Mrs McKeown's overall opinion as Head of Internal Audit was that there is a satisfactory system of internal control designed to meet the organisation's objectives. However, Limited assurance has been provided in a number of areas, including Volunteer Driver Expenses and the percentage implementation of previous recommendations has fallen. In general, procurement (beyond the COPE) and contract management processes require strengthening going forward. Controls in the new financial systems also require further and prompt development.

Mrs McKeown advised that her comments with regard to controls in the new financial systems requiring further prompt development had featured in all of her annual reports to the various HSC organisations this year. She further requested that the full opinion was included as part of the NIAS Governance Statement.

The Chairman thanked Mrs McKeown for her report.

**7.0    External Audit**

**7.1    Submission Letter and Draft, Unaudited, Uncertified, Exchequer and Consolidated Charitable Trust Fund Accounts 2013/14 (Including Annual Report, Remuneration Report and Governance Statement)**
Mrs McCue explained that this was now a comprehensive document including for the first time this year the Charitable Trust Fund Accounts consolidated into the Public Funds Accounts. The requirement to produce stand alone Charitable Trust fund Accounts and a Trustee's Annual Report remained for the current year.

There was discussion about work which has begun to look at the Trust's risk appetite. The Chief Executive informed the Committee that a toolkit has recently been acquired to help develop and express risk appetite and the Comptroller and Auditor General has been invited to address NICON on this subject. It was agreed that this would be a development area for 2014/15. Mrs McKeown requested that any information in regard to the toolkit be provided to Internal Audit.

Miss Paisley was pleased that all Board members have been very involved in viewing the drafts of the documents at various stages and giving input. She invited consideration of whether the figure of £63 million before non-cash items expressed on Page 10 ought to read £68 million to align more directly with the accounts. It was agreed that this would be addressed.

She suggested inclusion of a sentence relating to the ongoing issues at Board level relating to elements of Executive Director remuneration. It was agreed that this would be included on Page 56 under the Board Effectiveness section. She felt that it was important to highlight the work on benefits realisation of the new systems as mentioned on Page 54.

She raised concern again at the lack of timely assurance from Business Services Organisation (BSO) to enable the Trust Board to take assurance, given the increasing reliance upon BSO. Mr Poole advised that BSO are engaged in the same year end process as the Trusts and therefore

have not reached a point where they can issue final assurances. He advised that NIAS have not had a much greater reliance in the 2013/14 year on BSO than in previous years given their later stage of entry into the use of new systems. Some discussion ensued as to what level of assurance could be obtained by 10 June. Mrs McKeown informed the committee that she has been working on a briefing paper indicating how Internal Audit will operate in the Shared Service environment and the various mechanisms for interaction. She also stated that the Chief executive of the BSO has agreed to provide two letters per year to help with both year end and mid-year assurances.

The Chairman inquired as to whether some reference to the Board's consideration of the Francis Report ought to be made. Professor Hanratty noted that many of the recommendations were not applicable to or within the gift NIAS, but would consider the potential for inclusion within the Governance Statement.

Miss Paisley asked about the best approach to ensure sensitive handling of the inclusion of the late Mr Seamus Shields' name in the Remuneration Report, given that it appeared only in relation to prior year comparators. Mr Poole offered advice on the usual practice and it was agreed that his name would be removed from the narrative section.

Miss Paisley asked for background information on some items showing variances from previous years. Mrs McCue gave a comprehensive breakdown of the items listed under Miscellaneous Expenditure and Mr Phillips detailed the reason for an increase in provisions. There was discussion around the public perception of the audit fees in proportion to received amounts in the Charitable Funds and Mr Nicholson agreed to update the narrative at point 5 on Page 19 of the separate Charitable Funds report to reflect the notional nature of the charge.

There was acknowledgment of the difficulty of striking the balance between transparency and confidentiality where special payments are concerned when the number of cases is small. Miss Paisley inquired as to whether cases of clinical negligence had been brought to the Assurance Committee. It was explained that they would have been reported within various existing mechanisms such as Serious Adverse Incident reporting and Complaints reporting. It was agreed that lessons are learned in respect of clinical incidents and other claims.

A number of other minor changes were suggested and discussed throughout the document. These changes were to be considered and made as part of the papers for the Audit Committee meeting planned for 10 June 2014 and subsequent Trust Board meeting. Miss Paisley complimented the Trust for the achievement of the various financial targets, including breakeven and the requirement to remain within the Capital Resource Limit, especially given the nature of the capital programme with expenditure profiled so heavily towards the end of the year.

### 7.2 Submission Letter and Draft, Unaudited, Uncertified, Charitable Trust Fund Accounts and Trustee's Annual Report 2013/14

The detail of this had been touched upon in the previous discussion. It was confirmed by Ms Carville that this separate report continues to be a statutory requirement. It was understood that this is an important reporting area and represented a significant piece of work for both the Trust and Audit regardless of the scale of the funds.

## 8.0 For Approval

There were no items for approval at this meeting.

## 9.0 For Noting

### 9.1 Audit & Risk Assurance Handbook HSC(F) 17/2014

This had already been circulated to members electronically when received in early April but was included for completeness. Both the Chairman and Miss Paisley had found the appendices helpful. Mr McKinley had spoken with the Chairman of the Board about possibly using the model letter of appointment when a committee member would next be appointed and refer to Annex E – the example core work programme as part of any new member's induction. Miss Paisley

remarked that it might be useful to review the Terms of Reference against the differing ones given here as an exemplar.

### 9.2 2013/14 Performance Report for BSO Counter Fraud & Probity Services
Miss Paisley commented that this was helpful in that it provided a small part of overall BSO assurance.

### 9.3 Annual Theft and Fraud Report 2012/13 – HSC(F) 16/2014
Full copies of the report are available on request.

### 9.4 Single Tender Actions 2013/14
Mrs McCue explained that Single Tender Actions are the procedures applied when the full tendering process is not undertaken. Only four such instances have occurred in the financial year 2013/14 and all have been signed off by the Chief Executive. Mr McKinley advised that, while the Red Cross were the subject of one STA, his role in the Red Cross was completely removed from this operational arrangement. It was noted that this connection was declared in Note 23.1 of the Accounts. Where at all possible, matters are regularised to avoid instances of STAs. The Chief Executive outlined the potential difficulty in contracting for surge capacity cover. While other Trusts may be considering contractual arrangements with these other ambulance providers, NIAS have a Memorandum of Understanding (MoU) with voluntary organisations in relation to responses to Major Incidents (for which they provide charitable, unpaid assistance and cover). The Chief Executive has advised the organisations that, in view of this MoU, NIAS would need to be kept informed of any change in their availability if they enter into contracts with others.

## 10.0 Closed Meeting
It was felt that this would be more usefully deferred to the 10 June 2014 meeting. The Chairman did, however, avail of this opportunity to inquire as to the level of collaboration in working between Internal and External audit. Mr Poole explained how they would consult on areas of work discussing emerging issues, reasons and early warnings. Mr Poole further explained that it was quicker and more efficient in many cases for his field workers to get information again from the source than to go to Internal Audit and still have to carry out verifying checks to prove the reliability of their work. Mrs McKeown stated that as part of the audit planning process Internal Audit do meet with External Audit to help minimise any duplication.

## 11.0 Any Other Business

### 11.1 Fraud Update
Mr Nicholson provided an update to the Committee in respect of ongoing cases. National Fraud initiative data matches continue to be progressed both internally and with PSNI as appropriate. There had been some information received in relation to ambulance equipment which was being progressed by the Trust in conjunction with the Counter Fraud and Probity Service

### 11.2 Business Services Transformation Programme (BSTP)
Mr Nicholson diagrammatic representation of the new FPL and HRPTS systems and associated interfaces was circulated. He provided an update on the current payroll issues affecting HSC that had been the subject of recent public scrutiny. These had been very significant issues for HSC staff, organisations and the HRPTS project, however the impact on NIAS staff to date had been minimal.

Mr McKinley expressed the Committee's thanks to all the finance team for their hard work over the year.

## 12.0 Date, Time and Venue of Next Meetings

The next meeting of the Audit Committee is scheduled for Tuesday 10 June at 9.30am in the Boardroom, NIAS Headquarters. Mr McKinley gave his apologies for this meeting but would provide the latest draft of the Audit Committee Annual Report for this meeting.

TRUST BOARD MEETING (ANNUAL ACCOUNTS) – Tuesday 17 June 2014, 1pm

Audit Committee Meetings, NIAS Headquarters at 2pm
Thursday 4 September 2014
Thursday 4 December 2014

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

*Mary Hanratty*

**Signed** _____

**(Chairman)**

**Date    10 June 2014**

## NORTHERN IRELAND AMBULANCE SERVICE

**_Minutes of a meeting of the Audit Committee held on Tuesday 10 June 2014 at 9.30am
in the Board Room, Ambulance Headquarters,
Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG_**

| | | |
|---|---|---|
| **PRESENT:** | Professor M Hanratty | Non Executive Director (Chair) |
| | Ms A Paisley | Non Executive Director |
| | Mr J Livingstone | Non Executive Director |
| | | |
| **N ATTENDANCE:** | Mrs S McCue | Director of Finance & ICT |
| | Mr P Nicholson | Assistant Director of Finance |
| | Mr A Phillips | Financial Accounts Manager |
| | Ms C O'Hagan | NIAO External Audit |
| | Mr J Poole | KPMG External Audit |
| | Mr D Charles | BSO Internal Audit |
| | Mrs Hilda Hagan | DHSSPS |
| | Mrs M Taylor | Personal Assistant |

### Welcome and Introduction to the Meeting

Prof Hanratty would chair the meeting in the absence of Mr McKinley. She welcomed everyone to the meeting, in particular Mr Jim Livingstone and Hilda Hagan, from the DHSSPS. Introductions were invited around the table.

### 1.0 Apologies

There were apologies from Mr L McIvor, Mr N McKinley, Mrs C McKeown and Dr D McManus.

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

There were no expressions of potential conflict of interest and the meeting was declared to be quorate.

### 3.0 Minutes of Previous Meeting of the Audit Committee held on 29 May 2014

Minutes of the last meeting were read and the Chair invited comments from Committee members.

Page 4 (6.2) Ms Paisley clarified her view that a summary of outstanding internal audit recommendations should be provided as part of the Trust Board Performance Report.

Page 5 Ms Paisley asked Mr Poole to give some clarity around paragraph 3. Mr Poole confirmed that it was appropriate that Mr Seamus Shields (deceased) was not included in the narrative of Directors for the current year, but should be included in the tables showing senior employees remuneration so that prior year comparisons were complete.

Page 4 (7.1) Ms Paisley commented on the last sentence of the final paragraph should be amended to read '…Capital Resource Limit, especially given the nature of the capital programme with expenditure profiled so heavily towards the end of the year'.

With this clarification and amendment, the minutes were agreed as a true and accurate record.

### 4.0 Matters Arising

There were no matters arising not covered in the agenda

**5.0**      <u>**Chairman's Business**</u>

The Trust had received an email from the DHSSPS on 9 June 2014 in respect of the NIAS 2013/14 Governance Statement.  The letter was the Departmental assessment of the original NIAS Governance Statement submitted to the DHSSPS on 25 April 2014.  It was circulated amongst all present to read followed by discussion.

The Chair commented that paragraph 3 was important to note and invited Mrs McCue and Mr Nicholson to put forward their comments.  Mrs McCue highlighted that many elements of the review were positive and only a small number of items had been highlighted for consideration by the Trust.

The specific issues raised were in respect of:

- Pandemic Flu
- Prompt payment Performance
- Priority One Internal Audit Findings
- Serious Adverse Incidents

After detailed discussion and clarification on each of the issues raised, it was agreed that amendments would be made to the Governance Statement and that these would be presented to the full Trust Board at the meeting of 17 June 2014.

**6.0**      <u>**For Noting**</u>

**6.1**      <u>**External Audit Draft Report to Those Charged With Governance 2013/14**</u>

Mr Poole talked members through the document.  He referred members to page one highlighting the current status of the audit and the small number of outstanding matters.  He advised, however, that the DHSSPS had recently issued a circular in relation to the Senior Executive Pay Award for 2013/14 and that the impact of this would need to be considered in both the Accounts and the Remuneration Report.  It was agreed that any impact on bandings could be updated, but that it was unlikely that Cash Equivalent Transfer Values could be updated, and some additional disclosure to this effect should be provided.  Mr Nicholson agreed to make the necessary changes following today's Audit Committee meeting.

Mr Poole highlighted that the report this year covered both Public Funds and Charitable Trust Funds.  He outlined the key risks identified with the report, in particular Agenda for Change and the implementation of the new FPL and HRPTS systems.  The risks in relation to Agenda for Change were well documented and the treatment by the Trust of this issue within the accounts was the most appropriate.  However, the financial and reputational risks to the Trusts remained as long as issues remain outstanding.

The lack of the Service Level Agreement with Shared Service Centre (SSC) was an important issue along with the need to have a clear understanding of the new systems and the roles and responsibilities of the Trust and the SSC into the new financial year, particularly as functions are transferred.  Mr Poole also highlighted Procurement and Contract Management issues that had been raised by Internal Audit and also performance against the 95% target for the prompt payment of invoices.

Mr Poole also referred to the small number of adjustments that had been made to the original submission of the accounts and also highlighted on unadjusted audit misstatement in respect of the calculation of the annual leave accrual.  He advised that the report would remain provisional and draft until the completion of the outstanding audit matters and the final certification by NIAO.  Finally, he expressed his gratitude to those involved in the completion of the accounts and the audit.

The Chair invited comments and questions.  There followed detailed discussion of elements contained within the report, in particular Agenda for Change.  While the Trust Board received regular updates in respect of Agenda for Change, it was agreed that the matter would again be

highlighted to the full Trust Board.

**7.0**     <u>**For Approval**</u>

**7.1**     **Draft, Audited, Uncertified Exchequer and Consolidated Charitable Trust Funds Accounts 2013/14 (including Annual Report, Remuneration Report and Governance Statement)**

Mrs McCue advised that this document had previously been considered by Audit Committee in draft, unaudited form at the meeting on 29 May 2014. She highlighted in detail the changes that had taken place throughout the document in the accounts. These changes were noted and discussed and a number of other changes suggested.

**7.2**     **Draft, Audited, Uncertified Charitable Trust Fund Accounts and Trustee's Annual Report 2013/14**

Mrs McCue advised that this document had also previously been considered by Audit Committee in draft, unaudited form at the meeting on 29 May 2014. She highlighted in detail the changes and commented that any changes required as a result of the Departmental Review of the Governance Statement that were relevant to Charitable Trust Funds would also need to be incorporated into the document. These changes were noted and discussed and a number of other changes suggested, in particular in respect of the wording in respect of the Trust Board as Corporate Trustee for the Charitable Trust Funds.

**7.3**     **Closed Meeting**

At this point, Mrs McCue, Mr Nicholson, Mr Phillips and Mrs Taylor were requested to leave the meeting to allow Audit Committee members to meet independently with the Internal and external Auditors. Professor Hanratty invited Hilda Hagan to remain for the closed meeting.

After a period of time, they were invited back to the meeting. Professor Hanratty 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 during the year and the completion of the annual accounts to the current stage. She also commented positively on the level of cooperation provided to Audit and to Audit Committee and the openness and transparency with which business is conducted.

**7.4**     **Audit Committee Annual Report 2013/14**

The latest version of this document was shared. It was noted that the document had gone through a number of iterations with members of Audit Committee. After discussion, a number of further changes and amendments were made and it was agreed that this would be presented to Trust Board.

**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 Funds and Consolidated Charitable Trust Funds 2013/14

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

Charitable Trust Funds 2013/14

-     Annual Accounts

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

**7.6   Internal Audit Strategy Incorporating The Proposal Internal Audit Plan 2014/15 to 2016/17**

Mr Charles introduced this document.  He highlighted the strategy and the three year plan of assignments to cover 2014/15 to 2016/17.  This plan built on the work carried out in previous years and was risk based and informed by the Trust Assurance Framework and the Corporate Risk Register.  The plan is structured to cover Finance, Corporate Risk and Governance Audits.

Mr Charles provided an overview of the planned audit assignments for 2014/15, noting in particular the number of days across each area and the work in respect of Shared Services.  There followed detailed discussion on elements within the plan, especially with regard to regional audits.  Ms Paisley enquired from Mr Charles about the flexibility of the plan.  He provided an assurance that it was absolutely flexible to respond to any requirements that may arise through the year.  It was noted that the plan was comprehensive and would place significant demands upon the Trust.

A number of changes were suggested.  Subject to these and the sharing of the document with the wider NIAS management team, the strategy was agreed by the Audit Committee.

**8.0   Any Other Business**

**8.1   Fraud Update**

**8.2   Business Services Transformation Project (BSTP)**

There were no specific update on either of these items since last Audit Committee update provided on 29 May 2014

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

The next meeting of the Audit Committee is scheduled for Thursday 4 September 2014 at 2.00pm in the Boardroom, NIAS Headquarters.

**Signed** _Mary Hanratty_

**(Chairman)**

**Date   22 July 2014**