Northern Ireland Ambulance Service
Health and Social Care Trust

A Meeting of Trust Board to be held on
Thursday, 28 November 2013 at 2.00pm Boardroom, NIAS Headquarters,
Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG

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 26 September 2013** (for approval and signature)	TB/1/ 28/11/13
4.0	**Matters Arising**	
	4.1 Review of Management Costs	
	4.2 10,000 Voices	
5.0	**Chairman's Business**	
	5.1 Chairman's Update	
	5.2 Visit to Bridge-End 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 30 June 2013**	TB/2/28/11/13
	Highlight Reports by each Director:	
	Chief Executive, Operations, Finance & ICT, Human Resources & Corporate Services, Medical	
8.0	**Items for Approval**	
	8.1 Terms of Reference - Audit Committee	TB/3/28/11/13
	8.2 Mid Year Assurance Statement/Resolution to Trust Board	TB/4/28/11/13
9.0	**Items for Noting**	

9.1	Minutes from Audit Committee held 5 September 2013	TB/5/28/11/13
9.2	Minutes from Audit Committee held 14 October 2013	TB/6 28/11/13
9.3	Minutes from Assurance Committee held 5 September 2013	TB/7/28/11/13
9.4	Long Service & Retirement Award Ceremony – 7 January 2014	

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, 30 January 2014 in the Southern 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, 28 November 2013 at NIAS HQ, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast. BT8 8SG

TB/1/28/11/13

Northern Ireland Ambulance Service Health and Social Care Trust

Minutes of a Trust Board /AGM Meeting held on Thursday, 26 September 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
Dr D McManus	Medical Director
Mr B McNeill	Director of Operations
Ms R O'Hara	Director of Human Resources & Corporate Services

In Attendance:

Mrs M Crawford	Executive Administrator
Miss K Baxter	Senior Secretary

Welcome and Format of the Meeting

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

1.0   Apologies

None.

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.

Suspension of Standing Orders

The Chairman suspended Standing Orders to allow the Annual General Meeting to take place.

3.0 ANNUAL GENERAL MEETING

i. Presentation of Annual Report 2012/13

The Finance Director presented the Annual Accounts by giving a presentation which summed up the financial performance for the past year.

ii. Presentation of Annual Accounts 2012/13

The Chief Executive presented the Annual Report outlining the activity for the past year and the challenges for the year ahead.

iii. Question & Answer Session

- o Waiting times at emergency departments was raised and whether the Trust can do more to alleviate the matter and make the receiving Trust more responsive for patients when they arrive at the hospital as the receiving hospital's waiting time targets do not begin until they formally accept the patient.
- ➢ The Trust is pushing the Commissioners to secure funding for Hospital Ambulance Liaison Officers (HALOs) and to engage with Trusts to get them to accept their responsibility. The HALO's are making a significant contribution and the situation is improving. The Trust is working with the Commissioners regarding handover of patients. It was noted that if a patient is seriously ill the handover is prioritised.
- o The use of photographs by the media which shows ambulances sitting outside A&E departments was questioned as this may raise public perception that NIAS was at fault
- ➢ It was advised that NIAS have no control over the use of these photographs.
- o The Annual Report was well received by the Board and they enquired if the report is sent to the media.
- ➢ Annual reports are usually sent to other Trusts, GPs, and MLAs. The media will be included in the distribution list this year.

ANNUAL GENERAL MEETING CONCLUDED

Reinstate Standing Orders

The Chairman advised that the business of the public meeting would now continue.

4.0 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 Prof Hanratty seconded by Dr Livingstone.

5.0 Matters Arising

5.1 Queens Ambulance Medal

The Chairman advised that he has written to Mr William Newton on behalf of

the Board congratulating him on being awarded the Queen's Ambulance Medal.

5.2 10,000 Voices Campaign

The Chairman advised that he has written to the Public Health Agency in regard to the non inclusion of funding for NIAS.

6.0 Chairman's Business

6.1 Chairman's Update

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

7.0 Chief Executive's Business

7.1 Chief Executive's Update

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

- World, Police & Fire Games. This event went well and the Emergency Planning Officer attended the City Hall where he was presented with a framed note of appreciation.

- All Ireland Fleadh in Londonderry. NIAS played their part in this event and the Trust has shared learning with other agencies.

- Completed the land purchase for the Ballymena Station.

- Enniskillen Business case has been submitted

- Telephone conference with Chief Executive of the Ambulance Service in the South of Ireland. This meeting is part of Co-operation and Working Together (CAWT). Further engagement will take place with more information being shared between North and South.

- A key development is the opportunity for joint bids for European funding and the Trust is working collectively to pursue goals.

- GP Out of Hours meeting. This process does appear to have stalled and an update was provided at the meeting. The role of NIAS is central and the Trust remains committed to this project.

7.2 Transforming Your Care Update

An update was provided by the Chief Executive who advised that along with the Medial Director he met with the leads of Integrated Care Partnerships (ICP). Ambulance Service Area Managers (ASAMs) will act as the point of contact for ICPs. The leads of ICPs have been invited to NIAS to give them a better understanding of the Trust's work. Investment proposals have been

submitted for programme support along with service delivery models. The ICP leads appear to be very interested in the Trust's ideas regarding alternative care pathways. NIAS has requested that ICPs share a table of plans to enable input from the Trust which will provide sound footing going forward.

- o Will funding sit with the ICPs?
- ➢ Funding will not sit with ICPs. Local Commissioning Groups will retain responsibility for funding.
- o How much responsibility will the ASAM's have?
- ➢ Their role is undefined at this stage. The ASAMs and Medical Director will be looking at ICP proposals/developments and making connections to the NIAS TDP to see how it fits.

8.0 Performance Report as at 31 August 2013

The Chief Executive presented the Performance Report highlighting that SA2 and SO2.2 on Page 6 should be coded as amber.

Operations

The Director of Operations updated members on his report. He wished to thank operational staff for their work in the various large events over the summer. Staff worked hard to ensure that these events were supported along with normal business. The following comments/issues were raised:

- o During Trust Board visits it has been noted that there is limited shower and rest facilities for staff, does the Trust have the opportunity for input into the designs of new stations?
- ➢ The 'Trust is involved at the initial consultation which takes on board the views of local Managers and staff.
- o Is there any progress on the Capacity Assessment Project with Commissioners?
- ➢ The Trust is working with the Commissioners on a 'demand analysis'.

Finance & ICT

The Director of Finance & ICT presented her report advising that it is anticipated that at this stage of the year the Trust is on target to breakeven by yearend with a small deficit of £30K, however this is subject to a series of assumptions.

- o Will the Trust migrate from Blackberry to a new provider and is there a risk to patient care.
- ➢ NIAS use Blackberry extensively and the Trust will need to source another platform; however they are not used for patient care.
- o The Trust is required to review management costs and prepare a report for approval by the Board and the Department. The Board would like to be assured that there are no further monies to be saved in this area.
- ➢ A report will be prepared and presented to Trust Board for approval.

Action: Paper to be presented at Trust Board.

Human Resources & Corporate Services

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

It was noted that sickness absence remains a priority for Managers and a number of vacant posts have been filled. There is also more certainty around funding this year.

- o The staff survey sheds light on the culture of the organisation which needs to be addressed and some responses appear out of line with what the Board would expect. The Board is aware that a robust process is in place to deal with sickness absence and they welcome engagement with staff to hear how they feel first hand.
- ➢ The Trust operates within national guidelines. Staff will feel that their ability to influence and shape the organisation is limited.
- o There appears to be high levels of sickness within the Emergency Control Room.
- ➢ This is a challenging environment in which to work with long shifts. The Trust is engaging with staff on options to improve practice. It was noted that there has been a recent change in the management structure within the control room and the situation has improved.
- o Has the Trust benchmarked with other UK ambulance services to ensure best practice.
- ➢ The Trust has benchmarked with other services through the Association of Ambulance Chief Executives (AACE) Forum and other groups. The staff survey is being analysed and a realistic action plan will be developed.

The Director of HR&CS updated members on the current position in regard to Job Evaluation for the three AfC posts ie Paramedic, RRV Paramedic and Emergency Medical Technician. The Trust is disappointed to report that there is no outcome at present. The Job Evaluation leads have met with the Regional Joint Chairs and the matter has now been referred to a full Regional Quality Assurance (RQA) panel.

Medical

The Medical Director presented his report. He wished to thank the Emergency Planning Team for their management of the various events throughout the summer. The team has received a number of compliments and have been invited to give a presentation in London as an example of exemplary practice. The following issues/comments were raised:

- o What is the current position on business continuity and where is the Trust in the development of this process?
- ➢ Progress has been delayed because of the number of events that have taken place however it will now be a priority for the emergency planning team. The Trust has managed a number of incidents which demonstrated that current business continuity and resilience plans have been effective.

9.0   Business Services Transformation Programme

The Trust went live at the end of June 2013 with the Finance, Procurement and Logistic system and everything has gone reasonably well so far. The Director of Finance wished to thank staff for their hard work in the implementation of the new system. The new HR system is planned for March 2014.

The board wished to extend their thanks to the staff of both the HR and Finance departments for their work in the planning and implementation of the new systems.

10.0   Proposed Schedules

10.1   Trust Board Meetings & Committee Meetings for 2014

Noted.

10.2   Board Workshops

The Board agreed to the schedule put forward for workshops with the first to take place on Thursday, 24 October 2013.

Apologies were noted for Mr McKinley, Prof Hanratty and Dr McManus

11.0   Items of Approval

11.1   Risk Management Strategy

The Risk Management Strategy has been considered by the Assurance Committee and a number of amendments has been made to the document.

The strategy was approved on the proposal of Mr Archer and seconded by Prof Hanratty.

Action: Approved.

12.0   Items for Noting

12.1   NI Ombudsman Annual Report 2012/13

Noted.

12.2   Section 75 & Disability Discrimination Order Annual Progress Report.

Noted.

13.0   Application of Trust Seal

The Trust Seal has been used for the purchase of land from Ballymena Borough Council for the new Ballymena Station. The Chairman advised that although he is an Independent Member of the Audit Committee of Ballymena Borough Council he was not directly involved in either the sale or purchase and therefore there is no conflict of interest.

14.0   FORUM FOR QUESTIONS

No questions were received.

15.0   Any Other Business

None.

Date, Time and Venue of Next Meeting

The next meeting of the Trust Board will be held on Thursday, 28 November 2013 at NIAS HQ

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

Signed: _____

Date: _____
                            Chairman

Northern Ireland Ambulance Service
Health and Social Care Trust

PERFORMANCE REPORT

(as at 31 October 2013)

NORTHERN IRELAND AMBULANCE SERVICE

PERFORMANCE REPORT 2013-2014

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, has 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 are currently being 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.

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

		account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS 5. 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. 6. Non-Delivery of Savings. Changes in the delivery of savings from the Trust Delivery Plan have resulted in the requirement for non recurrent savings measures totalling £585k in 2013/14. Any changes in these assumptions will result in further contingency measures which are likely to impact directly on the delivery of front line services.		
241	Organisational Cohesion	There is a risk to the effective governance of the organisation if the Trust Board is unable to maintain cohesion and capacity to fulfil its function.	Low	Low
242	Workforce Flexibility	There is a risk that NIAS workforce strategy will not be sufficiently flexible to respond effectively to the challenges/opportunities of TYC and other strategic change.	Low	Low
243	Balancing Statutory Responsibilities	There is a risk that that excessive focus on achieving the statutory duty to deliver financial balance and specific targets could compromise other statutory duties and organisational priorities, in particular our duty of care to service users and staff.	Low	Low
244	TYC Implementation	There is a risk that the implementation of TYC will impact negatively on NIAS in respect of its core activity and responsibilities and service development aspirations.	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

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 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	• 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	• 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	• 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	• Demand pressures impact on meeting patient expectations, particularly timeliness of Non-Category A response.
To achieve best outcomes for patients using all resources while ensuring high quality corporate governance, risk management and probity			
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	• 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 are being reviewed.	A	• 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

	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.		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 of £415,000.
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			
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	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	G	• 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.

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.	strategy.		

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	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. 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. 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.
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 launch scheduled for 20 November 2013 for implementation of Strategy April 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	G	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. • 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: • the development of ambulance-specific global trigger tools and

			• 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. 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. A number of patient outcome and clinical quality performance measures submitted by NIAS to DHSSPS for inclusion in the 2014/15 Commissioning Directions. A new call prioritisation system to improve responsiveness to urgent calls received from GPs for implementation December 2013.
Publish Assurance Reports and audit of Non-Clinical Indicators of Performance	Med	G	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. Regional workstream as part of this for the development of a template for Trust Annual Quality Reports to be published from 2014. Focus of regional workstream is 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 that NIAS can

			develop a Trust-specific template. First annual quality report will be published in Q4 2013/14.
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	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 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 job description currently being developed for impending recruitment process.

Demonstrate effectiveness of initiatives to manage people closer to home to prevent unnecessary and inappropriate hospital attendance	Med	G	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. 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 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 October 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 are 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	G	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	G	A detailed response by each 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	R	Performance has begun to stabilise, but remains below target with cumulative performance at 86.9%. 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.
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 is working with other finance colleagues in UK ambulance services to carry out a benchmarking exercise which, together with community based performance information can be considered for wider dissemination.
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				
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.	Protocols will be in place by September 2013 for… • Diabetic hypoglycaemia • Falls in the elderly Protocols will be developed for a range of other conditions including… • Asthma • Epilepsy • Mental Health • Minor Head Injuries	Med	G	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. 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. 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

			 (green)	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 have now been appointed to the ICPs to facilitate ongoing engagement.
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 will continue to support this work as required. A further regional meeting has been scheduled for end November 2013 to establish a Regional Trauma Audit.
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.

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

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.	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.			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.

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.	Not directly applicable to NIAS.	Med		Not directly applicable to NIAS.
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.	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.	Med	A	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.
Trusts and HSCB will work with independent sector providers to identify practice, training and contractual implications of	NIAS will review systems and processes, working with HSC and other bodies to prevent unnecessary	Ops	G	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

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.
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:- • 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.	NIAS will continue to engage with Trusts and establish engagement processes with ICPs to contribute fully in this area. 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.	Med	G	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 meeting with ICP leads and NIAS facilitated by the HSCB took place in September 2013. A further meeting between ICP leads and NIAS has been arranged at NIAS HQ. NIAS representatives have now been appointed to the ICPs to facilitate ongoing engagement. Enhancement of paramedic education, training, skills and role currently being explored.

• Deliver a co-ordinated range of Targeted Physical Activity and Health programmes to address the CMO Guidelines for Physical Activity			G	
HR8 All Trusts should ensure that existing service provision is tailored to meet the needs of vulnerable groups including: • Looked After Children; • Homeless people • LGBT • Travellers • Migrant groups	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.	HR	G	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.
All Trusts should support social economy businesses and community skills development through public procurement, expanding capacity incrementally over the following 3 years.	NIAS will work with Centres of Procurement Expertise and other stakeholders to support social economy businesses and community skills development through public procurement.	Fin	A	Continuing engagement through Regional Procurement Board.
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	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	Med	G	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

| City of Culture in Derry/Londonderry | with external agencies to secure and apply resources to maintain service delivery. | | | 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.

The NIAS Major Incident Plan will be reviewed as part of an ongoing cycle commencing Q3 2013. 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.

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 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	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. No healthcare acquired infections have arisen within the Trust within year. IPC policies and procedures are in place and compliance is subject to audit by the Trust's clinical support team. NIAS has engaged with the Regulation Quality & Improvement Authority (RQIA) regarding ambulance-specific monitoring and audit tools and their response is awaited. Regional IPC audit and assessment tools currently in use are more appropriate to secondary care settings. 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 currently being assessed for relevance to NIAS.
HR9 All Trusts should develop their specialist community services to respond to the needs of people whose behaviours challenge services and those with offending behaviours including a 24 hour response 7 days per week and high support beds in the community.	NIAS will continue to develop processes to identify and respond to the needs of people whose behaviours challenge services and those with offending behaviours.	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 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.
By March 2014, reduce the number of unplanned admissions to hospital by 10% for adults with specified long term conditions through: • 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.	NIAS will continue to engage with Trusts and establish engagement processes with ICPs to contribute fully in this area. 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.	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.
Stroke • Thrombolysis ➤ All Trusts to achieve a door to needle time of 60 minutes on a 24/7 basis ➤ Trusts to achieve a minimum 10% thrombolysis rate for acute ischaemic strokes.	NIAS will continue to engage with Trusts to contribute fully in this area through the pre-hospital identification of potential patients, and the early notification of receiving hospitals of patients en-route.	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 to an appropriate hospital for the provision of thrombolysis if indicated with the receiving hospital alerted in advance of the arrival of the patient.

• Urgent assessment of high risk TIAs (ABCD^2>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.	Appropriate priority will be given to the effective planned discharge of stroke patients.			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 for inclusion in the 2014/15 Commissioning Directions.
Cardiac • 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]	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.	Med	G	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 and the launch of the consultation scheduled for 20 November 2013. Implementation of the Strategy is anticipated in April 2014. 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 for inclusion in the 2014/15 Commissioning Directions. NIAS provides paramedic-administered thrombolysis regionally in accordance with agreed

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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)

				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, 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 with a view to 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 December 2013.
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.
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) **HR11**	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.	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 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.	NIAS is currently directly engaged in this development and will work with stakeholders to establish and introduce the ambulance resources and processes necessary to provide a safe and effective pPCI service in NI.	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.

DHSSPS Business Planning Priorities Report 2013-14 – as at August 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		Fin	(a) The governance Statement for 2012/13 has been submitted in line with Departmental timescales	G	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
b) mid-year (2013/14) assurance statement on a timely basis in accordance with Departmental timescales;			(b) The mid-year 2013/14 assurance statement is on target for completion and submission as per Departmental timescales These have been considered by Audit committee on 14th Oct with AC recommendation to Trust Board on 28th Nov	G	
1.2 By 30 September 2013 undertake a review of the ALB's Assurance Framework against Departmental guidance issued in April 2009.	NIAS will establish the necessary processes to comply with this requirement.	Med	The NIAS Assurance Framework was reviewed in 2012 and implemented in Q1 2013/14. Further review will be ongoing to ensure appropriateness and compliance with Departmental guidance. A series of Trust Board workshops is being arranged which will facilitate this ongoing review.	G	
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		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	A	Further work is planned for quarters 3 and 4 to consolidate assurance and

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
of action plans resulting from legislative, regulatory, licensing or other inspections, Internal audit reports, RQIA reports and external audit findings.			includes serious adverse incident reports, Coroner's letters and Rule 43 recommendations, medical device and drug alerts, regional learning letters and RQIA reports.		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 timescales.		Med	DHSSPS guidance and timescales continue to be met.	G	
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	NIAS will establish the necessary	Fin	NIAS awaits guidance from DHSSPS in respect of 2014/15	A	Workshop planned for 12th November to review 2014/5

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
prepared in line with Departmental requirements, approved by the ALB Board and submitted to the Department by end of January 2014.	processes to comply with this requirement.		business planning requirements. The Trust continues to provide updates on the financial plan for 2014/15 as requested by HSCB.		plans and service delivery model to inform development of 2014/15 Trust Delivery Plan.
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	NIAS awaits guidance in respect of Trust Delivery Plans and Commissioning Plans for 2014/15.	A	On receipt of relevant guidance on Trust Delivery Plans and Commissioning Plans for 2014/15, NIAS will develop and issue Trust Delivery Plan.
1.12 During 2013/14 test and review business continuity management plans to ensure arrangements to maintain services to a pre-defined level through a business disruption.		Med	NIAS continues to test and review business continuity plans and has 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.	A	NIAS continues to develop arrangements in this area 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 in December 2013. An overarching Business Continuity Plan is currently being finalised and a programme of review and testing of existing

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
					Directorate Business Continuity Plans is being 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 that 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 quality of information/data being presented to the ALB Board by: 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; b) Taking steps to ensure	NIAS will establish the necessary processes to comply with this requirement.	Fin	 (a) Director of Finance has been identified as Executive Board member with lead responsibility for quality assurance of data/information. (b) The Trust has carried out an	 G G	 Training needs for this role are being identified by DHSSPS for SIRO appointees. DOF has developed a

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
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,			initial review of Trust Board information and plans to distribute 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.	G	detailed evaluation tool to further extend the questionnaire issued by internal audit to gain additional insight into specific areas which may offer opportunities for improvement.
c) Ensuring that the Board is provided with and considers as appropriate the publications of Northern Ireland official and national statistics on health and in particular those that inform progress against ministerial targets.			(c) Relevant information is issued via CX office.	G	
2.1 Deliver on the prompt payment of invoices by: a) Achieving/maintaining the minimum standard of paying 95% of invoices within 30 days or other agreed terms during 2013/14; and, b) Establishing and	NIAS will seek to comply with this requirement as in previous years, by re-establishing key processes. Current performance has been adversely impacted by	Fin	NIAS will continue to strive to deliver compliance with this target in conjunction with authorising officers across the Trust. Performance against 30 days or other agreed terms is reported to Trust Board as part of the Performance report. Trust Board has confirmed that the	A	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.

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
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.	temporary pressures arising from implementation of BSTP project.

NIAS will comply with the requirement in respect of 10 day prompt payment. | | 10 day target for 2013/14 will be set at 2012/13 outturn. | | |
| **2.2** Improve the quality of financial forecasts during 2013/14 by ensuring that:
a) the actual year-end forecast and monthly 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;
b) the monthly year-end financial forecast as at September 2013 (and subsequent months) should be within +/- 0.5% of the final | | 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 reviewed and variances explained. | G | |

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
outturn.				G	
2.3 Achieves a financial breakeven target of 0.25% or £20k (whichever is the greater) of revenue allocation for 2013-14.		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, particularly Financial Stability Programme Board.
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 Directorate of Legal Services.		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	
2.6 Improve efficiency and value for money by: 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; b) Improving the efficiency of the organisation during 2013/14, e.g.	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	Fin	The Trust received approval of the Trust Delivery Plan on 18 June 2013. 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. (a) Savings on management costs are an integral part of NIAS TDP.	A	Management Costs and associated proposals will be reviewed at November Trust

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
deliver productivity and cash releasing efficiencies as set out in the QICR plans/population plans; and, c) Developing a plan to deliver efficiencies (productivity and cash releasing) during 2014/15 by 30 June 2013.	developed for 2013-14 & 2014-15 incorporate planned efficiency savings linked to improving productivity. The savings proposals developed account for the period 2014-15.		(b) NIAS TDP outlines a range of measures to deliver cash releasing efficiency savings in line with DHSSPS/HSCB requirement for 2013/14. (c) NIAS TDP outlines a range of measures to deliver cash releasing efficiency savings in line with DHSSPS/HSCB requirement for 2014/15.	G G	Board workshop.
2.7 Deliver key financial reports and documents on a timely basis in 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.		Fin	The Trust will continue to work to deliver key financial reports and documents, where applicable, on a timely basis in accordance with Departmental timeframes.	G	
2.8 Improve the quality of business cases (revenue and capital) and post project		Fin	The Trust is working to improve in this area within available resources.		

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
evaluations by: 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			(a) The Trust participates in test drilling exercises. DHSSPS assessment of cases is shared with relevant staff to identify learning and address issues.	A	NIAS will share DHSSPS assessment of business cases submitted with Trust Board via Audit Committee. We will seek to develop an annual summary report for the calendar year 2013 and submit annually to Trust Board thereafter.
b) Develop a database for all revenue and capital business cases by 30 April 2013 and copy to Department			(b) NIAS will continue to work with key stakeholders to improve the presentation of information in this area within available resources.	A	NIAS will engage with DHSSPS to establish requirements.
c) for capital projects, submission to the Department must be in line with agreed timeframes.			(c) NIAS seeks to adhere to DHSSPS guidance and timeframes for business case submission.	G	
d) Set out steps to be taken to ensure that a			(d) NIAS has limited resources in this area, but seeks to maintain a skills base and share	A	Plans are in development to enhance skills base through funding associated with

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
suitable skills base is maintained /developed to develop business cases.			knowledge.		major capital project(s).
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: a) Procurement guidance notes as set out in HSC Finance circulars, procurement Estates Letters (PELs), the Ministerial approved recommendations in the Department's Review of Procurement, and agreed recommendations of the Public Accounts Committee**;** and, b) The 'Public Accounts Committee Recommendations from Investigation of	NIAS will build on existing and where necessary establish additional processes to comply with this requirement.	Fin	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. NIAS has reviewed procurement arrangements in light of DHSSPS correspondence and has identified actions, both internal and external, necessary to address perceived shortfalls in procurement practice.	A	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. 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.

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
Suspected Contract Fraud in the Procurement of Maintenance Contracts by Belfast Education and Library Board'.					
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 your Board in this regard**.**	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 established to achieve compliance. Guidance and associated action plans and activity will be reported to Trust Board through relevant committees.	Fin	The Trusts 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 NIAS fleet and estate in recognition of Internal Audit findings.	A	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.
2.12 Prepare annual accounts on a timely		Fin	The Trust will continue to prepare annual accounts on a timely basis	G	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
basis in accordance with Departmental timescales.			in accordance with Departmental timescales.		
2.14 Your business plan must set out steps to be taken to: 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 in place, closely linked to fleet replacement programme, etc.	Ops	Controls Assurance standards achieved (substantive). Business Case for replacement programme for fleet 2013-18 on going. (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 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.	G G A	Plans are in development to enhance skills base through funding associated with major capital project(s).
2.16 To set out steps to be taken to support the: a) PFG target to reduce greenhouse gas	NIAS will establish necessary processes to comply with this	Ops	All opportunities are being taken to comply through specification and design of Fleet and Estate.	G	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
emissions by at least 35% on 1990 levels by 2025; and b) DHSSPS objectives as outlined in the Sustainable Development Strategy "Everyone's Involved" and the Strategy implementation plan "focused on the future".	requirement where applicable.				
2.18 HR12 Take steps to minimize sickness absence during 2013/14 by:	NIAS will maintain existing processes to comply with this requirement as in previous years.	HR			
a) Establishing a realistic sickness absence target for the organisation, expressed as a percentage of available staff days to be achieved during 2013/14;	NIAS sickness absence target to be reviewed and agreed at Trust Board.		(a) NIAS sickness absence target 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%	G	
b) Identifying within the business plan the key steps and actions to be taken during 2013/14 to	Business Plan presented to Trust Board March 2013.		(b) NIAS has developed an action plan for 2013/14 (Health and Wellbeing and Attendance Management Action Plan)	G	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
reduce or where appropriate maintain current sickness absence level; and 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.	NIAS Health and Wellbeing Action Plan which outlines key steps in this regard will be presented to Trust Board for approval in Quarter 1. Report will be provided to DHSSPS in line with stipulated timeframe.		which has been endorsed by Trust Board. (c) Attendance management is reviewed at every Trust Board meeting and a detailed assessment was provided in September 2013. Report provided to DHSSPS in line with stipulated timeframe. These are regularly reported to Trust Board and can be accessed www.niamb.co.uk.	G G	
2.19 HR13 Outline key steps and milestones to be achieved during 2013/14 to implement the knowledge and skills framework.	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	HR	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.	G	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
	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 performance they are making a personal contribution to these strategic aims.			G	
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	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	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
	2013			A	
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 2013/14 to prepare for auto enrolment of staff on pension schemes.	An HSC Pensions Group has been established within NIAS comprising of representatives of HR and Finance. The Group has been established to ensure pension changes are managed appropriately within NIAS.	HR	A recommendation for NIAS to defer Auto-Enrolment to 2017 was presented to SEMT in September 2013. This proposal is in line with all other HSC Trusts.	G	
2.26 HR17 Introduce or maintain quarterly monitoring to the ALB	The Trust currently submits bi-annual information to the	HR	Information to be submitted to ALB Board at each Trust Board meeting as part of the Performance Report.	G	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
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.	DHSSPS on the number and type of violence to staff incidents.			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 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	G	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
			through the Health & Safety Committee.	G	
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 is 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 that NIAS can develop a Trust-specific template. First annual quality report will be published in Q4 2013/14.	A	
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.	G	
3.7 During 2013/2014 to promote the effective		Med	Effective reporting takes place through joint management and	G	

Business Planning Priorities	NIAS Response	Lead	Progress Report	RAG Rating	Risk & Remedial Action Planned
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.			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 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 Aug 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 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.

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 is also assuming that £415,000 bridging funding as identified in the June 2013 RRL to achieve breakeven at year end is still available.

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 £3.047M during 2014/15					
		Estimate of Savings			Report Lead	RAG Rating	Commentary
		2013/14		2014/15			
	Proposal – Acute Productivity	**Original per TDP**	**Revised**				
1.	**Patient Care Service (PCS) - Non-Emergency Patient Transportation.**	**750,000**	NIL	1,500,000	OPS	A	

Premise: Health & Social Care Board requires NIAS to make £2.25M Cash-Release Savings during 2013/14 and £3.047M during 2014/15							
		Estimate of Savings			Report Lead	RAG Rating	Commentary
		2013/14		2014/15			
	Proposal – Acute Productivity	**Original per TDP**	**Revised**				
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**	NIL	497,000	OPS	A	

Premise: Health & Social Care Board requires NIAS to make £2.25M Cash-Release Savings during 2013/14 and £3.047M during 2014/15							
		Estimate of Savings			Report Lead	RAG Rating	Commentary
		2013/14		2014/15			
	Proposal – Acute Productivity	**Original per TDP**	**Revised**				
3.	**RRV** Reconfigure RRV to match activity and resources	**500,000**	500,000	500,000	OPS	G	Shift pattern revised and RRV Paramedics recruited. Savings objective achieved

		Estimate of Savings			Report Lead	RAG Rating	Commentary
	Premise: Health & Social Care Board requires NIAS to make £2.25M Cash-Release Savings during 2013/14 and £3.047M during 2014/15						
		2013/14		2014/15			
	Proposal – Acute Productivity	Original per TDP	Revised				
4.	**Non-Payroll Expenditure** Identify savings in areas such as contracts e.g. MFDs, insurance, uniforms	150,000	150,000	150,000	FIN	G	Detailed plans for the delivery of these savings are being developed
5.	**Management/Administrative Expenditure HR19** Management Costs	100,000	100,000	200,000	HR	A	Detailed plans for the delivery of these savings are being developed
6.	**Education/Training Expenditure HR20** Regional Ambulance Training Centre	500,000	500,000	200,000	HR	G	
7.	Non Recurrent Savings		585,000				
	Bridging Allocation		415,000				
	GRAND TOTAL	**2,250,000**	**2,250,000**	**3,047,000**			

NOTE * Extended consultation and approval processes mean that the Trust has recognised that :

1. Patient Care Service (£750,000) and

2. Paramedic Assistant (£250,000) will not be realised in 2013/14.

In order to address this NIAS plans to apply bridging funding of £415,000 and non-recurrent savings of £585,000 from areas such as:

- delaying preventative maintenance projects and

- delaying the planned replacement of essential medical equipment and

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

At this stage (end Oct 2013), given the assumptions outlined above, the Trust is still projecting a break-even position at year end. Any changes in these assumptions will result in further contingency measures which are likely to impact directly on the delivery of front line services.

2012/13 Reference	Proposed 2013/14 Indicators of Performance	NIAS Response	Report Lead	RAG Rating	Comment
A17	**HR21** Uptake of seasonal flu vaccine by front-line Health and Social Care workers	NIAS will seek to maintain or improve the proportion of NIAS front-line personnel who receive the flu vaccine.	HR	G	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.
B3	Percentage of Category A (life threatening calls) responded to within eight minutes regionally, and in each LCG area	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.	Ops	A	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% cumulative August 2013.

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 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 admissions for acute conditions that should not usually require hospital admission.	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	Investment proposal template has 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 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 OCTOBER 2013

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

Potential Major Incidents

On 14 October 2013 at 22.30 a potential major incident was called for a report of a gas explosion in Bond Street, Londonderry. Two A&E crews, one Rapid Response Vehicle, six officers, one doctor, an Emergency Equipment Vehicle and the Mobile Control Vehicle were tasked to the scene. One patient was transported to hospital and ten patients were assessed AND discharged at the scene. The incident was stood down at 23.58.

On 23 October at 15.42 NIAS received a call for a Road Traffic Collision involving a bus. Romeo 36 was tasked to the scene and stood the incident down at 15.47. Only two persons were injured.

Belfast Health & Social Care Trust have raised an adverse incident following this incident. There was an issue with the Royal Hospital not being stood down for a significant period of time until a senior manager from RVH contacted Ambulance Control. Control internal procedures have been reviewed and revised following this and the staff involved have been informed and given the opportunity to reflect and learn.

At approximately 21.53 NIAS received a call for a Road Traffic Collision on the Stewartstown Road, Belfast, involving a taxi and a minibus. The first call stated that two persons were injured, however when the first Rapid Response Vehicle arrived there were a total of six patients. A potential major incident was called as the situation was unclear but there was a requirement for a large number of vehicles. Six A&E crews, two Rapid Response Vehicles, three officers, one doctor, an Emergency Equipment Vehicle and the Mobile Control Vehicle were tasked to the scene. Six patients were transported to the Royal Victoria Hospital and one patient was discharged at scene. The incident was stood down at 22.59.

Major Incidents

On the 27 September there was a declared Major Incident for a Road Traffic Collision involving a van, a car and two taxis. Eight emergency ambulances, two PCS vehicles, four Officers, two doctors and two HART vehicles were tasked to the scene. In total ten patients required transport to hospital.

Airport Alerts

On 4 September at 14.43 NIAS received a call to the George Best Belfast City Airport for a ground incident where an aircraft had developed a leak of hydraulic fluid after landing. Five A&E crews, four officers, two doctors, one Rapid Response Vehicle, an Emergency Equipment Vehicle and the Mobile Control Vehicle were tasked to the scene. The incident was stood down at 15.18 as all passengers had been removed safely from the plane.

Events of Note

On 3 September there was a report of an explosion at a factory in Mallusk close to the storage location for the PODs. Four A&Ecrews, one Rapid Response Vehicle, one officer, one doctor, the Hazardous Area Response Team (HART), an Emergency Equipment Vehicle and the Mobile Control Vehicle were tasked to the scene. The incident was stood by Oscar 47. Three patients were identified at the scene, two were transported to hospital.

On 12 September NIAS hosted the National Ambulance Resilience Unit Response and Recovery workshop at Ambulance HQ.

On 25 September the World Police and Fire Games (WP&FG) held a recognition event in the Belfast City Hall for all the medical providers.

The Emergency Planning Officer carried out a peer review of the Scottish Ambulance Service and the South Central Ambulance Service as part of the National Peer Review of business continuity commissioned by National Ambulance Resilience Unit.

HAZMAT / Hazardous Area Response Team (HART) Deployments

03.09.13	Police Service of NI & NI Fire & Rescue Service	Possible gas cylinder thrown through window of office. Full deployment to scene including Hazardous Area Response Team and advisor.
07.09.13	NI Fire & Rescue Service	Smoke inhalation - **Hazardous Area Response Team Advisor Only.**
08.09.13	NI Fire & Rescue Service	Carbon Monoxide Incident - **Hazardous Area Response Team Advisor Only.**
08.09.13	NI Fire & Rescue Service	Smoke inhalation - **Hazardous Area Response Team Advisor Only.**
09.09.13	NI Fire & Rescue Service	Hazardous Area Response Team staff were deployed to persons reported in a house fire
09.09.13	NI Fire & Rescue Service	Carbon Monoxide Incident - **Hazardous Area Response Team Advisor Only.**
13.09.13	NI Fire & Rescue Service	Hazardous Area Response Team staff were deployed to persons reported in a house fire
14.09.13	NI Fire & Rescue Service	Carbon Monoxide Incident - **Hazardous Area Response Team Advisor Only.**
15.09.13	NI Fire & Rescue Service	Carbon Monoxide Incident - **Hazardous Area Response Team Advisor Only.**
16.09.13	NI Fire & Rescue Service	Carbon Monoxide Incident - **Hazardous Area Response Team Advisor Only.**
16.09.13	Police Service of NI & NI Fire & Rescue Service	Hazardous Area Response Team staff were deployed to a reported possible suicide in a car with the windows sealed up. Initial operational response skills utilised.
17.09.13	NI Fire & Rescue Service	Hazardous Area Response Team staff were deployed to a patient fallen down between train and the platform, Urban Search and Rescue skills were utilised.
17.09.13	NI Fire & Rescue Service	Smoke inhalation patient suffered chest pains during the event. Hazardous Area Response

		Team staff were deployed, Initial operational response skills utilised.
18.09.13	Police Service of NI & NI Fire & Rescue Service	Unknown chemical thrown at patient, Hazardous Area Response Team staff were deployed, Initial operational response skills utilised.
19.09.13	NI Fire & Rescue Service	Carbon Monoxide Incident - **Hazardous Area Response Team Advisor Only.**
20.09.13	NI Fire & Rescue Service	Hazardous Area Response Team staff were deployed to persons reported in a house fire, Breathing Apparatus skills utilised.
20.09.13	NI Fire & Rescue Service	Patient fell whilst walking on Cavehill, Hazardous Area Response Team staff were deployed to a patient injured on Cavehill, Rope Technician skills utilised.
21.09.13	NI Fire & Rescue Service	House fire - **Hazardous Area Response Team Advisor Only.**
21.09.13	NI Fire & Rescue Service	House fire - **Hazardous Area Response Team Advisor Only.**
22.09.13	Police Service of NI	Hazardous Area Response Team staff were deployed to a patient injured on Cavehill, Rope Technician skills utilised.
24.09.13	NI Fire & Rescue Service	House fire - **Hazardous Area Response Team Advisor Only.**
27.09.13	Police service of NI & NI Fire & Rescue Service	Declared Major Incident, Belfast, Hazardous Area Response Team staff were deployed to assist. Initial operational response skills utilised.
27.09.13	NI Fire & Rescue Service	Carbon Monoxide Incident - **Hazardous Area Response Team Advisor Only.**
28.09.13	NI Fire & Rescue Service	Hazardous Area Response Team staff were deployed to persons reported in a house fire, Breathing Apparatus skills were utilised.
29.09.13	NI Fire & Rescue Service	Carbon Monoxide Incident - **Hazardous Area Response Team Advisor Only.**
30.09.13	NI Fire & Rescue Service	Patient reported having a seizure whilst on roof of a building, Hazardous Area Response Team staff were deployed to assist. Safe Working at Height skills utilised.
30.09.13	NI Fire & Rescue Service	Patient reported trapped in a lift, Hazardous Area Response Team staff were deployed to assist. Confined space working skills utilised.
30.09.13	NI Fire & Rescue Service	Hazardous Area Response Team staff were deployed to persons reported in a house fire, Breathing Apparatus skills utilised
1.10.13	NI Fire & Rescue Service	Carbon Monoxide Incident - **Hazardous Area Response Team Advisor Only.**
09.10.13	Belfast Health & Social Care Trust	Patient contaminated with chemical (cyclohexylamine) Initial operational response skills were utilised.
11.10.13	Maritime and Coastguard Agency	Hazardous Area Response Team staff were deployed to a patient injured on Carrick-a Rede Rope Bridge, Rope Technician skills were utilised.
23.10.13	Police Service of NI & NI	Fire on the 11 floor of block of flats report of a small explosion. Initial operational response

	Fire & Rescue Service	skills were utilised.
24.10.13	NI Fire & Rescue Service	Hazardous Area Response Team staff were deployed to persons reported in a house fire - ? smoke inhalation.
26.10.13	NI Fire & Rescue Service	Smell of gas Incident - **Hazardous Area Response Team Advisor Only.**
28.10.13	NI Fire & Rescue Service	Hazardous Area Response Team staff were deployed to persons in a house that had petrol poured over it. Initial operational response skills utilised.
31.10.13	NI Fire & Rescue Service	Carbon Monoxide Incident - **Hazardous Area Response Team Advisor Only.**
31.10.13	NI Fire & Rescue Service	Smoke inhalation patient suffered chest pains during the event. Hazardous Area Response Team staff were deployed, Initial operational response skills utilised.
31.10.13	Police Service of NI & NI Fire & Rescue Service	Hazardous Area Response Team staff were deployed to a reported road traffic collision with a car over a wall. Safe Working At Height skills utilised.

**William Newton
EMERGENCY PLANNING OFFICER**

Incident Reports (1 September – 31 October 2013)

Introduction

This report covers the period 1 September 2013 through until 31 October 2013. During this period there were a total of 361 reported incidents compared to 507 in the same period last year. This a down turn in the number of reports received, which is mainly attributable to the reduction in the number of reports relating to delayed, missed or interrupted meal breaks.

Overview
 There are no obvious emerging trends.

Figure One: Represents the categories of reported incidents throughout this period, 'equipment incidents' being identified as the most reported type of incident in this reporting period.

Figure One (a): Represents the total number of incident reports by month of year.

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 compared to the previous report.

Zero Tolerance (Violence to Staff)

Figure Four: Identifies the number of violent incidents by sub category. There have been 58 incidents reported over this period in comparison with 79 last year. This represents a downturn in the number of reports received in these categories.

Equipment

Figure Five: Represents the number of 'Equipment' incidents. There were a total of 64 equipment incidents in this period compared to 39 in the same period last year. These mainly relate to MDT failure to reboot. This issue is being addresses through Emergency Ambulance Control.

Incidents by Sub category and Incident date - 1/9/13 - 31/10/13

Legend:
- 2013 09
- 2013 10

X-axis categories: Second meal break, Biological, Breakdown, Unused -damaged/broken, Cleaning, Communications problem, Damage, Delayed meal break, Driving Offence, Electricity, Unsealed-Expired, From Height, Incorrect Item Used, Loss, Equipment manfunctioning or…, Handling of equipment,…, Moving a patient using a…, Moving a patient without a…, Missed meal break, Falling or Moving Object, Needle Stick, No Treatment Given, Physical Assault without a…, Physical Assault with a weapon, Road Traffic Collision, Same Level, Security Problem, Control Drug Security, Spoilt Meal Break, Staffing Problem, Stationary Object, Incorrect stock recorded, Item Unavailable, Verbal Assault, Wrong Delivery Method, Wrong Dose Given

Figure One: Total Number of Incidents by Sub Category by month 361 (507[3])

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[3] The number in brackets refers to the total for the same period in the previous year.
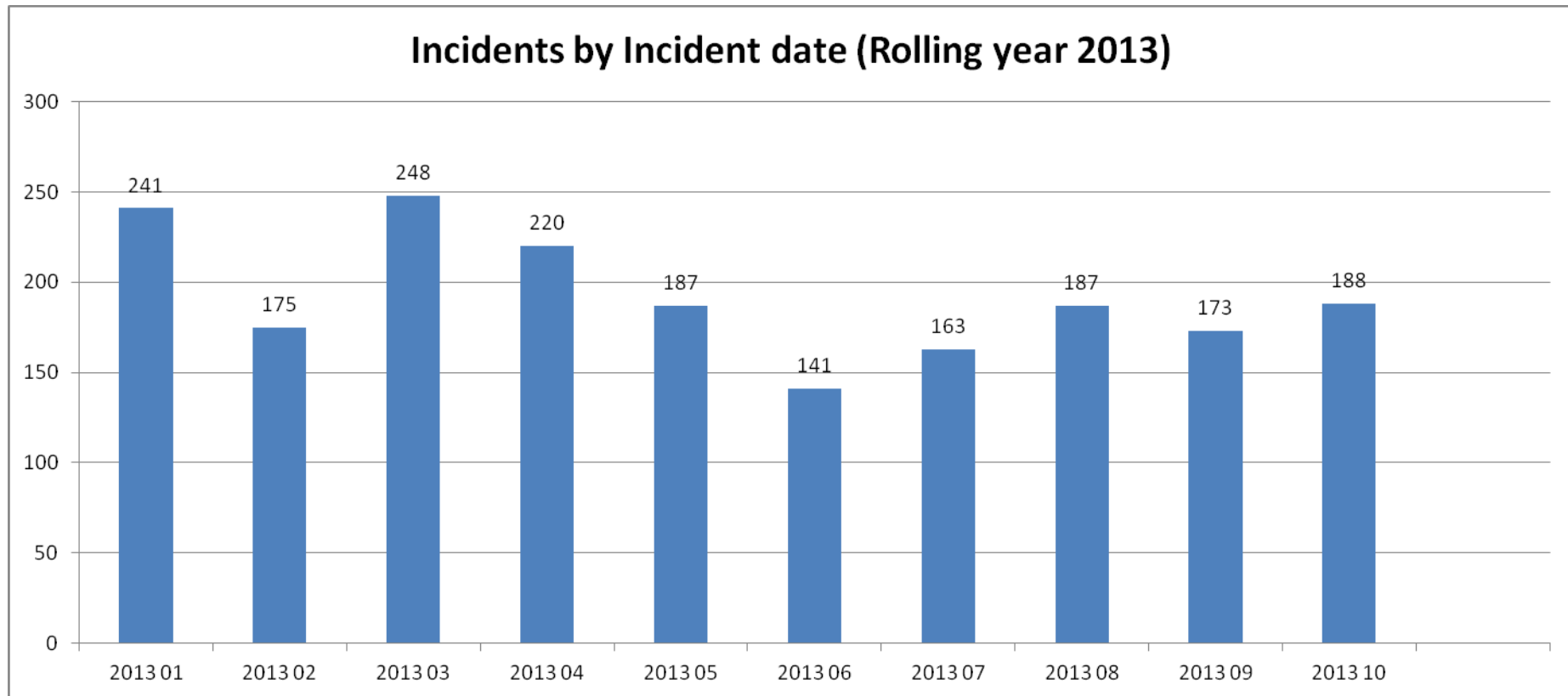
Figure One (a): Incidents by month rolling calendar year

Incidents by Category - Top (10) 1/9/13 - 31/10/13

Category	Value
Equipment	64
Assault	58
Late Meal Break	53
Vehicle	43
Organisational	35
Contact with something	19
Drug	15
Manual Handling	13
Asset loss, damage etc	8
Slip, trip or fall	7
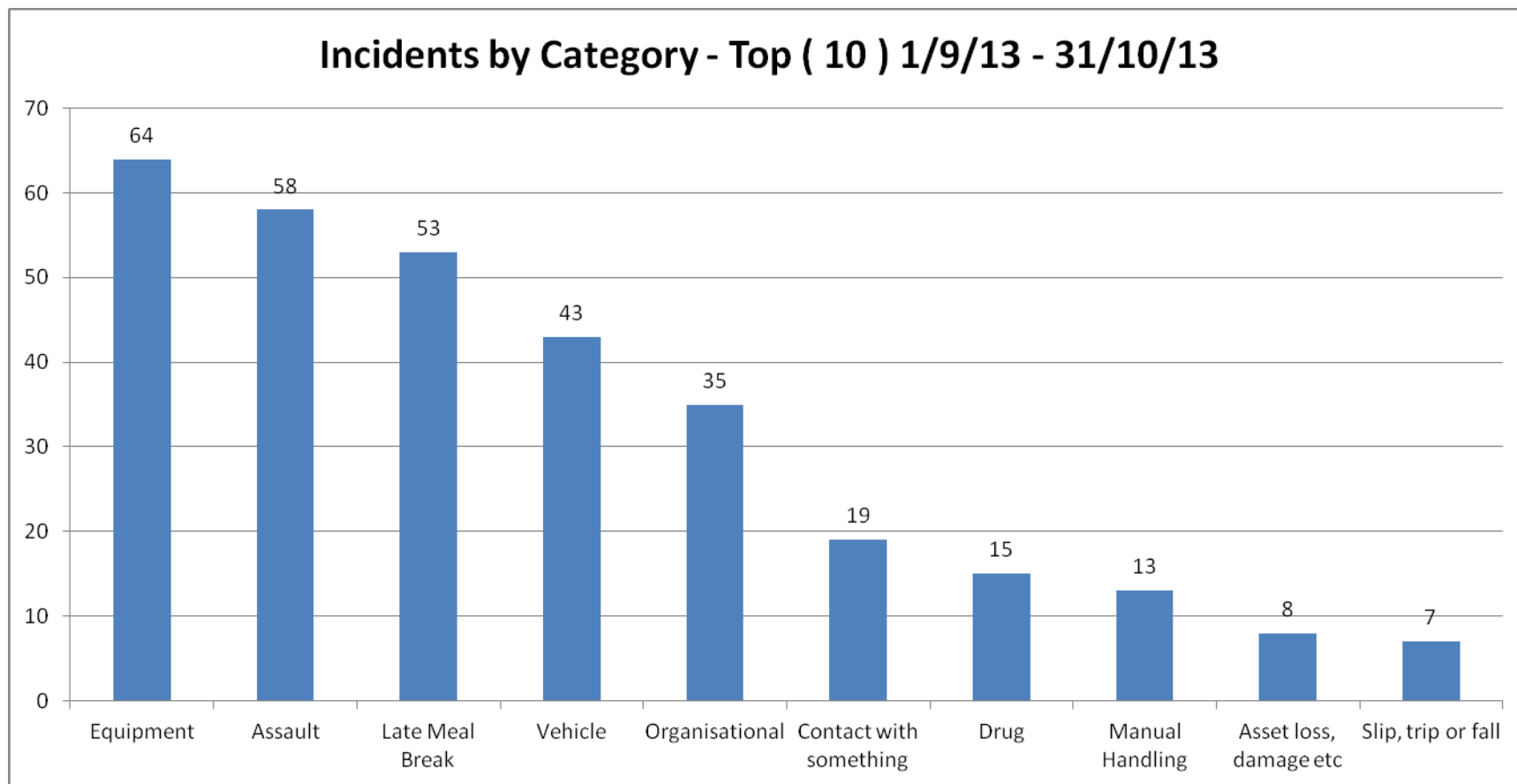
Figure Two: Top Ten Incidents, 1 September – 31 October 2013

Incidents by Severity and Incident date

Legend:
- No injury, illness or service disruption
- First aid treatment, containable disruption
- Medical treatment, external assistance required
- Extensive injuries, loss of ability to provide service
- Unexpected death, permanent harm, collapse of service

Values shown: 0, 0, 0, 4, 205
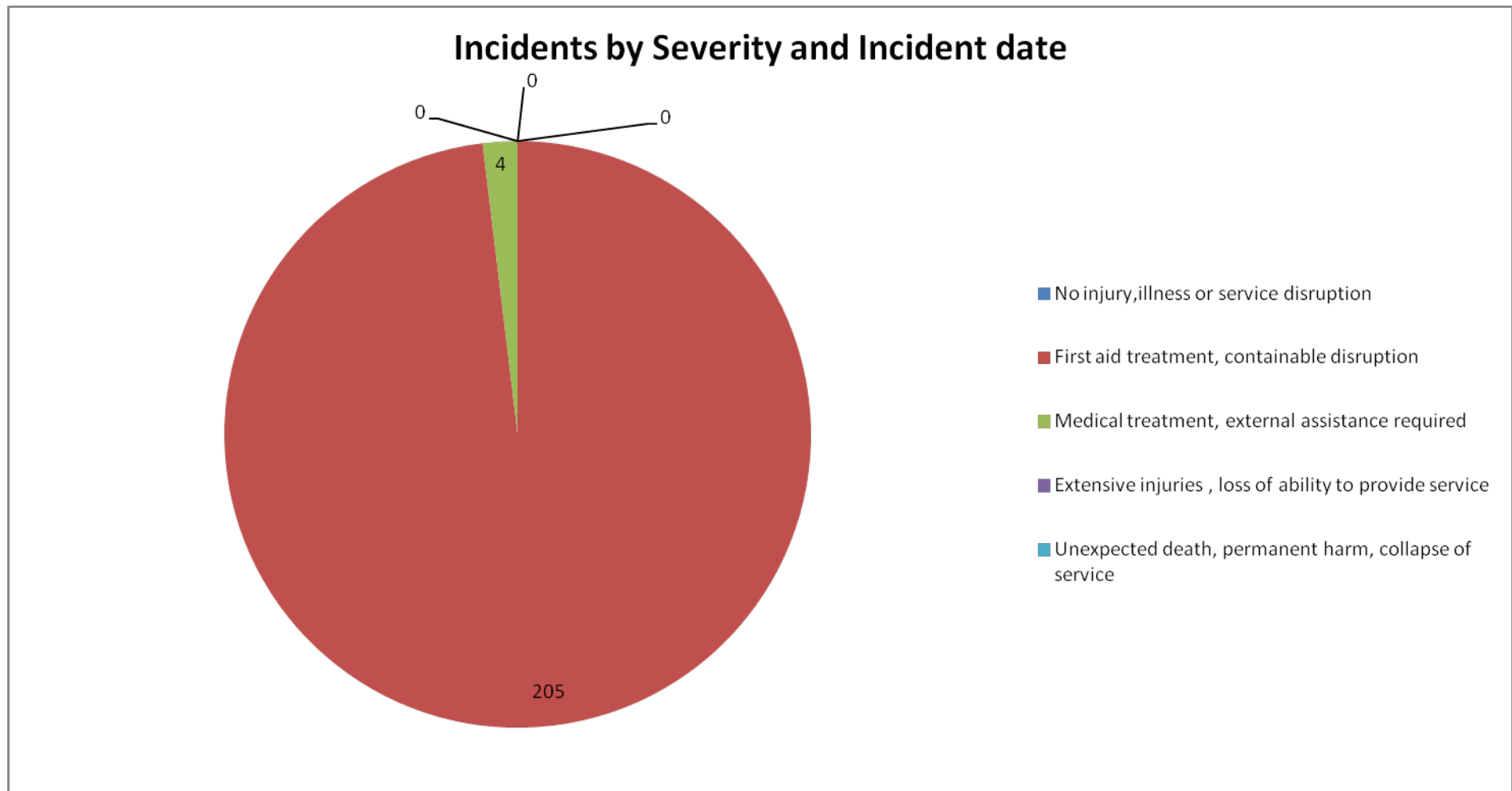
Figure Three: Incidents by Severity: 1 September – 31 October 2013

Incidents by Sub category and Incident date grouped by Division

Period : 1/9/13 - 31/10/13

	2013 09	2013 10	Total
Belfast Area	**10**	**11**	**21**
Physical Assault without a weapon	5	6	11
Physical Assault with a weapon	1	0	1
Verbal Assault	4	5	9
ECNTRY	**0**	**1**	**1**
Physical Assault without a weapon	0	1	1
Northern	**3**	**5**	**8**
Physical Assault without a weapon	0	3	3
Verbal Assault	3	2	5
South Eastern	**6**	**6**	**12**
Physical Assault without a weapon	1	2	3
Verbal Assault	5	4	9
Southern	**6**	**6**	**12**
Physical Assault without a weapon	2	1	3
Physical Assault with a weapon	0	2	2
Verbal Assault	4	3	7
Western	**1**	**3**	**4**
Physical Assault without a weapon	0	2	2
Physical Assault with a weapon	0	1	1
Verbal Assault	1	0	1
Totals:	26	32	58

Figure Four: – Violent Incidents by Sub Category 58 (79)
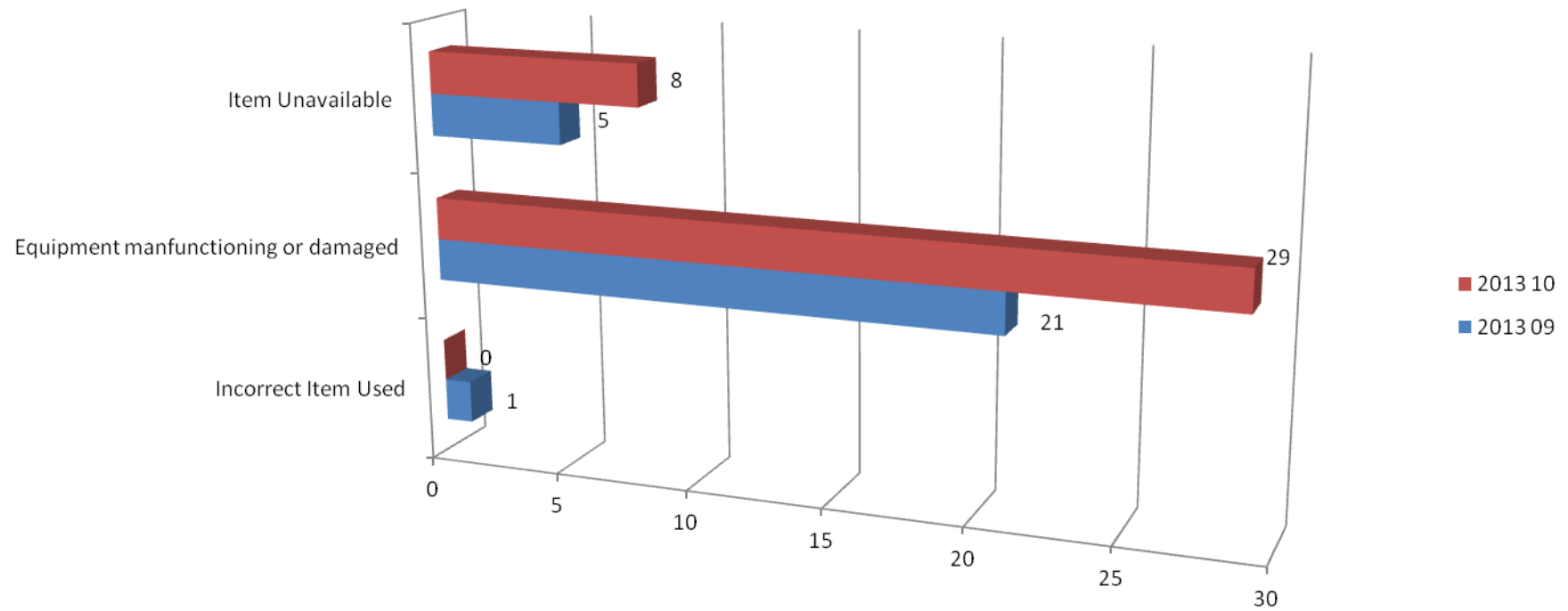
Figure Five – Asset /Equipment Incidents 64 (39)

Incidents by Sub category and Incident date grouped by Division

	2013 09	2013 10	Total
Belfast Area	**1**	**1**	**2**
Cleaning	1	1	2
South Eastern	**3**	**1**	**4**
Cleaning	3	1	4
Southern	**1**	**0**	**1**
Cleaning	1	0	1
Western	**2**	**2**	**4**
Cleaning	2	2	4
Totals:	7	4	11

Figure Six: Vehicle Cleaning - Incident Reports 8 (19)

Clinical Incident Reports

This area of the report covers Clinical Incidents. There were 40 clinical incidents reported during this period as compared with 29 during the same period last year. The largest single issue in this reporting period was in relation to communication difficulties and delays in the handover of patients at hospital Emergency Departments. This continues the trend of increased reporting of this type of incidents.

The Clinical Support Officers, Training Officers and line managers continue to advise staff to report clinical incidents and this, in conjunction with the 'learning approach' to incidents, continues to encourage staff to report all incidents.

Nearly all clinical incidents are reported by staff when they occur before they become apparent from the Patient Report Form (PRF) at a later stage, as was the case in the past.
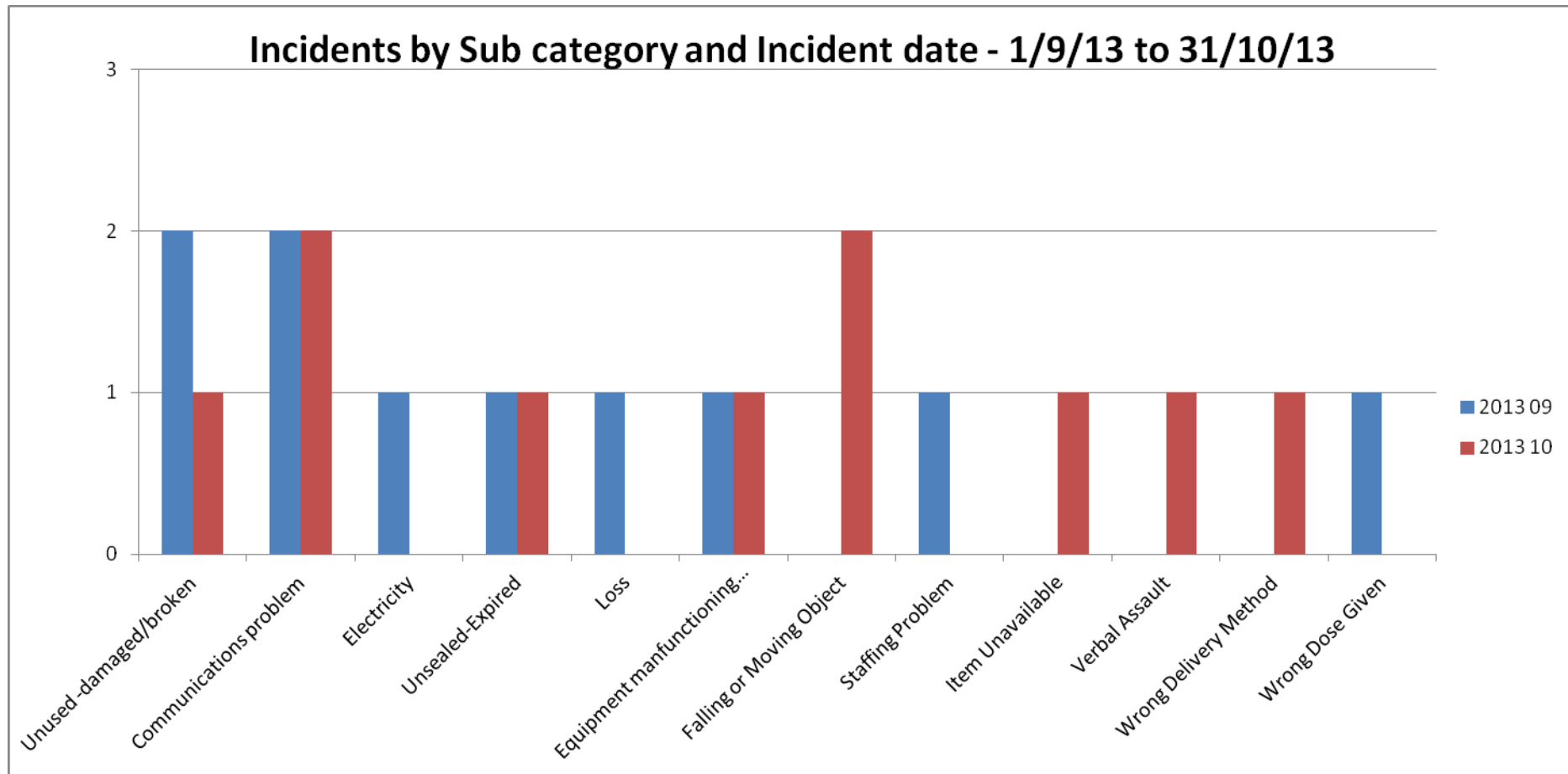
Figure 1: Clinical Incidents by Sub Category 40 (29)

Serious Adverse Incidents Reports as at 31 October 2013

Ref	Status	Subject	Speciality	Description	Location
SAI A2127 / UIR 2200210	Reported to Health & Social Care Board (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 for extended periods to hand over patients at Emergency Departments (EDs) of both the Royal Victoria and Ulster Hospitals. While the call was still ongoing, ambulance Control was contacted by an MLA regarding the incident. **This investigation report is completed and was submitted to the HSCB Designate Review Officer on 6 November 2013. Their response to the report is currently awaited.** **The investigation identified a number of factors which contributed to the delay in providing an ambulance response to the patient. These included increased call volumes, the delay of ambulances at hospital resulting in the non-availability of resources to respond, and a failure by Control staff to identify an opportunity to deploy an ambulance initially.** **A number of learning outcomes for NIAS have**	Unexpected serious risk to service user and / or staff member and / or member of the public. Unexpected or significant threat to provide service and / or maintain business continuity.	Accident & Emergency	Injured person experienced extreme delay in receiving an ambulance response and subsequent transport to hospital.	Belfast area.

	been identified and appropriate action taken in relation to the proactive management and oversight of calls at times of high activity and resource constraint with improved communication within the Control Room. The staff involved in this incident have been provided with learning opportunities and a process of call review and quality assurance is now in place. A number of actions to improve ambulance delays at hospital EDs have also been undertaken through engagement with the HSCB and acute Trusts including the appointment of a number of Hospital Ambulance Liaison Officers (HALOs) at a number of EDs.				
SAI A2282 / UIR33303	Fatal Road Traffic Collision involving an NIAS ambulance (W621) and a cyclist at Castlecoole, Enniskillen resulting in the death of the cyclist. **This incident is the subject of a Fatal Road Traffic Investigation by the PSNI. During this investigation the SAI reporting process has been suspended in accordance with the regional procedure and this has been accepted by the Health & Social Care Board (HSCB).** **NIAS continues to engage with the PSNI with regard to this investigation.**	Unexpected serious risk to service user and / or staff member and / or member of the public. Unexpected or significant threat to provide service and / or maintain business continuity.	Accident & Emergency	Member of the public died as a result of injuries received in the collision.	Western Area

CATEGORY A PERFORMANCE – CUMULATIVE FROM APRIL TO OCTOBER 2013

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

72.5% Cumulative Target

65% March 2013 minimum LCG target

	Belfast LCG	South Eastern LCG	Northern LCG	Southern LCG	Western LCG	NI Total
% Cat A within 8 min	83.1%	64.3%	60.6%	63.7%	67.5%	68.9%
Cat A within 8 min	6,507	3,315	3,839	3,282	3,232	20,175
Total No. of Cat A	7,832	5,155	6,332	5,154	4,790	29,263
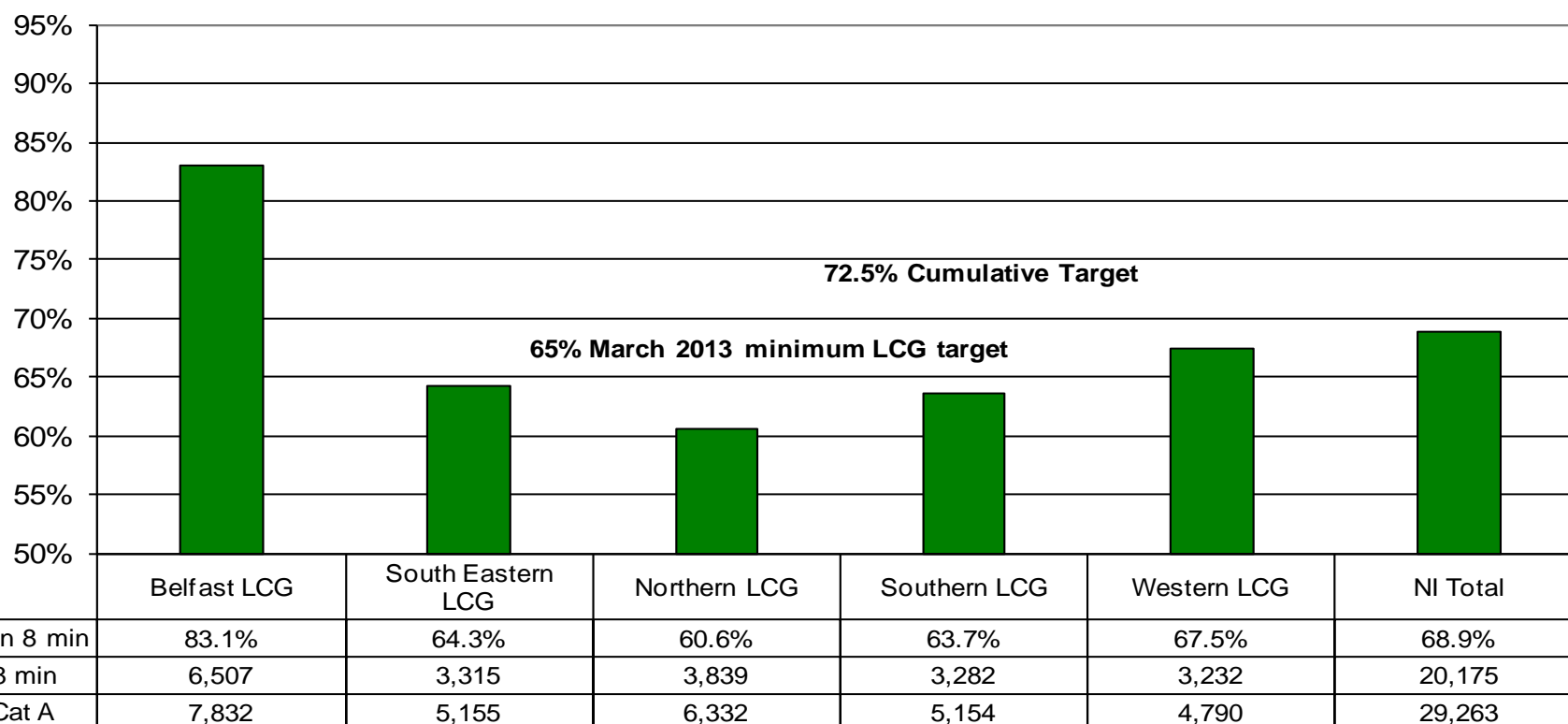
From April 2011, an average of 72.5% of Category A ambulance calls should be responded to within 8 minutes,
(and not less than 65% in any LCG area).
Please note: PFA targets for 2013-14 have not yet been set

CATEGORY A PERFORMANCE: MONTHLY CUMULATIVE POSITION 2013/2014 AS AT OCTOBER 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)"*

<p style="text-align:center">**Regional Target: 72.5%**   **LCG target 65%**</p>

	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%						
Belfast	75.7%	79.3%	81.1%	81.8%	82.1%	82.8%	83.1%						
South East	57.2%	61.6%	63.7%	63.8%	64.1%	63.7%	64.3%						
North	58.0%	58.4%	59.4%	58.7%	59.4%	59.9%	60.6%						
South	60.3%	61.4%	62.0%	63.0%	63.3%	63.4%	63.7%						
West	64.0%	65.5%	65.8%	65.8%	65.9%	66.9%	67.5%						

Key:

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

PERFORMANCE COMMENTARY:

- **Overall Cumulative activity** has increased by 2,8% compared to the same timeframe last year with emergency activity increasing by 6.5%, urgent activity reducing by 4.8 % and non-urgent activity increasing by 1.5 %.
- 4.5% increase in overall **Emergency** activity for the month compared to Jul 2012, with Southern LCG up by 10.8% (7 more emergency calls each day), Western LCG up by 13.7% (8 more emergency calls each day)..
- **Overall cumulative performance** for Cat A has decreased by 2.4% compared to the same timeframe last year with Cat A calls received increasing regionally by 3.5% and Cat A calls responded to within the 8 mins target increasing by 7.2%.

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

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

	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 Cat A Calls	4,312	4,211	3,889	4,441	4,185	4,097	4,128	0	0	0	0	0
Cat A Performance	63.8%	68.7%	69.8%	68.4%	69.3%	70.8%	72.1%	0.0%	0.0%	0.0%	0.0%	0.0%

72.5% cumulative target

CATEGORY A PERFORMANCE: MONTHLY LCG POSITION 2013/2014 AS AT OCTOBER 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%						
Belfast	75.7%	83.0%	85.0%	83.9%	83.4%	85.9%	84.9%						
South East	57.2%	66.3%	68.4%	64.1%	65.1%	61.4%	68.2%						
North	58.0%	58.8%	61.5%	56.6%	62.1%	62.6%	65.0%						
South	60.3%	62.6%	63.3%	65.7%	64.4%	63.9%	65.7%						
West	64.0%	66.8%	66.4%	65.9%	66.1%	72.1%	71.5%						

Key:

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

PERFORMANCE COMMENTARY:

Comparison to previous month (Oct 2013)

- 6.9% increase in overall activity compared to September 2013 across the region.

- 2.5% increase in regional Emergency activity compared to September 2013. The most notable increases were in Northern and South Eastern LCG (6.7% and 5.3% respectively).

- 11.4% increase in regional Urgent activity compared to the previous month, with activity increasing noticeably in Belfast (up by 14.4%), South Eastern (up by 13.2%) and Northern LCGs (up by 12.5%).

- 9.2% increase in regional Non-Urgent activity compared to September 2013 across all LCGs with Belfast LCG up by 19.1% (nearly 15 extra non-urgent calls each day) and Northern LCG up by 8% (just over 16 extra calls each day).

- Regionally Cat A calls as proportion of all emergency calls fell slightly (by 0.4% compared to the previous month, September 2013) with an average of 41.4% of all emergency calls being Cat A calls.

- The following LGDs have particularly high (over 42%) proportion of Cat A calls: Belfast 43.3%, Castlereagh 45.5%, North Down 43.4%, Lisburn 46.2%, Antrim 46.5%, Newtownabbey 46.1%, Newry and Mourne 49.9%, Derry 43.6% and Omagh 44.9%

Local context:

Halloween festivities especially in Derry

Gas Explosion in Factory at Mallusk (3 September 2013)

Severe pressures at Royal Victoria Hospital (6th September & 22 October 2013)

Multi-vehicle crash on Falls Road, Belfast (27th September 2013)

Fatal Shootings in Derry and Belfast (11th October 2013)

Gas Explosion in Derry (14 October 2013)

Bus Crash in Belfast (23 October 2013)

PERFORMANCE REVIEW YTD : OCTOBER 2013 V OCTOBER 2012 (CUMULATIVE DATA) – NEEDS UPDATED

Activity	September 2013	September 2012	Variance (%)
Emergency	61,848	58,069	6.5%
Urgent	14,018	14,725	-4.8%

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%**

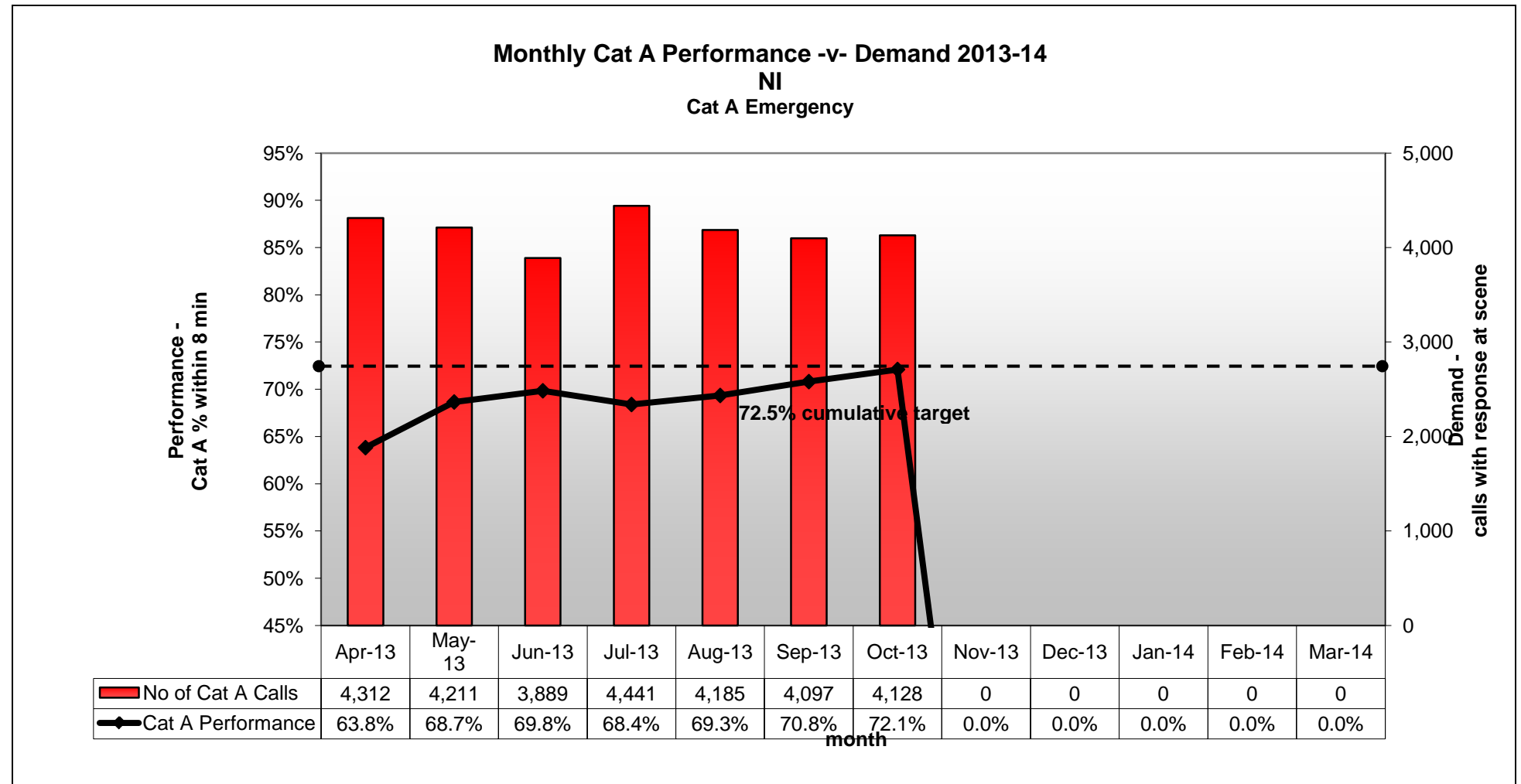|	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Year
Regional	83.7%	89.3%	90.9%	88.9%	90.4%	90.2%	91.3%						
Belfast	84.7%	92.9%	95.4%	92.9%	92.8%	91.7%	93.2%						
South East	79.0%	83.3%	87.5%	87.7%	87.3%	86.5%	88.3%						
North	84.6%	89.9%	90.0%	87.1%	92.2%	90.4%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

Key:

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

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

NIAS - Cat A Contribution - NCR at Scene in 8 mins Apr13 - Mar14

NIAS - Cat A % Contribution - NCR at Scene in 8 mins Oct12 & Oct13
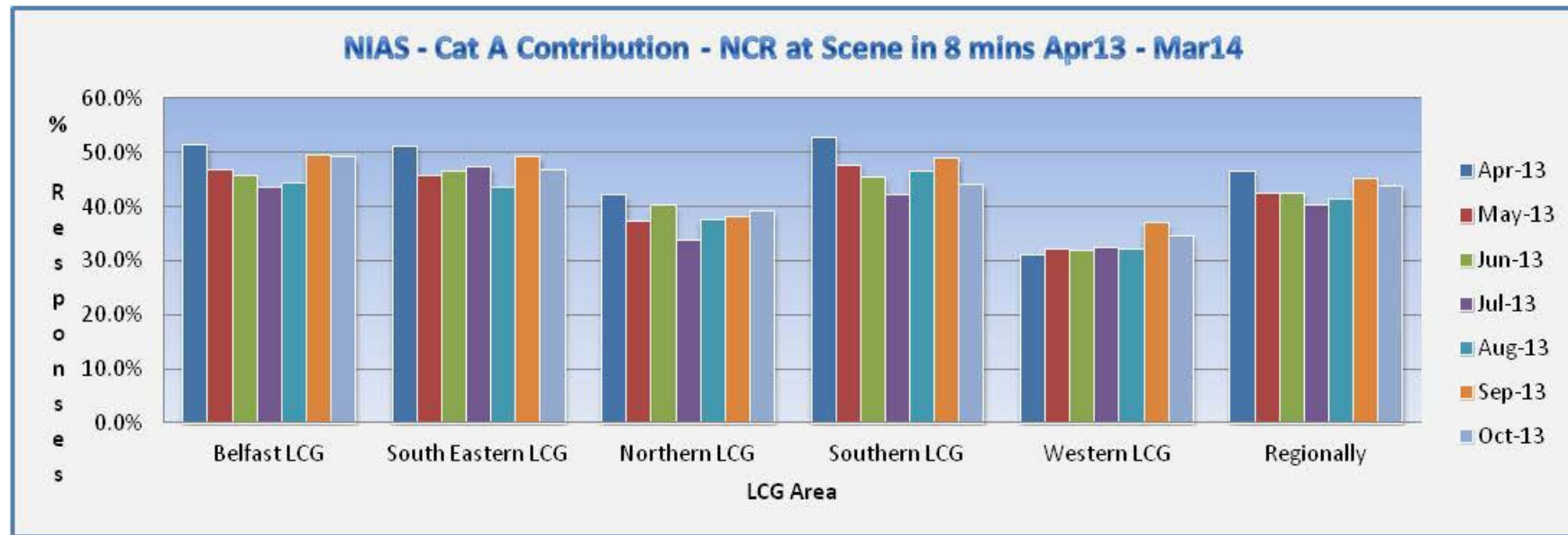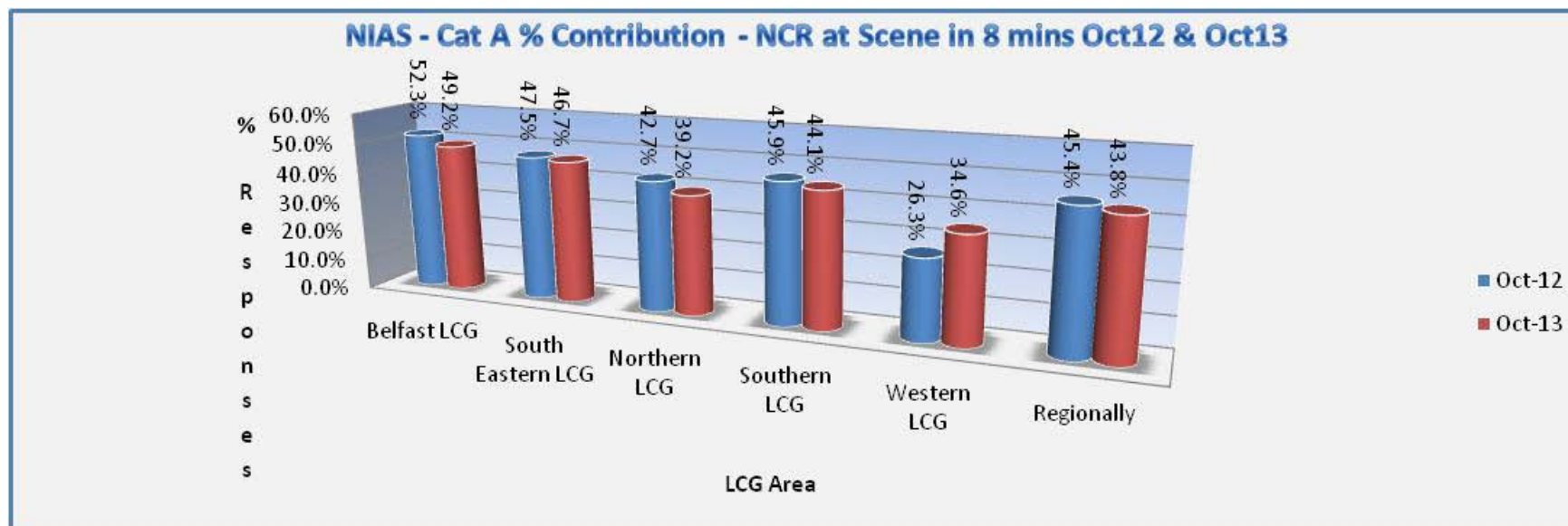
The number of calls where a non-conveying response is first on scene has fallen by 0.5% (7 calls) with the contribution to Cat A performance falling by 1.3% compared to the previous month.

This trend is reflected, when compared to the same time last year (October 2012) with the contribution to Cat A calls have fallen by 5.5% (76 calls).

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						
	%	46.7%	42.5%	42.5%	42.3%	41.4%	45.1%	43.8%						
Belfast	N	436	435	385	436	412	495	471						
	%	51.4%	46.8%	45.7%	43.6%	44.4%	49.6%	49.2%						
South East	N	236	222	222	236	214	201	236						
	%	51.1%	45.8%	46.4%	48.4%	43.7%	49.3%	46.7%						
North	N	224	188	218	224	213	213	233						
	%	42.1%	37.2%	40.2%	41.6%	37.5%	38.2%	39.2%						
South	N	256	219	192	256	219	219	206						
	%	52.8%	47.7%	45.4%	48.3%	46.6%	48.9%	44.1%						
West	N	132	165	137	132	143	181	156						
	%	31.1%	32.2%	31.9%	27.6%	32.1%	36.9%	34.6%						

AMBULANCE TURNAROUND TIMES

NIAS - Ambulance Turnaround Times - Main Hospitals Oct 2013

	ALT	AAH	CW	CAH	DHH	MIH	RVH	SWH	UHD
Within 15 min	315	376	210	267	91	92	143	171	124
Between 15 and 30 min	668	1038	399	793	354	353	773	399	628
Between 30 and 45 min	230	338	107	357	112	353	1086	89	798
Between 45 and 60 min				122			431		280
Between 1-2 hrs		45					112		

Legend: Within 15 min · Between 15 and 30 min · Between 30 and 45 min · Between 45 and 60 min · Between 1-2 hrs · Between 2-3 hrs · Between 3-4 hrs · Between 4-5 hrs · 5 hrs and over

PERFORMANCE COMMENTARY:

- The total number of ambulance turnaround times greater than 30 minutes across the region has increased by 1.7% (89) compared to September 2013.
- The total number of ambulance turnaround times greater than 45 minutes has however fallen by 9.2% (157) regionally compared to September 2013.
- This is mostly due to the welcome shift (from 506 in September 2013 to 381 in October 2013) in the number of ambulance turnaround times greater than one hour.
- In addition there has also been a noticeable reduction in ambulance turnaround times greater than two hours (from 26 in September 2013 to 16 in October 2013).
- The volume of turnaround times greater than 30 minutes equates to a loss of production hours for NIAS of 3783 hours which is the equivalent of 5 24/7 A&E ambulances per day.
- The number of diverts has fallen from 51 in October 2012 to 39 in October 2013 lasting a total of 320 hours compared to 329 in 2012. In September 2013 there were 45 diverts lasting a total of 331 hours.

URGENT CALLS (NON-LIFE-THREATENING)

Monthly Cat A Performance -v- Demand 2013-14
NI
Emergency & 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	2,846	2,926	2,732	2,732	2,782	2,809	3,129	0	0	0	0	0
No of Emergency Calls	11,971	11,670	11,582	12,641	12,050	11,666	11,963	0	0	0	0	0
Cat A Performance	63.8%	68.7%	69.8%	68.4%	69.3%	70.8%	72.1%	0.0%	0.0%	0.0%	0.0%	0.0%
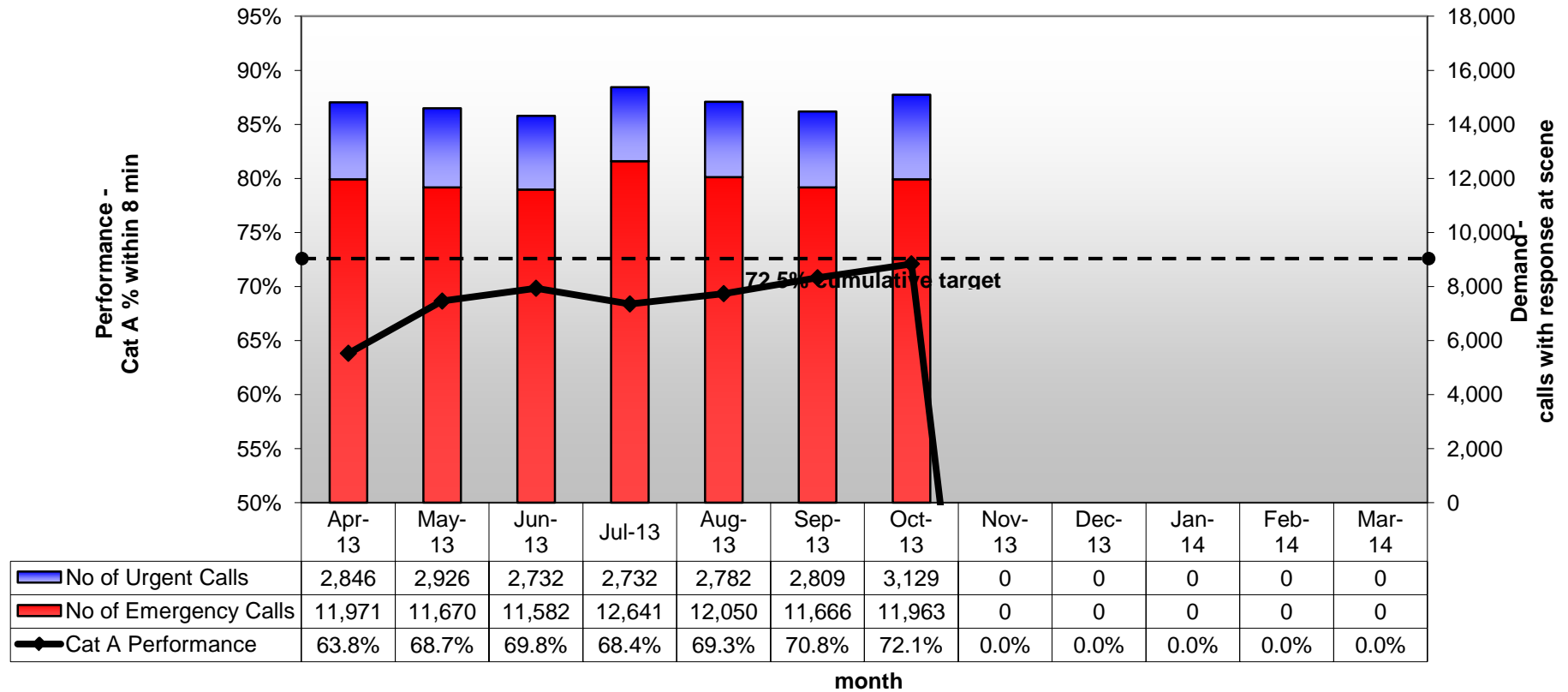
month

PERFORMANCE REVIEW BY DIVISION: BELFAST

Monthly Cat A Performance -v- Demand 2013-14
Belfast LCG
Emergency by Category & Urgent
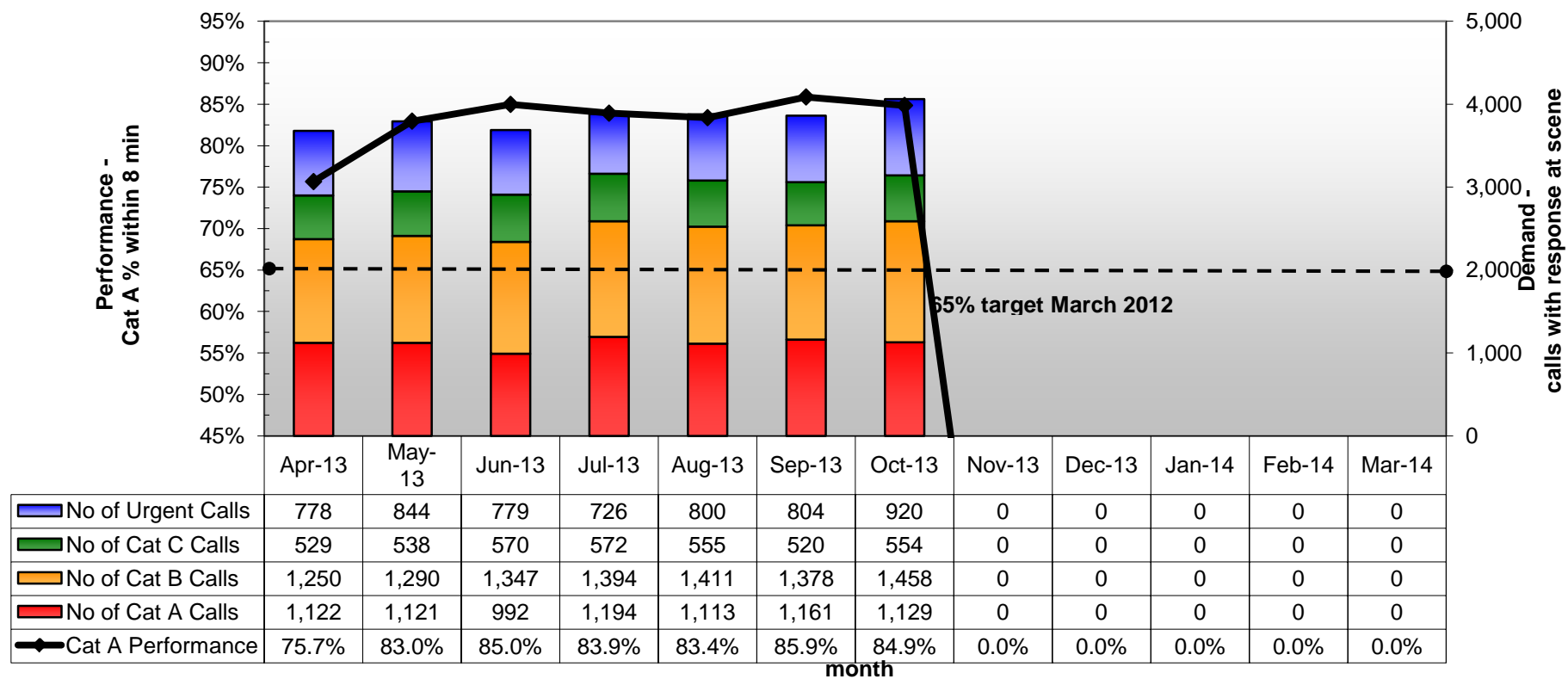
65% target March 2012

	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	778	844	779	726	800	804	920	0	0	0	0	0
No of Cat C Calls	529	538	570	572	555	520	554	0	0	0	0	0
No of Cat B Calls	1,250	1,290	1,347	1,394	1,411	1,378	1,458	0	0	0	0	0
No of Cat A Calls	1,122	1,121	992	1,194	1,113	1,161	1,129	0	0	0	0	0
Cat A Performance	75.7%	83.0%	85.0%	83.9%	83.4%	85.9%	84.9%	0.0%	0.0%	0.0%	0.0%	0.0%

month

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

65% target March 2012

	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	537	541	509	520	553	514	582	0	0	0	0	0
No of Cat C Calls	380	385	379	396	397	353	364	0	0	0	0	0
No of Cat B Calls	1,091	1,027	1,050	1,104	1,014	993	1,014	0	0	0	0	0
No of Cat A Calls	807	731	699	760	753	664	741	0	0	0	0	0
Cat A Performance	57.2%	66.3%	68.4%	64.1%	65.1%	61.4%	68.2%	0.0%	0.0%	0.0%	0.0%	0.0%
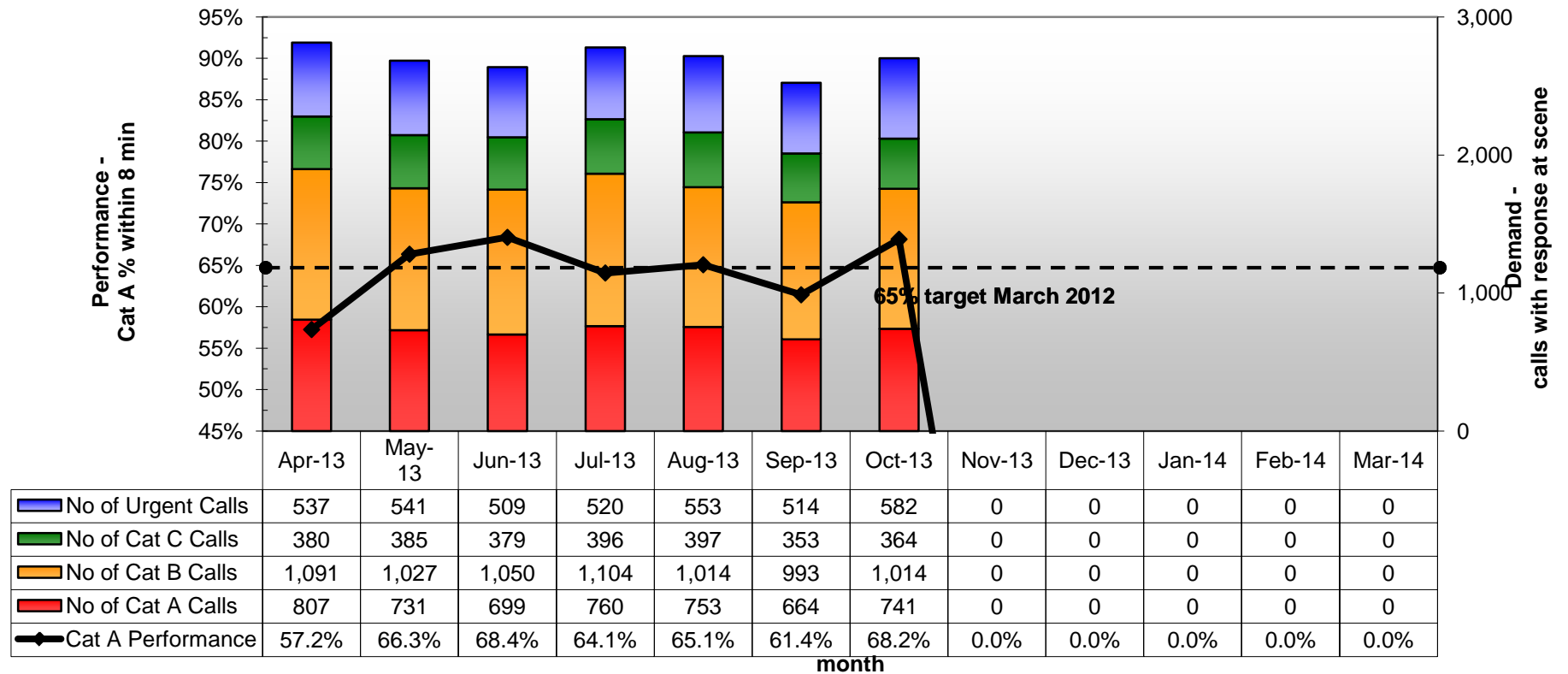
month

Monthly Cat A Performance -v- Demand 2013-14
Northern LCG
Emergency by Category & Urgent
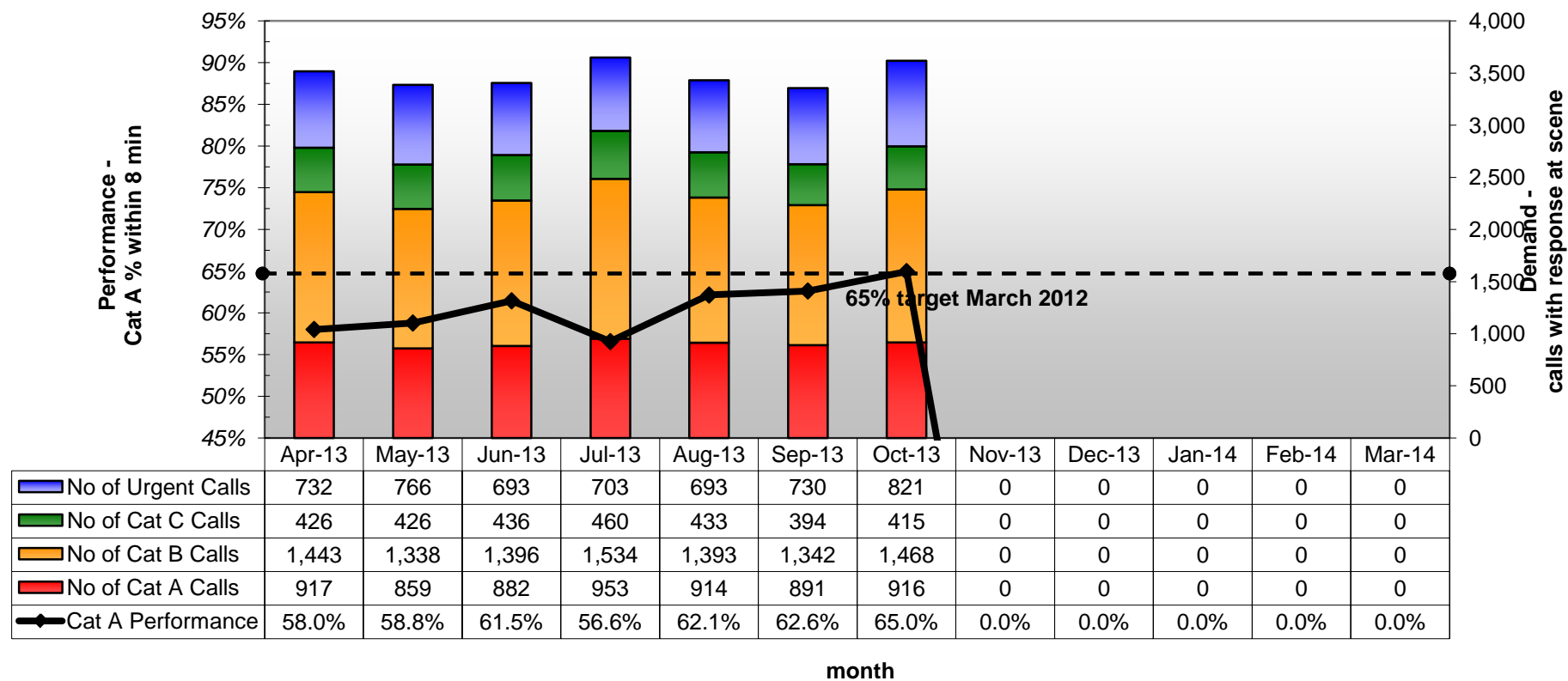
	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
No of Urgent Calls	732	766	693	703	693	730	821	0	0	0	0	0
No of Cat C Calls	426	426	436	460	433	394	415	0	0	0	0	0
No of Cat B Calls	1,443	1,338	1,396	1,534	1,393	1,342	1,468	0	0	0	0	0
No of Cat A Calls	917	859	882	953	914	891	916	0	0	0	0	0
Cat A Performance	58.0%	58.8%	61.5%	56.6%	62.1%	62.6%	65.0%	0.0%	0.0%	0.0%	0.0%	0.0%

month

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	0	0	0	0	0
No of Cat C Calls	350	319	296	379	329	331	354	0	0	0	0	0
No of Cat B Calls	1,002	909	995	1,070	1,013	1,061	997	0	0	0	0	0
No of Cat A Calls	804	733	668	807	730	701	711	0	0	0	0	0
Cat A Performance	60.3%	62.6%	63.3%	65.7%	64.4%	63.9%	65.7%	0.0%	0.0%	0.0%	0.0%	0.0%
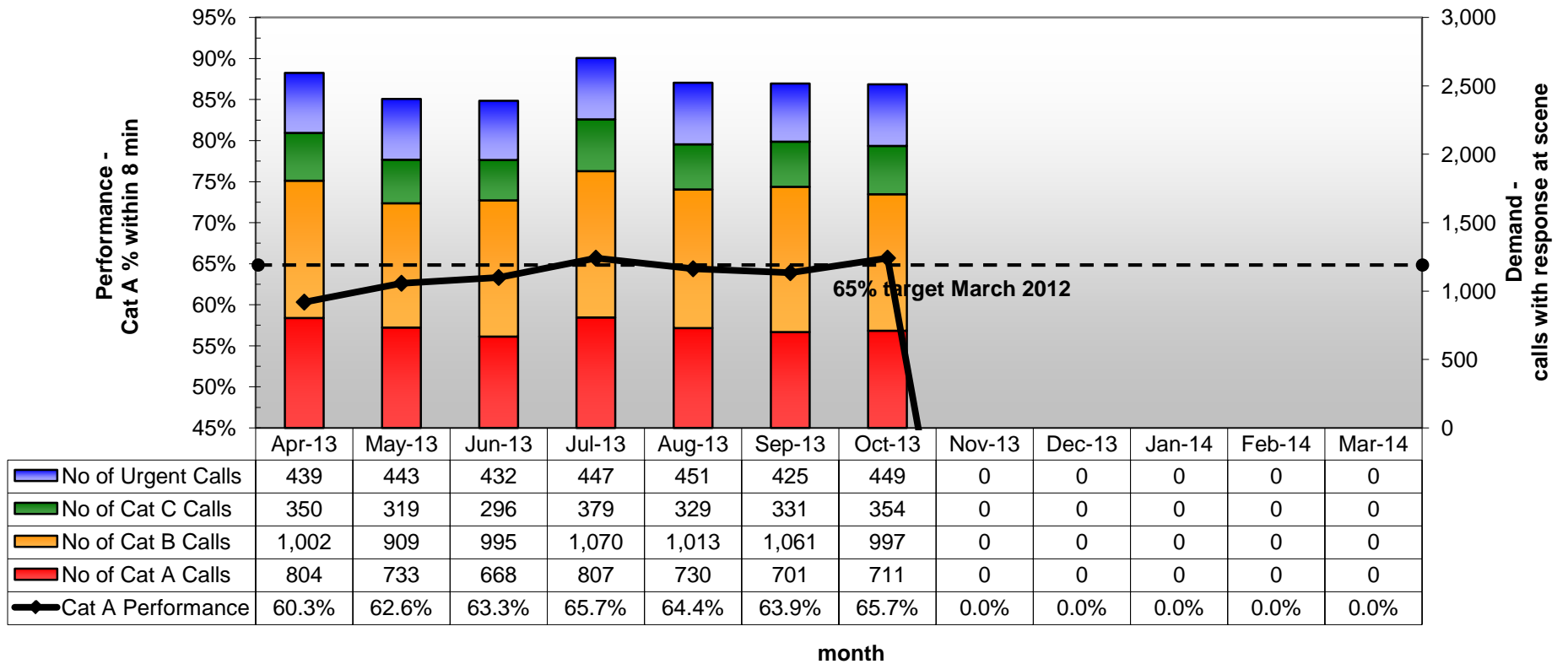
month

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	0	0	0	0	0
No of Cat C Calls	284	297	316	303	290	263	296	0	0	0	0	0
No of Cat B Calls	904	930	908	988	1,030	934	915	0	0	0	0	0
No of Cat A Calls	662	767	648	727	675	680	631	0	0	0	0	0
Cat A Performance	64.0%	66.8%	66.4%	65.9%	66.1%	72.1%	71.5%	0.0%	0.0%	0.0%	0.0%	0.0%

month
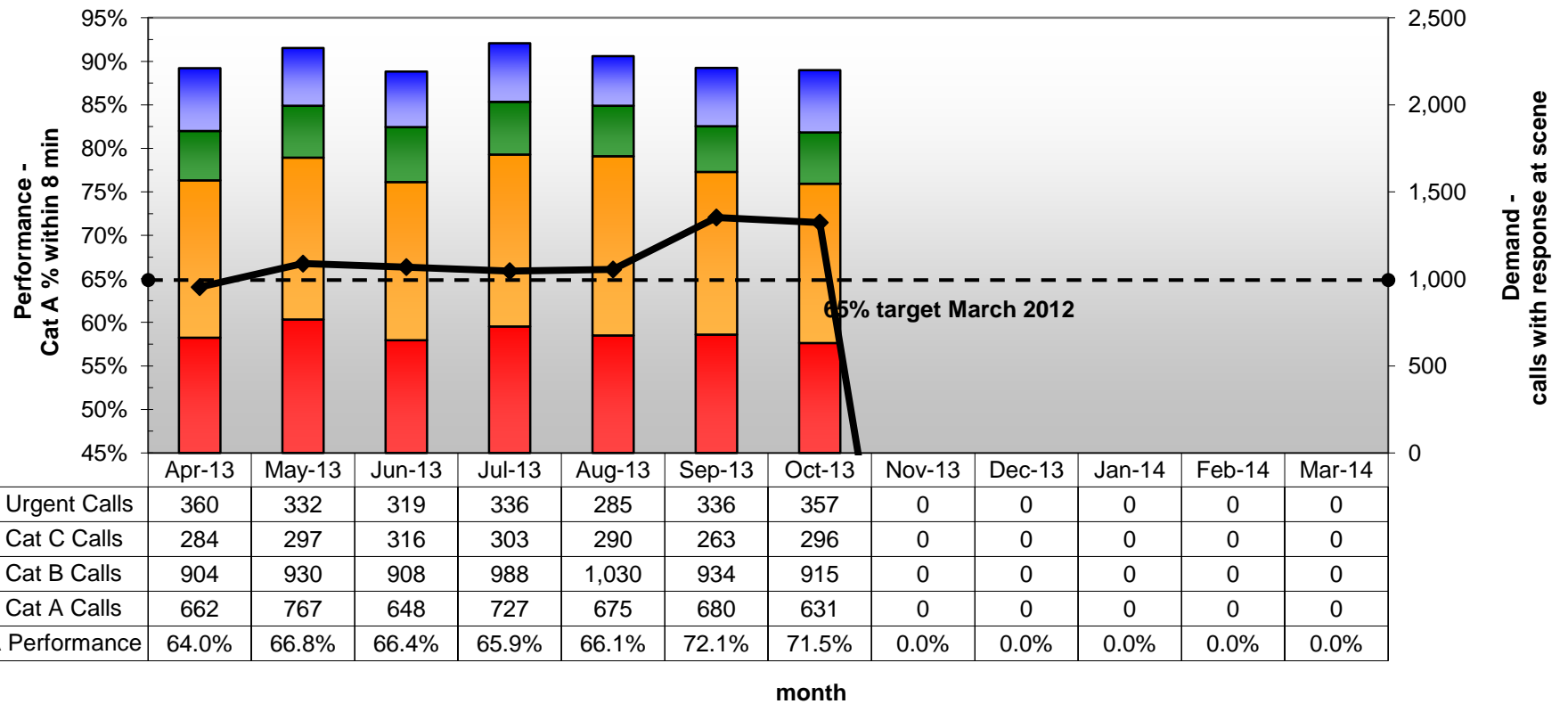
SECURING THE INFRASTRUCTURE – FLEET ESTATE

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

Estate and Fleet Strategy are being drafted.

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

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.

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					
Non-Emergency Ambulances	88.6	93.3	93.3	95.2	99.0	99.0	99.1					
Rapid Response Vehicles	69.0	69.0	71.4	73.8	76.2	83.3	83.3					
Support Vehicles	44.0	44.0	44.0	44.0	44.0	44.0	48.0					

PERFORMANCE COMMENTARY:
12/13 6 cars remain to be commissioned

IMPROVEMENT PROPOSALS FOR 2013/2014:

Vans and chassis ordered for conversion of PCS & A&E in 2013/14.
Specification prepared for mini quote on National contract. National contract expected to go live mid September 2013 and has been delayed from July. The new contract brings additional converters into the framework.

ESTATE CAPITAL PROGRAMME

BALLYMENA: Land valuation agreed, Approval through council, legal transfer to be completed. Full planning being prepared for sign off at end of September

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,

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 £24k at the end of October 2013 (Month 7). 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'. The Trust is also assessing the impact of an additional charge in respect of HRPTS systems maintenance costs and shared services costs and also further Trust team costs beyond the funding provided.

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					
Other Expenditure		1,785	2,054	3,499	4,432	5,319	6,206					
Expenditure Total		9,195	14,297	19,849	24,934	29,909	34,839					
Income		307	461	615	769	892	1,041					
Net Expenditure		9,608	13,836	19,234	24,165	29,017	33,798					
Net Resource Outturn		9,608	13,836	19,234	24,165	29,017	33,798					
Revenue Resource Limit (RRL)		9,608	13,813	19,206	24,135	28,991	33,774					
Surplus/(Deficit) against RRL		0	(23)	(28)	(30)	(26)	(24)					

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 proprtion of expenditure at the end of the financial year. The CRL has been prioritised against Fleet Replacement £3.3m, Fleet Additional (PCI) £0.3m Paediatric/Neonatal0 £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					
Estate		0	0	0	0	46	20					
Medical Equipment		0	0	0	0	0	0					
IT Equipment		0	0	0	0	0	0					
General Capital		0	0	0	0	0	19					
Total Spend		0	0	0	0	46	39					
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
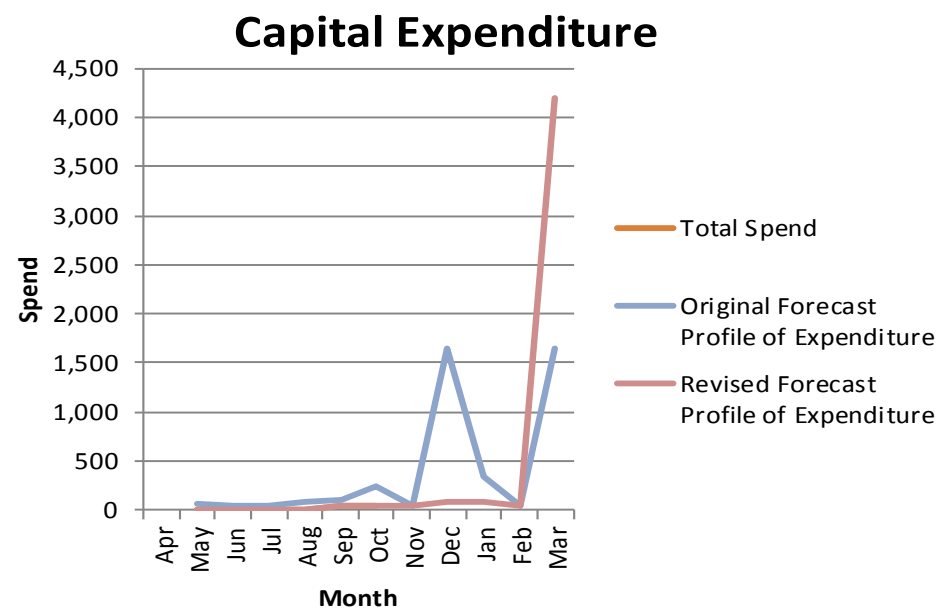
Asset Disposals

A 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					
Actual Disposals	3	0	15	34	34	34	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 86.9%. 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					
Cumulative	89.60	89.41	86.77	87.40	86.28	87.18	86.90					

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	2.6	1.01	0.90	1.90	Not available	3.67	3.82					

Days (Target 5 Days)													
Percentage of Products Supplied on First Request % (Target 95%)	87.31	89.00	89.29	93.69	96.67	95.99	96.52						
Number of Lines Issued (Stock and Non Stock Line)	533	974	689	755	702	757	922						
Value of Spend £k (Stock and Non Stock)	447	187	284	526	105	163	300						

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. Months of September and October 2013:-

3rd October: Planned maintenance to upgrade C3 PCS to C3 Nexus. System down in excess of 8 hours and users reverted to paper as contingency with retrospective input when system available.

7th October 2013: Planned maintenance to upgrade the telephone switch at NEAC Altnagelvin was carried out at 5pm. The upgrade involved a downtime of 6 hours and all incoming calls were routed to a single call taking agent without any disruption to service.

16 October 2013: Planned maintenance on Cregagh telephone exchange by BT affecting the delivery of 999 emergency calls to EAC Knockbracken. All 999 calls successfully diverted to EAC via Carryduff exchange during the one hour downtime without any disruption to service.

23 October 2013: During planned maintenance to the Uninterrupted Power Supply system (UPS battery backup system) at NEAC Altnagelvin an engineer failed to engage the bypass switch properly resulting in a loss of power to the site when the system was powered down. All systems were down for a maximum of 45 minutes with no telephony contact for 35 minutes.

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 is ongoing with a completion date in mid November and migration to the new network scheduled for end November 2013. 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

Target to Respond to 95%	September			October		
	No of Calls	Within time	Actual	No of Calls	Within time	Actual
Immediate	19	19	100%	34	34	100%
Urgent	22	22	100%	20	20	100%
High	16	16	100%	15	15	100%
Medium	240	236	98%	227	225	99%
Low	496	496	100%	574	573	100%
Total	793			870		

ICT Planned Maintenance September – system upgrades Critical Systems

No planned maintenance for this period

ICT Planned Maintenance October – system upgrades Critical Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	These are business critical systems which manage front line resources and need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.
C3 A&E	720	4 Hours	0	No	
C3 PCS	720	4 Hours	8.15	Yes	
Pro-QA	720	4 Hours	0	No	
ICCS A&E	720	4 Hours	1	No	
ICCS PCS	720	4 Hours	6	Yes	
DTR	720	4 Hours	0	No	
Voice Recorder	720	4 Hours	0	No	
Mobile Data	720	4 Hours	0	No	

ICT Planned Maintenance September – system upgrades Corporate Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	These are business support systems which need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.
E-mail	206	4 Hours	1	No	
File Server	206	4 Hours	0	No	
Virtual Server	208	2 Hours	0	No	
BlackBerry	206	4 Hours	0.10	No	
Promis	206	4 Hours	0.05	No	

ICT Planned Maintenance October – system upgrades Corporate Systems

	Availability	Maximum down time	Actual	Exceeded Maximum Down Time	These are business support systems which need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.
E-mail	206	4 Hours	0.5	No	
File Server	206	4 Hours	0	No	
Virtual Server	208	2 Hours	0	No	
BlackBerry	206	4 Hours	0	No	
Promis	206	4 Hours	0	No	

INFORMATION GOVERNANCE

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

FREEDOM OF INFORMATION ACT 2000

REPORT FOR FREEDOM FOR INFORMATION PROCESSING FOR THE PERIOD OF 01/04/2013 TO 31/10/2013

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-Oct 2013	April-Oct 2012
Number of Requests Received	9	12	21	11	9	10	12						84	40
Number of Questions Received	14	38	38	34	36	33	25						218	149
Completed Requests processed within 20 days or less	9	11	21	8	9	8	3						69	35
Completed Requests exceeding 20 days	0	1	0	3	0	1	-						4	5
Requests still being processed in line with 20 days*	-	-	-	-	-	0	9						9	-
Questions still being processed in line with 20 days*	-	-	-	-	-	0	19						19	-
Requests still being processed **exceeding** 20 days	-	-	-	1	-	1	-						2	-
Question still being processed **exceeding** 20 days	-	-	-	5	-	3	-						8	-
Number of Records Fully Disclosed	12	36	21	27	22	25	6						149	120
Vexatious Requests	0	0	0	0	0	0	0						0	0
Number of Questions for which records not held	2	0	0	2	14	5	0						23	27
Requests where exemptions wholly/partially applied	0	2	17	0	0	0	0						19	2
Referrals for Independent Review	0	0	0	0	0	0	0						0	0
Appeals to the Information Commissioner	0	0	0	0	0	0	0						0	0

Requestor Type														
Member of Public	4	3	2	3	5	4	1						22	14
Local Government	0	0	0	0	0	0	0						0	4
Staff Member	1	3	2	4	3	3	0						16	2
Media	3	1	0	3	1	0	0						8	6
Student	0	0	0	0	0	1	1						2	1
Commercial Company	1	1	1	1	0	1	0						5	8
Solicitor	0	0	0	0	0	0	0						0	1
WhatDoTheyKnow.com	0	4	16	0	0	0	10						30	1
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						11	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 31/07/2013

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 – Oct 13 TOTAL
Number of Requests Received	4	4	3	1	5	2	4						23
Completed Requests processed within 40 days or less	2	3	1	1	4	0	2*						11/13*
Completed Requests exceeding 40 days	1	1	2	0	1	2	-						7
Identity Not Confirmed and therefore could not be further processed	1	0	0	0	0	0	2						3

Requestor Type													
Patient	1	1	0	1	1	0	1						5
NIAS Staff Member	2	3	1	0	3	2	2						13
External Agency	1	0	1	0	0	0	1						3
Relative of Patient	0	0	1	0	1	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		0	0					
Assembly Questions (Written)	3	8	4	E		8	6					
CORs Received	1	0	1	C		1	1					
TOFs Received	0	0	0	E		0	0					
INVs Received	0	0	0	S		0	0					

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

Please note workforce information reported dated 30 September 2013 remains to be ratified by the NIAS ODWPSG scheduled 26/11/13.

NIAS budgeted establishment on 30 June 2013 was a total of **1223.54** WTE. At this date NIAS total Substantive in Post (permanent & temporary contracts) was **1186.91**[1] WTE including 58.91 WTE made up of 82 part-time staff (Headcount). The total Staff in Post (Headcount) figure was 1210, which does <u>NOT</u> include 7 individuals who support education, learning & development clinical programmes as required and 16 Sessional GP's. In addition there are currently **39** 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	65.96	3.93[3]	61 (68)[1]	3	9	-2.19
Operations	1111.76	948.59[5]	126.8[4]	938 (954)[1]	131	22	-163.17
Medical	6	6	1[6]	6	1[7]	3	0.0
TOTAL	**1223.54**	**1186.91**		**1210**			

Note 1: <u>Substantive In Post (WTE):</u> Does <u>NOT</u> include Sessional GPs, who constitute 0.16 WTE nor does it include individuals who support education, learning & development clinical programmes as required, who constitute 0.07 WTE. These individuals have been included in the Staff in Post (Headcount), figures (in brackets) in the respective Directorates.

*Note 2: <u>Finance Directorate:</u> 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: <u>HR & CS Directorate:</u> Included in the Substantive In Post (WTE) Temp figure, is **1** temporary Snr Learning & Development Officer (B6), **1** temporary HR Officer (B5), **1** temporary Equality & PPI Officer and **1** temporary CSO (B6), who are covering secondments / career breaks, etc.*

*Note 4: <u>Operations Directorate:</u> Included in the Substantive In Post (WTE) Temp figure, are **34** temporary Paramedics, **30** temporary PiTs, **50.8** temporary ACAs, **6** temporary EMDs and **6** temporary Non-Emergency Call Takers.*

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

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

*Note 7: <u>Medical Directorate:</u> 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: <u>Permanent Vacancies:</u> 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 = 6.77%
ABSENCE TARGET 2013/14 = 6.7%   WTE:1179.73
NIAS % ABSENTEEISM

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 absence	3.86	3.74	2.63	3.6	3.04	3.27	3.16					
% long term absence	3.98	3.54	3.83	3.48	3.83	4.48	3.16					
No. of employees on half pay	11	8	8	10	8	7	9					
No. of employees on no pay	0	0	0	0	0	2	3					
Monthly absence (%) 13/14	7.85	7.28	6.46	7.08	6.87	7.76	7.53					
Cumulative absence (%)13/14	7.85	7.6	7.33	7.35	7.25	6.67	6.77					
Performance Assessment												
Estimated Cumulative Cost of absence* (£'000)	£316	£614	£889	£1,202	£1,486	£1,640	£1,938					
% absence12/13 (monthly)	6.82	6.69	6.81	6.11	6.61	6.24	6.75	7.6	9.12	9.49	8.13	9.09
% 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.

NIAS TOTAL YEAR TO DATE ABSENCE 2013/14 = 6.77% NIAS ABSENCE TARGET 2013/14 = 6.7%												
Attendance Management	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
OPERATIONS DIRECTORATE **% ABSENTEEISM 2013/14**				WTE: 1078.35						YEAR TO DATE ABSENCE = 7.16%		
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
Monthly absence (%)	8.65	7.82	6.73	7.3	7.17	7.79	8.09					
Cumulative absence (%)	8.65	8.27	7.86	7.8	7.69	6.67	7.16					
No. of employees on half pay	11	8	8	9	6	8	8					
No. of employees on no pay	0	0	0	0	0	2	3					
MEDICAL DIRECTORATE **% ABSENTEEISM 2013/14**				WTE: 9.0						YEAR TO DATE ABSENCE = 7.18%		
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
Monthly absence (%)	9.29	10	7.85	0	0	0	0					
Cumulative absence (%)	9.29	9.66	9	6.9	5.59	4.72	7.18					
No. of employees on half pay	0	0	0	0	0	0	0					
No. of employees on no pay	0	0	0	0	0	0	0					
FINANCE & ICT DIRECTORATE **% ABSENTEEISM 2013/14**				WTE: 27.63						YEAR TO DATE ABSENCE = 1.72%		
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
Monthly absence (%)	0	0	0	3.95	3.7	4.22	0.08					
Cumulative absence (%)	0	0	0	1.01	1.56	2	1.72					
No. of employees on half pay	0	0	0	0	1	1	0					
No. of employees on no pay	0	0	0	0	0	0	0					
H R AND CORPORATE SERVICES DIRECTORATE **% ABSENTEEISM 2013/14**				WTE: 66.75						YEAR TO DATE ABSENCE = 3.63%		
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
Monthly absence (%)	1.32	2.72	5.63	5.68	5.15	3.03	2.18					
Cumulative absence (%)	1.32	1.94	3.01	3.65	3.95	3.82	3.63					
No. of employees on half pay	0	0	0	1	1	1	1					
No. of employees on no pay	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	6.77**

*Figure not yet available

**Cumulative Figure as at 31st October 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		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
Regulated											
Station Supervisors & Clinical Support Officers	47	3.98	**NIAS**	6.36	5.93	4.67	7.98	8.32	8.41	12.57	4.73
Paramedics	473	40.09	**NIAS**	8.23	6.87	6.76	5.18	7.94	6.46	8.31	7.30
Nursing & Midwifery (formerly TC5)	N/A*	N/A*	**HSC**	6.25	5.97	6.26	5.90	6.41	6.16	6.59	*
Social Services (formerly TC6)	N/A*	N/A*	**HSC**	6.57	5.98	6.42	5.89	6.23	6.09	6.53	*
Non-Regulated											
Admin & Clerical**	102	8.65	**NIAS**	4.88	3.48	2.67	3.78	5.23	3.57	4.97	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						**19**
Grievances acknowledged within 2 days	2	6	3	6	0	0	2						**19**
Grievances at Informal Stage	1	1	1	3	0	0	2						**8**
Grievances resolved informally / withdrawn	0	3	1	1	0	0	0						**5**
Grievance at Formal Stage	0	2	1	1	0	0	0						**4**
Stage 1 hearing arranged within 15 working days	0	0	0	0	N/A	N/A	N/A						**0**
Stage 1 Grievance Hearing heard	1	0	0	0	0	0	0						**1**
Stage 1 outcome conveyed within 7 working days of hearing	1	N/A	N/A	N/A	N/A	N/A	N/A						**1**
No. of cases appealed	1	N/A	N/A	N/A	N/A	N/A	N/A						**1**
Stage II hearing arranged within 15 working days of notification	0	N/A	N/A	N/A	N/A	N/A	N/A						**0**
Stage II outcome conveyed within 7 working days of hearing	1	N/A	N/A	N/A	N/A	N/A	N/A						**1**
Grievance Cases Closed	1	3	1	2*	0	0	0						**7**
Number of active Grievance Cases (2013/14)													**12**
Total number of active Grievance Cases													**29**

*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						**12**
Number of HCPC referrals	1	1	1	2	1	1	0						**7**
Withdrawal of Professional Registration.	0	0	0	0	0	0	0						**0**
Number of suspensions	0	0	0	0	3	0	0						**3**
Decision to suspend reviewed every 4 weeks	N/A	N/A	N/A	N/A	3	N/A	N/A						**3**
Formal investigations ongoing	0	0	1	2	2	1	*						**6**
Formal investigations completed as soon as is reasonable	0	0	0	N/A	N/A	N/A	N/A						**0**
Informal Recommendations Made	2	1	0	0	0	N/A	N/A						**3**
Formal hearing recommended	0	0	N/A	N/A	N/A	N/A	N/A						**N/A**
Document disclosure exchanged 5 working days prior to disciplinary hearing	N/A	N/A	N/A	N/A	N/A	N/A	N/A						**N/A**
Decision of Stage I Panel conveyed within 7 working days of date of hearing	N/A	N/A	N/A	N/A	N/A	N/A	N/A						**N/A**
No. of appeals of Stage 1 outcome received	N/A	N/A	N/A	N/A	N/A	N/A	N/A						**N/A**
Employee given 7 working days notice of appeal hearing	N/A	N/A	N/A	N/A	N/A	N/A	N/A						**N/A**
Decision of Stage II Appeal panel conveyed within 7 working days of date of hearing	N/A	N/A	N/A	N/A	N/A	N/A	N/A						**N/A**
Disciplinary Cases Closed	2	1	1	0	1	0	0						**5**
Number of active suspensions													**2**
Number of active Disciplinary Cases (2013/14)													**7**
Total number of active Disciplinary Cases													**16**

* Fact finding taking place

Harassment Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Number of harassment cases	1	3	3	0	0	2	1						**10**
Number of informal cases	0	3	1	0	0	2	0						**6**
Number of formal cases	1	0	1	0	0	0	0						**2**
Recipient of the complaint meets complainant within 5 working days of receipt of complaint	1	2	0	0	0	1	N/A						**4**
Cases withdrawn	0	0	0	0	0	1	N/A						**1**
Investigation complete within 30 working days of receipt of complaint	1	N/A	0	0	0	N/A	N/A						**1**
Harassment Cases Closed	1	2	1*	0	0	2	1						**7**
Finding of Harassment	not upheld	N/A	ongoing	N/A	N/A	N/A	not suitable						
Number of active harassment cases (2013/14)													**3**
Total Number of Active Harassment cases													**9**

*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						**1**
Response to IT Applications within 28 days	0	0	0	0	0	0	*						**0**
IT cases Closed	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 has been granted until 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 |

HR5	*KSF was fully implemented within NIAS with effect from October 2012.*
HR14	*Managers to ensure KSF PDCR reviews to be completed by 31/03/2014 to comply with the annual cycle.*
	Overall Corporate compliance at mid-year (30/09/2013) 96%

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					
Implement Northern Ireland position on gateway progression	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					
Operations	A	A	A	A	A	A	A					
Fleet & Estate	A	A	A	A	A	A	A					
Medical Directorate												
Medical & Risk Mgmt	A	A	A	A	A	A	G					
Emergency Planning	A	A	A	A	A	A	G					
Finance Directorate												
Finance	A	A	A	A	A	A	A					
ICT & Information	A	A	A	A	A	A	A					
Stores & Courier	A	A	A	A	A	A	A					

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

JOB EVALUATION FOR PARAMEDICS, RRV PARAMEDICS & EMERGENCY MEDICAL TECHNICIANS

The JNF Joint Chairs referred all 3 jobs to the full Regional Quality Assurance team, with a request for resolution at the earliest opportunity. The Trust has undertaken to request information regarding the timescale and/or date for this work to be completed on a fortnightly basis, but disappointingly this information has not been provided to date.

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

HR 6 DELIVER MANDATORY TRAINING

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

Service Developments												
Courtesy Counts (draft title) Regional Pilot for CSO Team	N/A	N/A	N/A	N/A	N/A	N/A	N/A					
High Speed Driving Assessors	G	G	G	G	G	G	G					
ADI Training for RATC Ambulance Driving Instructors	G	G	G	G	G	G	G					
RATC Input for Other Medical Disciplines												
Queen's University Medical Students – Pre-Hospital Emergency Care and First Aid	N/A	N/A	N/A	N/A	N/A	N/A	N/A					
Foundation Year Doctors Generic Skills Training	N/A	N/A	N/A	N/A	N/A	N/A	N/A					
Clinical Support Officer Workstreams												
High Speed Driving Assessor Training	G	G	G	G	G	G	G					
Paramedic-in-Training – Practice Placement Educator and Mentoring	G	G	G	G	G	G	G					
Ambulance Care Assistant – Post-Training Support	G	G	G	G	G	G	G					
Clinical Supervision of Post-Qualified Staff	G	G	G	G	G	G	G					
Clinical Audit	G	G	G	G	G	G	G					
Clinical Performance Indicators (CPIs)	G	G	G	G	G	G	G					
Patient/Client Experience Audit	G	G	G	G	G	G	G					
CPD Events	G	G	G	G	G	G	G					

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						**8**
Cases Settled		1	1	0	1	1	0	0						**4**
Cases Ongoing														**30**
Clinical Negligence	**9**													
Cases Received		0	0	0	0	0	0	0						**0**
Cases Settled		0	0	0	1	0	0	1						**2**
Cases Ongoing														**7**
Public Liability	**4**													
Cases Received		0	1	0	0	0	0	0						**1**
Cases Settled		0	0	0	0	0	0	0						**0**
Cases Ongoing														**5**

COMPLAINTS MANAGEMENT

	Total (to date)
Total complaints received to date	**67**

HANDLING TIMES OF COMPLAINTS																
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**	**%**	**2012-13**	
Complaints Received	18	8	13	10	7	11							**67**		**140**	*100%*
Total A&E & PCS Activity	*28599*	*32984*	*27907*	*32983*	*28456*	*29790*							*180719*			
% Complaints/Activity	*0.06%*	*0.02%*	*0.05%*	*0.03%*	*0.02%*	*0.04%*							*0.04%*			
Acknowledged within 2 working days	18	8	12	10	7	11							**66**	*99%*	**138**	*98%*
Acknowledged after 2 working days	0	0	1	0	0	0							**1**	*1%*	**2**	*2%*
Response within 20 working days	2	4	7	6	1	2							**22**	*33%*	**42**	*30%*
Response after 20 working days	16	4	3	1	0	0							**24**	*36%*	**98**	*70%*
Complaints Investigations ongoing	0	0	2	1	3	9							**15**	*22%*	**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**	*0%*	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							21	*31%*	**56**	*40%*
Patient Care Service	0	1	2	1	2	1							7	*10%*	**22**	*16%*
Control & Communications	13	4	8	7	4	3							39	*58%*	**58**	*41%*
Other	0	0	0	0	0	0							0	*0%*	**3**	*2%*
Voluntary Car Service	0	0	0	0	0	0							0	*0%*	**1**	*1%*

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							16	23.9%	44	31%
Ambulance Late/No Arrival	11	6	9	6	4	3							39	58.2%	71	51%
Clinical Incident	2	1	2	0	0	3							8	11.9%	14	10%
Suitability of Equip/Vehicle	0	0	0	1	0	0							1	1.5%	2	1%
Other	1	0	0	0	0	1							2	3.0%	7	5%
Patient Property	1	0	0	0	0	0							1	1.5%	2	1%
TOTAL	18	8	13	10	7	11	0	0	0	0	0	0	67		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						119	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						103	86.6%	147	90%
Control	1	0	0	0	1	0	1						3	2.5%	9	6%
Patient Care Service	2	1	1	1	6	0	1						12	10.1%	6	4%
Voluntary Car Service	0	0	0	0	0	0	0						0	0.0%	0	0%
Other	0	0	0	0	1	0	0						1	0.8%	0	0%
TOTAL	17	9	9	2	37	14	31	0	0	0	0	0	119		162	

COMPLAINTS CLOSED - OUTCOME / LEARNING REPORT: SEPTEMBER 2013

Ref	Summary of Complaint	Outcome	Action Required/Learning Points
COMP/549	Complaint regarding the actions of ambulance personnel. Complainant states that an ambulance crew arrived on a hospital ward to take her mother home and the ambulance crew were not prepared to wait for medications to be delivered to the ward they left the ward without the patient and without notifying the family relatives and ward staff.	Complaint upheld. Investigation found that crew member left the hospital ward as the patient was not ready to travel but did not advise the ward staff of this.	Letter of explanation and apology issued. Crew member reminded of the need to communicate effectively with staff and relatives.
COMP/562	Patient unable to travel on ambulance to hospital appointment due to the fact that there was no room for her accompanying escort.	Complaint upheld. Investigation found that the ambulance was unable to provide transport for the patient escort as priority had been given to transport other patients in the ambulance.	Letter of explanation and apology issued. No action identified.
COMP/564	Complaint regarding non availability of ambulance transport to take patient home. Patient required to stay in hospital overnight. Complainant concern that there was no ambulance availability at night to discharge patients.	Complaint upheld. Investigation found that no ambulance was available to undertake transfer due to the number of other transfers required on this evening.	Letter of explanation and apology issued. No action identified.
COMP/568	Complaint that on arrival at ED ambulance rolled back and collided with a wall with patient and escort inside the ambulance. Complainant is unhappy that no support was provided nor advised how to make a complaint if they wished.	Complaints upheld. The investigation found that although the ambulance handbrake had been applied at the time the ambulance came to a stop, it is clear that it was not engaged fully to take account of the incline at the Emergency Department. After the incident had occurred the crew determined that no injury was caused to the patient or escort and that there was no damage caused to either the ambulance or the hospital wall.	Letter of apology and explanation issued. The driver of the ambulance has been reminded of the need to ensure that the handbrake is fully engaged when parking ambulance vehicles.
COMP/570	Complaint regarding the lack of assistance provided by ambulance personnel to patient.	Complaint not upheld. Investigation found no evidence that crew acted inappropriately during this call.	Letter of explanation issued. No action identified.

COMP/571	Complaint from HSC staff member regarding the attitude of call taker at NEAC.	Complaint upheld. Investigation found that the conduct of he staff member did not meet the standards expected of ambulance personnel.	Letter of apology and explanation issued. The Ambulance Control staff member will be subject to a review of their actions in managing this call with their line manager to highlight and address this failure to manage the call in accordance with relevant procedures. The staff member will also receive additional training to prevent any reoccurrence of this type of incident.
COMP/572	Complaint regarding the non provision of ambulance transport for an 86 year old patient for an inter-hospital transfer.	Complaint partly upheld. Investigation found that due to the late notice provided by the Hospital there was no ambulance availability in the Western HSC Area to undertake the transport request.	Letter of explanation and apology issued. No action identified.
COMP/575	Complaint regarding why a patient suffering from a suspected stroke was walked to an ambulance and also alleging that the patient sustained an injury after falling off the seat in the ambulance as they were not secured properly.	Complaint upheld. Investigation found that crew acted appropriately in treating patient. Patient's consent was gained prior to being assisted into the ambulance on foot. Investigation found that crew member did not secure patient into the seat belt.	Letter of explanation and apology issued. Crew member to review incident with line manager.
COMP/576	Complaint regarding the driving of a non emergency ambulance and the behaviour of ambulance personnel.	Complaint not upheld. Investigation found no evidence to substantiate claims made.	Letter of explanation issued. Crew reminded of the need to drive taking account of other road users.

COMPLIMENTS RECEIVED – SEPTEMBER - OCTOBER 2013

Description
I wish to thank the ambulance crew who transferred me to hospital.
We would like to thank you very much for your help. Your professionalism and kindness made the pain of a very difficult rime bearable.
The ambulance crew who attended to me cannot be praised enough. The crew made me feel better and calmed me down. I was made to feel comfortable. They were what I needed. Thank you all for the work you do.
I and my family would like thank NIAS for the prompt, courteous and efficient response to our 999 call. The Paramedic attended in a reassuring and professional manner. Congratulations on the excellent work.
I just want to praise the ambulance crew who attended a member of my family. They were courteous and respectful. They were outstanding in their kindness and although we thanked them in person at the time I just wanted to put my thanks more formally. Please thank them again from the family.
I wish to convey sincere thanks to all of the NIAS Officers who very swiftly, effectively and professionally responded to my call. The very swift response to the 999 call of both the Rapid Response Team and the Ambulance Crew was instrumental to stabilising my condition and my prompt transfer to hospital. I would very much appreciate your assistance when conveying my sincere thanks and appreciation to all involved - their sterling service reflects very positively on the entire Ambulance Service - at an organisational level - the customer focus is exceptional. Thank you very much once again.
Wished to thank the crew who attended her sister. They were brilliant and helpful. Thanks
Many thanks
I wanted to thank you for being so nice and patient with me when taking me to hospital. The service you provide is invaluable. Thanks to you I was at hospital when I delivered my baby boy.
I just wanted to write a short note to thank you for stopping to help my daughter while you were off duty and on your way home. Our family appreciate your time and dedication and are thankful you stopped to help.
Could I take the opportunity to wish your two ambulance crew my best wishes following a tragic road traffic accident. We owe the service a great debt of gratitude for the excellent service they have provided.
The crew were extremely efficient and helpful. They were very calm, efficient and very caring in a very stressful situation.
I would like to write to congratulate the Ambulance Service, RVH Emergency Department, fracture wards and physiotherapy staff for the exemplary treatment I received.
I am also grateful to the Paramedics who brought us from Limavady to the Causeway and also those who brought us from the Causeway to the RVH in Belfast. My son has had an operation in the RVH and is recovering well. Thank you to all concerned.

All the ambulance staff have been very efficient and helpful. In particular I would like to mention Matt Sherry from Aughnacloy. He is one of those rare individuals who always goes the extra mile. He always keeps you informed about what is happening. He is genuinely concerned about his clients. Please let him know his great manner did not go unnoticed. You all do a wonderful job.

I would like to convey my grateful thanks to the crew who attended a RTA. I was given first class treatment & was dealt with in a caring & professional way. Thank you for doing such a good job.

I write this letter to commend paramedics who attend our home. They arrived offering reassurance and medical assistance as was required during a difficult time for us as a family. Please share our sincere thanks and appreciation. We would never have managed without them.

The two officers in the ambulance were "first class". I was most impressed with the efficient, professional, & very courteous approach by all the staff with whom I came in contact. Please pass onto them my sincerest thanks & gratitude and that of my family. All of them made a very impressive team & they kept me informed all the way along. I would reiterate how efficient and professional the staff were.

I wish to forward to you my appreciation for the professionalism, caring nature and commitment of the NI Ambulance Service crews who attended my father. I can only advise that the quality of the attention and care was exceptional. Thank you once again for an excellent service and best wishes for the future as you lead such an important and vital service.

The two paramedics were so kind to come to my assistance when I hurt my neck and was unable to move. I really appreciate all your help and your kindness for getting me to hospital whenever there was no one else to help me. Many thanks.

We would like to thank you very much for the great care you gave.

Please forgive the delay in writing to record my profound appreciation of the excellent work rendered by the ambulance crew who responded to a 999 call by me. Please convey my thanks to the crew concerned and wish them well in all future endeavours.

Thank you very much for your kindness and help at the scene of an accident. God Bless you for everything you done to help. I will pray for you and hope you can continue to keep your great work for people. We will always remember how hard your work is and your dedication to your work,

I have always had a great admiration for the ambulance staff. They were so quick to act with great efficiency and in no time were heading to hospital; I want to thank all ambulance staff. They are so efficient, caring and compassionate.

May I on behalf of my family take the opportunity to thank the Paramedic staff who did so much for my husband when he collapsed. They were absolutely astounding & if anyone could have saved him it would have been them. May God's blessing be with them always in their work.

A phonecall was made to 999 for an ambulance. While we waited on the ambulance to arrive-my nephew was born at home. I would like to thank the crew for their help.

I suffered a heart attack and a cardiac ambulance was requested by my GP. I was a very ill man but I seem to recollect that the crew introduced themselves. If it was not for their expertise, I know that I could easily have died that day. Their friendly reassuring professional care, in stabilising me, assuredly saved my life. Please pass on my heartfelt thanks-I shall ever be grateful to them.
Thank you very much for all your work & help when you attended dad.
I yet again would like you to pass on my thanks to the crews who attended a two year old boy. The crews were consummate professionals and were instrumental in calming the child minder down. Whilst traveling to the RVH, the crew were faultless in their care and attention. I gain renewed respect for the crews and the service they provide.
Compliments to ambulance personnel
I would like to pass on my heartfelt thanks to the members of NIAS staff who attended the scene of an accident. I cannot speak highly of these individuals. When we arrived at A & E, both waited with me whilst I was on the trolley and continued to call in with me to see how I was, even after I was transferred to a bed Please pass on my sincere thanks to these individuals and their line managers. I have to say that all of the personnel whom I met that day from NIAS acted with the utmost professionalism.

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						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					
Equality Scheme Implementation	G	G	G	G	G	G	G					
S75 Statutory Report to ECNI	A	A	A	A	G	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						**199**
Number of responses issued on day of receipt	25	27	31	37	18	31	30						**199**
Weekly media - Response within three days													
Number of enquiries received	8	5	6	9	4	8	7						**47**
Number of responses issued within 3 days of receipt	8	5	6	9	4	8	7						**47**
Number of responses resulting in Media Coverage	33	32	37	46	20	37	36						**241**

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						**186**

CONSULTATION RESPONSES JULY – AUGUST 2013

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link to Consultation
24/07/13	DHSSPS Consultation on draft Guidance on Termination of Pregnancy	NIAS stated there does not appear to be any negative impact from an Operational stand point. However it was highlighted that there needs to be clarity on the information and treatment of women who have had a termination of pregnancy especially if outside of Northern Ireland and if requiring emergency treatment after a termination. This in turn may have an impact of certain groups of section 75 of the Northern Ireland Act 1995 staff. A rigorous and extensive equality impact assessment will provide a reasonable framework in this instance.	http://www.dhsspsni.gov.uk/showconsultations?txtid=43372
24/07/13	HCPC consultation on guidance on professional indemnity cover	NIAS found the guidance easy to understand and did not have anything to suggest to amend the guidance	http://www.hcpc.org.uk/aboutus/consultations/index.asp?id=158
21/08/13	NI Assembly Consultation on a bill to change the organ donation system in NI	There were no comments to make however NIAS stressed that any changes to the legislations will need time to be implemented following the full participation of all stakeholders, including NIAS, e.g. how to assist/treat/care for certain patients at scene so as to enable staff and family consideration for transplant when the patient is transported to hospital. They also suggested that the consultation should be distributed to a wider range of staff to respond.	http://uup.org/news/1813/Dobson-Confident-Organ-Donation-Law-Change-will-Save-Lives

TB/3/28/11/13

TERMS OF REFERENCE

AUDIT COMMITTEE

1.0   CONSTITUTION

1.1   The Board hereby resolves to establish a Committee of the Board to be known as the Audit Committee (The Committee).

1.2   The Committee is a non-executive Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

1.3   All procedural matters in respect of the conduct of the meetings of the Committee shall be in accordance with the Trust's Standing Orders.

2.0   MEMBERSHIP OF THE COMMITTEE

2.1   The Committee shall be appointed by the Board from amongst the Non-Executive Directors of the Trust and shall consist of not less than three members. A quorum shall be two members.

2.2   A non executive member of the Committee will be appointed Chair of the Committee by the Board.

2.3   The Chairman of the Trust Board shall not be a member of the Committee.

2.4   One member of the Committee shall be the Chair of the Assurance Committee.

2.5   One member of the Committee should have a financial background.

3.0   ATTENDANCE AT MEETINGS

3.1   The Director of Finance and appropriate Internal and External Audit representatives shall normally attend meetings. However at least once a year the Committee should meet privately with the External and Internal Auditors.

3.2   The Chairman, Chief Executive, Executive Directors and other Officers of the Trust may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Director or Officer.

3.3 The Assistant Director of Finance shall attend to the Minutes of the meeting and provide appropriate support to the Chairman and Committee members.

4.0 FREQUENCY OF MEETINGS

4.1 Meetings shall be held not less than three times a year. The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

5.0 AUTHORITY

5.1 The Audit Committee's primary role is to independently contribute to the Trust Board's overall process for ensuring that an effective internal financial control system is maintained.

5.2 The Board will always retain responsibility for such control and will act after taking account of the recommendations and assurances of the Committee. The Committee, therefore, does not have the executive authority of the Board, but does have sufficient membership, authority and resources to perform its role independently and effectively.

5.3 The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

5.4 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

6.0 DUTIES

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

6.2 Governance, Risk Management and Internal Control

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

6.3 In particular the Committee will review:

6.3.1 The adequacy of all risk and control related disclosure statements (in particular the Governance Statement), together with any accompanying Head of Internal Audit statement,

external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.

6.3.2 The adequacy of the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

6.3.3 The adequacy of the policies for ensuring compliance with relevant regularity, legal and code of conduct requirements, including the Trust's Standing Orders and Standing Financial Instructions.

6.3.4 The adequacy of the policies and procedures for all work related to fraud and corruption as required by the DHSSPS Counter Fraud Policy Unit.

6.3.5 The annual schedule of losses and compensation payments and will make recommendations to the Board regarding their approval.

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

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

6.6 **Internal Audit**

The Internal Audit function must meet the Public Sector Internal Audit Standards (PSIAS) and provide appropriate independent assurance to the Audit Committee, Chief Executive and Board. The Committee shall review the effectiveness of the Internal Audit function as established by management. This will be achieved by:

- Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal;
- Review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework;
- Consideration of the Head of Internal Audit's annual report, major findings of internal audit work (and management's

response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources;

- Ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;
- Annual review of the effectiveness of internal audit.

6.7 **External Audit**

The Committee shall review the work and findings of the External Auditor and consider the implications of, and management's responses to, their work. This will be achieved by:

- Consideration of the performance of the External Auditor;
- Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Strategy;
- Discussion with the External Auditors of their local evaluation of audit risks and assessment of the Trust;
- Review of all External Audit reports, including consideration of the annual Report to Those Charged with Governance before submission to the Board and any work carried out outside the annual audit plan, together with the appropriateness of management responses.

6.8 Other Assurance Functions

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

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

6.10 Financial Reporting

The Audit Committee shall review the Trust's Annual Report and the Financial Statements before submission to the Board, focusing particularly on:

- The wording in the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee
- Changes in, and compliance with, accounting policies and practices
- Unadjusted mis-statements in the financial statements

- Major judgemental areas
- Significant adjustments resulting from the audit
- The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

6.11 Value for Money

The Audit Committee shall oversee the adequacy of the Trust's arrangements for ensuring that Value for Money (VFM) is obtained in the expenditure of all public funds entrusted to its care. This will include a review of the findings from, and management's response to, all value for money audit reports issued to the Trust as part of the regional VFM programme sponsored by DHSSPS/HSCB.

7.0 REPORTING

7.1 The Minutes of Committee meetings shall be formally recorded and submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.

7.2 The Committee will report to the Board annually on its work in support of the Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against the Quality Standards and Controls Assurance Standards.

8.0 OTHER MATTERS

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

DATE OF ISSUE: **November 2013**

DATE OF REVIEW: **November 2014**

TB/4/28/11/13

Northern Ireland Ambulance Service
Health and Social Care Trust

THE NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST
MID-YEAR ASSURANCE STATEMENT

This statement concerns the condition of the system of internal governance in The Northern Ireland Ambulance Service (NIAS) HSC Trust as at 30 September 2013.

The scope of my responsibilities as Accounting Officer for NIAS, the overall assurance and accountability arrangements surrounding my Accounting Officer role, the organisation's business planning and risk management and governance framework remain as set out in the Governance Statement which I signed on 13 June 2013. The purpose of this mid-year assurance statement is to attest to the continuing effectiveness of the system of internal governance. In accordance with Departmental guidance, I do this under the following headings.

1.   Governance

The system of governance as described in the most recent Governance Statement continues in operation. The Assurance Committee, Audit Committee, and Remuneration Committee continue to meet to discharge their assigned business. Minutes of meetings, together with board meeting minutes containing the Committees' reports, have been provided to and are available for Departmental inspection to further attest to this.

2.   Assurance Framework

An Assurance Framework, which operates to maintain, and help provide reasonable assurance of, the effectiveness of controls, has been approved and is reviewed by the board. Minutes of board and committee meetings are available to further attest to this.

3.   Risk Register

I confirm that the Corporate Risk Register has been regularly reviewed by the board of the organisation and that risk management systems/processes are in place throughout the organisation. As part of the board-led system of risk management, the Register is presented to the Assurance Committee for discussion and approval and all significant risks are reported to the Board – most recently on 5 September 2013. In addition, I confirm that Information Risk continues to be managed and controlled as part of this process.

4.   Controls Assurance

I confirm implementation of action plans arising from the year-end self-assessments of compliance with Controls Assurance Standards has commenced. Progress on delivery of the action plans is in line with mid-year expectations.

The Management of Purchasing and Supply remains a challenge particularly as the Trust has no dedicated Health Estates function or similar in house expertise covering, for example Medical Equipment. This leads to a reliance on the Local Health Estates Departments of host Trusts and operational staff availability and expertise. These issues remain a focus for the Trust and have been highlighted by Internal Audit and also in the Management of Purchasing and Supply Controls Assurance self-assessment.

The Trust continues to work to progress all Controls Assurance action plans.

5.   External audit reports

I confirm implementation of the external auditor's accepted recommendations has commenced. Progress on delivery of the recommendations is in line with mid-year expectations.

There are a number of recommendations that have been partially implemented, for example the Trust continues to work to implement all aspects of Agenda for Change within national and regional processes and timescales. There remains, however, a significant number of staff that continues to be paid on account, without prejudice and subject to the outcome of the evaluation process. Given that the final outcome of the process remains uncertain, the risk to financial breakeven and stability remains as previously reported by external audit.

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 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 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.

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 is also assuming that £415,000 bridging funding as identified in the June 2013 RRL to achieve breakeven at year end is still available.

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

The Trust continues to work to ensure that the risks associated with the transition to the new Business Services Transformation Programme (BSTP) systems are mitigated against.

The Trust continues to work to progress all of the external auditor's accepted recommendations.

6.   Internal audit

I confirm implementation of the accepted recommendations made by internal audit has commenced. Progress on delivery of the recommendations is in line with mid-year expectations. Of the recommendations examined, 72% had been fully implemented, a further 23% had been partially implemented and 5% remain to be implemented.

For example, in respect of the recommendations that remain to be implemented, a Project Implementation Plan has been developed which identifies further training of key staff, work on the development of an information asset register together with an information mapping exercise. Information Governance policies and procedures are being revised to accommodate this and the new Information Governance Controls Assurance standard. Target dates will be fully monitored by management.

In respect of the recommendations that have been partially implemented, for example, significant progress has been made in relation to the arrangements for emergency planning and business continuity. Business continuity plans continue to be tested. A communications exercise and training and familiarisation sessions are planned with a view to reviewing Business Continuity Plans and the development of an overarching testing cycle.

The monitoring of performance of contracts and contract management remain a challenge, particularly recognising that there may not be staff present at ambulance locations when work is carried out. This area remains a focus for the Trust. The Trust continues to work to progress all of the internal auditor's accepted recommendations.

7. RQIA and other reports

I confirm that implementation of the accepted recommendations made by external bodies has commenced. The RQIA Action Plan is a standing item on the agenda of the Assurance Committee.

The Trust relies heavily upon the services provided by The Business Services Organisation (BSO) across a range of functions, including the Procurement and Logistics Service (PaLS). NIAS will continue to work with BSO to ensure that levels of service and assurance from BSO are appropriate and timely.

The Trust continues to work to progress all of the accepted recommendations made by external agencies.

8. Performance against Departmental Objectives

I confirm NIAS continues to work towards the achievement of the objectives and targets set by the Department, however, the following issues need to be recognised.

In the absence of specific reference to ambulance response performance in the commissioning directions, NIAS continues to pursue previously set targets for Category A performance. In the period April to September 2013, the Trust is responding to an average of 68.4% of Category A (life threatening) calls within eight minutes against a target of 72.5% across Northern Ireland. The 65% target by Local Commissioning Group area was achieved in the Belfast and Western LCG Areas.

Increases in activity, delays in patient handover at emergency departments, and acute service changes, in particular those implemented in the Belfast area, continue to create a challenge for the Trust, which we continue to address while engaging with other key stakeholders. NIAS continues to work with HSC colleagues, in particular to identify planned changes in the provision of acute services which have an impact on the ambulance service. The Trust is working with commissioners to assess on an on-going basis the capacity within NIAS to meet changes in demand and performance expectations.

The Trust continues to work with the DHSSPS and Commissioners to maintain operational performance and achieve financial balance within the context of a reducing budget, increasing demand and a changing service delivery environment. However uncertainties in the current economic climate may impact on the ability of the Trust to continue to deliver in these areas.

9. Internal Control Divergences

There are no other significant internal control divergences that have been identified to me.

10.   Mid-year assurance report from Chief Internal Auditor

I confirm that I have referred to the Mid-Year Assurance report from the Head of Internal Audit which details the organisation's implementation of accepted audit recommendations and internal audit assignments completed and reported on by mid-year.

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Mr Liam McIvor
CHIEF EXECUTIVE & ACCOUNTING OFFICER

18 October 2013

NORTHERN IRELAND AMBULANCE SERVICE

2013/14 MID YEAR ASSURANCE STATEMENT

1   The Department of Health, Social Services and Public Safety advised all Health and Social Care organisations of the requirement for a Mid Year Assurance Statement. The function of this statement is to enable the Accounting Officer to attest to the continuing robustness of the organisations system of internal governance.

2   The Audit Committee's primary role is to independently contribute to the Trust Boards overall process for ensuring that an effective internal financial control system is maintained. The Assurance Committee is responsible for assuring the NIAS Board that effective and regularly reviewed arrangements are in place to support the implementation and development of governance (clinical and non clinical) and risk management.

3   Within this framework, it was agreed at a meeting of the Audit Committee on 14 October 2013 to recommend to the Trust Board that, with a number of suggested amendments, that the Mid Year Assurance Statement should be approved by the Board and signed by the Chief Executive. The Chair of the Audit Committee the Trust's Director of Finance & ICT signed a resolution to this effect.

Mrs S McCue   **Mr N McKinley**
Director of Finance & ICT   **Chair, Audit Committee**

14 October 2013

TB/5/28/11/13

NORTHERN IRELAND AMBULANCE SERVICE

***Minutes of a meeting of the Audit Committee held on Thursday 5 September 2013 at 2.00pm
in the Board Room, Ambulance Headquarters,
Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG***

PRESENT:	Prof M Hanratty	Non Executive Director (acting Chair)
	Ms A Paisley	Non Executive Director
IN ATTENDANCE:	Mrs S McCue	Director of Finance & ICT
	Mr P Nicholson	Assistant Director of Finance
	Mr A Phillips	Financial Accounts Manager
	Ms C O'Hagan	NIAO External Audit
	Mr M Magill	KPMG External Audit
	Mr D Charles	BSO Internal Audit
	Mrs E Hamilton	Personal Assistant

Welcome and Introduction to the Meeting

1.0 Apologies

Apologies were received from Mr N McKinley, Mrs C McKeown and Mr J Poole. It was noted that an invitation to the meeting and NIAS Audit Committee papers had been provided to the DHSSPS, but no apology or reply had been received.

2.0 Declaration of Potential Conflict of Interest & Confirmation of Quorum

The Audit Committee were confirmed as quorate. Mrs McCue noted that if any matter pertaining to Senior Executives' Pay was raised during the meeting where she may be able to influence it, it would not be appropriate for her to remain in the room and would look to the Chairman to excuse her from the meeting.

3.0 Minutes of Previous Meeting of the Audit Committee held on 6 June 2013 (for noting)

Minutes had been previously circulated, agreed and presented to Trust Board on 25 July 2013.

4.0 Matters Arising

4.1 Process for Response to Internal Audit Recommendations

As requested at the last meeting, Mrs McCue had undertaken to consider the possibility of interim reporting within existing resource limits. Mrs McCue explained that Internal Audit conduct audits across various directorates throughout the year, which informs their recommendations and both the Mid Year and Year End Assurance Statements. It would be a large piece of work to pull together an interim consolidated position report. Management are fully engaged throughout the process with Internal Audit and work to achieve Management Responses to each of the Internal Audit Recommendations. In addition to the follow up report provided by Internal Audit as part of the Mid Year Assurance Statement, Mrs McCue undertook to aim to provide for the January 2014 Audit

Committee meeting an additional report on progress against any Internal Audit Priority 1 findings and also against the External Audit Report to Those Charges With Governance findings.

Miss Paisley thanked Mrs McCue for looking into the practicality of such reporting as she had wanted to be sure that those outside of finance were aware and engaged. She expressed her satisfaction with this revised arrangement.

Mrs McCue welcomed the Audit Committee's support for ensuring awareness of responsibility across directorates and agreed to take this comment to the Senior Executive Management Team (SEMT).

It was further suggested that management should retain evidence of implementation of External Audit recommendations and it was requested that other Directors come to Audit Committee when required to report on other directorate Priority 1 findings as provided for in the Terms of Reference for the Audit Committee.

4.2 BSO Assurance Letter

It had been expected that this letter would be received shortly after the previous Audit Committee meeting but it remained unavailable, expected by the end of September after the certification of BSO's final accounts. Ms O'Hagan noted that the delay in the assurance letter may be tied to the delay in BSO producing its own accounts and gave assurance that issues giving rise to the delay in BSO accounts should not impact on the level of assurance given to NIAS.

Miss Paisley took issue with the process and pointed out that the significant range of services provided by BSO meant that its Chief Executive's assurance letter ought to be presented to Audit Committee in order to inform their recommendation to the Trust Board. Ms O'Hagan agreed. Miss Paisley asked the Director of Finance to raise this matter with NIAS's Accounting Officer (the Chief Executive) so that he may contact BSO's Accounting Officer with a view to encouraging a more timely provision of assurance in the future.

4.3 Audit Committee Self-Assessment Checklist

This had already been circulated to the Non Executive Directors in readiness for its completion and submission by 27 September. Prof Hanratty undertook to speak to Mr McKinley to finalise arrangements for making a consolidated submission.

4.4 Annual Report on Audit Committee Business 2013/14

This item arose from a conversation Mr McKinley had with Internal and External Audit and his undertaking to formulate a draft outline report. It was agreed that this would be valuable report for Trust Board.

4.5 Report To Those Charged With Governance (RTTCWG) Final Report

Ms O'Hagan pointed out that, while this report had not changed in substance from the report last presented to Audit Committee, the final version should be presented as a matter of procedure. There were two points included in the draft that had been considered in June, which on reflection and comparison with other RTTCWG, NIAO had removed. These were in respect of the annual breakeven target and the migration to BSTP. It was agreed that this report would be circulated following this meeting.

5.0   <u>**Chairman's Business**</u>

There were no items of Chairman's Business not covered in the Agenda.

6.0   <u>**Internal Audit**</u>

6.1 Progress Report

Mr Charles gave an overview of progress against the Internal Audit plan. He informed the committee that Internal Audit had carried out some consultancy/value added type work during the FPL readiness and transition to go-live. All recommendations had been accepted and their implementation will be reviewed later in the year.

Mrs McCue agreed to pass on the thanks of the Audit Committee to all involved in the BSTP team who had carried out such extensive work to bring the Trust to go-live. Mr Nicholson and Mrs McCue also commented on the value there had been in the collaboration between Trusts during this process.

7.0 External Audit

7.1 Draft, Audited, Uncertified Charitable Trust Fund Accounts and Trustees' Annual Report 2012/13

Mrs McCue gave an overview of the Charitable Trust Fund Accounts and the income and expenditure for the year. She highlighted the new Governance Statement and the Report to Those Charged With Governance in respect of Charitable Trust Funds. There followed a discussion on the accounts, in particular the level of funds and the extensive work required to produce such a detailed set of accounts.

Mrs McCue drew the Committee's attention to correspondence from Peter Toogood, Director of Finance DHSSPS, in which two possible options for a way forward in dealing with Charitable Trust Funds were outlined. Given the scale of work involved in preparing these as separate accounts and the relatively small sums involved, the Non Executive members agreed that Option 1, consolidating Charitable Funds within the Trust accounts, would be the most appropriate option. Mrs McCue advised that this was also the preferred option for the majority of HSC Trusts

7.2 Draft Report to Those Charged With Governance 2012/13 (Charitable Trust Fund Accounts)

Mr Magill introduced the draft Report to Those Charged With Governance in respect of Charitable Trust Funds. He advised that, subject to the completion of outstanding audit matters, it was the intention to issue an unqualified opinion, without modification, on the Charitable Trust Funds Accounts 2012/13.

7.3 Resolution to the Trust Board

The Audit Committee recommended that:

- The Trust Board approves the Accounts and the associated Governance Statement, which replaces the Statement on Internal Control, and that the Chairman, Chief Executive and Director of Finance sign the Accounts and associated Governance Statement.
- The Trust Board approves the Trustees Annual Report and that the Chief Executive and Director of Finance sign the Report.
- The Trust Board approve the Letter of Representation in respect of the Charitable Trust Fund Accounts for 2012/13 and that the Chief Executive signs the letter.

Professor Hanratty, on behalf of Mr McKinley Chair of Audit Committee, and Mrs McCue signed a resolution to Trust Board to this effect.

8.0 Closed Meeting

The members present agreed that they did not require a closed meeting as one had so recently been held in year.

9.0   For Noting

9.1 Mid-Year Assurance Statement 2013/14

The letter from the Department outlining the format and content of the Mid Year Assurance Statement required by them by 18 October was provided to inform the Committee ahead of the meeting to be held on 14 October. This will report on the Trust's position at 30 September and will be used at the Trust's Mid Year Accountability meeting with the Department.

9.2 Minutes of Information Governance Steering Group meetings held on 5 April 2013 and 14 August 2013

These minutes were brought to the Audit Committee as the former ICT Steering Group had reported here given that the Director of Finance & ICT chaired the group and could take questions at Audit Committee. Given that this has now evolved into a broader Information Governance Steering Group there was discussion as to whether the group's minutes should best be brought to Audit or Assurance Committee. It was agreed that the two Committee chairs would have a further conversation and make a decision. Those present were generally content so long as it was brought to one of the committees.

Miss Paisley picked up from a note on the 14 August minutes and asked if the BSTP ICT Infrastructure under provision would be business critical. Mrs McCue advised that the Trust were progressing plans to maintain the current infrastructure, which would be no longer supported by the supplier from October 2013, and also to provide the required access across the service to BSTP systems. In line with other HSC Trusts, the lack of infrastructure to support BSTP was not business critical, but may impact on the ability of Trusts to deploy the new systems. This would mean that functions would have to continue to be carried out centrally and may delay some of the expected benefits and savings associated with the new systems.

10.0   Any Other Business

10.1 Fraud Update

Mr Nicholson provided an update to the Committee in respect of ongoing fraud matters. He advised that PSNI had returned one case to the Trust with the view that there was currently insufficient evidence to continue with an investigation at this stage. This case has been re-referred to the Counter Fraud and Probity Service.

Data matches from the National Fraud Initiative continue to be progressed with the Counter Fraud Unit, PSNI and the internal disciplinary processes as appropriate. The results of the 2012/13 data matching exercise are currently being investigated.

10.2 Procurement Working Group

Mrs McCue advised that work continues to progress and that a full meeting of the group is planned for 30 September. The Trust continues to be represented on a number of contract adjudication groups with BSO PaLS, most recently relating to Vehicle Repair, Maintenance and Recovery, which is of great significance to NIAS operations.

10.3 Business Services Transformation Project (BSTP)

Mrs McCue provided an overview of the BSTP Project as follows:

FPL – NIAS went live with the new system on 28 June. It is currently in use by core finance staff

and will be deployed to other corporate and operational users in the coming months. The implementation of the systems was achieved as planned. As expected in such a significant project, a number of pressures are being experienced due to time lost in the preparation for and the implementation of the new systems and also as staff gain experience and knowledge. For example, performance in respect of the prompt payment of invoices has dipped in the two months of the system being live. The Trust will continue to focus on the prompt payment of invoices and improving performance in this area.

HRPTS – Delays within the project have meant that the latest planned go-live date for NIAS is March 2014. BSO have been live with the new system since December 2012 and the Western Trust had just cut over to the new systems and would be using the new system to process payroll for the first time in September 2013. Subsequent go live dates are then planned every two months with the Belfast Trust planned for November 2013. NIAS is supporting these implementations where possible and begins its own Parallel payroll Testing in the coming weeks.

Funding - The Trust has been advised that central funding for these projects will be withdrawn three months post implementation. The Trust is assessing the implications of this as well the impact of an additional charge in respect of HRPTS systems maintenance costs and shared services costs.

Shared Services – Proposals for the introduction of Shared Service centres, which were integral to the introduction of the new systems, have been developed. These include a phased introduction across functions and Trusts which will begin shortly and continue well into the new calendar year.

10.4   Items for AOB at next meetings

Miss Paisley asked that time be given at the next meeting to considering the issue of reporting financial performance at Trust Board, in particular the potential to include budgetary information as well as actual expenditure. Mrs McCue informed Miss Paisley that the new system will help with moving in that direction.

A further item would be the review of Standing Orders and Standing Financial Instructions and the Terms of Reference of the Audit Committee. Mr Nicholson advised that the Standing Orders and Standing Financial Instructions had been reviewed by Finance and Internal Audit as part of the introduction of the new FPL systems and did not require significant changes. There was the potential that the introduction of shared services would impact on these documents.

It was agreed that the Terms of Reference for the Audit Committee would be formally reviewed at the next meeting. Mr Nicholson was asked to consider the formal update and review of Standing Orders and Standing Financial Instructions by Audit Committee for the December meeting.

Date, Time and Venue of Next Meetings

The next meeting of the Audit Committee is scheduled for Monday 14 October 2013 at 2.00pm in the Boardroom, NIAS Headquarters. A further meeting is scheduled for Thursday 5 December 2013 at 2.00pm

A schedule of dates for 2014 was subsequently confirmed as detailed overleaf.

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

Signed _Norman McKinch_

           (Chairman)

Date   **14th October 2014**

AUDIT COMMITTEE MEETING SCHEDULE 2014

MEETINGS HELD AT NIAS HQ AT 2PM

Thursday 6 March 2014

Thursday 5 June 2014

Thursday 4 September 2014

Thursday 4 December 2014

TB/6/28/11/13

Minutes of a meeting of the Audit Committee held on Monday 14 October 2013 2013 at 2.00pm in the Board Room, Ambulance Headquarters, Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG

PRESENT:	Mr N McKinley	Non Executive Director (Chair)
	Ms A Paisley	Non Executive Director
IN ATTENDANCE:	Mr L McIvor	Chief Executive
	Mrs S McCue	Director of Finance & ICT
	Mr P Nicholson	Assistant Director of Finance
	Mr A Phillips	Financial Accounts Manager
	Mr C Morrow	NIAO External Audit
	Mr D Charles	BSO Internal Audit
	Mrs E Hamilton	Personal Assistant

Welcome and Introduction to the Meeting

1.0   Apologies

Apologies were received from:

Prof M Hanratty, Non Executive Director
Ms Catherine O'Hagan, NIAO
Mr John Poole, KPMG, External Audit
Mr Marc Magill, KPMG, External Audit
Mrs Catherine McKeown, BSO Internal Audit

It was noted that an invitation to the meeting and NIAS Audit Committee papers had been provided to the DHSSPS, but no apology or reply had been received.

2.0   Declaration of Potential Conflict of Interest & Confirmation of Quorum

There were no expressions of potential conflict of interest and the meeting was declared to be quorate.

3.0   Minutes of Previous Meeting of the Audit Committee held on 5 September 2013

Ms O'Hagan's name had been misspelled in these minutes and she requested rephrasing of points 4.2 and 4.5 and Ms Paisley proposed that the minutes be approved subject to these minor changes. This was accepted.

4.0   Matters Arising

4.1 Audit Committee Self-Assessment Checklist 2013/14

Mr McKinley confirmed that this had been completed and returned in accordance with the required timeframe. He thanked the other two Non Executive Directors and senior colleagues from the finance team for their input and indicated that the exercise had generated issues for consideration both by the Audit Committee and with the Department, as appropriate.

4.2 Reporting Budget Position to Trust Board

This had been referred to at point 10.4 of the last minutes. Ms Paisley felt that it would be helpful to have assurances that the budget holders were involved in the process, being alerted and taking action based on monthly variances. She understood the complexity of reporting in an ever changing environment but felt that a high-level breakdown of key areas reporting budget, actuals

and variance would be useful. Mrs McCue undertook to consider the development of such a report for inclusion in the Trust Board performance report.

4.3 BSO Assurance Letter

This item had arrived with the organisation earlier in the day and was now considered by the Committee. Ms Paisley appreciated having had sight of it by email prior to the meeting. Mr Nicholson pointed out that BSO had been the first HSC organisation to go-live with the new FPL systems. The learning from this implementation had benefitted all other HSC organisations and all organisations were now live on the FPL system. He also highlighted that the points raised in the assurance letter were at a point in time and related largely to BSO's own internal operations rather than services provided to others.

There was discussion around how to ensure that timely assurance would be provided in the coming year, when reliance would be more substantial and assurance more critical for the NIAS Trust Board. It was agreed that the matter would be raised as part of the Service Level Agreement review and monitoring arrangements with a view to a more timely assurance in future.

5.0   Chairman's Business

5.1   Audit Committee Annual Report

The Chairman referred to a previously circulated template based on indicators listed in the Audit Committee Self Assessment Checklist as a starting point for developing a reporting format. He invited others to consider the best format and what evidence would help demonstrate progress or performance in these areas. Ideas are to be fed through the Director of Finance's office for sharing at the next meeting of the Audit Committee.

6.0   Internal Audit

6.1 Progress Report

Mr Charles provided a summary of progress against the Internal Audit plan to date. Fieldwork was complete for Payroll, Travel Expenses and Stock Management. Other financial audits would be completed later in the year as the new finance systems became established. It was also anticipated that Procurement and Contracts be audited early in 2014.

6.2 Follow Up Report

Mr Charles provided an update on the implementation of Priority One and Two Internal Audit recommendations with an implementation date of 31 September 2013 or earlier. Of the recommendations examined, 72% were fully implemented, a further 23% partially implemented and 5% were not yet implemented. There was significant discussion around time taken to progress audit recommendations in a small number of areas, in particular Business Continuity Management. It was noted that this matter and specific actions are reported as part of the Risk Register through Assurance Committee and ultimately to Trust Board. It was noted that the Emergency Preparedness and Business Continuity Group had met recently and that progress against these matters had been specifically discussed with a view to progressing as a priority.

In respect of Workforce Planning, it was acknowledged that recruitment is controlled centrally rather than locally and was linked to service modernisation and reform proposals previously considered by Trust Board.

6.3 Mid Year Assurance Report from Head of Internal Audit

This report was felt to be very clear, highlighting the Internal Audit Assignments completed and reported on by mid-year and summarising the follow up of previous Internal Audit recommendations.

7.0   For Approval

7.1   NIAS Mid Year Assurance Statement

Mrs McCue explained that this statement is based on a template provided by the Department and was to enable the Chief Executive, as Accounting Officer, to attest to the continuing robustness of the organisation's system of internal governance. The statement should follow the same principles as applied to the completion of the Governance Statement and would be used to inform the mid-year accountability review held between the Trust and the DHSSPS.

Ms Paisley commented on the importance of the detail provided in respect of the financial position given the risks to breakeven in the current year. She also suggested that further consideration is given to extending the narrative in relation to the Management of Purchasing and Supply, the reliance on BSO for a range of services provided and also the ongoing work with Commissioners to assess capacity within NIAS to meet changes in demand and performance expectations.

With these amendments, the Audit Committee agreed to recommend to Trust Board that the Mid Year Assurance Statement should be approved by the Board and signed by the Chief Executive. The Chair of the Audit Committee and the Director of Finance & ICT signed a resolution to this effect.

7.2   Audit Committee Terms of Reference (ToR)

Mr Charles pointed out that at 6.6 it should read "Public Sector Internal Audit" rather than "Government Internal Audit" and Mr Morrow expressed Ms O'Hagan's wish for a slight rewording at 6.7. With these amendments, the Terms of Reference were agreed and recommended to Trust Board for approval.
.
It was deemed appropriate to move to agenda item 10.3 at this point as it appeared on the ToR.

10.3   Value for Money

Ms Paisley felt that much of the regional focus on Value for Money is on bigger issues affecting other bigger Trusts and there is limited reporting to NIAS Audit Committee in this regard. Mrs McCue confirmed that Payroll and Procurement are both done through BSO PaLS, which represents almost all of NIAS expenditure. BSO have VFM built into their procurement processes although NIAS does carry out some benchmarking of its own and Mrs McCue undertook to bring some illustrations to Audit Committee.

8.0   External Audit

8.1   Report to Those Charged With Governance (for noting)

This was the final report for completeness and attention was drawn to page 12 where the two points had been deleted since the last draft, which only made for a more favourable report.

9.0   For Noting

9.1   Procurement Working Group (notes of meetings 17 April and 30 September 2013)

There was extensive discussion around the collapsed regional procurement with regard to vehicle maintenance and repair. BSO PALS had advised that the new procurement would not be completed until May 2014. The value of audit work being carried out in this specific area in year was questioned. There was a suggestion to review the audit plan and defer the formal audit in this area, with management providing a report on the current position in light of the interim arrangements. It was agreed that management would provide such a report to the next Audit Committee meeting with a note from Operations accompanying this in advance.

10.0   Any Other Business

10.1 Fraud Update

Mr Nicholson provided an update to the Committee in respect of ongoing fraud matters. A case in relation to equipment was being progressed by the Counter Fraud and Probity Service. Data matches from the National Fraud Initiative continue to be progressed with the Counter Fraud Unit, PSNI and internal investigation as appropriate. Five cases being progressed through the internal investigation had been concluded with no evidence of fraud. These cases would now be closed.

Mr Phillips updated the Committee on the latest 2012/13 data matching exercise. Twenty six payroll matches have been identified and data sharing agreements are being progressed with other relevant parties.

10.2 Business Services Transformation Project (BSTP)

Finance Procurement and Logistics (FPL) - All HSC organisations are now live on new FPL system. NIAS went live with the new systems on 27 June 2013 which is available to and being used by core Finance and Stores staff. The additional functionality of the systems was being rolled out across NIAS areas on a phased basis. Budget statements are now being provided electronically to budget managers. This provides a significant increase in the level of detail readily available and accessible by managers.

Human Resources, Payroll, Travel and Subsistence (HRPTS) - The Western Trust went live on the new system in September 2013. The next go live dates are November 2013 for the Belfast Trust, January 2014 for the Southern and South Eastern Trusts and March 2014 for the Northern Trust and NIAS. This represents significant progress in the project but remains an ambitious programme of deployment. The timetable of deployment has created some issues in respect of the new HMRC requirement to provide Real Time Information (RTI), the impact of which is being assessed. Parallel Payroll Testing for NIAS was due to begin on 16 October 2013 and run to the middle of February 2014.

Shared Services (SS) – The introduction of Shared Services across HSC was gathering pace. The affected areas include, Payroll, Accounts Payable and Receivable and Recruitment and Selection. A phased implementation largely aligned to the roll out of the new systems in HSC organisations was under way and some services were already being provided to HSC organisations through a Shared Service function. The planned transition dates for NIAS take effect from February through to September 2014. Mr Nicholson undertook to circulate a presentation made by BSO to NIAS staff which includes the detail of the planned transition.

10.4 Fraud Awareness Month

The Committee had received a brief presentation before the meeting updating them on the work of the Counter Fraud and Probity Service and the Fraud Awareness Campaign that would run throughout October 2013.

10.5 Whole of Government Accounts
Mrs McCue advised that Treasury has provided an update to show how WGA is being used and future plans. NIAS, in common with other public sector bodies, produces this information which demands additional work.

11.0   Date, Time and Venue of Next Meetings

The next meeting of the Audit Committee is scheduled for Thursday 5 December at 2.00pm in the Boardroom, NIAS Headquarters.

Further meetings in 2014 are planned for:

Thursday 6 March 2014
Thursday 5 June 2014
Thursday 4 September 2014
Thursday 4 December 2014

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

Signed _____

(Chairman)

Date <u>**14 November 2013**</u>

TB/7/28/11/13

Minutes of a Meeting of the Assurance Committee held on Thursday 5 September 2013 at 11.00am, Boardroom, NIAS Headquarters, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG

PRESENT	Prof M Hanratty	Non-Executive Director (Chair)
	Miss A Paisley	Non-Executive Director
	Dr J Livingstone	Non-Executive Director
	Mr R Mullan	Non-Executive Director
IN ATTENDANCE	Mr L McIvor	Chief Executive
	Dr D McManus	Medical Director
	Mr B McNeill	Director of Operations
	Mrs S McCue	Director of Finance & ICT
	Ms R O'Hara	Director of Human Resources & Corporate Services
	Dr N Ruddell	Assistant Medical Director
	Mr T McGarey	Risk Manager
	Mr P Nicholson	Assistant Director of Finance
	Mrs L Gardner	Assistant Director of Human Resources, Employment, Performance and Corporate Services
	Mr P Archer (ex-officio)	Chairman
	Miss K Baxter	Senior Secretary

1.0   Apologies

Mr N McKinley, Non-Executive Director.

2.0   Procedure

2.1   Declaration of Potential Conflicts of Interest
No potential conflicts of interest were declared.

2.2   Quorum
The Committee was confirmed as quorate.

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

3.0 **Minutes of the Assurance Committee Meeting held on 6 June 2013**

The Minutes were presented for noting by the Assurance Committee. The Minutes had been previously circulated, agreed and signed by the Committee Chair and were presented to Trust Board on 25 July 2013.

4.0 **Matters Arising**

No specific matters arising. All other matters arising are dealt with as agenda items.

5.0 **Chairman's Business**

5.1 **Schedule of Presentations**

The Committee was asked to give consideration for future presentations which would be of relevance/interest.

The following presentations were suggested:
- Attendance Management (Director HRCS)
- Staff Satisfaction Survey Report (Director HRCS)
- Clinical Audit Process (Medical Director)
- Management of Adverse Incidents (Risk Manager/Medical Director)

Action: Dr McManus to lead on this and the Executive Team to prioritise the presentations to be presented during the course of the year.

5.2 **Assessment of Committee Performance**

The Chair advised that following discussion at the June 2013 meeting preliminary discussions were held with the Medical Director. It was proposed that one of the other NED members would assist the Chair to review the Audit Committee Self-Assessment Checklist before the December 2013 meeting and identify those elements which are relevant to the Assurance Committee. It was hoped to have the assessment completed by end of March 2014. This proposal was agreed.

Action: Chair of Assurance Committee to lead review of Self-Assessment Checklist.

6.0 **Standing Items**

6.1 **Assurance Report as at 31 July 2013**

The report was presented. The Assurance Committee was requested to determine if more assurance is required and how to address any gaps in control. The Executive Team needs to review the risks against the strategic aims and to work alongside the Assurance Committee to identify areas where issues are identified. It was felt the best way to do this would be through a workshop. The Committee agreed with this course of action and the Chief Executive is to develop a position paper for the workshop. He asked the Committee to advise him of any perceived gaps in assurance for inclusion.

Actions: Executive Administrator to arrange half day workshop to be attended by Trust Board. Chief Executive to develop a position paper for the workshop.

6.2 **Risk Register as at 31 July 2013**

The Risk Register was presented. The Committee was concerned about the size of the font in the Register and stated that they could not easily read the Register. It was agreed the font would be increased for future reports.

Risk 239 (Achieving Financial Balance 2013/14 and 2014/15). It was highlighted that the ability to achieve breakeven was dependent on the six assumptions listed and that the risk level should be changed to high. The Chief Executive meets with the Financial Stability Programme Board (FSPB) of the HSCB on a monthly basis where he is given the opportunity to report the uncertainty surrounding the Trust's financial position and the FSPB meeting also provides a means to liaise directly with the other five Trusts.

Risk 242 (Workforce Flexibility). The Committee recommended that this risk be removed from the Corporate Risk Register to the local Risk Register. During the subsequent discussion it was clarified that risks could be removed to the local Risk Register if their target risk was achieved or if they had reached an acceptable level of risk, not simply because the risk rating was changed to low. This would be included in a supporting guide to the revised Risk Management Strategy, Policy and associated procedures. It was agreed that the other risks which are rated as low should remain on the Corporate Risk Register in the meantime. It was noted that the Risk Register is being reviewed every two weeks by SEMT with the Risk Manager present and is updated accordingly.

Action: Further review and presentation of the Risk Register is required. Executive Administrator to arrange Trust Board Workshop.

6.3 **Performance Report as at 31 July 2013**

Directors were asked to report by exception.

Medical Director
No particular issues highlighted.

Director of Operations
The Director of Operations stated he is generally pleased with performance over the summer months, both in Scheduled and Un-Scheduled Care given that it is a busy time with a significant workload and demand.

Director of Finance
The Director of Finance presented her report highlighting the following:
- Financial Breakeven position;
- Performance on prompt payment of invoices which is currently not on target, largely due to the introduction of new financial systems;
- Delivery of Savings Plans.

She advised that the Trust had received notification of a charge in respect of the new Finance Procurement and Logistics (FPL) system, the Human Resource, Payroll, Travel and Subsistence (HRPTS) system and also Shared Services. The current NIAS shared of the charge was £109k. The impact of this charge on NIAS and also on the rest of HSC was currently being assessed.

Director of Human Resources & Corporate Services
The Director of HRCS presented her report highlighting the following:
- HR4 of the NIAS Strategic Objectives Report (Develop Workforce Plans for implementation of TYC;
- HR10 – Annual Appraisal;
- Absence;
- Job Evaluation for Paramedics, RRV Paramedics and EMTs.

Questions/issues arising were:

In relation to Job Evaluation when a decision has been reached, is there an Appeal process for both management and trade unions?

Action: The Director of HRCS to check the position with the new process and report back to the Committee.

A typographical error was noted on Page 13 which should read "10,000 Voices campaign" and not "1,000". A question was raised as to whether there are any further developments in relation to PPI activity following the concerns previously raised with the Department. The Director of HRCS and Medical Director met with the leads of the 10,000 Voices campaign during the previous week and highlighted the concerns for NIAS. These have been raised with both the Department and the Health and Social Care Board. The situation is being monitored and will be reviewed in six weeks' time to see if the engagement and proposed amendments address the concerns of the Trust.

The Committee requested clarification of potential participation in quality and safety training for Trust Boards (pg 18). They were advised that this is an initiative from the Regulatory Safety Forum that training should be provided to all Trust Boards, although it is not specified whether this would be achieved through a regional Workshop or with individual Trusts. This is expected to take place before end of March 2014.

Members requested an update as to the position of the Annual Quality Report (pg 41). They were informed that a draft regional template has been developed but is not yet finalised. Further progress will be made once the final template is agreed regionally. It may be necessary to develop an NIAS-specific template.

Clarification was provided in relation to blood glucose measurement in the Clinical Performance Indicator report. The Director of Finance suggested that since the information is prepared by her team she would add a footnote to the table to clarify.

6.4   Untoward Incidents Report as at 31 July 2013

As this Report is now incorporated within the Performance Report, the Committee agreed that this could be removed as a specific Standing Agenda Item.

6.5   Serious Adverse Incidents as at 31 July 2013

As this Report is now incorporated within the Performance Report, the Committee agreed that this could be removed as a specific Standing Agenda Item.

The Medical Director highlighted the incidents contained within the Report.

6.6   Controls Assurance Standards

The Risk Manager presented the Controls Assurance Standards letter from the Department and advised that NIAS are currently developing an Action Plan based on the 2013 questionnaires. A question was asked if the Chief Executive had time to consider point 9 of the letter in relation to internal audit verifying other standards. The Chief Executive responded that this is being undertaken through the Audit Committee.

6.7   RQIA Action Plan

Progress against the outstanding actions was presented. RQIA have agreed to liaise with NIAS regarding the use of ambulance-specific audit and reporting tools developed by the Care & Quality Commission (CQC) in England.

It was noted that several actions have been completed. It was agreed that those actions that have been completed can now be removed from the report. In response to questions from members, it was explained that RQIA do not routinely seek further assurance regarding the implementation of the actions arising from their inspection reports. The Committee was advised that the policy for the reviewing and updating of Trust policies and procedures is currently in draft form and when finalised will be presented to SEMT for agreement before being submitted to Trust Board.

6.8   Medical Device Alerts

The Report was noted. The alerts relating to suction canisters and cardiac monitor defibrillators have been actioned.

6.9   Coroner's Rule 43

The Report was noted.

New laryngoscope handles are being procured through a regional process and this will now be monitored through the Medical Equipment Group. It was agreed that this could be removed from the Report.

It was reported that in relation to end tidal carbon dioxide monitoring NIAS had previously introduced this and therefore no further action is required.

6.10 Reports from Groups and Committees

6.10.1 Health & Safety Committee

The last meeting was held on 29 August 2013 and therefore the Minutes are not yet available.

It was noted that the provision of Hepatitis B vaccination for PCS staff by Occupational Health was currently being investigated.

The poor uptake of the flu vaccination in the previous year was noted and the Committee expressed support for proposals including standing crews down to enable them to avail of the vaccination.

6.10.2 & 6.10.3 Fire Compliance Sub-Committee
Notes of Meeting 25 March 2013 and 27 June 2013

Noted. In relation to the Notes of 27 June 2013, the Committee was concerned regarding the apparently serious risk regarding the storage of paper at Headquarters and in some Ambulance Stations. The Committee requested assurance that rapid and appropriate action to address this matter would be taken. The Director of Operations stated that he would check that the matter was being addressed and satisfactorily resolved.

Action: Director of Operations/Risk Manager to progress.

6.10.4 Infection Prevention & Control Group – Notes of Meeting 23 July 2013

Noted.

6.10.5 Medical Equipment Group – Notes of Meeting 10 July 2013

Noted. Some discussion ensued around the issue of misplaced morphine drug books which are the responsibility of the individual paramedic who must be fully compliant with the drugs legislation. It was noted that when books are misplaced, NIAS report this to the Department of Health which could ultimately lead to PSNI involvement. A question was raised if this could result in disciplinary action. It was noted that staff have been reminded of the importance of this, but that verbal warnings are now being issued to relevant staff.

An update was requested in relation to thrombolysis and when regional primary PCI would be available. The service provided in the RVH for the Eastern half of the province would be available by the end of this month. The service in Altnagelvin for the Western half of the province is currently not available, but it is anticipated that it will be by summer 2014. It was noted that this is an emergency 24/7 service.

6.10.6 Emergency Preparedness & Business Continuity Group – Minutes of Meeting 24 July 2013

Noted.

7.0 Risk Management Strategy 2013-2015

The revised Strategy was presented. The following areas were noted:

An error (half way down) on page 11 was noted. The Medical Director should be noted as the lead Director of Governance and not the Director of Human Resources and Corporate Affairs as stated within the document.

Page 18 – an error was noted where it states the Assurance Committee is a sub-committee of the Trust Board. It was noted that the Assurance Committee is not a sub-committee but is a Committee in its own right.

The members asked for a template to be appended to the front of the Strategy which will quickly explain how risks can be added or removed. This is to be developed and presented at the next meeting. Members felt that there was a lot of narrative contained within the document and that a shortened version would be welcome. Subject to the above amendments, the Risk Management Strategy was accepted for presentation to Trust Board for approval. Members suggested that it would be helpful if the updated Strategy be posted on the Trust's website once approved.

Action: Risk Manager to amend Strategy and develop a short guide regarding the risk cycle as an addendum.

8.0 Pharmacy and Medicines Management Update

An update on recent inspections was provided and it was noted that no significant issues had been reported. Thanks to the crews for their adherence to the relevant procedures was recorded. It was noted that a range of new drugs would be made available to frontline staff in accordance with the new JRCALC guidelines. The Committee was advised that morphine would continue to be available for pain relief for the foreseeable future despite the introduction of other pain relieving medication for use by paramedics. Work is ongoing by Pharmacy in the Royal Victoria Hospital regarding the use of pre-filled syringes for use by Ambulance Services on a UK-wide basis. This has a number of benefits although there would be a cost implication.

9.0 Whistle-Blowing Policy Monitoring Report

The Report was presented for agreement. It was proposed that the method for monitoring whistle-blowing activity be included in the Human Resources Performance Report. Discussion ensued around what is classified as a whistle-blowing incident and when individuals should raise a concern. It was agreed that the issue should only be escalated to a senior level if resolution at a local level has not been possible. It was noted that the definition is stated within the Policy and Procedure but that this needs to be expanded and amended. It was agreed that the monitoring report should only include those whistle-blowing incidents and concerns which have been escalated to a senior level and need not include those matters which have been resolved at local level. It was

further acknowledged that whistle-blowing incidents relating to fraud were not included. Incidents of fraud can be reported through this process, but there is also a separate process for this. It was agreed that the Policy should be complete and comprehensive and the monitoring arrangements defined. It was recommended that a Monitoring Report be presented to Trust Board for their information.

Action: Director of HRCS and Director of Finance to review the definition of whistle-blowing and also determine if fraud should be included in the monitoring report.

10.0   Staff Appraisal

It was noted that the new process was implemented 1 July 2013. No Director has so far raised any issue in relation to meeting the target. This will be reported through the Human Resources Performance Report in October 2013.

11.0   Equality Employment Action Plan

It was noted that the action plan should be achieved by March 2014 and that the Trust is currently finalising the Employee Resourcing Manager's post which is presently vacant.

12.0   NI Ombudsman's Annual Report

The Report was presented for information.

13.0   ELD Training Plan

The Plan was presented for information. It was noted that the Plan had been delayed this year but that it has now been approved by SEMT. The Plan is reported through the Performance Report.

14.0   HSC Staff Survey Report 2012

The Report was presented and the Committee was advised that the HSC Leadership Centre were engaged in the analysis of data relating to ambulance personnel.

Action: The Report and the Staff Survey Action Plan to be brought to the next Assurance Committee meeting in December 2013.

15.0   Francis Report

A brief updated was provided and the Committee was advised that SEMT has considered each of the 290 recommendations and are currently focussing on those of immediate and direct relevance for NIAS where NIAS is not reliant on the action of other parties to progress. It was noted that the Department has also issued guidance to all Trusts.
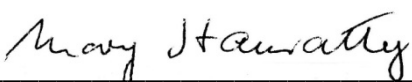
Action: Chief Executive to progress.

16.0 Any Other Business

The Medical Director enquired if consideration could be given for future standing items on the Agenda being presented through the Performance Report. The Chair advised that the Terms of Reference (TOR) for the Assurance Committee need to be reviewed and she intended to follow this up at a forthcoming meeting arranged with the Chief Executive. In the interim, the Agenda would remain the same until otherwise formally advised.

Date, Time and Venue of Next Meeting

The next meeting will take place on **Thursday 5 December 2013** at NIAS HQ. Time to be confirmed.

Signed: _Mary Hanratty_____   **Date:** 1 November 2013_____
      (Professor Hanratty, Chairman)