



***A Meeting of Trust Board to be held on
Thursday, 30 January 2014 at 2.00pm at
Mourne Country Hotel,
52 Belfast Rd, Newry, Co Down BT34 1TR***

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 28 November 2013 (for approval and signature)

TB/1/30/01/14

4.0 Matters Arising

4.1 10,000 Voices

5.0 Chairman's Business

5.1 Chairman's Update
5.2 Visit to Newry Ambulance Station

6.0 Chief Executive's Business

6.1 Chief Executive's Update
6.2 Transforming Your Care Update

7.0 Performance Report as at 31 December 2013

TB/2/30/01/14

Highlight Reports by each Director:

Chief Executive
Operations
Finance & ICT
Human Resources & Corporate Services
Medical

8.0 Items for Approval

8.1 Business Continuity Strategy and Business Continuity Policy

TB/3/30/01/14

8.2	Proposal for the Implementation of Revised Booking Procedure For Scheduled Non-Emergency Ambulance Transport (Patient Care Services)	TB/4/30/01/14
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9.0 Items for Noting

9.1	Draft response to consultation_Community Resuscitation Strategy For Northern Ireland	TB/5/30/01/14
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9.2	Staff Satisfaction Survey Action Plan 2013-2016	TB/6/30/01/14
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10.0 Application of Trust Seal

11.0 Forum for Questions

12.0 Any Other Business

Next meeting of Trust Board will be held on Thursday, 27 March 2014 in the Western Division

Standing Orders

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

Admission of Public and the Press

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

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

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

3.18 Observers at Board meetings

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

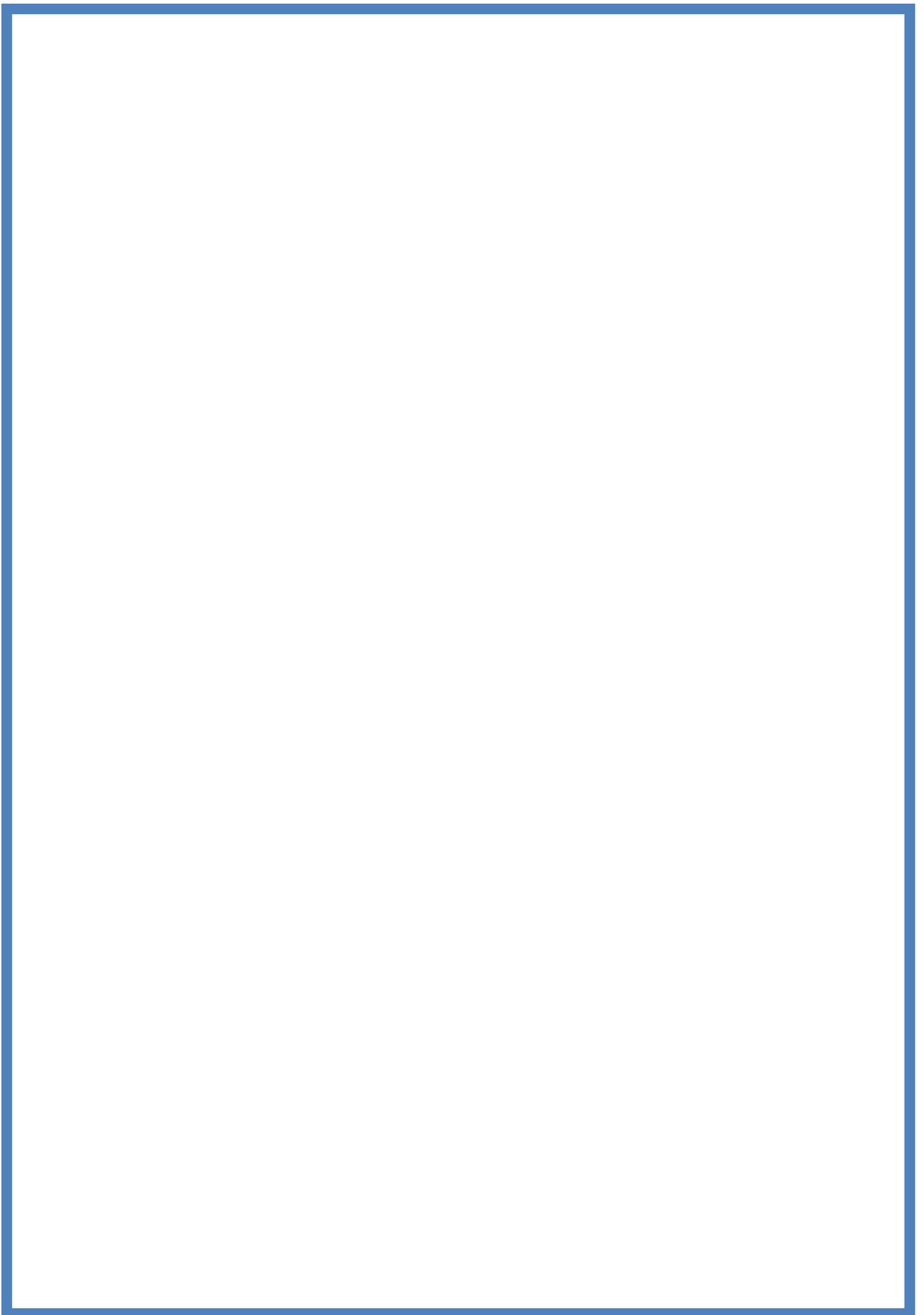
PROCEDURE RELATING TO SUBMISSION OF QUESTIONS FROM THE PUBLIC AT NIAS TRUST BOARD MEETINGS

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

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

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

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





Northern Ireland Ambulance Service
Health and Social Care Trust



TRUST BOARD

***Meeting to be held on Thursday, 30 January 2013 at Mourne Country Hotel,
52 Belfast Rd, Newry, Down BT34 1TR***

TB/1/30/01/14



***Minutes of a Trust Board Meeting held on Thursday,
28 November 2013, 2.00pm at NIAS Headquarters,
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

In Attendance:

Miss K Baxter	Executive Administrator (Temp)
Mrs J McSwiggan	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

Apologies were received from Dr D McManus (Medical Director) and Ms R O'Hara (Director of Human Resources & Corporate Services).

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

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

3.0 Minutes of the Previous Meeting of the Trust Board held on 25 July 2013

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

4.0 Matters Arising

4.1 Review of Management Costs

It was noted that review of management costs would be progressed through Audit Committee in the first instance and reported to Trust Board accordingly.

The Board noted that the Audit Committee are reviewing management costs in line with the business planning priorities paper.

4.2 10,000 Voices Campaign

The Chairman advised that the Chair of the Public Health Agency (PHA) had responded to his letter stating that NIAS had been included in the project throughout but had decided to withdraw from it. The letter also advised that NIAS has been provided with a resource allocation to allow participation, although no direct funding has been made available.

The Chief Executive advised the Board that NIAS will continue to engage with the PHA and has not withdrawn from the project.

The Board expressed its disappointment at the PHA response and the lack of direct resources available to allow NIAS to comply with its statutory duty. It was agreed that the Chairman would write to the PHA again to express the Trust's disappointment.

Action: Chairman to write again to PHA

Two other Matters Arising were highlighted.

Prof Hanratty asked for it to be noted that the Board Workshop referred to in item 10.2 of the Minutes of the previous meeting (Board Workshops) had been postponed from 24 October and in fact took place on 12 November 2013.

Ms Paisley enquired when the Board expected an action plan for the staff survey and in response it was advised that, in line with previous board consideration, this would be advised on the Agenda for the next Assurance Committee meeting in January 2014.

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, including a meeting on 26 November with two officers from Internal Audit (BSO) relating to the Board Governance Self Assessment Tool which had been completed at the request of DHSSPS. Following this meeting a report from BSO is expected in the near future.

5.2 Visit to Bridge End Station

The Chairman commended the work of this busy station. However with all crews on calls at the time of the visit, the Board agreed that ambulance station visits prior to Board meetings are becoming more an opportunity to see facilities rather than to interact with staff. The Board briefly discussed other opportunities for meeting staff.

The following issues were raised:

- It was noted that the Lease for Bridge End Station is due to expire in October 2015 and the Board asked if this is covered within the NIAS Estates Strategy.
- The outlying Business Case is currently under review.
- In light of the constant pressure on staff, does NIAS provide additional support to staff to help them cope with day to day stress?
- Despite capacity constraints, the Trust continues to do its utmost to fulfil its duty of care to staff, and is working with staffside representatives to address the key issues including missed and delayed meal breaks and sickness absence.

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 and Chairman met with the Chief Executive and Chairman of NIFRS.
- The Chief Executive attended the launch of the "Choose Well" campaign.
- The Chief Executive made a presentation to a North South Inter-Parliamentary meeting in Dublin which was also attended by political representatives from both North and South of the border. Important issues were raised. The meeting was positive and highlighted the importance of working with Co-Operation and Working Together (CAWT).
- The Chief Executive attended the funeral of staff member Debbie Mann and had been privileged to read a tribute on this sad occasion.
- NIAS has re-established its link with the Association of Ambulance Chief Executives (AACE) as an associate member.

6.2 Transforming Your Care Update

An update was provided by the Chief Executive who advised that the programme status overall was good, although pace and progress was slower than anticipated. The programme status had moved to amber due to funding constraints. It was noted that Mr McNeill is the lead on the Integrated Care Partnership Project Board. The Chief Executive has expressed his view that Programme Board be provided with HSCB view of progress rather than a self-assessment by lead providers.

The following issues were highlighted:

- Is there any evidence of a resource transfer from the acute sector into the community?
- NIAS has submitted two proposals for transitional funding to enable the transfer from acute to non-acute sector and awaits a response. It was noted that acute and community are not separate entities for NIAS, whose responsibility lies with its total client group.
- Where does NIAS fit into the ongoing debate about system redesign – solutions and alternatives?
- NIAS will articulate this through its Corporate Plan and Trust Delivery Plan.

NIAS has expressed its intention to the Programme Board to be involved at the formative design stage, not merely at the implementation stage. The Ambulance Service Area Managers (ASAMs) are involved in feeding up through ICP boards and other structures. The pressure on the Information Department to provide information on patient flows etc. was noted.

- Have there been any discussions in Northern Ireland about changing the out of hours situation for GPs, as is being discussed in England?
- The only proposal is a further regionalisation of GP Out of Hours led by the Health & Social Care Board (HSCB).

7.0 Performance Report as at 31 October 2013

The Chief Executive presented the Performance Report and advised that the Trust continues to sharpen its focus on areas where it has a key and primary role to play.

A discrepancy between monthly and cumulative figures within absence reporting information was highlighted (HR 12 – Page 113). This was due to retrospective adjustments in the Human Resources Management System (HRMS) not being reflected in Board reports for previous month data. HR managers have advised that the cumulative absence of 6.77% to end of October is correct, however the figures will be re-run and this will be reflected in the next version of the document.

The Corporate Risk Register will be reviewed by the Assurance Committee at the next meeting in January 2014. Risks highlighted at the Board workshop will be put into the context of the Trust Development Plan.

The following issues were highlighted:

- On Page 53 (2.23 HR15) in relation to doctors that are in the workplace being subjected to an annual appraisal, should the RAG rating be green rather than amber?
- 2014 appraisals have not yet taken place so amber is the prudent approach.
- The Board was pleased to see that the Community Resuscitation Strategy has been released for consultation. How will NIAS respond?
- The Chief Executive is due to meet the NIAS Equality Lead to discuss the formulation of the NIAS response. The intention is to provide a response as an organisation. This will be placed on the Agenda of the next Assurance Committee meeting in January 2014.

Operations

The Director of Operations updated members on his report, focussing on improvements in performance and preparations for the winter season.

Prof Hanratty advised that she had received very positive feedback on the contribution of Hospital Ambulance Liaison Officers (HALOs). Their presence at A&Es has made improvements. The Board were encouraged to hear this and the Business Case will demonstrate the added value HALOs bring in managing hospital turn-around times.

The Chair commended the Operations Department for the upward trend in Cat A response.

Finance & ICT

The Director of Finance & ICT presented her report highlighting the following areas: delivering financial breakeven, the prompt payment regime, the delivery of savings plans, improvement to the IT infrastructure and the pressures within the Information Department due to an increase in Freedom of Information (FOI) and data protection requests.

The following issues were raised:

- On Page 59 – Non Recurrent Savings and Bridging Allocation – had not been allocated a RAG rating.
 - The RAG rating for both is green.
- What is the consequence of breaching Freedom of Information (FOI) timeline requirements, and are breaches a capacity issue?
 - NIAS is aware of the serious consequences of such breaches and is monitoring the situation as part of the overall pressures on the Information Department. The Trust continues its commitment to the provision of FOI responses, demonstrated by its prior history of delivery of responses. The Board noted that the number of requests being made has more than doubled within the year, and the specific nature of the requests makes the process difficult to automate.
- What is the profile of capital expenditure for year end?
 - This was identified as fleet expenditure, and the slippage was beyond the Trust's control and due to a challenge to the national contract. The Trust will strive to move this forward on schedule.

Human Resources & Corporate Services

No items were raised in the absence of the Director of Human Resources & Corporate Services.

Medical

No items were raised in the absence of the Medical Director.

8.0 Items for Approval

8.1 Terms of Reference – Audit Committee

Board approval was given on the proposal of Dr Livingstone, seconded by the Chief Executive.

Action: Approved

8.2 Mid Year Assurance Statement/Resolution to Trust Board

This was discussed and previously amended following a recent Audit Committee meeting. The Board noted that this clearly states the Trust's current position and highlights areas that require progress and the ongoing work with the Commissioners. It will form the scope of the Mid Year Accountability meeting scheduled for January 2014.

Board approval was given on the proposal of Prof Hanratty, seconded by the Mr Mullan.

Action: Approved

9.0 Items for Noting

9.1 Minutes from Audit Committee held 5 September 2013

Noted. Prof Hanratty advised that as she had chaired this meeting, her name should replace Mr McKinley's as Chair on the Minutes.

9.2 Minutes from Audit Committee held 14 October 2013

Noted. Mr McKinley advised that a report of the Audit Committee Checklist will be presented to the Trust Board at the end of the financial year.

9.3 Minutes from Assurance Committee held 5 September 2013

Noted.

9.4 Long Service & Retirement Award Ceremony in Armagh – 7 January 2014

Noted. The Chairman reminded the Board of the date of this ceremony and asked that as many Non-Executive Directors attend as possible.

10.0 Application of Trust Seal

The Trust Seal has been used for the renewal of the Lease for the Carrickfergus Ambulance Station. It had also been applied to documentation relating to the commencement of works for the purchase of the Ballymena Ambulance Station.

11.0 Forum for Questions

No questions were received.

12.0 Any Other Business

None.

Date, Time and Venue of Next Meeting

The next meeting of the Trust Board will be held on Thursday 30 January 2014 in the Southern Division (venue to be confirmed).

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

Signed: _____

Date: _____
Chairman

TB/2/30/01/14

 Northern Ireland Ambulance Service
Health and Social Care Trust



PERFORMANCE **REPORT**

(As at 31 December 2013)

Separate document

NORTHERN IRELAND AMBULANCE SERVICE

PERFORMANCE REPORT 2013-2014

MISSION

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

INTRODUCTION

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

MINISTERIAL PRIORITIES

Minister for Health, Mr Edwin Poots has named eight key priorities;

- driving up the quality of services and outcomes;
- increasing productivity;
- greater collaboration with frontline professionals;
- more powerful local commissioning;
- champion preventative and early intervention measures;
- multi-faceted approach to limit unnecessary hospital care;
- encourage charity and voluntary sector assistance to find solutions; and
- explore means of enhancing the overall patient experience.

“The next five years will bring an ever greater pace of change and difficult dilemmas on where to focus our health and social care resources. The temptation is to "keep our heads down" and avoid making the decisions that are required of us, but that will not be good enough. Rather than wait passively for the tough choices to emerge, let us look ahead now, let us act now, and grab hold of the future.”

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 (Red Amber Green)**

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

STRATEGIC AIMS: PERFORMANCE & RISK REPORT

Ref	Strategic AIM	Performance Commentary	RAG Rating	Risk Assessment
SA1	To deliver a safe, high-quality ambulance service providing emergency and non-emergency clinical care and transportation which is appropriate, accessible, timely and effective	NIAS continues to provide safe high quality ambulance services. The model of service delivery has demonstrated effectiveness in the past and remains valid; however, it has proved sensitive to loss of response and patient transportation capacity presently linked to rising demand and Emergency Department pressures. NIAS is leading the development of the Community Resuscitation Strategy and recognises the significant role played by community resuscitation initiatives in the UK in respect of response to Cat A 999 calls.	A	The timeliness of response to 999 calls, including Cat A calls, improved in September and October but 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.
SA2	To achieve best outcomes for patients using all resources while ensuring high quality corporate governance, risk management and probity	NIAS continues to meet statutory requirements and deliver appropriate patient outcomes within the resource constraints identified. We continue to target calls on the basis of clinical urgency. Systems of corporate governance, risk management and probity have been maintained, and are subject to ongoing review and revision to identify and address weaknesses and deficiencies. Savings plans implementation is subject to delay and measures to maintain financial balance are being reviewed.	A	Increasingly stringent requirements particularly in areas such as procurement, pose issues due to regional configuration and mobile workforce. Approval, consultation and implementation of plans have caused delays in the amount of savings that can be delivered in 2013/14 compared to that set out in the Trust Delivery Plan. Non-recurrent measures have been developed to address £585,000 savings in 2013/14. A number of key assumptions identified later in this document underpin the Trust's ability to break even.
SA3	To engage with local communities and their representatives in addressing issues which affect their	NIAS has a programme of engagement in place which meets requirements within the limited resources available in this area.	G	Resource limitations and a 5 trust focus in this area have hampered efforts to deliver NIAS aspirations. We continue to explore opportunities to improve performance in this

	health, and participate fully in the development and delivery of responsive integrated services			area and increase capacity.
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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	Mod
232	Business Services Transformation Programme (BSTP)	<p>"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)"</p>	High	Mod
239	Achieving Financial Balance 2013/14 & 2014/15	<p>There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance.</p> <p>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:</p> <ol style="list-style-type: none"> 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 recognised and funded by Commissioners. Income levels for prior year developments, new service developments and other unavoidable pressures have been highlighted to HSCB /DHSSPS colleagues and the Trust is assuming that these costs will be met in full. 4. Accident & Emergency staff are currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. 	High	Mod

		<p>The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS</p> <p>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.</p> <p>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.</p>		
241	Organisational Cohesion	There is a risk to the effective governance of the organisation if the Trust Board is unable to maintain cohesion and capacity to fulfil its function.	Low	Low
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.	Mod	Mod
245	Public Perception	There is a risk that public perception of the ambulance service is inconsistent with the aspirations of the service.	Mod	Mod
246	Linking Demand to Funding	There is a risk that increasing demand for ambulance response and transportation will outstrip capacity and compromise delivery of safe, high quality care due to the absence of a means of linking planned/approved budget to demand.	Mod	Mod
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

STRATEGIC OBJECTIVES: PERFORMANCE & RISK ASSURANCE REPORT

<u>To deliver a safe, high-quality ambulance service providing emergency and non-emergency clinical care and transportation which is appropriate, accessible, timely and effective</u>			
Strategic Objectives	Performance Assessment	RAG Rating	Issues/Concerns
Further develop the service delivery model for scheduled and unscheduled care and transportation to address rural issues and exploit partnership opportunities.	The model is sound but could be enhanced by developing Public Healthcare professionals such as District Nurses as clinical first responders in local areas. The model is compromised by an erosion of NIAS response and patient transportation capacity through demand and emergency department pressures in particular. Performance Improvement Plan has been developed and implemented to maximise response capacity and target Cat A response.	G	<ul style="list-style-type: none"> • Integrated Care Partnerships (ICP's) appear to be the main channel for service development but not yet at implementation of service change stage from an ambulance perspective. • NIAS proposals for unscheduled care remain with HSCB for approval. • Potential delay in capacity review within HSCB linking resource to demand to address erosion of capacity. • Resilience will be further tested as winter pressures emerge.
Review and develop operational systems and processes to support the service delivery model which provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.	In the current absence of investment to address to demand increases and other pressures, we are prioritising activity to deliver maximum performance for Category A. An Action Plan has been developed to identify measures which can be taken within existing resources.	A	<ul style="list-style-type: none"> • Underperformance in Cat A response is being addressed through Performance Improvement Plan, but capacity constraints remain major issue. • Consequences on non Category A activity are a risk which we will monitor and seek to manage. • Staff welfare issues such as meal breaks and leave are a risk which we will monitor and seek to manage. • Consequences on vehicle cleaning and maintenance etc are a risk which we will monitor and seek to manage.
Build and maintain a high-performing, appropriately	NIAS workforce is appropriately skilled and educated to deliver safe high quality	G	<ul style="list-style-type: none"> • Filling core vacancies • Covering temporary service developments.

skilled and educated workforce, suitably equipped and fit for the purpose of delivering safe, high-quality ambulance services.	ambulance services. However, core vacancies need to be filled to reduce reliance on overtime and increase reliability. Also temporary service development funding is not a sustainable base for service delivery.		
Promote and develop an open, transparent and just culture focussed on patients and patient safety.	NIAS continues to make progress in this area.	A	<ul style="list-style-type: none"> • Demand pressures impact on meeting patient expectations, particularly timeliness of Non-Category A response.
<u>To achieve best outcomes for patients using all resources while ensuring high quality corporate governance, risk management and probity</u>			
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.	In the absence of locally agreed outcome measures NIAS continues to develop indicators consistent with UK Services. NIAS continues to work with stakeholders to improve outcomes focussing on key areas such as Alternative Care Pathways, Community Resuscitation Strategy, public access to Defibrillation, and Integrated Care Partnerships.	G	<ul style="list-style-type: none"> • Engaging with ICPs to secure buy in and support. • Timeliness of clinical performance data problematic from use of current paper-based Clinical Report Form. Collation of data and report production constrained by limited capacity and competing priorities within Information Department. • Whilst overall systems of internal control are considered by external agents to be satisfactory NIAS continues to develop plans to address a number of recommendations by internal audit in the areas of governance and procurement. Further budget reductions present a concern.
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.	Changes to operational systems to enhance Category A response take account of the need to maintain clinical indicators. Savings plans implementation is potentially subject to delay and measures to maintain financial balance continue to be reviewed.	A	<ul style="list-style-type: none"> • New response models are being developed and introduced as part of Transforming Your Care for referral protocols, non-transport protocols, etc. Currently subject to bids for funding, business cases which have not yet been approved. • NIAS has plans in place which are designed to

	<p>As a measure of probity in relation to public funds, NIAS has consistently achieved financial breakeven over the last ten years i.e. has neither overspent nor underspent its allocated budget. Value for money is one of the prime considerations of the NIAS procurement process, delivered in line with BSO PaLS – our Centre of Procurement Excellence. NIAS’s corporate governance, evidenced by our assurance framework, continues to be developed and improved in line with DHSSPS guidance. Focus on governance is maintained and NIAS continues to provide a paramedic-led service as the basis of delivery of safe high quality care, despite pressures and costs.</p>		<p>deliver efficiency savings and achieve financial breakeven. It is anticipated at this stage of the year that the Trust is on target to achieve financial breakeven by year end however this is subject to a series of assumptions. These are outlined in detail in a later section and include the identification of £585,000 non-recurrent savings to address in-year slippage and the availability of bridging funding.</p>
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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

<p>Establish processes, built around our Personal and Public Involvement (PPI) strategy, to enable effective communication and engagement with all our communities and their representatives. Use those PPI processes to clarify the ambulance role, function and resource with the community and agencies responsible for setting policy</p>	<p>Continuation of 2012/13 activity. Engage with 10,000 voice campaign. Social Media Policy in place and strong following building. Investing in new presentation tools for information presentation. Engage with TYC and ICP’s Engage with Emergency Department improvement work but focus currently on in-hospital Emergency Department issues. Involved in regional PPI workstreams working towards implementation of PPI</p>	G	<ul style="list-style-type: none"> • Not resourced for 10,000 Voices campaign. • Route of action is through Social Media for effective communications. • Competing priorities for information and development of presentation. • Slow progress to date. • Competing priorities. • Focus on in-hospital and Emergency Department issues. • Lack of dedicated resource related solely to delivery of PPI agenda.
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<p>and commissioning ambulance services, and test this against their perceived/assessed needs and expectations. 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.</p>	<p>strategy.</p>		
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Key Actions/Activities from NIAS Annual Plan & Trust Delivery Plan 2013-14

NIAS Strategic Objectives Report 2013-14

Further develop the service delivery model for scheduled and unscheduled care and transportation to address rural issues and exploit partnership opportunities.			
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	New deployment protocol for RRV in place to reduce dual response and target cat A calls.
Realign Emergency Ambulance Control to operational priorities to prioritise delivery of fast, clinically effective, patient-centred ambulance response	Ops	G	Dedicated Urgent Care desk introduced in Emergency Ambulance Control, additional ICVs made available to the Urgent Care Desk from realignment of the PCS resources. This is a temporary performance improvement measure.
Resolve indemnity issues impacting on development of Community First Response	Med	G	<p>Formal correspondence sent detailing issue and meetings between NIAS and DHSSPSNI taken place during 2012/13. Raised with Permanent Secretary and Chief Medical Officer (CMO) during accountability meetings. Highlighted at Community Resuscitation Strategy Working Group.</p> <p>Response received from DHSSPSNI at end June 2013 indicating provision of indemnity for CFRs subject to MOU between schemes and NIAS. Further engagement with CFR schemes required to action and ongoing. Further engagement with existing and potential CFR schemes currently being undertaken through formal correspondence and meetings to develop and revise MOUs. This is being included in the development of MOUs with two further CFR schemes currently under development.</p>
Influence development of Community Resuscitation Strategy and use as a vehicle to develop service delivery model and address rural	Med	G	NIAS Medical Director appointed as Chair of the Regional Working Group for development of Community Resuscitation Strategy and CEO appointed to Steering Group. Draft Strategy for

issues			consultation approved by Minister in October 2013. Consultation on Strategy ends 14 February 2014 with view to launch of Strategy in spring 2014.
Develop, and (subject to HSC support) implement, proposals for the introduction of “111” non-emergency, unscheduled care service	CX	A	This development does not feature as one of the immediate priorities for HSC in the TYC Implementation Plan. NIAS will continue to press for direction and prioritisation in pursuit of this development.
Review and develop operational systems and processes to support the service delivery model and provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.			
Deliver Cat A Response performance in line with HSC targets	Ops	R	Cat A performance below target due to increase in 999 demand, request for Hospital diverts and delays in patient handover. Performance Improvement Plan has been developed, shared with Trust Board, and is being implemented.
Introduce revised management of meal breaks and hospital turnaround	Ops	A	Management of meal breaks being reviewed through Ops JCG. Agreement reached with HSCB to monitor 15 minutes for patient handover time and 15 minutes for ambulance make ready. MDT being used by NIAS to measure (time stamp) both parameters).
Implement Business Services Transformation Programme(BSTP) in line with agreed timeframes and processes	Fin	A	NIAS continues to engage with DHSSPS colleagues at all levels to introduce BSTP into NIAS in line with agreed timeframes and processes. As at July 2013 NIAS has commenced implementation of the new system for Finance Procurement and Logistics. Financial information is now being generated and new reporting frameworks developed as the new system continues to be embedded.
Increase pool of Voluntary Car Service (VCS) drivers	Ops	A	Impact assessment being completed on achieving PCS efficiencies and what VCS resource is required to maintain activity.
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.			
Harmonise NIAS terms and conditions of service where they are inconsistent with Agenda for Change and wider HSC. HR1	HR	A	BSTP highlighted areas where NIAS terms and conditions were inconsistent with Agenda for Change and/or the wider HSC. These are being taken forward as follows: Work stream 1: Travel Time

			Work stream 2: Spoilt Meals Work stream 3: Protection Arrangements Work stream 4: Unsocial hours NIAS Workplan presented to the Joint Consultative & Negotiating Committee on 23 July 2013.
Develop and implement workforce plan to manage vacancies in line with delivery of savings requirements HR2	HR	G	The workforce planning model enables NIAS to manage vacancies and priority education of new staff in line with service developments and efficiency saving requirements. <ul style="list-style-type: none"> Quarterly review of workforce plan through multi-disciplinary Steering Group Proposals and recommendations made to SEMT as appropriate
Maintain accreditation for Education and Training HR3	HR	G	NIAS continues to meet the Health and Social Care Professions Council (HCPC) annual monitoring requirements in relation to Standards of Education and Training and Standards of Proficiency for Paramedics, and Edexcel/BTEC annual revalidation. In addition, the Trust will ensure it continues to meet all mandatory requirements set by other regulatory bodies and will ensure all statutory and legislative training obligations are met.
Develop workforce plans for implementation of Transforming Your Care(TYC) HR4	HR	A	Refer to HR2. Investment proposal submitted in July 2013 for project management office to support TYC implementation within NIAS. NIAS is represented at HSC TYC Workforce Planning groups.
Implement Knowledge & Skills Framework(KSF) requirements HR5	HR	G	Achieved. Compliance for each Directorate is detailed within the Appendix.
Deliver mandatory training HR6	HR	G	Achieved. Compliance is detailed within the Appendix.
Promote and develop an open, transparent and just culture focussed on patients and patient safety.			
Deliver initiatives for safer patient care in conjunction with HSC Safety Forum	Med	A	NIAS is represented at the Regional Safety Forum and has identified a number of areas for joint co-operation and development. These include: <ul style="list-style-type: none"> the development of ambulance-specific global trigger tools and

			<ul style="list-style-type: none"> • participation in global trigger tool training; • the benchmarking of clinical performance indicators; • chest drain insertion training; • regional application of falls protocol following pilot in SHSCT; • nursing home collaborative, specifically ambulance transfers; • the inclusion of physiological early warning scores in review of Patient Report Form; • triple aim in primary care – requests for emergency ambulances by GPs; • potential participation in quality and safety training for Trust Boards; • participation in human factors training. <p>Currently awaiting examples of trigger tools from Patient Safety Forum. Capacity within Information Department a constraint for benchmarking. Nominations provided by NIAS for participation in human factors training and attendance at regional PEWS workshops.</p> <p>A number of patient outcome and clinical quality performance measures submitted by NIAS to DHSSPS and agreed for inclusion in the 2014/15 Commissioning Directions.</p> <p>A new call prioritisation system to improve responsiveness to urgent calls received from GPs for implementation December 2013.</p>
Publish Assurance Reports and audit of Non-Clinical Indicators of Performance	Med	G	<p>Assurance Report to Assurance Committee and Trust Board revised during 2012/2013 and ratified and implemented Q1 2013/2014. Medical Director participates in Regional Quality 2020 Implementation Team. NIAS represented on a further two Quality 2020 task groups. Focus of regional workstream for Trust annual quality reports is predominantly related to secondary care and the regional quality report template published in October 2013 is not suitable for use by an ambulance service. Public Health Agency (PHA)/Regional Health & Social Care Board (RHSCB) have agreed that NIAS can develop a Trust-specific template. First</p>

			annual quality report will be published by September 2014 in keeping with agreed regional timescales.
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.			
Publish Assurance Reports and audit of Clinical Indicators of Performance	Med	G	<p>Identification of non-clinical performance indicators to be agreed as above. A number of condition-specific clinical performance indicators have been developed, are subject to clinical audit and are reported to Assurance Committee. The outcomes of this process are used to inform improvements in the delivery of clinical care. Clinical performance is also monitored by the Trust's Clinical Support Officers (CSOs). The first "treat and leave" and "treat and refer" protocols were introduced in Q3 2012/13 and performance against these is currently being reviewed. The current clinical performance indicators are currently being updated in accordance with new national clinical guidelines published in April 2013 which have been introduced throughout the Trust during September 2013, with a supporting clinical bulletin and programme of training. This is in advance of the required date of implementation nationally of April 2014. A number of patient outcome and clinical quality performance measures have been submitted to DHSSPS and agreed for inclusion in the 2014/15 Commissioning Directions. The Trust's Patient Report Form (PRF) is currently being reviewed in this regard also. A data quality and cleaning process has been undertaken by the Trust's Information Department. The timeliness and robustness of clinical information is 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. Proposals for project management have been submitted to the Regional ICT Board for the development of an appropriate business case. Funding secured for recruitment of a project manager and recruitment currently underway.</p>

<p>Demonstrate effectiveness of initiatives to manage people closer to home to prevent unnecessary and inappropriate hospital attendance</p>	<p>Med</p>	<p>G</p>	<p>The first “treat and leave” protocol relating to acute hypoglycaemia was introduced in Q3/4 2012/13. Initial data, which was included in a previous report, showed that 47.5% of patients presenting with a diabetic problem were not transported to a hospital, with at least 121 (53%) of those who did not travel to hospital being as a result of this protocol being applied. 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 a future report.</p> <p>In conjunction with the Southern Trust, NIAS commenced a pilot of a “treat and refer” protocol for falls occurring in the elderly population in the SHSCT area in December 2012. Initial data, which was included in a previous report, showed 72 referrals had been received from attending ambulance crews but this represents only 32% of patients potentially suitable for inclusion in the pilot. Further work is being undertaken with NIAS staff, NIAS clinical support team and SHSCT to improve compliance. Discussions have commenced with a number of other healthcare Boards regarding the regional roll-out of the pilot. Currently a number of “treat and leave” protocols are being developed for a number of other clinical conditions such as asthma, epilepsy and minor head injury and it is anticipated that these will now be introduced on a phased basis during the incoming year. 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 patients to contact us, for example, with mental health issues that would be more appropriately dealt with by community mental health teams. 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 the Chairs of a number of integrated care partnerships to progress these initiatives. NIAS representatives</p>
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			have now been appointed to the ICPs to facilitate ongoing engagement.
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.			
Deliver Financial Breakeven	Fin	A	NIAS has plans in place which are designed to deliver efficiency savings and achieve financial breakeven for 2013/14. It is anticipated at this stage of the year (end December 2013) that the Trust is on target to achieve financial breakeven by year end however this is subject to a series of assumptions as follows: Accident & Emergency staff is currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the Agenda for Change matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS. 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. Changes in the timing and format of savings from the Trust Delivery Plan have resulted in the requirement for non recurrent savings measures totalling £585k in the current year. The Trust is also assuming that £415k bridging funding as identified in the June 2013 RRL to achieve breakeven at year end is still available. Any changes in these assumptions will result in further contingency measures which are likely to impact directly on the delivery of front line services.
Make recommendations to Commissioner to reflect demand pressures in core budgets	Fin	A	NIAS continues to highlight cost pressures associated with capacity planning changes to service delivery to Commissioners.
Implement Savings Plans to achieve financial breakeven	Fin	A	Cumulative savings of £2.250m during 2013/14 (£1.18 12/13 and £1.07m 13/14). Approval, consultation and implementation of plans have caused delays in the amount of savings that can be delivered in 2013/14 compared to that set out in the Trust Delivery Plan. This has resulted in the requirement for non recurrent savings measures totalling £585k in the current year. NIAS

			received an allocation from HSCB of £415,000 in June 2013 RRL which has also been applied. The Trust will continue to work with DHSSPS and HSCB to deliver savings and achieve financial balance. Any changes in these assumptions will result in further contingency measures which are likely to impact directly on the delivery of front line services.
Secure funding associated with 2013-14 events (G8, etc)	Fin	A	NIAS continues to work with HSCB colleagues to ensure that NIAS's provision of services associated with 2013-14 events such as G8, World Police and Fire Games etc. are funded.
Implement BSTP staffing changes HR7	HR	A	NIAS participates on regional BSTP structures e.g. BSTP Programme Board, BSTP Implementation Board, Shared Services Implementation Board, Regional Forum for Consultation with Trade Unions and related work streams. NIAS Project Board structure identifies and agrees and implements related action plans. There have been regional delays in BSTP systems and Shared Services implementation. Accordingly it would appear unlikely that staff changes within NIAS will be implemented within 13/14. NIAS have continued to engage with affected staff and trade unions in this regard.
Implement DHSSPS Business Planning Requirement priorities	Fin	A	A detailed response by Directorate to the implementation of DHSSPS Business Planning Priorities is contained in DHSSPS Business Planning Priorities Report 2013-14 (see page 26 onwards)
Re-establish effective prompt payment regime	Fin	A	Performance remains under target and has dipped in June and August largely due to days of processing lost during preparation for and implementation of the new Finance, Procurement and Logistic (FPL) system. New reporting frameworks are currently being tested. Performance is monitored closely and plans are being developed in conjunction with authorising officers across the Trust to strive to re-establish performance in this area.

Establish processes, built around our Patient and Public Involvement (PPI) strategy, to enable effective communication and engagement with all our communities and their representatives.			
Implement PPI Strategy	Med	A	The Trust continues to work towards implementation of the strategy in addition to contributing to regional PPI work streams. However as previously, progress in this regard is hampered to some degree due to the competing pressures on a small team with no dedicated resource for these work streams. Key work streams have been prioritised for PPI processes such as PCS eligibility.
Secure access to patient representation via Patient & Client Council (PCC)	Med	A	NIAS has allocated a seat at Trust Board meetings to PCC. PCC-led meetings have been used to secure NIAS access to patient representation.
Undertake joint initiative with PCC on stakeholder engagement	Med	A	As a consequence of the PCC's inability to engage in the planned joint initiative, the Trust approached Disability Action (DA). Together NIAS and DA held two workshops with service users with a disability. The Trust continues with this engagement and hopes this will lead to future opportunities for shared PPI initiatives.
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.			
Ensure NIAS is represented on relevant PPI forums	Med	G	The Trust continues to participate in regional groups related to this area of work led by the Public Health Agency (PHA). This includes the Regional PPI Forum and the Patient Client Experience Steering Group and Working Group. In addition NIAS now has a degree of involvement in the 10,000 Voices campaign. Current regional work in which NIAS is involved includes involvement in regional PPI standards and development of an HSC PPI e-learning module with the Patient Client Council.
Review and enhance NIAS web presence and communication	Fin	A	Finance will continue to work with HR colleagues to provide the appropriate IT infrastructure (within available resources) to implement Trust's Communication strategy. NIAS ICT continues to liaise with HR (workforce plan) and Estates (station floor plans) recognising that limitations exist in NIAS estate to accommodate

			additional desktop devices. A review of the existing network infrastructure and the capacity for additional devices at station level has identified that the current IT infrastructure is at maximum capacity and requirements for additional access/facilities such as BSTP self service will require an HSC wide solution. Discussions are underway between HSC and Trust representatives to consider options.
Introduce tools to enhance public presentation of NIAS information	Fin	A	NIAS will carry out a benchmarking exercise of other ambulance services and other HSC organisations to develop a plan to enhance public presentation of NIAS information.
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.			
Establish process for NIAS engagement with Integrated Care Partnerships(ICP) to maximise opportunities to influence development of local health and social care solutions	Ops	G	Director of Operations is a member of ICP project Team. Area Managers have been nominated as NIAS representatives on each of the 17 Partnerships.
Establish process for NIAS engagement with TYC Unscheduled Care workstream to maximise opportunities to influence development of local and regional health and social care solutions	Ops	G	Directors of HR, Finance, Operations and Medical Director have met with Commissioners and HSCB reps to scope impact of TYC on Ambulance Service Delivery and clarify how to access project support.
Ensure NIAS is represented on relevant TYC forums	Ops	G	Represented on ICP Project Team IPPC Project Group. Unscheduled Care Group Managed Clinical Care Networks.

HSC Commissioning Objectives Report 2013-14 (NIAS – Specific)

Commissioning Objectives	NIAS Response	Report Lead	RAG Rating	Comment
Unscheduled Care				
<p>By September 2013, the Ambulance Service will, in collaboration with primary and secondary care clinicians, develop and implement agreed protocols to enable paramedics to assess and treat patients at the scene (including home) without transporting them to hospital, where appropriate.</p>	<p>Protocols will be in place by September 2013 for...</p> <ul style="list-style-type: none"> • Diabetic hypoglycaemia • Falls in the elderly <p>Protocols will be developed for a range of other conditions including...</p> <ul style="list-style-type: none"> • Asthma • Epilepsy • Mental Health • Minor Head Injuries 	Med	G	<p>The first “treat and leave” protocol relating to acute hypoglycaemia was introduced in Q3/4 2012/13. Initial data, which was included in a previous report, showed that 47.5% of patients presenting with a diabetic problem were not transported to a hospital, with at least 121 (53%) of those who did not travel to hospital being as a result of this protocol being applied. 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 a future report.</p> <p>In conjunction with the Southern Trust, NIAS commenced a pilot of a “treat and refer” protocol for falls occurring in the elderly population in the SHSCT area in December 2012. Initial data, which was included in a previous report, showed 72 referrals had been received from attending ambulance crews but this represents only 32% of patients potentially suitable for inclusion in the pilot. Further work is being undertaken with NIAS staff, NIAS clinical support team and SHSCT to improve compliance.</p> <p>Currently a number of “treat and leave” protocols are being developed for a number of other clinical conditions such as asthma, epilepsy and minor head injury and it is anticipated that these will now</p>

				<p>be introduced on a phased basis during the incoming year. 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 patients to contact us, for example, with mental health issues that would be more appropriately dealt with by community mental health teams. Progress in these areas is constrained by the degree of engagement by mental health service providers and other agencies.</p> <p>Meetings have now taken place between NIAS the Chairs of a number of integrated care partnerships to progress these initiatives. NIAS representatives have now been appointed to the ICPs to facilitate ongoing engagement.</p>
By December 2013, Trusts will agree clear protocols on the management of major trauma patients and further develop collaboratively these as necessary towards establishing a Trauma Managed Clinical Network ¹ .	NIAS will contribute fully to the Trauma Clinical Network and review and revise, as appropriate, ambulance protocols already in place for the management of major trauma.	Med	A	NIAS was represented by the Medical Director and Director of Operations at the first regional meeting to establish a Regional Managed Clinical Network for Major Trauma arranged by the Regional Health & Social Care Board (RHSCB) in May 2013. NIAS continues to support this work as required. A further regional meeting took place in November 2013 to establish a Regional Trauma Audit. This will be reviewed again end January 2014.
By December 2013, Trusts and ICPs will ensure that effective arrangements are in place to prevent unnecessary attendances at Emergency Departments	NIAS will continue to engage with Trusts and establish engagement processes with ICPs to contribute fully in this area.	Med	A	NIAS continues to participate in a number of Transforming Your Care (TYC) workstreams, the Regional Unscheduled Care Working Group of the HSCB, and the Regional GP Out of Hours Strategy Implementation Group in this regard.

¹ Further discussion required between Commissioner and provider(s) and / or DHSS&PS

<p>including: Access arrangements in General Practice (including out-of-hours) for patients requiring urgent unscheduled care, including telephone triage; GP direct access to appropriate diagnostics to enhance management of conditions in Primary Care; and rapid outpatient assessment or community-based ambulatory assessment (within 1-2 days) following same day discussion between GP and senior hospital doctor and agreed decision on steps to take in patient management.</p>	<p>In particular NIAS is keen to develop telephone triage via 111 telephone or equivalent to enhance unscheduled care arrangements in line with the recommendations of the Transforming Your Care report. NIAS is also keen to expand the role of paramedics as clinical professionals operating in the community to enhance patient care and management in the pre-hospital setting to maintain their independence and provide care closer to home.</p>			<p>Doctors working in the NIAS Emergency Control Room continue to provide callers with advice and alternatives to an emergency ambulance response and attendance at a hospital emergency department. Despite more stringent criteria being introduced during the previous year to mitigate potential risk, thus reducing the categories of calls that are subject to secondary triage by the doctors as previously reported, the number of calls triaged by them has risen by a further 3.7% during the year with 39% of callers being provided with an alternative response, representing a rise in year of a further 2%, compared to the previous year. During 2013 the first “treat and leave” and “treat and refer” protocols for diabetic hypoglycaemia and falls in the elderly respectively were introduced. These are currently being evaluated to inform the regional roll-out of the falls protocol and the implementation of a number of other condition-specific “treat and leave” protocols. NIAS is also involved in discussions regarding the development of a number of “treat and refer” protocols for, for example, patients with mental health problems. Progress is constrained by the degree of engagement by mental health service providers and other agencies. Meetings have now taken place between NIAS the Chairs of a number of integrated care partnerships to progress these initiatives. NIAS representatives have now been appointed to the ICPs to facilitate ongoing engagement.</p>
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<p>During 2013/14, all Trusts to confirm that the necessary components are in place to deliver 7-day working on acute sites including access to radiology, pharmacy, and senior medical decision-makers with closer liaison with district/community nursing, AHPs and social care in order to prevent an unnecessary emergency admission through appropriate patient handover and earlier discharge.</p>	<p>Not directly applicable to NIAS.</p>	<p>Med</p>		<p>Not directly applicable to NIAS.</p>
<p>By June 2013, all Trusts and LCGs will have jointly, identified, quantified and agreed the necessary community services required to ensure that Length of Stay (LOS) within hospitals, acute care at home and post-acute care are optimised. Integral to this will be the development, collaboratively among Trusts (including NIAS), by March 2014, of a directory of community services to support timely discharge of patients as well as prevent emergency attendances/admissions.</p>	<p>NIAS will engage fully with other stakeholders in the development and maintenance of a Directory of Services, and looks to HSCB to lead in the development of this Regional workstream.</p>	<p>Med</p>	<p>A</p>	<p>NIAS continues to be involved in the relevant workstreams for the development of the directory of services, for example, Transforming Your Care (TYC) Programme Board, Regional Unscheduled Care and GP Out of Hours Implementation Group.</p>
<p>Trusts and HSCB will work with independent sector providers to identify practice, training and contractual implications of</p>	<p>NIAS will review systems and processes, working with HSC and other bodies to prevent unnecessary</p>	<p>Ops</p>	<p>G</p>	<p>Contributed to the operational elements associated with Treat and Leave protocols developed by the Medical Director (Hypoglycaemia, Falls). New reports have been developed by NIAS to</p>

preventing unnecessary admissions to acute care from nursing homes.	attendances at hospital.			monitor daily attendance at EDs throughout NIAS. NIAS working collaboratively with HSCB to reduce attendance at UHD through zoning of GP urgent calls.
<p>Trusts will progress a comprehensive range of targeted health and wellbeing programmes in all localities to address the changing health and well-being needs of older people. They should ensure that arrangements are in place:-</p> <ul style="list-style-type: none"> • To improve provision of advice information and signposting on all aspects of health and wellbeing improvement • Deliver a co-ordinated, multi-faceted falls prevention service • To fully implement the “Promoting Good Nutrition Guidelines for Older people across all settings • Develop and co-ordinate a shared service model to • reduce the risk of social isolation and poor mental well-being amongst vulnerable older people • With relevant partners to reduce the risk of social isolation and poor mental well-being particularly amongst vulnerable older people. 	<p>NIAS will continue to engage with Trusts and establish engagement processes with ICPs to contribute fully in this area.</p> <p>In particular NIAS is keen to develop telephone triage via 111 telephone or equivalent to enhance unscheduled care arrangements in line with the recommendations of the Transforming Your Care report. NIAS is also keen to expand the role of paramedics as clinical professionals operating in the community to enhance patient care and management in the pre-hospital setting to maintain their independence and provide care closer to home.</p>	Med	G	<p>NIAS continues to engage with Trusts, ICPs and Commissioners to achieve this through a number of workstreams including Transforming Your Care (TYC) Programme Board, Regional Unscheduled Care Group, Regional GP Out of Hours Group and other Managed Clinical Networks. A number of meetings with ICP leads and NIAS facilitated by the HSCB have taken place since September 2013. NIAS representatives have now been appointed to the ICPs to facilitate ongoing engagement. Enhancement of paramedic education, training, skills and role currently being explored.</p>

<ul style="list-style-type: none"> • Deliver a co-ordinated range of Targeted Physical Activity and Health programmes to address the CMO Guidelines for Physical Activity 				
<p>HR8 All Trusts should ensure that existing service provision is tailored to meet the needs of vulnerable groups including:</p> <ul style="list-style-type: none"> • Looked After Children; • Homeless people • LGBT • Travellers • Migrant groups 	<p>NIAS will review service provision to ensure that the needs of vulnerable groups are identified and met within the constraints of the pre-hospital emergency & non-emergency care environment.</p>	<p>HR</p>	<p>G</p>	<p>NIAS contributes to the regional HSC Trust Audit of Inequalities to identify key inequalities across Section 75 groups. The Trust will continue to review the audit findings to identify any issues around these groups that are relevant to our services.</p>
<p>All Trusts should support social economy businesses and community skills development through public procurement, expanding capacity incrementally over the following 3 years.</p>	<p>NIAS will work with Centres of Procurement Expertise and other stakeholders to support social economy businesses and community skills development through public procurement.</p>	<p>Fin</p>	<p>A</p>	<p>Continuing engagement through Regional Procurement Board.</p>
<p>All Trusts should test and review arrangements to maintain the required standard of emergency preparedness to respond safely and effectively to a range of threats, hazards and disruption potentially associated with specific major events including the G8 Summit; the World Police & Fire Games 2013 and the All Ireland Fleadh in August as part of the</p>	<p>NIAS will test and review arrangements to maintain the required standard of emergency preparedness to respond safely and effectively to a range of threats, hazards and disruption potentially associated with specific major events. We will plan for the events and engage</p>	<p>Med</p>	<p>G</p>	<p>Through the Emergency Planning Team NIAS continues to participate in multi-agency training events and exercises to test various aspects of the NIAS Major Incident Plan. The NIAS Hazardous Area Response Team (HART) continues to deal with a wide range of incidents involving hazardous environments or substances and in appropriate multi-agency training programmes. Given the increasing demand being experienced by the Service, and in a climate of financial constraint, maintaining normal service provision</p>

<p>City of Culture in Derry/Londonderry</p>	<p>with external agencies to secure and apply resources to maintain service delivery.</p>		<p>during these incidents is becoming more challenging, for example a chemical incident that lasted for over eight hours occurred on the same day as two other potential major incidents involving public transport. The number of resources committed to, for example an airport alert, has an adverse impact on operational performance at that time.</p> <p>The NIAS Major Incident Plan will be reviewed as part of an ongoing two-yearly cycle. Training to allow safe deployment into mountainous and remote areas within Northern Ireland has commenced. Ballistic Protection Personal Protection Equipment (PPE) has been procured in advance of the joint training with Police Service of NI (PSNI) and NI Fire & Rescue Service (NIFRS). NIAS was closely involved in the multi-agency planning for the recent G8 summit which proved to be very successful. Although no major incidents occurred, all contingencies were covered and any incidents were dealt with appropriately. The arrangements that were put in place have been commended by a number of the foreign delegations, and Foreign & Commonwealth Office, Health Protection Agency, Chief Medical Officer and other partner agencies.</p> <p>NIAS was extensively involved in the planning for and in the medical service provision to a number of other major events including the World Police & Fire Games, Tennents Vital and the Fleadh. All these events were held successfully and the contribution of NIAS recognised. The significant workload associated with planning and supporting</p>
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				these events has constrained other areas of activity and workstreams and has necessitated the secondment of support Emergency Planning Officers.
All Trusts will continue to monitor and review the occurrence of Health care Associated Infections (HCAI) and implement appropriate and agreed infection control measures with particular reference to Ministerial targets on Clostridium difficile and MRSA.	NIAS will continue to monitor and review the occurrence of Health care Associated Infections (HCAI) and implement appropriate and agreed infection control measures consistent with the pre-hospital operating environment.	Med	G	<p>Infection prevention and control (IPC) activity within NIAS is monitored by the Trust's Infection Prevention & Control Group which reports to the Trust Assurance Committee.</p> <p>No healthcare acquired infections have arisen within the Trust within year.</p> <p>IPC policies and procedures are in place and compliance is subject to audit by the Trust's clinical support team. Regional IPC audit and assessment tools currently in use are more appropriate to secondary care settings. NIAS has engaged with the Regulation Quality & Improvement Authority (RQIA) regarding ambulance-specific monitoring and audit tools. An informal visit by RQIA to assess the IPC issues specific to an ambulance service has been arranged, following which an audit tool for use by NIAS will be developed. RQIA have agreed at NIAS's request to include the Trust in their programme of inspections in relation to IPC. A further review of regional IPC audit tool has been assessed for relevance to NIAS and comments provided to PHA.</p>
HR9 All Trusts should develop their specialist community services to respond to the needs of people whose behaviours challenge services and those with	NIAS will continue to develop processes to identify and respond to the needs of people whose behaviours challenge services and those	HR	G	The Trust continues to deliver its programme of Care & Responsibility training to all frontline staff to ensure appropriate skills and knowledge in the therapeutic management of aggression. A Trust policy and associated procedures in the

offending behaviours including a 24 hour response 7 days per week and high support beds in the community.	with offending behaviours.			management of aggression are in place. A joint staff and management Zero Tolerance Sub-Group of the Trust's Health & Safety Committee reviews and monitors incidents of violence to staff and as necessary makes recommendations to the Trust through the Health & Safety Committee.
<p>By March 2014, reduce the number of unplanned admissions to hospital by 10% for adults with specified long term conditions through:</p> <ul style="list-style-type: none"> Community teams that are available to meet patient needs including provision of a named nurse for patients on disease registers (with clear arrangements for dealing with multi-morbidity and complex medication regimes) and access to specialist medical or nursing advice Development of admissions/escalation protocols between community teams and secondary care. 	<p>NIAS will continue to engage with Trusts and establish engagement processes with ICPs to contribute fully in this area.</p> <p>In particular NIAS is keen to develop telephone triage via 111 telephone or equivalent to enhance unscheduled care arrangements in line with the recommendations of the Transforming Your Care report. NIAS is also keen to expand the role of paramedics as clinical professionals operating in the community to enhance patient care and management in the pre-hospital setting to maintain their independence and provide care closer to home.</p>	Med	A	NIAS continues to engage with Trusts, ICPs and Commissioners to achieve this through a number of workstreams including Transforming Your Care Programme Board, Regional Unscheduled Care Group, Regional GP Out of Hours Group and other Managed Clinical Networks. Enhancement of paramedic education, training, skills and role currently being explored. Meetings have now taken place between NIAS the Chairs of a number of integrated care partnerships to progress these initiatives. NIAS representatives have now been appointed to the ICPs to facilitate ongoing engagement.
<p>Stroke</p> <ul style="list-style-type: none"> Thrombolysis ➤ All Trusts to achieve a door to needle time of 60 minutes on a 24/7 basis 	NIAS will continue to engage with Trusts to contribute fully in this area through the pre-hospital identification of potential patients, and the	Med	G	NIAS is fully engaged in regional stroke strategy implementation through the identification of patients with actual or potential stroke both on receipt of an emergency call and following assessment of the patient and their rapid transfer

<p>➤ Trusts to achieve a minimum 10% thrombolysis rate for acute ischaemic strokes.</p> <ul style="list-style-type: none"> • Urgent assessment of high risk TIAs (ABCD²>4) must be available on a 7 day basis • All Trusts should support early supported discharge (ESD) following an acute stroke. This should support shorter LOS and “shift left” where resources will be freed from hospital beds to develop services in the community. 	<p>early notification of receiving hospitals of patients en-route.</p> <p>Appropriate priority will be given to the effective planned discharge of stroke patients.</p>			<p>to an appropriate hospital for the provision of thrombolysis if indicated with the receiving hospital alerted in advance of the arrival of the patient. NIAS activity in this regard is subject to ongoing clinical audit and is presented to the Trust’s Assurance Committee and to the Regional Project Board. A NIAS patient outcome and clinical quality performance measure relating to the management of acute stroke has been submitted to the DHSSPS and agreed for inclusion in the 2014/15 Commissioning Directions.</p>
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<p>Cardiac</p> <ul style="list-style-type: none"> • Implement a Familial Hypercholesterolaemia cascade testing service in N. Ireland • Commission a model for Emergency Life Support (ELS) training in the community together with an audit process to monitor agreed outcomes.² 	<p>NIAS will contribute to the development of a model for Emergency Life Support (ELS) training in the community through the Community Resuscitation Strategy development process.</p>	<p>Med</p>	<p>G</p>	<p>The NIAS Medical Director has been appointed as Chair of the Regional Working Group and the CEO is a member of the Steering Group for the development of a Regional Community Resuscitation Strategy by October 2013. The draft Strategy for consultation approved by the Minister in October 2013. The consultation on the Strategy ends on 14 February 2014 with an anticipated launch of the Strategy in spring 2014.</p> <p>A NIAS patient outcome and clinical quality performance measure relating to the management of patients suffering an out of hospital cardiac arrest has been submitted to the DHSSPS and agreed for inclusion in the 2014/15 Commissioning Directions.</p> <p>NIAS provides paramedic-administered thrombolysis in accordance with agreed protocols and transports patients to the Belfast Trust for primary PCI (pPCI) following acute myocardial infarction. NIAS is fully participating in the development of the regional primary PCI service through a number of regional workstreams. The introduction of a regional pPCI service on a 24/7 basis within the current year will have potentially significant operational implications for the Trust. As part of this regional development, the provision of pPCI in Belfast was extended to the Eastern area,</p>
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² Further work will be undertaken during 2013/14 to finalise any funding requirements associated with this development and to identify the source of any necessary funding (HSCB/PHA/DHSSPS)

				and parts of the Northern and Southern areas, at the end of September 2013. Full regional implementation is anticipated in early 2014/15 when a 24/7 primary PCI facility will also be available in Altnagelvin. NIAS is fully engaged in the regional group overseeing this process and relevant protocols, training and monitoring tools have been developed. Initial data regarding NIAS referrals for pPCI in Belfast shows a high degree of compliance. In the first month since the introduction of the first phase of regional pPCI (October 2013), 37 patients were directly admitted to the cardiac catheterisation lab which represents 59% of their total admissions for pPCI. Of those patients on whom pPCI was carried out, 61% were those admitted directly by NIAS.
All Trusts to ensure that all children receiving palliative care have an emergency plan agreed with their GP, care team and secondary care services	NIAS will engage with relevant professionals to secure appropriate access to relevant information to contribute to this process.	Med	A	NIAS is engaged in a number of palliative care and end of life workstreams regionally and has agreed specific arrangements in place for children receiving palliative care in the NHSCT area. These are being reviewed for potential roll out regionally. The Medical Director has recently met with paediatric palliative care consultants and is supporting and facilitating the regional agreement and presentation of the draft documentation.
All Trusts to implement the recommendations of the RQIA Independent Review of Pseudomonas in neonatal units and NICE guidance on antibiotics for the prevention and treatment of early-onset neonatal infection	NIAS will continue to implement the recommendations of the RQIA Independent Review of Pseudomonas, as they apply to the organisation.	Med	G	NIAS has implemented the recommendations of the RQIA independent review of pseudomonas in neonatal units insofar as they apply to an Ambulance Service and has reported same to DHSSPS in accordance with required deadlines. Some work is still ongoing in relation to estate water supplies. A further update in this regard will

				be provided to the Trust Assurance Committee in January 2014.
All Trusts and ICPs should ensure that effective arrangements are in place to engage and promote awareness with the general population and professionals regarding issues around palliative care, dying and service delivery around death.	NIAS will review processes and engage with other stakeholders to ensure that effective arrangements are in place to engage and promote awareness with the general population and professionals regarding issues around palliative care, dying and service delivery around death.	Med	G	NIAS is engaged with a number of palliative care and end of life workstreams including for cancer, respiratory and cardiovascular disease with inclusion in end of life care plans and the development of information leaflets for staff and patients' families. The Medical Director was, at the request of the CMO, appointed as a member of a regional group reviewing the current arrangements for Do Not Attempt Resuscitation (DNAR) directions, the work of which is ongoing.
HR10 All Trusts and ICPs should provide education and training in communication and end of life care for all staff (e.g. GPs, hospital doctors, nurses, allied health professionals, ambulance staff, social workers, support workers etc)	NIAS will continue to provide education and training in communication and end of life care to all relevant staff groups in line with best practice, Trust procedures and national clinical guidelines.	HR	G	NIAS continues to provide education and training in communication and end of life care to all relevant staff in line with best practice through its core clinical training programmes, Trust procedures and existing and updated national clinical guidelines.
Trusts and HSCB will collaborate in producing a needs analysis of people who are Deafblind to improve assessment and access to services. HR11	NIAS will review processes to identify and address issues of access to services for people who are Deafblind.	HR	A	NIAS will engage as appropriate in regional work streams identified.
A 24/7 primary Percutaneous Cardiac Intervention (pPCI) services should be established (networked with NIAS and across Trusts) for Northern Ireland. Scheduled cardiac catheterisation	NIAS is currently directly engaged in this development and will work with stakeholders to establish and introduce the ambulance resources and processes	Ops	A	Director of Operations has responded to the HSCB Investment Proposal template which describes the additional investment in ambulance services required to support the pPCI project. NIAS are prepared for phase 1 "Go Live" of the Belfast catchment project end September 2013.

laboratory capacity should increase in NI to circa 105 per week (to include extended day and weekend working) by September 2013 to improve access to diagnostic intervention and treatment as required.	necessary to provide a safe and effective pPCI service in NI.			
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DHSSPS Business Planning Priorities Report 2013-14 – as at December 2013

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.

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
1.1 Prepare and submit to the Department a: a) end year (2012/13) Governance statement; and b) mid-year (2013/14) assurance statement on a timely basis in accordance with Departmental timescales;		Fin	(a) The governance Statement for 2012/13 has been submitted in line with Departmental timescales (b) The mid-year 2013/14 assurance statement is on target for completion and submission as per Departmental timescales	G G	
1.2 By 30 September 2013 undertake a review of the ALB's Assurance Framework against	NIAS will establish the necessary processes to comply with this	Med	The NIAS Assurance Framework was reviewed in 2012 and implemented in Q1 2013/14. Further review will be ongoing to	G	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
Departmental guidance issued in April 2009.	requirement.		ensure appropriateness and compliance with Departmental guidance. A series of Trust Board workshops is being arranged which will facilitate this ongoing review.		
1.3 Ensure that the Audit Committee self assessment is completed and returned to the Department by September 2013;		Fin	The Audit Committee self assessment has been completed and returned as per Departmental timescales	G	
1.4 By 30 September 2013 undertake a review and report to the ALB Board on the effectiveness of the ALB's systems in place to monitor and review progress on implementation of action plans resulting from legislative, regulatory, licensing or other inspections, Internal audit reports, RQIA reports and external audit findings.		Med	These matters are addressed through the Trust's Audit Committee and Assurance Committee. The revised Assurance Framework is considered in detail by the Assurance Committee. This includes serious adverse incident reports, Coroner's letters and Rule 43 recommendations, medical device and drug alerts, regional learning letters and RQIA reports.	G	Further work is planned for quarters 3 and 4 to consolidate assurance and reporting mechanisms.
1.5 During 2013/14 and where applicable assess the current level of compliance with controls assurance standards in a timely manner and in accordance with Departmental guidance and		Med	DHSSPS guidance and timescales continue to be met.	G	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
timescales.					
1.6 Ensure compliance on a timely basis with the documentary requirements set out in the MS/FM including Appendix 1 where this applies.		CEX	The Trust complies with the documentary requirements in Appendix 1 where applicable.	G	
1.7 By 31 March 2014 to ensure ongoing compliance with the Corporate Manslaughter Act and to alert the Department to any emerging issues as they arise.		CEX	The Trust highlights any issues in this regard through relevant channels, such as Serious Adverse Incident reporting as above.	G	
1.8 Ensure the ALB's 2014/15 Business Plan is prepared in line with Departmental requirements, approved by the ALB Board and submitted to the Department by end of January 2014.	NIAS will establish the necessary processes to comply with this requirement.	Fin	Guidance was received from DHSSPS at end Jan for Trust Delivery Plan (see below). Implication for Trust's business plan and strategic plan is being assessed. The Trust continues to provide updates on the financial plan for 2014/15 as requested by HSCB.	A	The Trust's Delivery Plan is being developed in conjunction with key stakeholders and in line with Department's timetable.
1.10 Ensure that 2014/15 Trust Delivery Plans are developed in line with the Commissioning Plan and in accordance with HSCB guidance and timescales.		Fin	Guidance was received from DHSSPS at end Jan. Work is continuing to develop the Trust's Delivery Plan in line with Departmental timetable.	A	The Trust's Delivery Plan is being developed in conjunction with key stakeholders and in line with Department's timetable.
1.12 During 2013/14 test and review business		Med	NIAS continues to test and review business continuity plans and has	A	NIAS continues to develop arrangements in this area

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
continuity management plans to ensure arrangements to maintain services to a pre-defined level through a business disruption.			maintained services through instances of business disruption. A number of recommendations have been made by internal audit which have been noted and are currently being actioned. This was delayed due to competing pressures from planning for a number of major events during 2013. This work is being led by the Emergency Planning Department and overseen by Emergency Preparedness & Business Continuity Group.		with particular emphasis on overarching strategic plan and pre-planned testing of elements. The NIAS Business Continuity Strategy and Policy has been reviewed and updated and will be presented to the Assurance Committee and Trust Board in January 2014. An overarching Business Continuity Plan has been developed and a programme of review and testing of existing Directorate Business Continuity Plans for 2014/15 has been developed. Business Continuity leads for each Directorate have been identified.
1.14 During 2013/14 implement and monitor action plans to achieve moderate compliance with the revised Information Management Controls Assurance Standard.		Fin	The Trust has developed an overarching plan to address identified sub criteria achieving less than 75% Assurance Standard.	A	We continue to make progress in information Governance priority areas and are reviewing the additional requirements contained in the recently released new IG Controls
1.15 Take steps to maintain/ improve the	NIAS will establish the necessary	Fin			

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
<p>quality of information/data being presented to the ALB Board by:</p> <p>a) Identifying before the end of April 2013 an Executive Board member lead with responsibility for providing assurance on the quality of data/information presented to the ALB board to support decision-making;</p> <p>b) Taking steps to ensure that during 2013/14 a data quality assurance process is in place which provides the Board with assurance that data collected and information provided to them is fit for purpose, robust and of a consistently high standard; and,</p> <p>c) Ensuring that the Board is provided with and considers as appropriate the</p>	<p>processes to comply with this requirement.</p>		<p>(a) Director of Finance has been identified as Executive Board member with lead responsibility for quality assurance of data/information.</p> <p>(b) DOF has circulated a questionnaire to all Trust Board members to assess to what degree information provided to them is fit for purpose, robust and of a consistently high standard. This exercise is being complied and considered by Trust Board.</p> <p>(c) Relevant information is issued via CX office.</p>	<p>G</p> <p>G</p> <p>G</p>	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
publications of Northern Ireland official and national statistics on health and in particular those that inform progress against ministerial targets.					
<p>2.1 Deliver on the prompt payment of invoices by:</p> <p>a) Achieving/maintaining the minimum standard of paying 95% of invoices within 30 days or other agreed terms during 2013/14; and,</p> <p>b) Establishing and delivering a realistic 10 day prompt payment target for the organisation, expressed as a percentage of invoices to be paid within 10 working days during 2013/14.</p>	<p>NIAS will seek to comply with this requirement as in previous years, by re-establishing key processes. Current performance has been adversely impacted by temporary pressures arising from implementation of BSTP project.</p> <p>NIAS will comply with the requirement in respect of 10 day prompt payment.</p>	Fin	Performance remains under target and has dipped in June and August largely due to days of processing lost during preparation for and implementation of the new Finance, Procurement and Logistic (FPL) system. Whilst a focus on this area has shown some improvements (over 90% in each of the months of November and December) the cumulative target of 95% of invoices paid within 30 days, or other agreed terms will not be met in 2013/14.	R	As FPL systems bed in within the Trust we will establish renewed focus on applying those new systems and processes to support delivery of prompt payment in 2014/15.
<p>2.2 Improve the quality of financial forecasts during 2013/14 by ensuring that:</p> <p>a) the actual year-end forecast and monthly</p>		Fin	The Trust will continue to focus on financial forecasting and the assumptions contained within financial plans in conjunction with DHSSPS and HSCB. These assumptions continue to be	G	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
<p>profiled financial forecast of expenditure provided to DHSSPS each month is prepared on a robust basis in line with deadlines and that any variances +/- 5% of the previous month's forecast are fully explained;</p> <p>b) the monthly year-end financial forecast as at September 2013 (and subsequent months) should be within +/- 0.5% of the final outturn.</p>			reviewed and variances explained.		
<p>2.3 Achieves a financial breakeven target of 0.25% or £20k (whichever is the greater) of revenue allocation for 2013-14.</p>		Fin	The Trust will continue to work to achieve financial breakeven within tolerances set by DHSSPS.	G	Relevant actions will continue to be managed via established processes and engagement with HSC colleagues
<p>2.4 Ensure that the monthly forecasts of clinical negligence cases to be settled during 2013/14 is consistent with, and prepared in conjunction with, the information provided by the</p>		Fin	The Trust will continue to ensure that the monthly forecasts of clinical negligence cases to be settled during 2013/14 is consistent with, and prepared in conjunction with, the information provided by the Directorate of Legal Services.	G	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
Directorate of Legal Services.					
<p>2.6 Improve efficiency and value for money by:</p> <p>a) Conducting a review of management costs within your organisation and prepare a report and savings plan to be approved by your Board and the Department by June 2013;</p> <p>b) Improving the efficiency of the organisation during 2013/14, e.g. deliver productivity and cash releasing efficiencies as set out in the QICR plans/population plans; and,</p> <p>c) Developing a plan to deliver efficiencies (productivity and cash releasing) during 2014/15 by 30 June 2013.</p>	<p>NIAS will establish the necessary processes to comply with this requirement. The savings proposals developed for 2013-14 & 2014-15 incorporate planned reduction of management costs. The savings proposals developed for 2013-14 & 2014-15 incorporate planned efficiency savings linked to improving productivity. The savings proposals developed account for the period 2014-15.</p>	Fin	<p>Detailed plans are being developed to engage key stakeholders as appropriate for each of the savings proposals including management costs. These detailed plans will be presented for consideration by Trust Board and DHSSPS as appropriate.</p> <p>(a) Savings on management costs are an element of NIAS's TDP</p> <p>(b) NIAS TDP outlines a range of measures to deliver cash releasing efficiency savings in line with DHSSPS/HSCB requirement for 2013/14.</p> <p>(c) NIAS TDP outlines a range of measures to deliver cash releasing efficiency savings in line with DHSSPS/HSCB requirement for 2014/15.</p>	<p>A</p> <p>G</p> <p>G</p>	<p>The Trust's proposals to generate break-even are reviewed on an ongoing basis by Trust Board and are available at Trust Board workshops.</p>
<p>2.7 Deliver key financial reports and documents on a timely basis in</p>		Fin	<p>The Trust will continue to work to deliver key financial reports and documents, where applicable, on a</p>	G	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
<p>accordance with Departmental timeframes. In particular, the Strategic Resources Framework by 31 May 2013, the Trust Financial Returns by 19 October 2013 and the HRG Submissions by 2 November 2013.</p>			<p>timely basis in accordance with Departmental timeframes.</p>		
<p>2.8 Improve the quality of business cases (revenue and capital) and post project evaluations by:</p> <p>a) conducting an annual review of the processes regarding the preparation and approval of all business cases to ensure they are compliant with extant guidance. Report findings of review to your Board and the Department by 30th April 2013; and</p> <p>b) Develop a database for all revenue and capital business cases by 30</p>		<p>Fin</p>	<p>The Trust is working to improve in this area within available resources.</p> <p>(a) The Trust participates in test drilling exercises. DHSSPS assessment of cases is shared with relevant staff to identify learning and address issues.</p> <p>(b) NIAS will continue to work with key stakeholders to improve the presentation of information in</p>	<p>A</p> <p>A</p>	<p>DOF is sharing information with Audit Committee re DHSSPS assessment of business cases to determine the most appropriate reporting structure to match Audit Committee's requirements such as an annual summary report for 2012/13</p> <p>NIAS will engage with DHSSPS to establish requirements.</p>

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
<p>April 2013 and copy to Department</p> <p>c) for capital projects, submission to the Department must be in line with agreed timeframes.</p> <p>d) Set out steps to be taken to ensure that a suitable skills base is maintained /developed to develop business cases.</p>			<p>this area within available resources.</p> <p>(c) NIAS seeks to adhere to DHSSPS guidance and timeframes for business case submission.</p> <p>(d) NIAS has limited resources in this area, but seeks to maintain a skills base and share knowledge.</p>	<p>G</p> <p>A</p>	<p>Plans are in development to enhance skills base through funding associated with major capital project(s).</p>
<p>2.9 Set out steps to provide assurance during 2013/14 to your Board to demonstrate compliance with DFP and Departmental procurement requirements/guidance including:</p> <p>a) Procurement guidance notes as set out in HSC Finance circulars, procurement Estates Letters (PELs), the</p>	<p>NIAS will build on existing and where necessary establish additional processes to comply with this requirement.</p>	<p>Fin</p>	<p>Relevant guidance and direction from any source will be reviewed by responsible NIAS Director(s). Action plans will be established to achieve compliance where necessary and appropriate. Guidance and associated action plans and activity will be reported to Trust Board through relevant committees.</p> <p>NIAS has reviewed procurement arrangements in light of DHSSPS correspondence and has identified</p>	<p>A</p>	<p>All guidance received has been logged and assessed. Action plans are developed for key relevant recommendations. We plan to further refine the process of logging recommendations and actions and reporting through Audit Committee.</p> <p>Procurement guidance compliance is contingent on delivery of actions by</p>

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
<p>Ministerial approved recommendations in the Department's Review of Procurement, and agreed recommendations of the Public Accounts Committee; and,</p> <p>b) The 'Public Accounts Committee Recommendations from Investigation of Suspected Contract Fraud in the Procurement of Maintenance Contracts by Belfast Education and Library Board'.</p>			<p>actions, both internal and external, necessary to address perceived shortfalls in procurement practice.</p>		<p>partners, particularly BSO, which have been subject to legal challenge resulting in delay. NIAS continues to exert pressure on BSO to fulfil requirements for placing of contracts to deliver compliance.</p>
<p>2.10 During 2013/14, adoption or maintenance of good procurement practice, as specified to individual ALBs in the Department's Review of Procurement, or as separately promulgated by the Department, and establish a process to provide assurance to</p>	<p>NIAS will build on existing and, where necessary, establish additional processes to comply with this requirement. Relevant guidance and direction will be reviewed by responsible NIAS Director(s) and action plans</p>	<p>Fin</p>	<p>The Trust's Procurement Working Group has led by reviewing procurement practice and working to maximise the level of spend procured through the relevant Centres of Procurement Expertise (CoPEs) for example BSO PaLS and HEIG. The PWG reports to Audit committee and subsequently Trust Board. A particular focus has been established on maintenance of</p>	<p>A</p>	<p>Procurement guidance compliance is contingent on delivery of actions by partners, particularly BSO, which have been subject to legal challenge resulting in delay. NIAS continues to exert pressure on BSO to fulfil requirements for placing of contracts to deliver compliance.</p>

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
your Board in this regard.	established to achieve compliance. Guidance and associated action plans and activity will be reported to Trust Board through relevant committees.		NIAS fleet and estate in recognition of Internal Audit findings.		
2.12 Prepare annual accounts on a timely basis in accordance with Departmental timescales.		Fin	The Trust will continue to prepare annual accounts on a timely basis in accordance with Departmental timescales.	G	
2.14 Your business plan must set out steps to be taken to: <ul style="list-style-type: none"> a) Ensure that property costs demonstrate value for money; b) Actively dispose of surplus assets; and, c) Ensure that the organisation has access to appropriate skills and expertise in property management either internally or externally. 	NIAS will establish necessary processes to comply with this requirement. Estate VFM and effective utilisation will be demonstrated through Estates Strategy, associated business cases and Property Asset Management Plan. NIAS has an asset disposal programme	Ops	Controls Assurance standards achieved (substantive). Business Case for replacement programme for fleet 2013-18 on going. <ul style="list-style-type: none"> (a) NIAS OBC for Estate has been approved and demonstrates VFM in this area. Business case for replacement of Enniskillen submitted. Project structures in place to oversee the building of Ballymena Station. (b) Assets are disposed of in 	G	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
	in place, closely linked to fleet replacement programme, etc.		line with guidance (see Fleet disposals) (c) NIAS has signalled concerns in this regard and is exploring options to improve access to appropriate skills and expertise in property management.	A	Plans are in development to enhance skills base through funding associated with major capital project(s).
<p>2.16 To set out steps to be taken to support the:</p> <p>a) PFG target to reduce greenhouse gas emissions by at least 35% on 1990 levels by 2025; and</p> <p>b) DHSSPS objectives as outlined in the Sustainable Development Strategy “Everyone’s Involved” and the Strategy implementation plan “focused on the future”.</p>	NIAS will establish necessary processes to comply with this requirement where applicable.	Ops	All opportunities are being taken to comply through specification and design of Fleet and Estate.	G	
<p>2.18 HR12 Take steps to minimize sickness absence during 2013/14 by:</p> <p>a) Establishing a realistic</p>	<p>NIAS will maintain existing processes to comply with this requirement as in previous years.</p> <p>NIAS sickness</p>	HR	(a) NIAS sickness absence target	G	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
<p>sickness absence target for the organisation, expressed as a percentage of available staff days to be achieved during 2013/14;</p> <p>b) Identifying within the business plan the key steps and actions to be taken during 2013/14 to reduce or where appropriate maintain current sickness absence level; and</p> <p>c) Undertaking a review and report to the ALB Board and Department by 30th September 2013 of the key reasons behind staff absence and patterns in long term and short term absence.</p>	<p>absence target to be reviewed and agreed at Trust Board.</p> <p>Business Plan presented to Trust Board March 2013.</p> <p>NIAS Health and Wellbeing Action Plan which outlines key steps in this regard will be presented to Trust Board for approval in Quarter 1.</p> <p>Report will be provided to DHSSPS in line with stipulated</p>		<p>reviewed and agreed at Trust Board (reference Health and Wellbeing and Attendance Management Action Plan 2013/14.) NIAS Cumulative Absence at September 2013 is 7.80%</p> <p>(b) NIAS has developed an action plan for 2013/14 (Health and Wellbeing and Attendance Management Action Plan) which has been endorsed by Trust Board.</p> <p>(c) Attendance management is reviewed at every Trust Board meeting and a detailed assessment was provided in September 2013.</p> <p>Report provided to DHSSPS in line with stipulated timeframe. These are regularly reported to Trust Board and can be accessed</p>	<p>G</p> <p>G</p>	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
	timeframe.		www.niamb.co.uk .		
<p>2.19 HR13 Outline key steps and milestones to be achieved during 2013/14 to implement the knowledge and skills framework.</p>	<p>KSF was fully implemented within NIAS with effect from October 2012. From this date onwards all staff will undertake an annual Performance Development Review. From 1 June 2013 onwards the process will be known as the KSF Personal Development and Contribution Review (PDCR) process. The PDCR will encourage individuals to reflect on how their particular role and the work that they do is linked to the Trust's over-arching strategic aims, and also to demonstrate how, through their</p>	HR	<p>A report was provided to NIAS Trust Board in May 2013 outlining process for KSF including key steps and milestones. Performance is reported to Trust Board.</p>	G	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
	performance they are making a personal contribution to these strategic aims.				
2.21 HR14 Take steps to ensure that by 30 June 2013 90% of staff will have had an annual appraisal of their performance during 2012/13.	The roll-out of Personal Development and Contribution Reviews for all staff, other than Executive Directors, commenced in June 2013	HR	A process has been established and implemented to roll out PDCR's for all staff. Compliance will be monitored and reported on a 6- monthly basis, commencing with effect from 30 September 2013.	G	
2.23 HR15 Ensure that by 31 March 2014 100% of doctors that are in the workplace have been subject to annual appraisal.	The Trust employs 2 doctors on Medical & Dental Terms and Conditions of Service - Medical Director & Assistant Medical Director. Annual appraisals are undertaken with Doctor's via the NI Medical and Dental Training Agency (NIMDTA).	HR	Completed. Annual Appraisals 12/13 have taken place with Medical Director and Assistant Medical Director. Appraisal certificate issued by NIMDTA, are held on their personnel files. Appraisals for 13/14 are scheduled to take place in quarter 4 13/14, to permit a review of 13/14.	A	
2.25 HR16 Outline the key steps and milestones to be achieved during	An HSC Pensions Group has been established within	HR	A recommendation for NIAS to defer Auto-Enrolment to 2017 was presented to SEMT in September	G	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
2013/14 to prepare for auto enrolment of staff on pension schemes.	NIAS comprising of representatives of HR and Finance. The Group has been established to ensure pension changes are managed appropriately within NIAS.		2013. This proposal is in line with all other HSC Trusts.		
2.26 HR17 Introduce or maintain quarterly monitoring to the ALB Board on the volume and nature of incidence of violence against staff e.g. physical abuse, verbal abuse, abuse related to the patient's/perpetrator's illness/mental health, abuse with malicious intent.	The Trust currently submits bi-annual information to the DHSSPS on the number and type of violence to staff incidents.	HR	Information to be submitted to ALB Board at each Trust Board meeting as part of the Performance Report.	G	
2.27 HR18 Set out the key steps being taken during 2013/14 to reduce incidents of violence and provide support to staff who are victims of violence.		HR	NIAS Trust Board has been fully appraised of key steps taken to reduce incidents of violence and provide support to staff who are victims of violence. The Trust continues to deliver its programme of Care & Responsibility training to all	G	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
			frontline staff to ensure appropriate skills and knowledge in the therapeutic management of aggression. A Trust policy and associated procedures in the management of aggression are in place. A joint staff and management Zero Tolerance Sub-Group of the Trust's Health & Safety Committee reviews and monitors incidents of violence to staff and as necessary makes recommendations to the Trust through the Health & Safety Committee.		
3.1 Work as part of the Regional group to publish the first Annual Quality Report by 31 March 2014.	NIAS will establish necessary processes to comply with this requirement.	Med	The NIAS Medical Director participates in the Regional Quality 2020 Implementation Team. There is, as part of this, a regional workstream for the development of a template for Trust Annual Quality Reports to be published from 2014. Focus of regional workstream has been predominantly related to secondary care and regional quality report template published in October 2013 is not suitable for use by an ambulance service. Public Health Agency (PHA)/Regional Health & Social Care Board (RHSCB) have agreed	G	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
			that NIAS can develop a Trust-specific template. First NIAS annual quality report will be published by September 2014 in keeping with agreed regional timescales.		
3.4 During 2013/2014 to ensure timely dissemination and implementation of NICE guidance in accordance with the requirements set out in the individual HSC Board Service Notifications.		Med	The Trust has a process in place to identify, register and disseminate NICE guidance. Regular meetings between NIAS Medical Director, Risk Manager and the NICE Regional Implementation Facilitator have been scheduled and are ongoing. This process has been accepted and is noted in documentation relating to Quality 2020.	G	
3.7 During 2013/2014 to promote the effective reporting and management of, and implement the learning from, serious adverse incidents/adverse incidents and near misses, and provide evidence to the HSCB/PHA that these requirements are being met.		Med	Effective reporting takes place through joint management and trade union side communiques via Health and Safety Committee. Reporting is monitored at the Trust's Assurance Committee and reported regularly to Trust Board. There will be a focus on learning and the communication of learning established during 2013/14. This includes serious adverse incident reports, Coroner's letters and Rule 43 recommendations, medical device and drug alerts, regional	G	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
			learning letters and RQIA reports.		

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 Dec 2013) 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. The Trust has been advised that bridging funding of £340,000 has been made available to the Trust in year which has been applied to break-even.
4. Savings remain as advised to NIAS Cumulative savings of £2.250m for 2012/13 and 2013/14 (£1.18 12/13 and £1.07m 13/14).

Any changes in these assumptions will result in further contingency measures which are likely to impact directly on the delivery of front line services.

Changes in the delivery of savings from the Trust Delivery Plan have resulted in the requirement for further non recurrent savings measures totalling £585k in 2013/14 as outlined below.

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 and £3M during 2014/15						
	Proposal – Acute Productivity	Estimate of Savings per Trust Delivery Plan		Report Lead	RAG Rating	Commentary
		2013/14	2014/15			
1.	Patient Care Service (PCS) - Non-Emergency Patient Transportation. Review activity levels, current service provision models and eligibility criteria for non-emergency patients in conjunction with HSCB. Develop proposals to more effectively utilise NIAS PCS and Voluntary Car Service (VCS) thereby effecting savings.	750,000*	1,500,000	OPS	A	Proposals approved by HSCB. Plans for delivery of savings without reduction in patients conveyed (2012) being developed.

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 and £3M during 2014/15						
	Proposal – Acute Productivity	Estimate of Savings		Report Lead	RAG Rating	Commentary
		2013/14	2014/15			
2.	Paramedic Assistant Revise Skill-mix on Emergency Ambulances to replace Emergency Med Technician (A4C Band 4) with Paramedic Asst (A4C Band 3) as support to Paramedic as lead clinician.	250,000*	497,000	OPS	A	Proposals approved by HSCB. Pre consultation with Trade Unions planned for September 2013. Project structure designed subject to HSCB TYC project funding.

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 and £3M during 2014/15						
	Proposal – Acute Productivity	Estimate of Savings		Report Lead	RAG Rating	Commentary
3.	RRV Reconfigure RRV to match activity and resources	500,000	500,000	OPS	G	Shift pattern revised and RRV Paramedics recruited. Savings objective achieved.

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 and £3M during 2014/15						
	Proposal – Other Productivity	Estimate of Savings		Report Lead	RAG Rating	Commentary
4.	Non-Payroll Expenditure Identify savings in areas such as contracts e.g. MFDs, insurance, uniforms	150,000	150,000	FIN	G	Detailed plans for the delivery of these savings are being developed

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 and £3M during 2014/15						
	Proposal – Staff Productivity	Estimate of Savings		Report Lead	RAG Rating	Commentary
5.	HR16 Management/Administrative Expenditure Management Costs	100,000	200,000	HR	A	Mgt costs 2011/12 £3,792K. Proposals were tabled at SEMT Workshop to realise savings in 2013/14. Director of Finance to identify if BSTP staffing reductions can contribute.

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 and £3M during 2014/15						
	Proposal– Other Productivity	Estimate of Savings		Report Lead	RAG Rating	Commentary
6	HR17 Education/Training Expenditure Regional Ambulance Training Centre	500,000	200,000	HR	G	2013-2014 Training Plan ratified by SEMT on 6 August 2013. Plan outlines process for delivery of training within devised budget.

NOTE * Extended consultation and approval processes mean that savings from proposals

1: Patient Care Service (£750,000) and 2 : Paramedic Assistant (£250,000) will not be realised in 2013/14. These changes in the delivery of savings from the Trust Delivery Plan have resulted in the requirement for further non recurrent savings measures totalling £585k in the current year. The Trust has received £340k bridging funding against an assumption of £415k as identified in the June RRL. The impact of this shortfall is being assessed.

Areas such as

delaying preventative maintenance projects and

delaying the planned replacement of medical equipment until 2014/15 and

delaying training linked to recruitment of new staff associated with the 'skill-mix' proposal etc. are being further explored.

The Trust is also expecting £100k to support additional services provided as part of G8/WPFG/CoC and £109k pressures.

The Trust is therefore (subject to the assumptions above) projecting a break-even position for 2013/14 and the achievement of £2.2M savings (£950,000 recurrent and £1,250,000 non-recurrent). Any changes in these assumptions will result in further contingency measures which are likely to impact directly on the delivery of front line services.

This requirement rises to £3M savings for 2014/15.

2012/13 Reference	Proposed 2013/14 Indicators of Performance	NIAS Response	Report Lead	RAG Rating	Comment
A17	<p>HR21 Uptake of seasonal flu vaccine by front-line Health and Social Care workers</p>	<p>NIAS will seek to maintain or improve the proportion of NIAS front-line personnel who receive the flu vaccine.</p>	HR	G	<p>Report of uptake presented to Health and Safety Committee where discussions have included the Flu Vaccine and potential locations for clinics. A plan is in place to issue a joint communique in this regard in August/September. Discussions are ongoing with Operations in relation to the release of staff to attend clinics to receive vaccine.</p>
B3	<p>Percentage of Category A (life threatening calls) responded to within eight minutes regionally, and in each LCG area</p>	<p>NIAS will continue to assign priority to achieving this target and thereby delivering prompt response to those most in need. The key components necessary to deliver the target are in place but their availability and application are constrained by related factors such as hospital congestion, slow ambulance turnaround, hospital diverts and redirects, and redeployment of ambulance resources to address local acute service pressures arising from acute reconfiguration.</p>	Ops	A	<p>Cat A performance below target due to large increase in demand, and delays in patient handover. Performance improvement plans in progress. Performance has improved from 63.8% cumulative in April 2013 to 68.5% cumulative December 2013.</p>

B4	Number of new and unplanned attendances at emergency departments Types 1 and 2	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.	Ops	G	Working with Commissioners to identify initiatives to reduce ED attendance where appropriate, through treat and leave protocols, PCS eligibility criteria, BCH admissions Ward. GP zoning UHD.
B8	Number of patients admitted with stroke	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.	Med	A	NIAS is fully engaged in regional stroke strategy implementation through the identification of patients with actual or potential stroke both on receipt of an emergency call and following assessment of the patient and their rapid transfer to an appropriate hospital for the provision of thrombolysis if indicated. Activity data in this regard is reported through NIAS clinical audit to the Trust's Assurance Committee and to the Regional Project Board. A NIAS patient outcome and clinical quality performance measure in relation to the management of patients with acute stroke has been submitted to the DHSSPS and agreed for inclusion in the 2014/15 Commissioning Directions.

B22	Percentage (%) increase in access to cardiac catheterisation	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.	Ops	A	Director of Operations has responded to the HSCB Investment Proposal template which describes the additional investment in ambulance services required to support the pPCI project. NIAS are prepared for phase 1 "Go Live" of the Belfast catchment project end September 2013.
	Percentage of new and unplanned review attendances at emergency care departments waiting: less than 30 minutes, 30 minutes to 1 hour, 1 to 2 hours, 2 to 3 hours, 3 to 4 hours, 4 hours to 6 hours, 6 to 8 hours, 8 to 10 hours, 10 to 12 hours and 12 hours or more, before being treated and discharged or admitted (for those sites that we have patient-level data readily available).	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.	Ops	G G G	Introduced of 3 x Hospital Ambulance Liaison Officers to enhance patient flow, (supported through non recurrent funding to November 2013). Introduction of Unscheduled Care desk in Control. Working with the HSCB to develop models that will monitor ambulance arrivals at UHD.
	Monitor (i) patient and (ii) ambulance turnaround times by length of time (less than 15 minutes, 15–30 minutes, 31–60 minutes, 61–120 minutes and more than 120 minutes).	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.	Ops	A	Time stamping patient handover and Ambulance make ready through MDT system. Reporting to HSCB on same.
	The number of emergency	NIAS Response: We will continue	Ops	A	Investment proposal template has

	admissions for acute conditions that should not usually require hospital admission.	to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.			been submitted to HSCB to support New Ambulance Response Models.
	Out of Hours GP attendance	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.	Ops	A	Though NIAS cannot directly influence the number of attendances to GP out of hours, we are reviewing call take processes for management of GP urgent calls.

Appendix: Supporting data

STRATEGIC AIM: TO DELIVER A SAFE, HIGH-QUALITY AMBULANCE SERVICE PROVIDING EMERGENCY AND NON-EMERGENCY CLINICAL CARE AND TRANSPORTATION WHICH IS APPROPRIATE, ACCESSIBLE, TIMELY AND EFFECTIVE

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 TO 31 DECEMBER 2013

KPI No		April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2	<u>NO OF POTENTIAL MAJOR INCIDENTS</u>	1	0	0	3	0	0	3	3	5			
	No of Declared Major Incidents	0	1	0	1	0	1	0	0	0			
	<u>NO OF AIRPORT ALERTS</u>												
	Belfast International Airport	2	0	1	1	0	0	0	1	0			
	Belfast City Airport	0	0	1	1	2	1	0	0	0			
	City of Derry Airport	0	0	0	0	0	0	0	0	0			
	St Angelo Airport	0	0	0	0	0	0	0	0	0			
	Newtownards Airfield Other airfields	0	0	0	0	0	0	0	0	0			
	<u>BUSINESS CONTINUITY</u>	2	1	0	7	3	1	10	2	5			
	<u>HAZARDOUS MATERIAL INCIDENTS</u> (HART CALLS)	13	26	29	29	20	29	10	13	14			
	<u>HART PRE-PLANNED DEPLOYMENTS</u>	0	0	0	0	2	1	0	1	0			
4	<u>TRAINING SESSIONS</u>	2											
	EMERGENCY PLANNING	3	2	0	1	2	2	4	0	6			
	HART	8	12	9	1	1	8	15	7	4			
	<u>BUSINESS CONTINUITY</u>	0	0	0	0	0	0	0	0	0			
5	<u>EXERCISES</u>												
	Live	1	1	2	1	1	0	0	3	2			
	Tabletop	4	2	1	0	0	1	2	4	0			
	Observer	0	1	0	0	0	2	0	0	0			
6	Updates or amendments to MIP												

Potential Major Incident

On 1 November at approximately 1726hrs NIAS received a call for a road traffic collision at Corralongford, Fivemiletown. The initial report was that five cars had collided and that there were seven patients. Eight Emergency Ambulances, three Rapid Response Vehicles, two officers and one doctor were tasked to the scene. One doctor self-activated to the hospital to give assistance. The Emergency Equipment Vehicle and the Mobile Control Vehicle were on notice to move but were not deployed. Off duty staff in the western area came in to assist. Additional officers made themselves available but were stood down by Control (due to the distances involved). The South West Acute and the Craigavon Area Hospitals were put on alert to receive patients. Three adults and three children were taken to the South West Area Hospital.

On 3 November at 1511hrs NIAS received a call to HMP Maghaberry for a report of a fire in the cell block. The initial report stated three patients unconscious and a further twenty people affected by smoke. Six Emergency Ambulances, six Rapid Response Vehicles and one officer were tasked to the scene. Two officers were tasked to the hospitals. Two Patient Care Services crews and the Mobile Control Vehicle and the Emergency Equipment Vehicle were tasked to the scene but were stood down before they arrived. In addition the Hazardous Area Response Team advisor was alerted to the call due to the nature of the call and the possibility of Hazardous Area Response Team staff having to don Breathing Apparatus. Three patients were transported to hospital and twenty other prisoners were assessed at the scene. The incident was stood down at 1647hrs by Oscar 24.

On 15 November 2013 at 1622hrs NIAS received a call from Air Traffic Control, Shannon for a light aircraft having engine failure. The initial call was that the plane had come down somewhere in the Enniskillen area near the lough with two persons on board. Three Emergency Ambulances, two Rapid Response Vehicles and four officers were tasked to the scene. The Mobile Control Vehicle and the Emergency Equipment Vehicle in Belfast were "made ready" but not deployed. The plane had landed on the water and the two persons on board made their own way to shore. Both were assessed by paramedics but refused to travel to hospital. The incident was stood down at 1804hrs.

On 14 December at 1947hrs NIAS received a call from the NI Fire & Rescue Service for a fire in Daleview House, private nursing home. Four Emergency Ambulances, four officers and one Rapid Response Vehicle were tasked to the scene. The Emergency Equipment Vehicle and the Mobile Control Vehicle were placed on standby to respond but not deployed. The incident was stood down at 2009hrs by NI Fire & Rescue Service – (smoke from an oven) no patients were transported by NIAS.

On 15 December at 1352hrs NIAS received a call for a road traffic collision involving a PSNI Land Rover and 6-8 parked cars. Three Emergency Ambulances, two doctors, five officers, the Emergency Equipment Vehicle and the Mobile Control Vehicle were tasked to the scene. Two hospitals were put on alert to receive patients however due to location and small numbers all patients were taken to

Craigavon. Initial reports stated 6-8 people injured mostly walking around with one still trapped. First crew on scene confirmed 7-8 patients, all patients were taken to Craigavon Hospital. The incident was stood down at 1425hrs.

On 21 December at 2152hrs NIAS received a call for a road traffic collision involving two cars with one car on fire. The caller identified that there were “at least five patients”. Seven Emergency Ambulances, two Rapid Response Vehicles, two officers were tasked to the scene. One officer was tasked to hospital. The Emergency Equipment Vehicle and the Mobile Control Vehicle were on notice to move but not despatched. The incident was stood down by officer at the scene at 2229hrs.

On 25 December at 1603hrs NIAS received a call for a light aircraft that had crash landed. Three Emergency Ambulances, two Rapid Response Vehicles, two officers and two doctors were tasked to the scene. The Mobile Control Vehicle and the Emergency Equipment Vehicle were stood down prior to arrival. Two patients were transported to Craigavon Area Hospital. The incident was stood down at 1621hrs. No issues were identified.

On 30 December at 1558hrs NIAS received a call for multiple casualties who had been stabbed, the caller stated “there is a male stabbing a lot of people”. The total number stabbed was six persons. Six Emergency Ambulances, two Rapid Response Vehicles and four officers were tasked to the scene. The Emergency Equipment Vehicle and the Mobile Control Vehicle were mobile but were stood down. Six persons were transported to the Royal Victoria Hospital. The incident was stood down at 1741hrs. No issues were identified with the call.

Major Incidents

There were no declared major incidents.

Airport Alerts

On 18 November 2013 at 2101hrs NIAS received a call to the Belfast International Airport for a flight from London with landing gear problems. Initial report to NIAS stated 109 passengers on board. Seven Emergency Ambulances, one Rapid Response Vehicle, ten officers, one Hazardous Area Response Team officer, one doctor, the Emergency Equipment Vehicle and the Mobile Control Vehicle were tasked to the scene. The plane landed safely and all passengers disembarked with no incident. The incident was then stood down at 2121hrs.

HAZMAT / Hazardous Area Response Team (HART) Deployments

01.11.13	NI Fire & Rescue Service	Carbon Monoxide Incident - Hazardous Area Response Team Advisor Only.
01.11.13	NI Fire & Rescue Service	Possible gas inhalation incident - Hazardous Area Response Team Advisor Only.
02.11.13	NI Fire & Rescue Service	Carbon Monoxide Incident - Hazardous Area Response Team Advisor Only.
02.11.13	NI Fire & Rescue Service	Smoke inhalation - Hazardous Area Response Team Advisor Only.
03.11.13	NI Fire & Rescue Service	Smoke inhalation - Hazardous Area Response Team Advisor Only.
03.11.13	NI Fire & Rescue Service	Smoke inhalation - Hazardous Area Response Team Advisor Only.
03.11.13	NI Fire & Rescue Service	Carbon Monoxide Incident - Hazardous Area Response Team Advisor Only.
03.11.13	NI Fire & Rescue Service	Carbon Monoxide Incident - Hazardous Area Response Team Advisor Only.
06.11.13	Police Service of NI & NI Fire & Rescue Service	Hazardous Area Response Team staff were deployed to persons in a road traffic collision on a bridge. The Hazardous Area Response Team staff deployed with working at height equipment and Safe Working at Height skills (SWAH) were utilised.
08.11.13	Police Service of NI & NI Fire & Rescue Service	Explosion in a private dwelling – Hazardous Area Response Team staff tasked to scene with Breathing Apparatus skills but not deployed.
16.11.13	Ministry Of Defence	Demo of Hazardous Area Response Team capability to military personnel.
20.11.13	NI Fire & Rescue Service	Chemical suicide – Hazardous Area Response Team staff deployed with PRPS.
20.11.13	NI Fire & Rescue Service	Patient fallen inside a concrete tank – Hazardous Area Response Team staff deployed with safe working at height skills and confined space working skills.
29.11.13	NI Fire & Rescue Service	House fire with person reported with Smoke inhalation - Hazardous Area Response Team with Breathing Apparatus skills tasked to scene but not deployed.
01.12.13	Police Service of NI Search & Rescue Team	Person fallen on Spelga Dam – Hazardous Area Response Team staff with mountain rescue skills deployed to scene but stood down prior to arrival as patient made own way to ambulance.
02.12.13	NI Fire & Rescue Service	Carbon Monoxide Incident - Hazardous Area Response Team Advisor Only.
05.12.13	NI Fire & Rescue Service	Debris fallen unto patient – Hazardous Area Response Team with confined space training tasked to scene.
10.12.13	NI Fire & Rescue Service	Patient removed from roof space – Hazardous Area Response Team staff deployed to scene - safe working at height (SWAH) skills utilised.
15.12.13	NI Fire & Rescue Service	Carbon Monoxide Incident - Hazardous Area Response Team Advisor Only.

15.12.13	NI Fire & Rescue Service	Smoke inhalation - Hazardous Area Response Team deployed to scene – Breathing Apparatus skills available but not deployed.
19.12.13	Police Service of NI Search & Rescue Team	Young child injured on mountain bike track – mountain rescue skills deployed to scene.
20.12.13	NI Fire & Rescue Service	Smoke inhalation - Hazardous Area Response Team Advisor Only.
23.12.13	NI Fire & Rescue Service	Smoke inhalation - Hazardous Area Response Team Advisor Only.
23.12.13	NI Fire & Rescue Service	Carbon Monoxide Incident - Hazardous Area Response Team Advisor Only.
23.12.13	NI Fire & Rescue Service	Carbon Monoxide Incident - Hazardous Area Response Team Advisor Only.
24.12.13	NI Fire & Rescue Service	Carbon Monoxide Incident - Hazardous Area Response Team Advisor Only.
24.12.13	NI Fire & Rescue Service	Carbon Monoxide Incident - Hazardous Area Response Team deployed to assess person from house and police officers who had entered the property.
24.12.13	NI Fire & Rescue Service	Carbon Monoxide Incident - Hazardous Area Response Team Advisor Only.



William Newton
EMERGENCY PLANNING OFFICER

Untoward Incident Report to the Assurance Committee 1 September 2013 to 31 December 2013

Introduction

This report covers the period 1 September 2013 through until 31 December 2013. During this period there were a total of 734 reported incidents compared to 1005 in the same period last year. This represents a down turn in the number of reports received. The number of reports received in relation to meal breaks has significantly reduced from a monthly average of 80 reports per month to 30 reports per month, which partially accounts for the reduced number of reports.

Overview

There are no obvious emerging trends.

Figure One: Represents the categories of reported incidents throughout this period, 'verbal assaults' being identified as the most reported type of incidents. Meal Break reports are declining as are equipment failures.

Figure Two: Identifies the NIAS 'Top ten' incidents reported during this period and identifies 'Meal Break' as the main category. Equipment reports continue to decrease.

Figure Three: Shows the number of incidents by severity and identifies that 'moderate' graded incidents have decreased compare to the previous report.

Zero Tolerance (Violence to Staff)

Figure Four: identifies the number of violent incidents by sub category. There have been 96 incidents reported over this period in comparison with 110 in the same period last year.

Equipment

There were a total of 215 equipment incidents in this period compared to 238 in the same period last year.

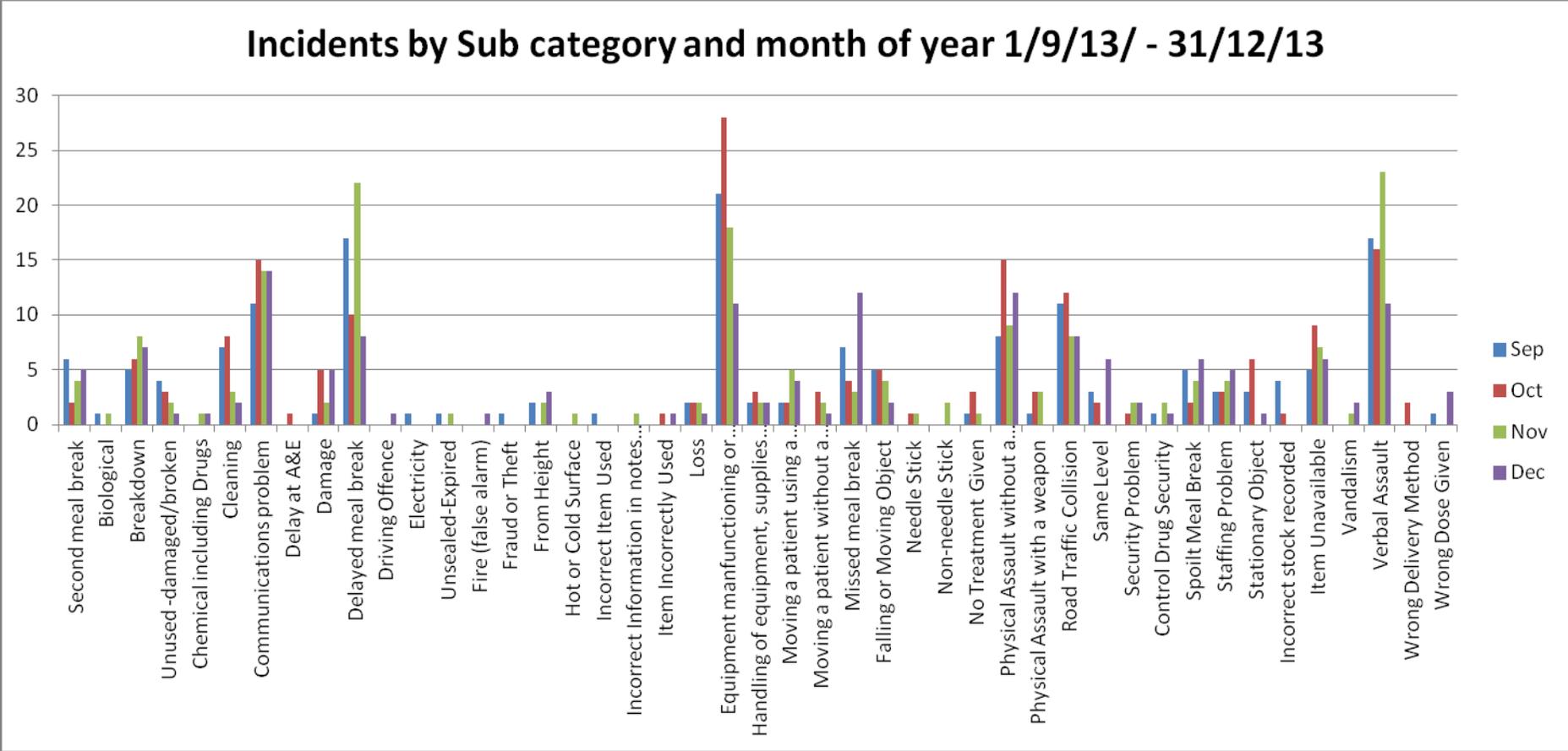


Figure One: Total Number of Incidents by Sub Category by month 734 (1005*)

* Figures in brackets relate to the same reporting period in the previous year.

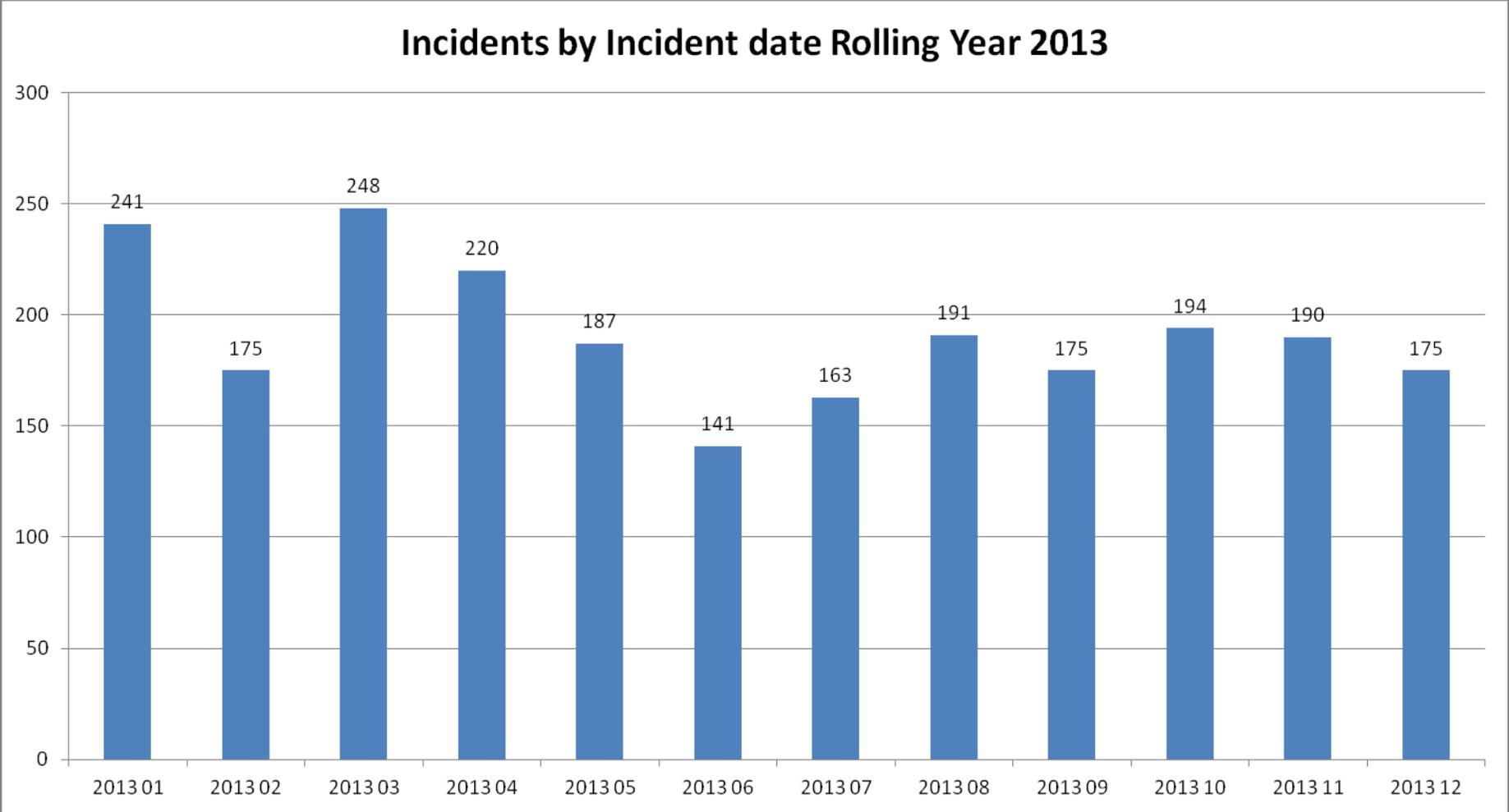


Figure Two: Incidents by month rolling calendar year 2013

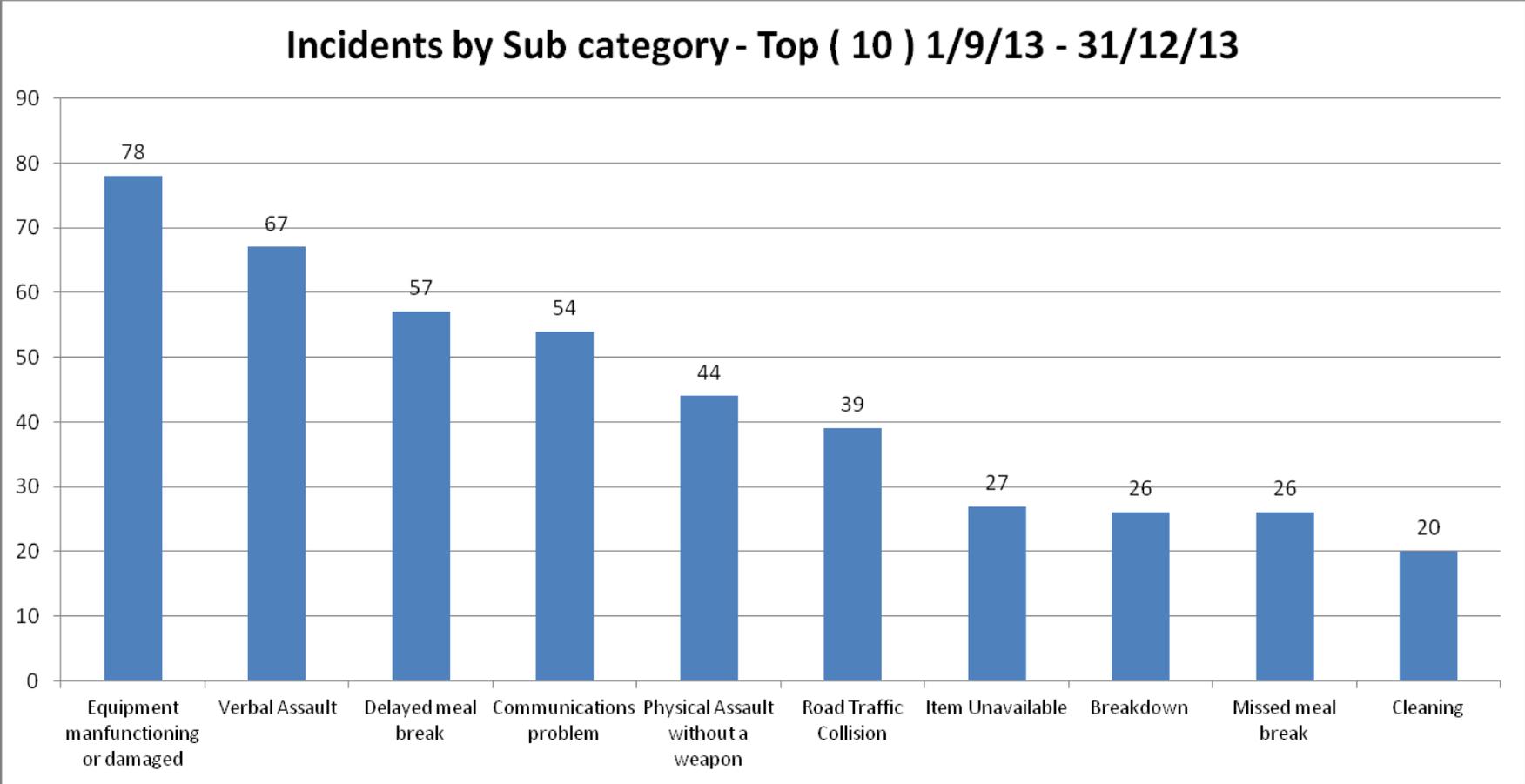


Figure Three: Top Ten Incidents, 1 September – 31 December 2013

Comment on Top Ten Incidents			
Ser.	Sub Category	Comment	
1	Equipment Malfunction or Damage	A number of issues have been identified: <ul style="list-style-type: none"> • Mobile Data Terminal • MRX Defib Phone Pairing • MRX Defib ECG Transmission Issues • Vehicle Tail Lift Issues 	These issues are being managed through: <ul style="list-style-type: none"> • Emergency Ambulance Control • Medical Directorate/RATC • Service Providers • Established Contract and • Fleet Department
2	Verbal Assault	The most common category of assault on our staff.	NIAS Ambulance Service Area Manager's are engaging with local PSNI Commanders in terms of the most appropriate method of dealing with this issue.
3	Delayed Meal Breaks	Numbers of reports continue to reduce.	This issue is being managed through the Operations Joint Consultative Group, which is awaiting advice from DHSSPSNI regarding the context for the provision of rest periods. (i.e. Paid or Unpaid) and has prepared Draft Interim Measures which they hope to implement February 2014.
4	Communication Problems	This type of incident range from: <ul style="list-style-type: none"> • Communication issues between control and operational crews. • To information being provided by the department the patient is being discharged from. 	The Regional Control Manager and the Duty Performance Managers are actively monitoring this issue. Line Managers are following up identified issues the relevant ward/unit.
5	Physical Assault without a weapon		As per number 2
6	Road Traffic Collisions	The vast majority of these collisions are best described as 'traffic bumps', low speed/low impact incidents.	Managed through line management and the Fleet Department. RATC are currently reviewing the NIAS Driving Policy.

7	Item Unavailable	This ranges from small high cost items such as paediatric SPO2 probes to Manger Elk charging issues. None of these have had a direct adverse impact on patient care.	Equipment issues are reviewed by the Medical Equipment Group in terms of suitability and purchase of unavailable items. Line Managers have reinforced the instruction regarding the charging of these units.
8	Vehicle Breakdown		This issues are managed through the Fleet Department, all vehicle incidents are investigated by the Fleet Department
9	Missed Meal Breaks		As per number 3
10	Cleaning	Vehicle Cleaning	This issue is monitored through the Infection Prevention and Control Group and is managed through the line management structure.

Incidents by Severity and Incident date 1/9/13 - 31/12/13

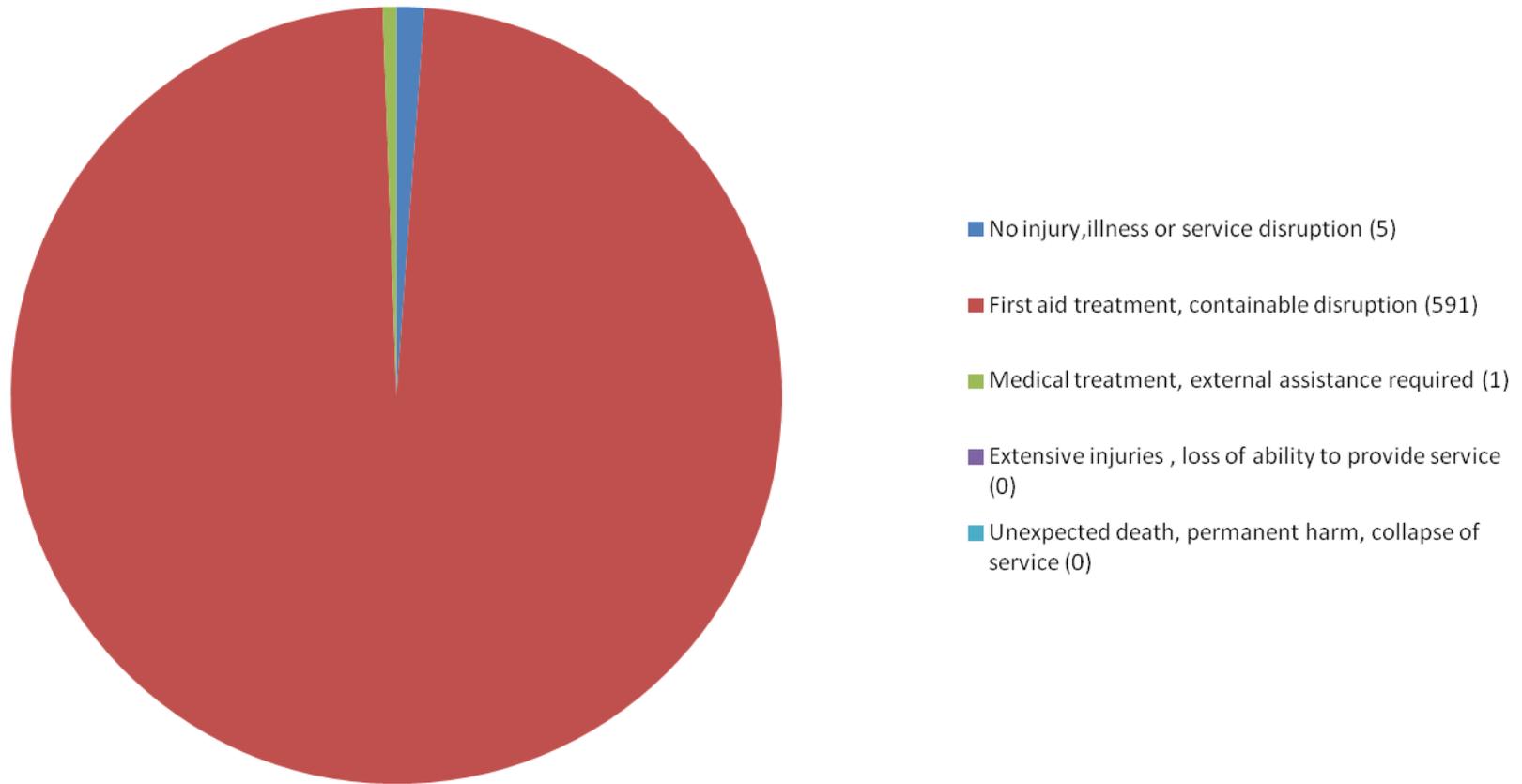


Figure Four: Incidents by Severity: 1 September – 31 December 2013

Incidents by Sub category and Incident date grouped by Division 1/9/13 - 31/12/13

	2013 09	2013 10	2013 11	2013 12	Total
Belfast Area	8	10	8	8	34
Physical Assault without a weapon	3	5	4	2	14
Physical Assault with a weapon	1	0	0	0	1
Verbal Assault	4	5	4	6	19
Emergency Ambulance Control	0	0	2	4	6
Physical Assault without a weapon	0	0	0	4	4
Physical Assault with a weapon	0	0	1	0	1
Verbal Assault	0	0	1	0	1
ECNTRY	0	1	3	0	4
Physical Assault without a weapon	0	1	0	0	1
Verbal Assault	0	0	3	0	3
Northern	3	6	6	0	15
Physical Assault without a weapon	0	3	2	0	5
Verbal Assault	3	3	4	0	10
South Eastern	6	5	5	2	18
Physical Assault without a weapon	1	1	2	1	5
Physical Assault with a weapon	0	0	1	0	1
Verbal Assault	5	4	2	1	12
Southern	5	6	2	1	14
Physical Assault without a weapon	2	1	0	1	4
Physical Assault with a weapon	0	2	0	0	2
Verbal Assault	3	3	2	0	8
Western	0	3	1	1	5
Physical Assault without a weapon	0	2	1	1	4
Physical Assault with a weapon	0	1	0	0	1
Totals:	22	31	27	16	96

Figure Five: Violent Incidents by Sub Category 96 (110)

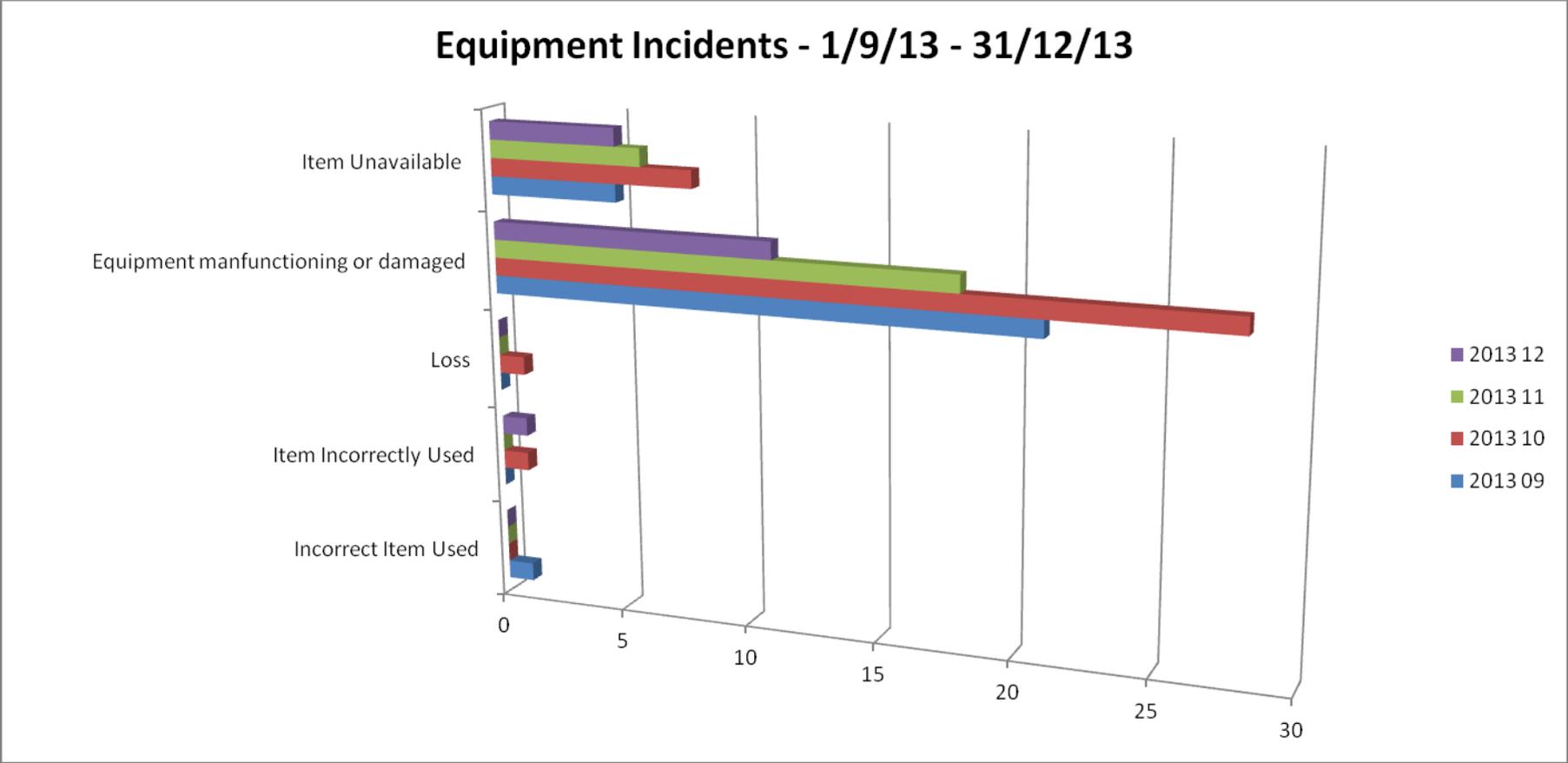


Figure Six: Asset /Equipment Incidents 215 (238)

VEHICLE CLEANING REPORTS

	2013 09	2013 10	2013 11	2013 12	Total
Belfast Area	1	2	0	0	3
Northern	0	1	1	1	3
South Eastern	3	1	1	0	5
Southern	1	0	0	0	1
Western	2	4	1	1	8
Totals:	7	8	3	2	20

Figure Seven: Vehicle Cleaning – Incident Reports 20 (21)

Clinical Incident Reports

This area of the report covers Clinical Incidents. There were 36 clinical incidents reported during this period as compared with 57 during the same period last year. This represents a downturn in the numbers of incidents being reported. All clinical incidents are reviewed by the Medical Directors and Risk Manager to ensure that suitable and sufficient investigations are completed and action plans developed to assist the individual concerned meet the required standards of care and proficiency.

The Clinical Support Officers, Training Officers and line managers continue to advise staff to report clinical incidents as a method of identifying 'learning outcomes' not only for the individual concerned but also for NIAS as a whole. It is important to note that no harm occurred to any patient as a result of these clinical incidents.

Clinical Incident Reports 1/9/13 - 31/12/13

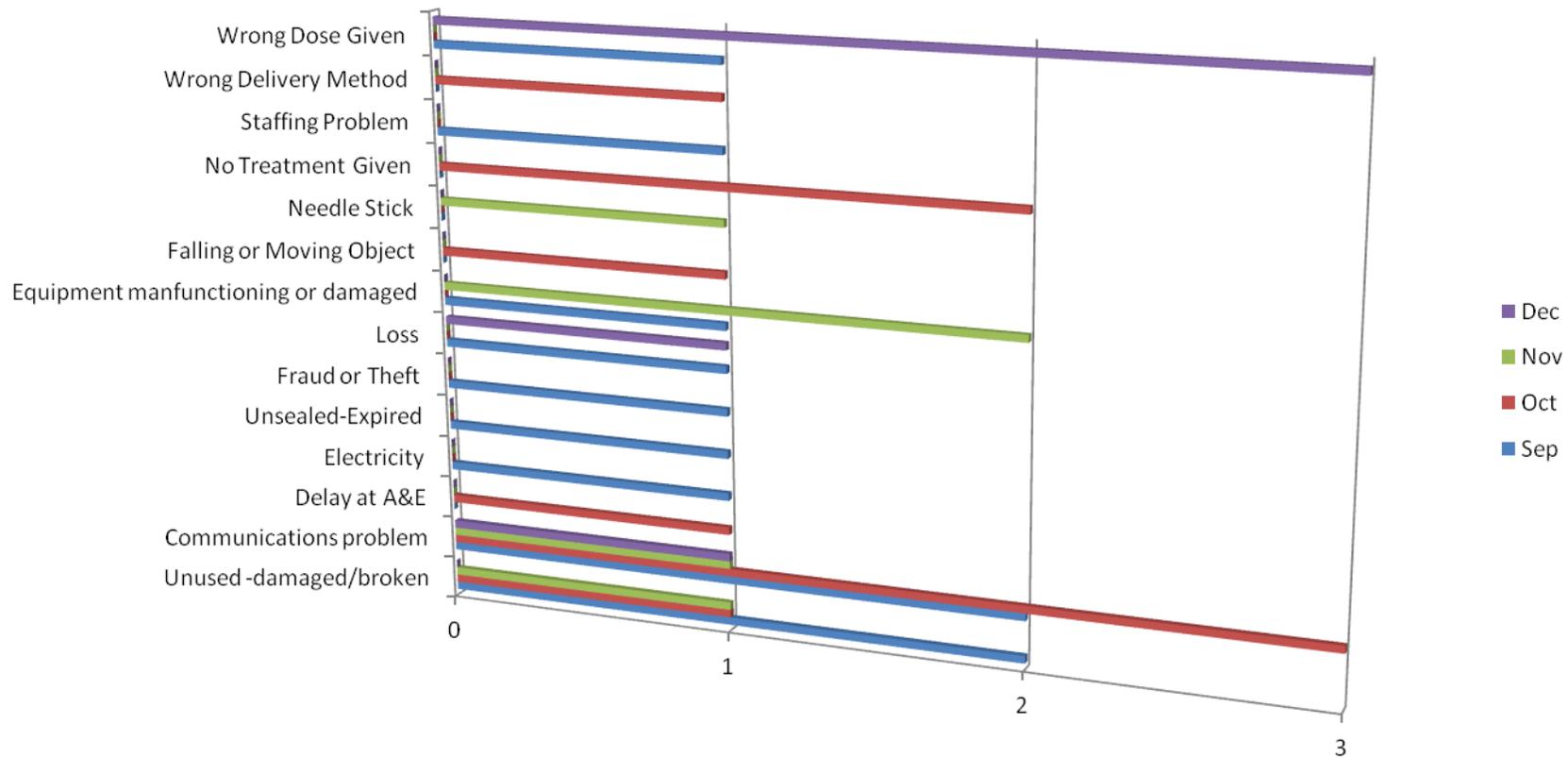


Figure 1: Clinical Incidents by Sub Category 36 (57)

Serious Adverse Incidents Reports as at 31 December 2013

Ref	Status	Subject	Speciality	Description	Location
SAI 1701 / UIR19302	<p>Reported to the HSCB on the 19 November 2012. An ambulance crew and an RRV paramedic attended a male collapsed in a street in Bangor at 1540hrs. The patient was a known heroin addict who had taken a mixture of tablets and methadone. The crew successfully resuscitated the patient, including the administration of Naloxone IV. The patient recovered but refused to go to hospital despite being clearly advised of the potential risks over a period of time. The crews also called the police in an attempt to have them intervene and ensure the patient went to hospital. The police advised they could do nothing and the patient left the scene. A second call was received at 1824hrs relating to this patient who had been found collapsed on a bus in Donaghadee.</p> <p>Report submitted to HSCB in May 2013.</p> <p>A number of learning outcomes, both for NIAS and regionally, were identified. A new clinical guideline for ambulance paramedics regarding the administration of Naloxone has been developed and was disseminated with the new 2013 JRCALC Clinical Guidelines in September 2013. Specific focus was given to the use of Naloxone in the training of staff in the new Guidelines and a Memo issued. Guidelines for the assessment of capacity and consent in emergency situations such as those</p>	Serious injury to, or the unexpected death of a service	Accident and Emergency	Patient suffered Respiratory Arrest and did not survive.	South Eastern Area.

	<p>encountered by NIAS are being developed regionally as not presently included in current regional guidelines. Increased awareness of Naloxone availability among drug users as part of the regional Naloxone pilot. Information has been issued to NIAS operational staff regarding this and NIAS continues to engage with regional pilot to achieve this.</p> <p>Recommendations accepted by Public Health Agency (PHA) who confirmed incident closed in June 2013.</p> <p>Incident also currently being investigated by NI Police Ombudsman and Coroner. Staff involved have now been interviewed and statements and other evidence submitted to facilitate enquiries, the outcome of which, including any recommendations, is awaited.</p>				
SAI A2127 / UIR 2200210	<p>Reported to HSCB on 26 March 2013 in relation to an incident where a 999 call was received for an elderly lady who had fallen outside a shop in Belfast who was unable to get up. An ambulance resource was not deployed to attend the call for a further 47 minutes, when the first available resource, a Rapid Response Vehicle (RRV) was dispatched. There was a further delay of approximately 40 minutes in the arrival of an ambulance to transport the patient to hospital. Initial review of the sequence of events and associated delay indicates potentially that there were no ambulance vehicles immediately available to respond as resources were depleted due to significant numbers of ambulances waiting</p>	<p>Unexpected serious risk to service user and / or staff member and / or member of the public.</p> <p>Unexpected or significant threat to provide service and / or maintain business continuity.</p>	Accident & Emergency	Injured person experienced extreme delay in receiving an ambulance response and subsequent transport to hospital.	Belfast area.

	<p>for extended periods to hand over patients at Emergency Departments of both the Royal Victoria and Ulster Hospitals.</p> <p>While the call was still ongoing, ambulance Control was contacted by an MLA regarding the incident.</p> <p>The incident report was completed and submitted to the HSCB Designated Review Officer on 6 November 2013.</p> <p>A number of learning outcomes for NIAS were identified:</p> <ul style="list-style-type: none"> • NIAS continues to engage with the Health and Social Care Board and the Acute Trusts in order to develop appropriate processes to minimise the delays which have been experienced by the Ambulance Service during periods of increased activity. • As a result of this engagement, NIAS has received funding to appoint Hospital Ambulance Liaison Officers (HALOs) at the major acute hospitals to assist in minimising the delays to ambulances at Emergency Departments. This has proved to be effective. NIAS is therefore evaluating the role of Hospital Ambulance Liaison Officers with a view, subject to funding, to increasing their numbers and hours of operation. • The Assistant Director of Operations (Command and Communications) has provided learning opportunities to the 				
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	<p>individual members of staff in Ambulance Control involved in this call in relation to the timely deployment of available resources.</p> <ul style="list-style-type: none"> • The Assistant Director of Operations (Command and Communications) has undertaken a review of the role of the Duty Control Managers to increase their direct involvement and oversight in the proactive and dynamic management of resources regionally at times of high activity and resource constraints. • A review of the reconfiguration of Ambulance Control is currently being undertaken which will improve direct communication between the RRV and Ambulance Controllers. • Quality assurance measures have been introduced for all staff in Ambulance Control which will involve random and significant call review and audit of compliance with call prioritisation and dispatch procedures. <p>Recommendations accepted by Public Health Agency who confirmed incident closed on 14 November 2013.</p>				
SAI A2282 / UIR33303	<p>Fatal Road Traffic Collision involving an NIAS ambulance (W621) and a cyclist at Castlecoole, Enniskillen resulting in the death of the cyclist.</p> <p>This incident is currently the subject of an ongoing Fatal Road Traffic Investigation by</p>	<p>Unexpected serious risk to service user and / or staff member and / or member of the public.</p> <p>Unexpected or significant threat to provide service</p>	Accident & Emergency	Member of the public died as a result of injuries received in the collision.	Western Area

	<p>the PSNI.</p> <p>NIAS continues to engage with the PSNI with regard to this investigation.</p> <p>The HSC SAI procedure has been suspended until completion of the PSNI investigation in accordance with regional policy.</p>	<p>and / or maintain business continuity.</p>			
Serious Adverse Incidents – NIAS Involvement in Significant Event Audits with other HSC Trusts					
<p>SAI13/42</p> <p>Belfast Trust</p>	<p>Reported to the HSCB by the Belfast Trust in relation to the death of a patient whilst in the ED at the RVH.</p> <p>NIAS provided information with regard to Ambulance Service involvement in the treatment and care of this patient and participated in the incident significant event audit with the relevant HSC Trust.</p> <p>There were no learning outcomes in relation to the Ambulance Service. NIAS supports the recommendation for a review of the Regional Escalation Policy for managing delays in EDs.</p>	<p>Serious injury to, or the unexpected death of a service user.</p>	<p>ED</p>	<p>Patient died in the ED following a significant delay in treatment.</p>	<p>Belfast Trust</p>
<p>SAI (Mental Health)</p> <p>Southern Trust</p>	<p>Reported to the HSCB by the Southern Trust in relation to the discharge of a patient who subsequently committed an Aggravated Assault on a member of the public.</p> <p>NIAS provided information with regard to Ambulance Service involvement in the treatment and care of this patient and participated in the incident significant event audit with the relevant HSC Trust.</p> <p>There were no learning outcomes in relation</p>	<p>Unexpected serious risk to service user and / or staff member and / or member of the public.</p>	<p>ED/ Mental Health Unit</p>	<p>Patient who subsequently committed an Aggravated Assault on a member of the public.</p>	<p>Southern Trust</p>

	to the Ambulance Service.				
SAI Southern Trust	<p>Reported to the HSCB by the Southern Trust in relation to the death of a young person following a suspected overdose who suffered a cardiac arrest in the ambulance during the journey to hospital.</p> <p>NIAS provided information with regard to Ambulance Service involvement in the treatment and care of this patient and participated in the incident significant event audit with the relevant HSC Trust.</p> <p>There were no learning outcomes in relation to the Ambulance Service. The actions of the Ambulance Service were commended by the review team.</p>	Serious injury to, or the unexpected death of a service user.	ED	Patient died in ICU despite the best efforts of ambulance and hospital medical and nursing staff.	Southern Trust

Patient Client Experience Standards – Monitoring Report Quarter 2, July-September 2013

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 includes the following target:

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

2. 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. In the current quarter wards have been surveyed and the results relevant to the ambulance service provided to NIAS. A regional methodology was agreed by the Patient Experience Working Group and a reporting template for ambulance results was developed by NIAS and agreed by the regional group. Each Trust agreed to complete this template and submit results to NIAS. NIAS then analyse results from each Trust and aggregated the results to present a regional picture of patient experience in respect of the ambulance service for the quarter.

NIAS through discussion with the PHA are developing a NIAS specific survey 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 were appropriate. It is also hoped that this survey can be accessed directly by patients through NIAS website.

PATIENT SATISFACTION SURVEYS

Trust: Northern Ireland Ambulance Service HSC Trust **Ward:** Variety of wards across HSC Trusts.
Quarter Ending: September 2013

Return of Questionnaire:	Two options for return of questionnaires were provided: <ul style="list-style-type: none"> • Via freepost return envelope to the Safe & Effective Care Department • Placed in a sealed envelope on the ward on day of discharge and then forwarded to the Safe & Effective Care Department
Response Rate:	As per current methodology for the PCE Standards monitoring reports, the ambulance element of the patient journey is included in questions asked within surveys issued by Acute Trusts and results shared with NIAS. In order to comply with the required HSCB timeframe for submission of this report, the information is

based on returns provided which at 12pm on 15th November 2013 included a response from NHSCT and a nil response from all other Trusts.

Therefore this report is in relation to the results provided by the Northern Trust only.

In this Trust, 56 questionnaires were distributed and 28 were returned (a response rate of 50%).

The following table outlines the level of patient satisfaction against each of the five Patient and Client Standards.

RAG assessment of Patient Client Experience Standards

Did you feel the ambulance staff?

The following responses relate to the percentages of patients who provided an answer to the relevant questions. Hence, the remaining percentages relate to patients who did not state an answer or who could not remember.

Respect	88.2% treated you as an individual	88.2% considered and respected your wishes	88.2% made you feel safe and secure
Attitude	88.2% were polite and courteous		
Behaviour	were caring and compassionate 88.2%	behaved in a professional manner 88.2%	
Communication	76.4% Did the ambulance staff introduce themselves?	88.2% spoke to you in a way which you could easily understand	88.2% Explained what was happening in relation to your care and treatment
Privacy & Dignity	88.2% maintained your privacy and dignity		

Patient and Carer Comments:

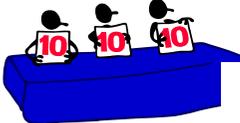
In this quarter no comments made by patients or carers were forwarded to NIAS.

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 50 compliments and 28 complaints were received by the Trust during the period compared with 37 and 49 respectively in the previous quarter. Compliments and complaints have been mapped from DATIX categories to the five patient experience standards. All compliments are dealt with via the Chief Executive's Office.

<u>COMPLIMENTS and COMPLAINTS</u>		
<u>FOR PERIOD : JULY 2013 – SEPTEMBER 2013</u>		
Total number of compliments received: 50		
Total number of complaints received: 28		
COMPLIMENTS received at ward / department level (cards, thank you letters)  <p>Recorded over same timespan that questionnaires are being distributed and themed as per Standards</p>	<u>THEMATIC ANALYSIS</u>	<i>NUMBER</i>
	RESPECT All members of staff display a person-centred approach to their care and treatment or in their contact with patients and clients	
	ATTITUDE	
	BEHAVIOUR	
	COMMUNICATION All staff members engage in effective verbal and non verbal communication, leading to clear information being exchanged between staff and patients / clients	
	PRIVACY and DIGNITY	

COMPLIMENTS received through the Chief Executive's office



Recorded over same timespan that questionnaires are being distributed and themed as per Standards

RESPECT

1. 'Staff displayed professionalism and dedication to my mum when she needed it most'.
2. 'Professional and respectful way staff treated patient and family at scene'.
3. 'Respectful manner, good communication and genuine concern'.
4. 'True professionalism, sensitivity and patience towards the patient'.

**22%
(11)**

ATTITUDE

	<p>BEHAVIOUR</p> <ol style="list-style-type: none"> 1. 'My wife went into labour at home whilst I was away, and was unable to feel the baby move. Your staff were fantastic, from their arrival at the house to getting her to the delivery ward at the Ulster. ' 2. 'The staff went above and beyond their call of duty with their precise actions, care and concern for not just my father but my mother also'. 3. ' quick response and excellent way in which the rescue was carried out, especially the care and consideration that was given to each and every one of us'. 4. 'Treatment given was timely, thorough, insightful and compassionately given'. 5. 'Calm and thoughtful approach with an excellent bedside manner'. 	<p>74% (37)</p>
	<p>COMMUNICATION</p> <ol style="list-style-type: none"> 1. 'Staff member had a brilliant way with my grandfather, communicated with him in a way which he could easily understand'. 	<p>2% (1)</p>
	<p>PRIVACY and DIGNITY</p> <ol style="list-style-type: none"> 1. 'Staff were very professional and treated my mother in a very dignified manner'. 	<p>2% (1)</p>

<p>COMPLAINTS received</p>   <p>Previous 3 months to commencement of PSQ distribution and themed as per Datix categories (refer to Complaints Mapping Proforma)</p>	<p>RESPECT</p>	<p>0</p>
	<p>ATTITUDE Unprofessional attitude when dealing with a child.</p>	<p>36% (10)</p>
	<p>BEHAVIOUR Complaint from PSNI regarding the attitude and behaviour of ambulance personnel during an emergency call.</p> <p>Complaint regarding the behaviour of ambulance personnel dealing with an elderly patient.</p>	<p>11% (3)</p>
	<p>COMMUNICATION</p>	<p>53% (15)</p>
	<p>PRIVACY and DIGNITY</p>	<p>0</p>

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.

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 the Clinical Support Officers who are supernumerary 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. This is presently being undertaken in the Belfast area with the plan to roll this out to other divisions. 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:

- A/E crew responding to a male in respiratory arrest who became aggressive; Staff dealt calmly with patient giving a full clear explanation as to treatment required.
- A/E crew responding to a female with abdominal pain who reacted aggressively to crew. Clear, calm communication given to reassure and de escalate situation. At the end of this call the patient thanked the staff and apologised for her earlier attitude.
- A/E crew responding to an elderly lady who had fallen. Crew treated both patient and disabled husband with respect and consideration given to all their needs, addressing their concerns and reassuring patient.
- Patient suffering from dementia was treated with respect and dignity. Patient centred approach observed. Good communication with both patient and family.
- Crew observed to treat elderly patient and family members with respect and consideration, providing clear, full communication to all their concerns.

LEARNING AND TAKING ACTION

Methodology

Difficulties are still being experienced by NIAS PCE report submissions being dependent on the results received from the other Trusts.

As indicated earlier in this report, within the current methodology NIAS relies on survey and patient stories being submitted from the other Trusts. Whilst there is clear rationale for this, the lack of returns from other Trusts limits the data that NIAS can analyse, learn from and develop actions to address practice.

As highlighted earlier to address this NIAS are developing an ambulance specific survey for patients to access both at ward level and through NIAS website directly.

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

NIAS is keen to learn from the experiences of all those who use our services. The Trust continues to raise awareness of and communicate the patient experience standards across all staff groups taking a blended learning approach; through face to face inductions, mandatory training programmes and staff communiqués.

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. The Trust continues to contribute to a project with the HSC Leadership centre to develop training for all HSC staff to take a regional approach to address these areas.

Direct observations of practice enable 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.

LEARNING OUTCOMES FROM OBSERVATION OF PRACTICE JULY - SEPTEMBER 2013

Report Name	Observer Name	Learning Outcomes	Summary
July 2013 observation 1	(Clinical Support Officer) NIAS	No questions arising	No questions arising
July 2013 observation 2	(Clinical Support Officer) NIAS	No questions arising	No questions arising
August 2013 observation 1	(Clinical Support Officer) NIAS	No questions arising	No questions arising
August 2013 observation 2	(Clinical Support Officer) NIAS	No questions arising	No questions arising
September 2013 observation 1	(Clinical Support Officer) NIAS	No questions arising	No questions arising
September 2013 observation 2	(Clinical Support Officer) NIAS	Crew did not introduce themselves. Good use of both non verbal and verbal communication observed. They explained that she may not be kept in hospital and could be back in the nursing	This was the first day that this crew had worked on ICS doing Dr's calls. I explained afterwards why it was important to introduce themselves

		home today. Time was taken to reassure the patient and the crew showed a sense of calm and control.	and also the importance of gaining consent.
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Proposed NIAS Clinical Quality and Patient Outcome Measures 2014/15

B6(i). Percentage of patients who when assessed face to face are 'Face Arm Speech' (FAST) positive and arrive at a hyper acute centre within 60 minutes of the call.

Outcome sought	Effective recovery following a stroke	
Updated definition	Indicator description The percentage of Face Arm Speech Test (FAST) positive stroke patients (assessed face to face) potentially eligible for stroke thrombolysis, who arrive at a hyper acute stroke centre within 60 minutes of call.	
	Indicator Construction:	
	Numerator	Number of FAST positive patients (assessed face to face) potentially eligible for stroke thrombolysis within agreed local guidelines arriving at hospitals with a hyper acute stroke centre within 60 minutes of call connecting to the ambulance service
	Denominator	Number of FAST positive patients (assessed face to face) potentially eligible for stroke thrombolysis within agreed local guidelines
	Calculation	(Number of FAST positive patients (assessed face to face) potentially eligible for stroke thrombolysis within agreed local guidelines arriving at hospitals with a hyper acute stroke centre within 60 minutes of call connecting to the ambulance service / Number of FAST positive patients (assessed face to face) potentially eligible for stroke thrombolysis within agreed local guidelines) multiplied by 100
Notes	Exclusions: <ol style="list-style-type: none"> 1. Patient refusal 2. Complete resolution of symptoms before arrival at stroke centre [transient ischaemic attack (TIA)] 3. Advance Directive for refusal of treatment (ADRT) 4. Patients who are not clinically safe for bypass to hyper-acute stroke centre (such as for example: patients with seizures/agitation; Glasgow Coma Scale score below 8; time critical features (airway problem, reduced consciousness)) as defined in locally agreed protocols or pathways. 	
Data source	Northern Ireland Ambulance Service (NIAS).	
Reporting schedule for data source	Frequency: Quarterly Timing: Information will be provided 3 months after the end of the quarter being reported on.	
Technical issues remaining to be resolved	None.	
Historical comparisons	Information available for 2013/14.	

External drivers of the outcome	Direct access to a specialist stroke unit, effective rehabilitation and community stroke care aligned with social care. Improved public awareness of the need for prompt treatment is critical; awareness of the need to seek urgent medical advice after TIA (which influences preventable stroke); provision of reablement services.
Policy Lead	Jackie Johnston

B6(ii). Percentage of patients with suspected stroke or unresolved transient ischaemic attack who receive an appropriate care bundle	
Outcome sought	Reduced incidence of stroke / effective recovery following a stroke
Updated definition	<p>Indicator description The percentage of patients with suspected stroke or unresolved transient ischaemic attack (assessed face to face) who receive an appropriate care bundle.</p> <p>The care bundle in relation to the ambulance service includes;</p> <ul style="list-style-type: none"> • FAST Assessment <ul style="list-style-type: none"> ○ Facial weakness ○ Arm weakness ○ Speech impairment • Measurement of Blood Glucose (to exclude hypoglycaemia) • Measurement of Blood Pressure • Assessment of Glasgow Coma Scale (level of consciousness) • Airway assessment and appropriate management • Pre-arrival alert message to receiving hospital
	Indicator Construction:
Numerator	Number of patients with suspected stroke or unresolved transient ischaemic attack assessed face to face who received an appropriate care bundle
Denominator	Number of suspected stroke or unresolved transient ischaemic attack patients assessed face to face
Calculation	(Number of patients with suspected stroke or unresolved transient ischaemic attack assessed face to face who received an appropriate care bundle / Number of suspected stroke or unresolved transient ischaemic attack patients assessed face to face) multiplied by 100
Notes	The numerator refers to patients with a new onset/presentation of suspected stroke symptoms, or unresolved transient ischaemic attack. It does not exclude patients with previous stroke or transient ischaemic attack who have a new onset of symptoms. Denominator refers to patients with a new onset/presentation of suspected stroke symptoms, or unresolved transient ischaemic attack. It does not exclude patients with previous stroke or transient ischaemic attack who have a new onset of symptoms.
Data source	Northern Ireland Ambulance Service (NIAS).
Reporting schedule for data source	Frequency: Quarterly Timing: Information will be provided 3 months after the end of the quarter being reported on.
Technical issues remaining to be resolved	None.

Historical comparisons	Information available for 2013/14.
External drivers of the outcome	Direct access to a specialist stroke unit, effective rehabilitation and community stroke care aligned with social care. Improved public awareness of the need for prompt treatment is critical; awareness of the need to seek urgent medical advice after TIA (which influences preventable stroke); provision of reablement services.
Policy Lead	Jackie Johnston

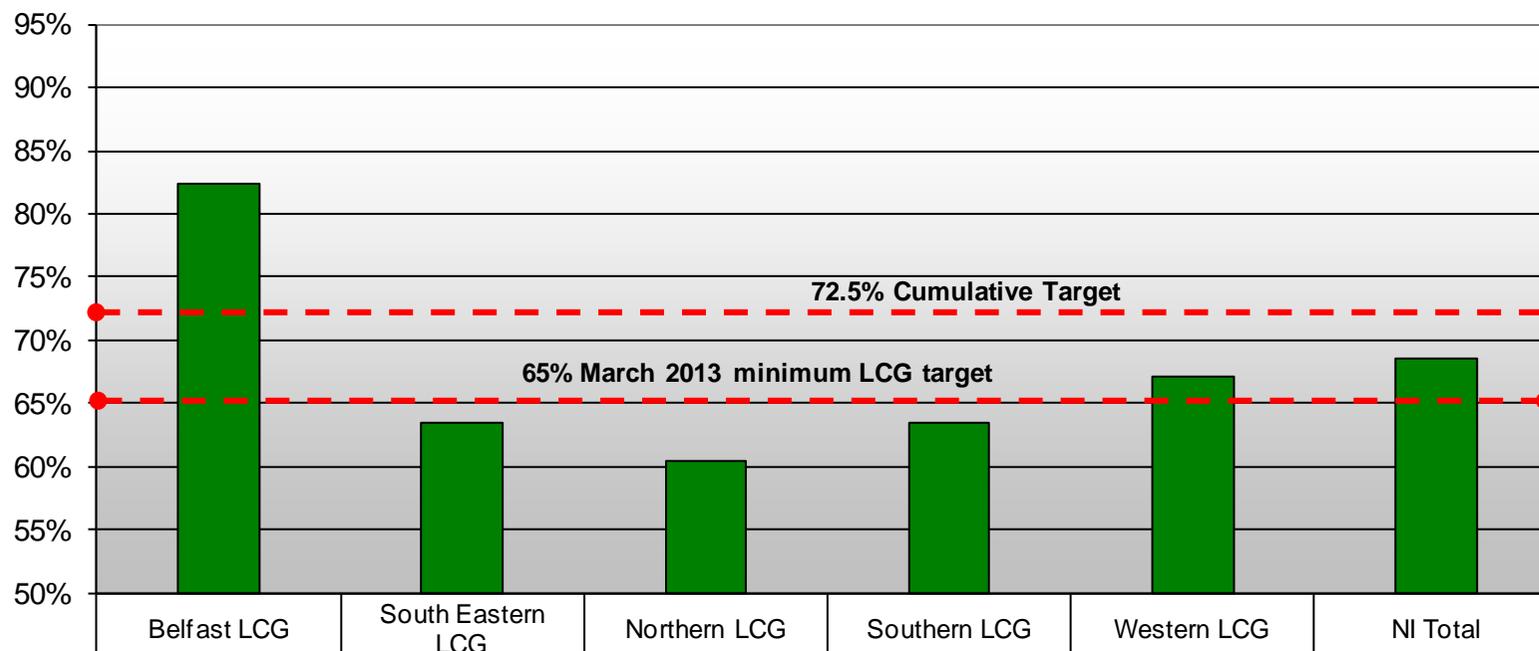
B5. Percentage of cardiac arrest patients who suffered an out of hospital cardiac arrest who have Return of Spontaneous Circulation (ROSC) on arrival at hospital

Outcome sought	To reduce the proportion of patients who die as a result of an out of hospital cardiac arrest	
Updated definition	Indicator description Outcome from cardiac arrest, measured by return of spontaneous circulation (ROSC) at time of arrival of the patient to hospital. Recording of ROSC at hospital 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 (ED) or resuscitation was terminated at scene.	
	This indicator has two elements: 1. ROSC at time of arrival at hospital (Overall) 2. ROSC at time of arrival at hospital (Utstein comparator group)	
	1. ROSC at time of arrival at hospital (Overall);	
	Numerator	The number of patients who had ROSC on arrival at hospital.
	Denominator	All patients who had resuscitation (Advanced Life Support (ALS) or Basic Life Support (BLS) commenced / continued by Emergency Medical Staff (EMS) following an out-of-hospital cardiac arrest (including Termination of Resuscitations (TOR)).
	Calculation	(Number of patients who had ROSC on arrival at hospital / All patients who had resuscitation commenced or continued by EMS following out of hospital cardiac arrest) multiplied by 100
	Notes	Time of arrival refers to the point of arrival of the patient at the receiving hospital. Cardiac Arrests where Community First Responders or members of the public have successfully resuscitated a patient should be excluded . Cardiac Arrests where a valid Do Not Attempt Resuscitation (DNAR) order is in place should be excluded . Cardiac Arrests where a valid Advance Refusal of Treatment is in place should be excluded .
	2. ROSC at time of arrival at hospital (Utstein comparator group);	
	Numerator	The number of patients who had ROSC on arrival at hospital.
	Denominator	All patients who had resuscitation (ALS or BLS) commenced / continued by EMS following an out-of-hospital cardiac arrest of presumed cardiac origin, where the arrest was bystander witnessed and the initial rhythm was Ventricular Fibrillation (VF) or Ventricular Tachycardia (VT) (including TORs).

	Calculation	(Number of patients who had ROSC on arrival at hospital / All patients who had resuscitation commenced or continued by emergency medical staff following out of hospital cardiac arrest where the arrest was bystander witnessed and the initial rhythm was Ventricular Fibrillation (VF) or Ventricular Tachycardia) multiplied by 100
	Notes	Time of arrival refers to the point of arrival of the patient at the receiving hospital.
Data source	Northern Ireland Ambulance Service (NIAS).	
Reporting schedule for data source	Frequency: Quarterly Timing: Information will be provided 3 months after the end of the quarter being reported on.	
Technical issues remaining to be resolved	None.	
Historical comparisons	Information available for 2013/14	
External drivers of the outcome	Outcome is dependent on rapid contact and arrival of emergency services with the necessary resuscitation and defibrillation equipment; rapid start of cardiopulmonary resuscitation; basic life support using electrical defibrillation; advanced life support following admission to hospital and post cardiac arrest care	
Policy Lead	Jackie Johnston	

CATEGORY A PERFORMANCE – CUMULATIVE FROM APRIL TO DECEMBER 2013

**% Cat A Calls Responded to Within 8 Minutes
CUMULATIVE from April 2013 to end December 2013**



	Belfast LCG	South Eastern LCG	Northern LCG	Southern LCG	Western LCG	NI Total
% Cat A within 8 min	82.4%	63.5%	60.5%	63.4%	67.1%	68.5%
Cat A within 8 min	8,356	4,237	4,976	4,234	4,148	25,951
Total No. of Cat A	10,143	6,668	8,219	6,673	6,184	37,887

**From April 2011, an average of 72.5% of Category A ambulance calls should be responded to within 8 minutes,
(and not less than 65% in any LCG area).**

Please note: PFA targets for 2013-14 have not yet been set

CATEGORY A PERFORMANCE: MONTHLY CUMULATIVE POSITION 2013/2014 AS AT DECEMBER 2013

HSCB 2013/14 (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 65% in any LCG area)”

Regional Target: 72.5%

LCG target 65%

	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Year
Regional	63.8%	66.2%	67.3%	67.6%	68.0%	68.4%	68.9%	69.0%	68.5%				
Belfast	75.7%	79.3%	81.1%	81.8%	82.1%	82.8%	83.1%	83.1%	82.4%				
South East	57.2%	61.6%	63.7%	63.8%	64.1%	63.7%	64.3%	64.1%	63.5%				
North	58.0%	58.4%	59.4%	58.7%	59.4%	59.9%	60.6%	60.7%	60.5%				
South	60.3%	61.4%	62.0%	63.0%	63.3%	63.4%	63.7%	63.9%	63.4%				
West	64.0%	65.5%	65.8%	65.8%	65.9%	66.9%	67.5%	67.7%	67.1%				

Key:

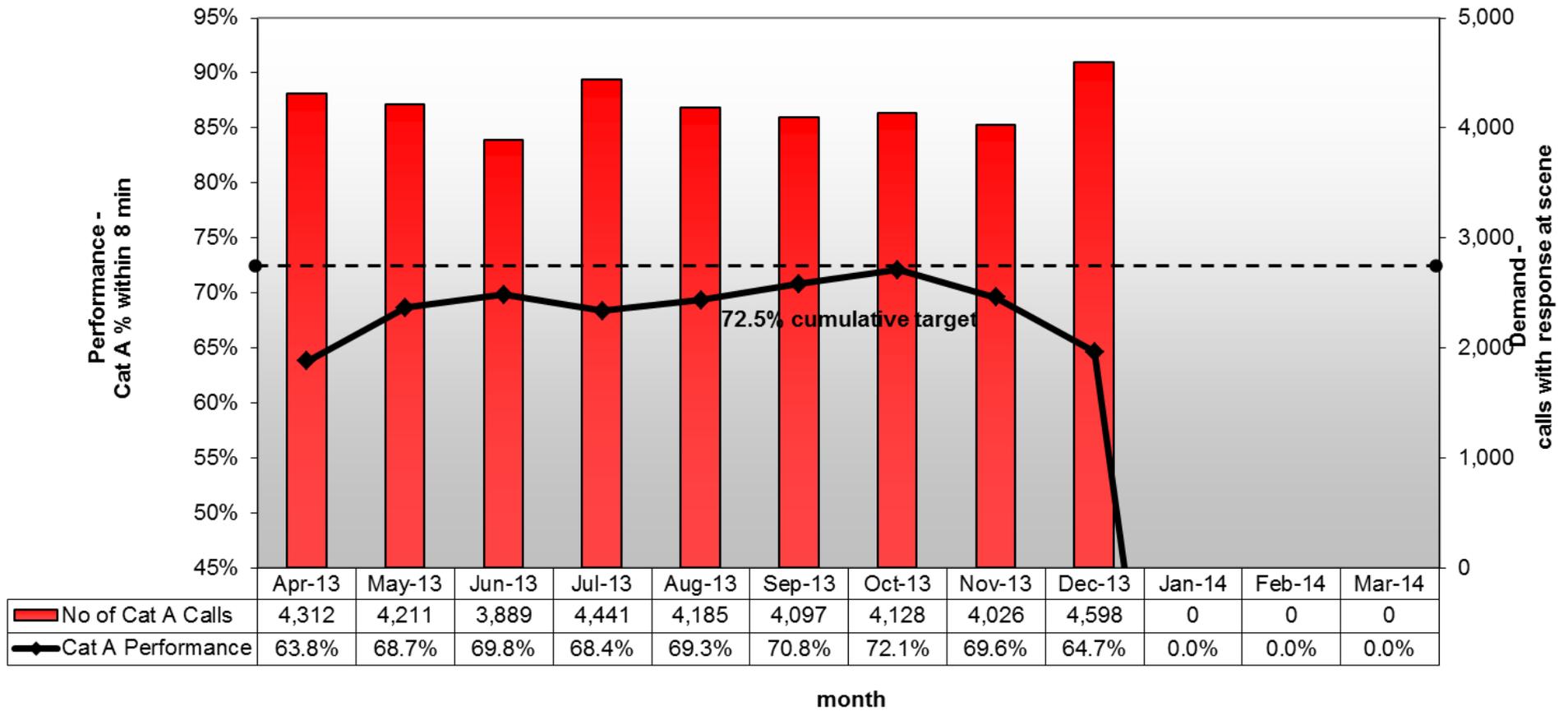
	Target Achieved	
	Target Substantially achieved	(within 1% variance)
	Target Partially achieved	(within 2.5% variance)
	Target Not Achieved	(greater than 2.5% variance)

PERFORMANCE COMMENTARY:

- Overall cumulative performance for Cat A has fallen by 1% compared to the same timeframe last year with Cat A calls received increasing regionally by 3.3% for the same period (April to Dec).
- Overall Cumulative activity has increased by 2% compared to the same timeframe last year with emergency activity increasing by 4.3%, urgent activity reducing by 1.2% and non-urgent activity increasing by 1.1%.
- 2.5% increase in overall activity compared to November 2013 across the region.

CATEGORY A PERFORMANCE – MONTHLY REGIONAL POSITION 2013/14 AS AT DECEMBER 2013

Monthly Cat A Performance -v- Demand 2013-14
NI
Cat A Emergency



CATEGORY A PERFORMANCE: MONTHLY LCG POSITION 2013/2014 AS AT DECEMBER 2013

HSCB 2013/14 (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 65% in any LCG area)”

Regional Target: 72.5%

LCG target 65%

	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Year
Regional	63.8%	68.7%	69.8%	68.4%	69.3%	70.8%	72.1%	69.6%	64.7%				
Belfast	75.7%	83.0%	85.0%	83.9%	83.4%	85.9%	84.9%	83.3%	76.9%				
South East	57.2%	66.3%	68.4%	64.1%	65.1%	61.4%	68.2%	62.4%	59.6%				
North	58.0%	58.8%	61.5%	56.6%	62.1%	62.6%	65.0%	61.4%	59.3%				
South	60.3%	62.6%	63.3%	65.7%	64.4%	63.9%	65.7%	65.7%	60.1%				
West	64.0%	66.8%	66.4%	65.9%	66.1%	72.1%	71.5%	69.0%	62.9%				

Key:

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

PERFORMANCE COMMENTARY:

Compared to Dec 2012 (Previous year)

- Overall cumulative performance for Cat A has fallen by 1% compared to the same timeframe last year with Cat A calls received increasing regionally by 3.3% for the same period (April to Dec).
- The monthly performance was slightly higher (0.4%) than Dec 2012 (same period last year) with only Belfast and Western LCG's Cat A performance falling (by 0.4% and 0.7% respectively) compared to same time last year (Dec 2012). Cat A activity was also slightly lower (3%) than last year (equating to 4 Cat A calls less per day) during the month regionally. Overall rural LCGs performed better than last year even with the increase in number of Cat A calls.
- Of particular note is Northern LCG where Cat A performance increased by 2.1% compared to Dec 2012 even with a 1.5% increase in Cat A calls received.

- 1.1% increase in overall monthly activity compared to Dec 2012 (which equates to 12.5 more calls each day)
- 0.9% increase in overall Emergency activity for the month compared to Dec 2012, with Southern and Western LCGs increasing by 6% and 5.9% respectively (nearly 9 more calls each day across these 2 LCGs combined)
- 5.2% increase in overall Urgent activity compared to the same time last year with Belfast and Western LCGs increasing by 20% and 14.7% respectively
- The regional Non-Urgent activity has grown slightly 0.6% compared to same time last year with Belfast and Southern Eastern LCG increasing by 12% (over 8 Urgent calls each day) and 19.7% respectively (8 more Urgent calls each day)

Compared to November 2013 (previous Month)

- Overall cumulative performance for Cat A has fallen slightly (by 0.5%) compared to the previous month (Nov 2013)
- The monthly performance was 4.9% lower than the previous month, with reductions across all LCGs. However there was a noticeable increase in Cat A activity (up by 14%) which equates to over 18 extra Cat A calls each day across the region.
- The number of cat A calls responded to within 8 min also increased (by 6.1% regionally or 6 extra calls per day).
- Of particular note is the Northern LCG where even though there was a loss of 2.1% in Cat A performance, there was an exceptional 20% increase in Cat A activity (equating to just under 6 calls more each day) and a 16% increase in the number of Cat A calls responded to within 8 mins.
- 12.2% increase in regional Emergency activity compared to Nov 2013, which equates to nearly 48 extra Emergency calls each day across the region). Each LCG, with the exception of Belfast, dealt with an additional 10 extra Emergency calls each day during the month of December 2013.
- 5.9% increase in regional Urgent activity compared to the previous month, with activity growing in Belfast (by 7.6%), Southern (by 8.5%) and Western LCGs (by 4.3%)
- 4.5% reduction in regional Non-Urgent activity compared to Nov 2013, which equates to 26 less Non-Urgent calls each day during the month of December 2013.
- Regionally Cat A calls as proportion of all emergency calls has fallen by 1.7% compared to the same time last year (Dec 2012) with an average of 41.7% of all emergency calls being Cat A calls. Of particular note is the fall in the proportion of Cat A calls within the Western LCG where it fell by 5.1% compared to same month last year

Local context:

- Explosion in Belfast Victoria Centre on Sunday 1st Dec
- Royal ED 999 divert for over 4 hours on Fri 13th Dec
- Explosion in Belfast Cathedral Quarter on 13th Dec

- Multiple RTC involving PSNI vehicle and 6-8 parked cars on 15th Dec
- Light plane air crash in Tandragee on 25th Dec
- Severe stormy weather from 26th Dec to 10th January with noticeable disruptions on 26th night and 27th Dec
- Royal ED on 999 divert (except trauma) for 3 hours on 27th Dec 2013
- Multiple stabbing incident in Newtownabbey on 30th Dec

PERFORMANCE REVIEW YTD : DECEMBER 2013 V DECEMBER 2012 (CUMULATIVE DATA)

Activity	December 2013	December 2012	Variance (%)
Emergency	108,473	104,266	+4.0%
Urgent	26,064	26,382	-1.2%

CATEGORY A: % CONVEYANCE RESOURCE RESPONSE ARRIVING WITHIN 21 MINUTES

NIAS 2013/14 (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%

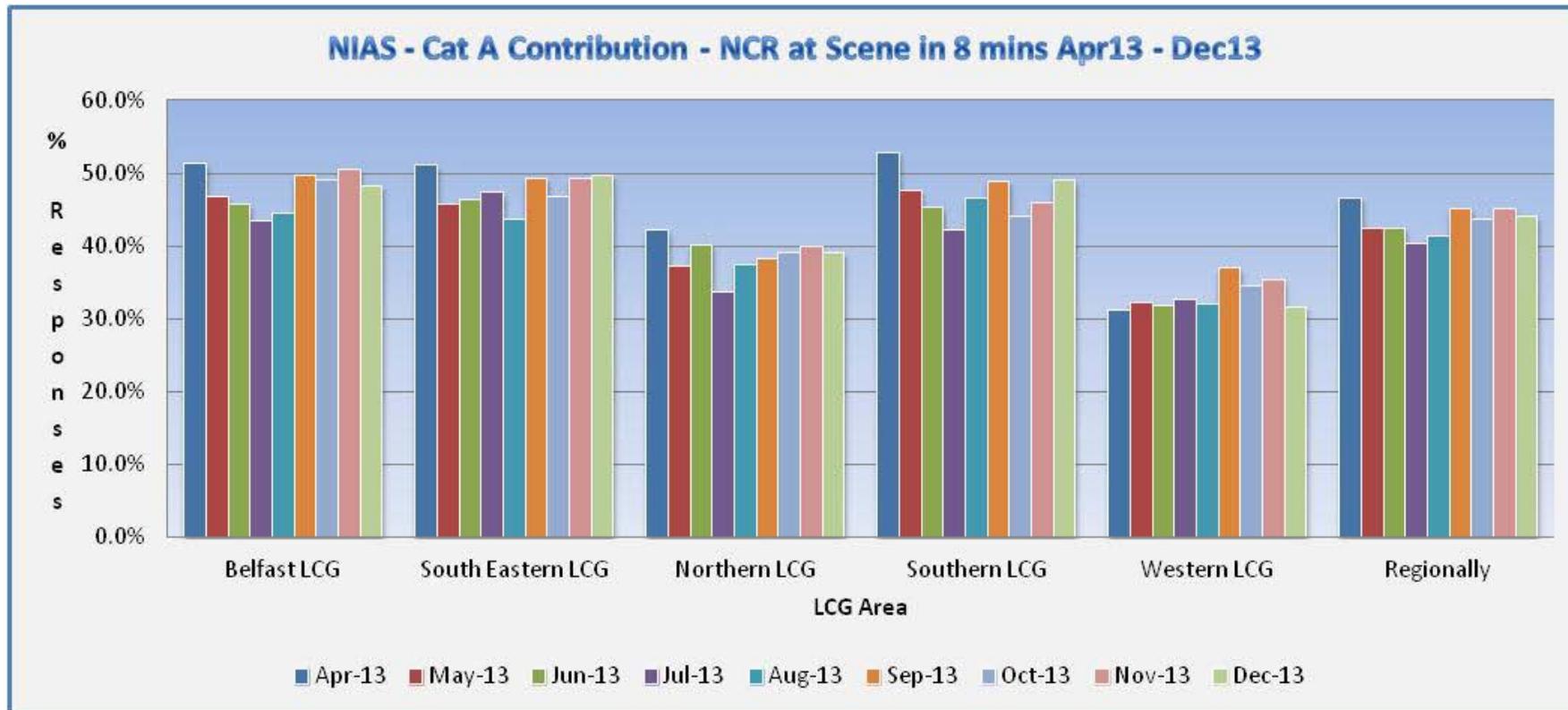
	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Year
Regional	83.7%	89.3%	90.9%	88.9%	90.4%	90.2%	91.3%	90.1%	86.2%				
Belfast	84.7%	92.9%	95.4%	92.9%	92.8%	91.7%	93.2%	91.7%	89.8%				
South East	79.0%	83.3%	87.5%	87.7%	87.3%	86.5%	88.3%	85.8%	82.1%				
North	84.6%	89.9%	90.0%	87.1%	92.2%	90.4%	91.4%	90.3%	86.3%				
South	84.9%	89.2%	87.8%	87.2%	89.0%	87.6%	90.8%	90.5%	85.1%				
West	85.3%	89.2%	92.1%	88.2%	89.2%	93.4%	91.9%	91.4%	86.2%				

Key:

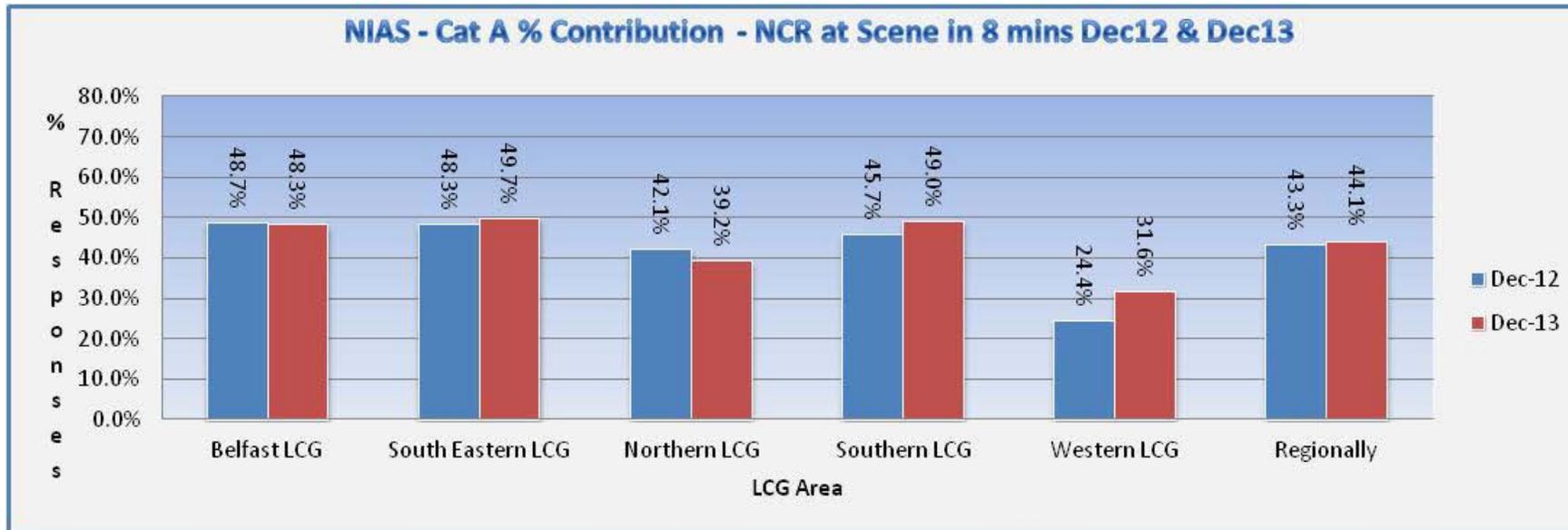


- Target Achieved
- Target Substantially achieved (within 1% variance)
- Target Partially achieved (within 2.5% variance)
- Target Not Achieved (greater than 2.5% variance)

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



- The number of calls where a non-conveying response (NCR) is first on scene has increased by 3.6% (46 calls) with the contribution to Cat A performance however falling by 1.4% compared to the previous month.



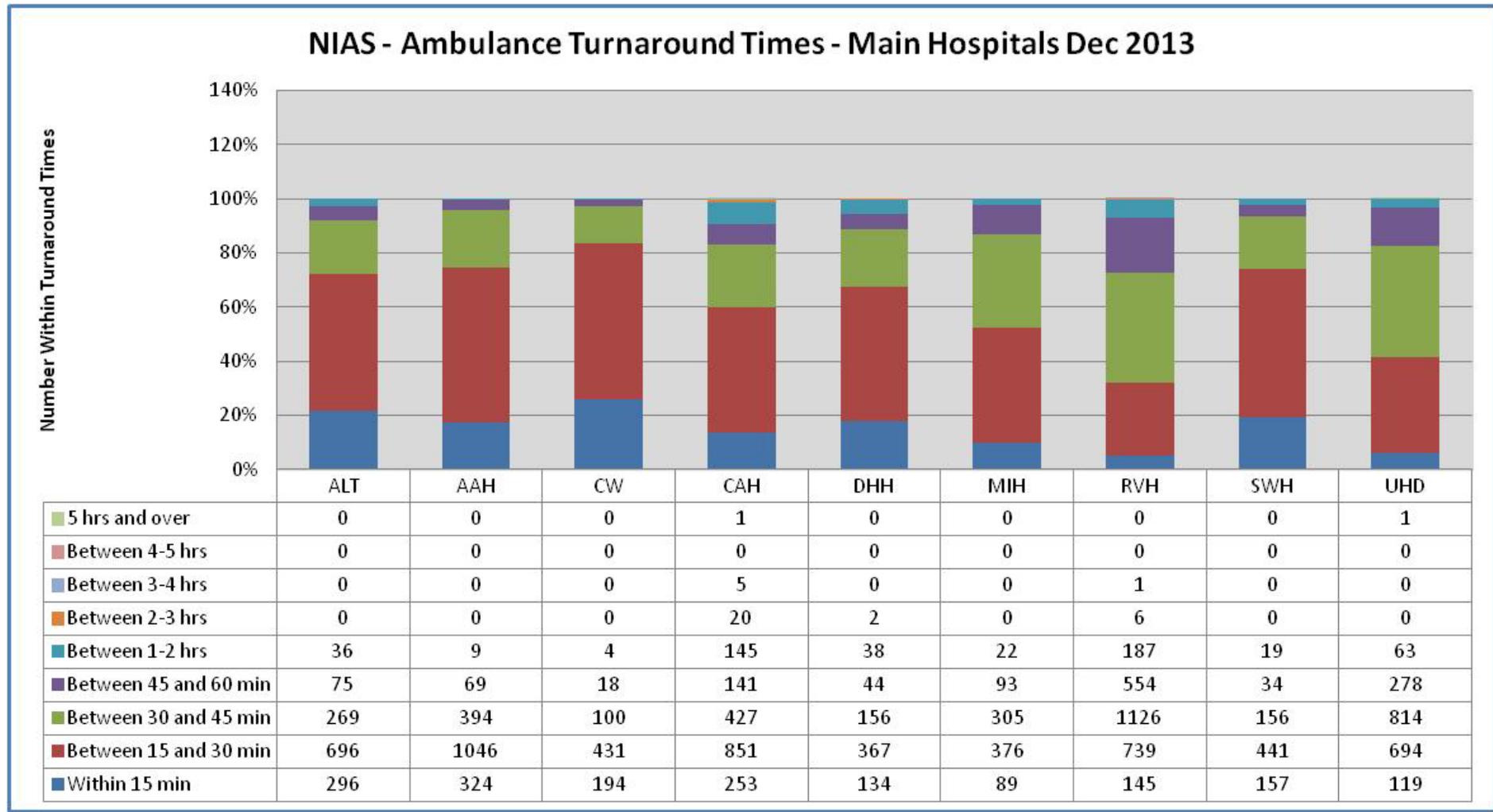
- When comparing to the same time last year (Dec 2012) there has been a slight reduction (0.6%) in number of NCRs first on scene.

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

		Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Year
Regional	N	1284	1229	1154	1284	1201	1309	1302	1266	1312				
	%	46.7%	42.5%	42.5%	42.3%	41.4%	45.1%	43.8%	45.2%	44.1%				
Belfast	N	436	435	385	436	412	495	471	470	443				
	%	51.4%	46.8%	45.7%	43.6%	44.4%	49.6%	49.2%	50.6%	48.3%				
South East	N	236	222	222	236	214	201	236	219	239				
	%	51.1%	45.8%	46.4%	48.4%	43.7%	49.3%	46.7%	49.3%	49.7%				
North	N	224	188	218	224	213	213	233	210	239				
	%	42.1%	37.2%	40.2%	41.6%	37.5%	38.2%	39.2%	39.8%	39.2%				
South	N	256	219	192	256	219	219	206	210	242				
	%	52.8%	47.7%	45.4%	48.3%	46.6%	48.9%	44.1%	45.9%	49.0%				

West	N	132	165	137	132	143	181	156	157	149				
	%	31.1%	32.2%	31.9%	27.6%	32.1%	36.9%	34.6%	35.3%	31.6%				

AMBULANCE TURNAROUND TIMES

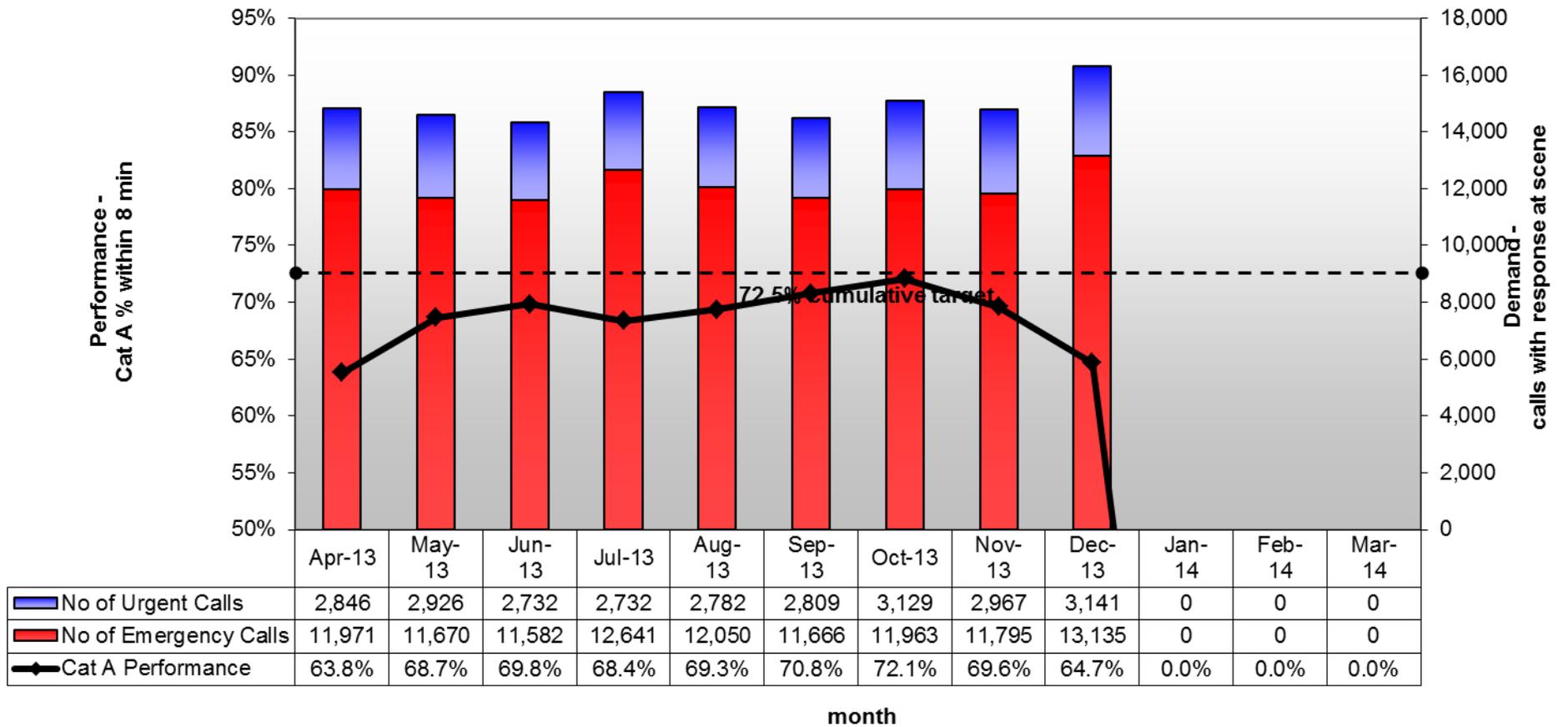


PERFORMANCE COMMENTARY:

- The number of ambulance turnaround times greater than 30 mins across all EDs has increased by 11% (= 601) when compared to the previous month (Nov 2013). The regional average for in-standard ambulance turnaround times (i.e. under 30 mins) is 58.4%
- The number of ambulance turnaround times greater than 45 mins across all EDs has also increased by 9% (=162) when compared to previous month (Nov 2013).
- There were a total of 575 ambulance turnaround times lasting over 1 hour across NI in Dec 2013 which is an increase of 6.5% (=35) compared to the previous month
- There were a total of 36 ambulance turnaround times lasting over 2 hours across NI in Dec 2013, which is a 16.1% (=5) increase compared to the previous month.
- Of note are 2 ambulance turnaround times lasting over 5 hours (1x UHD and 1x CAH)
- The overall volume of turnaround times greater than 30 mins equates to a loss of production hours for NIAS of 4431 hours across all hospitals which is the equivalent to 6 A&E ambulances each day compared to a loss of 3985 production hours for NIAS in Nov 2013 (equivalent to 5.5 A&E each day).
- Of note is the reduction in out of standard ambulance turnaround times in UHD and CWH especially when looking at those ambulance turnaround times greater than 45 mins.

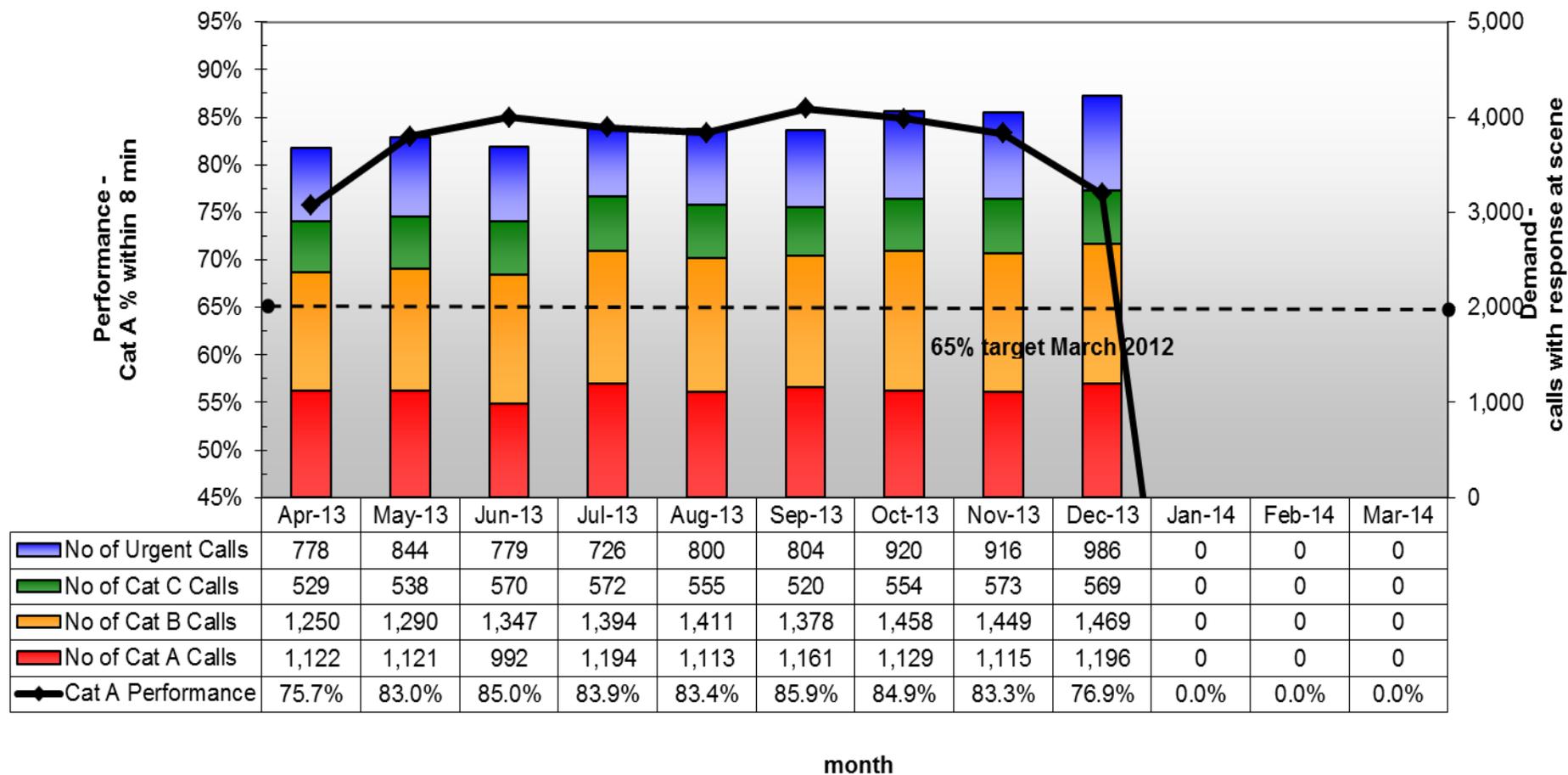
URGENT CALLS (NON-LIFE-THREATENING)

Monthly Cat A Performance -v- Demand 2013-14
NI
Emergency & Urgent



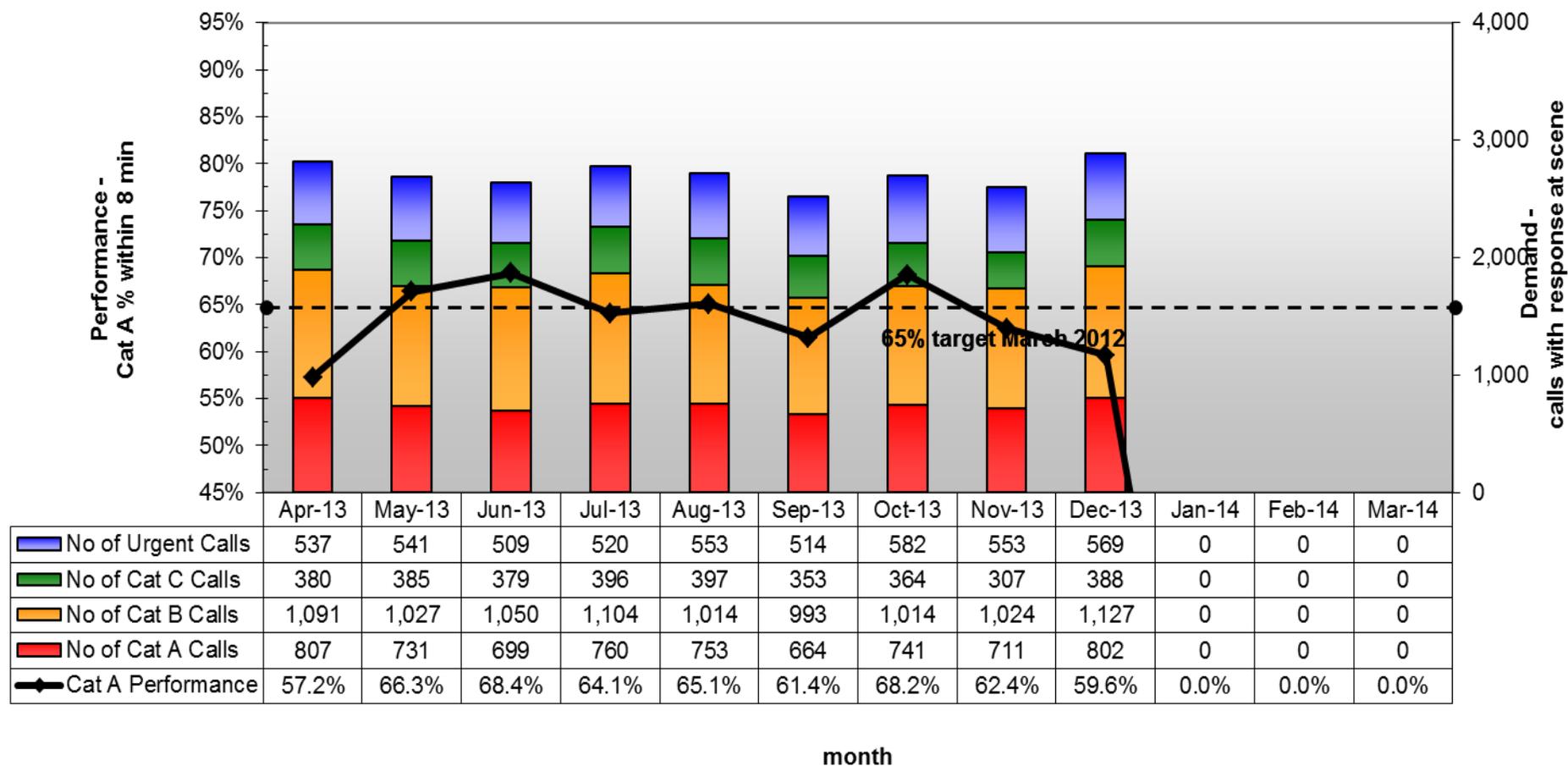
PERFORMANCE REVIEW BY DIVISION: BELFAST

Monthly Cat A Performance -v- Demand 2013-14
Belfast LCG
Emergency by Category & Urgent



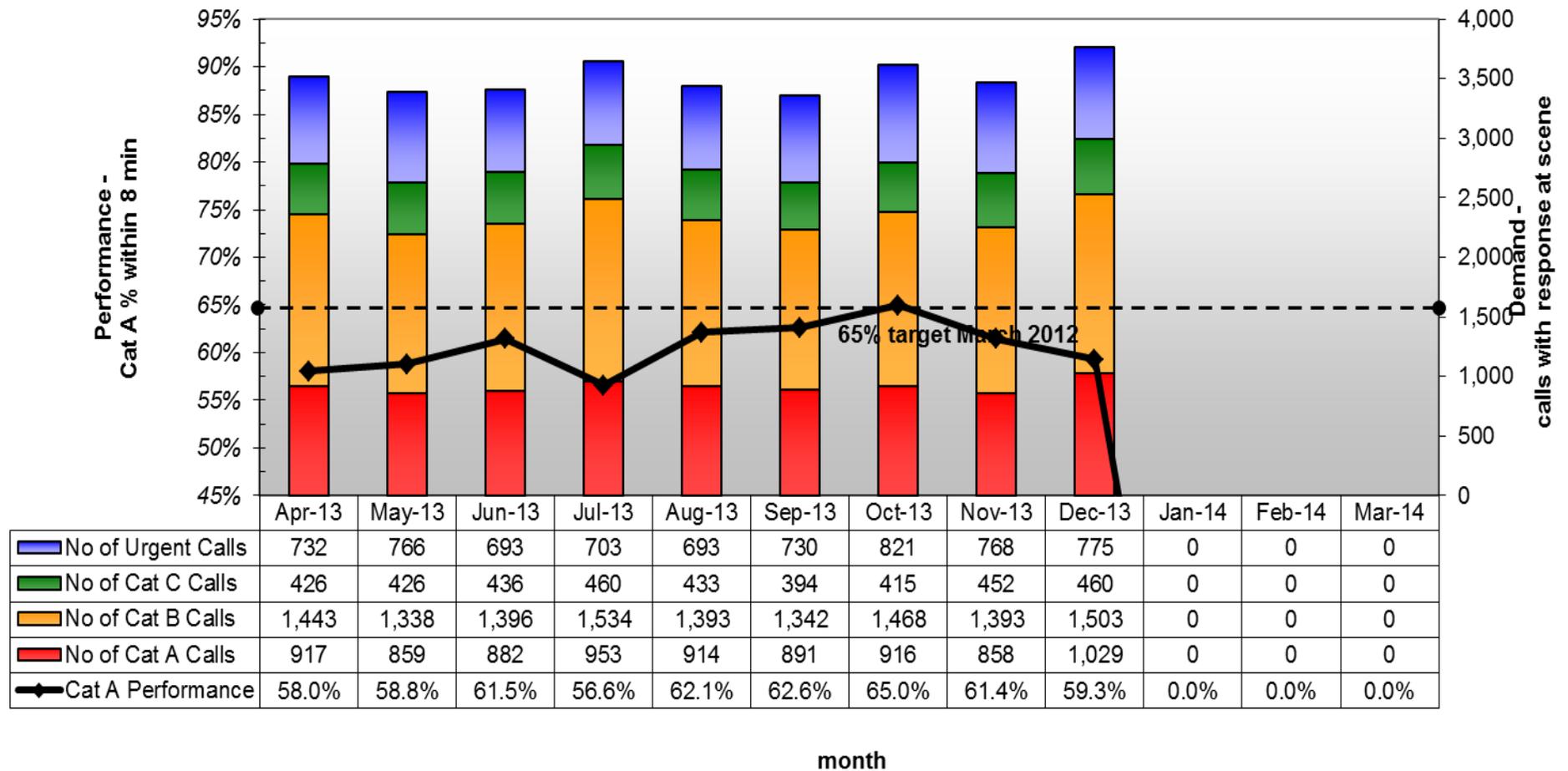
PERFORMANCE REVIEW BY DIVISION: SOUTH EASTERN

Monthly Cat A Performance -v- Demand 2013-14 South Eastern LCG Emergency by Category & Urgent



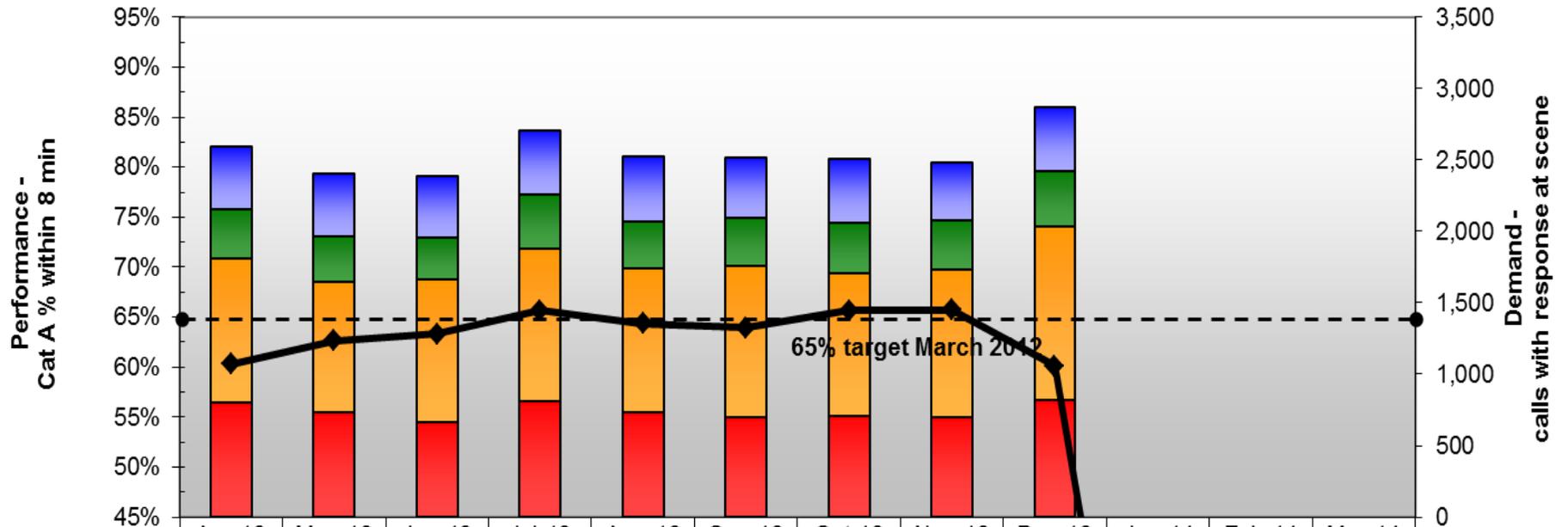
PERFORMANCE REVIEW BY DIVISION: NORTHERN

**Monthly Cat A Performance -v- Demand 2013-14
Northern LCG
Emergency by Category & Urgent**



PERFORMANCE REVIEW BY DIVISION: SOUTHERN

**Monthly Cat A Performance -v- Demand 2013-14
Southern LCG
Emergency by Category & Urgent**

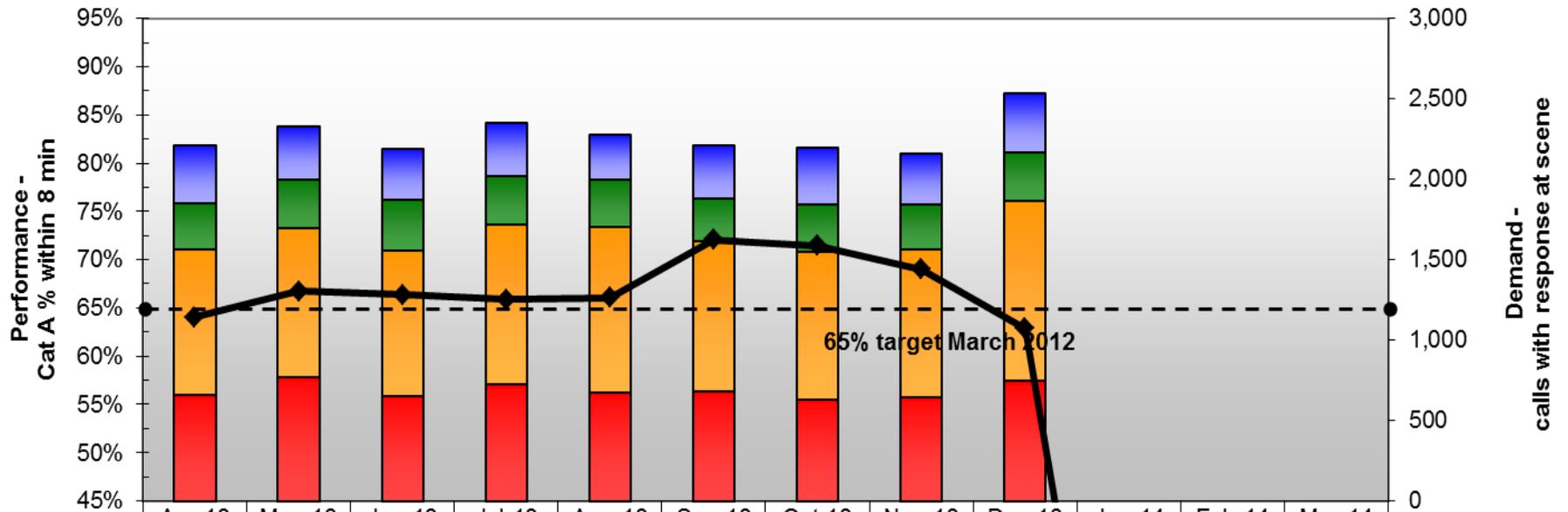


	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
No of Urgent Calls	439	443	432	447	451	425	449	409	444	0	0	0
No of Cat C Calls	350	319	296	379	329	331	354	339	391	0	0	0
No of Cat B Calls	1,002	909	995	1,070	1,013	1,061	997	1,037	1,211	0	0	0
No of Cat A Calls	804	733	668	807	730	701	711	697	822	0	0	0
Cat A Performance	60.3%	62.6%	63.3%	65.7%	64.4%	63.9%	65.7%	65.7%	60.1%	0.0%	0.0%	0.0%

month

PERFORMANCE REVIEW BY DIVISION: WESTERN

**Monthly Cat A Performance -v- Demand 2013-14
Western LCG
Emergency by Category & Urgent**



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
No of Urgent Calls	360	332	319	336	285	336	357	321	367	0	0	0
No of Cat C Calls	284	297	316	303	290	263	296	278	304	0	0	0
No of Cat B Calls	904	930	908	988	1,030	934	915	917	1,115	0	0	0
No of Cat A Calls	662	767	648	727	675	680	631	645	749	0	0	0
Cat A Performance	64.0%	66.8%	66.4%	65.9%	66.1%	72.1%	71.5%	69.0%	62.9%	0.0%	0.0%	0.0%

month

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:

	Score in March 2013	RAG Rating	Rating (75% required)	Comment New Standard – ALL criteria to be >= 75%
Buildings & Land	87%		Substantive	
Environmental Mgt	87%		Substantive	
Fire Safety	92%		Substantive	
Fleet & Transport	83%		Substantive	
Security	85%		Substantive	1 criteria below 75%
Waste Management	84%		Substantive	2 criteria below 75% after audit
<p>PERFORMANCE COMMENTARY: Introduction of new standard created additional actions on two of the CAS above. These will be actioned and monitored in November and February. Estate and Fleet Strategy are being drafted.</p>				

FLEET PROFILE:

% Fleet Profile (less than 5 years old)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Emergency Ambulances	88.8	93.1	94.0	98.0	100.0	100.0	100.0	100	100.0			
Non-Emergency Ambulances	88.6	93.3	93.3	95.2	99.0	99.0	99.1	99.1	99.1			
Rapid Response Vehicles	69.0	69.0	71.4	73.8	76.2	83.3	83.3	83.3	83.3			
Support Vehicles	44.0	44.0	44.0	44.0	44.0	44.0	48.0	48.0	48.0			
<p>PERFORMANCE COMMENTARY: 12/13 6 cars remain to be commissioned</p>												

IMPROVEMENT PROPOSALS FOR 2013/2014:

Vans and chassis ordered for conversion of PCS & A&E in 2013/14.

NIAS A&E and PCS conversions quotes were issued and challenged through the procurement process leading to delays in appointing a contractor. Competition closes January 2014. This will present challenges to completion by 31 March 2014.

ESTATE CAPITAL PROGRAMME

BALLYMENA: Land valuation agreed, Approval through council, legal transfer to be completed. Transfer stalled pending review of issue on HV cables with NIE. NIAS design team meeting with NIE in January 2014.

ENNISKILLEN: Replacement Station Business Case resubmitted 7/6/13, queries received 28/6/13.
Business case resubmitted 9/8/13, queries received 27/8/13
Business case resubmitted 17/9/13, queries received 4/10/13
Business case resubmitted 7/10/13, queries received 5/12/13
Business case resubmitted 8/1/14

CRAIGAVON: 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: SOC to be submitted to request Feasibility funding.

RISK COMMENTARY:

FLEET

The Interim Business Case for Replacement Programme 2013-15 was approved. Full Business case and Strategy for 2016-21 to be prepared.

Continual investment within fleet has enabled the replacement programme to progress. The replacement cycle has remained relatively constant and the benefit is now evident in the age profile for Emergency, Non-Emergency and Rapid Response Vehicles.

FINANCIAL PERFORMANCE

Financial Breakeven

The Trust is reporting a small deficit of £19k at the end of December 2013 (Month 9). The Trust continues to forecast a breakeven position at year end, subject to key risks and assumptions in particular in respect of Agenda for Change, required efficiency savings and service developments. These assumptions are discussed regularly by the HSC Board and NIAS and assessed on an ongoing basis to determine any issue which may significantly affect 'breakeven'.

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		8,130	12,243	16,350	20,502	24,590	28,633	32,781	36,855			
Other Expenditure		1,785	2,054	3,499	4,432	5,319	6,206	7,128	7,927			
Expenditure Total		9,195	14,297	19,849	24,934	29,909	34,839	39,909	44,782			
Income		307	461	615	769	892	1,041	1,190	1,356			
Net Expenditure		9,608	13,836	19,234	24,165	29,017	33,798	38,719	43,426			
Net Resource Outturn		9,608	13,836	19,234	24,165	29,017	33,798	38,719	43,426			
Revenue Resource Limit (RRL)		9,608	13,813	19,206	24,135	28,991	33,774	38,698	43,407			
Surplus/(Deficit) against RRL		0	(23)	(28)	(30)	(26)	(24)	(21)	(19)			

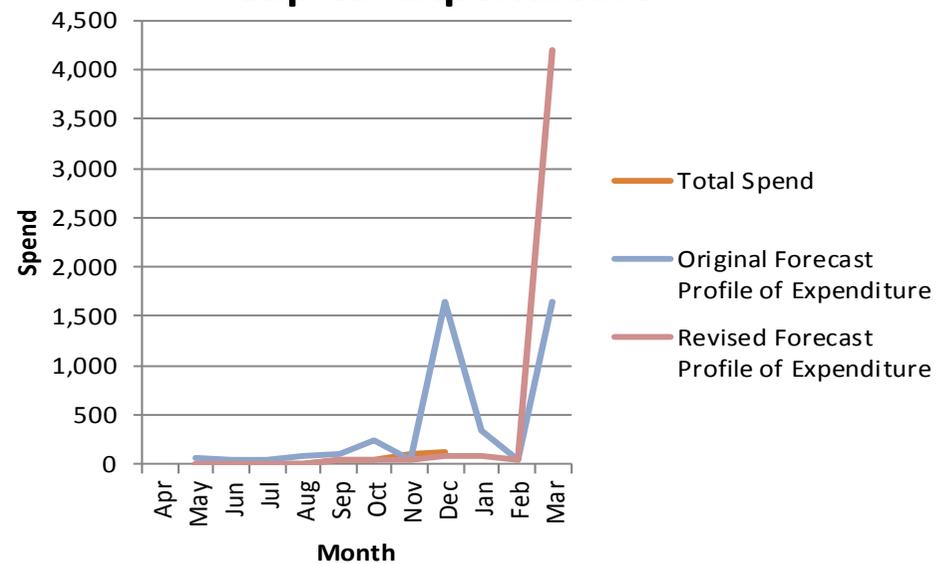
Capital Spend

The Trust has received a revised Capital Resource Limit (CRL) Allocation of £4.5m (previously £4.7m). The reduced allocation in respect of revised estimated profile of expenditure for Ballymena Ambulance Station. The profile of expenditure has also been updated to reflect a delay in the award of the contract for ambulance conversions, which has resulted in a significant proportion of expenditure at the end of the financial year. This has the potential to impact on completion by 31 March 2014. A potential issue with the proposed Ballymena site may impact on the project and spend amount/profile in current and future years.

The CRL has been prioritised against Fleet Replacement £3.3m, Fleet Additional (PCI) £0.3m Paediatric/Neonatal £0.1m, Ballymena Ambulance Station £0.4m, and General Capital (Including IT Equipment) £0.4m.

Capital Spend Priority Areas (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet		0	0	0	0	0	0	0	0			
Estate		0	0	0	0	46	20	73	86			
Medical Equipment		0	0	0	0	0	0	0	0			
IT Equipment		0	0	0	0	0	0	0	0			
General Capital		0	0	0	0	0	19	25	44			
Total Spend		0	0	0	0	46	39	98	130			
Original Forecast Profile of Expenditure		72	36	45	90	95	238	45	1,645	345	45	1,651
Revised Forecast Profile of Expenditure		0	0	0	0	45	39	45	79	79	54	4,195

Capital Expenditure



Asset Disposals

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

Asset Disposals (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Proposed Disposals	3	0	15	34	34	34	31	31	31			
Actual Disposals	3	0	15	34	34	34	31	31	31			

Prompt Payment of Invoices

The target of 95% of invoices paid within 30 days, or other agreed terms, was narrowly missed in 2012/13. Performance in 2013/14 has begun to stabilise, but remains below target with cumulative performance at 87.76%. Due to the days of processing lost during preparation for and implementation of the new Finance, Procurement and Logistic (FPL) system, the cumulative target of 95% of invoices paid within thirty days (or other agreed payment terms) will not be met in 2013/14. Reporting structures continue to be developed with a view to improving performance.

Invoices paid within 30 days or other agreed terms (%)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
In Month	89.60	89.14	78.15	89.9	81.8	90.58	85.16	90.90	90.59			
Cumulative	89.60	89.41	86.77	87.40	86.28	87.18	86.90	87.50	87.76			

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)	2.6	1.01	0.90	1.90	Not available	3.67	3.82	3.90	3.55			
Percentage of Products Supplied on First Request % (Target 95%)	87.31	89.00	89.29	93.69	96.67	95.99	96.52	94.16	97.73			
Number of Lines Issued (Stock and Non Stock Line)	533	974	689	755	702	757	922	851	793			
Value of Spend £k (Stock and Non Stock)	447	187	284	526	105	163	300	382	3,124			

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.

30th November - 1st December: Planned maintenance to upgrade Integrated Communications Control System (ICCS) for automated call distribution (ACD) effecting telephony and radio communications in NEAC Altnagelvin. Contingency systems for telephony and radio (telephone handsets & radio Zetron handsets) were activated allowing NEAC to continue working without any impact on the call taking or ambulance despatch functions.

An extensive exercise has been completed (8th Dec 2014) by IT working with both solution providers and users to introduce ACD to EAC in Headquarters. This concludes a full implementation programme which now enables both NEAC in West and EAC at Knockbracken to have in place a call handling system which is at the forefront of emergency call management.

6th December: A Vodafone outage in the Castlederg area impacted on mobile data and mobile phone communications to crews in the surrounding areas. The fault was identified as a severed fibre optic cable and repaired on 13th December. The Digital Trunk Radio System was fully operational and used to despatch ambulances and communicate with crews during the outage.

The current IT infrastructure to Ambulance Stations across NI is to be decommissioned by its provider (BT) from Oct 2013 – March 2014. NIAS has been working on an ongoing basis with its counterparts across HSC including BSO ITS to develop a value for money alternative which better satisfies our expanding needs. An interim solution has been provided by BT which will migrate the existing network to a platform supporting all existing Ambulance Stations up to and beyond March 2014 in their current state. Preparation work involving the replacement of routers at Stations was completed in November 2013 and migration to the new network is now scheduled for end January 2014. There has been no direct impact on business critical/patient care systems.

ICT Help Desk Performance

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

	November			December		
Target to Respond to 95%	No of Calls	Within time	Actual	No of Calls	Within time	Actual
Immediate	19	17	89%	20	20	100%
Urgent	10	10	100%	12	12	100%
High	15	15	100%	19	17	89%
Medium	199	197	99%	175	173	99%
Low	466	466	100%	405	405	100%
Total	709			631		

ICT Planned Maintenance November – system upgrades Critical Systems

No planned maintenance for this period

ICT Planned Maintenance December – system upgrades Critical Systems

	<u>Availability</u>	<u>Maximum down time</u>	<u>Actual</u>	<u>Exceeded Maximum Down Time</u>	<u>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.</u>
<u>C3 A&E</u>	<u>720</u>	<u>4 Hours</u>	<u>0</u>	<u>No</u>	
<u>C3 PCS</u>	<u>720</u>	<u>4 Hours</u>	<u>0</u>	<u>No</u>	
<u>Pro-QA</u>	<u>720</u>	<u>4 Hours</u>	<u>0</u>	<u>No</u>	
<u>ICCS A&E</u>	<u>720</u>	<u>4 Hours</u>	<u>0</u>	<u>No</u>	
<u>ICCS PCS</u>	<u>720</u>	<u>4 Hours</u>	<u>21</u>	<u>Yes</u>	
<u>DTR</u>	<u>720</u>	<u>4 Hours</u>	<u>0</u>	<u>No</u>	
<u>Voice Recorder</u>	<u>720</u>	<u>4 Hours</u>	<u>0</u>	<u>No</u>	
<u>Mobile Data</u>	<u>720</u>	<u>4 Hours</u>	<u>0</u>	<u>No</u>	

ICT Planned Maintenance November – system upgrades Corporate Systems

No planned maintenance for this period

ICT Planned Maintenance December – system upgrades Corporate Systems

No planned maintenance for this period

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 01/04/2013 TO 31/12/2013

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	April-Dec 2013	April-Oct 2012
Number of Requests Received	9	12	21	11	9	10	12	8	4				96	40
Number of Questions Received	14	38	38	34	36	33	25	18	17				253	149
Completed Requests processed within 20 days or less	9	11	21	8	9	8	3	3	2				74	35
Completed Requests exceeding 20 days	0	1	0	3	0	1	-	4	2				11	5
Requests still being processed in line with 20 days*	-	-	-	-	-	0	9	0	0				9	-
Questions still being processed in line with 20 days*	-	-	-	-	-	0	19	0	0				19	-
Requests still being processed exceeding 20 days	-	-	-	1	-	1	-	0	0				2	-
Question still being processed exceeding 20 days	-	-	-	5	-	3	-	0	0				8	-
Number of Records Fully Disclosed	12	36	21	27	22	25	6	17	16				182	120
Vexatious Requests	0	0	0	0	0	0	0	0	0				0	0
Number of Questions for which records not held	2	0	0	2	14	5	0	0	1				24	27
Requests where exemptions wholly/partially applied	0	2	17	0	0	0	0	0	0				19	2
Referrals for Independent Review	0	0	0	0	0	0	0	0	0				0	0
Appeals to the Information Commissioner	0	0	0	0	0	0	0	0	0				0	0

Requestor Type														
Member of Public	4	3	2	3	5	4	1	2	2				26	14
Local Government	0	0	0	0	0	0	0		1				1	4
Staff Member	1	3	2	4	3	3	0	1					17	2
Media	3	1	0	3	1	0	0	1					9	6
Student	0	0	0	0	0	1	1	2					4	1
Commercial Company	1	1	1	1	0	1	0		1				6	8
Solicitor	0	0	0	0	0	0	0						0	1
WhatDoTheyKnow.com	0	4	16	0	0	0	10	1					31	1
PSNI								1					1	0
NHS	0	0	0	0	0	1	0						1	3
Requests received that have been stood down following discussion with requestor	1	5	1	1	1	1	1	1	0				12	N/A

The number of Freedom of Information requests has more than doubled this year so far compared to the same period in 2012. Requestors such as whatdotheyknow.com have emerged this year. Additional activity has placed pressure on achievement of data release within legislative timeframe.

DATA PROTECTION ACT 1998 – SECTION 7: SUBJECT ACCESS MONITORING

REPORT FOR DPA PROCESSING (SUEJECT ACCESS) FOR THE PERIOD OF 01/04/2013 TO 31/12/2013

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	April – Dec 13 TOTAL
	Number of Requests Received	4	4	3	1	5	2	4	3	1			
Completed Requests processed within 40 days or less	2	3	1	1	4	0	1	3	*				15/1*
Completed Requests exceeding 40 days	1	1	2	0	1	2	1	0	-				8
Identity Not Confirmed and therefore could not be further processed	1	0	0	0	0	0	2	0	0				3

Requestor Type													
Patient	1	1	0	1	1	0	1	3	0				8
NIAS Staff Member	2	3	1	0	3	2	2	0	1				13
External Agency	1	0	1	0	0	0	1	0	0				3
Relative of Patient	0	0	1	0	1	0	0	0	0				2

**Processing still underway inside legislative 40 calendar day timeframe*

2x Requests Received in June13 and 2 x Requests in Sept 13 still being processed and exceeding 40 days.

Please note the Trust also receives requests HSC Trusts, Police Service of NI, Social Workers, Solicitors etc that are also processed under the remit of the Data Protection Act1998- further information on this will be provided in the coming months

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
Assembly Questions (Oral)	0	0	1	R E C E S S		0	0	0	0			
Assembly Questions (Written)	3	8	4			8	6	5	5			
CORs Received	1	0	1			1	1	3	3			
TOFs Received	0	0	0			0	0	0	0			
INVs Received	0	0	0			0	0	0	0			

WORKFORCE INFORMATION *(taken from NIAS Quarterly Workforce Information Report dated 30 September 2013)*

NIAS budgeted establishment on 30 September 2013 was a total of **1223.54** WTE. At this date NIAS total Substantive in Post (permanent & temporary contracts) was **1176¹** WTE including 66 WTE made up of 89 part-time staff (Headcount). The total Staff in Post (Headcount) figure was 1201, which does NOT include 8 individuals who support education, learning & development clinical programmes as required and 14 Sessional GP's. In addition there are currently **41** 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)
		Perm	Temp	Perm	Temp	Seconded	
CX/Board	7	7	0	7	0	0	0.00
Finance	30.63	25.63	2 ²	22	2	5	-5.00
HR	68.15	61.96	3.51 ³	56 (64) ¹	2	9	-6.19
Operations	1111.76	946.1 ⁵	122.8 ⁴	940 (954) ¹	124	25	-165.66
Medical	6	6	1 ⁶	6	1 ⁷	2	0.0
TOTAL	1223.54	1176		1201			

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 **1** temporary Finance Administrator (B4) and **1** temporary BSTP Project Support Officer (B4).

Note 3: HR & CS Directorate: Included in the Substantive In Post (WTE) Temp figure, is **1** temporary Snr Learning & Development Officer (B6), **1** temporary HR Officer (B5), **1** temporary Receptionist and **1** temporary CSO (B6), who are covering secondments / career breaks, etc.

Note 4: Operations Directorate: Included in the Substantive In Post (WTE) Temp figure, are **34** temporary Paramedics, **30** temporary PiTs, **50.8** temporary ACAs, **5** temporary EMDs and **3** temporary Non-Emergency Call Takers.

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

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

Note 7: Medical Directorate: Included in the Staff In Post (Headcount) Temp figure, is **1** temporary HART Administrative Officer (B4) who is employed on a temporary contract.

Note 8: Permanent Vacancies: Calculated by subtracting WTE Budgeted Est figure from Substantive WTE in post (perm) figure.

HR 12 TAKE STEPS TO MINIMISE SICKNESS ABSENCE DURING 2013/14												
TOTAL YEAR TO DATE ABSENCE 2013/14 = 7.25%										YEAR TO DATE ABSENCE = 7.25%		
ABSENCE TARGET 2013/14 = 6.7%												
NIAS % ABSENTEEISM										WTE:1177.12		
MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Absence Target 13/14 (6.7%)	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7
% short term cumulative absence	3.86	2.91	2.23	2.23	1.99	1.85	1.84	1.86	1.84			
% long term cumulative absence	3.98	4.69	5.1	5.12	5.27	4.82	4.94	5.14	5.41			
No. of employees on half pay	11	8	8	10	8	7	9	10	17			
No. of employees on no pay	0	0	0	0	0	2	3	3	3			
Cumulative absence (%)13/14	7.85	7.6	7.33	7.35	7.25	6.67	6.77	7	7.25			
Performance Assessment												
Estimated Cumulative Cost of absence* (£'000)	£316	£614	£889	£1,202	£1,486	£1,640	£1,938	£2,294	*			
% absence 12/13 (cumulative)	6.82	6.74	6.74	6.58	6.73	6.58	6.63	6.73	7.05	7.31	7.32	7.5

*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.

**December cost not available at time of reporting

NIAS TOTAL YEAR TO DATE ABSENCE 2013/14 = 7.00%												
NIAS ABSENCE TARGET 2013/14 = 6.7%												
Attendance Management	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
OPERATIONS DIRECTORATE				WTE: 1067.75						YEAR TO DATE ABSENCE = 7.78%		
% ABSENTEEISM 2013/14												
Target absenteeism 2013/14	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7
Cumulative absence (%)	8.65	8.27	7.86	7.8	7.69	6.67	7.16	7.43	7.78			
No. of employees on half pay	11	8	8	9	6	8	8	9	16			
No. of employees on no pay	0	0	0	0	0	2	3	3	3			
MEDICAL DIRECTORATE				WTE: 9.0						YEAR TO DATE ABSENCE = 3.39%		
% ABSENTEEISM 2013/14												
Target absenteeism 2013/14	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7
Cumulative absence (%)	9.29	9.66	9	6.9	5.59	4.72	7.18	3.8	3.39			
No. of employees on half pay	0	0	0	0	0	0	0	0	0			
No. of employees on no pay	0	0	0	0	0	0	0	0	0			
FINANCE & ICT DIRECTORATE				WTE: 27.63						YEAR TO DATE ABSENCE = 1.53%		
% ABSENTEEISM 2013/14												
Target absenteeism 2013/14	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7
Cumulative absence (%)	0	0	0	1.01	1.56	2	1.72	1.95	1.53			
No. of employees on half pay	0	0	0	0	1	1	0	0	0			
No. of employees on no pay	0	0	0	0	0	0	0	0	0			
H R AND CORPORATE SERVICES DIRECTORATE				WTE: 65.74						YEAR TO DATE ABSENCE = 3.64%		
% ABSENTEEISM 2013/14												
Target absenteeism 2013/14	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7
Cumulative absence (%)	1.32	1.94	3.01	3.65	3.95	3.82	3.63	3.58	3.64			
No. of employees on half pay	0	0	0	1	1	1	1	1	1			
No. of employees on no pay	0	0	0	0	0	0	0	0	0			

ABSENCE COMPARISON WITH NHS AMBULANCE TRUSTS

(Comparison of Monthly Absence Statistics (%)* Across English Ambulance Services and NIAS Jul 12 – June 13)

NHS TRUST	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	April 13	May 13	June 13
N/East Ambulance Service	6.60%	6.94%	6.58%	6.43%	5.92%	6.26%	6.81%	5.70%	5.65%	5.34%	5.82%	5.80%
N/West Ambulance Service	6.47%	6.67%	6.36%	5.82%	6.16%	7.18%	7.20%	6.98%	6.53%	6.48%	6.65%	6.80%
Yorkshire Ambulance Service	6.21%	6.29%	6.19%	6.34%	6.70%	7.56%	7.28%	6.47%	6.14%	5.61%	5.50%	5.54%
E/Midlands Ambulance Service	6.06%	5.80%	5.76%	6.15%	7.34%	8.12%	6.46%	5.80%	5.98%	5.17%	5.48%	5.45%
W/Midlands Ambulance Service	4.53%	4.49%	5.00%	5.27%	5.41%	6.29%	6.54%	6.08%	5.79%	6.05%	5.43%	4.86%
East of England Ambulance Service	6.37%	6.36%	6.74%	5.27%	5.41%	6.29%	8.87%	8.09%	7.20%	6.59%	5.54%	5.83%
London Ambulance Service	5.67%	5.20%	5.42%	5.45%	6.22%	7.04%	6.77%	6.11%	5.59%	6.08%	5.90%	5.59%
S/East Coast Ambulance Service	5.21%	5.14%	4.73%	5.06%	5.08%	5.90%	5.58%	5.11%	5.73%	5.83%	5.87%	4.99%
S/Central Ambulance Service	5.61%	5.65%	5.26%	5.78%	5.72%	7.49%	7.75%	6.57%	5.80%	5.51%	5.40%	5.38%
Gt Western Ambulance Service	5.84%	5.73%	5.14%	4.96%	5.26%	5.44%	5.08%	-	-	-	-	-
S/Western Ambulance Service	4.29%	4.80%	5.49%	5.79%	5.95%	6.16%	6.47%	5.47%	5.26%	5.20%	5.01%	5.12%
NIAS monthly	6.11%	6.61%	6.24%	6.75%	7.60%	9.12%	9.49%	8.13%	9.09%	7.85%	7.28%	6.46%
NIAS**	6.58%	6.73%	6.58%	6.63%	6.73%	7.05%	7.31%	7.32%	7.50%	7.85%	7.60%	7.33%

*Source - The Information Centre for Health and Social Care

** NIAS cumulative figures

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 (2011/13)	% 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	7.25%**

*Figure not yet available

**Cumulative Figure as at 31 December 2013

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									
Regulated				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
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	16.00
	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	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

EMPLOYEE RELATIONS

Grievance Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
No. of Grievances received	2	6	3	6	0	0	2	1	0				20
Grievances acknowledged within 2 days	2	6	3	6	0	0	2	1	0				20
Grievances at Informal Stage	0	0	1	2	0	0	1	1	0				5
Grievances resolved informally / withdrawn	0	4	1	2	0	0	1	0	0				8
Grievance at Formal Stage	1	2	1	1	0	0	0	0	0				5
Stage 1 hearing arranged within 15 working days	0	0	0	0	N/A	N/A	N/A	N/A	N/A				0
Stage 1 Grievance Hearing heard	2	2	1	1	0	0	0	0	0				6
Stage 1 outcome conveyed within 7 working days of hearing	1	0	0	1	N/A	N/A	N/A	N/A	N/A				2
No. of cases appealed	1	1	0	1	N/A	N/A	N/A	N/A	N/A				3
Stage II hearing arranged within 15 working days of notification	0	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A				0
Stage II outcome conveyed within 7 working days of hearing	1	N/A				1							
Grievance Cases Closed	1	4	1	3	0	0	1	0	0				10
Number of active Grievance Cases (2013/14)													10
Total number of active Grievance Cases													27

*1 Grievance was submitted by a leaver and was not suitable under the Trust's Modified Grievance Procedure and was closed.

Discipline Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Number of disciplinary cases	2	1	2	2	3	1	1	0	1				13
Number of HCPC referrals	1	1	1	2	1	1	0	0	1				8
Withdrawal of Professional Registration.	0	0	0	0	0	0	0	0	0				0
Number of suspensions	0	0	0	0	3	0	0	0	0				3
Decision to suspend reviewed every 4 weeks	N/A	N/A	N/A	N/A	3	N/A	N/A	N/A	N/A				3
Formal investigations ongoing	0	0	0	1	1	1	*	0	1				4
Formal investigations completed as soon as is reasonable	0	0	0	0	0	0	N/A	N/A	N/A				0
Informal Recommendations Made	2	1	1	1	0	N/A	N/A	N/A	N/A				5
Formal hearing recommended	0	0	N/A	0	1	N/A	N/A	N/A	N/A				1
Document disclosure exchanged 5 working days prior to disciplinary hearing	N/A				N/A								
Decision of Stage I Panel conveyed within 7 working days of date of hearing	N/A				N/A								
No. of appeals of Stage 1 outcome received	N/A				N/A								
Employee given 7 working days notice of appeal hearing	N/A				N/A								
Decision of Stage II Appeal panel conveyed within 7 working days of date of hearing	N/A				N/A								
Disciplinary Cases Closed	2	1	1	0	1	0	0	0	0				5
Number of active suspensions													1
Number of active Disciplinary Cases (2013/14)													8
Total number of active Disciplinary Cases													15

* Fact finding taking place

Number of formal cases	1	0	1	0	0	0	0	0	1					3
Recipient of the complaint meets complainant within 5 working days of receipt of complaint	1	2	0	0	0	1	N/A	0	1					5
Cases withdrawn	0	0	0	0	0	1	N/A	0	0					1
Investigation complete within 30 working days of receipt of complaint	1	N/A	0	0	0	N/A	N/A	0	N/A					1
Harassment Cases Closed	1	2	2*	0	0	2	1	0	0					8
Finding of Harassment	not upheld	N/A	ongoing	N/A	N/A	N/A	not suitable	N/A	N/A					
Number of active harassment cases (2013/14)														4
Total Number of Active Harassment cases														10

*1 Complaint was not suitable under the Trust's Harassment Procedure and was closed.

Industrial Tribunal Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
No. of IT Applications received	0	0	0	0	0	0	1	0	0				1
Response to IT Applications within 28 days	0	0	0	0	0	0	*	0	0				0
IT cases Closed	0	0	0	0	0	0	0	0	0				0
Number of active IT cases (2013/14)													1
Total number of active IT cases													1

* Extension for response was granted to 27th November 2013.

HR5	IMPLEMENT KNOWLEDGE AND SKILLS FRAMEWORK (IKSF) REQUIREMENTS											
HR 14	TAKE STEPS TO ENSURE THAT BY 30 JUNE 2013 90% OF STAFF WILL HAVE HAD AN ANNUAL APPRAISAL OF THEIR PERFORMANCE DURING 2012/13											
<i>HR5</i>	<i>KSF was fully implemented within NIAS with effect from October 2012.</i>											
<i>HR14</i>	<i>Managers to ensure KSF PDCR reviews to be completed by 31/03/2014 to comply with the annual cycle.</i>											
	<i>Overall Corporate compliance at mid-year (30/09/2013) 96%</i>											
Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Finalise and implement Knowledge & Skills Framework Action Plan as agreed in Partnership	G	G	G	G	G	G	G	G	G			
Implement Northern Ireland position on gateway progression	G	G	G	G	G	G	G	G	G			
Personal Development Review (Personal Development and Contribution Review from June 2013 onwards)												
Operations Directorate												
Control	A	A	A	A	A	A	A	A	A			
Operations	A	A	A	A	A	A	A	G	G			
Fleet & Estate	A	A	A	A	A	A	A	A	A			
Medical Directorate												
Medical & Risk Mgmt	A	A	A	A	A	A	G	G	G			
Emergency Planning	A	A	A	A	A	A	G	G	G			
Finance Directorate												
Finance	A	A	A	A	A	A	A	A	A			
ICT & Information	A	A	A	A	A	A	A	A	A			
Stores & Courier	A	A	A	A	A	A	A	A	A			
HR Directorate												

HR	A	A	A	A	A	A	A	A	A	A			
Equality & PPI	A	A	A	A	A	A	A	A	A	A			
Corporate Services	A	A	A	A	A	A	A	A	A	A			
RATC	A	A	A	A	G	G	G	G	G	G			

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<u>Clinical Training Programmes</u>												
Paramedic-in-Training Programmes	G	G	G	G	G	G	G	G	G			
Paramedic Assistant Programmes	N/A											
Ambulance Care Assistant Programmes	G	N/A										
<u>Mandatory Training & Assessment Programmes</u>												
<i>*Due to operational pressures, a number of Ambulance Care Assistants in East City and Northern Divisions completed their Annual Assessment in early 2013-2014.</i>												
Annual Learning & Development Workbook	A	A	A	A	A	A	79%	89%	90%			
Employee Resource Pack (to be distributed to all staff)	N/A	N/A	N/A	N/A	N/A	A	A	A	A			
*Annual Assessment/Structured CPD (East City & North) Ambulance Care Assistant	A	A	A	G	G	G	G	G	G			
Annual Assessment and CPD – Paramedics and Technicians	N/A	N/A	N/A	N/A	N/A	G	G	G	G			
Annual Assessment and CPD – Ambulance Care Assistants	N/A	N/A	N/A	N/A	N/A	G	G	G	G			
Care & Responsibility Programme	G	G	G	G	G	G	G	G	G			
First Aid at Work Refresher – Control Staff	G	G	G	G	G	G	G	G	G			
High Speed Driving – Assessment of Competence	N/A											
Manual Handling Training for Non-Frontline Staff	N/A	N/A	N/A	N/A	N/A	G	G	G	G			
Driver Training for RRV Responders	N/A											
Evacuation Chair Training	N/A	N/A	N/A	N/A	N/A	G	G	G	G			
<u>Continuous Professional Development</u>												
Continuous Professional Development Evening Events	G	G	G	G	G	G	G	G	G			
Pre-Hospital Emergency Care Course (PHECC) for RATC Team	G	G	G	G	G	G	G	G	G			
Applied Suicide Intervention Skills Training (ASIST) for CSO Team	N/A											
Manual Handling Train the Trainer for CSO Team	N/A											
<u>Service Developments</u>												
Courtesy Counts (draft title) Regional Pilot for CSO Team	N/A											
High Speed Driving Assessors	G	G	G	G	G	G	G	G	G			
ADI Training for RATC Ambulance Driving Instructors	G	G	G	G	G	G	G	G	G			

<u>RATC Input for Other Medical Disciplines</u>													
Queen's University Medical Students – Pre-Hospital Emergency Care and First Aid	N/A												
Foundation Year Doctors Generic Skills Training	N/A												
<u>Clinical Support Officer Workstreams</u>													
High Speed Driving Assessor Training	G	G	G	G	G	G	G	G	G	G			
Paramedic-in-Training – Practice Placement Educator and Mentoring	G	G	G	G	G	G	G	G	G	G			
Ambulance Care Assistant – Post-Training Support	G	G	G	G	G	G	G	G	G	G			
Clinical Supervision of Post-Qualified Staff	G	G	G	G	G	G	G	G	G	G			
Clinical Audit	G	G	G	G	G	G	G	G	G	G			
Clinical Performance Indicators (CPIs)	G	G	G	G	G	G	G	G	G	G			
Patient/Client Experience Audit	G	G	G	G	G	G	G	G	G	G			
CPD Events	G	G	G	G	G	G	G	G	G	G			

JOB EVALUATION FOR PARAMEDICS, RRV PARAMEDICS & EMERGENCY MEDICAL TECHNICIANS												
<i>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.</i>												
<i>The Trust has been advised that plans are in place for the RQA team to undertake the work on 6th and 7th February 2014.</i>												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<u>Paramedic Job</u>												
Trust notified of JE outcome	N/A											
Notify post-holders of JE Outcome	N/A											
Notify Payroll of JE Outcome	N/A											

<u>RRV Paramedic Job</u>												
Trust notified of JE outcome	N/A											
Notify post-holders of JE Outcome	N/A											
Notify Payroll of JE Outcome	N/A											
<u>EMT Job</u>												
Trust notified of JE outcome	N/A											
Notify post-holders of JE Outcome	N/A											
Notify Payroll of JE Outcome	N/A											

CLAIMS MANAGEMENT

Claim Type	Carried Over	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Employers Liability	26													
Cases Received		1	1	4	0	1	0	1	1	1				10
Cases Settled		1	1	0	1	1	0	0	0	0				4
Cases Ongoing														32
Clinical Negligence	9													
Cases Received		0	0	0	0	0	0	0	0	0				0
Cases Settled		0	0	0	1	0	0	1	0	0				2
Cases Ongoing														7
Public Liability	4													
Cases Received		0	1	0	0	0	0	0	0	0				1
Cases Settled		0	0	0	0	0	0	0	0	0				0
Cases Ongoing														5

COMPLAINTS MANAGEMENT

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2012-13	
Complaints Received	18	8	13	10	7	11	11	18					96		140	100%
Total A&E & PCS Activity	28599	32984	27907	32983	28456	29790	32094	31063					243876			
% Complaints/Activity	0.06%	0.02%	0.05%	0.03%	0.02%	0.04%	0.03%	0.06%					0.04%			
Acknowledged within 2 working days	18	8	12	10	7	11	11	18					95	99%	138	98%
Acknowledged after 2 working days	0	0	1	0	0	0	0	0					1	1%	2	2%
Response within 20 working days	2	4	7	6	1	2	3	5					30	31%	42	30%
Response after 20 working days	16	4	3	1	0	0	3	5					32	33%	98	70%
Complaints Investigations ongoing	0	0	2	1	3	9	5	8					28	29%	0	0%
Average Response Time (Working days)													24		36	
Cases referred to NI Ombudsman (cases ongoing)	0(2)	0(2)	0(2)	0(2)	0(2)	0(2)	0(1)	2(3)					2	2%	2	1%

SERVICE AREA OF COMPLAINTS																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2012-13	
Accident & Emergency	5	3	3	2	1	7	1	10					32	33%	56	40%
Patient Care Service	0	1	2	1	2	1	2	5					14	15%	22	16%
Control & Communications	13	4	8	7	4	3	7	2					48	50%	58	41%
Other	0	0	0	0	0	0	1	1					2	2%	3	2%
Voluntary Car Service	0	0	0	0	0	0	0	0					0	0%	1	1%
TOTAL	18	8	13	10	7	11	11	18	0	0	0	0	96	100%	140	100%

NATURE OF COMPLAINTS RECEIVED																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2013-14	%	2012-13	
Staff Attitude	3	1	2	3	3	4	2	8					26	27.1%	44	31%
Ambulance Late/No Arrival	11	6	9	6	4	3	6	6					51	53.1%	71	51%
Clinical Incident	2	1	2	0	0	3	1	3					12	12.5%	14	10%
Suitability of Equip/Vehicle	0	0	0	1	0	0	1	0					2	2.1%	2	1%
Other	1	0	0	0	0	1	1	1					4	4.2%	7	5%
Patient Property	1	0	0	0	0	0	0	0					1	1.0%	2	1%
TOTAL	18	8	13	10	7	11	11	18	0	0	0	0	96		140	

COMPLIMENTS RECEIVED

COMPLIMENTS RECEIVED																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2013-14	2012-13		
RECEIVED	17	9	9	2	37	14	31	35	15				169	162		
SERVICE AREA OF COMPLIMENTS RECEIVED																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2013-14	%	2012-13	
Accident & Emergency	14	8	8	1	29	14	29	33	14				150	88.8%	147	90%
Control	1	0	0	0	1	0	1	0	0				3	1.8%	9	6%
Patient Care Service	2	1	1	1	6	0	1	2	1				15	8.9%	6	4%
Voluntary Car Service	0	0	0	0	0	0	0	0	0				0	0.0%	0	0%
Other	0	0	0	0	1	0	0	0	0				1	0.6%	0	0%
TOTAL	17	9	9	2	37	14	31	35	15	0	0	0	169		162	

COMPLAINTS CLOSED - OUTCOME / LEARNING REPORT: OCTOBER/NOVEMBER 2013

Ref	Summary of Complaint	Outcome	Action Required/Learning Points
FORMAL	Complaint regarding a delay in the arrival of a conveying ambulance to transport patient to hospital.	Partially Upheld. Investigation found that the nearest ambulance was dispatched however an issue with the communications equipment at one of the stations may have delayed the initial response.	Letter of explanation and apology issued. Repair of tannoy and regular testing to be carried out.
FORMAL	Complaint concerning the speed at which ambulances travel on a particular stretch of road.	Complaint not upheld. Unable to investigate incident without specific details.	Letter of explanation issued. No further action identified.
FORMAL	Complaint from Doctor regarding care and treatment provided by crew at a road traffic accident.	Partially upheld. Investigation found that staff acted according to JRCALC guidelines however staff are to be reminded that the orthopaedic scoop stretcher is to be used rather than manual lifting.	Letter of explanation and apology issued. Staff to be reminded on the important use of orthopaedic stretcher and C spine management through Post Proficiency courses.
FORMAL	Complaint regarding the driving of a Rapid Response Vehicle. Complainant had to take evasive action and make an emergency stop to avoid a collision.	Insufficient information to allow thorough investigation of the incident.	Letter of explanation and apology issued. No further action identified.
FORMAL	Complaint regarding NIAS staff member smoking on another Trust's site and attitude/behaviour.	Complaint upheld. Investigation found that the crew member had breached 'No Smoking' policies and procedures of the Trust.	Letter of explanation and apology issued. Crew member reminded of the need to adhere to 'No Smoking' policies of respective Trusts.
FORMAL	Complaint regarding the non-arrival of ambulance transport on two occasions for transport to an outpatients appointment.	Complaint upheld. Investigation found that ambulance transport assigned to this call was taken off the road due to a flat tyre and damaged wheel. No other resources were available at this time.	Letter of explanation and apology issued. No further action identified.

FORMAL	Complaint concerning the attitude and behaviour of Ambulance crew during a patient transfer.	Complaint withdrawn	No further action required.
FORMAL	Compliant regarding the non-arrival of ambulance transport to transfer a patient.	Complaint partially upheld. The investigation found that the emergency ambulance available to transport the patient was assigned to a request identified as higher clinical need. The hospital was not informed of the delay.	Letter of explanation and apology issued. The Control Centre to ensure better communication with hospitals. Current shift patterns are to be explored for the possibility of an earlier start time to accommodate early morning transfers.
FORMAL	Complaint from PSNI regarding the attitude and behaviour of ambulance personnel during an emergency call.	Complaint upheld. Investigation found that the staff member was found to be unprofessional.	Letter of explanation and apology issued. The staff member involved will be counselled formally regarding his attitude.

COMPLIMENTS RECEIVED – NOVEMBER & DECEMBER 2013

Description
Patient is disabled and she would like to pass on her thanks to the crews from Ardoyne Ambulance Station who have attended her in the past. All of them have been very friendly, helpful, patient and professional.
Could I please bring to your attention the action of the two individual staff with regards to their role at the explosion within Londonderry on the 14 October 2013. I would also like to add that all staff demonstrated a true professional manner and dedication that had the potential of extensive loss of life or injury. Thank you for your time.
Thanks to the crew
A belated thank you to ambulance, A&E staff who were so caring to both patient and family members.
I have to commend your courageous actions and determination to save life. It has presented you as a true professional and reflects on the service as being professional within the local community.
I have to commend your courageous actions and determination to save life. It has presented you as a true professional and reflects on the service as being professional within the local community.
Thanks to crew to for relieving the pain. Crew very professional.
Sister taken to fracture clinic. Compliment regarding efficiency and crew treated sisters very well.
"Thank you" doesn't seem to reflect the depth of appreciation we have for each and everyone who has helped make today possible, but thank you anyway. It will take a few weeks for everyone to adjust and settle into our new surroundings, so the consideration you have shown should continue.
It was not necessarily the clinical skills emphasised but the manner, dignity and professionalism shown. NIAS staff were a credit to the organisation on this occasion and should be proud of, what is often thought by many, as 'just the job they do.' Several members of the community have remarked on and give praise on this occasion.
A belated thank you to ambulance, A & E staff who were so caring to both patient and family members.
Thanks for relieving the pain after a very severe fall. Excellent under pressure and very attentive. Professional.
Compliment regarding efficiency of crew. Very nice.
Compliment made to EAC and wished for her thanks to be passed on to the crew.
We would all like to pass on our sincere thanks to the crew. The two gentlemen were a real credit to the Ambulance service and true professionals in every way possible. When the patient did not want to go to hospital they did their best to encourage him to do so but were equally sympathetic to his wishes. Lastly we would thank them for returning him safely and this courtesy gave helpful closure to the matter.

I want to pay particular thanks to the Ambulance medics who transferred me. I was treated in a very caring and professional manner at all times, and I witnessed at first hand the sheer dedication to duty and care of staff at all levels in our Health service.
His actions were commendable and I would like, if possible, for you to pass on my appreciation of his help.
Just a quick note to say big thanks to the two paramedics. The two guys were very professional and calming throughout this hectic time, a credit to the NHS and society in general.
Just to say a massive thank you for looking after me. You did a fantastic job and I am so grateful.
Thank you very much. Deeply appreciated believe me. Your care and attention helped me greatly. Very best wishes.
Sincerest thanks.
I cannot thank enough. I cannot tell you how much that I truly appreciate what you have done for me and my family. You really are a lifesaver and I am well on the mend, all thanks and credit to you. You deserve the biggest medal in the world.
I wish to commend the crew for the professional and calm way in which they dealt, not only with the patient and relatives at scene, but for the treatment given, information taken and handover to the crew on arrival.
Thanks to you all for your prompt attention.
I would like to commend the Ambulance service for the exceptionally skilful and deeply compassionate assistance they gave me. It made what could have been a frightening and traumatic experience into one for which I am truly and sincerely grateful.
I would appreciate it if my thanks for their kindness and dedication could be passed on to the crew.
Thank you so much for your help and support to me. A special word of thanks to the ambulance controller who kept me calm and a special thank you to the two paramedics for their excellent care.
The professionalism, care and attention not to mention speedy response was a credit to the service. Many thanks for what was for us a stressful and upsetting experience.
Huge thank you for your involvement. What can I say "you make it happen". The family and I appreciated all you did.
Just to say thank you for everything you did. You have given us special time with him and for that we are so grateful.
You do a wonderful job.. We only wish more people would appreciate you.
Thank the people involved. The crew were amazing.
I just wanted to pass on my thanks for all the care and attention they provided. They dealt with her with kindness and their professionalism was evident. Both are a credit to your organisation and the health service as a whole. Their attitude and care was second to none.
Many thanks for your support and assistance. The prompt response and the attention and support provided by NIAS personnel was truly appreciated.
What a wonderful team. Just a note to say thank you both very much for the care and attention you gave.

Pass on thanks to the Ambulance service. Very well looked after and thankful.
We would like to say how grateful we are for all that you did. My mother thought you were all amazing. Their kindness and consideration was very much appreciated.
Thank you to the paramedics. They showed kindness and I would like to express my gratitude to the crew.
I would to say thank you to these two gentlemen, they were so gentle I felt no pain. Please let them know how much I appreciate what they did for me. They are real heroes in the job they do.
Thank you for all your help, kindness and support during 2013.
Thank you.
I wish to express my gratitude for all the help and expert attention I received. Your good humour and professionalism helped make an extremely unpleasant situation at least bearable.
Thank you. Crew were very nice and handled the situation very well.
I would like to express my appreciation of the attention I received. Highly skilled and very professional and attentive. I felt confident I was in good hands.
They were caring and courteous. They put her at ease. They were professional to their fingertips. They handled a sensitive situation brilliantly. The Northern Ireland Ambulance Service should be proud to have staff such as these. Could you please pass on my thanks and more importantly the thanks of my mother to them and to their managers.
We would like to thank both of you for the prompt, professional and above all caring manner. We would like to express our sincere gratitude to you both for your expertise and great kindness shown to us.
Thank you so much for all your help. It was very much appreciated.
The courtesy professionalism and level of care I received was simply outstanding please pass on my sincere thanks
I wish to express my gratitude for help and attention after a fall. Your good humour and professionalism helped make an extremely unpleasant situation at least bearable
I wish to thank crew for all they tried to do to revive my late husband. Many thanks.

SECTION 75

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

Equality Statutory Compliance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Disability Action Plan Implementation	G	G	G	G	G	G	G	G	G			
Equality Scheme Implementation	G	G	G	G	G	G	G	G	G			
S75 Statutory Report to ECNI	A	A	A	A	G	N/A	N/A	N/A	N/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	25	27	31	37	18	31	30	27	19				245
Number of responses issued on day of receipt	25	27	31	37	18	31	30	27	19				245
Weekly media - Response within three days													
Number of enquiries received	8	5	6	9	4	8	7	4	6				57
Number of responses issued within 3 days of receipt	8	5	6	9	4	8	7	4	6				57
Number of responses resulting in Media Coverage													
	33	32	37	46	20	37	36	31	22				294

COMMUNITY EDUCATION

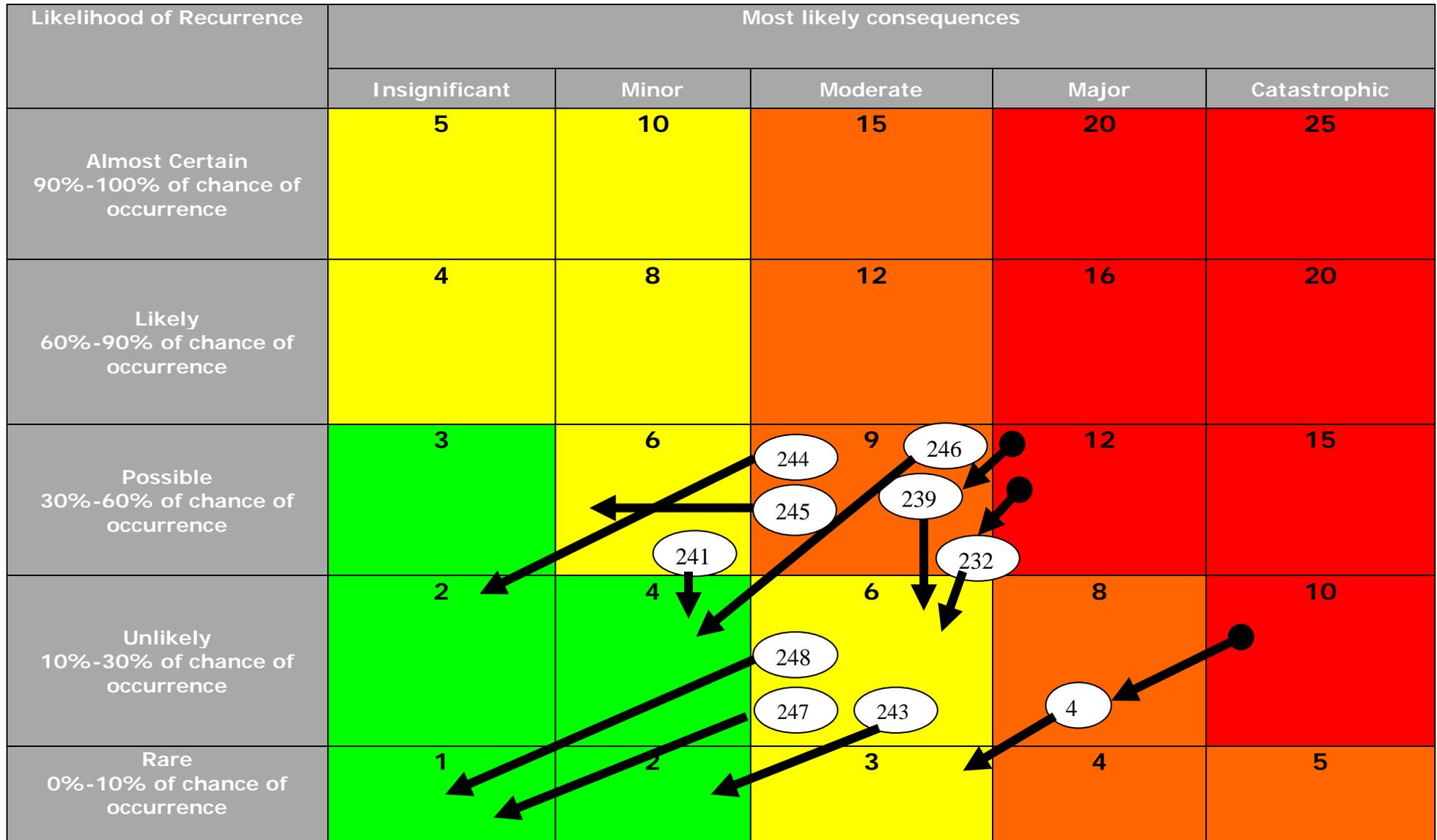
Community Education	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Number of visits delivered	31	46	37	21	9	12	30	37	13				236

CONSULTATION RESPONSES SEPTEMBER – DECEMBER

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link to Consultation
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No consultations were received in the period

Corporate Risk Map as at 31st December 2013



Corporate Risk Map as at 31st December 2013

ID	Title	Rating (initial)	Risk level (current)	Risk level (initial)	Rating (Target)
4	Business Continuity pFa 1.2.	10	MOD	HIGH	3
232	Business Services Transformation Programme (BSTP)	12	MOD	HIGH	6
239	Achieving Financial Balance 2013/14 and 2014/15	12	MOD	HIGH	9
241	Organisational Cohesion	6	LOW	LOW	2
*242	Workforce Flexibility	9	MOD	MOD	6
243	Balancing Statutory Responsibilities	6	LOW	LOW	2
244	Transforming Your Care Implementation	9	MOD	MOD	2
245	Public Perception	9	MOD	MOD	6
246	Linking Demand to Funding	9	MOD	MOD	4
247	Prioritising Core Activity	6	LOW	LOW	1
248	Transforming Your Care - Developments	6	LOW	LOW	1

*Risk 242 – Following presentation to the Assurance Committee on 5th September 2013 the Workforce Flexibility risk has been removed from the Corporate Risk Register and been placed on the HRCS Local Risk Register as it has reached its Target Risk Level

ID	4
Principal Aim, Objective, Value	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective
Risk Type	CORP
Title	Business Continuity pFa 1.2.
Description	There is a risk to the Trust from the failure to review, update and test the internal disaster management plans.
Risk level (Initial)	HIGH
Risk level (Target)	LOW
Risk level (current)	MOD
Lead Director	MEDDIR
Initial Action Taken to Control/Mitigate Risk	<ul style="list-style-type: none"> - There are a number of Business Continuity Plans in place within the Trust requiring review. <input type="checkbox"/> - Amended plans were presented to the SEMT for comment in Q4 2010 <input type="checkbox"/> - An AEPO has been appointed to develop Business Continuity Strategy, Policy and Action Plans to review existing plans. <input type="checkbox"/> - A number of local BCP's were implemented successfully due to civil disturbances and adverse weather. <input type="checkbox"/> - All existing plans captured and identified whether in draft, tested or implemented. <input type="checkbox"/> - Four 'Critical' activities identified <input type="checkbox"/> Call Taking <input type="checkbox"/> Information Processing <input type="checkbox"/> Ambulance Despatch <input type="checkbox"/> Clinical Care <input type="checkbox"/> - 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. <input type="checkbox"/>
Opened	30/12/2010
Review Date	05/11/2013
Action Plan to Address /Mitigate Risk	<ol style="list-style-type: none"> 1. Draft Strategic Business Continuity Strategy/ Policy completed for submission to SEMT during Q2 2011/12 <input type="checkbox"/> 1.1 Completed - Presented to Trust Board 17th November 2011 <input type="checkbox"/> 2. Action plan for review of Directorate and local BCP agreed and presented to SEMT Q1 2011/12 <input type="checkbox"/> 2.1 Completed - Approved by SEMT and Trust Board 17th November 2011 <input type="checkbox"/> 3. EAC evacuation plan amended and retested based on learning outcomes for evacuation exercise in September 2010 <input type="checkbox"/> 3.1 This was completed August 2012 and retested 9/9/12. <input type="checkbox"/> 3.2. The EAC BCP activated successfully on two occasions during March 2013 <input type="checkbox"/> 4. All other areas will be captured during the next phase of the programme which is under the control of the Emergency Planning Officer. <input type="checkbox"/> 4.1 Emergency Preparedness and Business Continuity Planning Group to oversee the process established June 2012 <input type="checkbox"/> 4.2 Terms of Reference and Schedule of Meetings submitted to the Assurance Committee Oct 2012 <input type="checkbox"/> :Completed October 2012 <input type="checkbox"/> 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. <input type="checkbox"/>
Closed	

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	<p>"There are three distinct projects within BSTP that represent various risks to NIAS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Finance, Procurement, Logistics (FPL) <input type="checkbox"/> Human Resources, Payroll, Travel and Subsistence (HRPTS) <input type="checkbox"/> Shared Services (SS). <p>Each of these projects present risks across three broad areas -</p> <ul style="list-style-type: none"> <input type="checkbox"/> Business as Usual: The ability to maintain core business requirements prior to and during implementation of BSTP <input type="checkbox"/> Implementation: Lack of human and physical resources to undertake work required leading to non delivery/delay in completion of elements of BSTP <input type="checkbox"/> 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)	MOD
Lead Director	FINDIR
Initial Action Taken to Control/Mitigate Risk	<p>"Representation on HRPTS, FPL, and SS Boards and Groups regionally and locally.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Establishment of Project Management Infrastructure and Project Team. <input type="checkbox"/> Recruitment of Project Manager, Implementation Managers and Functional Specialists with backfill as appropriate. <input type="checkbox"/> Targeting of capacity to core business and critical issues as appropriate. <input type="checkbox"/> Participation in Change Impact Assessment Workshops. <input type="checkbox"/> Engagement and communication with stakeholders. <input type="checkbox"/> Pilot IT infrastructure audit and engagement with Regional ICT leads. <input type="checkbox"/> Inventory of existing system contracts. <p>"</p>
Opened	01/04/2012
Review Date	05/11/2013
Action Plan to Address /Mitigate Risk	<ol style="list-style-type: none"> 1. Recruitment to vacant posts and backfill as appropriate. <input type="checkbox"/> 1.1 Ongoing and reviewed monthly by NIAS Project Board. <input type="checkbox"/> 2. Continue prioritisation of core business requirements. <input type="checkbox"/> 2.2 Ongoing and reviewed monthly by NIAS Project Board. <input type="checkbox"/> 3. Continue to review priorities, engaging with other HSC Trusts <input type="checkbox"/> 3.1 Weekly/monthly by HRPTS TDG / FPL TG <input type="checkbox"/> 4. Bid for additional resources as appropriate/available. <input type="checkbox"/> 4.1 Ongoing and reviewed monthly by NIAS Project Board. <input type="checkbox"/> 5. Continue to work with BSTP Central Team and suppliers as appropriate within existing resources. <input type="checkbox"/> 5.1 Weekly/monthly by HRPTS TDG / FPL TG <input type="checkbox"/> 6. Focus on resolution of critical issues, for example rostering interfaces, multiple employment, Collaborative Planning, IT Infrastructure. <input type="checkbox"/> 6.1 Ongoing and reviewed monthly by NIAS Project Board. <input type="checkbox"/> 7. Further development of business continuity, recovery and contingency measures <input type="checkbox"/> 7.1 Ongoing and reviewed monthly by NIAS Project Board. <input type="checkbox"/> 8. Development of Deployment and Training Strategy <input type="checkbox"/> 8.1 Ongoing and reviewed monthly by NIAS Project Board. <input type="checkbox"/> 9. Ongoing review of key financial controls <input type="checkbox"/> 9.1 Ongoing. Reviewed by IA Q3 <input type="checkbox"/> 10. Further development of NIAS Change Network and Change Action Plan. <input type="checkbox"/> 10.1. Ongoing and reviewed monthly by NIAS Project Board. <input type="checkbox"/> 11. Refresh ICT audit in line with FPL and HRPTS deployment plans. <input type="checkbox"/> 11.1 Ongoing and reviewed monthly by NIAS Project Board. <input type="checkbox"/>
Closed	

ID	239
Principal Aim, Objective, Value	To Achieve the best outcomes for patients whilst Ensuring High Quality Corporate Governance, Risk Management and probity
Risk Type	CORP
Title	Achieving Financial Balance 2013/14 and 2014/15
Description	<p>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 :<input type="checkbox"/></p> <ol style="list-style-type: none"> 1. Overspending against core budget; <input type="checkbox"/> 2. Increases to Savings Target. Current estimate for savings is £2.245M in 2013/14; £3.047M in 2014/15. <input type="checkbox"/> 3. Cost Pressures and Service changes (including Transforming Your Care) not fully recognised and funded by Commissioners. Income levels for prior year developments, new service developments and other unavoidable pressures have been highlighted to HSCB /DHSSPS colleagues and the Trust is assuming that these costs will be met in full. <input type="checkbox"/> 4. Accident & Emergency staff are currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS <input type="checkbox"/> 5. 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. <input type="checkbox"/> 6. Non-Delivery of Savings. Changes in the delivery of savings from the Trust Delivery Plan have resulted in
Risk level (Initial)	HIGH
Risk level (Target)	MOD
Risk level (current)	HIGH
Lead Director	FINDIR
Initial Action Taken to Control/Mitigate Risk	<p>Controls are in place to mitigate each of these factors above as follows: <input type="checkbox"/></p> <p>A. Applying internal budgetary control processes led by Director of Finance reporting monthly to Chief Executive as Accounting Officer. This will continue to be underpinned by detailed budget reports produced by finance to support budget holders. Directors are held accountable to Chief Executive. Financial position is a standing item on SEMT agenda for DOF to provide update and test assumptions.<input type="checkbox"/></p> <p>B. Submission and engagement with HSB re NIAS Trust Delivery Plan. Ongoing monitoring, review and engagement with stakeholders will continue throughout to highlight emerging pay and pressures recognising that there remain uncertainties in particular in respect of the outcome of Agenda for Change (both in terms of timing and magnitude) <input type="checkbox"/></p> <p>C. Development of savings plan by NIAS for 2013/14 and 2014/15 in conjunction with Trust Board. Presentation of savings plan to HS most recently on 17th August Engagement with staff and patient representatives and fulfillment of any statutory consultation requirements are planned to commence in early 2013. <input type="checkbox"/></p> <p>D Engagement with HSCB to highlight assumptions underlying NIAS's break-even assessment - as part of Trust Monitoring Returns (monthly) and FSPB (monthly). In addition DOF engages with HSCB senior</p>
Opened	14/01/2013
Review Date	05/11/2013
Action Plan to Address /Mitigate Risk	<p>1. DOF continually examines the following core assumptions which underpin the risk to financial balance<input type="checkbox"/></p> <ol style="list-style-type: none"> I. that the HSC Board will fund the full legitimate costs of Agenda for Change; <input type="checkbox"/> II. that all pay and non pay pressures will be funded by the HSCB; <input type="checkbox"/> III. that in year developments to support acute service changes (including TYC) will be fully supported; <input type="checkbox"/> IV. that the requirement for efficiency savings remains at £2.245M in 2013/14; £3.047M in 2014/15. <input type="checkbox"/> V. that bridging of £415,000 is available for the Trust to apply in 2013/14<input type="checkbox"/> <p>At this stage of the review (August 2013) there is no confirmation about any of these assumptions for 2013/14.<input type="checkbox"/></p> <p>2. Given the controls (outlined above A -D), further mitigation of this risk includes the following actions with Director of Finance having lead responsibility for the financial implications: <input type="checkbox"/></p> <p>DOF will review current process to test each of the four assumptions above in an attempt to formalise where possible and obtain commitment from key funders which is more timely, embedded and complete.<input type="checkbox"/></p>
Closed	

ID	244
Principal Aim, Objective, Value	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective
Risk Type	CORP
Title	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)	MOD
Risk level (Target)	VLOW
Risk level (current)	MOD
Lead Director	CEO
Initial Action Taken to Control/Mitigate Risk	1. Membership of TYC Programme Board. <input type="checkbox"/> 2. Membership of TYC Workforce Planning Group <input type="checkbox"/> 3. Membership of TYC Advisory and Assurance Group. <input type="checkbox"/> 4. Response to TYC consultation and ongoing engagement
Opened	30/04/2013
Review Date	05/11/2013
Action Plan to Address /Mitigate Risk	1. Submit bids to HSCB TYC Project for service developments. <input type="checkbox"/> 2. Assess Service developments from other bodies for risks to NIAS. <input type="checkbox"/> 3. Establish process for highlighting risks in appropriate fora for treatment. <input type="checkbox"/> 4. Identify requirement for and establish contingency arrangements to manage risks. <input type="checkbox"/> <input type="checkbox"/> 7/11/13 - Following SEMT it was noted that a review of this risk will be completed at the Trust Board Workshop.
Closed	

ID	249
Principal Aim, Objective, Value	Engage with local Communities and their representatives in addressing issues which affect their health and participate fully in the development and delivery of responsive integrated services
Risk Type	CORP
Title	Staffing Structure in respect of Equality, PPI and PC Experience
Description	There is risk to the Trust that NIAS staffing structure in respect of Equality, PPI and Patient Client Experience is not sufficiently resourced to support the Trust in ensuring compliance across all related statutory requirements and Ministerial priority work streams.
Risk level (initial)	MOD
Risk level (Target)	VLOW
Risk level (current)	MOD
Lead Director	DIRHR
Initial Action Taken to Control/Mitigate Risk	<p>1. At the inception of its Equality Scheme the Trust created a role which was dedicated to discharging S75 duties. Current staff structures includes delegation of responsibility for S75 DDO (further new legislation since this time) and the Human Rights Act however these responsibilities are in addition to other areas of responsibility, therefore diluting related time associated with these work streams.□</p> <p>2. Equality Scheme and Disability Action Plan have been developed, consulted on and approved. However, implementation requires significantly time in terms of developing appropriate structures, statutory processes and mainstreaming.□</p> <p>3. Responsibility for PPI was delegated to HRCS Directorate Equality Section. However, responsibility for these work streams are in addition to other areas of responsibility therefore diluting related time associated with these work stream.□</p> <p>4. PPI Strategy has been developed, consulted on and approved. However, implementation requires significant time in terms of developing appropriate structures and systems and mainstreaming in order to effect required cultural change.□</p> <p>5. Responsibility for PCE was del;delegated to the HRCS Directorate Equity Section, however, however, was no additional investment to support the additional workload. However, responsibility for these work streams are in addition to other areas of responsibility therefore diluting related time associated with these</p>
Opened	03/07/2013
Review Date	05/11/2013
Action Plan to Address /Mitigate Risk	<p>1. Development of proposal for appropriate staffing structure and related business cases for presentation to SEMT.□</p> <p>2. Consideration of budgetary priorities in this context.□</p> <p>3. Development of proposal for appropriate staffing structure and related business cases for presentation to SEMT.□</p> <p>4. Consideration of budgetary priorities in this context.□</p> <p>5. Development of proposal for appropriate staffing structure and related business cases for presentation to SEMT.□</p> <p>6. Consideration of budgetary priorities in this context.</p>
Closed	

ID	245
Principal Aim, Objective, Value	Engage with local Communities and their representatives in addressing issues which affect their health and participate fully in the development and delivery of responsive integrated services
Risk Type	CORP
Title	Public Perception
Description	There is a risk to the Trust that public perception of the ambulance service is inconsistent with the aspirations of the service.
Risk level (initial)	MOD
Risk level (Target)	LOW
Risk level (current)	MOD
Lead Director	CEO
Initial Action Taken to Control/Mitigate Risk	1. Public Trust Board meetings <input type="checkbox"/> 2. Annual Reports <input type="checkbox"/> 3. Community engagement programme <input type="checkbox"/> Social Media
Opened	30/04/2013
Review Date	05/11/2013
Action Plan to Address/Mitigate Risk	1. Establish as key element for inclusion in communications strategy. <input type="checkbox"/> 2. Explore further opportunities to influence public perception. <input type="checkbox"/> 3. Present action plan to Trust Board <input type="checkbox"/> <input type="checkbox"/> 7/11/13 - Following SEMT it was noted that a review of this risk will be completed at the Trust Board Workshop.
Closed	

ID	246
Principal Aim, Objective, Value	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective
Risk Type	CORP
Title	Linking 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)	MOD
Risk level (Target)	VLOW
Risk level (current)	MOD
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. <input type="checkbox"/> 2. Both are discussed at Trust Board <input type="checkbox"/> 3. Process in place to secure additional funds linked to service change which could potentially be extended.
Opened	30/04/2013
Review Date	05/11/2013
Action Plan to Address /Mitigate Risk	1. Submit proposal to link planned budget to demand analysis to HSCB <input type="checkbox"/> 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 transportation which is appropriate, accessible, 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)	VLOW
Risk level (current)	LOW
Lead Director	DIROPS
Initial Action Taken to Control/Mitigate Risk	<p>1. Differentiation of urgent from emergency activity on basis of clinical need. <input type="checkbox"/></p> <p>1.1 Call prioritisation system differentiates 999 activity from Urgent <input type="checkbox"/></p> <p>Work in progress through Card 35 to build on this ie changing Urgents to Category C1 to C4 <input type="checkbox"/></p> <p>2. Membership of governing structures, in particular TYC programme board, GPOOH. <input type="checkbox"/></p> <p>2.1 Representation on all ICPS at local level <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>3. Development of awareness of taking account of consequences of change on NIAS in HSCB, HSC Trusts and DHSSPS. <input type="checkbox"/></p> <p>3.1 Working in collaboration with HSCB in implementation of projects such as pPCI. <input type="checkbox"/></p>
Opened	30/04/2013
Review Date	11/11/2013
Action Plan to Address/Mitigate Risk	<p>1. Consolidate 'same day' ambulance urgent management in EAC <input type="checkbox"/></p> <p>2. Embed management of consequences of change in relevant HSC structure e.g. TYC Programme Board, Financial Stability Programme. <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>7/11/13 - Following SEMT it was noted that a review of this risk will be completed at the Trust Board Workshop.</p>
Closed	

ID	248
Principal Aim, Objective, Value	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective
Risk Type	CORP
Title	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)	VLOW
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 <input type="checkbox"/> 2. Separation of emergency and non-emergency control personnel.
Opened	30/04/2013
Review Date	05/11/2013
Action Plan to Address/Mitigate Risk	1. Monitor TYC developments at TYC Development Board and other fora to pre-alert to any change in risk. <input type="checkbox"/> 2. Further differentiate ambulance activity where possible to ease management of any retraction. <input type="checkbox"/> <input type="checkbox"/> 7/11/13 - Following SEMT it was noted that a review of this risk will be completed at the Trust Board Workshop.
Closed	

TB/3/30/01/14

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

30 January 2014

Title:	Business Continuity Strategy & Policy
Purpose:	For approval
Content:	
Recommendation:	For approval
Previous Forum:	Assurance Committee
Prepared by:	Assistant Emergency Planning Officer & Medical Director
Presented by:	Medical Director



Northern Ireland Ambulance Service
Health and Social Care Trust



Business Continuity Strategy 2013 - 2015

VERSION 1.11

Prepared by: Jeremy Cowen
23 December 2013

1.0 Version Control

Date	Version	Amendment	Amended by
20 Dec 2010	1.0	Document created	J Cowen
22 Dec 2010	1.1	Document re-worked BCI strategy incorporated	J Cowen
23 Dec 2010	1.2	Text amended Phase 4 added Paragraphs numbered for reference Pages numbered for reference	J Cowen
20 Jun 2011	1.3	Approval table added Changes to Text Amended committee structure diagram Additional drivers added Family Tree added as Appendix 1 Current plans and status added as Appendix 2	J Cowen
1 Jul 2011	1.4	Family Tree picture added	J Cowen
18 Jul 2011	1.5	Amendments to Text Restructuring of section 6 and 7 Added current reporting structures diagram Updated Appendix 2 with current position	J Cowen
25 Aug 2011	1.6	Amendments to Text Restructuring of section 6.1 and 6.2 Amendment to Appendix 2	D McManus
31 Jan 2013	1.7	Incorporates references to ISO22301 Reflects on BSTP project changes	J Cowen
10 Oct 2013	1.8	Corrections to text Committee structures updated Family tree (appendix 1) Strategy now has two-year time frame set	J Cowen
24 Oct 2013	1.9	Corrections to text Para 5.12 Added Para 5.13 Added Para 6.4 Amended Figure 2 Full committee titles added Figure 3 Diagram corrected Appendix 1 retitled and diagram corrected	J Cowen
13 Nov 2013	1.10	CEx comments incorporated & comments from SEMT 4.2.5 AACE corrected 4.2.13 Communications added 6.2 table 1 amended 7.6 fig 3 amended 8.1, 8.3, 8.4 amended 9.1 amended Appendix 1 and 2 amended and updated	J Cowen
23 Dec 2013	1.11	Equality screening template completed and reflected in section 3	J Cowen

2.0 Approval

Version	1.11
Approved by	
Date approved	
Name of Author	Jeremy Cowen
Date issued	
Equality Impact Assessment completed	

3.0 Review and Equality Screening

3.1 This Strategy will be reviewed no later than one year from the date of implementation, i.e. by the 31 December 2013.

3.2 The equality screening template was reviewed on 19 December 2013 – no impacts of any significance were identified during the screening process and that this strategy was unlikely to have any adverse impact on equality of opportunity or impact on the patients and service users. It concluded that a full EQIA was not required

4.0 Strategic Intent

4.1 Trust Statement:

4.1.1 The Trust recognises that effective Business Continuity Management is an essential component of good management and that it must be utilised if NIAS is to continue to deliver an ambulance response to the people of Northern Ireland irrespective of significant challenges to its ability to do so.

4.2 Background:

4.2.1 The Northern Ireland Civil Contingencies Framework Document, Chapter 11, Core Principle 9 states that:

4.2.2 *“All organisations shall undertake Business Continuity Management processes which will enable them to deliver their services in response to an emergency and to maintain essential services to the public through a business disruption”.*

4.2.3 The Framework also defines an emergency as:

4.2.4 *“an event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war, or terrorism, which threatens serious damage to the security of the UK”.*

- 4.2.5 In addition, a peer review carried out on behalf of the Association of Ambulance Chief Executives (AACE), of which NIAS is a constituent member, in June 2010 identified that the Trust had a number of good legacy continuity plans, such as those for REMDC, but lacked a corporate strategy from which a policy, programme and an operational plan would evolve.
- 4.2.6 Furthermore, the Department of Health, Social Services, Public Safety (Northern Ireland) in the Priorities for Action for 2010-2011, Priority Area 1: Improve the health status of the population and reduce health inequalities, sub area 1.2, states:
- 4.2.7 *“Each HSC organisation must have the appropriate structures and mechanisms in place to continue to meet its core objectives even whilst under sudden or sustained pressure”.*
- 4.2.8 The amended target date for this area is by end March 2012, however it is recognised that ongoing progress will be measured beyond this date via the Chief Executives’ accountability review process.
- 4.2.9 Therefore, it is the intention of the Trust to ensure that a robust Business Continuity Programme and associated plans are in place to ensure that the Trust can continue to deliver ambulance services to the population of Northern Ireland in the event of an emergency occurring or other challenge being identified.
- 4.2.10 The Trust has a number of existing plans for Business Continuity such as the REMDC Contingency plan, the Divisional Summer Contingencies plans, Resource Escalatory Action Plan (REAP), Pandemic Influenza plan, and a number of related policies or procedures such as Firecode. These plans (or procedures) will be scoped as part of the review of the Trust’s Business Continuity arrangements.
- 4.2.11 The National Ambulance Resilience Unit (NARU) have developed a National Business Continuity Group as a sub-group of the Response and Resilience workstream. The EPO represents NIAS at this National level group and the Trust will follow, where applicable, the guidance of the NARU group.
- 4.2.12 The Business Services Transformation Project (BSTP) underway in Northern Ireland may influence the internal (and external) BCM requirements of the Trust. The Trust will continue to be involved in the BSTP project but also to continue to monitor the progress of the project and identify the likely changes to NIAS BCM requirements. NIAS will, where necessary, adjust anticipated BCM timescales and put in place interim BCM arrangements where it is necessary to do so and until such a time as the BSTP project delivers the identified changes to the Health and Social Care business infrastructure
- 4.2.13 It is the intention of the Trust to ensure that an effective business continuity communications procedure is established and maintained and that business continuity is encouraged at all levels, both internally and externally to the organisation

5.1 The concept of Business Continuity used by the Trust will follow the same principles as the Trust's overall risk management approach by:

- Determining the needs of the business
- Determining an appropriate strategy for the business
- Developing and implementing a robust response for the business
- Exercising, maintaining and reviewing the response plan

5.2 The Department of Health, Social Services and Public Safety, Northern Ireland (DHSSPSNI) have established a Health and Social Care Business Continuity Project. Paper BCPG01/10 the terms of reference for the project identifies that

'...HSC organisations to have business continuity management plans in place to the British Standard BS25999 by the end March 2012...'

5.3 The British Standards Institute has a quality standard for Business Continuity – BS25999. This quality standard reflects the aims stated above and will be adhered to as far as is reasonably practicable.

5.4 Furthermore, the Cabinet Office advised in its HMG Security Policy document that BCM is made mandatory in GB. It makes reference to

'...arrangements must follow industry best practice (BS25999 or equivalent standard)'.

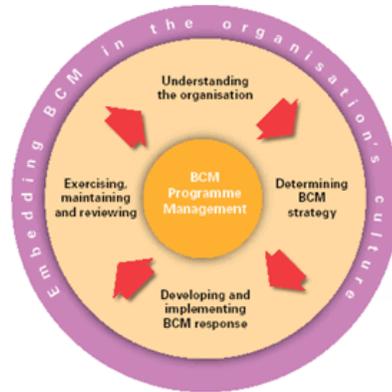
Whilst the above does not apply directly to Northern Ireland, it can be taken as an example of best practice.

5.5 In order to keep consistency with Health and Social Care partners and other supporting agencies, the Trust will adopt the Business Continuity Institute Good Practice Guidelines 2010 and the principles of BS25999 within this strategy.

5.6 The DHSSPSNI do not require the Trust to achieve this standard presently, but in moving this strategy forward due regard will be paid to the systems required by this British Standard so that if, in time, the standard is required to be reached, the structures and systems will have been formed.

5.7 The original BSI standard for Business Continuity (BS25999) has been replaced with the international ISO standard ISO 22301. The ISO 22301 standard encompasses all of the original areas covered within BS25999 and therefore, the life cycle from BS25999 (on which this strategy is mostly based) still remains valid and thus remains part of NIAS BCM strategy

5.8 The Business Continuity Institute – as part of the original BS25999 – identifies a Business Continuity Life cycle. The life cycle is represented in Figure 1 below:



(Source: The lifecycle diagram, BSI British Standards BS 25999-1)

Figure 1 – BCM lifecycle

5.9 The BS25999 process, which has been regarded as best practice by the Business Continuity Institute, should be followed in order to manage and embed Business Continuity within an organisation.

5.10 The life cycle shows that there is no distinct 'start' point as the process is a cyclic one which should be under constant review. As NIAS has existing plans, the start phase will be at 'understanding the organisation' as these plans will be used to inform the process.

5.11 The phases in BS25999 are defined as:

- PHASE 1 - Understanding the organisation
- PHASE 2 - Determining BCM strategy
- PHASE 3 - Developing and implementing BCM response
- PHASE 4 - Exercising, maintaining and reviewing

These phases are consistent with the new ISO 22301 standard and as such the NIAS BCM programme will remain structured around the elements of BS25999. Where necessary, the additional factors required by ISO 22301 will be incorporated into the BCM programme

5.12 A committee and organisational structure will be established as part of the governance arrangements for BCM. This structure will mirror the Risk Management structure as business continuity and risk management are closely related. This is highlighted in Appendix 1

5.13 The current Trust 'Emergency Planning Group' will be reformed and will become the 'Emergency Preparedness and Business Continuity Committee'. This reformed committee will report to the Assurance Committee and will thus oversee business continuity within the Trust. The terms of reference of the emergency planning group will be subsequently amended to reflect these changes

6.0 Phase 1 – Understanding the organisation

6.1 NIAS is organised into a number of directorates, each of which is responsible for a number of departments and functions, all of which form the Northern Ireland Ambulance Service. The roles and responsibilities of each of the directorates and departments are shown in Table 1 (below) and existing plans currently in place or being developed are identified in Appendix 2. It is recognised that this list may change to reflect service developments and changes. It is also recognised that there are essential linkages and interdependencies between directorates and the departments and functions within each directorate and this will be reflected in the business continuity plans. For example, all directorates and departments are dependent upon the IT function and this will be incorporated as an integral part of each plan.

6.2 Operational Functions of NIAS Directorates:

Directorate:	Department:
Operations	EAC (Emergency Ambulance control) NEAC (Non-Emergency Ambulance Control) A&E Operations Patient Care Services Fleet Estate Regional Pressures Coordinating Centre Resource Management Centre
Finance	IT Systems and Networks IT Support and Customer Services Management Accounts Management Information Salaries and Wages Procurement and Supplies
Human Resources and Corporate Services	Personnel Services Education & learning development RATC (Regional Ambulance Training Centre) Media & communications Corporate Administration Complaints Office of the Chief Executive Senior Executive Management Team Equality, PPI and patient experience
Medical Directorate	Emergency Planning Unit Risk Management RPCC (Regional Pressures Coordinating Centre)

6.3 The role of each department Table 1 – Operational Functions Strategic aims will be identified and understood, furthermore this will include understanding how each department interacts or depends upon each other to minimise multiple pathway failures from occurring.

6.4 The responsibility for business continuity within the Trust has been delegated to the Medical Director. The Medical Director, in turn, will delegate particular aspects of business continuity to the Emergency Planning Officer as part of the business continuity management programme.

Each Director will appoint a functional lead for business continuity for their particular directorate. This will normally be at an Assistant Director level. Appendix 1 refers

6.5 The proposed reporting structure of the Trust’s committees is highlighted in the Figure 2 below:

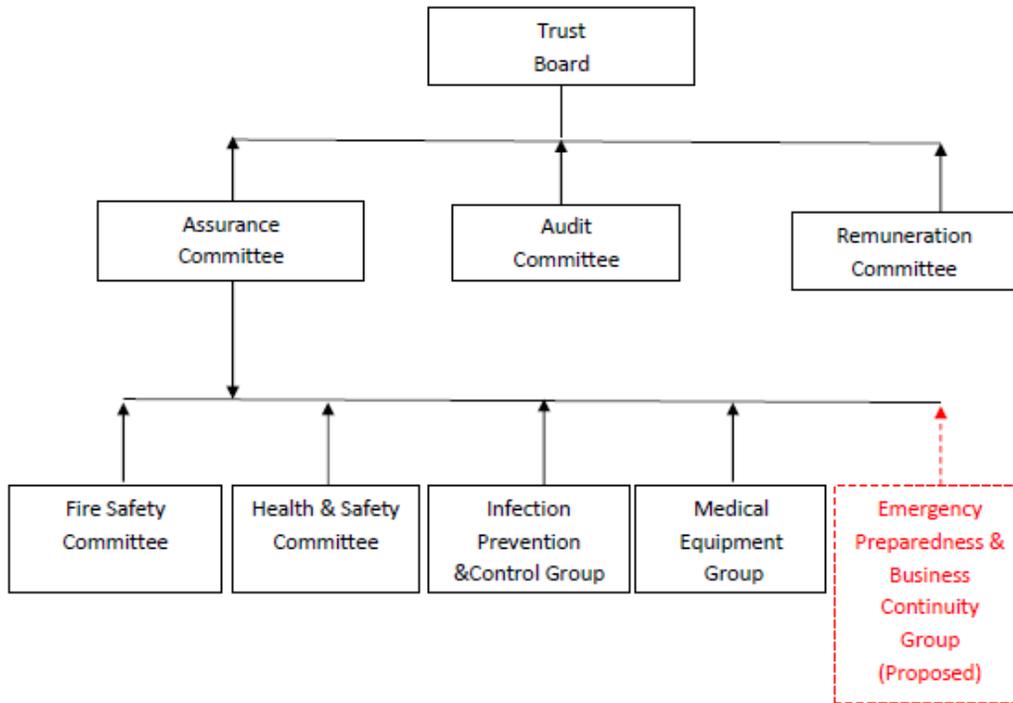


Figure 2 – Proposed Trust Committee Structure

7.0 Phase 2 – Determining BCM programme

- 7.1 The Trust will embed Business Continuity through the Senior Executive Management Team (SEMT), Trust Board (including relevant committees) and throughout the organisation in general.
- 7.2 The Trust will develop a Business Continuity Policy in line with the general requirements of ISO22301 and any Business Continuity arrangements will be in accordance with this strategy.
- 7.3 The Trust will develop a programme of work to embed Business Continuity Plans which will include implementation, training, testing, validating and reviewing.
- 7.4 Business Cases, where required, will be developed in order to support Business Continuity Management within the Trust.
- 7.5 Business Continuity Management will be incorporated into the existing well defined command structures in use within NIAS.
- 7.6 The Business Continuity programme will be overseen by the Assurance Committee of the Trust Board. The agreed reporting structure of the Trust's committees is shown in Figure 3 below:

Committee Structure (incorporating working groups that support the committees)

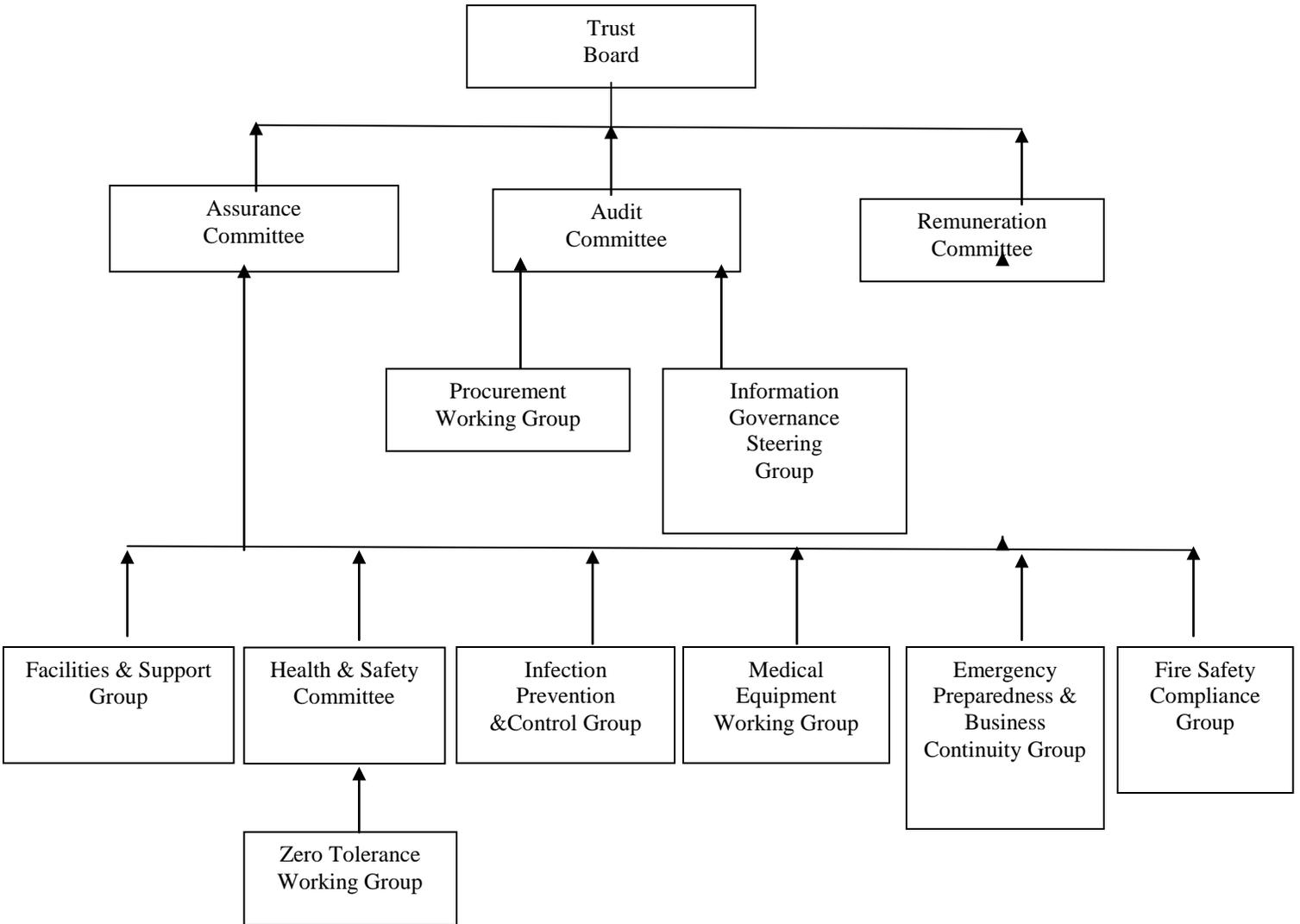


Figure 3 - Agreed Trust Committee Structure

8.0 Phase 3 – Developing and Implementing a Business Continuity Response

8.1 Every Department in each of the Directorates will conduct a Business Impact analysis which will involve:

- Mapping their activities
- Assessment of the mapped activities to differentiate business critical from non-critical
- Detailing business continuity arrangements in response to the impact analysis

8.2 From the Business Impact analyses Business Continuity Plans will be developed to mitigate identified areas of Business Continuity risk.

8.3 In addition to each Directorate and Department holding and maintaining their own Business Continuity Plans, a central repository of Business Continuity Plans will be established and maintained by the Emergency Planning Department.

8.4 Business Continuity risks will be included in the corporate risk register as and when it is necessary or appropriate to do so; all Business Continuity Management actions will be captured and recorded by the Emergency Planning Department in conjunction with the relevant directorate and/or the risk manager.

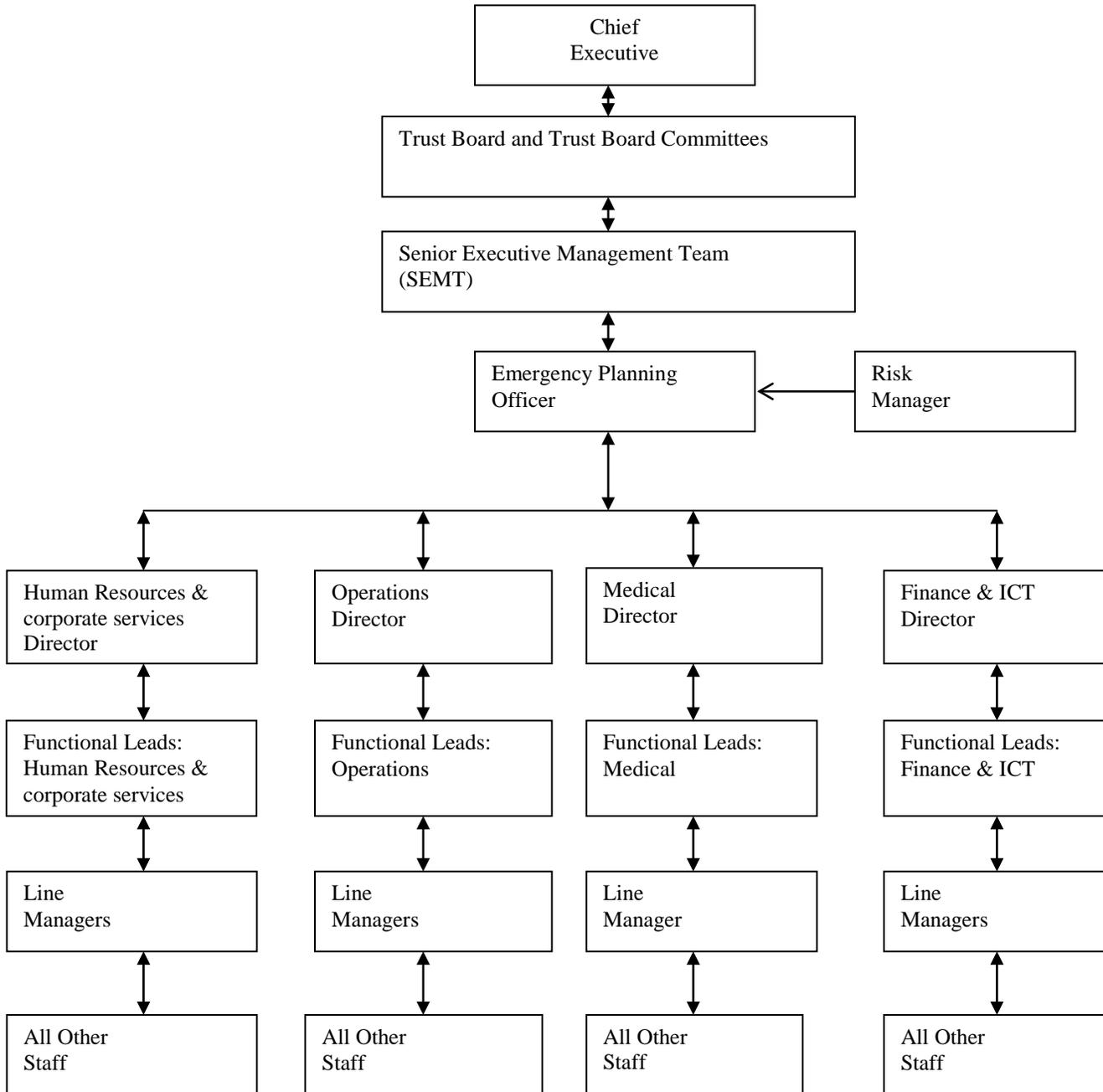
9.0 Phase 4 – Exercising, Validating, Maintaining and Reviewing

9.1 A programme of work will be developed which will include:

- Education/Training/Awareness – this will be identified and sourced internally or externally as appropriate.
- Testing – adequate arrangements will be put in place to test and validate Business Continuity plans.
- Reviewing – The plans will be reviewed at least annually and following any activation of any relevant BCM plan(s). This may be on an area/function basis
- Maintenance – a continual cycle of maintenance using appropriate systems and safeguards will be established.

Appendix 1 – Business continuity communication and organisational structure

This structure identifies the lines of communications for identification, management and escalation of business continuity throughout NIAS:





Appendix 2 – Existing Plans identified and current status (correct as of 23 October 2013)

Directorate:	Department:	Existing Plans:	When last tested (T) or activated (A)	When last review Was the plan amended	
Corporate	Office of the Chief Executive General Management Executive	BCP Operational plan REAP	Untested Winter 2010 (A)	Not reviewed Feb 2010 – plan amended	
	EAC	REMDC continuity plan EAC evacuation plan	Untested	Not reviewed	
Operations	NEAC	RNEMDC continuity plan	Untested	Not reviewed	
	A&E Operations	Summer contingencies	Winter 2010 (A)	Not reviewed	
	Patient Care Services	Summer contingencies	Winter 2010 (A)	East City reviewed 2012 – plan amended	
	Fleet	No plan	No plan to test!	No plan to review!	
	Estate	No plan	No plan to test!	No plan to review!	
	Regional Pressures Coordinating Centre	REMDC continuity plan EAC evacuation plan??	Untested role of RPCC	Not reviewed	
	Resource Management Centre	No plan	No plan to test but disruption tested in exercise FUSEBOX	No plan to review!	
	Finance	IT Systems and Networks	Unknown	No information provided	No information provided
		IT Customer Services	Unknown		
		Management Accounts	Unknown		
Management Information		Unknown			
Salaries and Wages		Unknown			
Procurement		Unknown			
Human Resources	Personnel Services	Unknown	No information provided	No information provided	
	RATC	Unknown			
	Communications	Unknown			
Medical Directorate	Emergency Planning unit	No plan	No plan to test!	No plan to review!	
	Risk Management	No plan	No plan to test!	No plan to review!	
	HART	No plan	No plan to test!	No plan to review!	



Northern Ireland Ambulance Service
Health and Social Care Trust



Policy for the Management of Business Continuity

VERSION 2.0

Prepared by: Jeremy Cowen
23 December 2013

1.0 Version Control

Date	Version	Amendment	Amended by
12 Jan 2011	1.0	Document created	J Cowen
28 Jan 2011	1.1	Amendments to text	J Cowen
21 Jun 2011	1.2	Amendments to text Addition of approval section Roles and responsibilities expanded Linked to Trust strategy defined Paragraphs and pages numbered	J Cowen
24 Jun 2011	1.3	Addition of BCM levels section Amendments to text	J Cowen
18 Jul 2011	1.4	Amendments to text Reformatting of section 10 Paragraphs numbered Pages numbered	J cowen
25 Aug 2011	1.5	Amendments to text	D McManus
01 Feb 2013	1.6	References to ISO22301	J Cowen
10 Oct 2013	1.7	Corrections to text Role of Assistant Directors added	J Cowen
24 Oct 2013	1.8	Amendments to text para 9.5 Amendments to text para 12.2 Para 12.3 added reporting lines	J Cowen
13 Nov 2013	1.9	Comments from CEx incorporated: 6.1 Amended text 8.1 Amended text 12.1, 12.2, 12.3 Clarified	J Cowen
23 Dec 2013	2.0	Equality screening template completed and reflected in section 3	J Cowen

2.0 Approval

Version	2.0
Approved by	
Date approved	
Name of Author	Jeremy Cowen
Date issued	
Equality Impact Assessment completed	

3.0 Review

- 3.1 This Policy will be reviewed no later than one year from the date of implementation, i.e. by 31 December 2013.

4.0 Equality Screening

- 4.1 The equality screening template was reviewed on 19 December 2013 – no impacts of any significance were identified during the screening process and that this policy was unlikely to have any adverse impact on equality of opportunity or impact on the patients and service users. It concluded that a full EQIA was not required

5.0 Introduction

- 5.1 The Northern Ireland Civil Contingencies Framework (2005) document and the various associated Statutory Regulations and Guidance require the Northern Ireland Ambulance Service HSC Trust (The Trust) to produce and maintain a comprehensive Business Continuity Plan that will enable the Trust to continue to provide critical service to the population of Northern Ireland in the event of an emergency or other crisis as far as is reasonable practicable.

- 5.2 The Department of Health, Social Services and Public Safety, Northern Ireland (DHSSPSNI) have established a Health and Social Care Business Continuity Project. The project aims to ensure that:

'...HSC organisations to have business continuity management plans in place to the British Standard BS25999 by the end March 2012...'

- 5.3 The British Standards Institute have replaced the BS25999 standard with an international standard for Business Continuity, ISO22301

- 5.4 The Strategy document for the Trust confirms that the Trust will adopt the principles of BS25999 and ISO22301 for the Business Continuity programme.

6.0 Policy Statement

- 6.1 The Trust will establish and maintain appropriate and relevant Business Continuity arrangements.

- 6.2 This Policy applies to all staff within the Trust, both permanent and non-permanent and for whom the Trust has legal responsibility.

7.0 Purpose

- 7.1 The purpose of this policy is to ensure that the Trust has robust Business Continuity arrangements in place, and that a defined structure for use by all staff is managed and maintained.

7.2 All Business Continuity arrangements within the Trust will be in accordance with this policy and in compliance of ISO22301.

8.0 Policy Objectives

8.1 The objectives of this Policy are to ensure that:

- The Roles and Responsibilities for Business Continuity for all Staff bound by this Policy are defined
- The Governance and reporting arrangements for Business Continuity Management are defined
- That Business Continuity is embedded within all levels and areas of the Trust
- Plans appropriate to the respective organisational levels are written
- Regular Risk and Threat assessments are carried out
- Critical activities are identified and mapped out
- Plans are developed, exercised, tested, reviewed and maintained

9.0 Roles and Responsibilities

9.1 Trust Board

The Trust Board will be responsible for monitoring the continued effectiveness of the Trust's Business Continuity Management arrangements through the Assurance Committee.

9.2 Chief Executive

The Chief Executive has overall responsibility for Business Continuity Management within the Trust.

9.3 Medical Director

The lead Director for Business Continuity Management is the Medical Director who reports directly to the Chief Executive in relation to Business Continuity Management within the Trust. The Medical Director will discharge his responsibility through the Emergency Planning Officer who will work collaboratively with the nominated leads from each directorate and department.

9.4 Executive Directors

The Executive Directors are responsible for Business Continuity within their own Directorate. They will ensure compliance with this policy within their area of responsibility.

9.5 Assistant Directors

The Executive Directors normally discharge their responsibilities through their Assistant Directors. The Assistant Directors will be the functional lead for business continuity in their particular area of responsibility or speciality

9.6 Emergency Planning Officer

The Emergency Planning Officer is responsible for maintaining a central record of plans, testing, exercising, validating and reviews of such plans and ensuring that the linkages and interdependencies between departments, for example in the case of IT, are accurately reflected in the plans.

9.7 All other staff

All other staff have a responsibility to comply with the Business Continuity arrangements as defined within the respective procedure(s) for their own work area. They are required to report all actual or potential Business Continuity risks or issues via the appropriate system of reporting.

10.0 Levels

10.1 Each plan will be identified clearly with the organisational level at which it is aimed. This level will be defined post completion of each of the respective departments Business Impact Analysis and will depend on whether the impact will affect NIAS either at a corporate level, or whether the impacts will be felt at a more local level.

10.2 The levels are identified in table 1 below:

Area of Impact	Plan Level
Corporate-wide impact	4
Directorate-wide impact	3
Division/Departmental-wide impact	2
Sub-departmental-wide impact	1

11.0 Activation

11.1 All staff are authorised to activate a LEVEL 1 plan as defined within the respective procedure(s).

11.2 Any other level of plan can only be authorised by the level of Management as defined within the respective procedure(s).

TB/4/30/01/14

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

30 January 2014

Title:	Proposal for the Implementation of Revised Booking Procedure for Scheduling Non-Emergency Ambulance Transport
Purpose:	To present a Public and stakeholder Consultation document (PPI)
Content:	Review current and present new booking process highlight PCS ambulances can only be booked for patients with a confirmed medical need
Recommendation:	For approval
Previous Forum:	Commissioner 1 & 2 PCS Review Group
Prepared by:	PCS Review Working Group
Presented by:	Brian McNeill (Director of Operations)



Draft Consultation Paper

Proposal for the Implementation of Revised Booking Procedure For Scheduled Non-Emergency Ambulance Transport (Patient Care Services)

January 2014

Introduction

The non emergency Patient Care Services (PCS) provides transport and care for patients travelling to hospital for pre planned appointments, patients travelling between hospitals and thereafter for discharge to home. The important contribution PCS makes to the smooth running of the whole healthcare system is recognized. In an average year, PCS covers 2.12 million miles, with 200,000 patient contacts.

However, it is important to recognise that PCS is not a substitute for public or private transport. The non emergency PCS is provided by a combination of single and double crewed ambulances, the staff on these vehicle's are Ambulance Care Attendants.

Following a strategic review of the ambulance service in 2000, an equality impact assessment (EQIA) took place in relation to the implementation of the review findings. Within this it was acknowledged that there were potentially differential equality impacts arising from changes to protocols for accessing the PCS service, specifically older people and disabled people. The conclusion from this EQIA was that a full EQIA would be conducted on the development of protocols for PCS.

The strategic review proposed that protocols should be reviewed and enforced in relation to what types of patients can access PCS. It recommended that only those patient's who are unable, due to a clinical condition to travel by alternative means, are booked into PCS. The analysis highlighted at this time that protocols had to be clearly based on clinical need.

This proposal is aligned to the recommendations from the review and is designed to improve the utilization of PCS services by those with most medical need while also maximizing use of resources by providing appropriate alternatives to ambulance transportation for non emergency patients. This delivers both efficiency and clinical effectiveness.

The aim of this consultation exercise is to highlight;

- a) That PCS Ambulances can only be booked for Patients with a confirmed medical need.
- b) That NIAS will be implementing a new booking procedure, which is designed to ensure that patients and their carer's needs are met as far as reasonably possible and on those occasions where there may be a high demand for the service that the information from the booking procedure can be used to prioritise those patients with the greatest need to ensure they are transported with the least delay.

The NIAS is seeking views from stakeholders in relation to these proposals and in particular in relation to any potential impact under section 75 of the Northern Ireland Act 1998.

Background

In accordance with the DHSSPS strategy NIAS provides non-emergency transport services to patients who need it is access the health services they require. These include;

- hospital admissions for inpatient treatment
- attendance for treatments such as renal dialysis, chemotherapy, radiotherapy and physiotherapy
- outpatient attendances at clinics and day hospitals
- appointments for x-rays and other tests
- day surgery
- hospital discharges.

Eligibility for access to non-emergency transport services is based on medical need as determined by a medical practitioner. The definition of medical need is:

“Where the patient’s condition could be significantly worsened if there were a failure to provide transport or, where the patient’s condition is of such severity that it renders them unfit to travel by any other means, except nonemergency ambulance transport, or some other form of non-emergency transport”.

(A Transport Strategy for Health and Social Care Services in Northern Ireland, August 2007, Department of Health, Social Services and Public Safety.

Presently the need and entitlement to PCS Ambulance transport is based on medical need as judged by the patients referring clinician or Health Care Professional (HCP).

Eligible patients are those:

- whose medical condition is such that they require the skills or support of PCS staff on or after the journey and/or where it would be detrimental to the patient’s condition or recovery if they were to travel by other means.
- PCS transport can also be provided to those recognised as a parent or guardian where children are being conveyed or a patients’ escort or carer where their particular skills and/or support are needed e.g. those accompanying a person with a physical or mental incapacity, vulnerable adults or to act as a translator. Discretionary provision such as this would need to be agreed in advance when transport is booked.

The strategy also acknowledges that the main types of circumstances, other than medical need, in which patients could have difficulty accessing hospital because of transport difficulties, are:

- mobility problems;
- financial hardship; and
- rural isolation.

However, no criteria within the strategy exists to assess the above circumstances.

NIAS recognise that to ensure the delivery of a user friendly, high quality, responsive and efficient transport service for those who need it most, the service must be based on the assessed need and the consistent application of eligibility criteria.

Why are things changing?

Demand for PCS transport currently exceeds available resources, it is important that NIAS PCS has a process in place to ensure patients with most need receive the most appropriate transport and crew skill mix to meet those needs.

Shortfalls have been highlighted within the current system and process:

- The Department of Health's strategy on transport, provides a definitive statement of policy on transport to and from hospital. It states; that 'Non-emergency patient transport services should be provided free of charge to those patients with a medical need defined by a medical practitioner'.

And that 'decisions regarding access to non-emergency and the type of transport needed must not be delegated to clerical or administrative and should be reviewed regularly to take account of changes in the individual's medical condition and any consequent change in their transport needs';

(A Transport Strategy for Health and Social Care Services in Northern Ireland, August 2007, Department of Health, Social Services and Public Safety).

In practice these controls associated with the decision making, assessment and review of need falls short of the recommended practice as set out in the department's strategy. There is a need to reinforce this process with the medical staff making the decisions regarding assessing and reviewing the need for NIAS non emergency transport.

- The strategy also proposes that there should be clear criteria against which to assess need for transport services. Currently there is no structured criterion to apply against need for ambulance transport or any prioritisation of need. This results in a 'first come, first served' basis. With out a process to apply and prioritise, scenarios can arise were routine appointments, such as a patient review or other lower priority appointments, take precedence over a diagnostic test or treatment
- Demand for PCS ambulance exceeds supply resulting in very little capacity to facilitate short notice requests for diagnostic appointments as well as discharges, transfers and admissions in a consistent fair process

Refer to Appendix 1 - Flowchart of current PCS booking process

The drivers for change are based on the following principles:

- To deliver a more efficient and effective service
- Will be accessible, responsive and assist in matching demand and supply.
- Will focus resources on those with greatest need and help people help themselves
- Application of a consistent, transparent process
- Considers the EQIA (2002) Implementation of the strategic review of the ambulance service- 'Mapping the Road to Change', 2000,

What are the specific proposed changes?

The key changes in the proposal to manage demand and supply are;

- To introduce a booking questionnaire as part of the booking process (Appendix 3) to confirm that the patient still requires ambulance transport, and that the correct mode of transport is booked for each individual patient.

This will result in a revised booking procedure which will enable a standardised, consistent, transparent process to all requests for PCS services. (Appendix 2 – Flowchart of revised booking process.)

- To reinforce and promote a greater awareness that the responsibility rests with the medical practitioner/health care professional to assess and regularly review the need for a patient to access NIAS non emergency transport.
- To ensure that limited PCS resources are provided for higher acuity patients by prioritising those with greatest medical needs.
- To apply the booking questionnaire to all patients requesting transport on each occasion that a request is made
- To introduce the booking process as below;
 1. A Health care professional completes the booking questionnaire after discussion with the patient on the WEB system to NIAS's Non Emergency Ambulance Centre (NEAC). or
 2. A Health care professional with the patient completes the booking questionnaire on the WEB system to the NIAS's NEAC. or
 3. A Health care professional makes contact with NEAC by telephone and completes the booking questionnaire. or

4. Patient/ carer makes direct contact with NEAC by telephone; the questionnaire is then completed by non medical NIAS control staff. NIAS contacts patient if requested by health care professional (only after HCP has completed questionnaire on behalf of patient).
5. To introduce a directory of alternative transport services and signpost patient's to these alternatives where appropriate.

In summary the decision making regarding medical need for transport remains with the medical practitioner, the main change is that the booking agent is now asked to complete as part of the booking procedure a questionnaire to assist in prioritising need and to ensure most suitable mode of transport is used.

The key change in procedure is the application of the questions to confirm the need for ambulance transport. This will enable NIAS to prioritise the bookings to focus a limited resource and service to those with most need.

What will this mean for patients?

NIAS believe that this proposal will deliver the following benefits for patients;

For each request for transport the questionnaire will be applied which will;

1. Enable the patient to link directly with NIAS in relation to their need for ambulance transport.
2. Prioritise transport to those with greatest medical need.
3. Ensure the patient receives the most appropriate type of NIAS transport.
4. Ensures a consistent standardised approach to transport requests.
5. Improves responsiveness where demand is focused on those with greatest need.
6. Provide appropriate signposting to alternative modes of transport.

It is anticipated that the introduction of the questionnaire will have positive benefits overall.

In short;

- Patients who complete the questionnaire and confirm they still require ambulance transport will be booked onto the system to receive ambulance transport.
- Patients who opt out by indicating that they can use alternative modes of transport will be supplied with information as to accessing these alternatives and will not receive ambulance transport (refer to page 7).

What will this mean for staff?

Non emergency transport control staff will require training in the application and rationale of the questionnaire if talking directly to the patient via telephone, and the web based system. No impact is envisaged for NIAS PCS crews.

Health professional staff will require training in the application and rationale of the questionnaire and the web based system.

What will it mean for the Northern Ireland Community?

The proposal enables a systems check to be put in place for all medical practitioners / health care professionals referring patients for ambulance transport. This will ensure that those patients with greatest need are receiving the service.

NIAS believe that this proposal will enhance the capacity of its non emergency transport to better respond to those patients across the region, by managing demand by prioritising those with most ambulance transport needs

It also enables patients to directly link with NIAS in relation to their need for ambulance transport and provide appropriate alternatives to ambulance transport were indicated.

In adherence with the departments strategy on transport the questionnaire's initial question will enable the patient and health care professional to consider any rural and financial needs.

NIAS is committed to collating and analysing the information as a result of the questionnaire to monitor and assess any impact on the service delivery and make adjustments as a consequence of monitoring in order to ensure the revised booking procedure is effective.

Consultation to date

In August 2013 two focus groups were conducted with participants arranged through Disability Action. The majority of participants believed that this process should be adopted by NIAS as it will get the 'checks and balances right' and questions on need when applied have to be explicit. The conclusion was that there should be criteria to confirm the need for transport and to maximise use of resources.

Feedback was given as to the wording of the questions and changes were made to reflect this feedback. (Refer to Appendix 3 for eligibility criteria).

Feedback was also received in relation to NIAS considering the introduction of a texting /ring back service where prior to ambulance transport being sent patients would be notified of the booking and confirmation received by the patient that there is still a need for the transport.

NIAS note that the sample size of the 16 participants is small.

How will the proposal be implemented?

The key criteria for success of the proposal, is to ensure that those patients most in need of the service receive an acceptable level of service based on their need. An implementation plan following the EQIA will be developed.

Using the web based system and recording of responses to the questionnaire NIAS will continuously monitor the implementation. The new process will be subject to continuous review and adjustment as we continue to respond to the demand for ambulance transport.

Signposting alternatives to PCS transport

As a general principle, patients should be expected to make their own way to hospital, either using their own transport, or that of friends and relatives, or by using a number of schemes that exist to help people who have transport difficulties. These schemes include:

- concessionary fares on public transport;
- subsidised 'socially necessary' public bus services;
- dial-a-ride schemes;
- community and urban bus services;
- volunteer car drivers; and
- Door 2 Door Transport Services.

(A Transport Strategy for Health and Social Care Services in Northern Ireland, August 2007, Department of Health, Social Services and Public Safety).

When a request for booking has met the criteria NIAS Control will have a mechanism in place to sign post patients or health care professionals to the above alternative transport solutions.

NIAS control can advise patients travelling to hospital appointments via their own means that they may be able to receive financial help if they are on certain benefits. They can signpost patients to;

1. The Hospital Travel Costs Scheme available through the local social security or jobs and benefits office (for patients aged 60 or under.)
2. The Pensions Service on 08081006165 (for patient's over 60)

3. Advise that patients over the age of 60 can apply and obtain a 60 Plus Smart Pass and people over 65 can apply and obtain a Senior Smart Pass to travel on public transport.
- 4.. Advise that Translink provides a bus service to all acute hospitals in Northern Ireland.

Invitation to respond

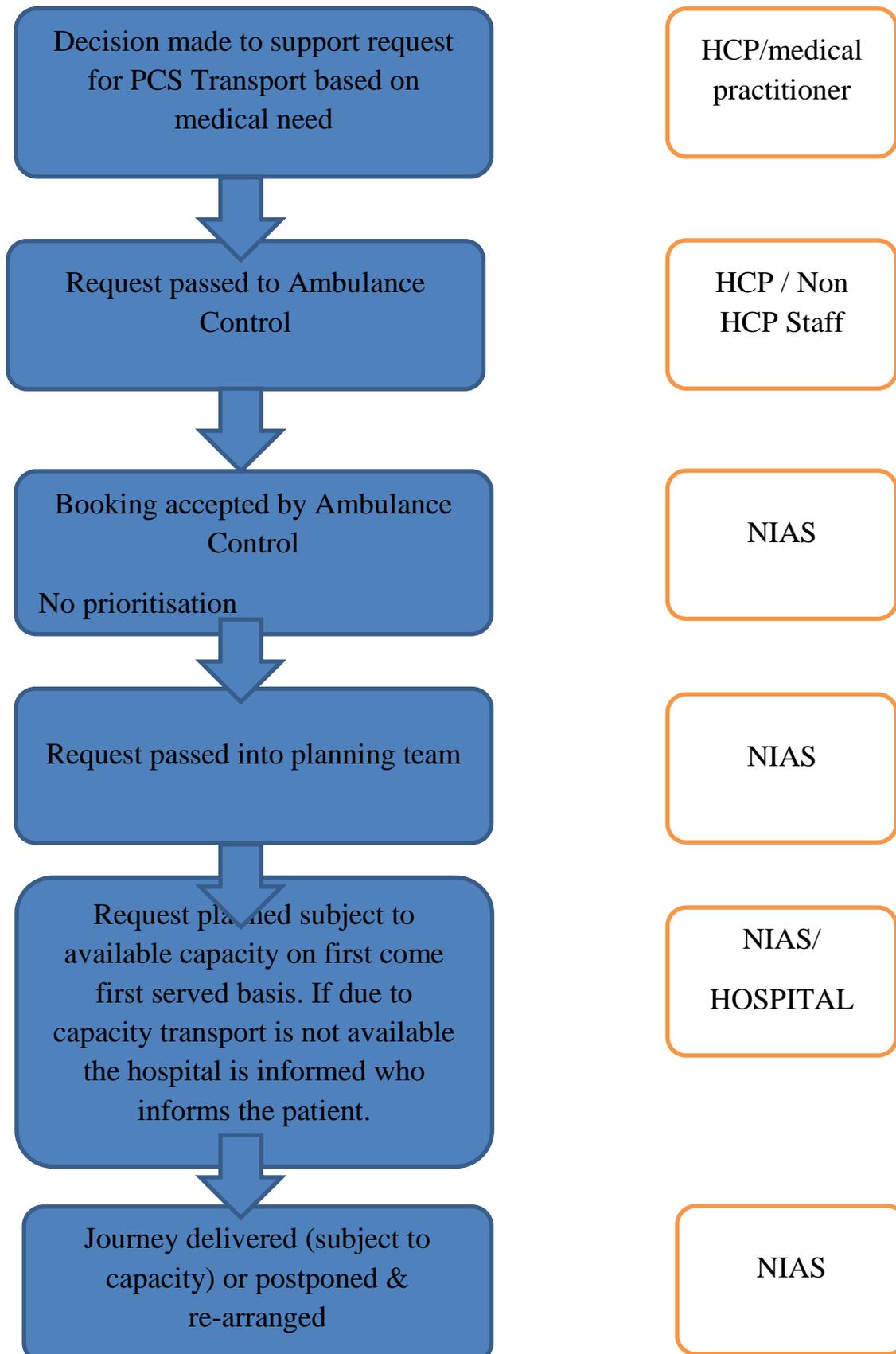
Section 75 of the Northern Ireland Act 1998 requires public authorities to have due regard for the promotion of equality of opportunity;

- Between persons of different religious beliefs, political opinion, racial group, age, marital status or sexual orientation;
- Between men and women generally;
- Between persons with a disability and persons without;and
- Between persons with dependents and persons without.

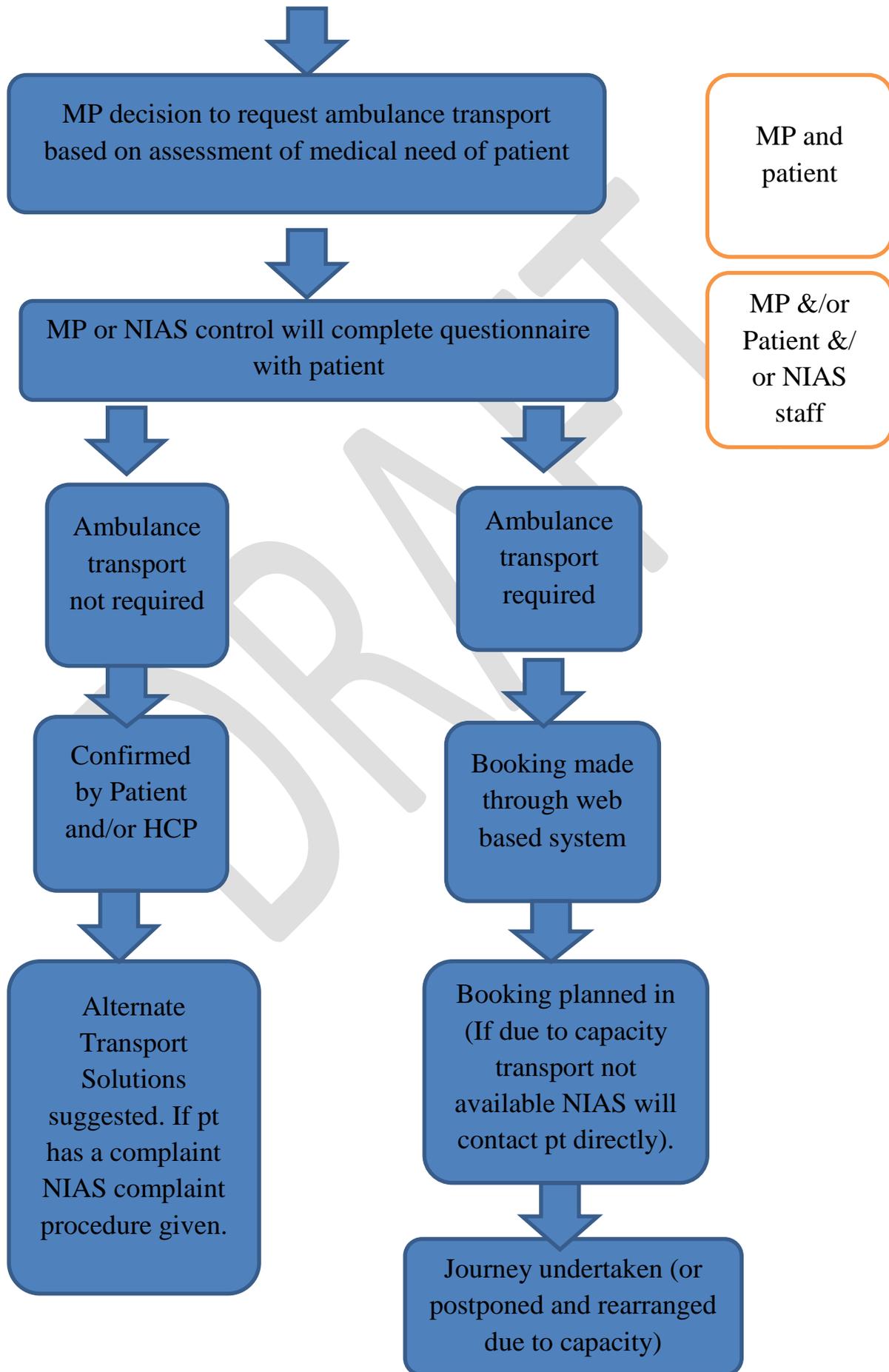
Without prejudice to these obligations. Public authorities are also required to have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

The questionnaire in Appendix may assist you in providing a response in relation to the proposals outlined and in particular in relation to any potential equality impact.

CURRENT PCS BOOKING PROCESS



REVISED PCS BOOKING PROPOSAL



APPENDIX 3a Booking Questionnaire Preamble

For those using the web based system the Front Page will present as this:

Before making a request for a PCS ambulance please review the following information:

Eligibility for access to non-emergency transport services is based on medical need as determined by a medical practitioner. The definition of medical need is:

“Where the patient’s condition could be significantly worsened if there were a failure to provide transport or, where the patient’s condition is of such severity that it renders them unfit to travel by any other means, except non-emergency ambulance transport, or some other form of non-emergency transport”.

The Department’s good practice guidance makes clear that the clinical need for treatment does not of itself imply a medical need for transport, and that transport should not be provided free of charge for patients who are able to travel by public or private transport.

(Circular HSS (OP1) 6/92)

And that ‘decisions regarding access to non-emergency and the type of transport needed **must not** be delegated to clerical or administrative and should be reviewed regularly to take account of changes in the individual’s medical condition and any consequent change in their transport needs’;

I, Dr XXXXXX or Healthcare Professional XXXXXX

verify that I have reviewed this patient and confirm that due to their medical condition they are unable to travel by public or private transport.

And that the patient’s condition could be significantly worsened if there were a failure to provide transport or, where the patient’s condition is of such severity that it renders them unfit to travel by any other means, except non-emergency ambulance transport, or some other form of non-emergency transport”.

APPENDIX 3b

Booking Questionnaire pre amble

For those booking by other means (not web) they will be advised as follows :

The decision to access non-emergency transport services is based on medical need as determined by a medical practitioner as stated in the Transport Strategy for Health & Social Care Services in Northern Ireland 2007.

Ambulance transport is a valuable and limited resource. In order to prioritise patient's with the greatest medical need you will be asked a series of questions to confirm

DRAFT

APPENDIX 4

Booking Questionnaire (Applicable to all)

Please answer the following questions based on the patients/ or your current medical conditions' worst day and if using alternative transport is a safe and reasonable option which will not impact on your patients' or your condition or recovery (don't think this para is now needed, might need to change how questions laid out ie)

1) **Can you confirm you have considered the following; use of alternative transport to attend appointment;**

Patients own car appropriate

Not appropriate

Include why it's not appropriate?

Friends/family to transport

Public transport

Community transport ie

That would ensure alternative transport has been considered but discounted as not appropriate transport and data collated as to reasons.

Can you use alternative appropriate transport to attend your appointment? Y/N

E.g. own car, friends or family, public or community transport.

DROP BOX TO RECORD RESPONSES

IF THE ANSWER IS YES TO THIS QUESTION, THE PATIENT HAS AN APPROPRIATE ALTERNATIVE TO AMBULANCE TRANSPORT AND DOES NOT PROCEED

- 2) If your appointment date or time was changed would that assist you with alternative appropriate transport? Y/N

IF THE ANSWER TO THIS QUESTION IS YES AN ALTERNATIVE SUITABLE APPOINTMENT SHOULD BE ARRANGED.

IF NOT PROCEED TO QUESTION 3

- 3) Due to your medical condition/disability do you require the skills and support of ambulance personnel during or after the journey? Y/N

If the answer is **Yes** what assistance do you require that is only available by Ambulance personnel?

Oxygen Therapy
Sensory impairment
Mental health condition
Learning disability
Mobility Assistance
Due to treatment

Prioritisation tool for NIAS

The prioritisation information will only be used as a filter to ensure patients with the greatest need are transported with the least delay in the event demand exceeds availability of resources

In order to ensure the appropriate type of transport is provided

- 1) What type of appointment do you have?

E.g. review, 1st appointment, treatment or diagnostic. **Review = 1, 1st appoint, =2, treatment = 3, diagnostic =4, admission/transfer =5**

Mobility questions:

- | | |
|----------------------------------------------------------------------|--------------------|
| 1) Are you able to walk unaided and can climb up 3 steps | Y = 1 N = 0 |
| 2) Do you require assistance to walk to vehicle or appointment? | Y = 2 N = 0 |
| 3) Are you a wheelchair user? | Y = 3 N = 0 |
| 4) Do you require the use of an ambulance wheelchair to the vehicle? | Y = 4 N = 0 |
| 5) Do you require a stretcher? | Y = 5 N = 0 |

The Higher the score the higher priority given to that patient.

EG 1: an unaided Walking patient that can climb 3 steps going for a review appointment would score "2"

EG 2: an Walking patient that can climb 3 steps that is Blind or deaf and would require assistance to walk going for a review appointment would score "3"

EG 3 an ambulance Wheelchair user going for treatment would score "7"

EG 4: an fit and well wheelchair patient who did not need assistance would have 2 points for wheel chair going for a review appointment would score "3 ", a first appointment would score "4" etc.

EG 5 A stretcher patient going for an x-ray would score "9"

APPENDIX 5

Mobility definitions

Walking (w) – Assisted/unassisted and able to step up into the ambulance to resume sitting.

To Be Carried (tc) –will need to be lifted from a wheelchair or needs assistance by two ambulance staff into the ambulance.

Wheelchair/Tail Lift (WC) In a wheelchair which must travel with the patient or very heavy person requiring mechanical lifting mechanism or special lowering suspension.

Stretcher (str) – In bed and requires to lie down for the duration of the journey.

Stretcher (Str) – A patient who must lie down during the journey and/or requires ambulance nursing care

Sitting case one (S/1) – A patient who can get into the vehicle with the help of one ambulance attendant and will not require care and attention during the journey. Help here means ascending and descending steps into one vehicle, and general movement.

Sitting case (S/2) – A patient who needs to be lifted into the ambulance by two ambulance attendants , or who needs the assistance of two ambulance attendants to get in. Also a patient who needs care and attention during the journey.

Wheelchair case (Chr or T/lft) –needs to travel in own wheelchair. A specialised vehicle is provided for these patients, and since vehicles numbers are limited, they should not be requested unless really needed. They should not be requested to supplement a shortage of wheelchairs in the hospital, for example Health Care Professional definition

Medical practitioner definition

Policy References

London Eligibility criteria for Patient Transport Services (2007)., Department of Health.

A Transport Strategy for Health and Social Care Services in Northern Ireland, August 2007, Department of Health, Social Services and Public Safety

EQIA (2002) Implementation of the strategic review of the ambulance service- 'Mapping the Road to Change', 2000.

APPENDIX 6

CONSULTATION QUESTIONNAIRE

The aim of this consultation is to obtain views from interested stakeholders and the Trust would be most grateful if you would respond by completing this questionnaire. Please answer each question by writing (preferably typed) your comments in the space provided. The closing date for this consultation ????? 2014 and we need to receive your completed questionnaire on or before that date. You can respond to the consultation document by e-mail, letter or fax as follows:

Mrs Michelle Lemon,
Assistant Director Equality, PPI, Patient Experience,
NI Ambulance Service
Ambulance Headquarters
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8SG

Tel: 028 90400778 Fax: 028 90400903 Textphone: 028 90400871
E-mail: michelle.lemon@nias.hscni.net

Before you submit your response, please read Appendix at the end of this questionnaire regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

So that we can acknowledge receipt of your comments please fill in your name and address or that of your organisation if relevant. You may withhold this information if you wish but we will not then be able to acknowledge receipt of your comments.

Name:
Position:
Organisation:
Address:

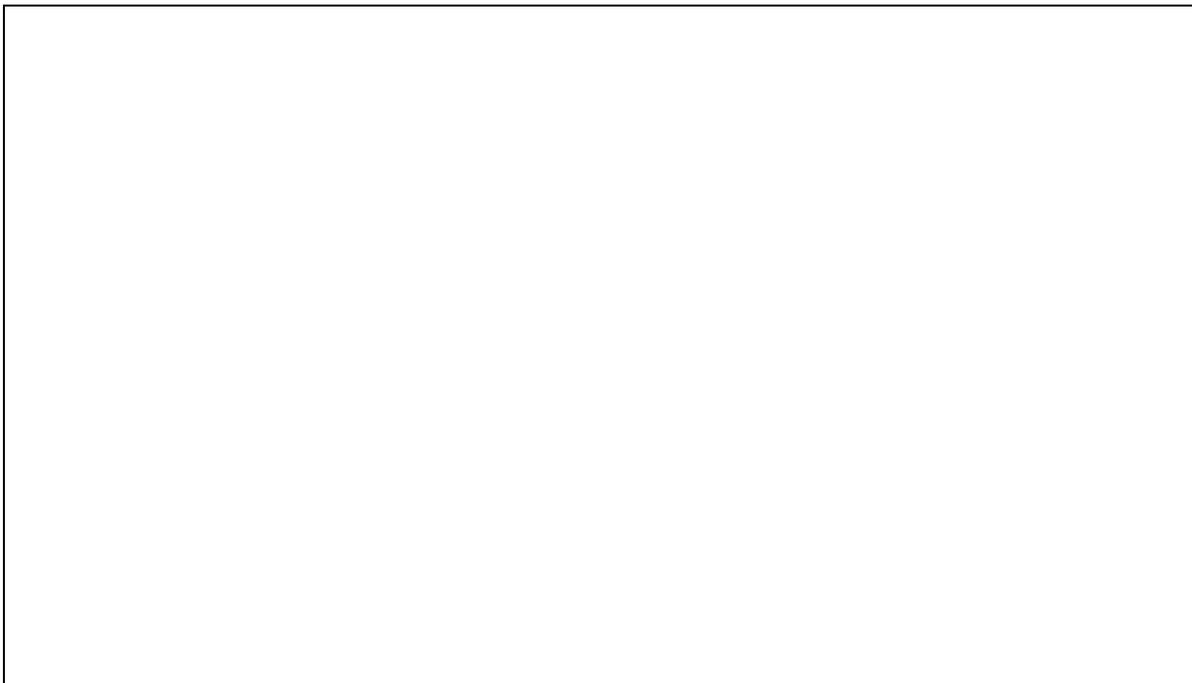
I am responding: as an individual on behalf of an organisation (please tick)

NIAS are now consulting on the proposal to revise the booking procedure for accessing Patient Care Services (PCS) Ambulance Transport.

Q1. Do you support the proposal to introduce a revised booking procedure to assist in ensuring non emergency ambulance transport is prioritised to those patients with greatest medical need?



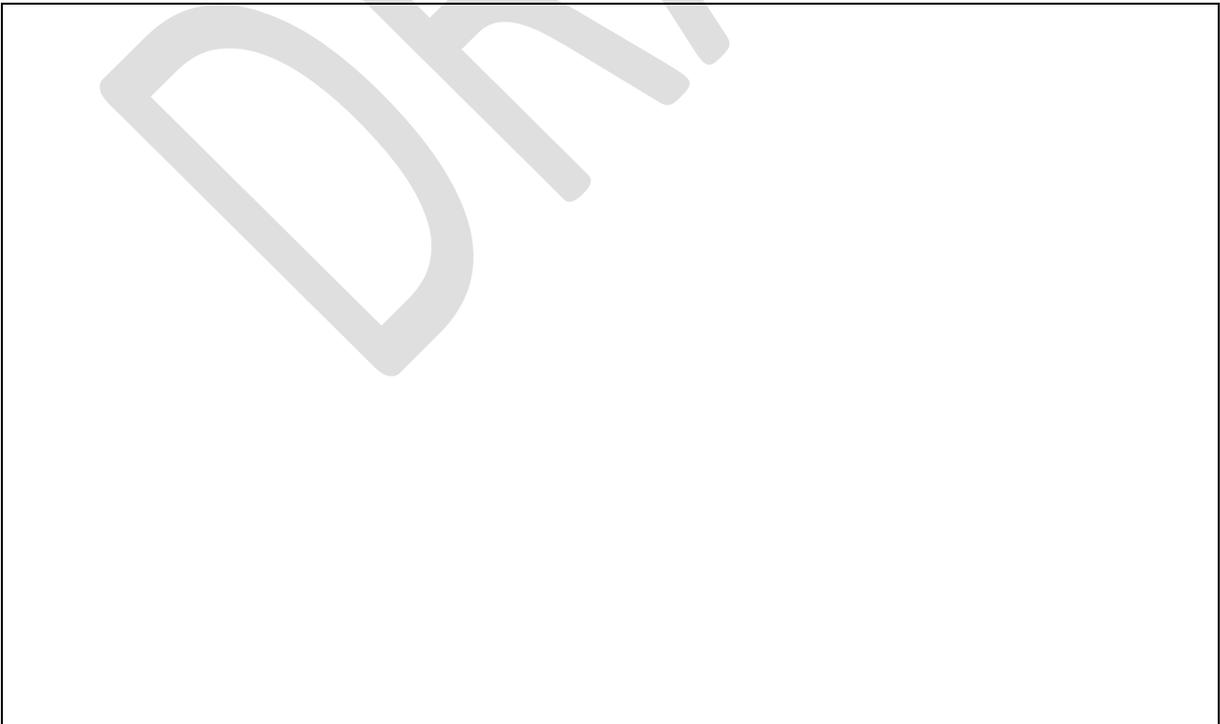
Q2. Do you agree with the questionnaire and criteria to prioritise access to non emergency (PCS) ambulance transport?



Q3.Can you identify any additional relevant evidence or information which the Trust should have considered in assessing the equality impacts of these proposals?



Q4.Can you identify any potential adverse impacts with supporting evidence which might occur as a result of these proposals being implemented. If so can you suggest how you think these adverse impacts could be reduced or mitigated?



Q5

Q5. Are there any other comments you wish to make in relation to the proposals outlined in this document?

Thank you for taking the time to respond to this consultation.

APPENDIX 7

Freedom of Information Act (2000) – Confidentiality of Consultations

NIAS will publish an anonymised summary of responses following completion of the consultation process; however your response, and all other responses to the consultation, may be disclosed on request. We can only refuse to disclose information in limited circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a general right of access to any information held by a public authority, namely, NIAS in this case. This right of access to information includes information provided in response to a consultation. We cannot automatically consider information supplied to us in response to a consultation as information that can be withheld from disclosure. However, we do have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or withheld.

Any information provided by you in response to this consultation is, if requested, likely to be released. Only in limited circumstances would information of this type be withheld.

DRAFT

TB/5/30/01/14

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

30 January 2014

Title:	Draft Response Pro-forma for Community Resuscitation Strategy for Northern Ireland
Purpose:	To provide Board Members an opportunity to discuss draft and contribute to a final response
Content:	NIAS draft response to the areas requested in the response pro-forma
Recommendation:	Approved draft response
Previous Forum:	SEMT
Prepared by:	Brian McNeill
Presented by:	Brian McNeill



Consultation Response from the Northern Ireland Ambulance Service for SEMT's Approval

Note to managers

You have been nominated to review a consultation on behalf of NIAS. You are to consider the documentation and determine firstly whether you think a response is appropriate. If you believe it is then you are asked to draft a response and return it to Louise Colvin within the time frame specified.

Name of Consultancy Organisation	DHSSPSNI
Name of consultation	A COMMUNITY RESUSCITATION STRATEGY FOR NI
Summary of purpose and consultation	VISION-TO INCREASE SURVIVAL FOR THOSE WHO SUFFER AN OUT OF HOSPITAL CARDIAC ARREST, TO THE HIGHEST LEVEL THAT CAN BE ACHIEVED ACROSS NI. OBJECTIVES- RAISE PUBLIC AWARENESS, ENCOURAGE PUBLIC INTERVENTION, ACCESS AND UPTAKE OF EFFECTIVE CPR TRAINING, USE OF RESOURCES, ACCESS TO AEDS, ENHANCE INFORMATION SYSTEMS
Stakeholder's deadline	Friday 14th February 2014
Having considered the consultation document do you think if appropriate that NIAS responds to this consultation? If not, why not?	YES
Response drafted by	BRIAN MCNEIL
Directorate	OPERATIONS

Summary of response

Where you have submitted a draft response, please provide a few lines which summarise the key elements of your response.

***N.B**

You are not being asked to provide comments but a draft response.

Community Resuscitation Strategy Questionnaire

If more than one person is nominated to provide a response, it may be helpful to work together. The information on this form will be used to inform Trust reports on responses to consultations. If this is the case, we will notify you.

Consultation response pro-forma

A Community Resuscitation Strategy

for Northern Ireland

Name and address of organisation or individual responding:

NORTHERN IRELAND AMBULANCE SERVICE

If you are responding on behalf of an organisation, name of contact person:

Liam McIvor, Chief Executive

Note: If you wish to respond to some or only one of the questions, please do so. The Department will welcome and will consider all responses.

- 1 Given the case that has been made for having a community resuscitation strategy, in section 2 of this document, do you agree that the Vision and Objectives that are proposed for the strategy are a good basis for action?
We would welcome any amendments that you may wish to suggest.

The Vision remains a good basis for action, however it highlights the need to be able to determine if and how the “highest level that can be achieved” has been achieved. This is clear evidence of the need to improve data collection and data quality to be able to measure performance in this area.

In relation to the Objectives, they broadly represent a good basis for action, however I would make the following points:-

- a) In relation to Objective 3, if we are to increase the availability of an access to appropriate and effective CPR training across Northern Ireland, we should be able to identify current levels of training and its distribution across Northern Ireland. In this regard it would also be valuable to identify areas where CPR training should be targeted in response to relatively high levels of Out of Hospital Cardiac Arrest (OHCA).

- b) In relation to Objective 4, if we are to achieve a high uptake of CPR training we need to know what our current levels of CPR training are and we also need to establish a baseline and a target to identify whether performance going forward is high, low or in line with targets.
- c) In relation to Objective 6, it makes no reference to ensuring that automated external defibrillators (AED) are located where they need to be relative to the incidence of OHCA and the associated ambulance response. AEDs should be targeted in areas where the incidence of OHCA is relatively high and equally ambulance response is problematic within current time frames.

2 The core of the Strategy will be the set of actions that will further the Objectives.

- a. We would welcome your views on any of the proposed actions set out in section 4.

In relation to proposed actions set out in Section 4, I would advise as follows:

The Communication Action Plan should be at pains to stress that training in CPR is not required to undertake effective bystander CPR. The Action Plan should highlight the important role played by telephone instruction by trained ambulance operators to bystanders which enables anyone in receipt of the instruction to undertake CPR and potentially save a life.

In relation to Objectives 3, 4, and 5 I would suggest that consideration be given to reviewing the reporting framework and structure for Community Resuscitation Development Officers to the extent that consideration should be given to them being managed and directed by a regional body such as the Northern Ireland Ambulance Service to ensure that there is an appropriate focus on OHCA in relevant areas and to maximise the opportunities for this network to contribute to regional improvements in this area.

In relation to the cascade training approach for the provision of CPR training, this is potentially restrictive for the future and I would suggest that consideration be given to promoting the most effective and appropriate training approach and continual re-evaluation to ensure effective CPR training.

In relation to health and social care employees being encouraged to be trained in CPR and the use of an AED, it would be worth identifying also and distinguishing between those who should be encouraged and those who are currently required to be trained in CPR and in the use of an AED or other defibrillation device. A register of health and social care employees who are required to be trained and to maintain training in CPR would be a valuable resource for OHCA management in the community and would link in with the AED Register proposed later in the document. The Northern Ireland Ambulance Service is identified as having a role in considering models for public access defibrillation. I would suggest that this action is better considered under Objective 6, than Objective 5.

Under Objective 6, it would be helpful to clarify further what is meant by “CPR

training and instruction in the use and maintenance of AEDs should be provided when AEDs are required". It is not clear who will undertake this activity and how it will be enforced.

In relation to Objective 6 under Northern Ireland Ambulance Service actions where Northern Ireland Ambulance Service will produce guidance on the provision and accessibility of AEDs, it is not clear what status the guidance will have.

In relation to Objective 7, we would support HSCB scoping available datasets to identify opportunities to link them in order to provide data on OHCA and patient outcomes that can be benchmarked with other regions however, it is important that in addition to scoping datasets to identify opportunities, we also identify gaps which need to be addressed to enable us to effectively manage and improve OHCA response in the future.

In relation to HSC Trusts submitting data on all patients who suffer an OHCA, it is not clear that Trusts will be appropriate repository of this information. Consideration should be given to who else holds information an example being GPs etc.

- b.** If you believe that there are any other potential actions that could further the Objectives but have been omitted, we would welcome your suggestions.

Once again I feel it is important at this juncture to highlight the value and importance of on line telephone instruction in bystander CPR and other relevant clinical interventions to instil confidence in the general public to improve clinical outcomes for unscheduled emergency incidents.

- 3** Bearing in mind that early resuscitation is vital for the survival of a person who suffers an out-of-hospital cardiac arrest (OHCA), are there any groups of people who in your view should be targeted or prioritised for CPR training?

As previously stated, it is important to identify what training has already been undertaken and break it down by groups, areas, etc. Prioritisation for CPR training should then be on the basis of incident of OHCA and issues with rural areas where ambulance response takes longer and there is a greater potential for bystander intervention to improve OHCA.

4 We would welcome your views on

- a.** how best to promote public understanding of the importance of immediate bystander intervention in the event of an OHCA, and

I previously covered this however, it is clear that local and national charities have an important role to play in encouraging immediate bystander intervention in the event of an OHCA. This should be supplemented by instilling confidence in the general public that as soon as they phone 999 they will be connected to a trained ambulance operator who can give them immediate, clear instruction on how best to undertake CPR and the role that they can play in clinical management of an OHCA. This could be supplemented by examples from practice to continue to reinforce the message that anyone can save a life and the important thing is to seek advice promptly and follow the guidance which confidence.

- b.** how best to address the concerns that make some people apprehensive or reluctant to intervene.

This has been addressed in 4a. and it is about introducing confidence building measures.

- 5** Given that the resources available for the Strategy will be finite, and that the current financial climate makes it unlikely that significant additional resources will become available in the near future, we would welcome your ideas on how value for money might be maximised in pursuing the Objectives of the Strategy.

Given the financial constraints outlined it is even more important that we target available resources and input with clear positive outcomes. Questions should be asked - 'What level of training have we already undertaken?' and 'At what point do we determine that sufficient training has been undertaken?' Consideration should also be given to how we differentiate between investment in rural and urban areas to improve OHCA. We should also through the Strategy identify any measures which are cost neutral and ensure that they receive appropriate priority within the wider context of health and social care.

- 6** The Service Framework for Cardiovascular Health and Well-being seeks to promote access to CPR training in three broad categories of settings: schools, workplaces and communities. We would welcome your views on how the provision and the uptake of CPR training could be promoted in any of these settings.

Previous comments in relation to CPR training apply. Promotion of CPR training would be supported by aligning it with those areas where there is the greatest risk of OHCA leading to death.

- 7** We would welcome your views on whether employers should be encouraged to offer CPR training to staff who are not trained first aiders, and how this might be done.

We should question whether there is significant value in distinguishing between employers/employees and the general public. One possibility is the introduction of a scheme similar to the Food Hygiene Awards which would allow employers who have trained their staff in CPR and who have an AED in place to display a Certificate in their workplace indicating that they are CPR certified with an AED in place.

- 8** We would welcome your views on
- a.** the siting of automated external defibrillators (AEDs), for example in busy public spaces, and

As previously addressed, the issue of the siting of AEDs by highlighting that their placement should be linked to incidents of OHCA and the likelihood of an early or immediate response by the Ambulance Service. This would allow us to identify those areas at greatest risk of OHCA where the intervention of the community with CPR and AED can potentially have greatest effect.

- b.** how to ensure that AEDs in busy public spaces and in other places are accessible in the event of a cardiac arrest.

In order to be accessible and effective, an AED should be very clearly visible and there are a range of ways in which visibility can be enhanced. For example, audible or visual alarms linked or associated with a D location which can activate in the event of an appropriate 999 call being received by the Ambulance Service in

that general location. There are systems in place whereby AEDs are placed in secure boxes which can be remotely opened by the Ambulance Service on receipt of a 999 call in the location. There are Aps available for Smart phones and the like which can identify the nearest AED in the event of an arrest for members of the public.

- 9** Progress in delivering the Strategy will be monitored; the effectiveness of the Strategy and of the specific actions that it comprises will be reviewed periodically. How best should we monitor and assess the impact of the Strategy over time?

The team devising the Strategy should set out a series of key performance indicators which will allow monitoring and assessment of impact of the effectiveness of the Strategy overtime focussing on items such as the volume and distribution of OHCA, the volume and distribution of attempted resuscitations by ambulance, non ambulance, clinicians, general public etc. Information on bystander CPR should also be captured and presented accordingly. Information on CPR training should also be captured and presented.

- 10** Please provide any other comments or suggestions that you feel could assist the development and/or delivery of the Strategy.

Statutory equality duty

- 11** Section 75 of the Northern Ireland Act 1998 requires public bodies, in carrying out their functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity and to have regard to the desirability of promoting good relations.

<http://www.legislation.gov.uk/ukpga/1998/47/section/75>

Before it is adopted this Strategy will be screened for the purposes of s75, in order to decide whether an Equality Impact Assessment should be carried out. With this in mind, the consultation on the draft Strategy is an opportunity to invite people to identify any concerns that may need to be addressed. If in your view any element of the Strategy has the potential to have an adverse impact on any group of people defined by reference to any of the nine distinctions in s75(a), we would be grateful for any evidence – quantitative or qualitative – that should be considered before this Strategy adopted.

Responses must be returned by **Friday 14 February 2014** and should be emailed to DHSSPS Population Health Directorate at cpr@dhsspsni.gov.uk, or posted to

Health Protection Branch
DHSSPS
Level C4
Castle Buildings
Stormont
Belfast
BT4 3SQ

TB/6/30/01/14

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

30 January 2014

Title:	Staff Satisfaction Survey Action Plan
Purpose:	For Noting
Content:	Results of the 2012 NI Ambulance Service Health & Social Care Trust Staff Survey
Recommendation:	For Noting
Previous Forum:	Assurance Committee
Prepared by:	Ms Roisin O'Hara
Presented by:	DHRCS



Northern Ireland Ambulance Service
Health and Social Care Trust



HUMAN RESOURCES & CORPORATE SERVICES DIRECTORATE
Action Plan (2013 - 2016)
to support results of NIAS Staff Survey undertaken Sept – Oct 2012)

The following action plan is based on the results of the 2012 NI Ambulance Service Health & Social Care Trust Staff Survey (NIAS12) prepared as part of the 2012 Health and Social Care Staff Survey (HSC12) carried out by the Central Survey Unit (CSU) of the Northern Ireland Statistics and Research Agency (NISRA) on behalf of the Department of Health, Social Services and Public Safety (DHSSPS).

The NI Ambulance Service Trust has a workforce of 1,183. A full sample of 1,183 was selected and invited to complete a manual paper questionnaire. The survey returned a response rate of 34% (405 Respondents). As a full sample was used accordingly, it is reasonable to consider the survey responses representative.

Findings of the survey, as provided by the CSU, were analysed by the HSC Leadership Centre and the following action plan subsequently developed by NIAS to address key issues highlighted in the findings of the Survey.

KEY THEME 1: THE RESOURCES TO DELIVER

ACTION AREA	FINDING	ACTION	TIMEFRAME)	WHO	UPDATE (13 DEC 2013)
WORKING HOURS	86% of respondents reported that they work more than their contracted hours (HSC12, 70%). Of this 86%, 50% (HSC12, 58%) stated it was impossible to do their job if they don't work longer hours and 51% (HSC12, 69%) claim that they work more than their contracted hours as a necessity to meet deadlines. (Ref: 'Work Pressure' also)	Continue to monitor compliance with Working Time Directive Undertake review of shift patterns and associated levels of overtime. Proposals to be made on levels of funded establishment to meet contracted hours of delivery and respond to unforeseen pressures.	On-going quarterly Year 2 (14/15) Qtr 2	DHR/CS DOps	On-going quarterly Year 2 (14/15) Qtr 2
WORK LIFE BALANCE AND FLEXIBLE WORKING PRACTICES	Only 16% (HSC12 44%) of respondents agreed that NIAS is committed to helping staff balance their work and home life. Only 25% (HSC12 52%) indicated that they receive help from their immediate line manager in terms of worklife balance and only 36% stating that they feel that can talk openly with their immediate line manager about flexible working.	Development of Shift Working Policy to include details on the application of good practice principles in the development of future shift patterns in consultation with staff and Trade Unions. Staff Engagement Training Programme to be developed and implemented for 1 st line managers.	Year 2 (14/15) Qtr 1 Year 2 (14/15) Qtr 4	DOps DHR/CS	Year 2 (14/15) Qtr 1 Year 2 (14/15) Qtr 4
INDUCTION	59% of respondents agreed that	Review of Induction	Year 2 (14/15)	DHR/CS	Year 2 (14/15)

	<p>they had an effective induction when they joined NIAS, with 36% agreeing they had received effective induction when their roles and responsibilities changed.</p>	<p>Programmes to be undertaken to ensure effectiveness for all staff including front-line and non-front-line staff at entry stage to NIAS and when change of roles & responsibilities takes place.</p> <p>Review of blended learning approach to be undertaken to assess opportunities for improvement for local induction when jobs/roles change.</p>	Qtr 1		Qtr 1
TRAINING, LEARNING & DEVELOPMENT	<p>53% of Respondents agree that training, learning & development have helped them to do a better job (69% HSC12, 64% NSAMB12) 55% that it has helped them stay up to date with their job (71% HSC12) and 55% of their professional requirement (68% HSC12, 65% NSAMB12).</p> <p>In relation to specific training that respondents have completed over the last 12 months, NIAS results were largely consistent with HSC except for lower results in Infection Control (37% NIAS12, 52% HSC12, 51% NSAMB12), Computer Skills (4% NIAS12, 19% HSC12) and Confidential Information (26% NIAS12, 34% HSC12, 58% NSAMB12).</p>	<p>Regional Ambulance Education Learning Development Plan to consider priority training in the following areas: -</p> <ul style="list-style-type: none"> - Infection Control - Computer Skills - Confidential Information <p>Identification for related funding stream for non-clinical elements:</p> <ul style="list-style-type: none"> - Computer Skills - Confidential Information 	<p>Year 2 (14/15)qtr 1 Year 3 (15/16) Year 2 (14/15)</p> <p>Year 3 (15/16) Year 2 (14/15)</p>	<p>DHR/CS</p> <p>DF/ICT</p>	<p>Year 2 (14/15)qtr 1 Year 3 (15/16) Year 2 (14/15)</p> <p>Year 3 (15/16) Year 2 (14/15)</p>

KEY THEME 2: THE SUPPORT TO DO A GOOD JOB

<p>SUPPORT FROM IMMEDIATE LINE MANAGER</p>	<p>Results in relation to support from immediate line managers Re: encouragement to work as part of a team, being counted on to help with difficult tasks and being supportive in a personal crisis is marginally higher than the national and regional results.</p> <p>The number of Respondents, however who agree that immediate managers involve them in decision making (NIAS12 23%, HSC12 54%) and provide them with clear feedback on their work (NIAS12, 23% HSC12, 54%) remains relatively low. Identifying a need for the provision of constructive feedback on a regular basis from managers/supervisors of staff.</p>	<p>Staff Engagement Training Programme to be developed and implemented for 1st line managers.</p>	<p>Year 2 (14/15) Qtr 4</p>	<p>DHR/CS</p>	<p>Year 2 (14/15) Qtr 4</p>
<p>APPRAISAL/ PERSONAL DEVELOPMENT REVIEWS</p>	<p>Only 20% of Respondents agree they have received an appraisal or KSF Development Review, which is below the Regional response (51% HSC12) and significantly below the National figure (71% NSAMB12), suggesting that approximately 4 in 5 employees are still not receiving an appraisal/review.</p>	<p>Continue to monitor and report progress of PDR/PDCP's in Trust Board Assurance and Performance Reports and take appropriate action to address non-compliance with NIAS target.</p>	<p>On-going</p>	<p>All</p>	<p>KSF was implemented within NIAS with effect from October 2012. Overall Corporate compliance with KSF at mid-year (30/09/2013) was 96%.</p>

TEAM WORKING/ AND WORKING WITH OTHERS	Whilst 87% of NIAS Respondents state that they have clear team objectives and 88% state that they work closely with others to achieve these objectives, the number of Respondents agreeing that they meet regularly to discuss team effectiveness (NIAS12, 20%) is low in comparison to regional and national figures (HSC12, 62% NSAMB12, 30%)	Staff/ Team engagement mechanism to be developed and introduced.	Year 3 (15/16))	DHR/CS	Year 3 (15/16))
	63% of Respondents reported that the people they work with treat them with dignity (HSC12, 77%) with 56% agreeing that others seek their opinion, however 34% report strained relationships at work (HSC12, 29%)	Development of a Working Well Together” Policy & Procedure	Year 2 (14/15)	DHR/CS	Year 2 (14/15)
		Implementation of NIAS Mid-Staffordshire Action Plan Re: Trust Values and “cultural barometer”.	Reference Mid-Staffordshire Action Plan	Chief Executive	
		Trust value based leadership development programme to be considered in year 2/3 Education learning Development Plan.	Year 2/3 (14/15/16)	DHR/CS	Year 2/3 (14/15/16)
WORK PRESSURE	32% of Respondents feel that they cannot meet the conflicting demands on their time at work with 33% feeling that they do not have enough time to carry out their work, This is lower than the regional findings (49% HSC12).	Continue to monitor and report on compliance with Working Time Directive.	On-going	All	On-going
	Only 29% of Respondents agree that there is enough staff to do the job properly (36% HSC12,	Undertake review of shift patterns and associated levels of overtime. Proposals to be made on levels of funded establishment to meet	YEAR 2 (14/15) QTR 2	DOPs	YEAR 2 (14/15) QTR 2

	21% NSAMB12), however 65% (64% HSC12, 76% NSAMB12) agree they are able to do their job to a standard they are personally please with).	contracted hours of delivery and respond to unforeseen pressures.			
INTENTION TO LEAVE	35% of staff agree that they often think about leaving NIAS which is compatible with other Trusts and regional figures. Importantly the most cited reason Respondents give for thinking of leaving continues to be not being valued for their work (63% NIAS12, 47% HSC12).	Development of Exit Procedure for staff leaving the organisation to ascertain reasons and identify any patterns/trends. Staff Engagement Training Programme to be developed and implemented for 1 st line managers. Staff engagement mechanism to be developed and introduced.	Year 2 (14/15) Qtr 4 Year 2 (14/15) Qtr 4 Year 3 (15/16)	DHR/CS DHR/CS DHR/CS	Year 2 (14/15) Qtr 4 Year 2 (14/15) Qtr 4 Year 3 (15/16)
JOB SATISFACTION	65% (75% HSC12, 76% NSAMB12) of respondents are satisfied with the support they receive from their colleagues, however only 33% (60% HSC12, 52% NSAMB12) with the support they receive from their immediate line manager. Promotion opportunities (11% NIAS12, 25% HSC12), satisfaction with pay (21% NIAS12, 37% HSC12, 28% NSAMB12) and the extent to which staff feel valued 14% (36%,	Staff Engagement Training Programme to be developed and implemented for 1 st line managers. Staff engagement training programme to be rolled out to middle and senior management	Year 2 (14/15) QTR 4 Year 3	DHR/CS DHR/CS	Year 2 (14/15) QTR 4 Year 3

	HSC12, 25% NSAMB12) are the lowest responses alongside the recognition for good work (17% NIAS12, 42% HSC12, 30% NSAMB12).				
ORGANISATIONAL CLIMATE	64% (55% NIAS09) of respondents agree that NIAS has a clear set of values, which they understand, with 3 out of 5 (62% NIAS12, 51% NIAS09, 70% HSC12) agreeing that they share these values.	Implementation of NIAS Mid-Staffordshire Action Plan Re: Trust Values and “cultural barometer”.	Reference Mid-Staffordshire Action Plan	CHIEF EXECUTIVE	
	Only 13% however state that senior management set out a clear vision for NIAS while 15% of respondents agree that senior management build strong, positive relationships with the community and strong, co-operative links with other organisations (20%).	Consideration in NIAS Communications Action Plan 14/15.	Year 2 (14/15) QTR 1	DHR/CS	Year 2 (14/15) QTR 1
	Only 5% of respondents agree that senior managers involve staff in important decisions (6% NIAS12, 18% NSAMB12) and encourage them to suggest new ideas for improving services (6% NIAS12, 27% HSC12). Similarly only 5% of respondents feel there is effective communication between senior management and staff (26% HSC12).	Trust value based leadership development programme to be considered in year 2/3 Education learning Development Plan.	Year 2/3	DHR/CS	Year 2/3
35% feel that the care of patients/service users is a top priority of NIAS. 74% agree that	Staff/team engagement mechanism to be developed and	Year 3 (15/16)	DHR/CS	Year 3 (15/16)	

	patient information is treated confidentially by staff (86% HSC12).	introduced. Implementation of NIAS Mid-Staffordshire Action Plan Re: "Putting the Patient First", "Fundamental Standards of Behaviour", "Hierarchy of standards of service" Trust Values and "cultural barometer".	Reference Mid-Staffordshire Action Plan	CHIEF EXECUTIVE	
EQUAL OPPORTUNITIES	61% (78% HSC12, 46% NSAMB12) of Respondents feel that NIAS acts fairly in relation to employment with regard to the differences outlined in Section 75 of the Northern Ireland Act 1998. 14% of Respondents however perceive that they have experienced discrimination in the last 12 months (6% HSC12, 21% NSAMB12) but only one third of these reported it (33%). The most common reasons given are religion, gender and dependant status. NIAS's figures generally exceeded both the regional figures and the national figures.	Implementation of Employment Equality Action Plan 13/14.	Reference Equality Action Plan 13/14.	DHR/CS	Reference Equality Action Plan 13/14.
WHISTLEBLOWING	66% of Respondents know how to report their concerns about negligence and wrong doing by staff and 57% are aware of a system to report such concerns. These figures are generally lower than regional findings.	Re-issue Whistleblowing Policy to all staff/display on staff notice boards to continue to promote awareness Provide management training in	YEAR 1 (13/14) YEAR 2 (14/15)	DHR/CS DHR/CS	Work in Progress YEAR 2 (14/15)

		Whistleblowing to promote awareness of Policy, Procedure & Monitoring			
KEY THEME 3: A WORTHWHILE JOB AND A CHANCE TO DEVELOP					
OPPORTUNITIES TO PROGRESS IN THE HSC	83% of Respondents agree that they have an interesting job (80%, HSC12). However only 36% (55% HSC12) conclude that they are encouraged to develop their own expertise; 31% (55% HSC12) that they supported to keep up to date in their field and 25% (47% HSC12) agreeing there is strong support for training in their area of work.	Support for Education learning, development & training to be reinforced via process of PDR/PDCP's in Trust Board Assurance and Performance Reports and take appropriate action to address non-compliance with NIAS target.	On-going	ALL	Ongoing
TRUST COMMUNICATION	Only 10% of the Respondents agree that NIAS communicates clearly what it is trying to achieve, which is significantly lower than the regional findings (39% HSC12) and 45% (62% HSC12) indicate that they know how their role contributes to Trust achievements. Respondents indicated that staff notice boards (62%) and Line Managers (47%) are the most popular methods of communication.	Consideration in Communications Action Plan 14/15 for Corporate elements. Staff engagement training for 1 st line managers Introduction of Investors in People (IIP)	Year 2 (14/15) Qtr 1 Year 2 (14/15) Qtr 4 Year 2 (14/15)	DHR/CS DHR/CS DHR/CS	Year 2 (14/15) Qtr 1 Year 2 (14/15) Qtr 4 Year 2 (14/15)
IMPROVING WORKING PRACTICES	85% of staff who responded feel that their role makes a difference to patients/service users - this	Staff Engagement Training Programme to be developed and	Year 2 (14/15) Qtr 4	DHR/CS	Year 2 (14/15) Qtr 4

	<p>was higher than the national findings (80% NSAMB12). In addition 84% of Respondents are satisfied with the quality of service they give to patients/service users, which is above the national findings (75% NSAMB12).</p> <p>Only 25% of respondents agree that they are able to make suggestions to improve the work of their team/department which is substantially lower than the region (64% HSC12) and the national figure (50% NSAMB12).</p> <p>Only 20% of Respondents agree that they could make improvements happen in their area (20%) which is much lower than the regional findings (50% HSC12). Only 7% of Respondents feel that senior managers act on staff feedback (29% HSC12, 15% NSAMB12).</p>	<p>implemented for 1st line managers.</p> <p>Staff engagement training programme rolled out to middle and senior managers.</p>	Year 3	DHR/CS	Year 3
ERRORS, NEAR MISSES AND INCIDENTS	<p>93% of Respondents indicated that they knew how to report errors, near misses and incidents and of the 29% who agree that they had seen such an event that could have hurt patients/service users, 89% state that they or another colleague reported it.</p> <p>71% of Respondents agree that they are encouraged to report near misses but responses indicate that only 22% believe</p>	<p>Promotion of learning culture in line with Mid Staffordshire Action Plan Re: "openness, transparency and candour".</p>	Reference Mid Staffordshire Action Plan	ALL	Reference Mid Staffordshire Action Plan

	that staff involved in an error, near miss or incident are treated fairly.				
VIOLENCE, HARASSMENT, BULLYING AND ABUSE	When asked about physical violence at work in the past 12 months, 42% of Respondents said they have experienced physical violence at work from patients/service users; 23% from relatives of patients/service users; 25% from other members of the public; 4% from colleagues and 4% from manager/team leader. Of those who had experienced physical violence 70% reported it or a colleague reported it.	Continue to deliver Care & Responsibility Training to staff. Develop "Management of Aggression Policy & Procedure".	On-Going Year 2	DHR/CS DHR/CS	On-Going Year 2
	In relation to harassment, bullying or abuse at work in the past 12 months, 49% have experienced harassment, bullying or abuse from patients/service users; 11% from their Manager/team leader and 16% from other colleagues. Of those experiencing harassment 58% reported it or a colleague reported it.	Re-issue NIAS Harassment Procedure to staff.	Year 1 (13/14) Qtr 4	DHR/CS	Work in Progress
	Only 27% of Respondents believe that the Trust takes effective action if staff are physically assaulted by patients/service users/the public, etc with only 23% indicating that effective action is taken if staff are subjected to harassment/bullying	Include Working Well Together/Harassment Training as part of Induction Training Programme.	Year 2 (14/15) Qtr 1	DHR/CS	Year 2 (14/15) Qtr 1
		Provide management training in Working Well Together/Harassment	Year 2 (14/15) Qtr 4	DHR/CS	Year 2 (14/15) Qtr 4
	Develop communiqué to staff re: NIAS Zero Tolerance approach.	Year 2 (14/15) Qtr 2	DHR/CS	Year 2 (14/15) Qtr 2	

	<p>by patients/service users, the public etc.</p> <p>40% of Respondents believe that the Trust takes effective action if staff are physically assaulted by other members of staff with 34% indicating that effective action is taken if staff are subjected to harassment/bullying by other members of staff.</p>	<p>Undertake a review of support mechanisms for staff who have been subjected to incidents involving the public/members of staff and make recommendations for improvement.</p>	<p>Year 2 (14/15)</p>	<p>DHR/CS</p>	<p>Year 2 (14/15)</p>
OCCUPATIONAL HEALTH AND SAFETY	<p>Almost half (49%) of respondents agree that they have been injured or felt unwell as a result of work-related stress in the last 12 months. 37% agree that they have been injured or felt unwell as a result of moving and handling.</p>	<p>Implement NIAS Attendance Management and Health & Wellbeing Action Plan 13/14.</p>	<p>Year 1 (13/14)</p>	<p>DHR/CS</p>	<p>Ongoing</p>
	<p>Whilst 95% of Respondents agree that they have access to occupational health services, only 74% of Respondents report having access to a counselling service.</p>	<p>Issue communique to all staff reminding them of the services of Carecall counselling services</p>	<p>Year 1 (13/14) Qtr 4</p>	<p>DHR/CS</p>	<p>Work in progress</p>
INFECTION CONTROL & HYGIENE	<p>87% of Respondents agree that infection control is applied to them in their role which is slightly higher than the regional findings (81% HSC12).</p> <p>Only 57% believe that NIAS does enough to promote the importance of hand washing to staff (83% HSC12), whilst 47%</p>	<p>Re-issue guidance to staff to promote importance of hand washing.</p> <p>Promote the importance of hand washing to patients, service users and Trust visitors.</p>	<p>Year 1 (13/14) Qtr 4</p>	<p>DHR/CS</p>	<p>Work in progress</p>

	<p>agree that NIAS does enough to promote the importance of hand washing to patients, service users and Trust visitors (74% HSC12). 93% of Respondents agree that hot water, soap, paper towels or alcohol rubs are always or mostly available when needed by staff, 80% believe they are available for patients/service users and 83% for Trust visitors.</p>				
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